



CONSUMER HEALTH

119 Palo Pinto St.

Weatherford, TX 76086

817.598.4149 Fax 817.598.4487

PLAN REVIEW APPLICATION

FOR FOOD ESTABLISHMENTS

MUST BE COMPLETED BY ESTABLISHMENT

OPERATOR / OWNER

Name of Facility: \_\_\_\_\_

Date: \_\_\_\_\_

This application must be fully completed with all questions answered and submitted with the plans, proposed menu, complete equipment schedule, and schedule requested herein along with any necessary plan review fee paid before the review will be initiated. Response of "see plans" will not be accepted. Applicant must complete each section of this document for approval. Please provide our department with phone number and email contact information of the person in charge of your project in order for your inspector to address any questions they may have in regard to your application.

In order to process your plan review, ensure that all sections are complete and all applicable attachments are included. Below is a checklist to aid in completion of this document.

Incomplete information will delay your plan approval.

<b>SECTION</b>	<b>ACTION</b>	<b>Pg.</b>
1. Facility Information	Complete Section	3
2. Owner Information	Complete Section	6
3. Applicant Information	Complete Section	6
4. Plan Review Requirements	Complete Section	6
5. Food Supply	Complete Section	9
6. Food Preparation Procedures	Complete Section attach additional Sheets if needed	10
7. Thawing Frozen TCS Foods	Complete Section	13
8. Hot/Cold Holding	Complete Section	13
9. Cooling	Complete Section	14
10. Re-Heating	Complete Section	14
11. Water Supply / On-Site Ice Production	Complete Section	15
12. Hot water production	Complete Section	16
13. Handwashing / Toilet Facilities	Complete Section	17
14. Warewashing Facilities	Complete Section	17
15. Sewage and Waste Water Disposal	Complete Section	19
16. Pest / Rodent Control	Complete Section	20
17. Refuse, Recyclables, and Returnable	Complete Section	20
18. Dressing Rooms / Personal Storage	Complete Section	21
19. Backflow Prevention	Complete Section	22
20. Finish schedule	Complete Section	23
21. Operational	Complete Section attach documents	26
22. Pre-Inspection Requirements	Complete Section turn in with review Packet, retain copy for pre-inspection	28
23. Statement	Sign and date	32

Submit plans, complete plan review form (this document), and all attachments to the City of Weatherford Consumer Health Department at:

City of Weatherford  
 Consumer Health Department  
 119 Palo Pinto St.  
 Weatherford, TX 76086  
 817.598.4149 Fax 817.598.4487

## 1. FACILITY INFORMATION

Facility Name:

Address:

Facility Phone:

\*Emergency Contact Phone:

Web Site:

\*\*Facility email:

Corp. email if applicable:

\*must be answered after hours, weekends, holidays 24/7 in case of emergency.

\*\*must be valid email address for facility.

### Facility Type

- |   |  |
|---|--|
| <input type="checkbox"/> New Construction:    | Facility will be constructed from the ground up.                                 |
| <input type="checkbox"/> Remodel / Addition:  | Current, permitted food establishment that will be remodeled or additions added. |
| <input type="checkbox"/> Conversion:          | Current non-food establishment that will be converted to a food establishment.   |
| <input type="checkbox"/> Change of Ownership: | Current, permitted food establishment that will change ownership.                |

**Type of Operation; Check all that apply**

- Restaurant: Restaurant with dining area available.
- Takeout: Establishment offers call in take-out orders.
- Takeout Only: Walk-in, walk-up, drive through, or delivery-only; no dining area.
- Food Manufacturing: Facility processes and packages food for retail sale. Will require state manufactured foods license.
- Food Warehousing: Facility warehouses food product.
- Institution: School, Hospital, Nursing Home, Detention Facility.
- Daycare: Child or Adult (Circle one)
- Retail Food: Grocery Store, Market, Beverage service only; Coffee, Tea, Nutrition drinks, etc.
- Convenience: Convenience Store; fountain drinks, hot hold pre-cooked foods, cold hold pre-packaged TCS foods for sale.
- Commissary for Mobile Units: Commissary for mobile food unit(s)
- Commissary for Brick and Mortar Facilities: Commissary for brick and mortar food establishment.
- Sports Grill: Sports Grill will require approval from Planning and Zoning Department.
- Bar / Club: Establishment where only drinks will be served.
- Self-Service Food Market: A market/facility that is unstaffed and offers prepackaged non-TCS foods and prepackaged refrigerated or frozen time/temperature control for safety food that is stored and displayed in equipment.
- Other:



