



FOOD ESTABLISHMENT GUIDELINES

The following steps will need to be met in order to obtain a food establishment permit and operate a food establishment inside the City limits:

1. Meet Building Department requirements and receive a Certificate of Occupancy from Building Department (a copy must be submitted before final health inspection).
2. Meet zoning codes as set forth by the Planning and Zoning Department.
3. Meet Fire Department codes and receive an inspection validating fire suppression system (if applicable to establishment).
4. Meet the Utility Department's requirements for a Waste/Grease Interceptor (See Waste Interceptor Sizing Requirements).
5. Complete the Application for Food Service Establishments (see attached).
6. Submit a copy of a valid driver's license of owner/responsible person with application in addition to a copy of a current state issued sales tax license.
7. Attach a menu listing all food items that will be served and method of delivery (reusable tableware or single-service tableware, dine-in or carry-out, etc.); an additional Hazardous Analysis & Critical Control Points (HACCP) plan may be required.
8. Include a scaled drawing of the building (food preparation area, grills, utility area, sink placements, eating areas, waste/grease interceptor placement, garbage enclosure, etc.).
9. Meet minimum requirements as set forth by the Texas Department of State Health Services and Texas Alcohol and Beverage Commission (only if alcoholic beverages will be sold/served).
10. 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.
11. Pass final inspections by the Health, Building, and Fire Departments.
12. Pay necessary fees:
 - \$125.00 facilities with 1,000 or less square feet
 - \$175.00 facilities with 1,001 to 5,000 square feet
 - \$225.00 facilities with 5,001 to 10,000 square feet
 - \$300.00 facilities with 10,001 or more square feet



**CITY OF WAXAHACHIE BUILDING & COMMUNITY SERVICES
HEALTH INSPECTIONS**

FOOD ESTABLISHMENT GUIDELINES

Establishment must have the following minimum facility requirements:

1. A three-compartment sink for washing, rinsing, and sanitizing
2. A separate hand washing sink in the food preparation area, with soap and hand-drying device
3. A separate utility mop sink or floor drain with lip connected to plumbing
4. A separate prep sink may be required when food preparation includes the use of raw meats, poultry, and fish and other foods that are not pre-cooked or pre-packaged
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. Potable water under pressure with available hot and cold water
7. 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.
8. A proper working sewage disposal system with proper size waste/grease interceptor approved by the Utilities Department
9. An acceptable plan for waste collection (garbage, grease, recycling, etc.)
10. Proper construction and maintenance of floors, walls, and ceilings
11. Proper lighting with shields
12. Required signage (hand wash, choking, buffet plate, allergies, consumption of raw foods, etc.)
13. Thermometers for testing temperatures
14. Every employee of the food establishment must complete a recognized/approved food handler safety course before beginning work with the food establishment
15. 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

OTHER REQUIREMENTS MAY BE REQUIRED AS NECESSARY FOR PUBLIC HEALTH PROTECTION.

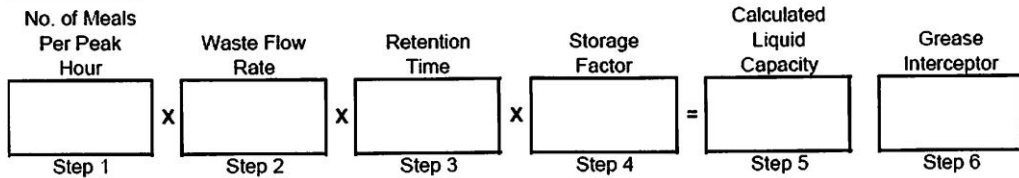


**CITY OF WAXAHACHIE BUILDING & COMMUNITY SERVICES
HEALTH INSPECTIONS**

Grease Trap/Interceptor Sizing Requirements

All interceptor sizes are designed for 90-day interval evacuation and cleaning frequency. Interceptor size and frequency of cleaning may be adjusted if deemed necessary.

