Plan Review Fee $250.00

Plan Review Checklist

1. **The plans should be a minimum of 11 x 14 inches with the layout of the floor plan accurately drawn to a minimum scale of % inches = 1 foot.**
2. **Menu (if applicable)**
3. **The plans and specifications should include:**
   1. Location of all food service equipment with each piece of equipment clearly labeled with its common name.
   2. Refrigeration and hot-holding equipment for potentially hazardous food (PHF) clearly designated.
   3. Separate food preparation sink, when menu dictates, labeled and located to prevent cross-contamination of raw and ready to eat foods.
   4. Hand washing facilities designated for food preparation areas, dish washing area and toilet facilities.
   5. Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation.
   6. Finish schedule for each room, including floors, walls, ceilings and coved juncture bases.
   7. Plumbing schedule includes:

|  |  |
| --- | --- |
| 1. Floor drains/floor sinks | 4. Hot water generating equipment |
| 1. Waste supply lines | 5. Water heater manufacturer, model, and recovery rate |
| 1. Waste water lines | 6. Grease trap and/or grease interceptor location |

* 1. Electrical layout and location of electrical panels
  2. Site plan including:

|  |  |
| --- | --- |
| 1. Dumpster pad location | 3. Entrances and exits |
| 1. Grease storage container location | 4. Loading and unloading areas |

* 1. Ventilation schedule for each room
  2. Cabinets/shelves for storing toxic chemicals.
  3. Employee dressing room or locker area

Text

Description automatically generated with low confidence

**Food Establishment Plan Review Application**

**(Plan Review Fee $250)**

**This application must be completed in its entirety, or your review may be significantly delayed.**

To verify franchised or chain food establishment designation for the purpose of plan review as specified in Section 8-201.11 of the North Carolina Food Code please refer to Position Statement ‘Franchised or Chain Food Establishment Designation for Plan Review’ at

https://ehs.dph.ncdhhs.gov/faf/docs/foodprot/FranchisePlanReview.pdf

Type of Construction: NEW □ REMODEL □ CONVERSION □ \*RTAP □

\*Revisions to Approved Plans: Provide a list of all changes to the previously approved plans. Revise application as related.

For REMODEL, specify the scope of work:

**Establishment Information**

Name of Establishment:

Address:

City:                                                                                                                                          Zip Code:

**Owner Information**

Owner or Owner’s Representative:

Address:

City & State:                                                                                                                               Zip Code:

Telephone:                    -                    -

Email Address:

**Submitter Information**

Submitter:

Company:

Contact Person:

Address:

City & State:                                                                                                                                Zip Code:

Telephone: -                    -

Email 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)

**Daily Hours of Operation:**

Sun                    Mon                    Tues                    Wed                    Thurs                    Fri                    Sat

**Projected number of meals served daily:**

Breakfast:                                                            Lunch:                                                         Dinner:

Number of food deliveries received per week:

Number of seats:                                                          Facility total square feet:

Projected date of construction:                                                                    Projected completion date:

**Type of food service: (Select all that apply)**

□Restaurant □Sit-down meals

□Food Stand □Take-out meals

□Drink Stand □Catering/□Delivery

□Commissary □Customer Self-Service Area

□Meat Market

□Other (explain):

**Type of utensils used:**

Single service (disposal): Multi-use (reusable):

□ Plates □ Glassware □ Silverware □ Plates □ Glassware □ Silverware

**Will specialized processes** be used as specified in Section 3-502.11 of the North Carolina Food Code?

□ Yes □ No

If YES, indicate which processes will be used:

□ Curing □ Acidification □ 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

□N/A

Will any **virtual brands** be provided?

□ Yes □ No

If YES, list brand names:

Menu to be served:

Estimated number of meals per week:

**Cold Storage:**

How was the volume of cold storage indicated below determined to be adequate?

Reach-in cold storage (in cubic feet):                                           Walk-in cold storage (in cubic feet):

Reach-in refrigerator storage:                                             ft3 Walk-in refrigerator storage: :                                             ft3

Reach-in freezer storage:                                             ft3 Walk-in freezer storage:                                             ft3

Number of reach-in refrigerators:

Number of reach-in freezers:

**Cold Handling:**

List Foods that will be held **cold**:(include equipment used)

**Hot Holding:**

List Foods that will be held **hot**:(include equipment used)

**Cooling:**

**Indicate by checking the appropriate boxes how cooked food will be cooled to 41ºF (7ºC) within 6 hours.**

**If ‘Other” is checked indicate the type of food:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cooling Process** | **Meat** | **Seafood** | **Poultry** | **Other** |
| **Shallow Pans** | **□** | **□** | **□** | **□** |
| **Ice Baths** | **□** | **□** | **□** | **□** |
| **Rapid chill\*\*** | **□** | **□** | **□** | **□** |