**2. OWNER INFORMATION**

Name:

Phone:

Address:

Alt Phone:

Fax:

Email:

Web Site:

**3. APPLICANT INFORMATION**

Same as above

Name:

Phone:

Address:

Alt Phone:

Fax:

Email:

Website:

**4. PLAN REVIEW REQUIREMENTS**

**The following information must be included in the plan review packet and submitted to Consumer Health Department for approval: Omission or incomplete information will delay approval process.**

- 1. Plan of food establishment (minimum scale of ¼ inch = 1 foot) locating all equipment, plumbing, electrical, and mechanical services; food establishment building site including alleys and streets; and any outside equipment including dumpster(s), well(s), grease interceptor, and septic system (if applicable). Plans must be stamped by a State of Texas licensed architect or engineer.

**TFER §228.244 (a) (1)(2)(3). Facility and Operating Plans.**

- 2. Include plumbing schedule showing location of floor drains, floor sinks, water supply lines, and any overhead waste-water lines, as well as hot-water-generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections. All plumbing shall be installed in accordance with 2009 International Plumbing Code (IPC).

**TFER §228.146. Plumbing Design, Construction, and Installation.**

Show location, number, and size/capacity of sinks as listed. All plumbing shall be installed in accordance with 2009 International Plumbing Code (IPC). **TFER §228.146.**

- Hand wash sinks: Drain line shall not be direct connect. All hand wash sinks shall drain to an approved grease interceptor. **TFER §228.223 (i)(1)(2)**
  - Warewash sinks: Drain line shall not be direct connect. All Warewash sinks shall drain to an approved grease interceptor.
  - Food preparation sinks: Drain line shall not be direct connect. All food preparation sinks shall drain to an approved grease interceptor.
  - Curbed mop sinks: Show location / provisions for hanging wet mops or similar wet cleaning tools. **TFER § 228.180. Service Sinks, Availability.**
  - Service sinks: Drain line shall not be direct connect. Service sinks shall not be direct connect and shall drain to an approved grease interceptor. Show location / provisions for hanging wet mops or similar wet cleaning tools and for the disposal of mop water and similar liquid waste. **TFER §228.180. Service Sinks, Availability.**
- 3. Document source of water and method of sewage disposal. Supply documentation of current water tests if water supply is from a private well. **TFER §228.223 (n)(o)**
  - 4. If water source is from private well, facility shall comply with the following;  
**TFER Subchapter J. Private Water Systems. §228.271. Water Supply and Pressure**
  - 5. Attach copy of menu or complete list of food items and beverages offered. Include seasonal, off-site and banquet menus and projected daily meal volume (morning, noon, evening, other) for the food establishment. **TFER §228.244 (b)(1)(2)**
  - 6. Show location of all food equipment. Each piece of equipment must be clearly labeled and show plumbing, drain, and electrical connections. Include food equipment schedule/manufacturer specification sheets with the make and model number, and list any equipment that is certified or classified for sanitation by an ANSI accredited certification program. Include manufacturer's cleaning and sanitation instructions for each piece of equipment. **TFER §228.244 (3)(4)**

- 7. Furnish color-coded diagram on floor plan demonstrating flow patterns for:
  - ✓ Food (receiving, storage, preparation, service)
  - ✓ Dishes / Wares (clean soiled, warewashing, air drying, and storage)
  - ✓ Trash and garbage (service area, holding, storage, disposal)
  
- 8. Clearly designate on plans, auxiliary areas such as storage rooms, garbage rooms, and toilet rooms. Clearly designate other areas such as basements and/or cellars used for storage or food preparation.
  
