

Food Establishment Plan Review Application for Ownership Change

(Note: If the establishment has been closed for more than one year, then applicant must fill out short form instead of this form)

Name of Existing Establishment: _____

Name of New Establishment: _____

Establishment's Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

New Owner's Name: _____

Please Enclose the Following Documents

- Proposed menu items (including seasonal variations in the menu).
- Manufacturer specification sheets for each piece of equipment that may be added or replaced.
- Plan of facility drawn to scale (min ¼" = 1') showing location of equipment, plumbing, electrical service and mechanical ventilation, including location of all electrical panels only if complete remodel and/or replacing, adding/moving equipment. That will be determined by plan reviewer.

Hours of Operation

Sun _____

Mon _____

Tue _____

Wed _____

Thu _____

Fri _____

Sat _____

Number of Seats: _____

Maximum Number of Staff per Shift: _____

Facility Total Square Feet: _____

Projected Start Date: _____

Projected Number of Meals to be Served (Approximate number):

Breakfast _____ Lunch _____ Dinner _____

Type of Service

(Check all that apply)

Sit Down Meals	Push Cart
Take Out	Limited Food Service
Caterer	Single Service Utensil Only
Mobile Food Unit	Multi-Use Utensil Service Only
Other	

Items that Need to be Addressed

1. Information plans should include; the proposed menu, seating capacity, projected daily meal volume for food service operation.
2. Adequate rapid cooling including ice baths and refrigeration, and hot-holding facilities for potentially hazardous food (PHF) should be clearly designated on the plan.
3. 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.
4. Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation should be represented on a plan.
5. Insure that all food service/kitchen equipment is National Sanitation Foundation International (NSF) listed, Underwriters Laboratories Inc., Classified for Sanitation or if not NSF or UL listed/classified, be constructed to meet NSF/ANSI standards as specified according to 15A NCAC 18A .2600, Rule .2654 and 2009 NC Food Code Manual Chapter 4.
6. As specified according to 2009 NC Food Code Manual 4-4 all items stored in rooms where food or single-service items are stored shall be at least 6 in. (15.24 cm.) above the floor when placed on stationary storage units or when placed on portable storage units or otherwise arranged so as to permit thorough cleaning.

Existing Finish Schedule

Floor, wall and ceiling finishes (vinyl tile, acoustic tile, vinyl baseboards, FRP, etc.)

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Restrooms				
Garbage & Can Wash Areas				
Wait Station Areas				
Other				
Other				

Food Preparation Review

Check categories of Potentially Hazardous Food (PHF) to be handled prepared and served.

Category

- | | | |
|--------|----|--|
| Yes | No | Thin meats, poultry, fish, eggs (hamburgers, chicken breast, fish filet, etc.) |
| Yes | No | Thick meats, whole poultry (whole roasts, pork, chicken, meat loaf, etc.) |
| Yes | No | Hot processed foods (soups, stews, chowders, casseroles) |
| Yes | No | Bakery goods (pies, custards, creams) |
| Other: | | |

Supplies & Storage

Food Supplies

Are all food supplies from inspected and approved sources? Yes No

Cold Storage

Are adequate and approved freezer and refrigeration available to store frozen foods at 0⁰ F and below, and refrigerated foods at 45⁰ F (70⁰C) and below? Yes No

Provide the method used to calculate cold storage requirements: _____

Space dedicated to walk-in cold storage: _____ ft² Space dedicated to reach-in cold storage: _____ ft²

Will raw meats, poultry and seafood be stored in the same refrigerators or freezers with cooked/ready-to-eat foods? Yes No

If yes, how will cross-contamination be prevented? _____

Does each refrigerator/freezer have a thermometer? Yes No

Number of refrigeration units: _____ Number of freezer units: _____

Thawing

Please indicate by checking the appropriate box how PHF (potentially hazardous food) in each category will be thawed. More than one method may apply.

Thawing Process	Thick Meats	Thin Meats	Fish Seafood	Poultry Products	Baked Goods
Refrigeration					
Running Water less than 70 ⁰ F (21 ⁰ C)					
Cooked Frozen (indicate wt. lbs.)					
Microwave					

Other (describe): _____

Cooking Process

Will food product thermometers (0°– 212°F) be used to measure final cooking/reheating temperatures of PHF (potentially hazardous food)?

