



TOE RIVER HEALTH DISTRICT
Avery & Mitchell County Health
Departments



Food Service Establishment Plan Review Application

New _____ Renovation _____

Water system Well _____ Municipal _____

Sewer system Onsite System _____ Municipal Sewer _____

County building permit number _____

Projected start date of construction: _____ Projected completion date: _____

Name of Establishment: _____ Address: _____ NC

City: _____ Zip Code: _____

Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

E-mail Address: _____

Name of Legal Ownership: _____

Type of Ownership: association, corporation, individual, partnership, or other legal entity: _____

Names and Titles of Persons in Legal Ownership: _____

Legal Ownership Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

Name of Ownership Local Agent: _____

Local Agent Email Address: _____

Project Contact Person Name: _____

Contact Person Telephone: _____ - _____ - _____

Contact Person E-mail Address: _____

Name: _____

PLEASE PRINT

Signature: _____ **Date:** _____

(Owner or Responsible Representative)



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Plan Review Application Checklist:

____ Complete set of plans drawn to scale (1/4" =1 foot) showing the placement of each piece of foodservice equipment, all sinks, storage areas, trash cans and wash facilities.

Plans must include general plumbing, and lighting drawings and room finish schedules.

____ A site plan locating exterior equipment, such as dumpsters and walk-ins.

____ Manufacturer specification sheets for each piece of new equipment. All equipment must be NSF listed, UL classified for sanitation **or** constructed to meet NSF/ANSI standards.

____ The proposed menu, including consumer advisory if needed.

____ Plan Review Fee: \$250.00 cash, credit card or check

GENERAL INFORMATION

- Plan review completion varies seasonally and averages two weeks after a completed application is processed.
- The Food Service permit is issued on-site after all requirements are met.
- The foodservice owner/manager must be present to sign the food service permit.
- **No Food** is to be in the kitchen until it has been permitted by Toe River Health District.
- The food service permitting evaluation does not guarantee a permit will be issued.
- The entire site must pass the foodservice permitting evaluation to receive a permit.
- **The review fees for plan review applications are non-refundable after the review has started.**



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Diane Creek, MSW
Health Director

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Julia Sherrill, MD & Frank Craig, MD
Medical Directors



Diane Walker, Chair
Board of Health

Useful information & websites:

A kitchen design should include designated clean & dirty zones to prevent cross-contamination and consider flow patterns for the following:

- Food (Receiving, Storage, Preparation & Service)
- Dishes & Tableware (Clean Storage, Service, Soiled, Cleaning, Air Drying & Storage)
- Utensils & Containers (Clean Storage, Service, Soiled, Cleaning, Air Drying & Storage)
- Trash & Garbage (Service Area, Holding, & Storage)
- NC DHHS Plan Review Guidelines:
<http://www.deh.enr.state.nc.us/food/planreview/docs/FoodEstablishmentGuidelines-2002.pdf>
- NC Food Code:
<http://www.nhcgov.com/Health/enviro-health/Documents/NC-FoodCodeManual-2009-FINAL.pdf>
- NC .2600 Food Rules:

<http://www.nhcgov.com/Health/enviro-health/Documents/15A-NCAC-18A-2600-FINAL.pdf>

- Water Heater Sizing Calculator:
<http://www.deh.enr.state.nc.us/food/planreview/app.htm>

Hours of Operation

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Day	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Type of operation: (check all that apply)

Sit-down meals	<input type="checkbox"/>
Take-out	<input type="checkbox"/>
Single-Service	<input type="checkbox"/>
Multi-use utensils	<input type="checkbox"/>
Catering	<input type="checkbox"/>
Other (Explain)	<input type="checkbox"/>
Shared Kitchen	<input type="checkbox"/>
Commissary	<input type="checkbox"/>

Total Number of Seats: Inside _____ Outside _____



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Specialized Food Processing Procedures

Written approvals must be in place prior to the use of specialized processes.

The use of these processes without approval can result in permit action.

Will specialized food processes be conducted? YES_____ NO_____

(8-201.13 A HACCP plan is required for acidification (sushi rice), reduced oxygen packaging, sous vide, curing, smoking, sprouting beans or drying process)

Check any specialized processes that will take place:

Curing () Smoking () Acidification(Fermenting/Pickling) () Sprouting Beans ()

Dehydrating () Sous vide () Reduced Oxygen Packaging () canning () Vacuum packaging) () Other ()

You will need to submit your HACCP plan & Variance Request to the NC Food Code Variance Committee for approval for a specialized food process to be conducted in your foodservice establishment. (8-103.10 Modifications & Waivers)

Request an application from the State Variance Committee by email:

ncvariancecommittee@dhhs.nc.gov

Will any meats, eggs, seafood, poultry, and shellfish served or sold raw or undercooked?

YES ____ NO ____

If YES, then provide Consumer Advisory with menu submission.

(see NC Food Code 3-603.11- Consumer Advisory)



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FOOD SUPPLIES: (Ingredient List)

List all foods & ingredients used in the foodservice establishment.

Chart A: Include all condiments, sauces, dry goods, cheeses, herbs, produce, bread, pasta, soups, etc.

Chart B: Include all meats, seafood, and other proteins.

