



CITY OF WAXAHACHIE BUILDING & COMMUNITY SERVICES
HEALTH INSPECTIONS

**FOOD ESTABLISHMENT GUIDELINES
CHILD CARE FACILITIES**

Establishment must have the following minimum facility requirements:

1. Include a scaled drawing of the building (food preparation area, grills, utility area, sink placements, eating areas, waste/grease interceptor placement, garbage enclosure, etc.).
2. A three-compartment sink for washing, rinsing, and sanitizing. Potable water under pressure with available hot and cold water.
3. A separate hand washing sink in the food preparation area, with soap and hand-drying device
4. A separate utility mop sink or floor drain with lip connected to plumbing
5. Adequate equipment that is in good working order and able to maintain temperature requirements, and suitable for the type of service provided by the establishment
6. Restroom for employees (in proper working order according to law); restroom requirements for patrons is based on seating capacity. Location of restrooms for patrons must be accessible from public area. Hand wash sinks must be proportionate to the number of toilets.
7. A proper working sewage disposal system with proper size waste/grease interceptor approved by the Utilities Department
8. Set up garbage collection service with the contracted garbage collection company as required by the City Code of Ordinances; food establishments selling more than prepackaged food items are required to have a minimum of three times per week collection.
9. Proper construction and maintenance of floors, walls, and ceilings with proper lighting with shields
10. Required signage (hand wash, choking, buffet plate, allergies, consumption of raw foods, etc.)
11. Thermometers for testing temperatures
12. Every employee of the food establishment must complete a recognized/approved food handler safety course before beginning work with the food establishment
13. The owner of the establishment must have at least one person on duty during all operating hours that holds a current and approved certified food manager certificate
14. Pay the annual \$125 Permit Fee



CITY OF WAXAHACHIE BUILDING & COMMUNITY SERVICES
HEALTH INSPECTIONS
CHILD CARE FACILITIES - APPLICATION

Name of Establishment: _____

Location Address: _____ Phone: _____

Name of Owner: _____ Phone: _____

Mailing Address: _____

This Food Service Establishment Is:

- ____ A New Establishment ____ Change of Permit Type Remodel
- ____ An Existing Establishment Under New Management/Owner, Without Change of Name/Service
- ____ An Existing Establishment With a Change of Address, Relocation/New Facility

Square Footage of Food Service Establishment: _____

Hours and Days of Operation: _____ Number of Seats _____

Waste/Grease Interceptor Size: _____ Interceptor Location: ____ Outside ____ Inside

Type and Frequency of Garbage Collection: _____

Total Number of Employees: _____ Have Employees Completed Safety Course? _____

Number of Certified Food Managers (List Total Number for all Shifts) _____

Date Food Service Establishment Will Open: _____

I acknowledge receipt of a copy of the guidelines and requirements for a food service establishment within the City of Waxahachie and understand that failure to meet these provisions can result in citations in addition to revocation of the permit and closure of the establishment. I certify that all facts stated in this application are true and correct to the best of my knowledge, and will construct this facility in full conformance of the plans submitted.

Signature of Applicant _____

Date _____

**** DO NOT WRITE BELOW THIS POINT FOR CITY HEALTH INSPECTOR EVALUATION ONLY ****
**** This Establishment [Does/Does Not] Meet The Minimum Requirements For Food Service Establishment.**
**** Any Discrepancies Needing Correction Before The Time Of Initial Opening:**

Health Inspector: _____ Date: _____