Food Service Establishment Plan Review Application

The intent of this application is to provide information in addition to the plans regarding the operational procedures of the food establishment.

*North Carolina Food Code Manual* and *Rules Governing the Sanitation of Food Service Establishments* (15A NCAC 18A .2600) require that plans be submitted for approval prior to construction / renovation / modification / change of ownership of such facilities by the local Health Department (Wake County Environmental Services).

Plans and paperwork (see checklist below) must be submitted to the local municipality of Wake County that will issue building permits for the project (Raleigh, Cary, Apex, Holly Springs, Fuquay-Varina, Morrisville, Garner, Wake Forest, Wendell, Knightdale, Rolesville, and Zebulon). Projects located in unincorporated areas of Wake County must be submitted to the Wake County Inspections/Plans/Permits Department.

Plans for franchised or chain food establishments must also be submitted for review and approval to the Environmental Health Services Branch, NC Division of Public Health. State submittal information can be found at [http://ehs.ncpublichealth.com/faf/food/planreview/index.htm](http://ehs.ncpublichealth.com/faf/food/planreview/index.htm).

**Submittal Checklist:**

- Complete set of plans drawn to scale showing the placement of each piece of food service equipment, storage areas, and trash can wash facilities. Plans must include general plumbing, electrical, mechanical and lighting drawings and room finish schedules.
- A site plan locating exterior equipment, such as dumpsters and walk-ins
- Manufacturer specification sheets for each piece of new equipment
- Completed Food Service Plan Review Application
- Proposed menu
- $200 Plan Review Fee

If you have questions, contact one of the Plan Review staff listed below:

- **Terry Chappell, REHS, Section Chief**
  - Plan Review/Recreational Sanitation Section
  - Environmental Health Specialist
  - (919) 856-7437

- **Christina Sancha, REHS**
  - Environmental Health Specialist
  - (919) 868-2559

- **Rob Richardson, REHS, Team Leader**
  - Environmental Health Specialist
  - (919) 857-9356

- **Jessica Sanders, REHS**
  - Environmental Health Specialist
  - (919) 856-7417

- **Laura Lerch, REHS**
  - Environmental Health Specialist
  - (919) 856-6609
Food Service Plan Review Application

Food Service Establishment Plan Review Application

Type of Construction: NEW _______ REMODEL _______

Name of Establishment: ________________________________________________________

Address: _____________________________________________________________________

City: ____________________ Zip Code: ___________ County: ____________________

Phone (if available): _____ - _____ - _______ Fax: _____ - _____ - _______

Owner or Owner’s Representative: ______________________________________________

Address: _____________________________________________________________________

City & State: ___________________________________________ Zip Code: ___________

Telephone _____ - _____ - _______ Fax: _____ - _____ - _______

E-mail Address: _______________________________________________________________

Applicant: ___________________________________________________________________

Address: _____________________________________________________________________

City & State: ___________________________________________ Zip Code: ___________

Telephone: _____ - _____ - _______ Fax: _____ - _____ - _______

E-mail Address: _______________________________________________________________

Title (owner, manager, architect, etc.) ___________________________________________

Projected start date of construction: ________ Projected completion date: ____________

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: ___________________________ Date: _______________________

(Owner or Responsible Representative)
Food Service Plan Review Application

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: _______

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. Specialized process may need a state or local approved variance or HACCAP plan.
_____ Curing  _____ Acidification (sushi, etc)  _____ Smoking
_____ Reduced Oxygen Packaging (eg: vacuum packaging, sous vide, cook-chill, etc.)

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 or an immuno-compromised population

Will managers or supervisors have current Food Protection Certification (such as ServSafe) as required by NC Food Code Manual 2-102.12  _______ Yes _______ No
Food Service Plan Review Application

Does your food establishment have an **Employee Health Policy**?  ______ Yes  ______ No

Example of Employee Health Policy can be found at
http://www.wakegov.com/food/healthinspections/resources/Pages/employee_health.aspx

Will under cooked or raw beef, eggs, fish, lamb, milk, pork, poultry or shellfish be served?
    ______ Yes  ______ No

If yes, where will the Consumer Advisory be posted? ______________________________