**(\*\*Check only if rapid chill equipment such as blast chillers are provided.)**

**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 70ºF | **□** | **□** | **□** | **□** |
| Cooked Frozen | **□** | **□** | **□** | **□** |
| Microwave | **□** | **□** | **□** | **□** |

**Food Handling Procedures: (Should be provided by owner/owner’s representative)**

**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, hot held, etc.)
* When (time of day and frequency/day\_ food will be handled

1. **Ready to eat foods: Edible without additional preparation necessary(e.g., salads, cold sandwiches, raw molluscan shellfish:**
2. **Produce; grains and pasta: eg., beans, rice, macaroni:**
3. **Poultry:**
4. **Meat:**
5. **Seafood:**

**Dry Storage:**

**Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time:**

Where will dry goods be stored?

Square feet of dry storage shelf space:

**Finish Schedule:**

Indicate floor, wall, and ceiling finishes (e.g. quarry tile, stainless, 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 and Sewage:**

Water supply: **□** Municipal **□** Well Sewer: **□** Municipal **□** Septic

Will be ice: **□** Made on premises **□** Purchase

Water heater(s):

**Tank Type:**

1. Manufacturer and model:
2. Storage Capacity:                                         gallons

Electric water heater                                          kilowatts (kW) Gas water heater:                                                        BTU’s

1. Water heater recovery rate (gallons per minute at 80ºF temperature rise):                                                                          GPM

**Tankless:**

1. Manufacturer and model:
2. Quantity of tankless water heaters:
3. Water heater recovery rate (gallons per minute at 80ºF temperature rise):                                                                            GPM

**(See Water Heater Calculators on the Plan Review Unit website to calculate recovery rate needed)**

Check the appropriate box indicating equipment drains:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Indirect Waste** | | | **Direct Waste** |
| **Plumbing Fixtures** | **Floor Sink** | **Hub Drain** | **Floor Drain** |  |
| **Warewashing Sink** | **□** | **□** | **□** | **□** |
| **Prep Sinks** | **□** | **□** | **□** | **□** |
| **Handwashing Sinks** | **□** | **□** | **□** | **□** |
| **Warewashing Machine** | **□** | **□** | **□** | **□** |
| **Ice Machine** | **□** | **□** | **□** | **□** |
| **Garbage Disposal** | **□** | **□** | **□** | **□** |
| **Dipper Well** | **□** | **□** | **□** | **□** |
| **Refrigeration** | **□** | **□** | **□** | **□** |
| **Steam Table** | **□** | **□** | **□** | **□** |
| **Other:** | **□** | **□** | **□** | **□** |
| **Other:** | **□** | **□** | **□** | **□** |

**Ware Washing Equipment:**

**Manual Ware Washing:**

Size of each sink compartment (inches): Length:                     Width:                     Depth:

What type of sanitizer will be used?

**□** Chlorine **□** Iodine **□** QuaternaryAmmonia **□** Hot water **□** Other (specify)

**Mechanical ware washing:**

Will a warewashing machine be used? **□** Yes **□** No

Warewashing machine manufacturer and model:

Type of sanitization: **□** Hot water (180ºF) **□** Chemical

**General:**

Describe how cooking equipment, cutting boards, slicers, counter tops, other food contact surfaces and clean in place equipment 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 feet of air-drying space:                    ft2

**Handwashing:**

Indicate number and location of handwashing sinks:

**Employee Accommodations:**

Indicate location for storing employees’ personal items (ex. coats, purses, medication, etc.):

**Refuse and Recyclables:**

Will refuse be stored inside? **□** Yes **□** No

If yes, where:

Provision to refuse disposal: **□** Dumpster **□** Compactor

Will a contract for off-site cleaning of the dumpster/compactor be obtained? **□** Yes **□** No

If yes, indicate name of cleaning contractor:

Will the dumpster/compactor be cleaned at the establishment? **□** Yes **□** No

Describe location for storage of recyclables (cooking grease, cardboard, glass, etc.):

**Service Sink:**

Location and size of service (mop) sink/can wash:

Describe location for storage of cleaning implements (e.g. mops, brooms, hoses, etc.):

**Insect and Rodent Control:**

How is protection provided on all outside doors?

**□** Self-closing door **□** Fly Fan **□** Screen Door

How is protection provided on windows (including drive-thru windows) or other openings to the outer air?

**□** Self-closing **□** Fly Fan **□** Screening **□**N/A

**Linen:**

Indicate location of clean and dirty linen storage: **□** N/A (no linen storage on site)

**Poisonous and Toxic Material:**

Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage: