

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

For New Food Establishment Permits
Including Mobile Food Units/Push Carts
Or Transitional Permits



Macon County
Public Health

Local Health Department Review Process

Upon completing the application and submitting the plans needed, **the following payment must be submitted to this department before the review process can take place.**

See fee schedule on county website:

<http://www.maconnc.org/images/environmental-health/Food-Lodging%20Fees.pdf>

Environmental Health Plan Review Section

8-201.11 of the NC Food Code required that franchised or chain establishment plans be submitted to the Environmental Health Services Section; Plan Review Unit, 5605 Six Forks Road, Raleigh, NC 27609 for review. If there is any question as to where to submit the plan please contact us. A \$200.00 plan review fee must accompany all plans that are required to be reviewed by the plan review section in Raleigh.

If you have any questions and/or comments you may contact our section at 828-349-2489. For additional information concerning facility design and layout you can access the "Guidelines For the Design, Installation and Construction of Food Establishments in North Carolina" by going to the web page <http://ehs.ncpublichealth.com/faf/food/planreview/index.htm>.

The following items must be provided before plan review can begin.

- _____ Plans drawn to scale
- _____ Completed application
- _____ Menu
- _____ Equipment spec sheets
- _____ Letter from Town of Franklin/Highlands regarding grease disposal
- _____ Letter from Commissary (Mobile Food Units/Push Carts)
- _____ Appropriate fee

This application is valid for one year from date application is received by our office.

I hereby sign that the above information is provided.

_____ Date _____



Macon County
Public Health

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Complete and return this part of the application with the plans.

Type of Construction: New _____ Existing/Remodel _____ ID# _____ (Will be assigned by MCEHS)
Transitional _____ Date of ownership change _____

Name of Establishment: _____

Establishment's Address: _____

City: _____ State: _____ Zip Code: _____

Phone if available: (____) - (____ - _____) Fax: (____) - (____ - _____)

Permittee: _____

Name of Owner or Owner's Representative: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) - (____ - _____) Fax: (____) - (____ - _____)

E-mail Address: _____

Hours of Operation

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Days of Operation

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Number of Dining Seats _____ If On-site Wastewater System (Number of seats the septic system is sized for)

Number of Staff _____ (Maximum per shift)

Facility Total Sq. Ft. _____ Square Footage of Dining _____

Projected Number of Meals to be Served: (Approximate number)

Breakfast _____ Lunch _____ Dinner _____

Projected Start Date of Construction _____

Projected Completion Date of Project _____

STATEMENT: I certify that the above information is correct, and I understand that any deviation from the above without prior approval from the Macon County Environmental Health may nullify this approval.

Signature(s) _____
Owner(s) or Responsible Representative(s)

Date: _____ Reviewer Signature and Title _____

Approval of these plans and specifications by the Environmental Health Food and Lodging Section does not indicate compliance with any other code, law or regulation that may be required—federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

Type of Service (Check all that applies)	Type of Service (Check all that applies)
Sit Down Meals _____	Mobile Food Unit _____
Take Out _____	Push Cart _____
Caterer _____	Single Service Utensil Only _____
Limited Food Service _____	Multi-Use Utensil Service Only _____
Temporary Food Stand _____	Both Multi-Use and Single Service Utensils _____
Other (Please specify) _____	

Name of Commissary (Mobile Food Units & Push Carts): _____

Please Answer the Following Questions

FOOD SUPPLIES - All food supplies shall come from an inspected and approved source. List suppliers _____
 Will raw or undercooked animal food (beef, eggs, fish, lamb, pork, poultry or shellfish, etc. be offered on the menu? Yes ___ or No ___. List suppliers _____

COLD STORAGE

1. Adequate and approved freezer and refrigeration shall be available to store frozen foods at 0° F and below, and refrigerated foods at 41° F (5° C) and below and each refrigerator/freezer have a thermometer that is accurate.

