



Alexander County Environmental Health Department
6125 NC Hwy 16 South Taylorsville, North Carolina 28681
(828) 632-1000 ext # 311 (828) 632-1354 fax

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

For submission when applicant draws and submits plans.

Type of Construction: NEW _____ REMODEL _____ CONVERSION _____

County in which Located: _____

Name of Establishment: _____

Establishment's Address: _____

City: _____ Zip Code: _____

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

I have submitted plans/application to the following:

(Please note date, phone number and contact person on application line)

Plumbing _____

Contact Person _____

Phone Number (____) - (____ - _____)

Electrical _____

Contact Person _____

Phone Number (____) - (____ - _____)

Building _____

Contact Person _____

Phone Number (____) - (____ - _____)

Hours of Operation

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Number of Seats _____

Number of Staff _____ (Maximum per shift)

Facility Total Sq. Ft. _____

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

Breakfast _____ Lunch _____ Dinner _____

Projected Start Date of Construction _____

Projected Completion Date of Project _____

Type of Service (Check all that applies)

Sit Down Meals _____

Take Out _____

Caterer _____

Mobile Food Unit _____

Push Cart _____

Limited Food Service _____

Temporary Food Stand _____

Single Service Utensil Only _____

Multi-Use Utensil Service Only _____

Both Multi-Use and Single Service Utensils _____

Other _____

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.

D. Electrical layout, electrical panels and disconnects.

10. Lighting Requirements;

A. Food contact surfaces = 50 foot candles (540 lux)

B. Utensil washing area = 50 foot candles (540 lux) (lighting in utensil washing area and on food contact surfaces shall be measured at 30 inches above the floor and/or at the work (levels))

C. All other area = 10 foot candles (110 lux) (Lighting to be measured at 30 inches above the floor.)

D. 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, Rule .2626, "Disposal Of Waste". 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 48"***.

17. Dumpster pad and location as specified according to 15A NCAC 18A .2600, Rule .2626, "Disposal Of Waste".

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)

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.) _____

Thick meats, whole poultry (whole roasts, pork, chicken, meat loaf, etc.) _____

Hot processed foods (soups, stews, chowders, casseroles) _____

Bakery goods (pies, custards, creams) _____

Other: _____

PLEASE CHECK BOX FOR THE FOLLOWING QUESTIONS

FOOD SUPPLIES

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

COLD STORAGE

2. Are adequate and approved freezer and refrigeration available to store frozen foods at 0^o F and below, and refrigerated foods at 45^o F (7^o C) and below? Yes _____ No _____

Provide the method used to calculate cold storage requirements: _____

Provide total footage of space dedicated to walk- in cold storage _____

Provide total footage of space dedicated to reach-in cold storage _____

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

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

4. 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 70o F (21o C)

Cooked Frozen (indicate wt. lbs.)

Microwave

Other (describe):

COOKING PROCESS

Item #1 - Will food product thermometers (0o – 212o 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 130o F (121 min) Comminuted meats 155o F (15 sec)

Seafood 145o F (15 sec) Poultry 165o F (15 sec)

Port 155o F (15 sec) Other PHF 145o F (15 sec)

Eggs 145o F (15 sec) * reheating PHF 165o F (15 sec)

Item #2 - Hot Holding

How will hot PHF (potentially hazardous food) be maintained at 140o F (60o C) or above during holding for service? Indicate type and number of hot holding units.

Item #3 - Cold Holding

How will hot PHF (potentially hazardous food) be maintained at 45o F (7o C) or above during holding for service? Indicate type and number of hot holding units.

Item #4 - Cooling

Please indicate by checking the appropriate box how PHF (potentially hazardous food) will be cooled to 45o F (7o C) within 6 hours (140o F to 70o F in 2 hours and 70o F to 45o 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

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

2. Will disposable gloves and/or utensils and/or food grade paper be used to minimize handling of ready-to-eat foods? Yes_____ No_____

3. 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: _____

4. 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: _____

5. 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? _____

THE FOLLOWING 4 QUESTIONS DEAL WITH 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.

1. Produce Preparation Procedures

- 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:

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:

2. Seafood Preparation Procedures

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:

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:

3. Poultry Preparation Procedures

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 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:

4. Pork and/or Red Meat Preparation Procedures

- 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 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:

I. DRY GOODS STORAGE

- 1. 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.

Provide total square footage of shelf space dedicated to dry storage _____sq. ft.

Are approved food storage containers being used to store bulk food products?

Yes_____ No_____

II. FINISH SCHEDULE

Applicants must fill materials (i.e., quarry tile, stainless steel, 6” plastic coved molding, etc.)

Area Floor Base Walls Ceiling

- Kitchen
- Bar
- Food Storage
- Other Storage
- Toilet Rooms
- Dressing Rooms
- Garbage & Refuse Storage
- Mop Service Basin Area
- Other
- Other
- Other
- Other
- Other
- Other
- 11

III. PLUMBING

Indirect Waste Direct Waste

Plumbing Fixtures (Floor sink) (Hub Drain) (Floor Drain)

- Dishwasher
- Garbage Grinder
- Ice Machines
- Ice Storage
- Food Prep Sinks
- Utensil/Pot Wash

Handwash
Steam Tables
Dipper Wells
Refrigeration
Potato Peeler
Other
Other
Other

If floor drains are not show on plans, please indicate location:

Plumbing Fixture Backflow Preventor Vacuum Breaker

Hose Connection
Other
Other
Other
Other
Other

IV. DISHWASHING FACILITIES

1. Size of pot/utensil sink to be used: _____ Two compartment sink

_____ Three compartment sink

_____ Four compartment sink

Size of sink vats: _____ Length _____ Width _____ Depth

Drainboards size: _____ Right _____ Left

2. Does the largest pot and pan fit into each compartment of the pot sink? Yes _____ No _____

3. What type of sanitizer is to be used?

_____ Chlorine _____ Iodine _____ Other _____ Quaternary Ammonium _____ Hot Water _____ Other

4. Is appropriate air drying space available for the air drying of all washed utensils with the use of drainboards, wall or overhead shelves, stationary or portable racks? Yes _____ No _____

Please describe type and location: _____

5. Is a Dishmachine used in the facility? Yes _____ No _____

6. Dishmachine Make and Model: _____

7. Type of sanitization used: _____ Chemical type: _____

Insure that a test kit is provided for the chemical used.

