



**Please include the following documents and information:**

Plans/Application submittal dates to the following authorities:

\_\_\_\_\_ Developmental Services

\_\_\_\_\_ Projected Date for Start of Project

\_\_\_\_\_ Projected Date for Completion of Project

Supplemental Information Needed:

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

Equipment schedule (list of all equipment including all permanent fixtures) OR

Manufacturer specification sheets for each piece of equipment shown on the plan; **\*\*Note\*\*** only NSF certified or equivalent commercial equipment is allowed within the Amarillo city limits

Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system (if applicable)) **Note\*\*** Site plan does NOT have to be drawn to-scale but MUST show dimensions.

Plan drawn to scale of entire food establishment showing location of equipment, plumbing, electrical services, mechanical ventilation and fire suppression systems

**Format of Plans and Specifications included:**

1. Provide plans that are a minimum of 11 x 14 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. 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 a sneeze guard/shield.
3. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding TCS foods.
4. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
5. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
6. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
7. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required.

8. Include and provide specifications for:
  - a) Entrances, exits, loading/unloading areas and docks;
  - b) Complete finish schedules for each room including floors, walls, ceilings and covered juncture bases;
  - c) 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,
  - d) Lighting schedule with protectors;
    1. At least 110 lux (10 foot candles) at a distance of 30 inches above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
    2. A least 220 lux (20 foot candles):
      - a. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
      - b. Inside equipment such as reach-in and under-counter refrigerators;
      - c. At a distance of 30 inches above the floor in areas used for hand washing, warewashing, equipment and utensils storage and in toilet rooms; and
    3. At least 540 lux (50 food candles) at a surface where a food employee is working with food, utensils or equipment such as knives, slicers, grinders or saws where employee safety is a factor.
  - e) Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by NSF or an equivalent accreditation program.
  - f) 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;
  - g) Ventilation schedule for each room;
  - h) A mop sink or curbed cleaning facility with facilities for hanging wet mops;
  - i) Garbage can washing area/facility;
  - j) Area for storing toxic chemicals;
  - k) Dressing rooms, locker areas, employee rest areas, and/or coat rack for employees personal items as required

**Food Preparation Review**

Check categories of Time/Temperature Control for Safety (TCS) to be handled, prepared and served.

**Category:**

- 1. Thin meats, poultry, fish, egg  
(Hamburger; sliced meats; fillets) Yes  No
  - 2. Thick meats, whole poultry  
(Roast beef; whole turkey, chickens, hams) Yes  No
  - 3. Cold processed foods  
(Salads, sandwiches, vegetables) Yes  No
  - 4. Hot processed foods  
(Soups, stews, rice/noodles, casseroles) Yes  No
  - 5. Bakery goods  
(Pies, custards, cream fillings & toppings) Yes  No
  - 6. Other: Yes  No
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**Food Supplies:**

Where will you obtain all food supplies from?

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- 1. What are the projected frequencies of delivers for:  
Frozen Foods: \_\_\_\_\_ Refrigerated Foods: \_\_\_\_\_ Dry Storage: \_\_\_\_\_
  - 2. Provide information on the amount of space (in cubic feet) allocated for:  
Frozen Storage: \_\_\_\_\_ Refrigerated Storage: \_\_\_\_\_ Dry Storage: \_\_\_\_\_
  - 3. How will dry goods be stored off the floor? \_\_\_\_\_

**Cold Storage:** NA

- 1. Does the establishment have an adequate and approved commercial refrigerator and freezer available to store cold foods below 41°F, and to maintain frozen foods frozen? Yes  No  NA
  - 2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezer with cooked ready-to-eat foods? Yes  No
  - 3. Does each refrigerator/freezer have a thermometer? Yes  No  NA
- Number of refrigeration units: \_\_\_\_\_ Number of freezer units: \_\_\_\_\_
- 4. Is there a bulk ice machine available? Yes  No

**Thawing Frozen TCS Foods:** NA

Please indicate by checking the appropriate boxes how frozen TCS foods in each category will be thawed. More than one method may apply.

