



RUTHERFORD POLK MCDOWELL HEALTH DISTRICT

FOOD SERVICE ESTABLISHMENT PLAN REVIEW CHECKLIST AND APPLICATION

Please complete the information detailed in the following application.

This plan review application will not be accepted without the following items:

Plan Review Application Checklist:

- Complete set of plans drawn to scale showing the placement of all food service equipment, mechanical ventilation, all sinks, storage areas, wait stations, bathrooms, mop sink / can washing facilities, etc. Plans must also include a finish schedule for all required areas.
- Manufacturer's specification sheets for each piece of equipment. All food equipment, with the exception of toasters, mixers, and microwave ovens, must be NSF listed or classified for sanitation by an ANSI (American National Standards Institute)- accredited certification program.
- **Completed** Food Service Plan Review Application
- Proposed food and beverage menu
- Must contact the local building / fire inspector before beginning any construction or renovation
- Plan Review Fee may apply

***Franchised or chain food establishments are required to be submitted to the N.C. Department of Health and Human Services, Div. of Environmental Health, Plan Review Unit**

Phone: 919-707-5864 Address for Plan Review Submittals: Environmental Health Section, Plan Review Unit, 5605 Six Forks Rd., Raleigh, N.C. 27609

Website: <http://ehs.ncpublichealth.com/faf/food/planreview/index.htm> for approval.

The NC Food Code Manual can be accessed and downloaded at the following website:

<http://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf>

The Rutherford-Polk-McDowell District Health Department applications and information may be accessed at rpmhd.org



RUTHERFORD POLK MCDOWELL HEALTH DISTRICT

Food Establishment Plan Review Application

Type of Construction: NEW _____ REMODEL _____

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____ County: _____

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

Owner or Permittee: _____

Address: _____

City & State: _____ Zip Code: _____

Phone: ____ - ____ - ____ Fax: ____ - ____ - ____

Email Address: _____

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

Address: _____

City & State: _____ Zip Code: _____

Phone: ____ - ____ - ____ Fax: ____ - ____ - ____

Email Address: _____

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

Name (please print): _____

Signature: _____ Date: _____

Desired number of seats (indoor & outdoor): _____ Kitchen ft² _____ Dining ft² _____

Projected start date of construction: _____ Projected opening date: _____

Hours of Operation: _____

Sun _____ Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____

Projected total number of meals served per day: _____

Projected frequencies of deliveries (ex: twice a week, once a week): _____

Type of Food Service (check all that apply):

Restaurant: _____ Sit Down Meals: _____

Food Stand: _____ (no seats provided) Take Out Meals: _____

Drink Stand: _____ (beverages only) Catering: _____

Meat Market: _____ Commissary: _____

Other (explain): _____

Single Service (disposable): _____ Plates _____ Glassware _____ Silverware

Multi-use (reusable): _____ Plates _____ Glassware _____ Silverware

Indicate any specialized processes that will take place:

_____ Curing _____ Acidification (sushi rice, etc.) _____ Smoking

_____ Reduced Oxygen Packaging (vacuum packaging, sous vide, cook chill, etc.)

_____ Sprouting Beans _____ Other

Explain checked process: _____

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

FINISH SCHEDULE

Indicate floor, wall, and ceiling finishes (ex: fiberglass paneling, stainless steel, quarry tile, vinyl composition tile, vinyl coated acoustic tile, etc.)

Area	Floor	Walls	Base	Ceiling
Kitchen				
Dry Storage				
Food Storage				
Bar				
Restrooms				
Dish Room				
Wait Station				
Mop and Can Wash				
Garbage / Refuse Storage				
Other:				

Garbage and Refuse

- Will refuse be stored inside? Yes _____ No _____
If so, where _____

- Outside garbage storage: Dumpster _____ Trash cans _____ Compactor _____
Provisions for cleaning Dumpster / compactor: On-site _____ off-site _____
If off-site cleaning, provide name of cleaning contractor: _____
- Describe location for storage of recyclables (cooking grease, cardboard, glass, etc.):

WATER SUPPLY: SEWAGE AND PLUMBING

Water Supply (check one): Municipal _____ Well _____

Sewer (check one): Municipal _____ On-site / septic _____
(Municipal sewer and water connection must be verified with written documentation)

DISHWASHING FACILITIES

• **Manual / Hand Dishwashing**

Number of compartments: _____

Size of sink compartments (inches): L _____ x W _____ x D _____

Length of drainboards (inches): Left _____ Right _____

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

• **Mechanical Dishwashing:** If a dish machine will be used please indicate:

