ENVIRONMENTAL HEALTH DEPARTMENT
4601 PADRE BOULEVARD
SOUTH PADRE ISLAND, TEXAS 78597
(956)761-8123 MONDAY-FRIDAY
AFTER 5 & WEEKENDS: (956)761-5454
FAX (956)761-3898

FOOD ESTABLISHMENT
PLAN REVIEW APPLICATION

J. Victor Baldovinos, Environmental Health Department Director (956) 433-1089
**Please Note:** This application must be fully completed, with all questions answered and be 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.

Date: ___________ Regulatory Authority ____________________________________________

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

_____NEW _____ REMODEL _____ CONVERSION

Name of Establishment: __________________________________________________________

Category: Restaurant ____ Restaurant & Bar ____ Bar Only ____ Retail Market ____ Other ____

Address: _____________________________________________________________________

Phone at Address: _____________________________________________________________

Name of Owner: _______________________________________________________________

Telephone: __________________ Fax: ___________ Email: _______________________________________________________________________

Applicant’s Name: _____________________________________________________________

Title: (Owner, Manager, Architect, etc...) __________________________________________

Mailing Address: _______________________________________________________________________

Telephone: __________________ Fax: ___________ Email: _______________________________________________________________________

Emergency Contact: ___________________________ Phone: ____________________________

I have submitted plans / applications to the following authorities on the following dates:

________________________ Health Department
________________________ Building Department
________________________ Fire Department
________________________ Planning Department
________________________ Zoning Department

Hours of Operation: Mon ___________ Tues__________ Wed__________ Thurs__________

Fri ___________ Sat ___________ Sun ___________
Number of Seats: _________

Number of Staff: _________

(Maximum per Shift)

Total Square Feet Facility: _________

Number of Floors on which Operations are conducted: _________

Maximum Meals to be served: Breakfast: _________ (Average Number) Lunch: _________

Dinner: _________

Projected Date for Start of Project: _____________________

Projected Date for Completion of Project: _____________________

Type of Service: Sit Down Meals _________

(Take Out _________

(Caterer _________

Other _________

Please enclose the following documents:

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

_____ Manufacturer Specifications sheets for each piece of equipment shown on the plan

_____ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpster, well, septic system – if applicable)

_____ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

**CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS**

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 = 1foot. This is to allow for ease in reading plans.
2. Include: proposed menus, seating capacity, and projected daily meal volume for food service operations.

3. 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.

4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.

5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.

6. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.

7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.

8. 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 by this guidance manual.

9. 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 coved juncture bases;
   c. Plumbing schedule including location of floor drains, 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 75 cm (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) At least 220 lux (20 foot candles):
(a) At 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 75 cm (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and toilet rooms; and

(3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with 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 of classified for sanitation by an ANSI accredited certification program (when applicable).

f. Source of water supply and method of sewerage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;

g. A color coded flow chart demonstrating flow patterns for:
    Food (receiving, storage, preparation, service);
    Food and dishes (portioning, transport, service);
    Dishes (clean, soiled, cleaning, storage);
    Utensil (storage, use, cleaning);
    Trash and garbage (service area, holding, storage);

h. Ventilation schedule for each room;

i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

j. Garbage can washing area / facility;

k. Cabinets for storing toxic chemicals;

l. Dressing rooms, locker areas, employee rest areas, and / or coat rack;

m. Complete Section 1;

n. Site plan (Schematic Plan)
FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF’s) to be handled, prepared and served.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>(YES)</th>
<th>(NO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Thin meats, poultry, fish, eggs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Thick meats, whole poultry, (roast beef; whole turkey, chickens, hams)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Cold processed foods (salads, sandwiches, vegetables)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Hot processed foods (soups, stews, rice / noodles, gravy, chowders, casseroles)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Bakery goods (pies, custards, cream fillings &amp; toppings)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Other ____________________________</td>
<td>______________</td>
<td>__________</td>
</tr>
</tbody>
</table>

*A generic HACCP plan for each category of food may be available from the regulatory authority for reference.

FOOD SUPPLIES:

1. What are the projected frequencies of delivery for frozen foods ________________, refrigerated foods ________________, and dry goods ________________?

2. Provide information on the amount of space (in cubic feet) allocated for:
   Dry Storage ________________, Refrigerated Storage ________________, and Frozen Storage ________________.

3. How will dry goods be stored off the floor?
   __________________________________________________________________________
COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below?  YES / NO, Provide the method used to calculate cold storage requirements.

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

If yes, how will cross-contamination be prevented?

_________________________________________________________________________
_________________________________________________________________________

3. Is there a bulk ice machine available?  YES / NO

4. Will you be bagging and selling ice?  YES/NO

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please 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 thawing will take place.

