



# Food Establishment Plan Review

Environmental Health Division

Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Site No. _____
Date Received _____
Date Scanned _____
For Office Use Only

**Do not begin building or remodeling a structure prior to obtaining approval by the Wichita Falls-Wichita County Public Health District**

Name of Establishment: \_\_\_\_\_ Establishment Phone: (\_\_\_\_) \_\_\_\_\_

Establishment Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Establishment Description:  Remodel of Existing Food Establishment  Change of Concept (not previously a Food Establishment)  
 New Build  Ownership Change  New Mobile Unit  Existing Mobile Unit

GENERAL INFORMATION		
Projected Start Date:	Total Square Feet:	Number of Staff per Shift:
Projected End Date:	Number of Indoor Dining Seats:	# of Meals to be served between deliveries:
Projected Opening Date:	Number of Outdoor Dining Seats:	Breakfast _____ Lunch _____ Dinner _____

HOURS OF OPERATION			
Monday:	Wednesday:	Friday:	Sunday:
Tuesday:	Thursday:	Saturday:	Other:

**Check all of the following that will apply (the following processes require a HACCP Plan to be submitted):**

SPECIALIZED PROCESSES	
<input type="checkbox"/> Reduced Oxygen Packaging (including Cook-Chill Sous Vide)	<input type="checkbox"/> Molluscan shellfish life-support system for human consumption
<input type="checkbox"/> Curing Food	<input type="checkbox"/> Sprouting seeds/beans such as wheat grass and alfalfa sprouts
<input type="checkbox"/> Smoking Food as a method of preservation/not refrigerated	<input type="checkbox"/> Custom processing animals for personal use such as deer
<input type="checkbox"/> Using Additives such as vinegar as a method of preservation	<input type="checkbox"/> Other process that may require a variance

MOBILE UNIT SPECIFIC	
Size of Fresh Water Tank:	Size of Gray Water Tank:
Overhead cover for hand/push cart:	<input type="checkbox"/> Mobile Unit Commissary Authorization Document submitted
Commissary Location (name and address):	Set-up Locations (name and address):

ENCLOSE THE FOLLOWING DOCUMENTS
<input type="checkbox"/> Proposed Menu or complete list of food and beverages to be offered (include seasonal, off-site, and banquet/catering menus)
<input type="checkbox"/> Plan of Food Establishment drawn to scale (plan requirements available upon request)
<input type="checkbox"/> Site Plan showing location of Food Establishment building on-site including alleys, streets, and location of any outside equipment or facilities (include dumpsters, wells, septic systems, etc.)
<input type="checkbox"/> Equipment Schedule including location of equipment, plumbing, drain, and electrical connections
<input type="checkbox"/> Manufacturer Specification sheets for each piece of equipment to be used in the establishment
<input type="checkbox"/> Additional Documents requested



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## DELIVERIES & FOOD STORAGE

Frequency refrigerated foods will be delivered:	Cubic feet of refrigerated food storage:
Frequency frozen foods will be delivered:	Cubic feet of frozen food storage:
Frequency dry goods will be delivered:	Cubic feet of dry good storage:
Location & Containers that will be used to store bulk food (rice, flour, etc.):	

For the sections below, explain the handling/preparation procedures from receiving to service (additional pages may be attached if more space is needed.) Include how the food will arrive (frozen, fresh, packaged, etc.), where the food will be stored, where the food will be washed, cut, marinated, breaded, cooked, etc. (prep table, specific sink, counter, etc.), and when food will be handled/prepared (time of day and frequency/day):

## READY-TO-EAT FOOD (SALADS, COLD SANDWICHES, SUSHI, ETC.)

## PRODUCE

## POULTRY



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SEAFOOD

MEAT (BEEF, PORK, OTHER)

Check all of the following that will apply:

THAWING FROZEN TIME/TEMPERATURE CONTROL FOR SAFETY FOOD
<input type="checkbox"/> Under Refrigeration: <input type="checkbox"/> Walk-in Fridge <input type="checkbox"/> Reach-in Fridge <input type="checkbox"/> Prep Fridge <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Under Running Water 70°F/20°C or below: <input type="checkbox"/> At a designated prep sink <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> As Part of a Cooking Process: <input type="checkbox"/> Microwave directly to Conventional Cooking <input type="checkbox"/> From Frozen to required Cooked Temperature
<input type="checkbox"/> Other (specify): _____
<b>Reduced oxygen packaged fish that bears a label indicating that it is to be kept frozen until time of use shall be removed from the reduced oxygen environment: prior to its thawing under refrigeration or prior to, or immediately upon completion of, its thawing using running water 70°F/20°C or below</b>



