



## EDGECOMBE COUNTY HEALTH DEPARTMENT

a division of the  
Edgecombe County Human Services Agency  
Po Box 100  
122 E. St. James Street  
Tarboro, NC 27886  
252-641-7511



**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.

N.C. Department of Health & Human Services
Division of Public Health
Environmental Health Section
Plan Review Unit

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:**

**CHECK ALL THAT APPLY**

- Restaurant
- Food Stand
- Drink Stand
- Commissary
- Meat Market
- Other (explain): \_\_\_\_\_
- Sit-down meals
- Take-out meals
- Catering
- Single-service (disposable):
  - Plates
  - Glassware
  - Silverware
- Multi-use (reusable):
  - Plates
  - Glassware
  - Silverware

Indicate any **specialized processes** that will take place:

- Curing
- Smoking
- Acidification (sushi, etc.)
- Sprouting Beans
- Reduced Oxygen Packaging (eg: Vacuum)
- Other

Explain checked processes: \_\_\_\_\_

Indicate any of the following **highly susceptible populations** that will be catered to or served:

- Nursing Home
- Assisted Living Center
- Child Care Center
- School with pre-school aged children
- Health Care Facility

**COLD STORAGE**

Method used to determine cold storage requirements: \_\_\_\_\_

Cubic-feet of reach-in cold storage:

Reach-in refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>

Reach-in freezer storage: \_\_\_\_\_ ft<sup>3</sup>

Cubic-feet of walk-in cold storage:

Walk-in refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>

Walk-in freezer storage: \_\_\_\_\_ ft<sup>3</sup>

Number of reach-in refrigerators: \_\_\_\_\_

Number of reach-in freezers: \_\_\_\_\_

**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<sup>0</sup>F (7<sup>0</sup>C) within 6 hours.

If “Other” is checked indicate type of food: \_\_\_\_\_

| Cooling Process | Meat                     | Seafood                  | Poultry                  | Other                    |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Shallow Pans    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ice Baths       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rapid Chill     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**THAWING**

Indicate by checking the appropriate boxes how food in each category will be thawed.

If “Other” is checked indicate type of food: \_\_\_\_\_

| Thawing Process   | Meat                     | Seafood                  | Poultry                  | Other                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Refrigeration   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Running Water less than 70 <sup>0</sup> F (21 <sup>0</sup> C) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooked Frozen   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Microwave   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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: \_\_\_\_\_ ft<sup>2</sup>

Where will dry goods be stored? \_\_\_\_\_

**FINISH SCHEDULE**

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

| Area                     | Floor | Base | Walls | Ceiling |
|--------------------------|-------|------|-------|---------|
| Kitchen                  |       |      |       |         |
| Bar                      |       |      |       |         |
| Food Storage             |       |      |       |         |
| Dry Storage              |       |      |       |         |
| Toilet Rooms             |       |      |       |         |
| Dressing Rooms           |       |      |       |         |
| Garbage & Refuse Storage |       |      |       |         |
| Service Sink             |       |      |       |         |
| Other                    |       |      |       |         |
| Other                    |       |      |       |         |

**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:

| Plumbing Fixtures   | Indirect Waste           |                          |                          | Direct Waste             |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                     | Floor sink               | Hub Drain                | Floor Drain              |                          |
| Warewashing Sink    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prep Sinks          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Handwashing Sinks   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Warewashing Machine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ice Machine         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Garbage Disposal    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dipper Well         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigeration       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Steam Table         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**WAREWASHING EQUIPMENT**

**a. Manual Warewashing**

1. Size of sink compartments (inches): Length: \_\_\_\_ Width: \_\_\_\_ Depth: \_\_\_\_

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: \_\_\_\_ft<sup>2</sup>

**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:  
\_\_\_\_\_

**Plan Review Unit**  
 5605 Six Forks Road, Raleigh, NC 27609  
 Phone (919) 707-5861 / Fax (919) 845-3973  
<http://ehs.ncpublichealth.com/food/planreview/index.htm>