



CITY OF NORTH RICHLAND HILLS

CONSUMER HEALTH DIVISION

PLAN REVIEW QUESTIONNAIRE—FOOD SERVICE

This form must be filled out by the food establishment operator and not the contractor. This information helps the plan reviewer gain insight into how the facility will operate so that we can help ensure that the business is successful and compliant with food establishment code(s) to ensure public health and safety. Please answer the questions below.

☐ CHECK HERE IF NO FOOD/BEVERAGE/ICE SERVICE OR STORAGE WILL OCCUR ON SITE. IF THIS IS THE CASE, NO OTHER INFORMATION BELOW IS NEEDED—SIGN ACKNOWLEDGEMENT AND SIGNATURE PAGE AND SUBMIT FORM

Purpose of Application (Check All That Apply):

☐ New Construction ☐ Remodel/Construction ☐ Change of Service ☐ Change of Ownership

**Construction Start
Date:**

**Construction End
Date:**

Will any of the following occur during construction? (Check All That Apply)

☐ Storing Food/Food Contact Items ☐ Preparing Food/Beverages ☐ Serving Food/Beverages
☐ Drive-Thru/Delivery Service Only ☐ Dine-In Service

Site Type (Check All That Apply):

Restaurants/Retail Food	Health Care/School/Institution
☐ Full Service ☐ Fast Food ☐ Commissary	☐ School ☐ Child Care ☐ Athletic/Event
☐ Bakery or Donut ☐ Ice Cream or Desserts ☐ Beverages or Bar	☐ Nursing Home ☐ Assisted Living ☐ Medical or Hospital
☐ Grocery ☐ Convenience Store/Gas Station	☐ Hotel/Motel ☐ Highly Susceptible Population
☐ Pre-Packaged Items Only	☐ Other

General Operating Details:

Is the facility open year-round?	☐ Yes	☐ No					
Days of operation?	☐ Mon	☐ Tue	☐ Wed	☐ Thurs	☐ Fri	☐ Sat	☐ Sun
Operates 24 Hours/Day?	☐ Yes	☐ No					
Number of Restrooms?							
Type of Service (Check All That Apply Below)							
☐ Dine-In	☐ Drive Thru	☐ Commissary	☐ Catering or To Go	☐ Manufacturer or Wholesale	☐ Other:		

Food Safety Risk Assessment

Time and Temperature Controlled for Safety Foods (TCS Foods)

Click here for more information about TCS Foods: <https://tinyurl.com/4takytkr>

- | | | |
|--|------------------------------|-----------------------------|
| 1) Will you store, serve, or sell any items that require refrigeration? | ☐ Yes | ☐ No |
| 2) Will you have a soda fountain, coffee, or beverage machine? | ☐ Yes | ☐ No |
| 3) Will TCS food items be served from a customer self-service bar or buffet? | ☐ Yes | ☐ No |
| 4) Will TCS foods be reheated? | ☐ Yes | ☐ No |
| 5) Will TCS foods be cooked, cooled, then reheated before serving? | ☐ Yes | ☐ No |
| 6) Will TCS foods be held cold or held hot after preparation? | ☐ Yes | ☐ No |
| 7) Will you serve raw fish, raw oysters, or raw/undercooked meat or eggs? | ☐ Yes | ☐ No |

Receiving (Check All That Apply)

- | | | | |
|---|--|---|---------------------------------|
| 8) How will your facility receive food products? | ☐ Shelf Stable | ☐ Fresh | ☐ Frozen |
| 9) How will produce be received? | ☐ Pre-cut, Pre-washed | ☐ Fresh (Whole, Uncut) | |
| 10) Will you store raw proteins/ready-to-eat foods in the same refrigeration? | ☐ Yes | ☐ No | |

Preparation

- | | | |
|---|--|------------------------------------|
| 11) Will frozen foods or other items be thawed/defrosted? | ☐ Yes | ☐ No |
| <i>*If yes, what methods will be used to thaw? (Select All That Apply Below)</i> | | |
| ☐ Refrigeration | ☐ Running Water | ☐ Microwave |
| ☐ Cooked from Frozen (i.e. Frozen to Fryer) | | |
| ☐ Other | | |
| 12) Will you actively cool food products? | ☐ Yes | ☐ No |
| 13) Will you use a cook/chill sous vide process? | ☐ Yes | ☐ No |
| 14) Will you be handling or preparing raw meat/raw poultry/raw seafood? | ☐ Yes | ☐ No |
| 15) Will you serve or sell shellstock? | ☐ Yes | ☐ No |
| 16) Will ice used on site be... | ☐ Made Onsite | ☐ Purchased |
| 17) Will ice be bagged and sold? | ☐ Yes | ☐ No |
| 18) Will foods be packaged or repackaged on site? | ☐ Yes | ☐ No |