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Check all of the following that will apply:

COOKING	
<input type="checkbox"/> All foods will be fully cooked (include list of all foods to be fully cooked):	
<input type="checkbox"/> Some foods will be fully cooked (include list of all foods to be fully cooked):	
<input type="checkbox"/> Some foods will be partially cooked such as “rare”/“medium”/”etc. (include list of all foods to be partially cooked):	
<input type="checkbox"/> Some foods will undergo a two-step cook process (include list of all foods to be two-step cooked):	
<p>A Food Establishment may serve partially cooked foods if the food establishment serves a population that is not a highly susceptible population, the food, if served or offered for service by consumer selection from a children’s menu, does not contain comminuted meat, and the consumer is informed with either a description of the animal-derived foods, such as “oysters on the half shell (raw oysters),” “raw-egg Caesar salad,” and “hamburgers (can be cooked to order)” or by asterisking them to a footnote that states that the items are served raw or undercooked, or contain (or may contain) raw or undercooked ingredients and consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness.</p>	

HOT HOLDING 135°F/57°C OR ABOVE TIME/TEMPERATURE CONTROL FOR SAFETY FOOD	
Type of Units (Steam Table, Hot Box, etc.):	List of foods that will be hot held prior to service:
Number of Each Type of Unit:	
Location of Each Unit:	

COLD HOLDING 41°F/5°C OR BELOW TIME/TEMPERATURE CONTROL FOR SAFETY FOOD	
Type of Units (Walk-in Fridge, Prep Fridge, etc.):	List of foods that will be cold held prior to service:
Number of Each Type of Unit:	
Location of Each Unit:	



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**Check all of the following that will apply:**

<b>COOLING</b> <b>TIME/TEMPERATURE CONTROL FOR SAFETY FOOD</b>	
<input type="checkbox"/> Shallow pans in refrigerator (include list of all foods to be cooled this way):	
<input type="checkbox"/> Reduce volume/size and place in refrigerator (include list of all foods to be cooled this way):	
<input type="checkbox"/> Using rapid chill equipment (include list of all foods to be cooled this way):	
<input type="checkbox"/> Stirring the food in a container placed into an ice bath (include list of all foods to be cooled this way):	
<input type="checkbox"/> Using containers that facilitate heat transfer (include list of all foods to be cooled this way):	
<input type="checkbox"/> Using an ice paddle (include list of all foods to be cooled this way):	
<input type="checkbox"/> Using ice as an ingredient (include list of all foods to be cooled this way):	
<input type="checkbox"/> Other method (specify and include list of all foods to be cooled this way):	
<b>Cooked time/temperature control for safety food shall be cooled within two hours, from 135°F/57°C to 70°F/20°C and within a total of six hours from 135°F/57°C to 41°F/5°C or less.</b>	

<b>REHEATING</b> <b>TIME/TEMPERATURE CONTROL FOR SAFETY FOOD</b>	
Type of Units (Microwave, Stove, etc.):	List of foods that will be reheated prior to service:
Number of Each Type of Unit:	
Location of Each Unit:	
<b>Time/temperature control for safety food that is cooked, cooled, and reheated for hot holding/reheated in a microwave oven for hot holding shall be reheated so that all parts of the food reach a temperature of at least 165°F/74°C for 15 seconds within 2 hours (microwaved food shall be rotated or stirred, covered, and allowed to stand covered for 2 minutes after reheating). Ready-to-eat time/temperature controlled for safety food that has been commercially processed and packaged in a food processing plant that is inspected by the regulatory authority that has jurisdiction over the plant, shall be heated to a temperature of at least 135°F/57°C within 2 hours when being reheated for hot holding.</b>	



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**Check all of the following that will apply:**

DISHWASHING FACILITIES	
<input type="checkbox"/> 3-compartment sink: 1 <sup>st</sup> Compartment (LxWxD)_____ 2 <sup>nd</sup> Compartment_____ 3 <sup>rd</sup> Compartment_____	
<input type="checkbox"/> Largest pot will fit	
<input type="checkbox"/> Largest pot will NOT fit (specify procedure for cleaning):_____	
<input type="checkbox"/> Sanitizer Chemical (chlorine, quaternary, lactic acid, other-must specify):_____	
<input type="checkbox"/> Air Drying Space (location, type, and square feet):_____	
<input type="checkbox"/> Dishwasher: LxWxD_____ Make and Model_____	
<input type="checkbox"/> Largest pot will fit	
<input type="checkbox"/> Largest pot will NOT fit (specify procedure for cleaning):_____	
<input type="checkbox"/> Sanitizer Chemical (chlorine, quaternary, lactic acid, other-must specify):_____	
<input type="checkbox"/> Heat as Sanitizer (Final Rinse Temperature must reach at least 180°F)	
<input type="checkbox"/> Ventilation provided (specify type):_____	
<input type="checkbox"/> Air Drying Space (location, type, and square feet):_____	