Follow these six simple steps to determine grease interceptor size (enter calculations below):



1	<p>Number of Meals Per Peak Hour (Recommended Formula):</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Seating Capacity</td> <td style="text-align: center;">x</td> <td style="text-align: center;">Meal Factor</td> <td style="text-align: center;">=</td> <td style="text-align: center;">Meals Per Peak Hour</td> </tr> <tr> <td style="text-align: center;">[]</td> <td></td> <td style="text-align: center;">[]</td> <td></td> <td style="text-align: center;">[]</td> </tr> </table> <p>Establishment Type: Fast Food (45 min.) All Other Restaurant (60 min.)</p> <p>Meal Factor: 1.33 1.00</p>	Seating Capacity	x	Meal Factor	=	Meals Per Peak Hour	[]		[]		[]	Notes:						
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2	<p>Waste Flow Rate:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Condition</td> <td style="text-align: center;">Flow Rate:</td> </tr> <tr> <td>With a Dishwashing Machine</td> <td>6 gallons</td> </tr> <tr> <td>Without a Dishwashing Machine</td> <td>5 gallons</td> </tr> <tr> <td>Single Service Kitchen</td> <td>2 gallons</td> </tr> </table>	Condition	Flow Rate:	With a Dishwashing Machine	6 gallons	Without a Dishwashing Machine	5 gallons	Single Service Kitchen	2 gallons	Notes:								
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3	<p>Retention Time:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Commercial Kitchen</td> <td style="text-align: center;">2.5 hours</td> </tr> <tr> <td style="text-align: center;">Single Service Kitchen</td> <td style="text-align: center;">1.5 hours</td> </tr> </table>	Commercial Kitchen	2.5 hours	Single Service Kitchen	1.5 hours	Notes:												
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4	<p>Storage Factor:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Kitchen Type</td> <td style="text-align: center;">Storage Factor:</td> </tr> <tr> <td>1. Fully Equipped Commercial</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Hours of Operation</td> <td></td> </tr> <tr> <td style="padding-left: 40px;">8 hours</td> <td style="text-align: center;">1.00</td> </tr> <tr> <td style="padding-left: 40px;">12 hours</td> <td style="text-align: center;">1.50</td> </tr> <tr> <td style="padding-left: 40px;">16 hours</td> <td style="text-align: center;">2.00</td> </tr> <tr> <td style="padding-left: 40px;">24 hours</td> <td style="text-align: center;">3.00</td> </tr> <tr> <td>2. Single Service</td> <td style="text-align: center;">1.50</td> </tr> </table>	Kitchen Type	Storage Factor:	1. Fully Equipped Commercial		Hours of Operation		8 hours	1.00	12 hours	1.50	16 hours	2.00	24 hours	3.00	2. Single Service	1.50	Notes:
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5	<p>Calculated Liquid Capacity: Multiply the values obtained from steps 1, 2, 3 and 4. The result is the approximate grease interceptor size for this business.</p>	Notes:																
6	<p>Select Grease Interceptor: Using the approximate required liquid capacity from step 5, select appropriate size grease interceptor.</p>	Notes:																

THIS WORKSHEET IS INTENDED FOR ESTIMATING THE SIZE OF A GREASE INTERCEPTOR ONLY! THE FINAL DETERMINATION FOR THE SIZE OF THE GREASE INTERCEPTOR WILL BE MADE BY THE CITY OF WAXAHACHIE PERSONNEL.



**CITY OF WAXAHACHIE BUILDING & COMMUNITY SERVICES
HEALTH INSPECTIONS**

Helpful Information:

For further assistance on operating a Food Service Establishment please call (469) 309-4132 or (469) 309-4138.

Applications for a Food Service Establishment can be submitted at 401 S. Rogers, Waxahachie, TX 75165 anytime Monday – Friday, 8:30 AM to 4:30 PM

Helpful Links:

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

www.dshs.state.tx.us/foodestablishments

Certified Food Manager Information and Course Availability

www.dshs.state.tx.us/foodestablishments/cfm.shtm

Texas Food Establishment Rules (TFER)

Rules §§229.161 – 229.171, 229.173 – 229.175

Download the complete 25 TAC rules from the following address:

www.dshs.state.tx.us/foodestablishments/rules.shtm

Texas Alcoholic Beverage Commission

http://www.tabc.state.tx/service/site_policies.asp



CITY OF WAXAHACHIE ENVIRONMENTAL HEALTH DEPARTMENT
APPLICATION FOR FOOD SERVICE ESTABLISHMENT

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: _____

Type of Proposed Food Service: ___ Dine-In ___ Take-Out ___ Catering ___ Retail Market ___ Other

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: _____

Will Alcohol Be Served? _____ Has Application for TABC Been Made? _____

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: _____