

FOOD SERVICE ESTABLISHMENT PLAN REVIEW CHECKLIST

Plans must be a minimum of 11 x 14 inches with the layout of the floor plan accurately drawn to a minimum scale of ¼ inches = 1 foot.

Plans and specifications should include:

1. Location of all food service equipment with each piece of equipment clearly identified.
2. Refrigeration and hot holding equipment for potentially hazardous food.
3. Location of dishwashing facilities.
4. Separate food preparation sinks (when menu dictates) labeled and located to prevent cross-contamination of raw and ready to eat foods.
5. Hand washing facilities designated for food preparation areas, dishwashing area, bars, and toilet facilities.
6. Location of all ice machines.
7. Location of wait stations and customer self-service areas or buffets.
8. Location of storage rooms, basements, cellars, attics used for storage of any dry goods, paper goods, and toxic chemicals.
Please note – All items shall be stored at least 6” off floor if on stationary units.
9. Toilet facilities.
10. Employee dressing room or locker area.
11. Finish schedule for each room including floors, walls, ceilings, and coved juncture bases.
12. Plumbing schedule to include:
 - a. Floor drains / floor sinks
 - b. Mop sink/can wash location
Suggested Set-Up: combination faucet, hot and cold water, threaded nozzle or other approved backflow prevention, and a curbed impervious pad sloped to drain into sewer. Minimum recommended size is 36 x 36 inches with walls that are easily cleanable and non-absorbent.
 - c. Waste supply lines
 - d. Waste water lines
 - e. Hot water generating equipment
 - f. Water heater manufacturer, model number, and recovery rate
 - g. Grease trap and/or grease interceptor location
13. Electrical layout and location of electrical panels.
14. Site plan to include:
 - a. Dumpster pad location – must be placed on a pad sloped to drain
 - b. Grease storage container location
 - c. Entrances and exits
 - d. Loading and unloading areas

Plans must be submitted along with the following items:

1. Proposed menu
2. Manufacturer specifications sheets for each piece of equipment
**All equipment with exception of microwaves, mixers, and toasters must be NSF listed, UL classified for sanitation (EPH), or must be constructed to meet NSF standards.*
3. A \$250.00 Plan Review Fee

REQUIREMENTS CAN BE FOUND AT:

NC Food Code Manual <http://www.deh.enr.state.nc.us/food/docs/NC-FoodCodeManual-2009-FINAL.pdf>
.2600 Rules for Food Establishments <http://www.deh.enr.state.nc.us/food/docs/15A-NCAC-18A-2600-FINAL.pdf>

Detach this page for your reference

IT IS HIGHLY RECOMMENDED THAT YOU SPEAK WITH AN INSPECTOR BEFORE SUBMITTING THIS APPLICATION. PLEASE CALL BETWEEN 8-9 AM IN THE APPROPRIATE COUNTY.

APPALACHIAN DISTRICT HEALTH DEPARTMENT

Alleghany County

157 Health Services Rd
P.O. Box 309 (mailing)
Sparta, NC 28675
336-372-8813 (phone)
336-372-7793 (fax)

Ashe County

316 Cherry Dr
P.O. Box 208 (mailing)
Jefferson, NC 28640
336-246-3356 (phone)
336-846-1039 (fax)

Watauga County

126 Poplar Grove Connector
Boone, NC 28607
828-264-4995 (phone)
828-264-4997 (fax)

www.apphealth.com

Food Service Establishment Plan Review Application

Type of Plan Review: NEW CONSTRUCTION REMODEL CHANGE OF OPERATOR

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 (if different than owner): _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

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

If food service facility is on a septic system or a well, approval must be granted from the Health Department *prior* to submission of this application. Please contact the Onsite Water Protection Environmental Health Specialist in the appropriate county.

Facility Information

Seating: Total Number (includes outdoor seating) _____ **Facility:** Total square feet _____

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

Hours of Operation:

Sun	Mon	Tue	Wed	Thur	Fri	Sat

Projected number of meals served between product deliveries:

Breakfast: _____ Lunch: _____ Dinner: _____

TYPE OF FOOD SERVICE: CHECK ALL THAT APPLY

- Restaurant Sit-down meals Take-out meals Catering
 Food Stand Buffets or Customer Self-Service Areas
 Drink Stand Customer Utensils:
 Commissary Single-service (disposable): Plates Glassware Silverware
 Meat Market Multi-use (reusable): Plates Glassware Silverware
 Other (explain): _____

Indicate any specialized processes that will take place:

- Curing Acidification (sushi rice, chow chow, etc.)
 Reduced Oxygen Packaging (i.e. vacuum packaging, sous vide, cook-chill)
 Smoking Sprouting Seeds or Beans Other

Explain checked processes: -

Will any meats be parcooked? Yes * No

*If yes, please explain: _____

Will any meats, seafood, shellfish, or eggs be served or sold raw or undercooked? Yes * No

*If yes, please indicate which items: _____

Will any foods be packaged for retail sale (i.e. grab-n-go sandwiches, soups, salads, etc)? Yes * No

*If yes, please indicate which items: _____

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

COLD STORAGE

Method used to determine cold storage requirements:

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

Walk-in freezer storage: _____ ft³

Number of reach-in refrigerators: _____

Number of reach-in freezers: _____

HOT HOLDING: Indicate foods that will be hot held

COLD HOLDING: Indicate foods that will be cold held

COOLING

Indicate by placing a **X** in the appropriate boxes how cooked food will be cooled to 45°F (7°C) within 6 hours. If “Other” is checked indicate type of food.