Manufacturer & Model Number _____

(Note: A legible data plate must be present on the dishwashing machine)

Type of sanitization: Hot Water _____ Chemical _____

- Describe how cooking equipment, food storage containers, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in sinks or put through the dishwasher will be cleaned and sanitized: _____

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

HANDWASHING

Indicate number and location of kitchen hand sinks (Recommend having one in each food prep area and warewashing area and at least every 25 ft): _____

CLEANING FACILITIES

- Location and size of can wash / mop storage area: _____
- Is a separate mop basin provided? Yes _____ No _____
If yes, describe type and location: _____

- Location of chemical storage: _____

WATER HEATER

- Tank Type:
Manufacture and Model: _____
Storage capacity: _____ gallons
Electric water heater: _____ kilowatts (kW)
Gas water heater: _____ BTU's
Water heater recovery rate (gallons per hour at 80°F temperature rise): _____ GPH
- Tankless:
Manufacture and model: _____
Rating: _____ GPM at _____ ° F rise
Number of units to be used: _____

FOOD SERVICE FACILITIES AND PROCESSES

Cold Storage

Provide Square-feet of walk-in cold storage

- walk-in refrigerator storage: _____ ft²
- walk-in freezer storage: _____ ft²

Number of reach-in refrigerators: _____

Number of reach-in and chest freezers: _____

Hot Storage

How will potentially hazardous foods (PHF) be maintained at 135°F or above during hot holding for service? Indicate the type and number of hot holding units. _____

Thawing

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

Thawing Process	Meats	Poultry	Seafood	Vegetables	Other
In refrigerator					
Under cold running water					
Thawed during cooking					

Cooling

Indicate by checking the appropriate boxes to indicate how food will be rapidly cooled from above 135°F to 41°F after being cooked. If *other* is checked, indicate the food type and if a different cooling method is used please describe: _____

Cooling Method	Meats	Poultry	Seafood	Vegetables	Soups	Other
In refrigerator in shallow pans						
In an ice bath or with an ice wand						
Using a blast chiller						

FOOD HANDLING AND PREPARATION PROCEDURES

Explain the handling procedures for the following categories of food. Describe the process from receiving to ready to eat form, including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, prep sink, counter, etc.) the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency per day) the food will be handled

Produce Handling:

Will produce be washed, rinsed, or other wise handled prior to use? Yes _____ No _____

Is a separate prep sink provided for washing or rinsing produce? Yes _____ No _____

Poultry:

Will poultry be washed, rinsed, or otherwise handled prior to use? Yes _____ No _____
 Will a separate prep sink be provided for washing or rinsing poultry? Yes _____ No _____

Seafood:

Will seafood be washed, rinsed, or otherwise handled prior to use? Yes _____ No _____
 Will a separate Seafood prep sink be provided? Yes _____ No _____

Ready to Eat Handling: (such as deli meats, cold sandwiches, salads, etc.)

***Note: certain specialized food processes such as sushi rice acidification, reduced oxygen packaging, curing, etc., will require an approved HACCP (Hazard Analysis Critical Control Point) Plan before being allowed. Submit applicable documentation along with this application is proposed.**

DRY STORAGE

Provide information on the frequency of deliveries and where the dry goods will be stored: _____

Provide the total square feet of shelf space dedicated to dry storage (use table to determine ft²): _____

Shelving unit location	Number of shelves	Width of shelf	Depth of shelf

INSECT AND RODENT CONTROL

- Are all outside doors self-closing with rodent proof flashing? Yes _____ No _____
- How is fly protection provided on all outside doors
 - Self-closing door _____ Fly fan _____ Screen door _____
- How is fly protection provided on windows?
 - Self-closing _____ Fly fan _____ Screening _____

CONSUMER ADVISORY

Do you plan to offer any raw or undercooked animal foods (eggs undercooked, burgers / steaks undercooked, etc.) or will any of the food products that you serve have any raw or undercooked animal foods? Yes _____ No _____

If so how are you going to advise the consumer of the hazard of consuming such foods? (menu advisory, table top tents, placard on wall) _____

DATE MARKING

If ready-to-eat potentially hazardous foods are going to be held more than 24 hours, please describe the method that will be used to date mark these foods. _____

EMPLOYEE HEALTH POLICY

An Employee Health Policy or method or requiring employees to report symptoms and certain illness as described in 2-201.11 – 13 of the food code will be required. Please refer to Annex 2.2 in the following link <http://ehs.ncpublichealth.com/faf/food/foodcodeannex.htm>. Employee Health Policy templates are also available through the Health Department.