



Environmental Health Department
1314 Avenue K, 4th Floor
P.O. Box 2000
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EnvironmentalHealth@mylubbock.us

PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

**MUST BE COMPLETED BY ESTABLISHMENT
OPERATOR / OWNER**

Name of Facility: _____

Date: _____

Office use only Building Inspections Department Plan Number:	_____
Environmental Health Specialist assigned to review:	_____

A plan review fee of \$300.00 is due when completed application is submitted to City of Lubbock Environmental Health Department. This application, fully completed with attachments, one set of plans, stamped by a licensed engineer or architect, and fee, must be submitted before Environmental Health Department staff can proceed with your plan review. Failure to include all requested material will delay your review. Once application and plans are submitted and deemed complete, Environmental Health Department staff will respond within 10 working days. 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 assigned inspector to address questions they may have in regards to your application.

Office use only

In order to process your plan review ensure that all sections are complete and all applicable attachments are included. Below is a check list to aid in completion of this document. Incomplete information will delay your plan approval.

SECTION	ACTION	Pg.	
1. Facility Information	Complete Section	3	<input type="checkbox"/>
2. Owner Information	Complete Section	6	<input type="checkbox"/>
3. Applicant Information	Complete Section	6	<input type="checkbox"/>
4. City Departments / Service Contacts	Contact Required Services	6	<input type="checkbox"/>
5. Plan Review Requirements	Complete Section	7	<input type="checkbox"/>
6. Food Supply	Complete Section	9	<input type="checkbox"/>
7. Food Preparation Procedures	Complete Section attach additional sheets if needed	10	<input type="checkbox"/>
8. Thawing Frozen TCS Foods	Complete Section	13	<input type="checkbox"/>
9. Hot/Cold Holding	Complete Section	13	<input type="checkbox"/>
10. Cooling	Complete Section	14	<input type="checkbox"/>
11. Re-Heating	Complete Section	14	<input type="checkbox"/>
12. Water Supply / On-Site Ice Production	Complete Section	15	<input type="checkbox"/>
13. Hot Water Production	Complete Section	16	<input type="checkbox"/>
14. Handwashing / Toilet Facilities	Complete Section	17	<input type="checkbox"/>
15. Warewashing Facilities	Complete Section	18	<input type="checkbox"/>
16. Sewage and Waste Water Disposal	Complete Section	19	<input type="checkbox"/>
17. Pest / Rodent Control	Complete Section	20	<input type="checkbox"/>
18. Refuse, Recyclables, and Returnable	Complete Section	21	<input type="checkbox"/>
19. Dressing Rooms / Personal Storage	Complete Section	22	<input type="checkbox"/>
20. Backflow Prevention	Complete Section	23	<input type="checkbox"/>
21. Finish Schedule	Complete Section	24	<input type="checkbox"/>
22. Operational	Complete Section attach documents	27	<input type="checkbox"/>
23. Pre-Inspection Requirements	Complete Section turn in with review packet, retain copy for pre-inspection	28	<input type="checkbox"/>
Page 31 Statement	Sign and date	31	<input type="checkbox"/>

Submit plans, completed plan review form (this document), and all attachments to the City of Lubbock Environmental Health Department at:

City of Lubbock
 Environmental Health Department
 1314 Avenue K, 4th Floor
 Lubbock, TX 79401
 (806) 775-2928 Fax (806) 775-3281

1. FACILITY INFORMATION

Facility Name:

Address:

Office use only

Planning Unit #

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

- New: Facility will be constructed from the ground up.
- Remodel / Addition: Current, permitted food establishment that will be remodeled or additions added.
- Conversion: Current non-food establishment that will be converted to a food establishment.
- 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
- 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:

Projected Start Date:

Projected Completion Date:

List below, the hour's facility will be open for service.

Hours of Operation: SUN _____ THU _____
MON _____ FRI _____
TUE _____ SAT _____
WED _____ 24 / 7

	Number of Shifts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Employees per Shift
Number of Indoor Dining Seats: _____	(1) operates from _____ to _____					_____
	(2) operates from _____ to _____					_____
Number of Outdoor Dining Seats: _____	(3) operates from _____ to _____					_____
	(4) operates from _____ to _____					_____

Will employees be present at facility before or after posted business hours for food preparation or cleaning? Yes No If yes describe activity and days and times employees will conduct food preparation or cleaning outside of posted business hours.