- 9. Show Storage location of poisonous or toxic materials, all cleaning supplies and bulk sanitizers. **TFER §228.213 (1)(2) Storage and Display, Separation.**
  
- 10. Show areas for storage of employee personal items.  
**TFER §228.212. Other Personal Care Items, Storage.**
  
- 11. Show location of lighting fixtures, including covers or shields for lighting above food storage, prep, or serving areas. These fixtures shall meet Texas Food Establishment Rules (TFER) requirements for lighting in food establishments. **TFER §228.177 (1)(2)(3). Lighting Intensity.**
  
- 12. Show location of refuse, recyclable, and or returnable containers.  
**TFER §228.152. Refuse, Recyclables, and Returnables, Facilities on the Premises**
  
- 13. Provide a HACCP plan for specialized processing methods of foods. Properly completed City of Weatherford Consumer Health Department variance request form required.  
**TFER §228.244 (c)(d). Facility and Operating Plans, HACCO plan, contents of HACCP plan**
  
- 14. Provide ventilation schedule.  
**TFER §228.178. Ventilation, Mechanical.**  
*If necessary to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke, and fumes, mechanical ventilation of sufficient capacity shall be provided.*
  
- 15. Complete Section 21 on page 24 for finish schedules for each room including floors, walls, ceilings, and covered juncture bases. This section must be properly filled out, notation of “see plans” will not be accepted.



**5. FOOD SUPPLY**

**All food must be from an approved source**

**TFER §228.62 (a)-(g)**

Frozen foods source: \_\_\_\_\_

How often will frozen foods be delivered? \_\_\_\_\_

Refrigerated foods source: \_\_\_\_\_

How often will refrigerated foods be delivered? \_\_\_\_\_

Dry goods source: \_\_\_\_\_

How often will dry goods be delivered? \_\_\_\_\_

Provide information on the number of units and the amount of space in each unit (in cubic feet) allocated for the following:

Dry Storage: \_\_\_\_\_

Shelf area: \_\_\_\_\_

Total Dry Storage area in sq. Ft.: \_\_\_\_\_

Refrigerated Storage: \_\_\_\_\_

Shelf area: \_\_\_\_\_

Total Refrigerated Storage area in sq. Ft.: \_\_\_\_\_

Frozen Storage: \_\_\_\_\_

Shelf area: \_\_\_\_\_

Total Frozen Storage area in sq. Ft.: \_\_\_\_\_

Identify the location of containers that will be used to store bulk food products (rice, flour, sugar, spices, etc.) Containers must be food grade, properly labeled.

## **6. FOOD PREPERATION PROCEDURES**

Describe handling/preparation procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored.
- Where food will be washed, cut, marinated, breaded, cooked, etc. (prep table, sink, counter, etc.)
- When (time of day and frequency/day) food will be handled/prepared.
- Will food served cold be pre-chilled before preparation?
- How required cooking temperatures will be verified.

Attach additional sheets if necessary.

**READY-TO-EAT FOOD (e.g., salads, cold sandwiches, raw molluscan shellfish)**

**READY-TO-EAT FOOD (precooked meats, canned/ bagged, tort product)**

**RAW POULTRY:**

**RAW BEEF:**

**RAW PORK:**

**SEAFOOD:**

**PRODUCE, FRUIT:**

List how produce, fruits, and vegetables received whole (including lemons and limes used for drinks), will be washed before service. List procedures and locations where items will be washed. List procedures to prevent bare hand contact with RTE produce / lemons and limes.

List all foods that will be cooked and served, (no hot holding):

List all foods that will be hot-held prior to service:

List all foods that will be cooked and cooled for service:

List all foods that will be cooked, cooled, and reheated for service:

Provide a HACCP plan for specialized processing methods of foods such as use of additives to render a food non TCS food (example; sushi rice), curing and smoking for preservation, freezing for parasite destruction, and molluscan shellfish tanks. All specialized processing methods will require a completed and approved variance request form from City of Weatherford Consumer Health Department.

**7. THAWING FROZEN TCS FOOD'S**  
**TFER §228.75 (c)**

Thawing Method(s) (check all that apply and indicate where thawing will take place).

