

## **Food Establishment Plan Review Application**

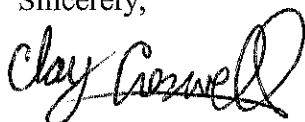
This application is used to provide the Pender County Health Department with operational procedures of the facility. It's also used to answer questions that may not be provided on the plans

Franchised and chain type facility plans are required to be submitted to: Kevin Dodge, Environmental Health Section, Plan Review Unit 5605 Six Forks Rd. Raleigh, NC 27609. Contact Mr. Dodge at (919) 707-5863 with questions regarding prototypical and franchised facilities or email [kevin.dodge@dhhs.nc.gov](mailto:kevin.dodge@dhhs.nc.gov).

Plans for independently owned food establishments need only be submitted for review and approval to the Pender County Health Department, 803 South Walker Street, Burgaw, NC 28425.

Feel free to contact the Pender County Health Department with any questions you may have.

Sincerely,



Clay Creswell, REHS  
Environmental Program Specialist  
Pender County Health Department

## CHECKLIST

- Completed Application
- Proposed Menu
- Manufacturer Specification sheets for each piece of equipment shown on plans
- Plan of facility drawn to scale showing location of equipment, plumbing, electrical service, and mechanical ventilation.
- Site plan showing location of business in building, location of building on site including alleys, streets, and location of any outside facility (dumpster, walk-ins, etc.)
- Copy of written approval and/or permit for water supply and sewage disposal
- Copy of grease container contract
- Copy of dumpster contract
- \$200.00 check made payable to "Pender County Health Department" for plan review of facilities that are not franchised, chain, and prototypes

## Information Requirements for Plans

1. The plans should be a minimum of 11 X 17 inches in size and the layout of the floor plan accurately drawn to a minimum scale of ¼ inches = 1 foot. This is to allow for ease in readings plans.
2. When menu dictates, separate food preparation sinks should be labeled and located to preclude contamination and cross-contamination of raw and ready to eat foods.
3. Plans should show the location of all food service equipment. Label each piece of equipment on the plan with its common name or number corresponding to an accurate legend.
4. The plan layout should contain room size, aisle space, and space between and behind equipment.
5. All areas of the establishment must be shown on the plans including dining areas (with seats), bar (with seats), storage and toilet facilities.
6. The plans and specifications should also include:
  - A. Entrances, exits, loading/unloading areas and docks
  - B. Complete finish coverings for each room to include floors, walls, ceilings and covered juncture bases. All coverings in food service and food storage areas must be non-absorbent and easily cleanable.
  - C. Plumbing plans to include location of the floor drains, floor sinks and water supply lines, overhead waste water lines, hot water lines, hot water generating equipment with capacity and recovery rate and backflow prevention.
7. Lighting Requirements:
  - A. Food contact surfaces = 50 foot candles
  - B. Utensil washing area = 50 foot candles (lighting in utensil washing area and on food contact surfaces is measured at 30 inches above the floor and at all work levels.
  - C. All other areas = 10 foot candles
  - D. Light bulbs in food preparation, storage, and display areas shall be shatter-proof or shielded so as to preclude the possibility of broken bulbs or lamps falling into food. Shatter-proof or shielded bulbs need not be used in food storage areas where unopened packages will not be affected by broken glass.
  - E. Heat lamps shall be protected against breakage by a shield surrounding and extending beyond the bulb, leaving only the face of the bulb exposed.
8. Equipment list should include make and model number for all food service equipment and shall be NSF/ANSI, UL Sanitation, ETL, CSA Sanitation approved or equivalent.
9. Hand washing facilities used for no other purpose shall be designated for each toilet facility and within the immediate area of food preparation and dishwashing.
10. Garbage can washing area/facility.
11. Location of grease storage containers.
12. Location of dumpster and dumpster pad.
13. Location of cabinets/shelves for storing chemicals.
14. Locker area, employee rest area, and/or coat rack as required.
15. Location of water heater (s). For ease of cleaning, water heaters located inside food preparation and dishwashing areas must be enclosed.
16. Source of water supply and method of sewage disposal. The location of these facilities should be shown and evidence submitted that state and local regulations are to be complied with.
17. A mop sink with facilities for hanging wet mops and storage of mop buckets
18. Completed checklist