**COLD STORAGE**

Cubic-feet of reach-in cold storage:                                              Cubic-feet of walk-in cold storage:
Reach-in refrigerator storage: _________ ft³                                Walk-in refrigerator storage: _________ ft³
Reach-in freezer storage: ______________ ft³                                  Walk-in freezer storage: ___________ ft³

Number of reach-in refrigerators: __________________
Number of reach-in freezers: _________

**HOT HOLDING**    List food that will be held hot:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

**COLD HOLDING**    List 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: ____________________________

<table>
<thead>
<tr>
<th>Cooling Process</th>
<th>Meat</th>
<th>Seafood</th>
<th>Poultry</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow Pans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice Baths</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid Chill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Food Service Plan Review Application

THAWING
Indicate by checking the appropriate boxes how food in each category will be thawed. If “Other” is checked indicate type of food: _____________________________________________

<table>
<thead>
<tr>
<th>Thawing Process</th>
<th>Meat</th>
<th>Seafood</th>
<th>Poultry</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running Water less than 70°F (21°C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooked Frozen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microwave</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Complete descriptions including specific areas of the kitchen and corresponding items on the plan where food is handled will expedite the review process.

Explain the handling procedures for the following categories of food. Describe the process from receiving to ready-to-eat form, including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) 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)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. PRODUCE HANDLING
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
3. POULTRY HANDLING

4. MEAT HANDLING

5. SEAFOOD HANDLING

6. SUSHI PREPARATION

DRY STORAGE
Provide information on the frequency of deliveries.

Square feet of dry storage shelf space: ___________ ft²
Food Service Plan Review Application

Where will dry goods be stored? ____________________________________________________
______________________________________________________________________________

**FINISH SCHEDULE**

Indicate floor, wall and ceiling finishes (i.e., quarry tile, stainless steel, vinyl coated acoustic tile)

<table>
<thead>
<tr>
<th>Area</th>
<th>Floor</th>
<th>Base</th>
<th>Walls</th>
<th>Ceiling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk-in cooler/freezer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garbage &amp; Refuse Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mop Service Basin Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WATER SUPPLY – SEWAGE DISPOSAL**

1. Is water supply: ___Municipal ___Well
   Is sewer: ___Municipal ___On Site

2. Will ice be made on premises or purchased? ______________________________

3. Grease trap/interceptor provided: _____ Yes _____ No
   Location: _____________________________________________________
4. Water heater Information

- 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 100°F temperature rise):
     __________ GPH

(See Water Heater Calculator on page 11 to calculate recovery rate needed)

- Tankless:
  a. Manufacturer and model: ________________________________
  b. Number of tankless water heaters: ________________
     - Electric water heater: __________ kilowatts (kW)
     - Gas water heater: ____________ BTU’s
  d. Water heater recovery rate (gallons per hour at 100°F temperature rise):
     __________ GPM

(See Water Heater Calculator on page 12 to calculate recovery rate needed)

5. Check the appropriate box indicating equipment drains:

<table>
<thead>
<tr>
<th>Plumbing Fixtures</th>
<th>Indirect Waste</th>
<th>Direct Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Floor sink</td>
<td>Hub Drain</td>
</tr>
<tr>
<td>Utensil Washing Sink</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prep Sinks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand Sinks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dish machine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Prep Sinks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice Machine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garbage Disposal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dipper Well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refrigeration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steam Table</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DISHWASHING FACILITIES

a. Hand Dishwashing

1. Number of sink compartments: _______
   Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
   Length of drain boards (inches): Right: _____ Left: _____

2. What type of sanitizer will be used?
   Chlorine: ____ Iodine: ____ Quaternary Ammonium: ____ Hot Water: ____
   Other (specify): ____

b. Mechanical Dishwashing

1. Will a Dishmachine be used? Yes_____ No_____
   Dishmachine 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: _________ ft²

HANDWASHING

Indicate number and location of kitchen hand sinks:

______________________________
______________________________
______________________________
______________________________

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EMPLOYEE AREA
Indicate location for storing employees’ personal items:
______________________________________________________________________________
______________________________________________________________________________

GARBAGE AND REFUSE
1. Will refuse be stored inside? Yes_____ No_______
   If yes, where____________________________________________________________
   _______________________________________________________________________

2. Provision for garbage 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.)
   _______________________________________________________________________
   _______________________________________________________________________

CLEANING FACILITIES
1. Location and size of can wash/mop storage area: ____________________________
   _______________________________________________________________________

