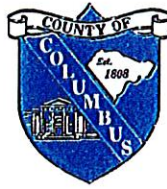


Columbus County

HEALTH DEPARTMENT

Telephone
(910) 499-9989



Fax
(910) 641-0766

PROCEDURE FOR THE SUBMISSION OF A PLAN REVIEW

1. Fully complete the plan review application package-be sure to include a phone number for a contact person who can answer questions.
2. Provide a drawing showing the location and description of the equipment. This must be drawn to scale such as 1/4" =1'.
3. Provide a menu. Please include an explanation of unique dishes.
4. Provide all equipment specification sheets for the facility.
5. Plan review fee of **\$200.00** must be paid at the time of submission of the entire application package.

KIMBERLY L SMITH, RN, BC, BSN, MSHCA
MILLER BUILDING, POST OFFICE 810
306 JEFFERSON STREET, WHITEVILLE, NC 28472

Columbus County Health Department-Environmental Health Section
127 W. Webster St.
Whiteville NC 28472

Food Establishment Plan Review Application:

Type of Construction: NEW ☐ REMODEL ☐ CHANGE OF OWNERSHIP/TRANSITIONAL ☐

General Information

Name of Establishment: _____

Establishment's Address: _____

Establishment's Phone Number: ____ - ____ - ____

Circle One: Leasing or Owner of Building

Permittee: _____

Permittee Address: _____

City & State: _____ Zip Code: _____

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

Email Address: _____

Name of Applicant: _____

Title: _____

Mailing Address: _____

Telephone Number: ____ - ____ - ____

Contact Person: _____ Contact Telephone Number ____ - ____ - ____

FACILITY DETAILS – Provide details pertaining to the facility below:

WATER SUPPLY

- What type of water supply is provided? () Municipal/Public () Well*
- Ice used by the facility will be: () Made on the Premises () Purchased

WASTEWATER SYSTEM

- What type of wastewater system is provided? () Municipal/Public () Septic System*

If the facility is served by a well or an on-site wastewater system, a separate application must be submitted to the On-site Wastewater Section to determine if the well and/or septic system meets requirements.

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Is there an established policy to exclude or restrict food workers who are sick or have infected cuts or lesions? () YES () NO

If yes, please describe briefly.

Policy on file? () YES () NO

Procedure for the clean-up of vomiting/ diarrheal events?

Are you using time as a public health control? () YES () NO If so, what are your procedures?

Written procedure on file? () YES () NO

Will a food thermometer be provided? () YES () NO

If yes, what kind? _____

Will disposable gloves be used to handle RTE food? () YES () NO

OPERATIONAL INFORMATION: NOTE: If catering, send monthly schedules to CCHD. Mobile food units send weekly schedules to CCHD.

Hours of Operation:

Sun: _____ Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____

TYPE OF FOOD SERVICE:

- ☐ Restaurant
- ☐ Food Stand
- ☐ Commissary
- ☐ Catering
- ☐ 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

NOTE: If changed or expanded,
new plan review required.

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RAW/UNDERCOOKED FOODS – Will any menu items be served raw or undercooked? () YES () NO

If yes, where is the consumer advisory located? : _____

COLD STORAGE FACILITIES – Provide the total number of refrigerators and freezers and total cubic feet:

Type of Cold Storage Unit	Number of Units	Cubic Feet (listed on spec sheet)
Reach-in Refrigerators		
Reach-in Freezers		
Sandwich/Prep Refrigerators		
Walk-in Cooler		
Walk-in Freezer		
Other Units		

-List items that will be held cold:

HOT STORAGE FACILITIES – Provide the type and total number of hot storage units:

Type of Hot Storage Unit	Number of Units	Manufacturer/Model
Tabletop Steamer/Warmer		
Steam Table		
Hot-holding cabinet		
Other Units		

-List items that will be held hot:

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Indicate any specialized processes that will take place: Explain Process

- ☐ Curing
- ☐ Acidification (sushi, etc.)
- ☐ Reduced Oxygen Packaging (vacuum-sealing)
- ☐ Smoking
- ☐ Sprouting Beans
- ☐ Other

Are you serving a highly susceptible population? (ex: nursing homes, childcare center, or a health care facility) () YES () NO

Food Sources:

FOOD PREPARATION AND STORAGE:

Which of the following will be prepared in your facility?

_____ Chicken-will you be using: (check all that apply)

Cutting raw _____

Whole raw _____

Processed breasts _____

Cooked from frozen state _____

_____ Raw hamburger Will you patty? YES NO

_____ Raw shrimp Will you be cleaning? YES NO

_____ Raw fish Will you be cleaning? YES NO

_____ Raw beef or pork Will you be cutting? YES NO

_____ Raw oysters Will they be served raw? YES NO

_____ Raw vegetables Will you be washing? YES NO

If any of the items are checked above, Will items be purchased pre-processed? () YES () NO

NOTE: Provide detailed procedures on: "Operation Details"

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OPERATION DETAILS – Provide food-handling procedures and locations for the following items:

PRODUCE

- Where will produce be stored once received/purchased? _____

- Will produce require washing prior to preparation? ()Yes () No

- If yes, describe the produce washing procedure and location:

- Where will the produce be stored once it has been washed and prepped?