**Pender County Health Department  
Environmental Health Section  
Food, Lodging, and Institutional Division**

**ESTABLISHMENT PLAN REVIEW APPLICATION**

New     Remodel     Conversion     Name Change     Change-of-Ownership

**Food Establishment Information**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

If change of ownership or name, previous facility name: \_\_\_\_\_

**Applicant Contact Information**

Applicant / Facility Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

**Facility Owner Information**

Association, Corporation, Partnership Name: \_\_\_\_\_

Legal Owner Name: \_\_\_\_\_ Legal Owner Telephone #: \_\_\_\_\_

Legal Owner Mailing Address: \_\_\_\_\_

**Hours of Operation (open-close)**

Sunday \_\_\_\_\_ - \_\_\_\_\_ Monday \_\_\_\_\_ - \_\_\_\_\_ Tuesday \_\_\_\_\_ - \_\_\_\_\_ Wednesday \_\_\_\_\_ - \_\_\_\_\_  
Thursday \_\_\_\_\_ - \_\_\_\_\_ Friday \_\_\_\_\_ - \_\_\_\_\_ Saturday \_\_\_\_\_ - \_\_\_\_\_

**Projected Number of Meals to be served Daily**

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_  
Total Number of seats inside: \_\_\_\_\_ Total Number of seats outside: \_\_\_\_\_  
Total square feet of dining area: \_\_\_\_\_

**Type of Food Service**

**Check all that Apply**

- Restaurant
- Food Stand
- Drink Stand
- Meat Market
- Commissary

- Sit-Down Meals
- Take-Out Meals
- Catering (separate approval required)

Single-Service (disposable):       Plates     Glassware     Flatware

Multi-Use (reusable):               Plates     Glassware     Flatware

**Water Supply and Sewage**

Water Supply:     Municipal / Name: \_\_\_\_\_     Well

Sewer:             Municipal / Name: \_\_\_\_\_     Septic

**Water Heater Type**

- Gas     Electric     Instantaneous

Recovery Rate (gallons per hour): \_\_\_\_\_ Storage Capacity (gallons): \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Water heater proposed size: Electric: \_\_\_\_\_ KW    Gas: \_\_\_\_\_ BTU's

## FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

<u>CATEGORY</u>	<u>YES</u>	<u>NO</u>
Thin meats, poultry, fish, eggs	( )	( )
Thick meats, whole poultry	( )	( )
Cold processed foods salads, sandwiches, vegetables	( )	( )
Hot processed foods (Soups, stews, chowders, casseroles)	( )	( )
Bakery goods (Pies, custards, creams)	( )	( )
Other: _____		
_____		
_____		

### PLEASE ANSWER THE FOLLOWING QUESTIONS

#### Food Supply

Are all food supplies from inspected and approved sources?      Yes     No

Will ice be made on premises?      Yes     No

#### Cold Storage

1. Is adequate and approved freezer and refrigeration available to store frozen foods at 0°F and below, and refrigerated foods at 41°F (5°C) and below?    Yes     No   
Provide the method used to calculate cold storage requirements.

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezer with cooked/ready-to-eat foods?    Yes     No

If yes, how will cross-contamination be prevented?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Does each refrigerator/freezer have a thermometer?    Yes     No

Number of refrigeration units: \_\_\_\_\_      Number of freezer units: \_\_\_\_\_

**NOTE: Walk-in and reach-in storage capacity is based on the number of meals served and frequency of stock deliveries**

## Preparation

Please list all foods that will be prepared more than 12 hours in advance of service.

