GALVESTON COUNTY HEALTH DISTRICT

Date:_____
Permit #:_____

Consumer Health Division
Food Service Plan Review Form

Fee Charged: ☐ YES ☐ NO

Plan Review Receipt #: _____

✓ ***Please Check the Correct Box***

☐ NEW CONSTRUCTION
☐ RENOVATION
☐ BUILD-OUT (Interior)
☐ CHANGE OF OWNERSHIP
Effective Date:_____

Scheduled Start Date:_____
Target Date for Completion of Work:_____
Target Opening Date:_____

☐ COMMENT(S):

SECTION 1: ESTABLISHMENT/OWNER INFORMATION

Establishment Name: _____

Establishment Address:_____
Street Address City/State Zip Code

Business Owner's Name:_____

Address:_____
Street Address City/State Zip Code

Email Address: _____

SECTION 2: ARCHITECTURAL PLAN INFORMATION

Plans Drawn by: _____ Phone #:_____

Address:_____
Street Address City/State Zip Code

Email Address:_____ Fax #:_____

Project Manager or Contact Person:_____ Phone #:_____

Email Address:_____ Fax #:_____

Is the following information provided? (check all that apply)

- ☐ FS Equipment Plan
- ☐ Equipment Elevations
- ☐ Equipment List
- ☐ Site Plan
- ☐ Lighting Plan
- ☐ Menu / List of Food & Beverages
- ☐ Description of Operation

Have plans been reviewed or submitted to County or Municipal Departments (building, plumbing, electrical, fire and/or zoning)?

- ☐ No **If No, skip to next section**
- ☐ Yes **If Yes, Indicate:** Name of Municipal or County plans submitted to:_____

SECTION 3: CONTRACTOR INFORMATION

Name of Contractor:_____ Phone #:_____

Address:_____ Fax #:_____

Email Address:_____

Project Manager or Contact Person:_____ Phone #:_____

Email Address:_____ Fax #:_____

SECTION 4: WATER SUPPLY

Indicate the type of water supply to be provided? (check one)

- ☐ Public
- ☐ Private, ***If Private,*** *h*as construction been approved by the Regulatory Authority (GCHD or TCEQ)?
  - ☐ No ☐ Yes ***If Yes,*** please provide the following information:

    Date of Approval:_____

    Permit #:_____

    Date of Last Water Sample:_____

SECTION 5: SEWERAGE SYSTEM

What type of sewerage system to be provided? (check one)

- ☐ Public
- ☐ Private, ***If Private,*** has construction been approved by the Health Department?
  - ☐ No ☐ Yes ***If Yes***, please provide the following information:

    Date of Approval:_____

    Permit #:_____

~

LIST FINISHES / MATERIALS AND COLORS TO BE USED ~

AREAS	WALLS & COLORS	FLOOR	CEILING & COLORS
Food Preparation Area(s)			
Warewash Area(s)			
Walk-in Refrigerator(s)			
Dry Food Storage Area(s)			
Wait staff - Beverage / Work Station(s)			
Food Serving Area (i.e. cafeteria line, etc.)			
Bar Service Area(s)			
Toilet Room(s) (and Wall Petitions, If Applicable)			
Utility Sink Room / Area			
Consumer Self-Serve Area(s)			
Seating/Customer Area(s)/ Retail Display Area(s)			

NOTE:

Indoor ceilings, walls including non-supporting partitions shall be light in color (per Texas Food Establishment Rules October 2015) in the following areas: walk-in refrigeration units, food preparations areas, equipment washing and utensil washing areas, toilet rooms and vestibules **shall be light in color**.

A. FLOORS

1. Will indoor floor materials be smooth, durable, and easily cleanable for areas where food establishment operations are conducted? ☐ Yes ☐ No ☐ N/A

2. Will indoor floor materials be nonabsorbent in the following areas?

Food Preparation?	☐ Yes	☐ No	☐ N/A
Walk-in Refrigerators?	☐ Yes	☐ No	☐ N/A
Warewashing?	☐ Yes	☐ No	☐ N/A
Toilet Rooms?	☐ Yes	☐ No	☐ N/A
Areas subject to flushing or spray cleaning methods?	☐ Yes	☐ No	☐ N/A

3. ***If applicable***, Will carpet be closely woven, easily cleanable, securely attached to floor and installed properly? ☐ Yes ☐ N/A

4. Will utility lines and pipes be installed so they are not unnecessarily exposed and/or do not obstruct or prevent cleaning of the floors? ☐ Yes ☐ No

