

All renovations and/or construction projects that will involve any type of food establishment or necessitate the installation or modification of a wastewater grease interceptor must complete and submit the design/construction plans with this form to EHS during the DD (60-90%) phase or as soon as plans are available for review.

Project Name: _____ Project or Work Order #: _____

Project Contact: _____ Contact Phone: _____

Contact E-mail: _____ Tentative Construction Start Date: _____

Be advised that EHS must permit all food service establishments prior to the start of operation. Allow 2-3 weeks for this process. **Garbage disposals are not allowed** in any food service establishment. All food service establishments must adhere to the Texas Food Establishment Rules (TFERs) which can be found at:

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=229&sch=K&rl=Y](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=229&sch=K&rl=Y)

Food Establishment Details:							
1. Have plans, specs, or detail sheets been submitted to EHS?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown			
1a. Is a narrative description of the kitchen food preparation activities for each food vendor location included?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown			
1b. Are copies of the drawings/plans for all food vendor areas that indicate all of the plumbing fixtures (sinks, floor drains, etc...) that are to be plumbed through the grease interceptor included?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown			
1c. If sizing has been completed have the specs sheets on the grease trap that is being proposed for purchase/installation been included. (Note: City of Austin sizing criteria must be used)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown			
2. Will food be prepared on site? (i.e. cooking occurring on site)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown			
3. Will food be prepackaged? (i.e. prepared offsite no cooking on site)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown			
4. Will dish washing take place onsite?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown			
5. Number of sinks in food establishment:		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> >3		
6. Types of sinks in the food establishment:		<input type="checkbox"/> Dish washing		<input type="checkbox"/> Hand washing		<input type="checkbox"/> Custodial	
		Number: _____		Number: _____		Number: _____	
7. Number of sink compartments for sinks listed above (<i>check all that apply</i>):		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> >3		
8. Number of floor drains in kitchen: (<i>Note: All floor drains must be plumbed to the grease interceptor</i>)		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> >3		

Please provide the following requestor information:

Printed Name

Signature

Date

EHS Use Only:

Recommendations: _____

Approval: _____

Date: _____