Provide total number of reach in coolers _____ reach in freezers _____
 Provide total number of walk in coolers _____ walk in freezers _____

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezer with cooked/ready-to-eat foods? Yes _____ No _____

If yes, how will cross-contamination be prevented? _____

THAWING

Please indicate by checking the appropriate box how PHF (potentially hazardous food) in each category will be thawed. More than one method may apply.

Thawing Process	Meat	Fish/Seafood	Poultry	Other
Refrigeration				
Running Water less than 70° F (21° C)				
Cooked Frozen (indicate wt. lbs.)				
Microwave				

Will any foods be stacked? _____ If so, how & where? _____

COOKING PROCESS

Item #1 - Will food product thermometers (0° – 212° F) be used to measure final cooking/reheating temperatures of PHF (potentially hazardous food)? Yes ____ No ____ . What type of thermometer will be used? ____ . Will any thin meats be offered such as pork chops, fish fillets, etc.? _____

Minimum cooking temperature of product utilizing convection and conduction heating equipment:			
Product	Temperature	Product	Temperature
Beef roast	130° F	Comminuted meats	155° F
Seafood	145° F	Poultry	165° F
Pork	145° F	Vegetables for Hot Holding	135° F
Eggs	145° F	reheating PHF Hot Holding	165° F

Item #2 - Hot Holding

How will hot PHF (potentially hazardous food) be maintained at 135° F (57° C) or above during holding for service? Indicate type and number of hot holding units.

Item #3 - Cold Holding

How will cold PHF (potentially hazardous food) be maintained at 41° F (5° C) or below during holding for service? Indicate type and number of cold holding units.

Item #4 - Cooling

Please indicate by checking the appropriate box how and where PHF (potentially hazardous food) will be cooled to 41° F (5° C) within 6 hours (135° F to 70° F in 2 hours and 70° F to 41° F in 4 hours).

Cooling Process	Meats	Fish/Seafood	Poultry	Other
Shallow Pans				
Ice Baths/Paddle				
Rapid Chill/Blast Chiller				

FOOD PREPARATION

1. List all foods that are cooked and cooled prior to day of service or food prepped ahead of time such as salads, vegetables, sauces and cheese.

2. What methods will be used to prevent bare hand contact of ready-to-eat foods?

3. There must be a sick employee policy- if needed, one is provided on the website at [http://www.maconnc.org/images/environmental-health/EmployeeHealthPolicyTrainingDocumentFinalDraft2012\(2\).pdf](http://www.maconnc.org/images/environmental-health/EmployeeHealthPolicyTrainingDocumentFinalDraft2012(2).pdf) Please submit the policy that will be used.

4. How will cooking equipment, cutting boards and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized?
Please describe procedure: _____

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.) Will delivery temps be checked and logged? _____
- 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 and in what order will (time of day and frequency/day) food be handled

Preparation Procedures

1. **Produce / Ready to Eat**

2. **Raw Fish/Seafood**

3. **Raw Poultry**

4. **Raw Meat**

I. DRY GOODS STORAGE

Provide information on the frequency of deliveries.

Provide total square footage of shelf space dedicated to dry storage _____ sq. ft.

II. WATER SUPPLY/ SEWAGE SUPPLY

1. Is water supply: Municipal____ Well____
If the Water supply is other than a Municipal supply then it will be required to be registered with Public Water Supply.
2. If water supply is from a Community Water Supply system is it registered and approved as Public water supply?
Yes____ No____
3. Grease trap approved by: Municipality____ Onsite Sewage Section____ Not required____
Please attach written approval from regulatory authority.
4. Is Wastewater System: Municipal____ On-site____
If On-site, provide # of seats and total square footage of dining area _____

III. INSECT AND RODENT HARBORAGE

1. Do all windows/doors that open have one of the following forms for fly protection?
A. Minimum #16 mesh screening Yes____ No____ N/A____
B. Air Curtains (Fly Fan) Yes____ No____ N/A____
C. Self Closing/Tight fitting Yes____ No____ N/A____
2. All outside doors shall be self-closing and tight fitting with rodent proof flashing and all pipe penetrations, beverage chases & electrical conduit chases sealed; ventilation systems exhaust and intakes protected to prevent insects and other vermin from entering the facility.
3. Indicate/describe location where insecticides/rodenticides are stored. _____