- Under Refrigeration: \_\_\_\_\_
- Running water less than 70°F (21°C): \_\_\_\_\_
- \*Microwave (as part of cooking process): \_\_\_\_\_
- Cooked from frozen state: \_\_\_\_\_
- Other, (describe): \_\_\_\_\_

*\*TFER §228.75 (c)(3)(B) thawed in a microwave oven and immediately transferred to a conventional cooking equipment, with no interruption in the process*

**8. HOT/COLDING HOLDING**  
**TFER §228.107 (A) Equipment, Numbers and Capacities.**

How will hot food be maintained at 135°F (57°C) or above during holding for service? Indicate type, number and location of hot holding units.

How will cold food be maintained at 41°F (5°C) or below during holding for service? Indicate type, number and location of cold holding units.

**9. COOLING**  
**TFER §228.75 (d)**

Indicate by checking the appropriate boxes how TCS food(s) will be cooled from 135°F to 70°F in two hours and from 70°F to 41°F within 4 hours. **TFER §228.75 (e)**

<b>COOLING METHOD</b>	<b>*THICK MEATS</b>	<b>*THIN MEATS</b>	<b>HOT FOODS</b>	<b>COLD FOODS</b>	<b>OTHER</b>	<b>LOCATION</b>
Shallow Pans in refrigerator						
Ice Baths						
Reduce Volume or Size and Place in Refrigerator						
Mechanical Rapid Chill Unit (Blast chiller)						
Stirring with Ice Paddle						
Other (describe)						
Other (describe)						

\*Thick Meats = more than inch; Thin Meats = one inch or less.

**10. REHEATING**  
**TFER §228.73. Reheating for Hot Holding**

How and where will TCS foods that are cooked, cooled and reheated for hot holding be reheated so that all parts of the food reach their required temperature for 15 seconds within 2 hours? Indicate type and number of units used for reheating foods.

**11. WATER SUPPLY / ON-SITE ICE PRODUCTION**

1. Is the water supply public? YES                      Or non-public (private)? NO
2. If non-public (private), has the source been approved? YES      NO  
Attach copy of approved water test and TCEQ public water supply number.
3. Will ice be made on premises? YES      NO  
If yes ice scoop(s) shall be stored in a sanitary manner. Indicate how and where ice scoops will be stored.
  
4. Will ice be purchased commercially from an approved source? YES      NO
5. Will there be an ice bagging operation? YES      NO

If yes, a manufactured food license from the State of Texas and a processing permit from Consumer Health will be required. Facility must first obtain a manufactured food license from the state before an operational processing permit from Consumer Health is issued. Identify where ice bagging operation will occur in facility. Attach copy of State Manufactured Food License.

**TFER §228.143(a)(b) Water Quantity and availability**

- (a) Capacity. The water source and system shall be of sufficient capacity to meet the peak water demands of the food establishment.
  
- (b) Pressure. Water under pressure shall be provided to all fixtures, equipment and nonfood equipment that are required to use water except that water supplied as specified under §228.144(b)(1) and (2) of this title to a temporary interruption of a water supply need not be under pressure.

Facility shall obtain approval from consumer health for any variance of TFER 228 (a)(b) in response to a water outage event.

**12. HOT WATER PRODUCTION AND SUPPLY**

List the type, capacity, recovery time, and location of the water heater? Please attach copy of water heater specifications:

Type: \_\_\_\_\_

Capacity: \_\_\_\_\_

Recovery time: \_\_\_\_\_

Location: \_\_\_\_\_

Facility shall comply with section 228.143 (c) of Texas Food Establishment Rules. Attach verification from licensed plumber.

**TFER 228.143 (c) Hot water.**

(c) Hot water. Hot water generation and distribution systems shall be sufficient to meet the peak hot water demands throughout the food establishment.

List type, number, and size of sinks below. Use additional sheet if necessary. Recommended hot water capacity will be determined by number and type of sinks and machines that require hot water. For multiple compartment sinks include the dimensions of the largest bowl. ***Hand sinks and mop/service sinks do not require dimensions, quantity is required.***

Sink Type and quantity:	Dimensions in inches		
	Length	Width	Depth
<u>Example: 1 3 compartment ware wash sink</u>	18"	18"	16"
<u>Example: 4 hand wash sinks</u>	N/A	N/A	N/A
_____			
_____			
_____			
_____			
_____			
_____			
_____			

How many mechanical dish washers will facility install?  
This includes automated drinking glass washers.  
List any other equipment facility will have that will require hot water to be generated for use.



