

Pender County Health Department

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Carolyn Moser, MPA
Health Director

Food Establishment Plan Review Application

This application is used to provide the Pender County Health Department with operational procedures of the facility. It is 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:

Plan Review Unit
5605 Six Forks Road, Raleigh, NC 27609
Phone (919) 707-5854 / Fax (919) 845-3973
<http://ehs.ncpublichealth.com/food/planreview/index.htm>

Plans for independently owned food establishments only need to be submitted for review and approval to the Pender County Health Department.

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
803 South Walker Street
Burgaw, NC 28425

Food Establishment Plan Review Application Checklist

- Completed Application;
- Proposed Menu;
- Manufacturer Specification sheets for each piece of equipment shown on the plans;
- Plans of the 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-in units, ect);
- Copy of lease agreement, if you are not the owner of the building;
- Copy of written approval and/or permit for water supply and sewage disposal;
- Copy of grease container contract;
- Copy of dumpster contract; and
- \$200.00 check made payable to "Pender County Health Department" for plan review of facilities that are not franchised, chain, and prototypes.

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Establishment Plan Review Application

Please check one of the following below:

New Remodel Conversion Name Change Change of Ownership

Food Establishment Information:

Name of the Establishment: _____

Establishment Address: _____
Street City State Zip

Telephone Number: _____

If change of ownership or facility name, previous establishment/facility name: _____

Applicant Contact Information:

Applicant/Establishment Contact Person: _____

Position of Applicant: _____

Mailing Address: _____
Street City State Zip

Email Address: _____

Phone Number: _____ Fax Number: _____ Cell Number: _____

Establishment Owner Information:

Association, Corporation, Partnership Name: _____

Legal Owner Name: _____

Legal Owner Address: _____
Street City State Zip

Email Address: _____

Phone Number: _____ Fax Number: _____ Cell Number: _____

Building Owner Information (if leasing building or unit): Please provide a copy of your lease agreement.

Building Owner Name: _____

Legal Owner Address: _____
Street City State Zip

Phone Number: _____ Fax Number: _____ Cell Number: _____

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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 Footage of Dining Area: _____

Type of Food Service:

Restaurant

Food Stand

Drink Stand

Meat Market

Commissary

Catering (separate approval required, please complete the *Supplementary Catering Plan Review Application* in addition to this application)

Check all that Apply:

Sit-down Meals

Take-out Meals

Check all that Apply:

Single-Service (disposable):

Plates Drinkware Flatware

Multi-Use (reusable):

Plates Drinkware Flatware

Water Supply and Sewage Disposal:

Water Supply: Municipal/Name: _____ Well

Sewer: Municipal/Name: _____ Septic

Water Heater Type:

Electric

Gas

Instantaneous

Recovery Rate (gallons per hour): _____ Storage Capacity (gallons): _____

Manufacturer: _____ Model: _____

Proposed Water Heater Size: Electric: _____ KW Gas: _____ BTUs

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Food Preparation Review

Please Answer the Following Questions:

<u>CATEGORY</u>	<u>YES</u>	<u>NO</u>
Thin meats, poultry, fish, eggs	<input type="checkbox"/>	<input type="checkbox"/>
Thick meats, whole poultry	<input type="checkbox"/>	<input type="checkbox"/>
Cold processed foods (sandwiches, salads, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
Hot processes foods (soups, stews, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
Bakery goods (pies, custards, creams)	<input type="checkbox"/>	<input type="checkbox"/>

Other food items:

Food Supply:

1. Are all food supplies from inspected and approved sources? Yes No
2. Will ice be made on the premises? Yes No

If no, provide source of ice and location? _____

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 and below? Yes No
2. Please provide the method used to calculate cold storage requirements.
3. Will raw meats, poultry, and seafood be stored in the same refrigeration units and freezers with cooked/read-to-eat foods? Yes No

If yes, how will cross-contamination be prevented? _____

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4. Does each refrigeration unit/freezer have a thermometer? Yes No

5. 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:

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

2. Bare hand contact with ready-to-eat foods (salads and salad toppings, cooked foods, buns/bread) is prohibited per the NC Food Code. Bare hand contact with raw foods should be minimized. How will employees avoid bare hand contact with ready-to-eat foods? Please check all that apply.

Disposable Gloves

Deli Tissue

Long-handled Tongs/ Suitable utensils, spatulas, tongs, or dispensing equipment

Other: _____

3. Is there an established policy to exclude or restrict food workers who are sick or have infected lesions? If not available, the Pender County Health Department can provide you with an employee health policy upon request. Yes No

Describe/attach the employee health policy: _____

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. (NC Food Code Reference 2-201.11 Responsibilities of Permit Holder, Person in Charge, Food Employees, and Conditional Employees.)

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Cooking:

1. Will food product thermometers (0°- 212°F) be used to measure final cooking/reheating temperatures of Potentially Hazardous Foods (Time/Temperature Control for Food Safety) (PHF/TCSs)?