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1. Food handlers are required to minimize handling ready-to-eat foods (salads and salad toppings, cooked foods, buns) with bare hands. How will employees avoid bare hand contact with ready-to-eat foods? (Check all that apply)

- disposable gloves  
 deli tissue  
 long handled utensils  
 other: \_\_\_\_\_

2. Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes  No

Describe/attach employee policy:

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**Note: To reduce the risk of foodborne disease transmission, the person in charge must require food employees to report information about their health and activities as they relate to diseases that are transmissible through food. Such information includes date of onset of symptoms and an illness, or of a diagnosis without symptoms. (2-201.11 Responsibilities of Permit Holder, Person in Charge, Food Employees, and Conditional Employees)**

## Cooking

1. Will food product thermometers (0° - 212°F) be used to measure final cooking/reheating temperatures of PHF's? Yes  No

Minimum cooking time and temperature of product utilizing convection and conduction heating equipment:

Beef roast	130°F (121 min)
Seafood	145°F (15 sec)
Pork	155°F (15 sec)
Eggs	145°F (15 sec)
Comminuted meats	155°F (15 sec)
Poultry	165°F (15 sec)
Other PHF's	145°F (15 sec)
* reheating PHF's	165°F (15 sec)

2. List types of cooking equipment:

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**Hot/Cold Holding**

1. How will hot PHF's be maintained at 135°F (57°C) and above during holding for service?  
Indicate type and number of hot holding units:

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2. How will cold PHF's be maintained at 41°F (5°C) and below during holding for service?  
Indicate type and number of cold holding units:

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**Cooling**

List all foods (by name) that are to be cooled prior to storage and check the method of cooling. Use additional sheets if necessary. \*Please provide specification sheet for rapid chill equipment.

FOODS	SHALLOW PANS	ICE BATH	*RAPID CHILL



## Thawing

Indicate by checking the appropriate box how potentially hazardous foods (in each category) will be thawed.

THAWING PROCESS	MEAT	SEAFOOD	POULTRY	SAUCES	VEGETABLES	DAIRY
Refrigeration						
Running Water less than 70°F						
Cooked Frozen						
Microwave						

**Note:** Cold water temperatures used for thawing must be 70 degrees or below.

## 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
- Detailed procedures for each food item prepared (HAACP)

**Note:** Space must be provided at food preparation sinks to accommodate required procedures/volume either by chef table or additional stainless steel table

**Note:** A consumer advisory informing consumers of the significantly increased risk of consuming raw or undercooked foods by way of a disclosure and reminder using brochures, table tents, placards, or other effective means. (3-603.11 Consumption of Animal Foods that are Raw, Undercooked, or Not Otherwise Processed to Eliminate Pathogens)

**Produce**

Will produce be washed, rinsed or otherwise handled prior to service? Yes  No

Is there a location for washing, rinsing or handling produce? Yes  No

Describe (in detail) the preparation procedure for all produce items. The items need to be listed by the name of the ingredient and the menu item that it composes. Also, please list the time of day that these items are prepared and the frequency of preparation for that item.

Food Name:	Time of Day:	Frequency:
<b>Description:</b>		

**\*USE ADDITIONAL SHEETS IF NECESSARY**

**Seafood**

List Seafood Distributors to be used (with name address and phone number):

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Will seafood be eviscerated (scaled or dressed) on site? Yes  No   
Describe the evisceration process:

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Is there an approved location for eviscerating seafood? Yes  No

Will Shellfish (oysters, clams, mussels, etc.) be cleaned or shucked prior to service? Yes  No

Is there a location for thawing, washing and preparing seafood and shellfish? Yes  No

**OFFICE USE ONLY:** If the proposed facility will be served by a subsurface wastewater disposal system then ensure the system is approved for the washing and processing of seafood and record the JP/CA/OP # here:  
\_\_\_\_\_

Describe (in detail) the preparation procedure for all seafood and shellfish items. The items need to be listed by the name of the ingredient and the menu item that it composes. Also, please list the time of day that these items are to be prepared and the frequency of preparation for that item.