**13. HANDWASHING/TOILET FACILITIES**

1. Clearly identify the locations of the handwashing sinks and toilet facilities on plans:
2. Will employees and customers use the same toilet facilities? YES NO
3. Will handwash stations use metered faucets? YES NO
4. Will handwash stations use mechanical faucets (knee or foot operated)? YES NO
5. Will air drying devices be used? YES NO
6. Will there be doors into toilet facilities? YES NO
7. How many handwashing stations will facility have? \_\_\_\_\_
8. How may toilet rooms will facility have? \_\_\_\_\_

**14. WAREWASHING FACILITIES**

**Manual warewashing**

1. Identify the length, width, and depth of each compartment of the 3-compartment sink(s). If facility will have more than four 3 compartment sinks attach additional page with information. Measurements are in inches; Length x Width x Depth.

	Compartment 1	Compartment 2	Compartment 3
	L x W x D	L x W x D	L x W x D
A	____ x ____ x ____	____ x ____ x ____	____ x ____ x ____
B	____ x ____ x ____	____ x ____ x ____	____ x ____ x ____
C	____ x ____ x ____	____ x ____ x ____	____ x ____ x ____
D	____ x ____ x ____	____ x ____ x ____	____ x ____ x ____

2. Identify the length, width, and depth of each compartment of the 4-compartment sink(s). If facility will have more than four 4 compartment sinks attach additional page with information. Measurements are in inches; Length x Width x Depth.

	Compartment 1	Compartment 2	Compartment 3	Compartment 4
	L x W x D	L x W x D	L x W x D	L x W x D
A	___ x ___ x ___	___ x ___ x ___	___ x ___ x ___	___ x ___ x ___
B	___ x ___ x ___	___ x ___ x ___	___ x ___ x ___	___ x ___ x ___
C	___ x ___ x ___	___ x ___ x ___	___ x ___ x ___	___ x ___ x ___
D	___ x ___ x ___	___ x ___ x ___	___ x ___ x ___	___ x ___ x ___

3. The largest pot or pan must fit into each compartment of the 3 or 4-compartment sink. If the largest pot or pan will not fit, describe the procedure for manual cleaning and sanitizing of items that will not fit into the compartments of the 3 or 4-compartment sink. ***This procedure will require approval from City of Weatherford Consumer Health Department.***

4. Describe size, location and type (drain boards, wall mounted or overhead shelves, stationary or portable racks) of air drying space:

5. Total square feet of air drying space available sq ft

6. What type of sanitizer will be used?

7. Will metered dispensers be used for warewashing chemicals? YES NO

8. Will pre-measured sanitizer solutions be used? YES NO

## Mechanical Dishwashing

1. List the make and model of the mechanical dishwasher:
2. List type of chemical sanitizer that will be used.
3. Will machine use hot water sanitization?      YES      NO
4. What is the manufacturer's temperature requirement for hot water sanitization?
5. Include a copy of operational instructions and maintain a copy on file at facility.
6. Will a booster heater be installed?      YES      NO
7. Will ventilation be provided?      YES      NO

Contact Building Inspection Department for requirement on ventilation for dish machines.

