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Department of Health
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FOOD SERVICE ESTABLISHMENT PLAN REVIEW CHECKLIST

ALONG WITH THE **COMPLETED PLAN REVIEW APPLICATION**, YOU WILL NEED TO INCLUDE THE FOLLOWING:

- VERIFICATION OF WATER SOURCE
- VERIFICATION OF SEWER SOURCE
- DETAILED, SCALED DRAWING OF FOOD SERVICE ESTABLISHMENT
- SPECIFICATIONS OF EQUIPMENT
- $200 FEE
- PROPOSED MENU

DO NOT HESITATE TO CALL THE FOOD AND LODGING STAFF IF YOU HAVE QUESTIONS:

(910) 947-6283.

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 between product deliveries:

Breakfast: ____ Lunch: ____ Dinner: ____

Number of seats: ____ Facility total square feet: _____

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

TYPE OF FOOD SERVICE: **CHECK ALL THAT APPLY**

- ☐ Restaurant
- ☐ Food Stand
- ☐ Drink Stand
- ☐ Commissary
- ☐ Meat Market
- ☐ Other (explain): _____

- ☐ 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 cubic-feet of space dedicated to walk-in cold storage:

a) Walk-in Refrigeration storage _____
b) Walk-in freezer storage _____

Provide total cubic-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 box 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 70^0 F (21^0 C)	☐	☐	☐	☐
Cooked Frozen	☐	☐	☐	☐
Microwave	☐	☐	☐	☐

HOLDING

How will hot potentially hazardous food (PHF) be maintained at 140^0 F (60^0 C) 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 (7^0 C) 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 box how potentially hazardous food (PHF) will be cooled to 45^0 F (7^0 C) 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, rinsing or handling 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, rinsing or handling 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, rinsing or handling 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, rinsing or handling 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 100°F 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