

## FOOD ESTABLISHMENT PLAN REVIEW APPLICATION



Macon County  
Public Health

### **Local Health Department Review Process**

Upon completing the application and submitting the plans needed, **the following payment must be submitted to this department before the review process can take place.**

See fee schedule on county website:

<http://www.maconnc.org/images/environmental-health/Food-Lodging%20Fees.pdf>

### **Environmental Health Plan Review Section**

8-201.11 of the NC Food Code required that franchised or chainestablishment plans be submitted to the Environmental Health Services Section; Plan Review Unit, 5605 Six Forks Road, Raleigh, NC 27609 for review. If there is any question as to where to submit the plan please contact us. A \$200.00 plan review fee must accompany all plans that are required to be reviewed by the plan review section in Raleigh.

If you have any questions and/or comments you may contact our section at 828-349-2490. For additional information concerning facility design and layout you can access the "Guidelines For the Design, Installation and Construction of Food Establishments in North Carolina" by going to the web page <http://ehs.ncpublichealth.com/faf/food/planreview/index.htm>.

## FOOD ESTABLISHMENT PLAN REVIEW APPLICATION



Macon County  
Public Health

**Complete and return this part of the application with the plans.**

Type of Construction: NEW \_\_\_\_\_ EXISTING \_\_\_\_\_

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

Establishment's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone if available: (\_\_\_\_) - (\_\_\_\_ - \_\_\_\_\_) Fax: (\_\_\_\_) - (\_\_\_\_ - \_\_\_\_\_)

Name of Owner or Owner's Representative: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) - (\_\_\_\_ - \_\_\_\_\_) Fax: (\_\_\_\_) - (\_\_\_\_ - \_\_\_\_\_)

E-mail Address: \_\_\_\_\_

### Hours of Operation

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

### Days of Operation

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Number of Seats \_\_\_\_\_ If On-site Wastewater System

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 \_\_\_\_\_

STATEMENT: I certify that the above information is correct, and I understand that any deviation from the above without prior approval from the Macon County Environmental Health may nullify this approval.

Signature(s) \_\_\_\_\_  
Owner(s) or Responsible Representative(s)

Date: \_\_\_\_\_ Reviewer Signature and Title \_\_\_\_\_

Approval of these plans and specifications by the Environmental Health Food and Lodging Section does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

Type of Service (Check all that applies)	Type of Service (Check all that applies)
Sit Down Meals _____	Mobile Food Unit _____
Take Out _____	Push Cart _____
Caterer _____	Single Service Utensil Only _____
Limited Food Service _____	Multi-Use Utensil Service Only _____
Temporary Food Stand _____	Both Multi-Use and Single Service Utensils _____
Other (Please specify)	

**Please Answer the Following Questions**

**FOOD SUPPLIES** - All food supplies shall come from an inspected and approved source.

**COLD STORAGE**

1. Adequate and approved freezer and refrigeration shall be available to store frozen foods at 0° F and below, and refrigerated foods at 41° F (5° C) and below and each refrigerator/freezer have a thermometers that is accurate.

Provide total number of reach in coolers \_\_\_\_\_ reach in freezers \_\_\_\_\_  
 Provide total number of walk in coolers \_\_\_\_\_ walk in freezers \_\_\_\_\_

2. 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? \_\_\_\_\_  
 \_\_\_\_\_

**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	Meat	Fish/Seafood	Poultry	Other
Refrigeration				
Running Water less than 70° F (21° C)				
Cooked Frozen (indicate wt. lbs.)				
Microwave				

**COOKING PROCESS**

**Item #1** - Will food product thermometers (0° – 212° F) be used to measure final cooking/reheating temperatures of PHF (potentially hazardous food)? Yes \_\_\_\_\_ No \_\_\_\_\_

Minimum cooking temperature of product utilizing convection and conduction heating equipment:			
Product	Time & Temperature	Product	Time & Temperature
Beef roast	130° F	Comminuted meats	155° F
Seafood	145° F	Poultry	165° F
Pork	145° F	Other PHF	135° F
Eggs	145° F	* reheating PHF	165° F

**Item #2 - Hot Holding**

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

---



---



---

**Item #3 - Cold Holding**

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

---



---



---

**Item #4 - Cooling**

Please indicate by checking the appropriate box how PHF (potentially hazardous food) will be cooled to 45° F (7° C) within 6 hours (140° F to 70° F in 2 hours and 70° F to 45° F in 4 hours).

Cooling Process	Meats	Fish/Seafood	Poultry	Other
Shallow Pans				
Ice Baths				
Rapid Chill				

**FOOD PREPARATION**

- List categories of food that are cooked and cooled prior to day of service.

---



---



---

- What methods will be used to minimize handling of ready-to-eat foods?