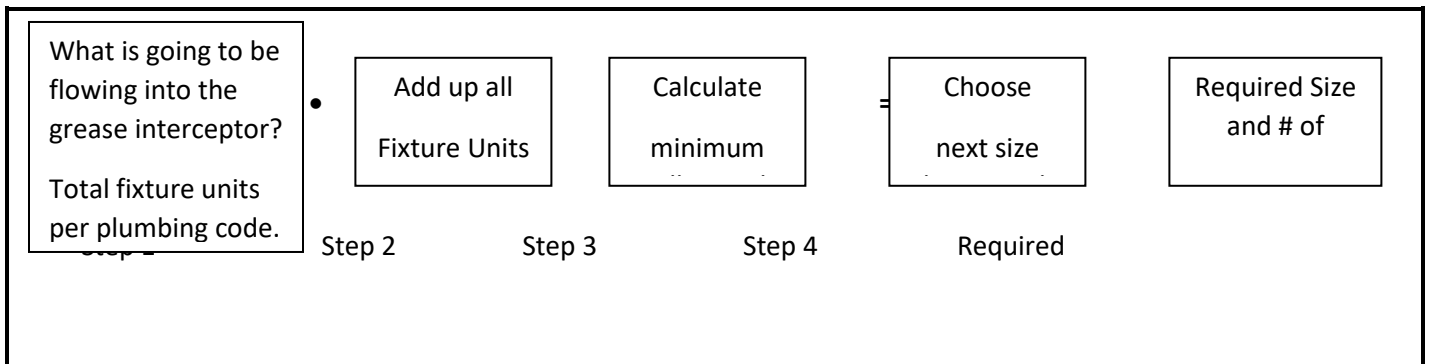
8. Will establishment have any Clean In Place (CIP) equipment?      YES      NO

If yes, include copy of operational and cleaning manual in review packet. Operational and Cleaning manuals shall be present and available in establishment at all time.

## 15. SEWAGE AND WASTE WATER DISPOSAL

1. Sewage system in public (City Services)?
2. If non-public (septic system), has system been approved?      YES      NO  
If yes, attach copy of approved system.
3. Will grease traps/interceptors be required?      YES      NO

Follow these steps to determine grease interceptor size or design from an engineer.



**16. PEST/RODENT CONTROL**

- 1. Will all outside doors be self-closing and rodent-proof? YES NO
- 2. Will screens be provided on all entrances open to the outside? YES NO NA
- 3. Will all openable windows have a minimum #16 mesh screening? YES NO NA
- 4. Will electrical insect control devices be used? YES NO
- 5. Will air curtains be used? YES NO  
If yes, where?
- 6. Will a licensed pest control company be used? If yes, list: YES NO
- 7. Identify how all pipes and electrical conduit will be sealed. YES NO
- 8. Describe how the area around building be kept clear of unnecessary brush, liter, boxes and other conditions that could create harborage for rodents and pest?

**17. REFUSE, RECYCLABLES, AND RETURNABLES**

Dumpster service for food establishments is required.

- 1. Identify how and where garbage cans and floor mats will be cleaned.
- 2. What company will be used for solid waste collection?  
Frequency of pickup
- 3. Will a compactor be used? YES NO Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pickup

4. Will garbage cans be stored outside?    YES    NO    If yes, where?
  
5. Describe surface and location where dumpster(s), compactor, and/or garbage cans will be stored outside the establishment.
  
6. Identify location of containers for used cooking oil, grease, fats.
  
7. Will there be an area for recyclables?    YES    NO    If yes, describe location.
  
8. Identify the area to store returnable damaged goods.

**18. DRESSING ROOMS / PERSONAL STORAGE**

1. Will dressing rooms be provided?    YES    NO
  
2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.):
  
3. Will employees be allowed to bring personal food to work?    YES    NO
4. If yes, describe below how this food will be separated from food for service to prevent cross contamination.

5. Describe storage and prevention of cross contamination for employee personal medications.

6. Describe policy to prevent cross contamination by employee personal cell phone.

**19. BACKFLOW PREVENTION**

**TFER §228.147 (d) Backflow Prevention**

**Supply Side, potable water, backflow prevention**

- Approved methods / device;    Air Gap  
   Atmospheric vacuum breaker (AVB)  
   Pressure vacuum breaker (PVB)  
   Reduced pressure zone device (RPZD, RPZ)

		Backflow method / device used
1. Handwash sink(s)	# _____	_____
2. Mop sink(s)	# _____	_____
3. Mechanical Dishwasher(s)	# _____	_____
4. Garbage grinder, disposal(s)	# _____	_____
5. Ice machine(s)	# _____	_____
6. Ice storage bin(s)	# _____	_____
7. 3 compartment sink(s)	# _____	_____
8. 2 compartment sink(s)	# _____	_____
9. 1 compartment sink(s)	# _____	_____
10. Steam Table(s)	# _____	_____
11. Dipper well(s)	# _____	_____
12. Condensate line(s)	# _____	_____
13. Hose Bibb(s)	# _____	_____
14. Beverage dispenser(s) with carbonator(s)	# _____	_____



