



Fort Bend County Environmental Health Department Description of Operation

This form must be completed and signed. Incomplete forms will not be accepted and will delay your review.

TYPE OF SERVICE (check all that apply): ___ Sit Down Dining ___ Take Out Only
___ Caterer ___ Grocery ___ Convenience Store ___ Lounge/Bar ___ Day Care

FOOD PREPARATION:

- | Category: | (YES) | (NO) |
|---|-------|------|
| 1. Thin meats, poultry, fish, eggs
(hamburger, sliced meats, fillets, etc.) | () | () |
| 2. Thick meats, whole poultry
(roast beef, whole turkey, chickens, hams, etc.) | () | () |
| 3. Cold processed foods
(salads, sandwiches, vegetables, etc.) | () | () |
| 4. Hot processed foods
(soups, stews, rice/noodles, gravy, chowders, casseroles, etc.) | () | () |
| 5. Bakery goods
(pies, custards, cream fillings, toppings, etc.) | () | () |
| 6. Other _____ | | |

FOOD SUPPLIES:

- Where do you get your food? _____
Is your food source a permitted by Texas Department of State Health Services? YES / NO
- How many times per week are frozen food shipments delivered? _____,
refrigerated foods _____ and dry goods _____.
- Provide information on the amount of shelving for Dry Goods Storage _____ linear feet.
- Will fresh fruits or vegetables be washed or cut? YES / NO
- How many meals (servings) per day do you anticipate serving? _____
Example: 100 customers per day.
Day Care Example: 75 children for breakfast, lunch and two snacks

COLD STORAGE:

- Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41F and below? YES / NO
Size of reach in refrigeration space provided in cubic feet _____
Size of reach in freezer space provided in cubic feet _____
Size of Walk-In Cooler in feet: _____ width _____ depth _____ height
Size of Walk-In Freezer in feet: _____ width _____ depth _____ height
- Is there a bulk ice machine available? YES / NO
- Will foods be stored on ice? YES / NO

THAWING

How will foods be thawed? Check all that apply
___ In the refrigerator ___ Under running water ___ In a microwave oven
___ Cooked from the frozen state ___ No thawing is performed at this facility.

HOT HOLDING

How will foods be held hot (140F or above)? Check all that apply.

- Steam Table Crock Pot Roasting oven Hot holding drawer/cabinet
 No hot holding performed at this facility

DISHWASHING FACILITIES

- In addition to a three compartment sink will a dishwasher be used for ware washing? Yes / No
Check all that apply. High temperature dish machine Chemical dish machine
- Is each compartment of the three compartment sink large enough to fully immerse the largest utensil or pan used at the facility? YES / NO
Size of each compartment in inches: _____length _____Width _____Height
- What sanitizer will be used for sanitizing utensils? Check all that apply.
 Chlorine Quaternary ammonium
- Size of water heater: _____gallons.

FINISH SCHEDULE: Use common names for material and colors* This section must be completed. Do not refer to other documents – this will delay your review.

Indicate what material and the color to be used in the following areas.

Floor examples: ceramic tile, quarry tile, vinyl composite tile (vct), sealed concrete

Coving examples: ceramic cove with ceramic tile, vinyl cove with VCT or concrete

Walls examples: FRP, epoxy paint, ceramic tile, stainless steel

Ceiling examples: Vinyl coated tiles, painted gypsum board

Color examples: Walls, floors, ceiling, counters and countertops must be light in color.

Explain abbreviations

Area	Floor	Coving	Wall	Ceiling
Food Preparation Area <u>Material</u> <u>Color</u>	_____	_____	_____	_____
Cooking Area <u>Material</u> <u>Color</u>	_____	_____	_____	_____
Dishwashing Area <u>Material</u> <u>Color</u>	_____	_____	_____	_____
Food Storage Area <u>Material</u> <u>Color</u>	_____	_____	_____	_____
Bar Area <u>Material</u> <u>Color</u>	_____	_____	_____	_____
Restrooms <u>Material</u> <u>Color</u>	_____	_____	_____	_____
Janitor/ Mop Closet <u>Material</u> <u>Color</u>	_____	_____	_____	_____

Grout color: _____ Counter Top color _____

Light colors required – Black is not an approved color

Color of the Cabinetry (interior and exterior): _____

Light colors required.

***Submit color samples of colors other than white or cream that are to be used.**

GENERAL

- 1. Have plans been submitted to the local municipal utility district? YES / NO ^{*required}
Is a grease trap provided? YES / NO Grease Trap Size: _____ Gallons
Is the grease trap located exterior to the facility? YES / NO
Note: An interior grease interceptor is not allowed.
- 2. Is a dressing room or break area provided for employees? YES / NO
If no, where will employee’s personal items be stored? _____
Note: A designated area (shelf, etc) is required. In their personal vehicle is not accepted.
- 3. Will ice be bagged for resale? YES / NO Has a manufacturer’s permit from The Texas
Depart. of State Health Services been obtained? YES / NO / APPLICATION SUBMITTED
- 4. Will food be served with washable dishes and eating utensils? YES / NO
- 5. Will disposable utensils/dishes be used? YES / NO
- 6. Will time be used for bacterial growth control, instead of hot or cold holding? YES / NO
If yes, how will these times be documented? _____
- 7. Is a floor mounted mop sink provided and separated from food or utensils? YES / NO
- 8. Are shelves provided for cleaning chemicals separate from food and utensils? YES / NO
- 9. Is a mechanical vent fan installed above the mop sink? YES / NO ^{*required}
- 10. Is a mechanical vent fan installed above cleaning chemical storage? YES / NO ^{*required}
- 11. Has an application been submitted to Fort Bend County Engineering. YES / NO ^{*required}
- 12. Have plans been submitted to the Fire Marshal’s office? YES / NO ^{* required}

SUBMIT: A THOROUGHLY COMPREHENSIVE LIST OF FOODS AND BEVERAGES TO BE OFFERED IS REQUIRED (MENU). ADDITIONALLY, PROVIDE LEVEL OF PREP. EXAMPLE: SALSA – PREPARED FROM SCRATCH, LASAGNE PURCHASED FROZEN.

****ATTACH MENU TO THIS FORM.**

Letter of Intent: describe the operation in your own words:

Owners Signature: _____ **Date:** _____

Name of Establishment: _____