



## Fort Bend County Environmental Health Department Description of Operation

**This form must be completed and signed by the owner. Incomplete forms will not be accepted and will delay your review. If your project is in the city limits of Needville, Kendleton or Beasley, contact the City for additional information and permit requirements.**

**Establishment Name:** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City/Zip Code** \_\_\_\_\_

**TYPE OF SERVICE (check all that apply):** \_\_\_\_\_ Full Service \_\_\_\_\_ Fast Food  
\_\_\_\_\_ Take Out Only \_\_\_\_\_ Caterer \_\_\_\_\_ Grocery \_\_\_\_\_ Convenience Store \_\_\_\_\_ Lounge/Bar  
\_\_\_\_\_ Day Care \_\_\_\_\_ School \_\_\_\_\_ Other: \_\_\_\_\_

### **Water & Sewer Provider:**

Municipal Utility District (MUD) \_\_\_\_\_  
or  
Water Well TCEQ Registration Number \_\_\_\_\_ (Public water supply required)  
On-Site Sewage Facility \_\_\_\_\_ Permit Number \_\_\_\_\_

### **Establishment Operation Details:**

**Days of Operation:** \_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Maximum Number of Meals, Servings or Customers to be served per day:** \_\_\_\_\_

Example: 100 customers per day. Day Care: 75 children for breakfast, lunch and two snacks

**Language(s) spoken by owner(s):** \_\_\_\_\_

**Language(s) spoken by staff:** \_\_\_\_\_ +

### **FOOD SUPPLIES:**

1. What companies do you use for food/beverage supplies? \_\_\_\_\_
2. How many times per week are frozen food shipments delivered? \_\_\_\_\_,  
refrigerated foods? \_\_\_\_\_ and dry goods? \_\_\_\_\_.
3. Total Linear Feet of Dry Goods Storage \_\_\_\_\_ **linear feet**  
depth of shelf \_\_\_\_\_ inches - spacing between shelves \_\_\_\_\_ inches
4. Will fresh fruits or vegetables be washed or cut? YES (provide prep sink) / NO

### **THAWING**

How will foods be thawed? Check all that apply

\_\_\_\_\_ In the refrigerator \_\_\_\_\_ Under running water \_\_\_\_\_ Cooked from the frozen state  
\_\_\_\_\_ In a microwave oven as part of the cooking process \_\_\_\_\_ No thawing is performed at this facility.

### **COLD STORAGE:**

1. Is adequate and approved freezer and refrigerator space available to store frozen foods and refrigerated foods? 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 \_\_\_\_\_

2. Is there a bulk ice machine available? YES / NO Will foods be stored on ice? YES / NO

3. Will raw and ready to eat foods share the same refrigeration unit? \_\_\_\_\_

If yes, describe the method used to prevent cross-contamination: \_\_\_\_\_

### **HOT HOLDING**

How will foods be held hot (135°F or above)? Check all that apply.

\_\_\_\_\_ Steam Table \_\_\_\_\_ Crock Pot \_\_\_\_\_ Roasting oven \_\_\_\_\_ Hot holding drawer/cabinet

\_\_\_\_\_ Soup pot \_\_\_\_\_ rice warmer \_\_\_\_\_ Other, explain \_\_\_\_\_

\_\_\_\_\_ Chafing Dishes (buffet) \_\_\_\_\_ No hot holding performed at this facility

### **DISHWASHING FACILITIES**

1. Will a mechanical dishwasher be used for ware washing? Yes / No

Check all that apply. \_\_\_\_\_ High temperature dish machine \_\_\_\_\_ Chemical dish machine

\*provide the appropriate test strip

2. 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 \_\_\_\_\_ Depth \_\_\_\_\_

3. What sanitizer will be used for sanitizing utensils? Check all that apply.

\_\_\_\_\_ Chlorine \_\_\_\_\_ Quaternary ammonium \_\_\_\_\_ Other: \_\_\_\_\_

4. Type of water heater: (50 gallon minimum recommended)

\_\_\_\_\_ Gas with tank - \_\_\_\_\_ BTU's \_\_\_\_\_ Gallons \_\_\_\_\_

\_\_\_\_\_ Electric with tank - Total watts \_\_\_\_\_ Gallons \_\_\_\_\_

\_\_\_\_\_ Tank-less \_\_\_\_\_ Gallons per minute at 70° rise

Make and Model \_\_\_\_\_

### **Process and Procedures**

**Will any of the following processes be conducted:**

Mobile Food Units supplied, cleaned onsite, or water and waste services provided? Yes No

Time as a Public Health Control? Yes No Bare Hand Contact? Yes No

Non-continuous cooking? Yes No

Sous Vide? Yes No

Reduced Oxygen Packaging? Yes No

Vacuum Packaging? Yes No

Foods pickled or acidified before service? Yes No (i.e. acidified sushi rice)

Custom processing of raw meat in the establishment? Yes No

Live molluscan shellfish tank? Yes No

Bulk cooking and utilizing a cool down procedure: Yes No

**FINISH AND COLOR:** Use the following key for **material** and common names for **colors**\* This section must be completed. **Do not refer to other documents or drawings.**

**Floor:** ceramic tile (CT), quarry tile (QT), vinyl composite tile (VCT), sealed concrete (SC)

**Base (Cove):** ceramic tile (CT) with ceramic tile, quarry tile base with Quarry tile (QT)  
rubber cove base (RB) with VCT or sealed concrete

**Walls:** FRP, epoxy paint (EP), ceramic tile (CT), stainless steel (SS)

**Ceiling:** Washable ceiling tiles (WCT), painted gypsum board (PGB)

\*\*Light colors required – **black** & other dark colors are not an approved colors.

