



FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

City of Mansfield
Department of Regulatory Compliance
620 S. Wisteria Street
Mansfield, TX 76063
(817) 276-4221

Application Date: _____

Permit Status (check one):

- New
 Renovation

This form MUST be completed before Health Permit(s) plan reviews are conducted. Once the plan review application fee has been paid and the permittee is in compliance with all applicable ordinances, they must submit a Food Establishment Health Permit Application. Payments can be made by check or money order to City of Mansfield, C|O: Regulatory Compliance at the above address. **Please note, we are unable to accept online payments at this time.**

TYPE OF BUSINESS:

<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Daycare Food Service
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Fast Food	<input type="checkbox"/> Kiosk
<input type="checkbox"/> School/City	<input type="checkbox"/> Food Service	<input type="checkbox"/> Other _____

BUSINESS NAME: _____
 (NAME OF ESTABLISHMENT LOCATED IN MANSFIELD)

STREET ADDRESS: _____ SUITE/KIOSK #: _____
 (PHYSICAL LOCATION IN MANSFIELD)

CITY: Mansfield STATE: Texas ZIP: 76063 PHONE: _____

EMAIL ADDRESS: _____ SALES TAX ID #: _____

AFTER HOURS EMERGENCY CONTACT: _____

PHONE: _____

****THE FOLLOWING INFORMATION WILL BE USED FOR MAILING AND FIRST POINT OF CONTACT.**

**APPLICANT NAME: _____

TITLE: _____
(OWNER, MANAGER, CONTRACTOR, ARCHITECT, ETC.)

STREET ADDRESS: _____ SUITE/KIOSK #: _____

CITY: _____ STATE: _____ ZIP: _____

STREET ADDRESS: _____ SUITE/KIOSK #: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE: _____

OWNER (INDIVIDUAL OR CORPORATION): _____

STREET ADDRESS: _____ SUITE/KIOSK #: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE: _____

ESTABLISHMENT INFORMATION:

HOURS OF OPERATION:

(INCLUDE THE HOURS
PERSONNEL ARRIVE AND LEAVE
THE ESTABLISHMENT)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
	FRIDAY	SATURDAY	SUNDAY

NUMBER OF SEATS: _____ NUMBER OF STAFF: _____
(MAXIMUM PER SHIFT)

TOTAL SQ. FT. OF FACILITY: _____

APPROXIMATE NUMBER OF MEALS TO BE SERVED

BREAKFAST: _____ LUNCH: _____ DINNER: _____

TYPE OF SERVICE
(CHECK ALL THAT APPLY)

- SIT DOWN MEALS TAKE OUT CATERER OTHER

PROJECTED PROJECT START DATE: _____	PROJECTED COMPLETION DATE: _____
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All plan review applications must be submitted with the following documents:

- | | |
|--|---|
| <input type="checkbox"/> Proposed Menu
<input type="checkbox"/> Grease Trap Specifications
<input type="checkbox"/> Equipment Schedule
<input type="checkbox"/> Manufacturer Specification sheets for each piece of equipment shown on the plans
<input type="checkbox"/> Proposed Layout (elevated drawings of all equipment) | <input type="checkbox"/> Complete Finish Schedules (each room including floors, walls, ceilings, and covered juncture bases)
<input type="checkbox"/> Plumbing Schedule
<input type="checkbox"/> Mechanical Plans
<input type="checkbox"/> Lighting Schedule |
|--|---|

FOOD PREPARATION REVIEW

Please check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared, and served.

CATEGORY	YES	NO
1. THIN MEATS, POULTRY, FISH, EGGS (HAMBURGER, SLICED MEATS, FILETS)	<input type="checkbox"/>	<input type="checkbox"/>
2. THICK MEATS, WHOLE POULTRY (ROAST BEEF, WHOLE TURKEY, CHICKENS, HAMS)	<input type="checkbox"/>	<input type="checkbox"/>
3. COLD PROCESSED FOODS (SALADS, SANDWICHES, VEGETABLES)	<input type="checkbox"/>	<input type="checkbox"/>
4. HOT PROCESSED FOODS (SOUPS, STEWS, RICE/NOODLES, GRAVY, CHOWDERS, CASSEROLES)	<input type="checkbox"/>	<input type="checkbox"/>
5. BAKERY GOODS (PIES, CUSTARDS, CREAM FILLINGS AND TOPPINGS)	<input type="checkbox"/>	<input type="checkbox"/>
6. OTHER: _____		

Please circle your response or answer the following questions.

