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Food 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 (Person County Environmental Health).

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>

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
- ___ Completed Food Service Plan Review Application
- ___ Proposed Menu
- ___ \$250 Plan Review Fee

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.

Contact Program Specialist at 336-597-1790 at least five (5) business days prior to projected opening date to schedule the permitting evaluation. Completion of all the items on the check list will increase the possibility of a permit being issued during the pre-opening permit evaluation.

PROJECTED OPENING DATE: _____

Signature: _____
(Owner or Responsible Representative)

Date: _____

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)

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Sit down meals
<input type="checkbox"/> Food Stand	<input type="checkbox"/> Take-out meals
<input type="checkbox"/> Drink Stand	<input type="checkbox"/> Catering
<input type="checkbox"/> Commissary	Single-service (disposable):
<input type="checkbox"/> Meat Market	<input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> Silverware
<input type="checkbox"/> Other (explain): _____	Multi-use (reusable):
	<input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> Silverware

Indicate any **specialized processes** that will take place. *Specialized process may need a state or local approved variance or HACCP 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

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

Example of Employee Health Policy is included

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:
 Reach-in refrigerator storage: _____ ft³
 Reach-in freezer storage: _____ ft³

Cubic Feet of walk-in cold storage:
 Walk-in refrigerator 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: _____

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans				
Ice Baths				
Rapid Chill				

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				
Running Water less than 70°F (21°C)				
Cooked Frozen				
Microwave				

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 date 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 fee of dry storage shelf space: _____ ft²

Where will dry goods be stored? _____

FINISH SCHEDULE

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

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Walk-in cooler/freezer				
Dry storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Other				
Other				

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 9 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
- c. Water heater recovery rate (gallons per hour at 100°F temperature rise): _____ GPH
(See Water Heater Calculator on page 9 to calculate recovery rate needed)

5. Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor Sink	Hub Drain	Floor Drain	
Utensil Washing Sink				
Prep Sinks				
Hand Sinks				
Dish Machine				
Food Prep Sinks				
Ice Machine				
Garbage Disposal				
Dipper Well				
Refrigeration				
Steam Table				
Other				

DISHWASHING FACILITIES

A. Hand Dishwashing

- Number of sink compartments: _____
 Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
 Length of drain boards (inches): Right: _____ Left: _____
- What type of sanitizer will be used?
 Chlorine ____ Iodine: ____ Quaternary Ammonium ____ Hot Water ____ Other ____

B. Mechanical Dishwashing

- Will a dishmachine be used? Yes ____ No ____
 Dishmachine manufacturer and model: _____
- Type of sanitization: Hot Water (180°F) ____ Chemical ____

C. General

- 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: _____

- Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____

Square fee of air drying space: _____ ft²

HANDWASHING

Indicate number and location of kitchen hand sinks: _____

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: _____

LINEN STORAGE

1. Location of clean linen storage: _____

2. Location of dirty linen storage: _____

TANK WATER HEATER SIZING

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

Make

Model

_____	_____
_____	_____
_____	_____

Tank Water Heater Calculation Worksheet					
Equipment	Quantity	Times	Size		GPH
One-Comp. Sink (See Note)		X	x x	=	
2-Comp. Sink (See Note)		X	x x	=	
3-Comp. Sink(See Note)		X	x x	=	
4-Comp. Sink (See Note)		X	x x	=	
One-Comp Prep Sink		X	5 GPH	=	
2-Comp Prep Sink		X	10 GPH	=	
3-Comp Prep Sink		X	15 GPH	=	
3 Comp. Bar Sink (See Note)		X	x x	=	
4-Comp. Bar Sink (SeeNote)		X	x x	=	
Hand Sink		X	5 GPH	=	
Pre-Rinse		X	45 GPH	=	
Can Wash		X	10 GPH	=	
Mop Sink		X	5 GPH	=	
Dish Machine		X	GPH= 70% of "Final Rinse Usage"	=	
Cloth Washer		X	15 GPH	=	
Hose Reel		X	5 GPH	=	
Other Equipment		X		=	
Other Equipment		X		=	
Gallons per hour (GPH) Recovery Rate needed (based on 100°F temp rise)					Total

Note:	GPH = (Sink size in cu. In.) x (7.5 gal./cu.ft. x (# compartments x .75 capacity 1,728 cu.in./cu.ft.
GPH Calculation for Sinks	
Short version for above	GPH = (sink size in cu. In.) s (# compartments) x (.003255/cu.in. Example: (24" x 24" x 14") x (3 compartments) x (.003255) = 79 GPH

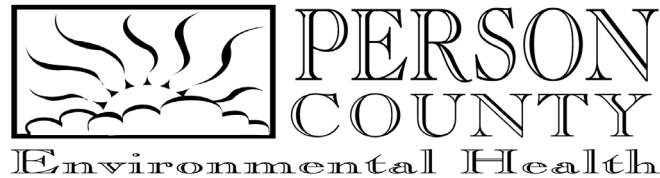
TANKLESS WATER HEATER SIZING

TANKLESS Water Heater Calculation Worksheet					
Equipment	Quantity	Times	GPM		GPM
Utensil Sink		X	2	=	
Prep Sink		X	1	=	
Hank Sink		X	0.5	=	
Can Wash/ Mop Sink		X	1	=	
Cloth Washer		X	See Manufacture Spec Sheet	=	
Dish Machine		X	See Manufacture Spec Sheet	=	
Pre-Rinse		X	2	=	
Gallons per Minute (GPM) Recovery Rate needed at 100°F temp rise					Total

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

FOOD TRANSPORTATION

1. If food is transported by someone other than food supplier to facility how will it be transported. (i.e. how packaged, if hot or cold transport how maintain temperatures 135°F or 41°F, etc.)