2. Location of chemical storage: ___________________________________________
   _______________________________________________________________________

INSECT AND RODENT
1. How is fly protection provided on all outside doors?
   Self-closing door _____ Fly Fan _____ Screen Door _____

2. How is fly protection provided on windows?
   Self-closing ______ Fly Fan _____ Screening _____

3. Location of insecticide/rodenticide storage: ________________________________
   _______________________________________________________________________

5. Location of dirty linen storage: __________________________________________
# TANK WATER HEATER SIZING

## TANK Water Heater Calculation Worksheet

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Quantity</th>
<th>Times</th>
<th>Size</th>
<th>GPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-Comp. Sink (See Note)</td>
<td>X</td>
<td>____</td>
<td>____ ____ ____</td>
<td>=</td>
</tr>
<tr>
<td>Two-Comp. Sink (See Note)</td>
<td>X</td>
<td>____</td>
<td>____ ____ ____</td>
<td>=</td>
</tr>
<tr>
<td>Three-Comp. Sink (See Note)</td>
<td>X</td>
<td>____</td>
<td>____ ____ ____</td>
<td>=</td>
</tr>
<tr>
<td>Four-Comp. Sink (See Note)</td>
<td>X</td>
<td>____</td>
<td>____ ____ ____</td>
<td>=</td>
</tr>
<tr>
<td>One-Comp. Prep Sink</td>
<td>X</td>
<td>5 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Two-Comp. Prep Sink</td>
<td>X</td>
<td>10 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Three-Comp. Prep Sink</td>
<td>X</td>
<td>15 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Three Comp. Bar Sink (See Note)</td>
<td>X</td>
<td>____</td>
<td>____ ____ ____</td>
<td>=</td>
</tr>
<tr>
<td>Four Comp. Bar Sink (See Note)</td>
<td>X</td>
<td>____</td>
<td>____ ____ ____</td>
<td>=</td>
</tr>
<tr>
<td>Hand Sink</td>
<td>X</td>
<td>5 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Pre-Rinse</td>
<td>X</td>
<td>45 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Can Wash</td>
<td>X</td>
<td>10 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Mop Sink</td>
<td>X</td>
<td>5 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Dish Machine</td>
<td>X</td>
<td>GPH = 70% of “Final Rinse Usage”</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Cloth Washer</td>
<td>X</td>
<td>15 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Hose Reel</td>
<td>X</td>
<td>5 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Other Equipment</td>
<td>X</td>
<td>=</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Other Equipment</td>
<td>X</td>
<td>=</td>
<td>=</td>
<td></td>
</tr>
</tbody>
</table>

**Gallons per hour (GPH) Recovery Rate** needed (based on 100°F temperature rise) **Total**

---

**Note:**

**GPH Calculation for Sinks**

\[
GPH = \left( \text{Sink size in cu. in.} \times \frac{7.5 \text{ gal./cu. ft.}}{1,728 \text{ cu. in./cu. ft.}} \times (# \text{ compartments} \times .75 \text{ capacity}) \right)
\]

**Short version for above**

\[
GPH = (\text{Sink size in cu. in.}) \times (# \text{ compartments}) \times (.003255/\text{in.})
\]

Example: (24” x 24” x 14”) x (3 compartments) x (.003255) = 79 GPH
TANKLESS WATER HEATER SIZING

TANKLESS Water Heater Calculation Worksheet

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Quantity</th>
<th>Times</th>
<th>GPM</th>
<th>GPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utensil Sink</td>
<td>X</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prep Sink</td>
<td>X</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand Sink</td>
<td>X</td>
<td>0.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can Wash / Mop Sink</td>
<td>X</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cloth Washer</td>
<td>X</td>
<td></td>
<td>See Manufacture Spec Sheet</td>
<td>=</td>
</tr>
<tr>
<td>Dish Machine</td>
<td>X</td>
<td></td>
<td>See Manufacture Spec Sheet</td>
<td>=</td>
</tr>
<tr>
<td>Pre-Rinse</td>
<td>X</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gallons per Minute (GPM) **Recovery Rate** needed at 100 degrees rise | Total

List the Make and Model of the dish machines and glass washers to be installed:

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please note that some dish machines are not compatible with tankless water heaters.

Dish machine and clothes washer GPM can not be converted to GPH.