# GARLAND HEALTH DEPARTMENT

## Construction and Equipment
## Standards for Food Service Establishments

## CLASS 5

## FOOD SERVICE ESTABLISHMENTS

GARLAND
HEALTH

1720 Commerce St.
Garland, TX 75040
Phone: (972) 205-3460
Fax: (972) 205-3505

The Garland Health Department is pleased to provide owners and operators with this comprehensive listing of structural standards for proposed food service establishments. The standards are provided for each class of establishment and are dependent upon the type of food products conveyed and the degree of preparation involved.

It is obvious that a food establishment is more likely to be maintained in a sanitary condition if the structure is properly designed, durable, and can be expeditiously cleaned. Additionally, in a properly designed establishment, food service sanitation inspections can focus on those more important items such as temperature control, food handling techniques, and general quality control rather than problems of deteriorated structures and equipment which are difficult to repair after the establishment is open for business. It is our hope that this listing of structural standards will result in a monetary savings by providing you with an establishment than can be easily and rapidly cleaned as well as durable, thereby minimizing maintenance requirements.

While we have made a concerted effort to provide the reader with as much detail as possible, we understand that questions may arise. If so, we ask that you do not hesitate to call an Environmental Health Specialist at (972) 205-3460 who will be most happy to discuss your proposed operation in detail.

We sincerely wish you the best in your endeavor!

City of Garland
Health Department
Environmental and Consumer Health Division

# GARLAND HEALTH DEPARTMENT

# CONSTRUCTION AND EQUIPMENT STANDARDS FOR FOOD SERVICE ESTABLISHMENTS

# CLASS 5 – FOOD SERVICE ESTABLISHMENTS

**A. Characteristics of Class:**

Class 5 food service facilities include supermarkets - general grocery items, produce preparation areas, meat markets and seafood markets.

**B. Example of Class:**

Typical supermarket stores: Albertsons, Kroger, Tom Thumb, and Wal-Mart Supercenters

**C. Floor Surface Requirements:**

1. Meat market, produce preparation, seafood market, and toilet room areas must have quarry or ceramic tile floors with epoxy-containing, acid resistant grout. Floors must have a coved floor/wall interface four (4) inch height or greater, constructed of quarry or ceramic tile. Other surfaces may be used if considered equivalent and approved by the Health Department.

2. Grocery display/sales, mop sink, and dry storage areas must be sealed concrete, vinyl composition tile (VCT), or equivalent as approved by the Health Department. Floor/wall interface must have four (4) inch vinyl base. If dry storage area is located in meat market or seafood preparation areas, a more moisture resistant flooring may be required.

3. Walk-in cooler floors must have floor surfaces as follows:

   a. Meat market and seafood market coolers: floor must be quarry or ceramic tile with epoxy grout and four (4) inch base of like material.

   b. Produce, intact commercially packaged foods, and non-time/temperature control for safety (NTCS) foods: floor must be sealed concrete or equivalent as approved by Health Department.

4. Walk-in freezers must have sealed concrete floors or equivalent as approved by Health Department.

## D. Wall Surface Requirements:

1. Meat market, produce preparation, and seafood market area walls must be fiberglass reinforced polyester (FRP) panels, ceramic tile, brick sealed with light-colored epoxy paint, or equivalent wall surface as approved by the Health Department. The wall surfaces must be at least eight (8) feet in height. Wall surfaces above the paneling or tile must be light-colored, smooth and cleanable.

2. Walk-in cooler and freezer walls must be smooth, easily cleanable and capable of withstanding effects of low temperature and moisture (baked-on enamel coated steel, FRP, or equivalent).

3. Walls adjacent to the mop sink must be surfaced with fiberglass reinforced polyester panels (FRP) or ceramic tile. The FRP or tile must extend from the floor to at least three feet above and on all sides of the sink.

4. Toilet walls must be FRP, ceramic tile, brick sealed with epoxy paint to a minimum height of four (4) feet. Wall surfaces above the paneling or tile must be light-colored, smooth and washable.

5. Grocery sales area, dry storage room and warehousing walls must be taped and bedded sheetrock, painted with light colored epoxy or enamel paint to eight (8) feet, or equivalent wall material as approved by the Health Department.

## E. Ceiling Surface Requirements:

1. Ceilings in meat market, seafood market, produce preparation, dry storage, and toilet rooms must be of light-colored, smooth, relatively non-absorbent, and easily cleanable. Materials should be vinyl coated panels, taped and bedded sheetrock with light-colored epoxy or enamel paint, FRP panels, or equivalent as approved by the Health Department. **Fibrous acoustical drop-in panels are prohibited**.