Food Service Establishment Pre-Opening Permitting Check list

Establishment requirements

All construction activities must be completed and final cleaning completed.

All construction materials removed from the premises.

Lighting Requirements

- ☐ all light fixtures and light bulbs must be operational to check light levels
- ☐ bulbs shielded or shatterproof
- ☐ 10 foot candles 30 inches above floor: walk-in, dry food storage
- ☐ 20 foot candles: consumer self-service, reach-in, hand washing, ware washing, equipment and utensil storage, toilet rooms
- ☐ 50 foot candles: at stations where food employee works with food or utensils such as knives, Slicers, grinders, saws

Hand-wash lavatories

- ☐ conveniently located and as specified on plan
- ☐ warm water provided at least 100°F
- ☐ hand cleaning liquid, powder or bar soap
- ☐ hand-wash signs posted
- ☐ continuous towel system, disposable paper towels, heated-air hand drying device

Toilet Facilities

- ☐ properly constructed, supplied and cleaned
- ☐ conveniently located and accessible to employees during all hours of operation
- ☐ toilet tissue provided at each toilet
- ☐ self-closing doors
- ☐ ceiling tiles non-absorbent
- ☐ covered receptacle in women's restroom

Entrance/Exit

- ☐ self closing, tight fitting exterior doors provided

Chemical/Toxic substance storage area

- ☐ dedicated storage space must be provided for the storage of cleaning and sanitizing chemicals, cleaning supplies such as mops, buckets, spray bottles. Storage area is identified and segregated from food and dry goods
- ☐ water supply, sewage and wastewater system approved
- ☐ water from a nonpublic water system must be sampled annually, most recent sample report retained on file

Thermometers

- ___ metal stem-type food thermometer range of 0-220°F
- ___ permanently affixed temperature-measuring device installed in refrigerators in the warmest part of the unit, backup recommended
- ___ signs posted instructing consumers to use clean tableware when returning to self-service bars and buffets
- ___ single-use gloves, deli tissue, spatulas, tongs or dispensing equipment provided (No bare Hand contact with ready to eat foods)

Equipment Requirements

- ___ all refrigerators and freezers must be powered up to check temperatures
- ___ the water heater must be powered up to allow point of use temperatures to be checked
- ___ approved Equipment installed as submitted for plan review; ANSI, NSF, etc.
- ___ food and non-food contact surfaces approved, cleanable & clean, properly designed, constructed
- ___ fixed equipment sealed to the floor or at least 6 inch clearance between floor and equipment
- ___ fixed equipment spaced to allow cleaning along sides of the equipment
- ___ fixed counter mounted equipment at least 4 inch clearance between table and equipment
- ___ food shields, display cases provided protection of food items at customer self-serve bars
- ___ free standing storage shelving constructed so that the bottom shelf is elevated at least 6 inches above the floor

Floors, Walls & Ceilings

- ___ floors, walls and ceiling smooth, durable, easily cleanable and clean
- ___ areas subject to moisture must be nonabsorbent
- ___ utility service lines and pipes may not be unnecessarily exposed
- ___ utility service lines and pipes do not obstruct cleaning
- ___ floor and wall junctures shall be coved
- ___ floor drains with covers, graded to drain
- ___ concrete, porous blocks, bricks finished and sealed, nonabsorbent, easily cleanable
- ___ only silicone caulk used in sealing, rated for application

Ware Washing

- ___ ware washing facilities operating properly
- ___ readable data plate affixed to dish machine
- ___ temperature measuring device
- ___ dishwasher sanitizing to machine specification
- ___ test strips provided
- ___ 3-comp sink properly installed
- ___ adequate air-drying space available
- ___ hot and cold water available with adequate pressure
- ___ 110°F hot water maintained at all times during washing
- ___ backflow devices installed per State and local plumbing code
- ___ wiping cloths and sanitizer buckets available
- ___ splash guards installed where required

Garbage and refuse disposal

- ___ approved for solid waste, cardboard and waste cooking oil (on site or contract approved)

- ___ storage area for refuse container nonabsorbent material such as concrete, asphalt smooth, durable and sloped to drain
- ___ receptacles leak-proof, rodent-resistant, nonabsorbent
- ___ waste containers with tight-fitting lids, doors, covers
- ___ dumpster drain plugs in place
- ___ space provided for employee storage, clothing and other possessions
- ___ mop/service sink provided
- ___ storage rack for mops to air dry into mop\service sink
- ___ grease traps located to be easily accessible for cleaning

Materials provided by Environmental Health:

- ___ New Establishment packet
- ___ Permit copy



Food Service Facility Approval

Business Name _____
 Address _____

Applicant _____
 Phone _____

Facility

Departments (If Applicable)	Signature	Date	Approved	Not Approved
Zoning (City/County)				
Fire				
Building Inspections Electrical/Plumbing				

Comments: _____

Utilities

On-Site Wastewater				
Sewer(1)				
Well				
Public Water(1)				

Comments: _____

- (1) City of Roxboro Public Services
 779A Mountain Rd.
 P.O. Box 128
 Roxboro, NC 27573
 336-503-0489(phone)/336-503-0588 (fax)

Completion of this form ensures that the proposed food service establishment has received proper approval from City/County departments and verifies that the building will adequately serve the proposed use.

This form must be completed before a food service permit can be issued by the Environmental Health Section of the Person County Health Department. Please contact Environmental Health at (336) 597-1790, if you have any questions.

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