<table>
<thead>
<tr>
<th>Thawing Method</th>
<th>*THICK FROZEN FOODS</th>
<th>*THIN FROZEN FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microwave (as part of cooking process)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooked from Frozen state</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (describe i.e., running water less than 70°F )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

COOKING

List types of cooking equipment.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
HOT / COLD HOLDING:

1. How will hot PHF’s be maintained at 140°F (60°C) or above during for service? Indicate type and number of hot holding units.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2. How will cold PHF’s be maintained at 41°F (5°C) 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°F (5°C) within a total of 6 hours (140°F to 70°F in 2 hours and 70°F in 4 hours). Also, indicate where the cooling will take place.

<table>
<thead>
<tr>
<th>COOLING METHOD</th>
<th>THICK MEATS</th>
<th>THIN MEATS</th>
<th>THIN SOUPS / GRAVY</th>
<th>THICK SOUPS / GRAVY</th>
<th>RICE / NOODLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow Pans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice Baths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce Volume or Size</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid Chill</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REHEATING:

1. 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°F for 15 seconds. Indicate type and number of units used for reheating foods.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

PREPERATION:

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

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2. Will food employees be trained in good food sanitation practices?    YES / NO
Method of training:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Number(s) of Employees: __________________________

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

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?    YES / NO    If answered yes, please attach.

_____________________________________________________________________________________
_____________________________________________________________________________________

5. Will cooking equipment, cutting boards, counter tops, and other food contact surfaces which cannot be submerge in sinks or put through a dishwasher be sanitized?

   Chemical Type: __________________________
   Concentration: _________________________
   Test Kit:   YES / NO

South Padre Island
6. 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°F?

____________________________________________________________________________________

7. 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 use, sinks between uses.

____________________________________________________________________________________

8. Describe the procedure used for minimizing the length of time PHF’s will be kept in the temperature danger zone (41°F - 140°F) during preparation. (i.e. Placing small portions of shrimp in a bed of ice after cleaning.)

____________________________________________________________________________________

____________________________________________________________________________________

9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

**FINISH SCHEDULE**

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

<table>
<thead>
<tr>
<th>Kitchen</th>
<th>FLOOR</th>
<th>COVING</th>
<th>WALLS</th>
<th>CEILING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garbage &amp; Refuse Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Mop Service Basin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ware washing Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk-in Refrigerators and Freezers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INSECT AND RODENT CONTROL**

Please check appropriate boxes.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Will all outside doors be self-closing and rodent proof?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>2. Are screen doors provided on all entrances open to the outside?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>3. Do all windows that open have a minimum #16 mesh covering?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>4. Is the placement of electrocution devices identified on the plan?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>5. Will all pipe &amp; electrical conduit chase be sealed; ventilation systems exhaust and intakes protected?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>6. Is area around building clear of unnecessary harborage?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>7. Will air curtains be used? If yes, where?</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

**GARBAGE AND REFUSE**

*Inside*

1. Will refuse be stored inside? If so, where? ( ) ( ) ( )

2. Is there an area designated for garbage can or floor mat cleaning? ( ) ( ) ( )

3. Do all trash receptacles have a lid? (as per TFER sec. 229.166(l)) ( ) ( ) ( )
Outside

3. Will a dumpster be used? ( ) ( ) ( )
   Number __________ Size __________
   Frequency of pickup ____________
   Contractor ______________________

4. Will a compact be used? ( ) ( ) ( )
   Number __________ Size __________
   Frequency of pickup ____________
   Contractor ______________________

5. Will garbage cans be stored outside? ( ) ( ) ( )

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

____________________________________________________________________
____________________________________________________________________

7. Describe location of grease storage receptacle

____________________________________________________________________
____________________________________________________________________

8. Is there an area to store recycled containers? ( ) ( ) ( )
   Describe _____________________________________________________________________________
   ____________________________________________________________

Indicate what materials are required to be recycled:

( ) Glass
( ) Metal
( ) Paper
( ) Cardboard
( ) Plastic

9. Is there any area to store returnable damaged goods? ( ) ( ) ( )
   Identify______________________________________________________________________________
   ____________________________________________________________
**COMMERCIAL PLUMBING**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toilet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dishwasher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garbage Grinder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice Machines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice Storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sink</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Mop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Janitor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Hand Wash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. 3 Compartment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. 2 Compartment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. 1 Compartment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Water Station</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steam Tables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dipper Wells</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condensate / drain lines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hose Connection</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Are floor drains provided & easily cleanable, if so, indicate location: _____________________________

____________________________________

_______________________________________________
WATER SUPPLY

1. Is ice machine on premises (    ) or purchased commercially (    )?  
   If made on premises, are specifications for the ice machine provided?  YES (    ) NO (    )
   Describe provision for ice scoop storage: __________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