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

THAWING

Indicate by placing a **X** in 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 - _____	Other - _____	Other - _____
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 (prep table, sink, counter, etc.) 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

DISHWASHING FACILITIES

a. Hand Dishwashing: Sink bays must be large enough to accommodate largest utensil.

- 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 dish machine be used? Yes No
 Dish 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:

- 3. Square feet of air drying space: _____ ft²
- 4. Will any dispensing utensils (i.e. scoops) for moist foods be stored in water? Yes * No
 *If yes, which method: Running water dipper well Container of water above 135F

HANDWASHING FACILITIES

Indicate number of **all** handwash sinks (including restrooms): _____

Indicate location(s) of handwash sinks:

BARS

Will a bar be located in facility? Yes No

Will utensils be washed at bar? Yes * No

*If yes, what is dishwashing method? Hand dishwashing Mechanical

Dish machine manufacturer and model number (if applicable): _____

WATER SUPPLY - SEWAGE

1. Is water supply: Municipal Well * If well, number of connections: _____
 If well, year drilled: _____

Is sewer: Municipal Septic *

**Have applications been submitted to Health Dept for well and septic approval? Yes No*

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 100°F temperature rise): _____ GPH
(Please use Water Heater Calculation Chart on the next page or you may contact Health Dept for assistance in calculating water heater requirements.)

Tankless:

- a. Manufacturer and model: _____
- b. Quantity of tankless water heaters: _____

4. Place a X in the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Utensil Washing 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"/>
Hand Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dish 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"/>

WATER HEATER SIZING

Equipment	Quantity	Times	Size				=	GPH
One Comp Sink <i>See Note at Bottom</i>		X		x		x	=	
Two Comp Sink <i>See Note at Bottom</i>		X		x		x	=	
Three Comp Sink <i>See Note at Bottom</i>		X		x		x	=	
Four Comp Sink <i>See Note at Bottom</i>		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 <i>See Note at Bottom</i>		X		x		x	=	
Four Comp Bar Sink <i>See Note at Bottom</i>		X		x		x	=	
Pre-Rinse Sink		X	45 GPH				=	
Dishmachine 1		X	GPH = 70% of Final Rinse Usage				=	
Dishmachine 2		X	GPH = 70% of Final Rinse Usage				=	
Handsink		X	5 GPH				=	
Can Wash		X	10 GPH				=	
Mop Sink		X	5 GPH				=	
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 100F temperature rise							Total	

NOTE: Calculation for Sinks

GPH =
$$\frac{(\text{Sink size in cubic inches}) \times (7.5 \text{ gal/cubic feet}) \times (\# \text{ compartments} \times .75 \text{ capacity})}{1,728 \text{ cubic inches/cubic feet}}$$

Or

GPH = (Sink size in cubic inches) x (# of compartments) x (0.003255/cubic inches)
Example: (24" x 24" x 14") x (3 compartments) x (0.003255) = 79 GPH

FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (e.g., 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 Sink/Can Wash				
Other – _____				
Other – _____				

DRY STORAGE

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

Square feet of dry storage shelf space: _____ft²

Where will dry goods be stored?

What type of shelving is provided in storage areas: _____

EMPLOYEE AREA

Indicate location for storing employees' personal items:

GARBAGE AND REFUSE

- 1. Will refuse be stored inside? Yes No
If yes, where _____
- 2. Provision for garbage disposal: Dumpster Compactor Cans
- 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 any recyclables (cooking grease, cardboard, glass, plastic etc.): _____
- 5. Will a pad sloped to drain be placed under dumpsters, trash cans, recyclables, oil/grease containers?
Yes No

CLEANING FACILITIES

- 1. Location and size of can wash/mop storage area _____
- 2. Is a separate mop basin provided? Yes No
If yes, describe type and location: _____
- 3. Location of chemical storage: _____
- 4. Location of clean linen storage: _____
- 5. Location of dirty linen storage: _____

INSECT AND RODENT PREVENTION AND CONTROL

- 1. How is fly protection provided on all outside doors?
Self-closing door Fly Fan Screen Door
- 2. How is fly protection provided on windows that open?
Self-closing Fly Fan Screens
- 3. Will any insect control devices (i.e. zapper) be installed? Yes * No
*If yes, please indicate location: _____
- 4. Location of insecticide/rodenticide storage: _____

THE FOLLOWING ITEMS MUST BE SUBMITTED TO THE HEALTH DEPT ALONG WITH COMPLETED APPLICATION:

- 1. A SCALE DRAWING OF THE PROPOSED FACILITY (1/4 IN. = 1FT IS PREFERRED). THE LOCATION OF EQUIPMENT MUST BE SHOWN ON THE PLANS
- 2. AN EQUIPMENT LIST WITH THE MAKE AND MODEL NUMBERS OF EQUIPMENT
- 3. A PROPOSED MENU
- 4. A PLAN REVIEW FEE OF \$250.00

CONSTRUCTION OR RENOVATION MAY NOT BEGIN UNTIL PLANS HAVE BEEN APPROVED. I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS CORRECT, AND I UNDERSTAND THAT ANY DEVIATION WITHOUT PRIOR APPROVAL FROM THE APPALACHIAN DISTRICT HEALTH DEPT MAY NULLIFY PLAN APPROVAL.

Signature: _____
(Owner or Responsible Representative)

Date: _____

Revised 12-2013