N.C. Department of Environment and Natural Resources
Division of Environmental Health
Plan Review Unit

Food Establishment Plan Review Application

Type of Construction: NEW _____ REMODEL _____

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____ County_____

Phone (if available): _____ - _____ - _____ Fax: _____ - _____ - _____

Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

Applicant: _____

Address: _____

City & State _____ Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

Title (owner, manager, architect, etc.): _____

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature: _____

(Owner or Responsible Representative)

Hours of Operation:

Sun_____ Mon_____ Tue_____ Wed_____ Thu_____ Fri_____ Sat_____

Projected number of meals to be served: Breakfast _____ Lunch _____ Dinner _____

Number of seats: _____ Facility total square feet: _____

Projected start date of construction: _____ Projected completion date: _____

TYPE OF FOOD SERVICE:

_____ Restaurant

_____ Food Stand

_____ Drink Stand

_____ Commissary

_____ Meat Market

_____ Other (explain): _____

CHECK ALL THAT APPLY

_____ Sit-down meals

_____ Take-out meals

_____ Catering

Single-service (disposable):
____Plates ____Glassware ____Silverware

Multi-use (reusable):
____Plates ____Glassware ____Silverware

Check categories of Potentially Hazardous Food (PHF) to be prepared and served:

1. _____ Meat
2. _____ Seafood
3. _____ Poultry
4. _____ Other (explain): _____

COLD STORAGE

Provide the method used to determine cold storage requirements: _____
_____

Provide total square-feet of space dedicated to walk-in cold storage:

a) Walk-in Refrigeration storage_____
b) Walk-in freezer storage_____

Provide total square-feet of space dedicated to reach-in cold storage:

a) Reach-in refrigeration storage_____
b) Reach-in freezer storage_____

Number of refrigeration units: _____
Number of freezer units: _____

THAWING

Indicate by checking the appropriate boxes how potentially hazardous food (PHF) in each category will be thawed. If "Other" is checked indicate type of food: _____

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration				
Running Water less than 70^0F (21^0C)				
Cooked Frozen				
Microwave				

HOLDING

How will hot potentially hazardous food (PHF) be maintained at 140^0F (60^0C) or above during holding for service? Indicate type and number of hot holding units.

_____
_____
_____
_____

How will cold potentially hazardous food (PHF) be maintained at 45^0 F (7^0C) or below during holding for service? Indicate type and number of cold holding units.

_____
_____
_____
_____

List any food that will be held between 45^0F (7^0C) and 140^0F (60^0C) for any of the following that apply, and indicate how long the food will be held in each category.

STORAGE: _____
_____

DISPLAY: _____
_____

SERVICE: _____
_____

COOLING

Indicate by checking the appropriate boxes how potentially hazardous food (PHF) will be cooled to 45^0F (7^0C) within 6 hours. If "Other" is checked indicate type of food: _____

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans				
Ice Baths				
Rapid Chill				

How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? _____
_____
_____
_____

FOOD PREPARATION PROCEDURES

The food preparation procedures should include**:**

- Types of food prepared or handled
- Time of day food is prepared or handled
- Equipment used for preparation or handling

If your company has developed food preparation procedures, they should be submitted.

1. PRODUCE PREPARATION PROCEDURE

a. Will produce be washed, rinsed or otherwise handled prior to use? Yes_____ No_____
b. Is there a location used for washing or rinsing produce? Yes_____ No_____
c. Will it be used for other operations? Yes_____ No_____

Indicate location of produce washing or handling equipment and describe the procedure. Include time of day and frequency of produce preparation, and menu items that contain produce.

_____
_____
_____
_____

2. SEAFOOD PREPARATION PROCEDURE

a. Will seafood be washed, rinsed or otherwise handled prior to use? Yes_____ No_____
b. Is there a location used for washing or rinsing seafood? Yes_____ No_____
c. Will it be used for other operations? Yes ____ No_____

Indicate location of seafood washing or handling (cutting, marinating, shelling, shucking, etc.) equipment and describe the procedure. Include time of day and frequency of seafood preparation, and menu items that contain seafood.

_____
_____
_____
_____

3. POULTRY PREPARATION PROCEDURE

a. Will poultry be washed, rinsed or otherwise handled prior to use? Yes_____ No_____
b. Is there a location used for washing or rinsing poultry? Yes_____ No_____
c. Will it be used for other operations? Yes_____ No_____

Indicate location of poultry washing or handling (cutting, marinating, etc.) equipment and describe the procedure. Include time of day and frequency of poultry preparation, and menu items that contain poultry.

_____
_____
_____
_____

4. PORK and/or RED MEAT PREPARATION PROCEDURE

a. Will meat be washed, rinsed or otherwise handled prior to use? Yes_____ No_____

b. Is there a location used for washing or rinsing pork and/or red meat? Yes____ No_____

c. Will it be used for other operations? Yes_____ No_____

Indicate location of pork/red meat washing or handling (cutting, marinating, aging, etc.) equipment and describe the procedure. Include time of day and frequency of pork and/or red meat preparation, and menu items that contain pork/red meat.