<u>Thawing Method</u>	<u>Thick Frozen Foods</u> <small>(More than 1")</small>	<u>Thin Frozen Foods</u> <small>(1" or less)</small>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>
Running water less than 70°F	<input type="checkbox"/>	<input type="checkbox"/>
Microwave <small>(part of cooking process)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked from a frozen state	<input type="checkbox"/>	<input type="checkbox"/>
Other <small>(Describe)</small>	_____	_____

**Cooking:**

1. Will food product thermometers be used to measure final cooking/reheating temperatures of TCS foods? Yes  No  NA
  2. What type of thermometer will be used? \_\_\_\_\_
  3. List all types of cooking equipment: \_\_\_\_\_
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**Hot/Cold Holding:**

1. How will hot TCS foods be maintained at 135°F or above during holding for service? Indicate type and number of hot holding units: \_\_\_\_\_
  2. How will cold TCS foods be maintained at 41°F or below during holding for service? \_\_\_\_\_
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**Cooling:** NA

Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F within 6 hours (135°F - 70°F within 2 hours and 70°F - 41°F within 4 hours).

<b><u>Cooling Method</u></b>	<b><u>Thick Meats</u></b>	<b><u>Thin Meats</u></b>	<b><u>Thick Liquids</u></b>	<b><u>Thin Liquids</u></b>	<b><u>Rice/Noodles</u></b>
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 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) \_\_\_\_\_

**Reheating:** NA

1. How will TCS foods 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°F for 15 seconds? Indicate type and number of units used for reheating foods. \_\_\_\_\_
  2. How will foods be rapidly reheated to 165°F within 2 hours? \_\_\_\_\_
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**Preparation:**

1. Please list categories of foods prepared more than 12 hours in advance of service: \_\_\_\_\_
  2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? Yes  No
  3. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized? \_\_\_\_\_
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Chemical Type: \_\_\_\_\_ Concentration: \_\_\_\_\_ Test Kit Available? Yes  No

4. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salad and be pre-chilled before being mixed and/or assembled? Yes  No  NA
5. Will all produce be washed on-site prior to use? Yes  No  NA
6. Describe the planned location for washing produce? \_\_\_\_\_

7. Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F-135°F) during preparation. \_\_\_\_\_

8. Will specialized processing methods such as vacuum packaging of food items or curing of meats be conducted on-site? Yes  No

If yes, attach a copy of HACCP plan for each process.

9. 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, vinyl coated ceiling panels, etc.) will be used in the following areas. **NOTE\*\* No utility service lines and/or pipes may be unnecessarily exposed\*\***

<u>Location</u>	<u>Floor</u>	<u>Coving</u>	<u>Walls</u>	<u>Ceiling</u>
Kitchen				
Bar				
Toilet Rooms				
Mop Room				
Ware washing				
Walk-In Units				

\*\* If additional room is needed place an asterisk in the chart above and explain on an additional sheet\*\*

**Insect & Rodent Control:**

1. Will all outside doors be tight-fitting and self-closing? Yes  No  NA
2. Will fly screens be provided on all entrances are left open? Yes  No  NA
3. Will all pipes & electrical conduit chases be sealed? Yes  No
4. Will area around the building be free from unnecessary litter? Yes  No
5. Will air curtains be used? Yes  No

**Garbage & Refuse:**

**Inside**

1. Do all containers have lids? Yes  No
2. Will refuse be stored inside? Yes  No
3. Is there an area designated for garbage can or floor mat cleaning? Yes  No

**Outside**

4. Will a dumpster be used? Contractor: \_\_\_\_\_ Yes  No
5. Describe the location and surface where all dumpsters/compactors/grease storage receptacle will be stored: \_\_\_\_\_