	Walls:
	Ceiling:
Dressing Rooms	Floor:
	Floor/Wall Juncture:
	Walls:
	Ceiling:
Garbage and Refuse Storage	Floor:
	Floor/Wall Juncture:
	Walls:
	Ceiling:
Mop / Service Sink	Floor:
	Floor/Wall Juncture:
	Walls:
	Ceiling:
Warewashing Area	Floor:
	Floor/Wall Juncture:
	Walls:
	Ceiling:
Walk-in and Other Refrigerators Freezers	Floor:
	Floor/Wall Juncture:
	Walls:
	Ceiling:
Other	Floor:
	Floor/Wall Juncture:



Walls:

Ceiling:

Other

Floor:

Floor/Wall Juncture:

Walls:

Ceiling:

Identify the finishes or materials used for cabinets, countertops, and shelving:

Cabinets:

Countertops:

Dry Storage Shelving:

Walk In Cooler Shelving:



4. Identify location of clean and soiled linen storage:

5. How often will linens be delivered and picked up?

6. Identify location in facilities for cleaning mops and other equipment:

7. Indicate all areas where exhaust hoods will be installed:

## 22. PRE-INSPECTION REQUIREMENTS

The following items will be referenced during plan review of your facility and will be checked during the facility pre-inspection conducted by Consumer Health Department prior to opening. **All equipment shall be installed and operational for pre-inspection. All documentation, variances, HACCP plans, operational SOP's, employee health policy, shall be available on premises at time of pre-inspection.**

Use the following check list to ensure items listed below are in compliance with Texas Food Establishment Rules prior to calling for pre-inspection of your facility. Items below that are not compliant at time of pre-inspection will delay permitting of your facility. Permitting and facility inspections will be based on Current Texas Food Establishment Rules.

1. Every facility shall have at least one Certified Food Manager (CFM).  
**TFER §228.33. Certified Food Protection Manager Requirements.**  
*(a) At least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.*  
  
**Include copies of all CFM certificates in plan review packet.**
2. **TFER §228.33. Food Handler Requirements.**  
*(d) Except in a temporary food establishment and the certified food manager, all food employees shall successfully complete an accredited food handler training course, within 60 days of employment.*  
*(e) The food establishment shall maintain on premises a certificate of completion of the food handler training course for each food employee. The requirement to complete a food handler training course shall be effective September 1, 2016.*
3. **TFER §228.65 (C)-(G),** provide a copy of the facilities written health policy.  
**Attach copy of employee health policy to plan review packet.**
4. **TFER §228.45 Contamination Events.**  
*Clean up of Vomit and Diarrheal Events. A food establishment shall have written procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment the procedures shall address the specific actions employees, consumers, food, and surfaces to vomitus or fecal matter.*  
**Attach copy of written procedures to plan review packet.**
5. A first aid kit shall be provided  
**TFER §228.210. First Aid Supplies. And TFER §228.211 (1)(2)**
6. Hot and cold water under pressure.  
**TFER §228.223 (o)**

