



COUNTY OF ONSLOW
Onslow County Health Department
Environmental Health Division

MEMORANDUM

To: All Architects, Owners and/or Managers of a Foodservice Establishment

From: Walter Doyle, REHS
Environmental Health Director

Subject: Foodservice Plan Review Application

The attached Food Establishment Plan Review Application must be submitted along with the plans and specifications for review. Incomplete applications will not be processed. **A \$ 250.00 plan review fee must accompany the returned application.**

The intent of the application is to answer questions that are not provided on the plans regarding the operation of the facility and to provide the health department with the operational procedures when the facility opens.

Franchised and chain type facility plans are required to be submitted to: Kevin Dodge, Environmental Health Section, Plan Review Unit, 5605 Six Forks Rd, Raleigh, NC 27609. Contact Mr. Dodge at 919-707-5863 with questions regarding prototypical and franchised facilities or email kevin.dodge@dhhs.nc.gov .

Plans for independently owned food establishments need only be submitted for review and approval to Onslow County Environmental Health, 234 NW Corridor Blvd., Jacksonville, NC 28540.

Please feel free to copy this application for future use when submitting plans.

Feel free to call me at 910-938-5851 or email Environmental_Health@onslowcountync.gov , if you have any questions and/or comment.

CHECKLIST

- Completed Application
- Proposed Menu
- Manufacturer Specification sheets for each piece of equipment shown on plans
- Plan of facility drawn to scale showing location of equipment, plumbing, electrical service, and mechanical ventilation.
- Site plan showing location of business in building, location of building on site including alleys, streets, and location of any outside facility (dumpster, walk-ins, etc.)
- Copy of written approval and/or permit for water supply and sewage disposal
- Copy of grease container contract
- Copy of dumpster contract
- \$250 check made payable to **“Onslow County Health Department”** for plan review of facilities that **are not** franchised, chain, and prototypes

**Onslow County Health Department
Environmental Health Section
Food, Lodging, and Institutional Division**

ESTABLISHMENT PLAN REVIEW APPLICATION

New Remodel Name Change Change-of-Ownership

Food Establishment Information

Facility Name: _____

Address: _____

Telephone #: _____ Fax#: _____

If change of ownership or name, previous facility name: _____

Applicant Contact Information

Applicant / Contact Person Name: _____ Position: _____

Telephone #: _____ Fax#: _____ Cell#: _____

Applicant mailing address: _____

Email address: _____

Foodservice Owner Information

(complete if foodservice establishment is corporate owned)

Association, Corporation, Partnership Name: _____

Legal Owner Name: _____ Legal Owner Telephone #: _____

Legal Owner Mailing Address: _____

Hours of Operation (open-close)

Sunday ____ - ____ Monday ____ - ____ Tuesday ____ - ____ Wednesday ____ - ____
Thursday ____ - ____ Friday ____ - ____ Saturday ____ - ____

Projected Number of Meals to be served Daily

Total Number of seats inside: ____ Total Number of seats outside: ____

Total square feet of dining area: _____

Type of Food Service

Check all that Apply

- Restaurant
- Food Stand
- Drink Stand
- Meat Market
- Commissary
(MFU of PC)

- Sit-Down Meals
- Take-Out Meals
- Catering (separate approval required)

Single-Service (disposable): Plates Glassware Flatware

Multi-Use (reusable): Plates Glassware Flatware

Water Supply and Sewage

Water Supply: Municipal / Name: _____ Well

Sewer: Municipal / Name: _____ Septic

Water Heater Type

- Gas Electric Instantaneous

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

Manufacturer: _____ Model: _____

Water heater proposed size: Electric: _____KW Gas: _____BTU's

NOTE: Specification sheet must be provided for hot water heater)

