

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

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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:**

**CHECK ALL THAT APPLY**

☐ Restaurant

☐ Sit-down meals

☐ Food Stand

☐ Take-out meals

☐ Drink Stand

☐ Catering

☐ Commissary

Single-service (disposable):

☐ Plates ☐ Glassware ☐ Silverware

☐ Meat Market

Multi-use (reusable):

☐ Other (explain): \_\_\_\_\_

☐ 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 41°F (7°C) within 6 hours.

If “Other” is checked indicate type of food: \_\_\_\_\_

| <b>Cooling Process</b> | <b>Meat</b>              | <b>Seafood</b>           | <b>Poultry</b>           | <b>Other</b>             |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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: \_\_\_\_\_

| <b>Thawing Process</b>              | <b>Meat</b>              | <b>Seafood</b>           | <b>Poultry</b>           | <b>Other</b>             |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Refrigeration                       | <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"/> |
| 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)

| Area                     | Floor | Base | Walls | Ceiling |
|--------------------------|-------|------|-------|---------|
| 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:

|                     | Indirect Waste           |                          |                          | Direct Waste             |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Plumbing Fixtures   | 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:  
\_\_\_\_\_

5605 Six Forks Road, Raleigh, NC 27609  
Phone (919) 707-5854 / Fax (919) 845-3973  
<http://ehs.ncpublichealth.com/food/planreview/index.htm>