2. Walk-in coolers and freezers must have ceilings that are smooth, easily cleanable, and capable of withstanding effects of low temperature and moisture.

3. Ceiling areas subject to moisture may not have wooden studs, joists, and rafters exposed.

## F. Floor Drain Requirements:

Floor drains must be required in the following areas: all toilets, meat market, seafood market, and produce preparation areas. Floor drains must not be required in existing food establishments. Floors must be graded to drain.

## G. Grease Interceptor Requirements:

Grease interceptors must be sized according to the number of plumbing fixtures. Four fixtures will require a 250 lb. capacity grease interceptor, while more than four will require a 750 lb. capacity grease interceptor. Applicants desiring a grease interceptor smaller than 750 lb. capacity may submit engineer-sealed plans showing drawings and flow calculations which indicate a two–hour retention time. All grease interceptors must be exterior of facility. **Refer to the attached policy for details.**

## H. Sink Requirements:

1. All Class 5 establishments must install a service (mop) sink or curbed area with a floor drain for the cleaning of mops or similar wet floor cleaning tools and mop water disposal. This sink or curbed area must be provided with hot and cold running water. Toilets, showers, and urinals may not be used as a service sink for mop water/liquid waste disposal.

2. Handwash sinks must be installed in toilet rooms, food preparation and food service areas. Handwash sinks in food preparation and food service areas must be free standing. Each sink must be provided with hot and cold running water and four (4) inch wing-style handles.

3. A free-standing stainless steel three-compartment sink, with basins large enough to allow immersion of the largest utensil, must be installed in meat market, seafood market, and produce preparation areas. This sink must have hot and cold running water available to each sink basin.

4. Floor drains or floor sinks under 3-compartment sinks must be equipped with a cleanable grate or strainer if the individual sink basins do not already have screens.

## I. Vermin Control Requirements:

Automatic air curtain insect control devices must be installed on all receiving doors. Truck/trailer type receiving doors, if properly sealed while trailer is in place, will not require air curtain devices. All holes in walls and ceilings for pipes or conduits must be sealed, and floor-door clearances must not exceed one-quarter inch (1/4").

## J. Equipment Specifications and Requirements:

1. All food contact surfaces must be stainless steel, with the exception of certain approved polymer cutting boards. Baking tables may be an approved hard, close-grained wood (such as maple, walnut, mahogany, bamboo, pecan).

2. Cabinets, tables, or other similar equipment made of wood, particle board, or plastic laminate must not be allowed in food preparation, processing, filling areas, utensil washing areas, or other areas subject to moisture.

3. Service counters, food packaging areas, and similar areas must be surfaced with a material that is smooth, nonabsorbent, durable, and easily cleanable as approved by the Health Department.

4. Shelving and racks in food preparation, processing, filling and utensil washing areas must be commercial, food service grade, non-corrosive metal, or equivalent as approved by the Health Department. Enamel or epoxy painted (light-colored) wood shelving is acceptable in dry storage and warehouse areas.

5. Shelving and racks in walk-in coolers and freezers must be stainless steel, or epoxy coated non-corrosive metal or equivalent as approved by Health Department. Wood is prohibited as a shelving material in walk-in coolers and freezers.

6. All restroom doors must have self-closing devices.

**K. <u>Ventilation Requirements:</u>**

1. Ventilation hoods with grease-intercepting filters must be installed over grills, fryers, etc., and must have sufficient air velocity to capture all steam and grease emissions.

2. Areas of the establishment in which a preparation cooling table or a residential-style refrigerator are operated must be mechanically cooled to a maximum ambient room temperature of 86°F. Areas of the establishment in which a commercial-style storage refrigerator or a storage freezer are operated, which are not opened continuously, must be mechanically cooled to a maximum ambient room temperature of 100°F.

3. All toilets must have powered exhaust fans installed.

**L. <u>Lighting Requirements:</u>**

1. Light bulbs must be shielded, coated, or otherwise shatter-resistant in areas where there is exposed food, clean equipment, utensils, and linens; or unwrapped single-service and single-use articles.

2. An infrared or other heat lamp must be protected against breakage by a shield surrounding and extending beyond the bulb so that only the face of the bulb is exposed.

3. Light intensities must be as follows:

   a. Working surfaces in food preparation and warewashing areas – 50-foot candles.

   b. Handwashing areas, service areas, equipment and utensil storage, toilet rooms, and inside equipment such as reach-in and under-counter refrigerators– 20-foot candles.

   c. Walk-in coolers/freezers, dry storage areas, and other areas and rooms during periods of cleaning – 10-foot candles.

