

HEALTH DEPARTMENT

TELEPHONE
910-640-6615



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 location and description of equipment. This must be drawn to scale such as $1/4" = 1'$.
3. Provide a menu. Please include explanation of unique dishes.
4. Provide all equipment specification sheets for the facility.
5. Plan review fee of \$100.00 must be paid at the time of submission of the entire application package.

KIMBERLY L. SMITH, RN, BC, BSN, MSHCA
MILLER BUILDING ° Post OFFCE Box 810
304 JEFFERSON STREET ° WHITEVILLE, NORTH CAROLINA 28472

Food Establishment Plan Review Application

General Information:

Name of Establishment: _____

Establishment's Address: _____

Phone if Available: _____

Name of Applicant: _____

Mailing Address: _____

Telephone Number: _____

Contact Person: _____

Telephone Number: _____

Operational Information:

Hours of Operation:

Mon ____ Tue __ Wed ____ Thu ____ Fri ____ Sat ____ Sun ____

Number of Seats: _____

Number of Staff: _____

Restaurant _____

Buffet: YES NO

Foodstand (Take Out Only) _____

Meat Market _____

Caterer _____

Mobile Food Unit/Push Cart _____

Total Square Footage of the facility: _____

Note: This calculation must include the square footage of the entire kitchen area, food preparation areas, walk-in unites, storage rooms, bare areas and any other related area(s) to be associated with the facilities operation.

Square Footage does not apply to a Restaurant

Have you included the following documents?

____ Proposed menu

____ Scale drawing of facility lay out

Note: Be sure to include location of panel box, hot water heater, air handling unit, bag-n-box drink unit and any other item occupying space in the kitchen lay-out.

Food Preparation and Storage:

1. 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

2. If any of the above has been checked, please indicate where these items will be washed and prepared or if they will be purchased pre-processed .

Note: If meats or vegetables are washed and prepared, separate prep sinks may be required .

3. Will you be cooling any item(s)? Please describe the item(s) and indicate your procedure for cooling.

4. Will any item(s) be pre-cooked and hot held? Describe the item(s) and indicate how temperature will be maintained.

5. Will any item(s) be thawed? Describe the item(s) and indicate your procedure for thawing.

6. Will food product thermometers be provided? YES NO
7. Is there an appropriate hand washing sink(s) in the facility?
(ie: for food prep, ware washing and toilet facilities?) YES NO
8. Will disposable gloves and/or utensils and/or food grade paper be used to minimize handling of ready-to-eat foods? YES NO
9. Will food contact equipment be indirectly plumbed?
(ie: ice machine, prep sink(s), drink machine, etc?) YES NO
10. Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES NO
- If yes, please describe briefly: _____
-

Dishwashing Facilities:

1. Do you plan to use multi-use dishes or glasses? YES NO
Check all that apply : ___ plates ___ glasses ___ silverware ___ mugs
(Single service **disposables go to questions #4**)
2. How will your dishes and utensils be cleaned and sanitized?
_____ Dishwasher Three-compartment sink
3. If you are using a dishwasher, please answer the following:
Make and Model = _____
How does it sanitize?
Water consumption per hour or per **rack**: _____
Do you have a counter sink? YES NO
If no, how will you pre-cleaning, pre-flush, or pre-soak?: _____
-
4. Do you have a: Two compartment sink _____
Three compartment sink _____
5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be cleaned & sanitized? _____
-
6. Please describe your procedure to ensure all dishes and/or pans will air dry:

7. What is the size of the sink vats?: ___ x ___ x ___ drainboards: _____
8. What type of sanitizer is used for food contact surfaces?
Chlorine _____
Quaternary ammonium _____
Other (please indicate) _____

9. Will test strips for testing sanitizer be provided? YES NO

Hot Water Heater:

1. Water heater storage capacity. _____ Gallons Storage)
2. Water heater recovery rate in gallons per hour at a 100F temperature rise.
_____ (gallons per hour) see **worksheet**
3. Are laundry facilities located on premises? YES NO

Water Supply & Sewage Disposal:

1. Is water supply: () public () well
2. Is building connected to: () municipal sewer () on-site septic system

Storage:

1. How much dry storage do you have? _____ sq. feet
2. Please indicate location of:
Dry food storage : _____
Single service: _____
Paper products _____
Chemicals/cleaning products: _____
Personal & office items: _____
Linen: _____

Garbage and Refuse:

1. Will the facility have:
- | | | |
|---|-----|----|
| Dumpster(s) with lids? | YES | NO |
| Trash can(s) with lids? | YES | NO |
| Grease storage receptacle? | YES | NO |
| Can wash cleaning facility? | YES | NO |
| Off-site contracted cleaning service for dumpsters? | YES | NO |
2. Location where dumpster(s)/compactor/can(s) will be stored. _____

Pest Control:

- 1. Do you have a pest control company? YES NO
- 2. If no, please explain pest management procedures. _____

- 3. Are outside doors self-closing? YES NO
- 4. Do you have a fly fan? YES NO
- 5. If not, please explain procedure for controlling flies in the facility. _____

Finish Schedule:

Applicants must fill in materials (ie: quarry tile, stainless steel, FRP, etc.)

	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Toilet Rooms				
Dressing Rooms				
Refuse Storage				
Mop Area				

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from this Health Regulatory Office may nullify the approval.

Signature(s) _____

Owner(s) or Responsible Representative(s)

Date _____

Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required-federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the state laws governing food service establishments.