5. Will floor drains be graded/sloped to drain? ☐ Yes ☐ No ☐ N/A

6. Will floor and wall junctures be coved and closed to no larger than one thirty-second inch? ☐ Yes ☐ No

B. WALLS

1. Will indoor wall materials be smooth, durable, and easily cleanable for areas where food establishment operations are conducted? ☐ Yes ☐ No ☐ N/A

2. Will indoor wall materials be non-absorbent in the following areas?

Food Preparation?	☐ Yes	☐ No	☐ N/A
Walk-in Refrigerators?	☐ Yes	☐ No	☐ N/A
Warewashing?	☐ Yes	☐ No	☐ N/A
Toilet Rooms?	☐ Yes	☐ No	☐ N/A
Areas subject to flushing or spray cleaning methods?	☐ Yes	☐ No	☐ N/A

3. Will indoor walls including non-supporting partitions and wall covering of the walk-in refrigeration units, food preparation areas, equipment washing and utensil washing areas, toilet rooms and vestibules be light in color? ☐ Yes ☐ No

4. Will utility lines and pipes be installed so they are not unnecessarily exposed and/or do not obstruct or prevent cleaning of the walls? ☐ Yes ☐ No

5. Will indoor walls be designed to where no studs, joists, and rafters are exposed in areas exposed to moisture such as food preparation areas, walk-in refrigerators, warewashing areas and toilet rooms? ☐ Yes ☐ No

C. CEILINGS

1. Will indoor ceiling materials be smooth, durable, and easily cleanable for areas where food establishment operations are conducted? ☐ Yes ☐ No ☐ N/A

2. Will indoor ceiling materials be non-absorbent in the following areas?

Food Preparation?	☐ Yes	☐ No	☐ N/A
Walk-in Refrigerators?	☐ Yes	☐ No	☐ N/A
Warewashing?	☐ Yes	☐ No	☐ N/A
Toilet Rooms?	☐ Yes	☐ No	☐ N/A
Areas subject to flushing or spray cleaning methods?	☐ Yes	☐ No	☐ N/A

3. Will indoor ceilings of the walk-in refrigeration units, food preparation areas, equipment washing and utensil washing areas, toilet rooms and vestibules be light in color? ☐ Yes ☐ No

4. Will utility lines and pipes be installed so they are not unnecessarily exposed and/or do not obstruct or prevent cleaning of ceiling surfaces? ☐ Yes ☐ No

5. Will indoor ceilings be designed to where no studs, joists, and rafters are exposed in areas exposed to moisture such as food preparation areas, walk-in refrigerators, warewashing areas and toilet rooms? ☐ Yes ☐ No

D. INSECT AND RODENT CONTROL

1. Will outer openings be properly protected by use of doors, screens or fans? ☐ Yes ☐ No

2. Will outer doors and windows be self-closing? ☐ Yes ☐ No

3. Will floors, walls and ceilings be properly finished around ducts, pipes and cables? ☐ Yes ☐ No

E. EQUIPMENT

1. Will there be sufficient storage space available for all non-potentially hazardous products, and dry goods such as single service items? ☐ Yes ☐ No

2. Will shelving be constructed from an approved material which is durable, easily cleanable and nonabsorbent? ☐ Yes ☐ No

3. Will shelving be constructed to meet the six inch minimum floor clearance or sealed to the floor? ☐ Yes ☐ No

4. Will floor or wall mounted equipment be installed on 6" legs, sealed to floor or wall, or casters, or a combination? ☐ Yes ☐ No

5. Will nonfood contact surfaces of equipment (i.e., surfaces exposed to food soiling or require frequent cleaning) be constructed of a corrosion resistant, nonabsorbent, and smooth material? ☐ Yes ☐ No

6. Will equipment that is *fixed* be installed so that it is properly spaced and sealed? i.e. ☐ Yes ☐ No ☐ N/A
   - ***spaced*** to allow access for cleaning along the sides, behind, and above the equipment;
   - ***spaced*** from adjoining equipment, walls, and ceilings (of not more than one thirty-second inch); or
   - ***sealed*** to adjoining equipment or walls, if the equipment is exposed to spillage or see page)
7. Will table-mounted equipment be installed to allow cleaning of the equipment and areas underneath and around by being: sealed to the table or elevated on legs providing at least a 4" clearance between the table and the equipment? ☐ Yes ☐ No ☐ N/A
8. Will cold or hot holding equipment used for potentially hazardous foods be equipped with at least one integral or permanently affixed temperature measuring device that is located to allow easy viewing of the device's temperature display? ☐ Yes ☐ No
9. Will a culinary sink(s) be provided? ☐ Yes ☐ No

