



**TARRANT COUNTY PUBLIC HEALTH  
DEPARTMENT**  
**817-321-4960 fax 817-321-4961**  
FOOD ESTABLISHMENT REVIEW APPLICATION

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

NEW \_\_\_\_\_

REMODEL \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Category: Restaurant \_\_\_\_\_ Institution \_\_\_\_\_ Daycare \_\_\_\_\_

Retail Market \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Name of Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Hours of Operation: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Sat \_\_\_\_\_ Sun \_\_\_\_\_

Number of Seats (including outdoor seating) \_\_\_\_\_

Number of Staff \_\_\_\_\_

Total Square Feet of Facility \_\_\_\_\_

Check all that apply:

Meals to be served: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Type of Service : Sit Down Meals \_\_\_\_\_ Caterer \_\_\_\_\_

Mobile Vendor \_\_\_\_\_ Take Out \_\_\_\_\_

Other \_\_\_\_\_

Projected Project Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Please enclose the following documents:

\_\_\_\_\_ Proposed Menu (including seasonal, off-site and banquet menus)

\_\_\_\_\_ Manufacturer Specification sheets for each piece of equipment shown on the plan

\_\_\_\_\_ Site plan showing location of business in the building; location of the building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system -if applicable)

\_\_\_\_\_ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation  
\_\_\_\_\_ Equipment schedule

### CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 8 ½ X 11 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
3. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
4. On the plan represent auxiliary areas such as store rooms, garbage rooms, toilets, basements and/ or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
5. Include and provide specifications for:
  - a. complete finish schedules for each room including floors, walls, ceilings and coved juncture bases
  - b. plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention and wastewater line connections
  - c. lighting schedule with protectors
  - d. food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable)
  - e. source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with
  - f. ventilation schedule for each room including restrooms
  - g. mop sink or curbed cleaning facility with facilities for hanging wet mops and brooms
  - h. garbage can washing area/facility
  - i. cabinets for storing toxic chemicals
  - j. dressing rooms, locker areas, employee rest areas and/ or coat rack

### FOOD SUPPLIES:

1. What are the projected frequencies of deliveries for:

frozen foods \_\_\_\_\_, refrigerated goods \_\_\_\_\_,  
and dry goods \_\_\_\_\_.

2. How will dry goods be stored off of the floor? \_\_\_\_\_
3. Provide information on the amount of space (in cubic feet) allocated for:  
 Dry storage \_\_\_\_\_ Refrigerator storage \_\_\_\_\_  
 Frozen storage \_\_\_\_\_ Utensil storage \_\_\_\_\_

**COOKING**

List types of cooking equipment that will be used

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**FINISH SCHEDULE**

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

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food storage				
Other storage				
Toilet rooms				
Dressing rooms				
Garbage and refuse storage				
Mop service basin area				
Warewashing area				
walk-in refrigerators and freezers				

**INSECT AND RODENT CONTROL**

1. Will outside doors be self-closing and rodent proof?  
 \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ n/a
2. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?  
 \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ n/a

3. Will air curtains be used?

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ n/a

If yes, where? \_\_\_\_\_

PLUMBING CONNECTIONS

	AIR GAP	VACUUM BREAKER
ICE MACHINES		
ICE STORAGE BIN		
MOP SINK		
HANDWASH SINKS		
3 COMPARTMENT SINK		
2 COMPARTMENT SINK		
1 COMPARTMENT SINK		
STEAM TABLES		
DIPPER WELLS		
CONDENSATE/DRAIN LINES		
HOSE CONNECTION		
BEVERAGE DISPENSER W/ CARBONATOR		
OTHER		

WATER SUPPLY

1. Is the water supply public? \_\_\_\_\_ or private? \_\_\_\_\_

2. If private, has source been approved?

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ pending

\*please attach written copy of approval or permit

3. What is the capacity of the hot water heater? \_\_\_\_\_

4. How are the backflow prevention devices inspected and serviced?

\_\_\_\_\_

SEWAGE DISPOSAL

1. Is the building connected to municipal sewer?

\_\_\_\_\_ yes \_\_\_\_\_ no

2. If no, is the private disposal system approved?

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ pending

\*please attach a copy of written approval or permit

DRESSING ROOMS

1. Are dressing rooms provided? \_\_\_\_\_ yes \_\_\_\_\_ no

2. Describe storage facilities for employees personal belongings  
(i.e., purse, coats, umbrellas, shoes, etc)

\_\_\_\_\_  
\_\_\_\_\_

GENERAL

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?  
\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ location
2. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? \_\_\_\_\_ yes \_\_\_\_\_ no
3. Will linens be laundered on site? \_\_\_\_\_ yes \_\_\_\_\_ no  
-if yes, what will be laundered and where?  
\_\_\_\_\_  
-if no, how will linens be cleaned?  
\_\_\_\_\_
4. Is a laundry dryer available? \_\_\_\_\_ yes \_\_\_\_\_ no  
\*\* a dryer is required if a washer is used for linen cleaning

DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for ware washing?  
\_\_\_\_\_ dishwasher \_\_\_\_\_ 3 compartment sink
2. Dishwasher: type of sanitization used  
\_\_\_\_\_ hot water (temp. provided)  
\_\_\_\_\_ booster heater  
\_\_\_\_\_ chemical type
3. Do all the dish machines have temperature/pressure gauges as required that are accurately working? \_\_\_\_\_ yes \_\_\_\_\_ no
4. Does the largest pot and pan fit into each compartment of the pot sink? \_\_\_\_\_ yes \_\_\_\_\_ no
5. If no, what is the procedure for manual cleaning and sanitizing?  
\_\_\_\_\_  
\_\_\_\_\_
6. Are there drain boards on both ends of the pot sink?  
\_\_\_\_\_ yes \_\_\_\_\_ no
7. What type of sanitizer is used?  
\_\_\_\_\_ chlorine \_\_\_\_\_ iodine \_\_\_\_\_ hot water  
\_\_\_\_\_ quaternary ammonium \_\_\_\_\_ other

HANDWASHING FACILITIES

1. Is there a hand washing sink in EACH food preparation and ware washing area? \_\_\_\_\_ yes \_\_\_\_\_ no
2. Do self-closing metering faucets provide flow of water for at least 15 seconds without the need to reactivate the faucet?  
\_\_\_\_\_ yes \_\_\_\_\_ no