FOOD SUPPLIES:

The projected frequencies for deliveries for Frozen foods _____,

Refrigerated foods, _____, and Dry goods _____.

Please provide information on the amount of space (in cubic feet) allocated for

Dry Storage _____, Refrigerated storage _____, and Frozen storage _____.

Please indicate your plan for storing dry goods off of the floor.

COLD STORAGE:

Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41 degrees F and below? YES NO

Provide the method used to calculate cold storage requirements.

Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES NO

If YES, how will cross contamination be prevented?

Is there a bulk ice machine available? YES NO

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also indicate where the thawing will take place.

THAWING METHOD	THICK FROZEN FOODS	THIN FROZEN FOODS
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>
Running Water less than 70 degrees F	<input type="checkbox"/>	<input type="checkbox"/>
Microwave (as part of the cooking process)	<input type="checkbox"/>	<input type="checkbox"/>
Cooked from frozen state	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>

* Frozen foods: approximately one inch or less = thin, and more than one inch = thick.

COOKING:

List types of cooking equipment that will be used.

HOT/COLD HOLDING:

How will hot PHF's be maintained at 140 degrees F or above during holding for service? Indicate type and number of hot holding units.

How will cold PHF's be maintained at 41 degrees F or below during holding for service? Indicate type and number of cold holding units.

COOLING:

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41 degrees F within 6 hours (140 to 70 in 2 hours; 70 to 41 in 4 hours). Also, indicate where the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/GRAVY	THICK SOUPS/GRAVY	RICE/BEANS/NOODLES
Shallow pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce volume or size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REHEATING:

How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165 degrees F for 15 seconds? Indicate type and number of units used for reheating foods.

How will reheating food to 165 degrees F for hot holding be done rapidly and within 2 hours?

PREPARATION:

Please list types of foods prepared more than 12 hours in advance of service.

Will food employees be trained in good food sanitation practices? YES
 NO

Method of training: _____

Number(s) of employees: _____

Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES
 NO

Is there a written policy to exclude or restrict workers who are sick or have infected cuts and lesions? YES
 NO

Please describe the policy. _____

How will cooking equipment, cutting boards, countertops and other food contact surfaces which cannot be submerged in sinks or be put through a dishwasher be sanitized?

Chemical type: _____

Concentration: _____

Test kit:

YES
 NO

Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?

YES
 NO

If not, how will ready-to-eat foods be cooled to 41 degrees F?

Will all produce be washed on-site prior to use? YES
 NO

Is there a planned location used for washing produce? YES
 NO

Describe.

If not, describe the procedure for cleaning and sanitizing multiple sinks between uses.

Describe the procedure that will be used for minimizing the length of time PHF's will be kept in the temperature danger zone (41-140 degrees F) during preparation.

Will the facility be serving food to a highly susceptible population?

YES

NO

FINISH SCHEDULE:

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Garbage & Refuse Storage				
Mop Sink Area				
Warewashing Area				
Walk-in Freezer				
Walk-in Cooler				

INSECT AND RODENT CONTROL:

Please check the appropriate boxes.

	YES	NO	N/A
Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do all operable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the placement of electrocution divides identified on the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all pipes and electrical conduit chases be sealed; ventilation system exhausts and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the area around the building clear of unnecessary brush and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will air curtains be used? If yes, where? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GARBAGE AND REFUSE:

INSIDE	YES	NO	N/A
Is there an area designated for garbage can or floor mat cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTSIDE			
Will a dumpster be used? Number _____ Size _____ Frequency of Pickup _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will a compactor be used? Number _____ Size _____ Frequency of Pickup _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will garbage cans be stored outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the surface and location where dumpster/compactor/garbage cans are to be stored.

Describe the location of the grease storage receptacle.

Is there an area to store recycled containers?

