



**Catawba County Public Health**

[www.catawbacountync.gov/environmentalhealth](http://www.catawbacountync.gov/environmentalhealth)

**Environmental Health**

P.O. Box 389, 100-A South West Blvd., Newton, NC 28658

Phone (828) 465-8270. Fax (828) 465-8276

**Food Establishment Plan Review Application**

Type of Construction:      NEW                       REMODEL                       EXISTING

Name of Establishment: \_\_\_\_\_

If existing, please give name of old establishment if known: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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
- NA

**Please Enclose the Following Documents**

- Proposed menu items (including seasonal variations in the menu).
- Manufacturer specification sheets for each piece of equipment shown on plans.
- Site plan showing location of business in building, location of building on site including alleys, streets and location of any outside facility (dumpster, walk-ins, etc.).
- Plan of facility drawn to scale showing location of equipment, plumbing, electrical service and mechanical ventilation, including location of all electrical panels.

## Contents and Format of Plans and Specifications

1. The plans should be a minimum of 11 X 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of 1/4 inches = 1 foot. This is to allow for ease in reading.
2. Information accompanying the plans should include; the proposed menu, seating capacity, projected daily meal volume for food service operation.
3. The plans should show the location and when requested elevated drawing of all food service equipment. Each piece of equipment shall be clearly labeled on the plan with its common name.
4. Adequate rapid cooling including ice baths and refrigeration, and hot-holding facilities for potentially hazardous food (PHF) should be clearly designated on the plan.
5. When menu dictates, separate food preparation sinks should be labeled and located to preclude contamination and cross-contamination of raw and ready to eat foods.
6. Adequate hand washing facilities used for no other purpose should be designated for each toilet facility and in the immediate area of food preparation and dishwashing area.
7. The plan layout should contain room size, aisle space, space between and behind equipment, and the placement of the equipment on the floor.
8. Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation should be represented on the plan and all features of these rooms shown as required by the standards.
9. **The plans and specifications should also include:**
  - A. Entrances, exits, loading/unloading areas and docks;
  - B. Completed finish schedules for each room to include floors, walls, ceilings and coved juncture bases; approved materials for food preparation, handling and storage areas include quarry tile, ceramic tile, sealed concrete, commercial linoleum, fiberglass reinforced panels, stainless steel, wall board painted with washable, nonabsorbent paint, vinyl coated ceiling tiles, and brick, cinder blocks, slag blocks, or concrete blocks, if glazed, tiled, plastered or filled so as to provide a smooth surface. *If specifying the use of a material not on this list, include a sample of the material for evaluation.*
  - C. Plumbing schedule to include location of the floor drains, floor sinks and water supply lines, overhead waste water lines, hot water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, waste water line connections. Electrical layout, electrical panels and disconnects.
10. **Lighting Requirements;**
  - A. Surfaces where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders or saws where employee safety is a factor at those levels: 50 foot candles (540 lux)
  - B. In walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning at a distance of **30 inches (75 cm)** above the floor: 10 foot candles (108 lux)
  - C. Lighting in utensil washing area and on food contact surfaces shall be measured at **30 inches (75 cm)** above the floor and/or at the work levels and equipment and utensil storage and toilet rooms: 20 foot candles (215 lux)
  - D. At surfaces where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption, inside equipment such as a reach-in and under-counter refrigerators: 20 foot candles (215lux)
  - E. Light bulbs in food preparation, storage, and display areas shall be shatter-proof or shielded so as to preclude the possibility of broken bulbs or lamps falling into food. Shatter-proof or shielded bulbs need not be used in food storage areas where the integrity of the unopened packages will not be affected by broken glass falling onto them and the packages, prior to being opened, are capable of being cleaned. Heat lamps shall be protected against breakage by a shield surrounding and extending beyond the bulb, leaving only the face of the bulb exposed in food preparation area.
11. Insure that all food service/kitchen equipment is NSF International (NSF) listed, Underwriters Laboratories Inc., Classified for Sanitation or if not NSF or UL listed/classified, be constructed to meet NSF standards as specified according to 15A NCAC 18A .2600, Rule .2617 paragraph (d).
12. Source of water supply and method of sewage disposal. The location of these facilities should be shown and evidence submitted that state and local regulations are to be complied with.