## Conditions for Issuance of Food Service Permit

1. Applicant must have completed all requirements specified in plan review process.

2. Applicant must have obtained approvals from Building Inspection and other appropriate city departments.

3. Applicants must have secured a Certificate of Occupancy from Building Inspection.

4. Applicant must have completed application for Food Service Permit and paid necessary fees. The annual permit fee is $350.00.

## Important Notice to Food Establishment Owners and General Contractors

*The express purpose of providing these standards and conducting comprehensive plan reviews is to ensure that a newly constructed or remodeled restaurant, convenience store, day care center, etc. is built in a manner consistent with Garland's Food Service Sanitation Ordinance. Establishments* ***must*** *be constructed exactly as specified on approved plans. Any and all deviation from approved plans requires review by the Health Department.* ***Failure to gain approval of submitted materials and/or equipment may result in the delay of permit issuance.***

# GARLAND HEALTH DEPARTMENT FORMS

GARLAND
HEALTH

# FOOD SERVICE PERMIT APPLICATION

| OFFICE USE ONLY |
|---|
| Fee: _____ |
| Permit: _____ |
| Class: _____ Area: _____ |
| Issue Date: _____ |
| Exp. Date: _____ |
| ☐ Renewal ☐ Mgr. Chg. ☐ New |
| RECV'D BY/RECEIPT #: |

1720 Commerce Street
Garland, TX 75040
(972) 205-3460
(972) 205-3505 Fax

**Mailing Address**
Health Department
P.O. Box 469002
Garland, TX 75046-9002

## BUSINESS INFORMATION

**Business Name:** _____

**Business Address:** _____ **Zip:** _____

**Business Phone:** _____ **Total Number of Employees** _____

**Business Email Address:** _____

**Corporate Name:** _____

**Corporate Mailing Address:** _____

If manager is not business owner, list name(s), address(es), and phone number(s) of owner(s), franchise holder(s), corporate supervisor(s), area manager or other responsible party:

**Where would you like this application to be mailed to next year, Corporate or Business Address?**

## MANAGER INFORMATION

*Corporate representative cannot sign for the local store manager.*
*Permits will not be issued with corporate signature.*

ALL INFORMATION IN THIS SECTION MUST BE COMPLETED. FAILURE TO COMPLY MAY DELAY ISSUANCE/RENEWAL OF PERMIT.

**Manager's Name:** _____

**Manager's Home Address:** _____

**Manager's Home Phone:** _____

**Manager's Email Address:** _____

**Date Manager Was Employed At Present Store:** _____

**Texas Driver's License #:** _____ **Date of Birth:** _____

**Race:** _____ **Sex:** _____

**Manager's Normal Weekly Schedule:** _____

*I certify that the information provided above is complete, true and accurate to the best of my knowledge. I will also abide by all provisions of the City of Garland Health Code to the best of my ability.*

**Manager's Signature:** _____ **Date:** _____

# Registered Food Service Manager
# Application

GARLAND
HEALTH

1720 Commerce Street
Garland, TX 75040
(972) 205-3460
(972) 205-3505 Fax
EnvHealth@GarlandTX.gov

Mailing Address
**Health Department**
**P.O. Box 469002**
**Garland, TX 75046-9002**

**HEALTH DEPT. OFFICE USE ONLY**

**Fee: $30.00**

**Area:** _____

**PT#:** _____

**Issue Date:** _____

**Exp. Date:** _____

**Recd By/Receipt #:** _____

## BUSINESS INFORMATION

**Business Name:** _____

**Business Address:** _____ **Zip Code:** _____

**Business Phone:** _____

**Business Email:** _____

**ALL INFORMATION IN THE SECTION BELOW MUST BE COMPLETED. FAILURE TO COMPLY MAY DELAY ISSUANCE OF PERMIT.**

## APPLICANT INFORMATION

**Applicant Name:** _____

**Applicant Home Address:** _____ **Zip Code:** _____

**Applicant Email Address:** _____

**Applicant Home Phone:** _____

**Driver's License # and State:** _____ **Date of Birth:** _____

## CERTIFICATION TRAINING INFORMATION

(ALL APPLICATIONS MUST BE ACCOMPANIED BY A COPY OF THE CARD ISSUED TO YOU BY THE STATE OF TEXAS)

**Manager Certification Training was provided by:** _____

**Date Course Was Completed:** _____

**I hereby certify that the above information is true and accurate.**

_____ _____

**Applicant Signature** **Date**