Information Requirements for Plans

1. The plans should be a minimum of **11 X 17 inches** in size and the layout of the floor plan accurately drawn to a minimum scale of $\frac{1}{4}$ inches = 1 foot. This is to allow for ease in readings plans. Plans not meeting this requirement will be returned.
2. Plans should show the location of all food service equipment. Label each piece of equipment on the plan with its common name or number corresponding to an accurate legend.
3. The plan layout should contain room size, aisle space, and space between and behind equipment.
4. When menu dictates, separate food preparation sinks must be provided and should be labeled and located to preclude contamination and cross-contamination of raw and ready to eat foods.
5. All areas of the establishment must be shown on the plans including dining areas (with seats), bar (with seats), storage and toilet facilities.
6. The plans and specifications should also include:
 - A. Entrances, exits, loading/uploading areas and docks
 - B. Complete finish coverings for each room to include floors, walls, ceilings and coved juncture bases. All coverings in food service and food storage areas must be non-absorbent and easily cleanable.
 - C. Plumbing plans to include location of the floor drains, floor sinks and water supply lines, overhead waste water lines, hot water lines, hot water generating equipment with capacity and recovery rate and backflow prevention.
7. Lighting Requirements:
 - A. Food contact surfaces = 50 foot candles
 - B. Utensil washing area = 50 foot candles (lighting in utensil washing area and on food contact surfaces is measured at 30 inches above the floor and at all work levels.
 - C. All other areas = 10 foot candles
 - D. Light bulbs in food preparation, storage, and display areas shall be shatter-proof or shielded so as to preclude the possibility of broken bulbs or lamps falling into food. Shatter-proof or shielded bulbs need not be used in food storage areas where unopened packages will not be affected by broken glass.
 - E. Heat lamps shall be protected against breakage by a shield surrounding and extending beyond the bulb, leaving only the face of the bulb exposed.
8. Equipment list should include make and model number for all food service equipment and shall be NSF/ANSI, UL, ETL, or CSA Sanitation approved or equivalent.
9. Hand washing facilities used for no other purpose shall be designated for each toilet facility and within the immediate area of food preparation and dishwashing.
10. A mop sink / can wash with facilities for hanging wet mops and storage of mop buckets
11. Location of grease storage containers.
12. Location of dumpster and dumpster pad.
13. Location of cabinets/shelves for storing chemicals.
14. Locker area, employee rest area, and/or coat rack as required.
15. Location of water heater (s).For ease of cleaning, water heaters located inside food preparation and dishwashing areas must be enclosed.
16. Source of water supply and method of sewage disposal.
17. Completed checklist.
18. Incomplete application packets will be returned.

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served. An answer must be provided for each category.

<u>CATEGORY</u>	<u>YES</u>	<u>NO</u>
Thin meats, poultry, fish, eggs	()	()
Thick meats, whole poultry	()	()
Cold processed foods salads, sandwiches, vegetables	()	()
Hot processed foods (Soups, stews, chowders, casseroles)	()	()
Bakery goods (Pies, custards, creams)	()	()
Other: _____		

PLEASE ANSWER THE FOLLOWING QUESTIONS

Food Supply

Are all food supplies from inspected and approved sources? Yes No

Will ice be made on premises?
(If no, indicates source of ice) Yes No

Cold Storage

1. Is adequate and approved freezer and refrigeration available to store frozen foods at 0°F and below, and refrigerated foods at 41°F (5°C) and below? Yes No
Provide the method used to calculate cold storage requirements.

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?

3. Does each refrigerator/freezer have a thermometer? Yes No

Number of refrigeration units: _____ Number of freezer units: _____

NOTE: Walk-in and reach-in storage capacity is based on the number of meals served and frequency of stock deliveries

Preparation

Please list all potentially hazardous foods that will be prepared more than 12 hours in advance of service.

1. Food handlers are required to minimize handling ready-to-eat foods (salads and salad toppings, cooked foods, buns) with bare hands. How will employees avoid bare hand contact with ready-to-eat foods? (Check all that apply)

- disposable gloves
- deli tissue
- long handled utensils
- other: _____

2. Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes No

Describe/attach employee policy:

Note: To reduce the risk of foodborne disease transmission, the person in charge must require food employees to report information about their health and activities as they relate to diseases that are transmissible through food. Such information includes date of onset of symptoms and an illness, or of a diagnosis without symptoms. (2-201.11 Responsibilities of Permit Holder, Person in Charge, Food Employees, and Conditional Employees)

Cooking

1. Will food product thermometers (0° - 212°F) be used to measure final cooking/reheating temperatures of PHF's? Yes No

Minimum cooking time and temperature of product utilizing convection and conduction heating equipment:

Beef roast	130°F (121 min)
Seafood	145°F (15 sec)
Pork	155°F (15 sec)
Eggs	145°F (15 sec)
Comminuted meats	155°F (15 sec)
Poultry	165°F (15 sec)
Other PHF's	145°F (15 sec)
* reheating PHF's	165°F (15 sec)

2. List types of cooking equipment:
(see attached is not acceptable)

Hot/Cold Holding

1. How will hot PHF's be maintained at 135°F (57°C) and above during holding for service?
Indicate type and number of hot holding units:

2. How will cold PHF's be maintained at 41°F (5°C) and below during holding for service?
Indicate type and number of cold holding units:

Cooling

List all foods (by name) that are to be cooled prior to storage and check the method of cooling. Use additional sheets if necessary. ***Rapid chilling requires specialized equipment. Please provide specification sheet for rapid chill equipment.**

FOODS	SHALLOW PANS	ICE BATH	*RAPID CHILL

Thawing

Indicate by checking the appropriate box how potentially hazardous foods (in each category) will be thawed.