13. As specified according to 15A NCAC 18A .2600, Rule .2632 "Storage Spaces". All items stored in rooms where food or single-service items are stored shall be at least 12 in. (30.48 cm.) above the floor when placed on stationary storage units or 6 in. (15.24 cm.) above the floor when placed on portable storage units or otherwise arranged so as to permit thorough cleaning.
14. Ventilation schedule for each room.
15. A mop sink with facilities for hanging wet mops and storage of mop buckets. As specified according to 15A NCAC 18A .2600, Rule .2626, "Disposal Of Waste". Facilities shall be provided for the washing and storage of all garbage cans and mops. These facilities can be incorporated into a janitor closet.
16. Garbage can washing area/facility. As specified according to 15A NCAC 18A .2600, 2009 NC Food Code Manual 5-203.13, "Plumbing Systems". Adequate facilities shall be provided for the washing and storage of all garbage cans. The cleaning facilities shall include a combination faucet, hot and cold water, a threaded nozzle and a curbed impervious pad, a minimum recommended size of 36" x 36" x 4" with walls finished being easily cleanable and nonabsorbent to a height of 48 inches. A shelf may also be provided for the storage of cleaning supplies and/or chemicals. *If the unit is utilized as a combination can wash/mop sink than the minimum recommended size for this unit is 36" by 36"*.
17. Dumpster pad and location as specified according to 15A NCAC 18A .2600, 2009 NC Food Code Manual 5-5 Refuse, Recyclables and Returnables".
18. Grease traps and/or grease interceptor location.
19. Grease storage containers and storage location.
20. Cabinets/shelves for storing toxic chemicals.
21. Dressing rooms, locker area, employee rest area, and/or coat rack as required.
22. Completed checklist.
23. Site plan (plot plan)

## 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: \_\_\_\_\_ ft<sup>3</sup>

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

Reach-in freezer 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**:

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## COLD HOLDING

Food that will be held **cold**:

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**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**

- a. Will produce be washed or rinsed prior to use? Yes\_\_\_\_\_ No\_\_\_\_\_
- b. Is there an approved location used for washing or rinsing produce? Yes\_\_\_\_\_ No\_\_\_\_\_
- c. Will it be used for other operations? Yes\_\_\_\_\_ No\_\_\_\_\_

Please indicate location of produce washing equipment and describe the procedures. Include time of day and frequency for washing or rinsing the produce at this location:

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**3. POULTRY HANDLING**

- a. Will poultry be washed or rinsed prior to use? Yes\_\_\_\_\_ No\_\_\_\_\_
- b. Is there an approved location used for washing or rinsing poultry? Yes\_\_\_\_\_ No\_\_\_\_\_
- c. Will it be used for other operations? Yes\_\_\_\_\_ No\_\_\_\_\_

Please indicate location of poultry washing equipment and describe the procedures. Include time of day and frequency for washing or rinsing the poultry at this location:

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**4. MEAT HANDLING**

- a. Will pork and red meats be washed or rinsed prior to use? Yes\_\_\_\_\_ No\_\_\_\_\_
- b. Is there an approved location used for washing or rinsing pork and red meats? Yes\_\_\_\_\_ No\_\_\_\_\_
- c. Will it be used for other operations? Yes\_\_\_\_\_ No\_\_\_\_\_

Please indicate location of meat washing equipment and describe the procedures. Include time of day and frequency for washing or rinsing the meat at this location:

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**5. SEAFOOD HANDLING**

- a. Will seafood be washed or rinsed prior to use? Yes\_\_\_\_\_ No\_\_\_\_\_
- b. Is there an approved location used for washing or rinsing seafood? Yes\_\_\_\_\_ No\_\_\_\_\_
- c. Will it be used for other operations? Yes\_\_\_\_\_ No\_\_\_\_\_

Please indicate location of seafood washing equipment and describe the procedures. Include time of day and frequency for washing or rinsing the seafood at this location:

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**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 (mop/trash can wash)				
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: \_\_\_\_\_
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:

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2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

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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:

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