Warewashing/Service

- | | | | |
|--|--|---|--|
| 19) What type of service ware will you use? | ☐ Single-Use Utensils | ☐ Multi-Use Utensils | ☐ Both |
| 20) Will the largest utensil(s) fit in a compartment of your warewashing sink? | ☐ Yes | ☐ No | |
| <i>*If no, provide your manual cleaning and sanitizing procedure to consumerhealth@nrhtx.com</i> | | | |
| 21) What type of sanitizer will the facility use? | ☐ Chlorine | ☐ Quaternary (QT) | ☐ Other |
| 22) Will you have a chemical dispenser(s)? | ☐ Yes | ☐ No | |
| 23) Where will your linens (such as aprons, wiping cloths, etc.) be washed? | ☐ Onsite | ☐ Contract with Commercial Service | ☐ Disposable Only |

Special Processes

- | | | |
|---|------------------------------|-----------------------------|
| 24) Will you use Time as a Public Health Control (TPHC)? | ☐ Yes | ☐ No |
| 25) Will you use any special handwashing methods? | ☐ Yes | ☐ No |
| 26) Will any of the following processes occur? (Check All That Apply Below) | ☐ Yes | ☐ No |

- | | | |
|---|---|---|
| ☐ Acidification (i.e. Sushi Rice) | ☐ Fermentation (In House Kimchi, Kombucha, etc.) | ☐ Juicing |
| ☐ Smoking Food for Preservation (Not Flavor) | ☐ Curing Meat/Fish | ☐ Game Processing |
| ☐ Sprouting Seeds/Beans | ☐ Food Additives for Preservation | ☐ Reduced Oxygen Packaging |
| ☐ Cook-Chill Sous Vide | ☐ Any Other Specialized Process That Requires a HACCP Plan | |

**Provide a copy of all procedures that relate to "Special Processes" to consumerhealth@nrhtx.com*

Acknowledgement and Signature

"I certify that by submitting this document that all information and supporting documentation are true and correct to the best of my knowledge."

Printed Name: _____ Title: _____
Signature: _____ Date: _____

Please attach the completed form and all supporting documentation to your building permit application, or email it to consumerhealth@nrhtx.com

If you have any questions about this form, please reach out to consumerhealth@nrhtx.com or 817-427-6650.

Helpful Information

The links below are a few of the resources available for applicants to gain more information and guidance on the plan review and permitting process for retail food establishments.

- NRH Consumer Health Food Establishment Resources: <http://nrhtx.com/food>
- Food Establishment Construction/Equipment Requirements: <https://tinyurl.com/3vasmbe8>
- NRH Process for Opening a Food Establishment: <https://tinyurl.com/ykj25vva>

Useful Contact Information for City of North Richland Hills (NRH) Departments:

- NRH Planning and Permits: 817-427-6300 or nrhpi@nrhtx.com
- NRH Consumer Health: 817-427-6650 or consumerhealth@nrhtx.com
- NRH Fire Marshals: 817-427-6975 or firemarshal@nrhtx.com
- NRH City Secretary's Office (Alcohol Permits): 817-427-6060 or citysecretary@nrhtx.com
- NRH Police (Alarm Permits): 817-427-7072 or <http://nrhalarmpermits.nrhtx.com.com>

Direct Links Below to Some Helpful Resources Available at <http://nrhtx.com/food>

- [Applying for a Certificate of Occupancy](#)
- [Backflow Prevention Explained](#)
- [Certified Food Manager Requirement](#)
- [Commercial Signage](#)
- [Construction and Food Safety](#)
- [Grand Opening Signage](#)
- [List of Waste Haulers Permitted in NRH](#)
- [Consumer Advisory Sign](#)
- [Employee Health Sign](#)
- [Employee Health Policy Template](#)
- [Food Allergen Awareness Sign](#)
- [Handwashing Sign \(with Employee Health Sign Integrated\)](#)
- [NRH Food Handler Class](#)

City of North Richland Hills Consumer Health Division

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