7. Handwashing sink(s) shall be equipped to provide water at a temperature of at least 100°F (38°C) through a mixing valve or combination faucet.  
**TFER §228.146 (b)(1)**  
Water at 100°F shall be available at hand sinks within 30 seconds or less.
8. Handwashing sink(s) shall be located to allow convenient use by employees in food preparation, food dispensing, and warewashing areas, and in, or immediately adjacent to toilet rooms.  
**TFER §228.148. Plumbing, Location and Placement.**
9. Handwashing sink(s) shall be provided with a supply of hand cleaning liquid, poser or bar soap.  
**TFER §228.175 (b)**
10. Handwashing sink(s); Hand drying provision. Each handwashing sink or group of adjacent sinks shall be provided with:
  - (1) Individual, disposable towels or
  - (2) A continuous towel system that supplies the user with a clean towel or
  - (3) A heated-air hand drying device or
  - (4) A hand drying device that employs an air-knife system that delivers high velocity, pressurized air at ambient temperatures.  
**TFER §228.175 (c)**  
Handwashing sinks in employee restrooms that have hand actuated facets, barriers to entry and exit (doors), shall be provided with disposable paper towels and waste receptacle regardless of other hand drying devices present.
11. **TFER §228.175 (e)** Handwashing signage. A sign or poster that notifies food employees to wash their hands shall be provided at all handwashing sinks used by food employees and shall be clearly visible to food employees.
12. **TFER §228.175 (f)** Disposable towels, waste receptacle. A handwashing sink or group of adjacent sinks that is provided with disposable towels shall be provided with a waste receptacle as specified under §228.152(g)(3) of this title.
13. If equipped, self-closing, slow closing, or metering faucets shall provide a flow of water for at least 15 seconds without the need to reactivate the faucet.  
**TFER §228.146(b)(3)**
14. Restroom doors shall be self-closing. **TFER §228.174 (d)**
15. A covered waste receptacle is required in women's restrooms. **TFER §228.152 (h)**  
*Toilet room receptacle, covered. A toilet room used by females shall be provided with a covered receptacle for sanitary napkins.*
16. Restrooms shall be equipped with adequate ventilation.  
**TFER §228.178. Ventilation, Mechanical.**
17. Consumer Advisory for foods served raw or undercooked. **TFER §228.80**

18. Gloves use / prevention of bare hand: Approved food service gloves shall be supplied to prevent bare hand contact of Ready to Eat Foods (RTE).  
**TFER §228.34 (12)**
19. Bare Hand Contact Policy: Bare hand contact policy must be approved by Consumer Health Department. If facility will engage in bare hand contact with RTE foods submit written policy to Consumer Health Department. Written policy, training log, and corrective action log must be maintained on premises' and available for inspection.  
**TFER §228.65 (5)**
20. Thermometers, cold hold units: ensure all cold hold units have correctly calibrated and functional thermometers installed. **TFER §228.112**
21. Tip sensitive thermometers: Facility shall have available for kitchen staff correctly calibrated functional tip sensitive thermometers for thin mass foods. Properly calibrated functional thermometers shall be available to kitchen staff during all hours of operation.
22. Data loggers for parasite destruction: If facility performs their own parasite destruction, electronic temperature data logging devices shall be present and used. Facility shall have an approved HACCP plan for this activity.
23. Sanitizer Test Kits: During all hours of operation facility shall have available to kitchen staff test strips/kits available for all chemicals or thermal sanitizers used in facility.  
**TFER §228.108 (e)**
24. Storage of Toxic Items: All toxic items shall be stored to prevent contamination with food and food contact surfaces.  
**TFER §228.203**
25. Spray bottles labeled: All spray bottles shall be clearly labeled with their contents.  
**TFER §228.202**
26. Buffet signs: Self service consumers may not be allowed to use soiled tableware, including single-service articles, to obtain additional food from the display and serving equipment. A card, sign or other effective means of notification shall be displayed to notify consumers that clean tableware is to be used upon return to self-service areas such as salad bars and buffets.  
**TFER §228.68 (f)(2)**
27. Current water test and TCEQ public water supply number available for inspection. If establishment is served by private well.
28. Establishments operating under a variance for acidifying foods shall have a working properly calibrated pH meter. Logs shall be available at time of routine inspections. Person in charge shall demonstrate proficiency with pH meter during routine inspections.

29. No TCS foods shall be stored in establishment until facility has been approved to open by Consumer Health Department.
30. Ensure copies of: CFM, Employee Health Policy, Contamination event cleanup procedures, any required variance and operational SOP's / policies, are attached/included in packet and are available onsite during pre-inspection.



CONSUMER HEALTH

Consumer Health Department

119 Palo Pinto St.

Weatherford, TX 76086

817.598.4149 Fax 817.598.447

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**STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from City of Weatherford Consumer Health Department may delay final approval.**

Owner of Responsible Representative

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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**Approval of these plans and specifications by the City of Weatherford Consumer Health Department 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 preopening 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 service establishments.**