V. MOP & GARBAGE CLEANING FACILITIES

Where is mop basin/service sink provided?
Please describe area for cleaning of mops and other equipment: _____

VI. GARBAGE AND REFUSE

Inside

Describe location and number of garbage containers in kitchen: _____

Outside

1. The area around the premises shall be clear of unnecessary equipment, litter, boxes and other vermin harborage. Cardboard must be stored in a covered receptacle.
2. Will a dumpster be used? Yes____ No____

If the dumpster is to be cleaned on site, then the waste water from the cleaning operation will be required to be discharged to a sanitary sewer system.

Describe surface under dumpsters _____
 Dumpsters/cans/grease containers/cardboard receptacles must be stored on non-absorbent surface such as asphalt or concrete that is sloped to drain.

VII. MISCELLANEOUS

- Describe storage facilities for employee’s personal belongings (i.e., purse, coats, boots, cell phones, cigarettes, snuff, umbrellas, etc.):

- Clean and dirty linen storage must be provided on premises. Clean linen must be stored in an area not subject to contamination and 6 inches above the floor. Dirty linen must be stored in a clean non-absorbent container.

FINISH SCHEDULE

Applicants must fill materials (i.e., quarry tile, stainless steel, 6” plastic covered molding, etc.)

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Other				

PLUMBING

Plumbing Fixtures	Direct	Indirect
Dishwasher		
Garbage Grinder		
Ice Machines		
Ice Storage		
Food Prep Sinks		
3 Comp Sink		
Utensil/Pot Wash		
Handwash		
Steam Tables		
Dipper Wells		
Refrigeration		
Washing Machine		
Other		

Any sink or equipment in which food or utensils is washed, prepared or stored must be indirectly drained (an air gap between the equipment drain and the fixed plumbing) 1 inch from top of floor drain to bottom of drain pipe.

HOT WATER HEATER SIZE AND CAPACITY

The following is the location to access and download the Hot Water Sizing Calculator

<https://ehs.ncpublichealth.com/faf/food/planreview/docs/waterheatercalculator-0713.xls>

Hot Water Heater Calculation Worksheet					
Equipment	Quantity	Times	Size	Equals	GPH
Three-Comp. Sink See Note #2		X	___ by ___ by ___	=	
Four-Comp. Sink See Note #2		X	___ by ___ by ___	=	
One-Comp Prep Sink		X	5 GPH	=	
Three Comp. Bar Sink See Note #2		X	___ by ___ by ___	=	
Hand Sink (including restrooms)		X	5 GPH	=	
Pre-Rinse		X	45 GPH	=	
Can Wash/Mop Sink		X	10 GPH	=	
Cloth Washer		X	15 GPH	=	
Other Equipment		X		=	

DISHWASHING FACILITIES (Utensil wash sink)

- Does the largest pot, pan or food storage container fit into each compartment of the 3 comp sink?
Yes ___ No ___
- What type of sanitizer is to be used? ___ Chlorine ___ Iodine ___ Quaternary Ammonium ___ Hot Water
- Which test strips will be used? _____

DISHWASHING FACILITIES (Dishmachine)

- Is a Dishmachine used in the facility? Yes ___ No ___
 - Dishmachine Make and Model: _____
 - Type of sanitization used: Hot Water ___ or Chemical ___
 - Test papers and/or kits shall be available for checking sanitizer concentration.
 - Hot water (180° F temperature supplied to machine) Yes ___ No ___
 - Permitting, Planning and Development sign off on ventilation? Yes ___ No ___ Date _____
 - All dishmachines shall have data plates with operating instructions and all dishmachines shall have temperature/pressure gauges that are accurately working.
- Please describe type and location of available air drying space for washed utensils.

Provide total square footage of shelf space dedicated to air drying: _____ sq. ft.