To: All Architects, Owners and/or Managers of a Food Service Establishment

From: Edgecombe County Environmental Health Section

Subject: Food Service Plan Review Application

The intent of this application is to answer questions that are not provided on the plans regarding the operation of the facility and to provide the health department officials with the operational procedures when the facility opens.

Plans, drawn to scale, and specifications, including the proposed menu for new food service establishments shall be submitted for review and approval to the local health department prior to initiating construction or remodeling. Please be aware that plans for prototype “franchised” or “chain” facilities are required to be submitted for review and approval to the Environmental Health Services Section, Division of Environmental Health, Raleigh, NC.

The current fee for this process is $200.00 and must be paid before services are rendered or a visit is made. Please call the Edgecombe County Health Department at (252) 641-7573 for any further questions or comments.
Food 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: ______

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  ☐ Sit-down meals
☐ Food Stand  ☐ Take-out meals
☐ Drink Stand  ☐ Catering
☐ Commissary  Single-service (disposable):
☐ Meat Market  ☐ Plates  ☐ Glassware  ☐ Silverware
☐ Other (explain): ____ 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
COLD STORAGE
Method used to determine cold storage requirements: _____

Cubic-feet of reach-in cold storage: _____ft³
Reach-in refrigerator storage: _____ft³
Reach-in freezer storage: _____ft³
Number of reach-in refrigerators: _____
Number of reach-in freezers: _____

Cubic-feet of walk-in cold storage: _____ft³
Walk-in refrigerator storage: _____ft³
Walk-in freezer storage: _____ft³

HOT HOLDING
Food that will be held hot: _____

COLD HOLDING
Food that will be held cold: _____

COOLING
Indicate by checking the appropriate boxes how cooked food will be cooled to 45°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>

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</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>
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<td></td>
</tr>
</tbody>
</table>
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)

2. PRODUCE HANDLING

3. POULTRY HANDLING

4. MEAT HANDLING
5. **SEAFOOD HANDLING**

_____

**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: ____ ft²

Where will dry goods be stored? ____

**FINISH SCHEDULE**
Indicate floor, wall and ceiling finishes (e.g., 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>Food Storage</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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Sink</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>
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: ______
        (See Water Heater Calculator on the Plan Review Unit website to calculate number of tankless water heaters needed)

4. 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>Warewashing Sink</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Prep Sinks</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Handwashing Sinks</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Warewashing Machine</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>
<tr>
<td>Other</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
WAREWASHING EQUIPMENT

a. Manual Warewashing

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:
   _____
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 handwashing sinks:
   _____

EMPLOYEE ACCOMMODATIONS
Indicate location for storing employees’ personal items:
   _____
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:
   _____