Chart A: Check all that apply

Produce / Dairy / Dry Foods / Sauces / Soups	Supplier / Vendor	Refrig- erate d	Frozen	Dry	Canned	Bagged	Raw / Fresh	Pre- cooked	Whole	Pre- portioned



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Chart B:

Check all that apply

Proteins (Meats & Seafood)	Supplier/ Vendor	Refrigerated	Frozen	Dry	Canned	Bagged	Raw	Pre-cooked	Whole	Pre-portioned



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List all menu items

check all processes that apply





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Dish / Entree	Prepared Day of service	Prepared beforehand	Ready-to-Eat	Ready-to-Cook	Cooked then Cooled	Held Hot	Held Cold	Reheated



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FOOD HANDLING PROCESSES

Check all that apply

	Prepared on site	Thawed	Cooked from frozen	Breaded & Marinated	Bulk Cooking	Cooked to order	Held Hot	Held Cold	Cooked then Cooled	Reheating
Menu Entrées										

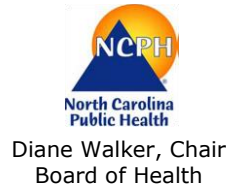


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Check all that apply

Sandwiches & Sides	Prepared onsite	Thawed	Cooked from frozen	Breaded & Marinated	Bulk Cooking	Cooked to order	Hot	Cold	Cook then Cooled	Reheated



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Check all that apply

Soups, Salads, Sauces & Gravies	Prepared onsite	Thawed	Cooked from frozen	Breaded & Marinated	Bulk Cooking	Cooked to order	Held Hot	Held Cold	Cooked then Cooled	Reheated



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Cooling Processes (cooling down food after cooking for storage)

Indicate how hot foods will be cooled rapidly from above 135°F to 41°F after being cooked.

Check all that apply

Cooling Process	Meat	Seafood	Poultry	Soup	Sauce	Other
Shallow Pans in Refrigerator						
Ice Baths						
Rapid Chill						

FOOD STORAGE

Check all that apply



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Equipment	Number of Units	Total Cubic-Feet of Space for each unit	Ready to Eat	Raw Proteins
Walk-in Refrigeration Storage				
*Reach-in Refrigeration Storage				
Walk-in Freezer Storage				
Reach-in Freezer Storage				
Work Top Freezer				
*Flip Top & Work Top Refrigeration				
*Refrigerated Drawers				

***Raw meats, poultry & seafood should not be stored in the same flip top units as cooked or ready-to-eat foods.**

CONSTRUCTION: Indicate which materials will be used in the following areas

AREA	FLOOR	BASEBOARDS	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Toilet Rooms				
Other Storage				
Can Wash/Mop Basin				



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Dish Washing Area				
Walk-in Refrigeration & Freezers				

INSECT & RODENT CONTROL: Check all that apply

	Fly Fans or Air Curtains	Self-Closures
Delivery Doors		
Entry Doors		
Screened Doors		
Restroom Doors		
Drive-Thru Drive Thru Pickup Window		
Walk-Up Walk Up Screen Window		

GARBAGE & REFUSE: Check all that apply

	YES	NO	INDOOR	OUTSIDE
Compactor (stored on asphalt or concrete)				
Dumpster (stored on asphalt or concrete)				
Trash cans with lids				
City Trash Bags				
Recycle Containers with lids				
Dirty Linen Containers with lids				
Grease Recycling Containers/Systems (stored on asphalt or concrete)				
Can Wash (3'x 3'curbed pad sloped to drain with hot and cold water and backflow prevention with mop rack)				



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Do you plan to donate food? Yes ___ No ___

Where will all chemicals be stored? _____

ICE: Made on premises _____ Purchased commercially? Source ___

WATER HEATER (minimum with 80°F rise) Gas _____ Electric _____

On demand Make and Model# _____

_____ Number of on demand units to be installed _____

Tank Water Heater Make and Model# _____

Recovery Rate (gallons per hour) _____ Storage Capacity (gallons) _____

EMPLOYEE STORAGE (Required)

Describe storage facilities for employees' personal belongings:

LINENS Check all that apply

Cleaning methods	Onsite clothes washer	Onsite clothes dryer	Laundry service	Manual 3 compartment sink	Dishwasher
Aprons					
Uniforms					
Cut Resistant Gloves					
Wiping Cloths					
Table Cloths					
Cloth Napkins					
Oven Mitts					



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Location of dirty linen storage: _____

Location of clean linen storage: _____

PREPARATION AREAS – Numbers of Prep tables with sinks and/or Prep sinks with Drain boards

Produce/Ready-to-Eat _____ Raw Proteins _____ Sushi _____

DISHWASHING FACILITIES

At least one 3-compartment sink (with integral drain boards on each side) large enough to submerge the largest equipment and utensils are required.

Dimensions of sink basins: Length _____ Width _____ Depth _____

Length of drain boards (at least 24”) Right _____ Left _____

Spray arm faucets should be installed at three comp sinks for pre-rinsing.

What type of sanitizer is used? Chlorine _____ Iodine _____ Quaternary Ammonium _____ Hot water _____
Other, Describe: _____

Dishwasher sanitizing cycle used: Hot water _____ Chemical _____
Make & Model _____

The total amount of square feet of air drying space provided: _____ ft²

This space is air drying and should not be used as clean dish and/or ware storage.



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HANDWASHING & TOILET FACILITIES

- Hand washing sinks with hot and cold running water, soap and individual paper towels must be provided in each food preparation and ware washing area.
- Hand wash lavatories must be placed to prevent cross-contamination.
- Identify all handwashing lavatories in all restrooms and work areas (zones).

Please contact Environmental Health Plan Review for assistance at 828-737-6053



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