Yes No

Minimum cooking time and temperature of product utilizing convection and conduction heating equipment:

Product	Time & Temperature	Product	Time & Temperature
Beef roast	130 ⁰ F (121 min)	Comminuted meats	155 ⁰ F (15 sec)
Seafood	145 ⁰ F (15 sec)	Poultry	165 ⁰ F (15 sec)
Pork	155 ⁰ F (15 sec)	Other PHF	145 ⁰ F (15 sec)
Eggs	145 ⁰ F (15 sec)	* reheating PHF	165 ⁰ F (15 sec)

Hot Holding

How will hot PHF (potentially hazardous food) be maintained at 135⁰ F (57⁰ C) or above during holding for service? Indicate type and number of hot holding units.

Cold Holding

How will cold PHF (potentially hazardous food) be maintained at 45⁰ F (7⁰ C) or below during holding for service? Indicate type and number of cold holding units.

Cooling

Please indicate by checking the appropriate box how PHF (potentially hazardous food) will be cooled to 45⁰ F (7⁰ C) within 6 hours (135⁰ F to 70⁰ F in 2 hours and 70⁰ F to 45⁰ F in 4 hours).

Cooling Process	Thick Meats	Thin Meats	Fish Seafood	Poultry Products	Baked Goods
Shallow Pans					
Ice Baths					
Rapid Chill					

Other (describe): _____

Food Preparation

Please list categories of food prepared more than 12 hours in advance of service.

Will disposable gloves and/or utensils and/or food grade paper be used to minimize handling of ready-to-eat foods? Yes No

Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes No

Please describe procedure:

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 and sanitized? Please describe procedure:

How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixed and/or assembled?

Indicate any specialized process that will take place:

Curing Acidification (sushi, etc.) Smoking

Reduced Oxygen Packaging (e.g. vacuum packaging, sous vide, cook-chill, etc.)

Explain checked processes:

Food Preparation Procedures for Facilities

Food preparation procedures are needed to obtain information on how the food is prepared and to help determine that adequate facilities are available. The food preparation procedures should include types of food prepared, time of day and equipment used for service in the facility. (Attached is Food Item Preparation Worksheet Supplement for additional food items prepared in the facility.) If your company has food preparation procedures already developed, these can be submitted as part of the plan review approval process.

Produce Preparation Procedures

Will produce be washed or rinsed prior to use?	Yes	No
Is there an approved location used for washing or rinsing produce?	Yes	No
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:

Please describe the produce preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the produce will be used, and should include time of day and frequency of preparation for the produce at this location:

Seafood Preparation Procedures

Will seafood be washed or rinsed prior to use?	Yes	No
Is there an approved location used for washing or rinsing seafood?	Yes	No
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:

Please describe the seafood preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the seafood will be used, and should include time of day and frequency of preparation for the seafood at this location:

Poultry Preparation Procedures

Will poultry be washed or rinsed prior to use?

Yes

No

Is there an approved location used for washing or rinsing poultry?

Yes

No

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 seafood at this location:

Please describe the poultry preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the poultry will be used, and should include time of day and frequency of preparation for the poultry at this location:

Pork and/or Red Meat Preparation Procedures

Will pork and red meats be washed or rinsed prior to use?

Yes

No

Is there an approved location used for washing or rinsing pork and red meats?

Yes

No

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:

Please describe the pork and red meats preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the pork and red meats will be used, and should include time of day and frequency of preparation for the pork and red meats at this location:

Design Information

Dry Goods Storage

Is appropriate dry good storage space provided for based upon menu, meals and frequency of deliveries? Yes No

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time.

Water Supply

Water supply: Well (community) Municipal

If the water supply is other than a Municipal supply, it will be required to be registered with Public Water Supply.

If water supply is from a Community Water Supply system is it registered and approved as public water supply? Yes No

Yes If yes, please attach copy of written approval and/or permit.

Ice: Made on premises Purchased commercially

If made on premises, then specification for the ice machine will need to be provided.

Describe provision for ice scoop storage:

Garbage and Recyclables

Will a dumpster be used? Yes No

Number of Dumpsters: _____ Size: _____ Pickup Frequency: _____

Will the dumpster be cleaned on site? Yes No

If the dumpster is to be cleaned on site, then the waste water from the cleaning operation will be required to be discharged to the sanitary sewer system.

Is the dumpster to be cleaned by an off site contracted cleaning service? Yes No

If yes, please provide name and address of the firm contracted for this service.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Will trash containers be stored outside? Yes No

If yes, please describe location:

Recycling

Type of waste cooking grease storage receptacle: _____

Location of waste cooking grease storage receptacle: _____

Is there an area to store recycled containers? Yes No

Size of grease trap: _____

Location of grease trap: _____

Sewage Disposal

Is building connected to a municipal sewer? Yes No

If no, is private disposal system approved (septic system)? Yes No Pending

If yes, please attach a copy of the written approval and/or permit.

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 this approval.

Signature: _____ **Date:** _____

Owner or Responsible Representative