

GARLAND HEALTH DEPARTMENT

Construction and Equipment Standards for Food Service Establishments

CLASS 7

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 that 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 very 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 7 - FOOD SERVICE ESTABLISHMENTS

A. Characteristics of Class:

Class 7 establishments support the operation of a childcare facility. Generally, foods are prepared exclusive of the use of fryers, grills or similar equipment. If the preparation of raw meats is desired, more extensive construction requirements may be required. These requirements may also be obtained from the Health Department.

B. Examples of Class:

Daycare facility food preparation areas

C. Floor Surface Requirements:

1. Food preparation, dishwashing area, and toilet room floors must be vinyl-composition tile (VCT), commercial grade sheet vinyl, or equivalent as approved by the Health Department. The floor/wall interface must be sealed and covered with four (4) inch base of like material.
2. Walk-in cooler floors must be quarry or ceramic tile, installed with a minimum four (4) inch tile coving and acid resistant grout.
3. Walk-in freezer floors must be sealed concrete or equivalent as approved by the Health Department.
4. Dry storage room floors must be sealed concrete, VCT tile or equivalent as approved by the Health Department. Floor/wall interface must have a minimum four (4) inch vinyl coving.

D. Wall Surface Requirements:

1. Food preparation, tableware and utensil washing, mop sink, and customer service areas must have walls constructed of FRP panels or ceramic tile, certain

types of bricks sealed with light-colored epoxy paint or equivalent materials as approved by the Health Department. Wall surfaces must extend eight (8) feet in height or to the ceiling if ceiling height is less than eight (8) feet. Wall surfaces above the paneling or tile must be light-colored, smooth, and washable.

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. Toilet room walls must be FRP, ceramic tile, certain types of bricks 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 cleanable.
4. Dry storage room 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 food preparation, customer service, tableware and utensil washing, mop sink area, toilet room, and dry storage areas must be light colored, smooth, relatively non-absorbent, and easily cleanable. Materials must be vinyl coated sheetrock 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 must be 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 toilet areas. Toilet floor drains will be waived in existing food establishments. Floor must be graded to drain.

G. Grease Interceptor Requirements:

Grease interceptors, if required by the Health Department, must be exterior to the facility. Operations not producing significant quantities of grease may not be required to install a grease interceptor.

H. Vermin Control Requirements:

Automatic air curtains must also be required over receiving doors if such doors are not self-closing. Additionally, all holes in walls and ceilings for pipes or conduit must be sealed and door-floor clearances must not exceed one-quarter inch (1/4").

I. Sink Requirements:

1. All Class 7 establishments must install a service (mop) sink or curbed area with a floor drain for wet floor cleaning 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. A free-standing stainless steel three-compartment sink, with basins large enough to allow immersion of the largest utensil, must be installed. This sink must have hot and cold running water available to each sink basin.
3. A free-standing handwash sink in the food preparation, service, and warewashing areas must be provided. Four (4) inch wing-style handles must be installed on the faucet of each handwash sink. Handwash lavatories must be installed in or adjacent to all toilet rooms. Each diapering station must be provided with an easily accessible handwash sink. Each hand sink must be provided with hot and cold running water.
4. If a dishwasher is used for sanitizing utensils and tableware, a commercial dishwasher with a final rinse temperature of 180°F (conveyor style), 165°F (stationary rack style) or an approved chlorine residual must be installed. The commercial dishwasher must automatically dispense detergents and sanitizer and incorporate a visual means to verify that detergents and sanitizers are delivered or a visual or audible alarm to signal if the detergents and sanitizers are not delivered to their respective washing and sanitizing cycles. Residential dishwashers will be prohibited.

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 formica must not be allowed in areas subject to moisture.

3. Shelving and racks in dry storage areas must be light-colored enamel or epoxy painted wood shelving if the storage area is not subject to moisture. Alternative shelving may be required if the storage area becomes subject to moisture.
4. Shelving and racks in walk-in coolers and freezers must be stainless steel, epoxy coated non-corrosive metal, or equivalent as approved by the Health Department. Wood is prohibited as a shelving material in walk-in coolers and freezers.
5. Employee - only restroom doors must have self-closing devices.

K. Ventilation Requirements:

1. 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.
2. All toilets must have powered exhaust fans.

L. Lighting Requirements:

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. 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 all other appropriate city departments.
3. Applicant 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 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

REC'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: _____

Business Phone: _____ Total Number of Employees _____

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 Address: _____

Manager's Home Phone: _____

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



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

HEALTH DEPT. OFFICE USE ONLY

Fee: \$30.00

Area: _____

Issue Date: _____

Exp. Date: _____

Recd By/Receipt #: _____

BUSINESS INFORMATION

Name of Establishment: _____

Business Address: _____

Business Address: _____ Zip Code: _____

Business Phone: _____

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

APPLICANT INFORMATION

Applicant Name: _____

Applicant Home (Street) Address: _____

Applicant Home (City/State) Address: _____ Zip Code: _____

Applicant Home Phone: _____ Date of Birth: _____

Driver's License # and State: _____

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