**Check all of the following that will apply:**

WATER SUPPLY	
<input type="checkbox"/> Public Water Supply such as the City's Water	<input type="checkbox"/> Ice bagged on-site for customer self-service (must include Texas Food Manufacture License)
<input type="checkbox"/> Private Water Supply (must include approval/permit)	<input type="checkbox"/> Ice bagged on-site will remain locked for employees to serve customers
<input type="checkbox"/> Water Heater capacity and location/s:	<input type="checkbox"/> Ice will NOT be bagged for sale
<b>Ice bagged on-site for sale must include a label on each bag with the Establishment's Name and Address.</b>	

**Check all of the following that will apply:**

SEWAGE DISPOSAL	
<input type="checkbox"/> Public Sewage System such as the City's Sewer	<input type="checkbox"/> Grease Trap/Interceptor provided inside (location): _____
<input type="checkbox"/> Private Sewage System (must include approval/permit)	<input type="checkbox"/> Grease Trap/Interceptor provided outside (location): _____
<input type="checkbox"/> Floor Drain location/s:	<input type="checkbox"/> Grease Trap/Interceptor will NOT be provided

**Check all of the following that will apply:**

REFUSE, RECYCLABLES, RETURNABLES	
<input type="checkbox"/> Refuse/Garbage will be stored inside (location): _____	<input type="checkbox"/> There will be an area for returnables/damaged goods (location): _____
<input type="checkbox"/> Refuse/Garbage will be stored outside (location): _____	<input type="checkbox"/> There will be an area for recyclables (location): _____
<input type="checkbox"/> Dumpsters will be used: Number_____ Size_____ Frequency of Pick-up_____	
<input type="checkbox"/> Compactors will be used: Number_____ Size_____ Frequency of Pick-up_____	
<input type="checkbox"/> Grease Storage Containers will be used: Number_____ Size_____ Frequency of Pick-up_____	
Identify how and where garbage cans and floor mats will be cleaned:	
<b>An outdoor storage surface for refuse, recyclables, and returnables shall be constructed of nonabsorbent material such as concrete or asphalt and shall be smooth, durable, and sloped to drain.</b>	



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### Check all of the following that will apply:

PEST CONTROL	
<input type="checkbox"/> Exterior doors self-closing with no gaps	<input type="checkbox"/> Electrical insect control devices (include where):
<input type="checkbox"/> Screens provided for entrances left open to the outside	
<input type="checkbox"/> Outdoor cooking/food prep areas screened in	<input type="checkbox"/> Air curtains (include where):
<input type="checkbox"/> Openable windows with #16 mesh screening	
<input type="checkbox"/> Exterior walls sealed to provide protective barrier	<input type="checkbox"/> Pipes & Electrical conduit chases sealed (include how):
<input type="checkbox"/> Will use licensed pest control company	
How will area around building be kept free of unnecessary brush, litter, boxes, and other harborage?	

### Check all of the following that will apply:

OTHER	
<input type="checkbox"/> Linens will be laundered on-site (location and frequency): _____	Poisonous/Toxic Materials Storage Location: _____
<input type="checkbox"/> Linens will be laundered off-site (location and frequency): _____	Cleaning/Sanitizing at Workstations Location/s: _____ _____
Clean Linen Storage Location: _____	_____
Dirty Linen Storage Location: _____	_____
<input type="checkbox"/> Designated area such as dressing room/break area for employee's personal belongings will be provided (location): _____	
<input type="checkbox"/> Designated area for employee's personal belongings will NOT be provided (how will employees keep items separate): _____	
<p><b>An employee shall eat or drink only in designated areas where the contamination of exposed food; clean equipment, utensils, and linens; unwrapped single-service and single-use articles; or other items needing protection cannot result (outside of the kitchen). Dressing rooms or dressing areas shall be designated if employees routinely change their clothes in the establishment and lockers or other suitable facilities shall be provided for the orderly storage of employees' clothing and other possessions where dressing rooms are required.</b></p>	

I hereby certify that the above information is correct and fully understand that any deviation from the above without prior permission from this Health Regulatory Authority may nullify final approval.

_____	_____	_____
Applicant Print Name	Applicant Signature	Applicant Date

_____	_____	_____
Plan Reviewer Print	Plan Reviewer Signature	Plan Reviewer Approval Date

Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law, or regulation that may be required-federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food establishments.