F. VENTILATION

1. Will sufficient ventilation be available? ☐ Yes ☐ No
2. Will ventilation hood be sized to allow 2" overhang on all sides of cooking equipment? ☐Yes ☐ No ☐ N/A
3. Will filters or other grease extracting equipment be designed to be readily movable for cleaning? ☐ Yes ☐ No ☐ N/A
4. Will grease troughs be provided? ☐ Yes ☐ No ☐ N/A
5. Will ventilation hood systems and devices be sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings? ☐ Yes ☐ No ☐ N/A

G. PLUMBING

1. Will plumbing be installed according to code? ☐ Yes ☐ No
2. Will all water supplied equipment be installed to prevent back siphonage? ☐ Yes ☐ No ☐ N/A
3. Will indirect waste lines be used where needed? ☐ Yes ☐ No
4. Will plumbing be installed so that there are no lines exposed over food preparation or storage areas? ☐ Yes ☐ No
5. Will hot water generation and distribution systems be sufficient to meet the peak hot water demands throughout the food establishment? ☐ Yes ☐ No

   Water Heater Capacity (gallons): _____

H. HAND WASHING FACILITIES

1. Will hand washing facilities be located to allow convenient use by employees in food preparation areas? ☐ Yes ☐ No ☐ N/A
2. Will hand washing facilities be located to allow convenient use by employees in food dispensing area(s)? ☐ Yes ☐ No ☐ N/A
3. Will hand washing facilities be located to allow convenient use by employees in warewashing area(s)? ☐ Yes ☐ No ☐ N/A
4. Will hand washing facilities be located in, or immediately adjacent to toilet rooms? ☐ Yes ☐ No
5. Will hand washing facilities be equipped to provide water at a temperature of at least 38 degrees Celsius (100 degrees Fahrenheit) through a mixing valve or combination faucet? ☐ Yes ☐ No
6. Will self-closing, slow-closing, motion or metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? ☐ Yes ☐ No ☐ N/A

I. WAREWASHING EQUIPMENT

Re: MANUAL WAREWASHING

Will manual warewashing be used? ***If No, skip to next section***

If Yes:

1. Will warewash sink have at least 3 self-draining compartments? ☐ Yes ☐ No
2. Will warewash sink be provided with self -draining drain boards? ☐ Yes ☐ No

   If No*, e*xplain:_____

3. Will sufficient equipment be provided for necessary utensil holding before cleaning and after sanitizing? ☐ Yes ☐ No

   Explain:_____

4. Will warewash sink compartments be large enough to accommodate immersion of the largest equipment and utensils? ☐ Yes ☐ No

   Describe the largest utensil(s) to be cleaned: (i.e. 60 qt mixer bowl, 18"x 26" sheet pan, 20x15x5 bus tote, 40 qt stock pot, etc)_____

   _____

   Indicate dimensions of warewash sink compartments (LxWxD):_____

5. What method of sanitization will be used? (check all that apply)

   ☐ Chemical Sanitization

   ☐ Hot Water Sanitization. Will sanitizing compartment of the sink be designed with an integral heating device that is capable of maintaining water at a temperature of not less than 171 degrees Fahrenheit? ☐ Yes ☐ No

   Will a rack or basket be provided to allow complete immersion of equipment and utensils into the hot water? ☐ Yes ☐ No

RE: MECHANICAL WAREWASHING

Will mechanical warewashing be used? ***If No, skip to next section***

If Yes:

1. What method of sanitization will be used (check all that apply)?
   - ☐ Chemical Sanitization
   - ☐ Hot Water Sanitization
     If hot water sanitization, is a booster heater provided? ☐ Yes ☐ No
2. Will warewashing machine be provided with an easily accessible and readable data plate affixed to the machine by the manufacturer that indicates the machine's design and operating specifications (requirements regarding temperature, sanitization rinse water pressure, conveyor speed, and cycle time)? ☐ Yes ☐ No
3. Will *warewashing machine* be equipped with a temperature measuring device that indicates the temperature of the water in each tank? ☐ Yes ☐ No

J. TOILET FACILITIES

1. Will toilet rooms conveniently be located and accessible to employees during all hours of operation? ☐ Yes ☐ No
2. Will toilet rooms be completely enclosed? ☐ Yes ☐ No ☐ N/A

   If No or N/A: Justification:_____
3. Will toilet rooms be provided with a tight-fitting self-closing door? ☐ Yes ☐ No ☐ N/A
4. Will toilet rooms be mechanically ventilated to the outside? ☐ Yes ☐ No ☐ N/A