_____
_____
_____
_____

DRY STORAGE

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time: _____
_____

Provide total square feet of shelf space dedicated to dry storage: _____

Where will dry goods be stored? _____
_____

FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (i.e., quarry tile, stainless steel, vinyl coated acoustic tile)

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Other				
Other				

WATER SUPPLY- SEWAGE

1. Is water supply: Municipal ____ Well_____ Is sewer: Municipal_____ Septic_____

2. Will ice: be made on premises_____ or purchased_____

3. Water heater make and model: _____

4. Water heater storage capacity: _____ gallons.

5. Water heater recovery rate (gallons per hour at 100ºF temperature rise): _____ gallons per hour. **(See Water Heater Calculation Worksheet – Page 9 to calculate recovery rate needed)**

6. Check the appropriate box for indicating equipment drains:

	Indirect Waste			**Direct Waste**
Plumbing Fixtures	**Floor sink**	**Hub Drain**	**Floor Drain**	
Dishwasher				
Garbage Grinder				
Ice Machine				
Ice Storage Bins				
Food Prep Sinks				
Utensil/Pot Wash Sinks				
Steam Tables				
Dipper Wells				
Refrigeration				
Potato Peeler				
Other				
Other				
Other				

DISHWASHING FACILITIES

a. Hand dishwashing

1. Number of sink compartments: _____
   Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
   Length of drainboards (inches): Right: _____ Left: _____

2. What type of sanitizer will be used?

   Chlorine: ____ Iodine: ____ Quaternary Ammonium: ____ Hot Water: ____ Other (specify): _____

b. Mechanical dishwashing

1. Will a Dishmachine be used? Yes_____ No_____

   Dishmachine manufacturer and model:_____

2. Type of sanitization: Hot water (180°F) _____ Chemical _____

c. General

1. Describe the procedure of how cooking equipment, cutting boards, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized?
   _____
   _____
   _____
   _____

2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space
   _____
   _____
   _____

   Provide total square feet of air drying space: _____

HANDWASHING/TOILET FACILITIES

Is there a hand washing sink (with soap and hand-drying device) in each food preparation and warewashing area? Yes _____ No _____

EMPLOYEE AREA

Is space provided for employee's personal items? Yes_____ No_____
If so, describe location: _____
_____
_____

GARBAGE AND REFUSE

1. Will refuse be stored inside? Yes_____ No _____
   If so, where_____
   _____

2. Provision for garbage disposal: Dumpster _____ Compactor _____

3. Provision for cleaning dumpster/compactor: On-site _____ Off-site _____
   If off-site cleaning, provide name of cleaning contractor: _____

4. Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc.)
   _____
   _____

CLEANING FACILITIES

1. Specify location and size of area for washing of garbage cans and storage of mops:
   _____
   _____

2. Is a separate mop basin provided? Yes _____ No _____
   If so, describe type and location: _____

3. Indicate location of cleaning chemical system and chemical storage:
   _____
   _____

INSECT AND RODENT

1. Are all outside doors self-closing with rodent-proof flashing? Yes____ No____

2. How is fly protection provided on all outside doors?
   Self-closing door ____ Fly Fan ____ Screen Door ____

3. How is fly protection provided on windows?
   Self-closing _____ Fly Fan ____ Screening ____

4. Indicate location of insecticide/rodenticide storage:
   _____
   _____

5. Location of clean linen storage:
   _____
   _____

6. Location of dirty linen storage:
   _____
   _____

WATER HEATER SIZING

Water Heater Calculation Worksheet					
Equipment	**Quantity**	**Times**	**Size**		**GPH**
One-Comp. Sink (See Note)		**X**	____ x ____ x ____	=	
Two-Comp. Sink (See Note)		**X**	____ x ____ x ____	=	
Three-Comp. Sink (See Note)		**X**	____ x ____ x ____	=	
Four-Comp. Sink (See Note)		**X**	____ x ____ x ____	=	
One-Comp. Prep Sink		**X**	5 GPH	=	
Two-Comp. Prep Sink		**X**	10 GPH	=	
Three-Comp. Prep Sink		**X**	15 GPH	=	
Three Comp. Bar Sink (See Note)		**X**	____ x ____ x ____	=	
Four Comp. Bar Sink (See Note)		**X**	____ x ____ x____	=	
Hand Sink		**X**	5 GPH	=	
Pre-Rinse		**X**	45 GPH	=	
Can Wash		**X**	10 GPH	=	
Mop Sink		**X**	5 GPH	=	
Dishmachine		**X**	GPH = 70% of "Final Rinse Usage"	=	
Cloth Washer		**X**	15 GPH	=	
Hose Reel		**X**	5 GPH	=	
Other Equipment		**X**		=	
Other Equipment		**X**		=	
Gallons per hour (GPH) **Recovery Rate** needed (based on 100^0 F temperature rise)				**Total**	

Note: GPH Calculation for Sinks	GPH = $\frac{\text{(Sink size in cu. in.) x (7.5 gal./cu. ft.) x (\# compartments x .75 capacity)}}{\text{1,728 cu. in./cu. ft.}}$
Short version for above	GPH = (Sink size in cu. in.) x (# compartments) x (.003255/cu. in.) Example: (24" x 24" x 14") x (3 compartments) x (.003255) = 79 GPH