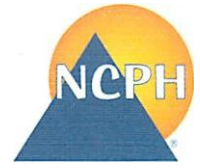




RICHMOND COUNTY HEALTH DEPARTMENT

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 Rockingham, NC 28379
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North Carolina
Public Health

Food Establishment Plan Review Application

The intent of this application is to provide information in addition to the plans regarding the operational procedures of the food establishment.

North Carolina Food Manual and Rules Governing the Food Protection and Sanitation of Food Establishments (15A NCAC 18A .2600) requires that plans be submitted for approval **prior to** construction, renovation, modification, change of ownership of such facilities by the local Health Department. Plans must be submitted with the necessary paperwork (see checklist below) to the Richmond County Health Department.

The items below have been included with the plans being submitted at this time. It is understood that omission of any requested information will result in delay in the plan approval. Once all required items are received the plans will be reviewed.

Yes	No	Submitted Information
		Proposed Menu
		HACCP Plan (if required)
		One set of plans, drawn to scale (recommended 1/4 inch scale)
		Standard Operating Procedures (Cleaning and Sanitizing, Training, Pest Control, Operational Procedures)
		Vicinity map and site plan showing location of any outside equipment or storage areas
		Equipment Plan and schedule showing locations of equipment
		Plumbing Plan showing hot and cold water, waste lines from fixtures, water heater location, floor drain and sink locations
		Electric plan and or lighting plan
		Interior room finish schedule
		Kitchen exhaust ventilation plans
		Hand sink and toilet facilities with soap and towel provisions
		Warewashing facilities and food preparation sinks
		Restroom/toilet facilities
		Storage rooms/areas for food
		Service Sink/cleaning facilities
		Chemical storage area
		Employee storage areas

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: _____



Submitter: _____

Company: _____

Contact Person: _____

Address: _____

City & State _____ Zip Code: _____

Telephone: ____ - ____ - ____ Fax: ____ - ____ - ____

E-mail Address: _____

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

I 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)

TYPE OF FOOD SERVICE:

CHECK ALL THAT APPLY:

- Restaurant

 Sit Down Meals

 Buffet/Self Service

 Sit-down meals
- Food Stand

 Take Out /Delivery

 Outdoor Service
- Drink Stand

 Catering

 Full Service Bar
- Commissary

 Single-service (disposable):
 Plates

 Glassware

 Silverware
- Meat Market

 Multi-use (reusable):
 Plates

 Glassware

 Silverware
- Other (explain): _____

Indicate any of the following **highly susceptible populations** that will be catered to or served:

- Nursing Home

 Child Care Center

 Health Care Facility
- Assisted Living Center

 School with pre-school aged children

Hours of Operation:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Projected number of meals to be served:

Breakfast	Lunch	Dinner

Number of indoor seats: _____

 Number of outdoor seats: _____

 Facility total square feet: _____
 Projected start date of construction: _____

 Projected completion date: _____

Provide a copy of each person in charge's **Food Protection Certification** as required by North Carolina Food Code for each shift? Name of person(s) certified: _____

Does your food establishment have an Employee Health Policy? _____ Yes _____ No

Will under cooked or raw beef, eggs, fish, lamb, milk, pork, poultry or shellfish be served?
 _____ Yes _____ No If yes, show the consumer advisory on the menu submitted.

COLD STORAGE

Number of delivery of frozen food per week? ____

Number of delivery of refrigerated food per week? ____

Provide information of the amount of space allocated for cold storage:

Cubic-feet of reach-in cold storage:

Cubic-feet of walk-in cold storage:-

Reach-in refrigerator storage: ____ft³

Walk-in refrigerator storage: ____ft³

Reach-in freezer storage: ____ft³
____ft³

Walk-in freezer storage:

Number of reach-in refrigerators and location: ____

Number of reach-in freezers and location: ____

DRY STORAGE

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

Identify the location that will be used for dry storage of food items: ____

Square feet of dry storage shelf space: ____ft²

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, packaged, etc.)
- Where the food will 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, etc.)
- When (time of day and frequency/day) food will be handled

1. READY-TO-EAT FOOD HANDLING (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

2. PRODUCE HANDLING

3. POULTRY HANDLING

4. MEAT HANDLING

5. SEAFOOD HANDLING

Which menu items will be cooked and serve? _____

Which menu items will be hot held? _____

What type of temperature measuring device will be used? _____

Indicate any **specialized processes** that will take place: (HACCP Plan Required)

- Curing Acidification (sushi, etc.) Reduced Oxygen Packaging (eg: Vacuum)
 Smoking Sprouting Beans Other

Explain checked processes: _____

COOLING

List all foods that will be cooked and cooled prior to service:

List all foods that will be cooled after hot holding:

Indicate by checking the appropriate boxes how cooked food will be cooled to 41°F (7°C) within 6 hours. If “Other” is checked indicate 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"/>

REHEATING:

How will reheated food to 165F for hot holding be done rapidly and within 2 hours? _____

List all foods that will be cooked, cooled, and reheated prior to service.

THAWING

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"/>

FINISH SCHEDULE

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

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Service Sink				
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:
 - Tank type:
 - a. Manufacturer and model: _____
 - b. Storage capacity: _____gallons
 - Electric water heater: _____ kilowatts (kW)
 - Gas water heater: _____ BTU's
 - c. Water heater recovery rate (gallons per hour at 80°F temperature rise): _____ GPH
 - Tankless:
 - a. Manufacturer and model: _____
 - b. Quantity of tankless water heaters: _____

(See Water Heater Calculator on the Plan Review Unit website to calculate number of tankless water heaters needed)

4. Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Warewashing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WAREWASHING EQUIPMENT

Select which type of warewashing will be used: Manual Mechanical (Dish Machine)

a. Manual Warewashing

- Number of compartments in sink _____
- Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
- What type of sanitizer will be used?

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

b. Mechanical Warewashing

1. Will a warewashing machine be used? Yes No
Warewashing machine manufacturer and model: _____
2. Type of sanitization: Hot water (180°F) Chemical

c. General

1. Describe how cooking equipment, cutting boards, slicers, 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: _____

Square feet of air drying space: _____ ft²
 3. How will equipment large equipment (deep fryers, prep tables, refrigeration units, grills) be cleaned? _____
-

HANDWASHING

Indicate number and location of handwashing sinks in the kitchen/prep and dish area: _____

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items: _____

Indicate location for employee food and drinks: _____

REFUSE AND RECYCLABLES

1. Will refuse be stored inside? Yes No
If yes, where _____
2. Provision for refuse 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.): _____

5. _____
Type of pad under dumpster: _____

Cleaning Facilities

1. Location and size of service (mop) sink/can wash: _____
 2. Is a separate mop storage area provided? Yes No If yes, describe type and location:
 3. Location for mops to be hung to dry: _____
 4. Where will sanitizer spray bottles and/or buckets be located? _____
 5. Location of sanitizer test kit: _____
 6. Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage:

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INSECT AND RODENT CONTROL

1. How is protection provided on all outside doors?
Self-closing door Fly Fan Screen Door
 2. How is protection provided on windows?
Self-closing Fly Fan Screening
 3. Name of pest control company _____
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LINEN

1. Indicate location of clean and dirty linen storage: _____
2. How will linens be cleaned? _____