8. Hot water (180o F temperature provided) Yes_____ No_____

Size of booster heater: _____

9. Is ventilation provided? Yes_____ No_____

10. All dishmachines shall have templates with operating instructions and all dishmachines shall have temperature/pressure gauges as requited that are accurately working.

11. Are test papers and/or kits available for checking sanitizer concentration? Yes_____ No_____

12. Is appropriate air drying space available for the air drying of all washed utensils with the use of drainboards, wall or overhead shelves, stationary or portable racks? Yes_____ No_____

Please describe type and location: _____

Provide total square footage of shelf space dedicated to air drying: _____ sq. ft.

V. WATER SUPPLY

1. Please check one: Is water supply Community? Yes___ No___ Municipal? Yes___ No___

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

2. If water supply is from a Community Water Supply system is it registered and approved as public water supply? Yes_____ No_____

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

3. Is ice made on premises or purchased commercially? Yes_____ No_____

Please specify: _____

If made on premised than specification for the ice machine will need to be provided. Describe provision for ice scoop storage: _____

VI. INSPECT AND RODENT HARBORAGE

1. Are all outside doors self-closing with rodent proof flashing? Yes____ No____ N/A____

2. How is fly protection provided on all outside entrances?

A. Screen Doors Yes____ No____ N/A____

B. Air Curtains (Fly Fan) Yes____ No____ N/A____

3. All windows that open have one of the following forms for fly protection?

A. Minimum #16 mesh screening Yes____ No____ N/A____

B. Air Curtains (Fly Fan) Yes____ No____ N/A____

C. Self Closing Yes____ No____ N/A____

4. All pipe penetrations, beverage chases & electrical conduit chases sealed; ventilation systems exhaust and intakes protected to prevent insects and other vermin from entering the facility.

VII. GARBAGE AND REFUSE

Inside

1. Do all containers have lids? Yes____ No____ N/A____

2. Will refuse be stored inside? Yes____ No____ N/A____

If so, where _____

3. A garbage can cleaning facility is required as specified by .15A NCAC 18A .2600, Rule .2600 Disposal of Wastes. Please specify area and size:

Outside

4. Is area around premises clear of unnecessary brush, litter, boxes and other vermin harborage?

Yes____ No____ N/A____

5. Will a dumpster be used? Yes____ No____ N/A____

Number _____ Size _____ Frequency of Pickup _____

Contractor Service: _____

6. 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.

7. 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: (____)-(____-____)

8. Will a compactor be used? Yes _____ No _____ N/A _____

Number _____ Size _____ Frequency of Pickup _____

Contractor Service: _____

9. Will the compactor be cleaned on site? Yes _____ No _____ N/A _____

If the compactor 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.

10. Is the compactor 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: (____)-(____-____)

11. Describe surface and location where dumpster/compactor/cans are to be stored:

12. Will trash containers be stored outside? Yes _____ No _____

If yes, please describe location: _____

13. Type and location of waste cooking grease storage receptacle: _____

14. Is there an area to store recycled containers? Yes _____ No _____

Describe: _____

15. Location and size of grease trap: _____

VIII. MOP CLEANING FACILITIES

1. Is a separate mop basin provided? Yes _____ No _____

If yes, please describe facility for cleaning of mops and other equipment: _____

IX. HANDWASHING/TOILET FACILITIES

1. Is there an appropriate hand washing sink in each food preparation and warewashing area?
Yes _____ No _____

2. Do all handwashing sinks including those in the restrooms have a mixing valve or combination faucet? Yes _____ No _____

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes _____ No _____

4. Are soap dispensers (wall mounted, individual free standing pump dispensers) available at all handwashing sinks? Yes _____ No _____

5. Are hand drying facilities (paper towels, air blower, etc.) and waste receptacles available at all handwashing sinks and in each restroom? Yes _____ No _____

6. Are all toilet room doors self-closing? Yes _____ No _____

7. Is a handwashing sign posted in each employee restroom? Yes _____ No _____

X. SEWAGE DISPOSAL

1. Is building connected to a municipal sewer? Yes _____ No _____

2. If no, is private disposal system approved? Yes _____ No _____ Pending _____

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

XI. DRESSING ROOMS

1. Are separate dressing rooms provided? Yes_____ No_____

2. Describe storage facilities for employee’s personal belongings (i.e., purse, coats, boots, umbrellas, etc.): _____

XII. GENERAL

1. Are insecticides/rodenticides if used stored separately from cleaning and sanitizing agents?

Indicate location: _____ Yes_____ No_____

2. Are all cleaning materials and toxicants stored away from food preparation/storage areas? This includes items used on premises, retail sales and personal medications. Yes_____ No_____

Please Describe Location: _____

3. Are all containers of toxic/cleaning material including sanitizing spray bottles clearly labeled? Yes_____ No_____

4. Are laundry facilities located on premises? Yes_____ No_____

If yes, what will be laundered? _____

5. Is a laundry dryer available? Yes_____ No_____

If yes, please describe location: _____

6. Location of clean linen storage: _____

7. Location of dirty linen storage: _____

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 this approval.

Signature(s) _____

Owner(s) or Responsible Representative(s)

Date: _____