Types of Service: check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Dine in | <input type="checkbox"/> Take-Out |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Drive-Through |
| <input type="checkbox"/> Delivery | <input type="checkbox"/> Commissary for mobile food units |
| <input type="checkbox"/> Single-use utensils (disposable) | <input type="checkbox"/> Facility will serve alcohol |
| <input type="checkbox"/> Continuous use utensils (must be washed) | <input type="checkbox"/> Non smoking |
| <input type="checkbox"/> Smoking will be allowed; additional requirements / conditions / permits required. | |
| <input type="checkbox"/> 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: _____
Web Site: _____

4. CITY DEPARTMENTS / SERVICE CONTACT CALL LIST

I have submitted plans/applications and have contacted the following departments (where applicable) on the dates listed: failure to contact appropriate departments will delay review.

Authority / Department	Contact Number	Date Submitted/Contacted
<input type="checkbox"/> Planning/Zoning	(806) 775-2109	_____
<input type="checkbox"/> Building Inspections	(806) 775-2087	_____
<input type="checkbox"/>		_____
<input type="checkbox"/> Environmental Health	(806) 775-2928	_____
<input type="checkbox"/> Code Enforcement	(806) 775-2193	_____
<input type="checkbox"/> IWMP	(806) 775-3221	_____
<input type="checkbox"/> Solid Waste Company		_____
<input type="checkbox"/> Fire Marshal	(806) 775-2646	_____
<input type="checkbox"/> Police Department	(806) 775-2809	_____
<input type="checkbox"/> TABC	(806) 793-3221	_____

5. PLAN REVIEW REQUIREMENTS

The following information must be included in the plan review packet and submitted to Environmental 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 2012 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 2012 International Plumbing Code (IPC). **TFER §228.146**

- Hand wash sinks: **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, if applicable: 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 a 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 Lubbock Environmental Health Department variance request form required.
TFER §228.244 (c)(d). Facility and Operating Plans, HACCP 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 coved juncture bases. This section must be properly filled out, notation of “**see plans**” will not be accepted.

6. 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.

7. FOOD PREPARATION 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 Lubbock Environmental Health Department.

8. 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 conventional cooking equipment, with no interruption in the process*

9. HOT/COLD 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.

10. 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)**

COOLING METHOD	*THICK MEATS	*THIN MEATS	HOT FOODS	COLD FOODS	OTHER	LOCATION
Shallow Pans in refrigerator	<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 and Place in Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanical Rapid Chill Unit (Blast chiller)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stirring with Ice Paddle	<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"/>	
Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

11. 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.

12. 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 Environmental Health will be required. Facility must first obtain a manufactured food license from the state before an operational processing permit from Environmental 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 food establishment or in response to a temporary interruption of a water supply need not be under pressure.

Facility shall obtain approval from environmental health for any variance of TFER 228.143 (a)(b) in response to a water outage event.

13. 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
Example: 1 3 compartment ware wash sink	18"	18"	16"
Example: 4 hand wash sinks	N/A	N/A	N/A

14. 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 many toilet rooms will facility have? _____

15. WAREWASHING FACILITIES

Manual warewashing

- 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
A	___	x	___	x	___	___	x	___	x	___
B	___	x	___	x	___	___	x	___	x	___
C	___	x	___	x	___	___	x	___	x	___
D	___	x	___	x	___	___	x	___	x	___

- 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
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	___

- 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 Lubbock Environmental Health Department.***

- 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 _____ ft²

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 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 requirements 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.

16. SEWAGE AND WASTE WATER DISPOSAL

1. Sewage system is public (City Services)? Non-public (on-site septic system)?
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
4. Will a sample port be required? Yes No

You must contact Industrial Waste Monitoring and Pretreatment Department (IWMP) at (806) 775-3221 or IWMP@mylubbock.us to determine if a grease interceptor or sample port will be required for your facility. Environmental Health Department will not approve nor issue your food permit until requirements for IWMP have been completed.

17. PEST/RODENT CONTROL

- | | YES | NO | NA |
|---|--------------------------|--------------------------|--------------------------|
| 1. Will all outside doors be self-closing and rodent-proof? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Will screens be provided on all entrances open to the outside? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will all openable windows have a minimum #16 mesh screening? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will electrical insect control devices be used? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Will air curtains be used? | <input type="checkbox"/> | <input type="checkbox"/> | |

If yes, where?

- | | | | |
|--|--------------------------|--------------------------|--|
| 6. Will a licensed pest control company be used? If yes, list: | <input type="checkbox"/> | <input type="checkbox"/> | |
|--|--------------------------|--------------------------|--|

7. Identify how all pipes & electrical conduit will be sealed.

8. Describe how the area around building be kept clear of unnecessary brush, litter, boxes and other conditions that could create harborage for rodents and pest?