Area	Floor	Base (Coving)	Wall	Ceiling
<b>Kitchen, Cook Line &amp; all prep areas</b> <u>Material</u> Color	Material	Material	Material	Material
	Color	Color	Color	Color
<b>Food Storage Areas</b> <u>Material</u> Color	Material	Material	Material	Material
	Color	Color	Color	Color
<b>Bar Area</b> <u>Material</u> Color	Material	Material	Material	Material
	Color	Color	Color	Color
<b>Restrooms</b> <u>Material</u> Color	Material	Material	Material	Material
	Color	Color	Color	Color
<b>Wait stations &amp; Beverage Stations</b> <u>Material</u> Color	Material	Material	Material	Material
	Color	Color	Color	Color
<b>Front Service Area</b> <u>Material</u> Color	Material	Material	Material	Material
	Color	Color	Color	Color

**Grout color:**

Light color required – black/raven/charcoal not approved

**Bar Countertop color:**

Light colors required – Black is not an approved color

**Wait Station /Beverage Station Countertop color:**

Light colors required – Black is not approved

**Front Service Countertop color**

Light colors required – Black is not an approved color

**Color of the Cabinetry: Exterior**

**Interior**

Light colors required- Black is not approved

**\*\*Submit color samples of colors other than white, beige or cream that are to be used. Actual sample or labeled pictures are acceptable**

## **GENERAL**

1. Have plans been submitted to the local municipal utility district? YES NO \*required  
Is a grease trap provided? YES / NO Grease Interceptor Size: \_\_\_\_\_ Gallons  
Note: An under sink grease trap is not allowed. All grease traps/interceptors shall be exterior to the building.
2. Is a dressing room or break area provided for employees? YES NO  
If no, where will employee personal items be stored? \_\_\_\_\_  
Note: A designated area (shelf, etc.) away from consumer goods is required. In their vehicle is not accepted.
3. Will ice be bagged for resale? YES NO If yes, has a manufacturer's permit from The Texas Department of State Health Services been obtained? YES NO
4. Will food be served with washable dishes and eating utensils? YES NO
5. Will disposable utensils/dishes be used? YES NO (i.e. to go containers)
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 & separated from food and utensils? YES NO \*required
8. Are shelves provided for cleaning supplies 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 fan installed above cleaning supply storage? YES NO \*required
11. Are roll up doors or windows utilized? ""YES""NO (automatic on switch required)
12. Has an application been submitted to Fort Bend County Engineering. ""YES""NOGo to [www.mygovernmentonline.org](http://www.mygovernmentonline.org) to obtain a Development Permit.
13. Have plans been submitted to the Fire Marshal's office? YES / NO \* required

Construction Superintendent Name: \_\_\_\_\_

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

Plan Review Contact Person within your organization: \_\_\_\_\_

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

**SUBMIT THE FOLLOWING FOR THIS PROJECT TO BE  
REVIEWED**

- 1) **Facility Floor Plans – Submit all information in a .PDF format on a USB drive.**  
Submit one set of blueprints or contractor’s drawings, **drawn to scale in a .pdf format** for new construction, renovations of an existing structure, or change of ownerships **PRIOR** to doing construction, remodeling, rearranging, or operating the facility. Include the layout and finish construction materials for the entire facility including: food preparation areas, food storage areas, hand sinks, utensil sinks, food preparation sink, mop sink, food equipment; restrooms, service areas, dining areas, and outside garbage storage areas. Include lighting, venting, mechanical, and plumbing plans. Contact other municipal and State departments for additional requirements (water wells, plumbing, building, electrical, fire, zoning, etc.). Copies of water well and septic approvals must be submitted during the review process.
- 2) **Description of Operation Form:** Completed and signed by the owner.
- 3) **Application for Food Establishment Permit:** Completed and signed by the owner.
- 4) **Risk Assessment Form:** Completed and signed
- 5) **Menu** or list of all foods and beverages to be served with the **level of preparation**. Example – lasagna received premade & frozen, hamburger patties received frozen, cooked from frozen; French fries cut on site, etc.
- 6) **Equipment Specification Sheets:** Provide cut sheets for all equipment, large and small, including refrigerators, freezers, steam table, ice machine, cooking equipment, all sinks, tables, shelves, sinks, mop sinks, etc.
- 7) **Color Samples:** Light colors required. Provide samples or labeled pictures.
- 8) **Inspection Fees:** payable by check, money order or cash only. **No credit or debit cards accepted.** Refer to the current fee schedule.
- 9) **A copy of the owner’s driver’s license or ID must be submitted.**

I, the owner/registered agent of this establishment, certify that the information provided is true and accurate. The owner is responsible for knowing and adhering to all laws applicable to this operation. Applications will not be accepted by fax or email. Ensure that Fort Bend County is your regulatory jurisdiction before the fee is paid. **Fees are not refundable.**

**Owner’s Signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_

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

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

**Owner’s email address:** \_\_\_\_\_

**Owner’s phone number:** \_\_\_\_\_