Yes No

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

Beef, roasts	130°F	121 minutes
Seafood	145°F	15 seconds
Eggs	145°F	15 seconds
Pork	155°F	15 seconds
Comminuted meats	155°F	15 seconds
Poultry	165°F	15 seconds
Other PHF/TCSs	165°F	15 seconds
*Reheating PHF/TCSs	165°F	15 seconds

2. List the types of cooking equipment and please provide a copy of the specifications sheet:

Hot/Cold Holding:

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

2. How will cold PHFs 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:

1. Indicate by checking the appropriate boxes how cooked food will be cooled to 41°F (5°C) within 6 hours. If “other” is checked, indicate the type of food:

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other is checked, please list the food items below: _____

Thawing:

1. Indicate by checking the appropriate boxes how food in each category will be thawed. If “other” is checked, indicate type of food:

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water less than 70°F (21°C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other is checked, please list the food items below: _____

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Food Handling Procedures:

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packages, etc.);
- Where will the food be stored;
- Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, ect.); and
- When (time of day and frequency/day) food will be handled.

Produce:

1. Will produce be washed, rinsed, or otherwise handled prior to service?
2. Is there a location for washing, rinsing, or handling produce?

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 items 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:
Description:		

*Use additional sheets if necessary

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Seafood:

1. List Seafood Distributors to be used (include name, address, and phone number):

2. Will seafood be eviscerated (scaled or dressed) on site? Yes No

If yes, describe the evisceration process:

3. Is there an approved location for eviscerating seafood? Yes No

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

5. 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 to ensure the system is approved for the washing and processing of seafood and record the IP/CA/OP# here:

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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.”

4. 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 in detail the preparation procedure for all sushi and sashimi items. The items need to be listed by the name of the ingredient and the menu items 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:
Description:		

*Use additional sheets if necessary

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Specialized Food Processes:

You will need to submit you HACCP plan and 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.

HACCP information can be found at <https://www.fda.gov/Food/GuidanceRegulation/HACCP/default.htm>

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
If yes, describe the process:

3. Are meats to be injected prior to cooking? Yes No
If yes, describe the process:

4. Is sushi rice to be prepared? Yes No
If yes, describe the process:

5. Are any foods to be vacuum packaged in the kitchen? Yes No
If yes, describe the process:

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Dry Storage:

1. What is the total linear feet of shelf space dedicated to dry storage? _____

NOTE: Approved food storage container must be used to store bulk food products (ie sugar, flour, rice, ect.)

Indicate the type of dry food storage that will be utilized:

Construction:

1. Please indicate the floor, wall and ceiling finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile) in the table below:

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

Dishwashing Facilities:

A. Manual Dishwashing

1. Size of sink compartments (inches): Length _____ x Width _____ x Depth _____

2. Drain board size (inches): Right _____ Left _____ (24" minimum recommended, the largest utensil, pot, or pans must fit into each compartment of the three-compartment sink)

3. Type of sanitizer to be used? _____

4. Type of test kit to be used? _____

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B. Mechanical Dishwashing

1. Will a mechanical dishwashing machine be used? Yes No

2. If yes, please provide the machine manufacturer and model information: _____
Attach the specification sheet to the application if available.

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

Equipment Cleaning:

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

Handwashing/Toilet Facilities:

1. 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. Automatic faucets should provide a flow of uninterrupted water flow for at least 15 seconds without the need to reactivate the faucet.

Employee Area:

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

If yes, please describe the location: _____

If no, please describe the employee personal item storage policy: _____

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Insect and Rodent Harborage Prevention:

1. How is fly protection provided on all outside entrances? (ie fly fans, self-closing doors, door sweeps, and weather stripping, ect.)

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 Areas:

1. Specify area for garbage can cleaning facilities (minimum 3'x3' area): _____

2. Indicate where trash containers will be stored: _____

3. Describe the 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 an approved sanitary sewer system.

4. Indicate type and location of waste cooking grease storage receptacle: _____

5. Is there an area to store recyclable containers? If so, please describe: _____

Laundry Facilities:

1. Are laundry facilities located on premises? Yes No
If yes, what will be laundered? _____

2. Is a laundry dryer available? Yes No

3. Describe the location of clean and soiled linens storage: _____

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Plumbing:

Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Ware-washing Sink				
Prep Sinks				
Handwashing Sinks				
Ware-washing Machine				
Ice Machine				
Garbage Disposal				
Dipper Well				
Refrigeration				
Steam Table				
Other				
Other				

If floor drains are not shown on plans, please indicate their location: _____

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. Hose connections must have either a back flow preventer or a vacuum breaker.

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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.

 Applicant Signature (s): _____ Date: _____

 Applicant Signature (s): _____ Date: _____

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 pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments. Please contact this Health Department to schedule the pre-opening inspection.

Submit this application, permit fee, specification sheets, detailed menu, and site plans to:

**Pender County Health Department – Environmental Health
803 South Walker Street, Burgaw, NC 28425
Phone: (910) 259-1233**

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