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3. Is the vent hood equipped with an automatic extinguishing system? \*Must be present if grease laden vapors are produced when cooking Yes  No  NA

**General:**

1. Explain the policy to exclude or restrict food workers who are sick or have infected cuts and lesions: \_\_\_\_\_

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2. Are all toxic items used on the premise or for retail sale stored away from food preparation and storage areas? Yes  No

3. Are all containers of toxic items clearly labeled? Yes  No

4. Will linens be laundered on site? Yes  No  NA

5. If no, how will linens be cleaned? \_\_\_\_\_

6. Location of clean linen storage: \_\_\_\_\_

7. Location of dirty linen storage: \_\_\_\_\_

8. Are all containers used for food made of a food grade material? Yes  No  NA

9. Will a Certified Food Manager be obtained and registered with the Health Department within 60 days of opening? Yes  No

10. Will all required employees obtain a Food Handler certification within 60 days of hire/opening? Yes  No

**Warewashing Facilities: If Establishment does NOT have a dishwasher, skip question 1-5:**

1. Will a dishwasher be used in conjunction with a 3 compartment sink? Yes  No

2. If yes, what type of sanitization will be used: Chemical  High Temp

3. If yes, is ventilation provided? Yes  No

4. Do all dish machines have templates with operating instructions? Yes  No

5. Do all dish machines have functional temperature/pressure gauges? Yes  No

6. Does the largest dish/utensil fit into each compartment of the 3 compartment sink? Yes  No

7. If no, what is the procedure for manual cleaning and sanitizing? \_\_\_\_\_

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8. Are there drain boards on both ends of the 3 compartment sink? Yes  No

9. If no, is there a sufficient area for placement of clean and dirty dishes? Yes  No

10. What type of sanitizer is going to be used?

Chlorine  Quat.  Iodine  Hot Water(170°F +)  Other:

11. Are test papers and/or kits available for checking sanitizer concentration? Yes  No

**Hand washing/Toilet Facilities:**

1. Is there a hand washing sink in each food preparation/ware washing area/dispensing area? Yes  No
2. Are hand washing sinks designated with a sign? Yes  No
3. Hot water of at least 100°F must be available at all hand washing facilities Please initial if read: \_\_\_\_\_
4. Do all hand washing sinks have a mixing valve or combination faucet with hot water of at least 100°F? Yes  No
5. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes  No  NA
6. Is hand soap available at all hand washing sinks? Yes  No
7. Are hand drying facilities (paper towels, heated hand drying devices, etc.) available at all hand washing sinks? Yes  No
8. Are covered waste receptacles available in the women's bathroom? Yes  No
9. Are all toilet room doors self-closing? Yes  No
10. Are English hand washing signs in each toilet rooms? Yes  No

**Dog Friendly Patio:** NA

**\*If filling out this section, a Variance Request form must be filled out and turned in with this packet.**

1. Is there a separate entrance provided from the outside of the food establishment to the outdoor patio? Yes  No
2. Is a sign posted at the front of the establishment stating where the patio is located?  
\*sign must state "DOG FRIENDLY PATIO (with an arrow showing the direction to the patio entrance) DOG ACCESS ONLY THROUGH OUTDOOR PATIO" Yes  No
3. Are all entrance doors from the establishment to the patio self-closing? Yes  No
4. Is hand sanitizer available at or near all entrances and exits? Yes  No
5. Is there a waste receptacle available located on the outdoor patio? Yes  No
6. Describe the process for cleaning the outdoor patio: \_\_\_\_\_  
\_\_\_\_\_
7. Describe the location for storage of cleaning equipment: \_\_\_\_\_  
\_\_\_\_\_
8. Describe the process for cleaning/disposing of waste created by a dog: \_\_\_\_\_  
\_\_\_\_\_
9. Has a Variance Request Form been submitted? Yes  No

**Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from City of Amarillo Developmental Services Office may nullify final approval.**

Applicants Information

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

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Owner(s) or responsible representative(s)

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