

GARLAND HEALTH DEPARTMENT

Construction and Equipment Standards for Food Service Establishments

CLASS 4

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 4 - FOOD SERVICE ESTABLISHMENTS

A. Characteristics of Class:

Class 4 establishments shall be limited to conveyance of prepackaged foods (including potentially hazardous food), but shall be prohibited from preparation of potentially hazardous foods.

B. Examples of Class:

Convenience stores similar to Stop and Go; produce markets, retail non-potentially hazardous food preparation, popcorn or soft drink conveyance at non-food facilities.

C. Floor Surface Requirements:

1. Grocery display/sales, utensil washing, mop sink, customer service, toilet rooms, and dry storage area shall be sealed concrete, vinyl composition (VCT) tile, or equivalent as approved by the Health Department. Floor/wall interface must have four (4) inch vinyl base (with quarry or ceramic tile installations, four (4) inch coving of like material required).
2. Ice bagging areas (under ice maker and extending at least four feet in all directions from ice maker) shall be sealed concrete, VCT tile, commercial sheet vinyl, quarry tile, or equivalent as approved by the Health Department. Floor/wall interface must have four (4) inch vinyl base (with quarry or ceramic tile installations, four (4) inch coving of like material required).
3. Walk-in cooler and freezer floors shall be sealed concrete or better if all food is unopened, commercially packaged.

D. Wall Surface Requirements:

1. Grocery display/sales, customer service area and dry storage area walls shall be taped and bedded sheetrock painted with light-colored enamel or epoxy paint, or equivalent as approved by the Health Department.

2. Walk-in cooler and freezer walls shall be smooth and capable of withstanding effects of low temperature and moisture (baked-on enamel coated steel, FRP panels, or equivalent as approved by the Health Department).
3. Toilet room walls shall be taped and bedded sheetrock and light-colored enamel or epoxy paint, or equivalent as approved by the Health Department.
4. Three-compartment sink areas, mop sink and ice-bagging areas shall have walls constructed of FRP panels or ceramic tile from the floor to three (3) feet above and adjacent to each sink. Handwash sinks shall not require FRP or ceramic tile splash protection. Walls not subject to moisture may be painted, taped and bedded gypsum board or better.

E. Ceiling Surface Requirements:

1. Ceiling surfaces in areas subject to moisture (including but not limited to toilet rooms, customer service areas, utensil washing, mop sink area, and ice bagging area) shall be of light color, 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 will suffice in non-moisture areas.
2. Walk-in cooler and freezer ceilings shall be smooth and capable of withstanding effects of low temperature and moisture (baked-on enamel coated steel, FRP panels, or equivalent as approved by the Health Department).
3. Ceiling areas subject to moisture may not have wooden studs, joists, and rafters exposed.

F. Ventilation Requirements:

1. Areas of the establishment in which a commercial-style refrigerator or a storage freezer are operated, which are not opened continuously, shall be mechanically cooled to a maximum ambient room temperature of 100°F.
2. Powered exhaust fans shall be installed in all toilet rooms.

G. Floor Drain Requirements:

1. All toilet rooms shall have a floor drain installed. Floor drains shall not be required in establishments with existing foundations.

2. All ice bagging areas shall have a floor or hub drain installed in close proximity to the ice machine. Floor drains shall not be required in establishments with existing foundations.
3. Hub drains shall be installed adjacent to all coolers and freezers requiring condensate removal.

H. Sink Requirements:

1. A three-compartment, free-standing, stainless steel sink shall be installed when utensil washing occurs, with basins large enough to allow immersion of the largest utensil. This sink shall have hot and cold running water available to each sink basin.
2. A free standing handwash sink shall be installed in ice bagging areas. A handwash sink shall also be required within or immediately adjacent to toilets. Each sink shall be provided with hot and cold running water and four (4) inch wing style handles.
3. A mop sink or curbed area with floor drain for wet floor cleaning and disposal of mop water shall be installed. This sink or curbed area shall be provided with hot and cold running water.
4. Produce markets shall install a commercial food waste grinder.

I. Vermin Control Requirements:

All holes cut in walls and ceilings for pipes or conduit shall be sealed with plastic, caulk, steel wool, etc. for vermin proofing. Doors to exterior and to storage rooms shall have no more than one-quarter inch (1/4") floor clearance. Receiving doors shall be self-closing.

J. Equipment Specifications and Requirements:

1. Shelving in dry storage and grocery areas shall be sealed and painted wood, fully laminated plastic, or equivalent as approved by the Health Department.
2. Shelving in walk-in coolers and freezers shall be stainless steel, epoxy-coated non-corrosive metal, or equivalent as approved by the Health Department. Sufficient six inch (6") high racks to keep all products off floor of cooler shall be provided. Wood is prohibited as a shelving material in walk-in coolers and freezers.
3. Self-closing mechanisms shall be installed on all toilet room doors.

K. Lighting Requirements:

1. All light fixtures in utensil-washing and over customer service areas shall be equipped with protective covers.
2. Light intensities shall be as follows:
 - a. Working surfaces in food preparation and service areas – 50-foot candles.
 - b. All other areas in food preparation, utensil washing, toilet rooms and walk in coolers – 20-foot candles.
 - c. Dry storage and similar areas – 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 \$250.00.

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**



FOOD SERVICE PERMIT 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

OFFICE USE ONLY

Fee: _____

Permit: _____

Class: _____ Area: _____

Issue Date: _____

Exp. Date: _____

Renewal Mgr. Chg. New

REC'D BY/RECEIPT #:

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