K. LIGHTING

1. Will at least 50 foot candles of lighting be provided at all working surfaces? ☐ Yes ☐ No ☐ N/A
2. Will at least 20 foot candles of lighting be provided at a surface provided for consumer self-service? ☐ Yes ☐ No ☐ N/A
3. Will at least 20 foot candles of lighting be provided inside equipment such as reach-in and under-counter refrigerators? ☐ Yes ☐ No ☐ N/A
4. Will at least 20 foot candles of lighting at a distance of 30" above the floor be provided in the following areas?:

Handwashing	☐ Yes	☐ No	☐ N/A
Warewashing	☐ Yes	☐ No	☐ N/A
Toilet Rooms	☐ Yes	☐ No	☐ N/A
Equipment Storage	☐ Yes	☐ No	☐ N/A
Utensil Storage	☐ Yes	☐ No	☐ N/A

5. Will at least 10 foot candles of lighting at a distance of 30" above the floor be provided in the following areas?

Walk -in Refrigerator(s)	☐ Yes	☐ No	☐ N/A
Dry Storage Room Area(s)	☐ Yes	☐ No	☐ N/A
Utility Sink Areas and Other Rooms during cleaning	☐ Yes	☐ No	☐ N/A

6. Will light bulbs be shielded, coated, or otherwise shatter-resistant in areas where there is exposed food; clean equipment, utensils, and linens; or unwrapped single-service and single-use articles? ☐ Yes ☐ No ☐N/A

L. CUSTODIAL

1. Will at least one service sink or curbed cleaning facility equipped with a floor drain be provided and conveniently located for the cleaning of mops or similar floor cleaning tools and for the disposal of mop water and similar liquid waste? ☐ Yes ☐ No

   Dimensions of service/mop sink: _____

2. Where will trash/garbage containers be cleaned? _____

3. Will a mop hanger be provided? ☐ Yes ☐ No

4. Will work clothes or linens be laundered on the premises? ☐ Yes ☐ No

   If Yes, Will a mechanical clothes washer and dryer be provided and used? ☐ Yes ☐ No

   If No, Will washer and dryer be located where there is no food, clean equipment, utensils, linens, and unwrapped single-service and single—use articles exposed? ☐ Yes ☐ No

M. GARBAGE

1. Will an outdoor garbage storage area be provided? ☐ Yes ☐ No

   If Yes**,** Explain_____

2. Will the outdoor garbage storage surface be constructed of a nonabsorbent, smooth durable material such/as concrete or asphalt? ☐ Yes ☐ No

3. Will container washing facilities be provided? ☐ Yes ☐ No

   If Yes, Explain_____

4. Will a properly designed grease trap be provided? ☐ Yes ☐ No

   If Yes, Specify gallon capacity: _____

5. Will grease trap be located to be easily accessible for cleaning, operation, and maintenance? ☐ Yes ☐ No ☐ N/A

6. Will outside faucets be provided with a vacuum breaker or anti-siphon device? ☐ Yes ☐ No

N. OUTDOOR CHARACTERISTICS

1. Will outdoor walking and driving areas be surfaced with concrete, asphalt, gravel, or other materials that have been effectively treated to minimize dust, facilitate maintenance, and prevent muddy conditions? ☐ Yes ☐ No

2. Will exterior surfaces of building be constructed of weather-resistant material? ☐ Yes ☐ No

Date:_____
Permit #:_____

Consumer Health Services
Food Service Plan Review Information Sheet

Establishment Name: _____

Establishment Address:_____
Street Address City/State Zip Code

This form and approved plans with any changes are to be presented to the contractors and other concerned parties to assure compliance to the plans as approved by the Galveston County Health District. Contractors, architects, engineers, owners and other concerned parties shall comply with all State and Local Regulations. **I understand that no construction or renovation shall begin until plans have been approved.**

STATUS:

☐ **Plans Approved**

Date of Approval_____

☐ **Plans Pending Approval**

☐ **Follow-up Review Required;**
See Plan Review Notes on Following Page

*_____ _____
Received By (Signature) Print Name

_____ _____
Title Company Name

OTHER PERSON(S) ATTENDING REVIEW MEETING:

*_____
Name Company Name Title

*_____
Name Company Name Title

*_____
Name Company Name Title

*_____ _____
GHCD Representative Title

Date:_____
Permit #:_____

PLAN REVIEW NOTES:

I understand that the plans are pending approval and that a follow-up review is required, including that the items listed under plan review notes must be addressed as requested.

*_____

Name Company Name Title

Date:_____
Permit #:_____

FOLLOW-UP REVIEW/PLAN REVIEW NOTES:

*_____
Name Company Name Title