Describe the storage location of recycled containers.

Is there an area to store returnable damaged goods?

PLUMBING CONNECTIONS:

	AIR GAP	*INTEGRAL TRAP	* "P" TRAP	VACUUM BREAKER	BACKFLOW PREVENTER
Toilet					
Urinals					
Dishwasher					
Ice Machines					
Sinks a. Mop b. Handwash c. 3-comp d. 2-comp e. 1-comp					
Steam Tables					
Dipper Wells					
Condensate/ Drain Lines					
Hose Connection					

Spray Hose/ 3-comp Sink					
Beverage Dispenser w/Carbonator					
Other _____ _____					

* TRAP: A fitting or device which provides a liquid seal to prevent the emission of sewer gasses without materially affecting the flow of sewage or wastewater through it. An integral trap is one that is built directly into the fixture, e.g. a toilet fixture. A "P" trap is a fixture that provides a liquid seal in the shape of a letter "P". Full "S" traps are prohibited.

Are floor drains provided and easily cleanable, and if so, indicate the location. _____

WATER SUPPLY:

Is ice made on the premises or purchased commercially?

Is ice bagged for retail on the premises? YES NO

Do you have the required manufacturing permit for the Texas Department of State Health Services? YES NO

Describe the provision for ice scoop storage.

Describe the location of the icemaker or bagging operation.

What is the capacity of the hot water heater?

Is the hot water heater sufficient for the needs of the establishment? Provide the calculations used for determining the size of the hot water heater.

Is there a water treatment device? YES NO

If yes, how will the device be inspected and serviced?

How are backflow prevention devices inspected and serviced?

SEWAGE DISPOSAL:

Is a grease trap provided?

YES

NO

If yes, where? _____

Grease trap size: _____

Provide the schedule for cleaning and maintenance. _____

DRESSING ROOMS:

Are dressing rooms provided?

YES

NO

If no, describe the storage facilities for employees' personal belongings (i.e. purses, coats, etc.).

GENERAL:

Are insecticides stored separately from cleaning and sanitizing agents?

YES

NO

Indicate the location. _____

Are all toxics for use on the premises or for retail sale (this includes personal medications), stored away from food preparation and storage areas?

YES

NO

Will linens be laundered on site?

YES

NO

If yes, what will be laundered and where?

If no, how will linens be cleaned?

Is a laundry dryer available? YES NO

Indicate the location of dirty linen storage. _____

SINKS:

Is a mop sink present? YES NO

If no, please describe the facility for cleaning mops and other equipment.

If the menu dictates, is a food preparation sink present? YES NO

DISHWASHING FACILITIES:

Will sinks or a dishwasher be used for dishwashing? Dishwasher
 3-comp sink

Indicate the type of sanitation used regarding dishwashers.

Hot water (temperature provided) _____

Booster heater _____

Chemical type _____

Is ventilation provided? YES NO

Do all dish machines have templates with operating instructions? YES NO

Do all dish machines have temperature/pressure gauges that are accurately working? YES NO

Does the largest pot and pan fit into each compartment of the 3-comp sink? YES NO

If no, what is the procedure for manual cleaning and sanitizing?

Are there drain boards on both ends of the 3-comp sink? YES NO

What type of sanitizer is used? Chlorine
 Quaternary ammonium
 Iodine
 Hot water

HANDWASHING/TOILET FACILITIES:

- Is there a handwashing sink in each food preparation and warehousing area? YES NO
- Do all handwashing sinks have a mixing valve or combination faucet? YES NO
- Do self-metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES NO
- Are all toilet room doors self-closing? YES NO
- Are all toilet rooms equipped with adequate ventilation? YES NO

All information in this application is true to the best of the applicant's knowledge. Applicant acknowledges the permit applied for is subject to revocation if the establishment fails to comply with applicable City ordinances or State laws. Permits are non-transferable and subject to a late fee when received after its expiration date.

Applicant Name (Printed)

Signature

Date

FOR OFFICE USE ONLY		
Received by Action	Date Received	<input type="checkbox"/> Mail <input type="checkbox"/> On-site
	/ /	
Taken or Required		
Signature	Date Action Complete	
	/ /	