<b>Food Name:</b>	<b>Time of Day:</b>	<b>Frequency:</b>
<b>Description:</b>		

**\*USE ADDITIONAL SHEETS IF NECESSARY**

**Sushi**

Is sushi or sashimi to be prepared on site? Yes  No

Is there a location for thawing of fish and sushi preparation? Yes  No

**NOTE: Sushi and Sashimi preparation requires a dedicated area that consists of a minimum of one hand wash sink, one prep sink, one refrigeration unit and a work space that is to be used exclusively for Sushi and Sashimi preparation.**

List the sources of fish used for Sushi and Sashimi. Include the name of the supplier, address and phone number for each species of fish to be used:

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According to the FDA Food Code 3-402.11 Parasite Destruction, “before service and sale in ready-to-eat form, raw-marinated, partially cooked, or marinated-partially cooked fish other than molluscan shellfish shall be:

Frozen and stored at a temperature of -4°F (-20°C) or below for 168 hours (7 days) or  
Frozen at -31°F or below until solid and stored at -31°F for 15 hours”

Will freezing for parasite destruction be done? Yes  No

**NOTE: Letters of Guarantee for parasite destruction must be obtained for each shipment of fish to be used for Sushi and Sashimi. These letters are to be held on premises to meet the requirements under the FDA Food Code. Also, farm raised species of fish are considered to be free of parasites. Letters of Guarantee from the supplier that the fish were farm raised must be kept on premises.**

Describe the preparation procedure for all Sushi and Sashimi items. The items need to be listed by the name of the fish and the menu item that it composes. Please list the time of day that these items are prepared (if prepared in advance of service) and the frequency of preparation of that item.

Food Name:	Time of Day:	Frequency:
<b>Description:</b>		

**\*USE ADDITIONAL SHEETS IF NECESSARY**

**Beef, Poultry and Pork**

Will raw meats be thawed, rinsed or otherwise be prepared prior to cooking? Yes  No

Is there a location for thawing, rinsing or other preparation prior to cooking? Yes  No

Describe (in detail) the preparation procedure for all meat items. The items need to be listed by the name of the ingredient and the menu item that it composes. Also, please list the time of day that these items are prepared and the frequency of preparation for that item.

Food Name:	Time of Day:	Frequency:
<b>Description:</b>		

**\*USE ADDITIONAL SHEETS IF NECESSARY**

**Specialized Food Processes**

**You will need to submit your HACCP plan & Variance Request to the NC Food Code Variance Committee for approval for specialized food process to be conducted in your food service establishment.**  
(8-103.10 Modifications & Waivers) EH office can provide you the January 15, 2013 documentation. The State Variance Committee can be reached at 919-707-5854.

**HACCP information can be found at <http://www.cfsan.fda.gov/~lrd/haccp.html>**

- 1. Will specialized food processes be conducted? Yes  No   
(8-201.13 A HACCP plan is required for acidification (sushi rice), reduced oxygen packaging, sous vide, curing, smoking, sprouting beans, or drying process)
  
- 2. Are raw meats or poultry to be marinated or breaded prior to cooking? Yes  No

Describe process:

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- 3. Are meats to be injected prior to cooking? Yes  No

Describe process:

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- 4. Is Sushi rice to be prepared? Yes  No

Describe process:

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- 5. Are any foods to be vacuum packaged in the kitchen? Yes  No

Describe process:

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**Dry Storage**

Total linear feet of shelf space dedicated to dry storage: \_\_\_\_\_

Approved food storage containers must be used to store bulk food products (i.e. sugar, flour, rice, etc).