MEATS

- Where will meat be stored once received/purchased?

- Will meat require washing prior to preparation? () Yes ()No

- If yes, describe the meat washing location:

- Where will the meat be stored once it has been prepped?

SEAFOOD

- Where will seafood be stored once received/purchased?

- Will seafood require washing prior to preparation? ()Yes ()No

- If yes, describe the seafood washing location:

- Where will the seafood be stored once it has been prepped?

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POULTRY

- Where will poultry be stored once received/purchased?

- Will poultry require washing prior to preparation? ()Yes ()No

- If yes, describe the poultry washing location:

- Where will the poultry be stored once it has been prepped?

COOLING

- Will foods be cooled down in the facility? ()Yes ()No

- If yes, list the food item and check the type of cooling procedure used in the chart below:

Food Item	Refrigerator	Ice Bath	Ice Paddle	Add Ice as Ingredient	Other

THAWING

- Will foods be thawed in the facility? () Yes () No

- If yes, list the food item and check the type of thawing procedure used in the chart below:

Food Item	Refrigerator	Running Water (less than 70 F)	Cooked Frozen	Microwave

If other, explain _____

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DRY STORAGE – Describe the storage location of the items listed below:

- Single-service items (paper plates, utensils, cups, etc.):

- Food items (condiments, bread, etc):

- Chemicals:

- Employee personal items:

- How many deliveries are expected each week? _____

WATER HEATER

- Type of water heater proposed: () Tankless () Storage Tank
- If storage tank type, what is the capacity? _____ gallons
- Manufacturer & Model Number: _____
- How is the water heater powered? () Electric ____ kilowatts (kW) () Gas ____ BTU
- Water recovery rate* (gallons per hour at 80 F temperature rise: _____ GPH

*(calculator can be found at <https://ehs.ncpublichealth.com/faf/food/planreview/app.htm>)

HAND SINKS

- Number of hand sinks in the facility: _____
- Location of hand sinks:

Handwashing signage provided? () YES () NO

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(Note: testing method required for all methods) UTENSIL WASHING EQUIPMENT

() Manual or () Mechanical Warewashing? Number of sink compartments: _____

- Size of sink basins: Length _____ inches Width _____ inches Depth _____ inches
- Where will dishes and utensils be air-dried? _____
- If manual, what type of sanitizer will be used? () Chlorine () Quat () Hot water () Other: (explain) _____

Describe how large food contact equipment (slicers, cutting boards, cooking equipment, prep tables) will be cleaned and sanitized:

Will a dish-machine be used? () Yes () No

o Manufacturer & Model Number: _____

- If using mechanical ware washing, does your dish machine use hot water or chemicals as a sanitizing method? _____

REFUSE & RECYCLABLES

Where will refuse be stored? () Inside () Outside

If inside, where will refuse be stored? _____

If outside, is the outdoor storage surface () Concrete () Asphalt
() Other (explain) _____

- How will refuse be disposed of? () Dumpster/Compactor () Municipal () Convenience Site
- Where will dumpster or compactor be cleaned? () Off-site () On-site
- If off-site cleaning provided, provide name of contractor: _____
- Describe size and location of the mop sink or can wash area:

PEST CONTROL

How are all outside doors protected? () Self-closing () Fly fan () Screen door

How are outside windows protected? () Screens () Self-closing

Pest Control Contract? If so, provide details:

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FINISHES – Indicate floor, wall, ceiling, and baseboard materials in the chart below:

Area	Floor	Walls	Ceiling	Baseboards
Kitchen				
Cook Area				
Food Storage				
Dry Storage				
Bar				
Restrooms				
Garbage/Mop				
Other Areas				

PLUMBING – Check the appropriate box in the chart below for drain types serving equipment:

Fixture	Floor sink/drain	Indirect Drain	Direct Drain	N/A
Dishwashing Sink				
Food Prep Sinks				
Handwashing Sinks				
Dish machine				
Ice Machine				
Garbage Disposal				
Dipper Well				
Refrigeration Equipment				
Steam Tables/Steamers				
Other				

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Statement: I hereby certify that the information provided herein is accurate to the best of my knowledge.

I understand that:

- Any deviation or variance of this application after it has been approved by this Department may result in the delay or denial of an operational permit.
- Food service facilities which are found to be non-compliant with the design standards listed in 15A NCAC 18A .2600 "Rules Governing Food Protection and Sanitation of Food Establishments" will not receive an operational permit from this Department.
- Approval of this application or issuance of an operational permit by Columbus County Environmental Health does not constitute compliance with other codes, laws, regulations, and ordinances imposed by other regulatory authority having jurisdiction.

Signature of Applicant/Operator: _____ Date: _____

Application Submission Requirements:

- 1) Completed application.
- 2) Proposed menu.
- 3) Scaled drawing or plans for the facility.
- 4) Manufacturer's specification sheets for all proposed food service equipment.
- 5) Non-refundable plan review fee: \$200.

Please contact us at (910) 499-9989 if you have questions about this application.

Submit completed application to:

**Columbus County Health Department-Environmental Health Section
127 W. Webster St.
Whiteville NC 28472**