---

- There must be a sick employee policy- if needed, one is provided on the website at [http://www.maconnc.org/images/environmental-health/EmployeeHealthPolicyTrainingDocumentFinalDraft2012\(2\).pdf](http://www.maconnc.org/images/environmental-health/EmployeeHealthPolicyTrainingDocumentFinalDraft2012(2).pdf) Please submit the policy that will be used.

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

---

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

**Preparation Procedures**

**1. Produce**

---

---

---

---

---

**2. Fish/Seafood**

---

---

---

---

---

**3. Poultry**

---

---

---

---

---

**4. Meat**

---

---

---

---

---

**5. Ready-to-Eat Foods**

---

---

---

---

---

**I. DRY GOODS STORAGE**

Provide information on the frequency of deliveries.

\_\_\_\_\_

Provide total square footage of shelf space dedicated to dry storage \_\_\_\_\_ sq. ft.

**II. WATER SUPPLY/ SEWAGE SUPPLY**

- 1. Is water supply: Public \_\_\_\_ Well \_\_\_\_
  - If the Water supply is other than a Municipal supply then 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 \_\_\_\_
- 3. Grease trap approved by: Municipal \_\_\_\_ Onsite Sewage Section \_\_\_\_ Not required \_\_\_\_  
Please attach written approval from regulatory authority.
- 4. Is Wastewater System: Municipal \_\_\_\_\_ On-site \_\_\_\_\_  
If On-site, provide # of seats system is approved for \_\_\_\_\_

**III. INSECT AND RODENT HARBORAGE**

- 1. All windows/doors 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 \_\_\_\_
- 2. All outside doors shall be self-closing with rodent proof flashing and 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.
- 3. Indicate/describe location where insecticides/rodenticides are stored. \_\_\_\_\_  
\_\_\_\_\_

**V. MOP & GARBAGE CLEANING FACILITIES**

Where is mop basin provided?  
Please describe area for cleaning of mops and other equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. GARBAGE AND REFUSE**

**Inside**  
Describe location of garbage containers in kitchen: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Outside**
- 1. The area around the premises shall be clear of unnecessary equipment, litter, boxes and other vermin harborage. Cardboard must be stored in a dry location above the ground.

2. Will a dumpster be used?

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 a sanitary sewer system.

Dumpsters/cans/grease containers must be stored on non-absorbant surface such as asphalt or concrete.

**VII. MISCELLANEOUS**

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

---



---

2. Clean and dirty linen storage must provided on premises. Clean linen must be stored in an area not subject to contamination. Dirty linen must be stored in a clean non-absorbant container or washable laundry bag.

**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				
Mon Service Basin Area				
Other				

**PLUMBING**

Plumbing Fixtures	Direct	Indirect
Dishwasher		
Garbage Grinder		
Ice Machines		
Ice Storage		
Food Prep Sinks		
Utensil/Pot Wash		
Handwash		
Steam Tables		
Dinner Wells		
Refrigeration		
Washing Machine		
Other		

Any sink or equipment in which food or utensils is washed, prepared or stored must be indirectly drained (an air gap between the equipment drain and the fixed plumbing)

**HOT WATER HEATER SIZE AND CAPACITY**

The following is the location to access and download the Excel Hot Water Program

<http://ehs.ncpublichealth.com/faf/food/planreview/app.htm>

Hot Water Heater Calculation Worksheet					
Equipment	Quantity	Times	Size	Equals	GPH
Three-Comp. Sink See Note #2		X	___ by __ by ___	=	
Four-Comp. Sink See Note #2		X	___ by __ by ___	=	
One-Comp Prep Sink		X	5 GPH	=	
Three Comp. Bar Sink See Note #2		X	___ by __ by ___	=	
Hand Sink (including restrooms)		X	5 GPH	=	
Pre-Rinse		X	45 GPH	=	
Can Wash/Mop Sink		X	10 GPH	=	
Cloth Washer		X	15 GPH	=	
Other Equipment		X		=	

**DISHWASHING FACILITIES (Utensil wash sink)**

- Does the largest pot, pan or food storage container fit into each compartment of the pot sink?  
Yes \_\_\_ No \_\_\_
- What type of sanitizer is to be used?  
\_\_\_ Chlorine \_\_\_ Iodine \_\_\_ Quaternary Ammonium \_\_\_ Hot Water

**DISHWASHING FACILITIES (Dishmachine)**

- Is a Dishmachine used in the facility? Yes \_\_\_ No \_\_\_
  - Dishmachine Make and Model: \_\_\_\_\_
  - Type of sanitization used: \_\_\_\_\_ Chemical type: \_\_\_\_\_
    - Test papers and/or kits shall be available for checking sanitizer concentration.
  - Hot water (180° F temperature provided) Yes \_\_\_ No \_\_\_
  - Permitting, Planning and Delvelopment sign off on ventilation? Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_
  - All dishmachines shall have templates with operating instructions and all dishmachines shall have temperature/pressure gauges as requited that are accurately working.
- Please describe type and location of available air drying space for washed utensils.

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