Indicate type:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Construction**

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen				
Bar				
Refrigerated Storage				
Dry Storage				
Toilet Rooms				
Mop Service Basin area/Can Wash				
Outbuilding Storage				
Other				

**Dishwashing Facilities**

**A. Manual dishwashing**

- Size of sink compartments (inches): Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_  
 Drain board size (inches): R \_\_\_\_\_ L \_\_\_\_\_ ( 24" minimum recommended)  
 (The largest utensil, pot or pans must fit into each compartment of the pot sink)
- Type of sanitizer to be used? \_\_\_\_\_
- Type of test kit to be used? \_\_\_\_\_

**B. Mechanical dishwashing**

- Will a Dish machine be used? Yes  No
- Dish machine manufacturer and model: \_\_\_\_\_

**NOTE: All dish machines must have manufacturer's templates with operating instructions permanently mounted.**

**Equipment Cleaning**

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?:

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Describe location and type (drain boards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

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**Hand washing/Toilet Facilities**

Is there a hand washing sink (with soap and hand-drying device) in each food preparation and ware washing area?

Yes  No

**NOTE: All toilet room doors must be self-closing. Self-closing metering faucets should provide a flow of water for at least 15 seconds without the need to reactivate the faucet.**

**Employee Area**

Is space provided for employee's personal items? Yes  No

If yes, describe location: \_\_\_\_\_  
\_\_\_\_\_

If no, describe employee personal item storage policy: \_\_\_\_\_  
\_\_\_\_\_

**Insect and Rodent Harborage**

How is fly protection provided on all outside entrances? (i.e. fly fans, self closures, door sweeps & weather stripping, etc)

Windows: \_\_\_\_\_

Doors: \_\_\_\_\_

**Note: All entry door and drive thru windows must be self-closing. All pipe penetrations, beverage chases and electrical conduit chases must be sealed.**

**Garbage and Refuse**

Specify area for garbage can cleaning facilities (minimum 3' x 3' area): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate where trash containers will be stored: \_\_\_\_\_

Describe location of paved surface where dumpster/compactor/cans are to be stored: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: If dumpster and/or compactor will be cleaned on site, wastewater from the cleaning operation must be discharged to a sanitary sewer system.**

Indicate type and location of waste cooking grease storage receptacle: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there an area to store recyclable containers? Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Laundry Facilities**

Are laundry facilities located on premises? Yes  No

If yes, what will be laundered:

\_\_\_\_\_

\_\_\_\_\_

Is a laundry dryer available? Yes  No

Describe location of clean linens (ex. tablecloths, towels, etc.) storage: \_\_\_\_\_

Describe location of dirty linens (ex. tablecloths, towels, etc.) storage: \_\_\_\_\_



**Plumbing**

	<b>INDIRECT WASTE</b>	<b>DIRECT WASTE</b>
1. Dishwasher	_____	_____
2. Garbage grinder	_____	_____
3. Ice machines	_____	_____
4. Ice storage	_____	_____
5. Sinks	_____	_____
a. Food prep sinks	_____	_____
b. Utensils/pot wash	_____	_____
c. Handwash	_____	_____
5. Steam tables	_____	_____
7. Dipper wells	_____	_____
8. Refrigeration condensate/drain lines	_____	_____
9. Potato peeler	_____	_____
10. Other _____	_____	_____

If floor drains are not shown on plans please indicate location: \_\_\_\_\_

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**NOTE: A direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable, equipment, or utensils are placed.**

	<u>Back flow Preventor</u>	<u>Vacuum Breaker</u>
11. Hose connection	_____	_____

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**STATEMENT:** I hereby certify that I have contacted the appropriate agencies for approval for construction/renovation/change of use of this proposed establishment. All information provided in this application is correct and I fully understand that any deviation without prior approval from this Health Regulatory Authority may nullify this approval.

Signature(s): \_\_\_\_\_  
\_\_\_\_\_  
owner(s) or responsible representative(s)

Date: \_\_\_\_\_

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Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other federal, state, or local code, law, or regulation that may be required; and does not cover any aspects of construction regulated by other jurisdictions. It also does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.