   Provide location of ice maker or bagging operation _________________________________________
   ___________________________________________________________________________________

2. What is the capacity of hot water generator?  
   ___________________________________________________________________________________

3. Is the hot water generator sufficient for the needs of the establishment?  
   Provide calculations for necessary hot water (see Part 5 & 9 under Section II in this manual)

4. Is there water treatment device?  YES (    ) NO (    )
   If yes, how will the device be inspected & serviced? 
   ___________________________________________________________________________________
   ___________________________________________________________________________________

5. How are backflow prevention devices inspected & serviced?  
   ___________________________________________________________________________________
   ___________________________________________________________________________________

SEWAGE DISPOSAL

1. Are grease traps provided?  YES (    ) NO (    )
   If so, where is it located and what is the gallon capacity?
   ___________________________________________________________________________________
   Provide schedule for cleaning & maintenance ______________________________________________
   ___________________________________________________________________________________

DRESSING ROOMS

1. Are dressing rooms provided?  YES (    ) NO (    )

2. Describe storage facilities for employees’ personal belongings (i.e., purse, coats, boots, umbrellas, etc.)___________________________________________________________
   ___________________________________________________________________________________
GENERAL

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?  YES (    ) NO (    )
   Indicate Location: ______________________________________________________________________
   ______________________________________________________________________________________

2. Are al toxics for use on the premises or for retail sale (this includes personal medications), stored
   away from food preparation 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 (    )

5. Location of clean linen storage?
   ______________________________________________________________________________________
   ______________________________________________________________________________________

6. Location of dirty linen storage?
   ______________________________________________________________________________________
   ______________________________________________________________________________________

7. Are containers construed of safe materials to store bulk food products?  YES (    ) NO (    )
   ______________________________________________________________________________________
   ______________________________________________________________________________________
Ventilation:

1. Indicate all areas where exhaust hoods are installed:

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>FILTERS &amp; / OR EXTRACTION DEVICES</th>
<th>SQUARE FEET</th>
<th>FIRE PROTECTION</th>
<th>AIR CAPACITY</th>
<th>AIR MAKEUP CFM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. How is every listed ventilation hood system cleaned?

_____________________________________________________________________________________
_____________________________________________________________________________________

SINKS

1. Is a mop sink present? YES ( ) NO ( )
   If no, please describe facility for cleaning of mops and other equipment:
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

2. If the menu indicates, is a food preparation sink present? YES ( ) NO ( )

DISHWASHING FACILITIES

1. Will sink or a dishwasher be used for ware washing?
   Dishwasher ( )
   Three Compartment Sink ( )

2. Dishwasher
   Type of sanitation used:
   Hot water (temp. provided) ________________________________
   Booster Heater ________________________________
   Chemical Type ________________________________
   Is ventilation provided? YES ( ) NO ( )
3. Do all dish machines have templates with operating instructions?  
   YES (   )  NO (   )

4. Do all dish machines have temperature/pressure gauges as required that are accurately working?  
   YES (   )  NO (   )

5. Does the largest pot and pan fit into each compartment of the pot sink?  
   YES (   )  NO (   )
   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 (   )
   - Quaternary ammonium (   )
   - Hot water (   )
   - Other (   )

HANDWASHING/TOILET FACILITIES

1. Is there a hand washing sink in each food preparation and ware washing area?  
   YES (   )  NO (   )

2. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet?  
   YES (   )  NO (   )

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?  
   YES (   )  NO (   )

4. Is hand cleanser available at all hand washing sinks?  
   YES (   )  NO (   )

5. Are hand drying facilities (paper towels, air blowers, etc...) available at all hand washing sinks?  
   YES (   )  NO (   )

6. Are covered waste receptacles available in each restroom?  
   YES (   )  NO (   )

7. Is hot and cold running water under pressure available at each hand washing sink?  
   YES (   )  NO (   )

8. Are toilet room doors self-closing?  
   YES (   )  NO (   )

9. Are all toilet rooms equipped with adequate ventilation?  
   YES (   )  NO (   )

10. If required, is a hand washing sign posted in each employee restroom?  
    YES (   )  NO (   )
SMALL EQUIPMENT REQUIREMENTS

Please specify the number, location, and types of each of the following:

- Slicers_________________________________________________________
- Cutting Boards_________________________________________________
- Can Openers____________________________________________________
- Mixers________________________________________________________
- Floor mats______________________________________________________
- Other__________________________________________________________

This application is complete and if the plans and specifications are approved, I will construct this facility in full compliance with them and in conformance to the ____________________________

__________________________________________
Signature of Owner
__________________________________________
Printed Name of Owner

__________________________________________
Signature of Applicant
(if different from above)
__________________________________________
Printed Name of Applicant
(if different from above)