

**N.C. Department of Health & Human Services  
Division of Public Health  
Environmental Health Section  
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: \_\_\_\_\_

.....

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)

**Hours of Operation:**

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Projected number of meals 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:**

- Restaurant
- Food Stand
- Drink Stand
- Commissary
- Meat Market
- Other (explain): \_\_\_\_\_

**CHECK ALL THAT APPLY**

- Sit-down meals
- Take-out meals
- Catering
- Single-service (disposable):
  - Plates     Glassware     Silverware
- Multi-use (reusable):
  - Plates     Glassware     Silverware

Indicate any **specialized processes** that will take place:

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

Explain checked processes: \_\_\_\_\_

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:

Reach-in refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>

Reach-in freezer storage: \_\_\_\_\_ ft<sup>3</sup>

Cubic-feet of walk-in cold storage:

Walk-in refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>

Walk-in freezer storage: \_\_\_\_\_ ft<sup>3</sup>

Number of reach-in refrigerators: \_\_\_\_\_

Number of reach-in freezers: \_\_\_\_\_

**HOT HOLDING**

Food that will be held **hot**: \_\_\_\_\_

**COLD HOLDING**

Food that will be held **cold**: \_\_\_\_\_

**COOLING**

Indicate by checking the appropriate boxes how cooked food will be cooled to 45<sup>0</sup>F (7<sup>0</sup>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"/>

**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 <sup>0</sup> F (21 <sup>0</sup> 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"/>

## 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)

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**2. PRODUCE HANDLING**

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**3. POULTRY HANDLING**

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**4. MEAT HANDLING**

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**5. SEAFOOD HANDLING**

\_\_\_\_\_

**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: \_\_\_\_\_ft<sup>2</sup>

Where will dry goods be stored? \_\_\_\_\_

**FINISH SCHEDULE**

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

<b>Area</b>	<b>Floor</b>	<b>Base</b>	<b>Walls</b>	<b>Ceiling</b>
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  
**(See Water Heater Calculator on the Plan Review Unit website to calculate recovery rate needed)**
  - 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

### a. Manual Warewashing

1. Size of sink compartments (inches): Length: \_\_\_\_ Width: \_\_\_\_ Depth: \_\_\_\_

2. 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: \_\_\_\_ ft<sup>2</sup>

## HANDWASHING

Indicate number and location of handwashing sinks:

\_\_\_\_\_

## EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items:

\_\_\_\_\_

**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.):  
\_\_\_\_\_

**SERVICE SINK**

- 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: \_\_\_\_\_

**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

**LINEN**

- 1. Indicate location of clean and dirty linen storage:  
\_\_\_\_\_

**POISONOUS OR TOXIC MATERIALS**

- 1. Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage:  
\_\_\_\_\_

**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>