18. REFUSE, RECYCLABLES, AND RETURNABLES

1. Will refuse/garbage be stored inside? Yes No If Yes, where?

2. Identify how and where garbage cans and floor mats will be cleaned.

3. What company will be used for solid waste collection?
Frequency of pickup
4. Will a compactor be used? Yes No Number Size
Frequency of pickup

5. Will garbage cans be stored outside? Yes No If Yes, where?

6. Describe surface and location where dumpster(s), compactor, and/or garbage cans will be stored outside the establishment.

7. Identify location of containers for used cooking oil, grease, fats.

8. Will there be an area for recyclables? Yes No If Yes, describe location.

9. Identify the area to store returnable damaged goods:

19. 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.

20. 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)	# _____	_____
15. Other: _____	# _____	_____
16. Other: _____	# _____	_____

Waste water, backflow prevention

Discharge lines from mechanical dishwashers, garbage grinders, food prep, and Warewash sinks shall not have direct connection to sewer lines. An air gap is required for these sinks and equipment.

21. FINISH SCHEDULE

This section must be completed, response of “**see plans**” will not be accepted. Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforced Panels (FRP), ceramic tile, 4” plastic coved molding, etc.) will be used in the following areas:

Kitchen Floor:
 Floor/Wall Juncture:
 Walls:
 Ceiling

Bar Floor:
 Floor/Wall Juncture:
 Walls:
 Ceiling:

Food Storage Floor:
 Floor/Wall Juncture:
 Walls:
 Ceiling:

Rest Rooms Floor:
 Floor/Wall Juncture:
 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:

Walk In Freezer Shelving:

Other Shelving, Describe:

22. OPERATIONAL

1. Identify the location for the storage of poisonous or toxic materials:
2. Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces?
3. Will linens be laundered on-site? If yes, what will be laundered and where? If a dryer is used, indicate location of vent:
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:

23. 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 Environmental Health Department Sanitarians 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. Please familiarize yourself with these rules.

Texas Food Establishment Rules (TFER) may be downloaded free of charge at:

<https://www.dshs.texas.gov/foodestablishments/laws-rules.aspx>

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 must take to minimize the spread of contamination and the exposure of 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 38 degrees Celsius (100 degrees Fahrenheit) through a mixing valve or combination faucet. **TFER §228.146 (b)(1)**
Water at 100 degrees Fahrenheit 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, powder, 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 Environmental Health Department. If facility will engage in bare hand contact with RTE foods submit written policy to Environmental 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 chemical 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. **§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 inspection.
29. No TCS foods shall be stored in establishment until facility has been approved to open by Environmental Health Department.
30. Ensure copies of: CFM, Employee Health Policy, Contamination event cleanup procedures, any required variance and or operational SOP's / policies, are attached/included in packet and are available onsite during pre-inspection.

DATE: _____ PROPOSED OPENING DATE: _____

CHANGE OF OWNERSHIP

****IN ORDER TO APPROVE YOUR PLAN REVIEW ALL INFORMATION MUST BE COMPLETED****

FACILITY INFORMATION

Facility Name:

Facility Phone:

Address:

Facility email:

Website:

Emergency Contact information; must be answered 24 / 7

Name/Title:

Phone:

BILLING INFORMATION

****This will be the address your invoice will be mailed to****

Billing Name:

Billing Phone:

Address:

Billing email:

Website:

Contact Name:

OWNER INFORMATION

Owner Name:

Owner Phone:

Address:

Owner email:

Website:

Owns/has owned additional COL permitted facilities

Owner or Responsible Representative
Read and Initial:

_____ Permits are issued for 1 calendar year and will expire in 12 months from issue date. Failure to renew your permit before the expiration date could result in legal action and a late payment penalty of \$65.00 or more.

_____ **Invoices are mailed the month of expiration date to the billing address you provided above.** Please check to ensure the address you provided is correct. It is your responsibility to pay your invoice in a timely manner even if invoice is not received.

_____ If your billing address changes or you close your business you must notify our office immediately. You are responsible for submitting payment on time.

_____ Permits issued by the City of Lubbock Environmental Health Department may be suspended for non-compliance with local, state, and federal ordinances, rules, and laws.

_____ I, the undersigned, certify that I have reviewed this application and to the best of my knowledge the above information is correct and I agree to comply with the ordinances, rules and regulations of the City of Lubbock, governing the type of business as indicated above.

PRINT: _____

SIGNED: _____

Date: _____



Environmental Health Department
1314 Avenue K, 4th Floor
P.O. Box 2000
Lubbock, TX 79457
806 775 2928 806 775 3281 FAX
www.MyLubbock.us/EH
EnvironmentalHealth@mylubbock.us

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 Lubbock Environmental Health Department may delay final approval.

Owner or Responsible Representative

Signature: _____

Printed Name: _____

Date: _____

Approval of these plans and specifications by the City of Lubbock Environmental 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.