THAWING PROCESS	MEAT	SEAFOOD	POULTRY	SAUCES	VEGETABLES	DAIRY
Refrigeration						
Running Water less than 70°F						
Cooked Frozen						
Microwave						

Note: Cold water temperatures used for thawing must be 70 degrees or below.

Food Preparation Procedures

The food preparation procedures should include:

- **Each types of food prepared or handled. List foods individually.**
- **Time of day food is prepared or handled**
- **Equipment used for preparation or handling**
- **Detailed procedures for each food item prepared (HAACP)**

Note: Space must be provided at food preparation sinks to accommodate required procedures/volume either by chef table or additional stainless steel table

Note: A consumer advisory informing consumers of the significantly increased risk of consuming raw or undercooked foods by way of a disclosure and reminder using brochures, table tents, placards, or other effective means. (3-603.11 Consumption of Animal Foods that are Raw, Undercooked, or Not Otherwise Processed to Eliminate Pathogens)

Produce

Will produce be washed, rinsed or otherwise handled prior to service? Yes No

Is there a location for washing, rinsing or handling produce? Yes No

Describe (in detail) the preparation procedure for each produce item. The items must be listed by the name of the ingredient and the menu item that it composes. Also, please list the time of day that these items are prepared and the frequency of preparation for that item.

Food Name: Example House Salad	Time of Day: 9:00am	Frequency: Daily
Description: Lettuce: washed in produce preparation sink.		
Tomatoes: washed and sliced at produce preparation sink		
Cucumbers: washed and sliced at produce preparation sink		
Onions: sliced at produce preparation sink		

Food Name:	Time of Day:	Frequency:
Description:		

***USE ADDITIONAL SHEETS IF NECESSARY**

Seafood

List Seafood Distributors to be used (**provide name address and phone number**):

Will seafood be eviscerated (scaled or dressed) on site? Yes No

Describe the evisceration process:

Is there an approved location for eviscerating (scaling or dressing) seafood? Yes No

Will Shellfish (oysters, clams, mussels, etc.) be cleaned or shucked prior to service? Yes No

Is there a location for thawing, washing and preparing seafood and shellfish? Yes No

OFFICE USE ONLY: If the proposed facility will be served by a subsurface wastewater disposal system then ensure the system is approved for the washing and processing of seafood and record the IP/CA/OP # here:

Describe (in detail) the preparation procedure for each seafood and shellfish item. The items need to be listed by the name of the ingredient and the menu item that it composes. Also, please list the time of day that these items are to be prepared and the frequency of preparation for that item.

Food Name:	Time of Day:	Frequency:
Description:		

***USE ADDITIONAL SHEETS IF NECESSARY**

Sushi

Is sushi or sashimi to be prepared on site? Yes No

Is there a location for thawing of fish and sushi preparation? Yes No

NOTE: Sushi and Sashimi preparation requires a dedicated area that consists of a minimum of one hand wash sink, one prep sink, one refrigeration unit and a work space that is to be used exclusively for Sushi and Sashimi preparation.

List the sources of fish used for Sushi and Sashimi. Include the name of the supplier, address and phone number for

each species of fish to be used:

According to the FDA Food Code 3-402.11 Parasite Destruction, “before service and sale in ready-to-eat form, raw-marinated, partially cooked, or marinated-partially cooked fish other than molluscan shellfish shall be:

Frozen and stored at a temperature of -4°F (-20°C) or below for 168 hours (7 days) or
Frozen at -31°F or below until solid and stored at -31°F for 15 hours”

Will freezing for parasite destruction be done? Yes No

NOTE: Letters of Guarantee for parasite destruction must be obtained for each shipment of fish to be used for Sushi and Sashimi. These letters are to be held on premises to meet the requirements under the FDA Food Code. Also, farm raised species of fish are considered to be free of parasites. Letters of Guarantee from the supplier that the fish were farm raised must be kept on premises.

Describe the preparation procedure for each Sushi and Sashimi item. The items need to be listed by the name of the fish and the menu item that it composes. Please list the time of day that these items are prepared (if prepared in advance of service) and the frequency of preparation of that item.

Food Name:	Time of Day:	Frequency:
Description:		

***USE ADDITIONAL SHEETS IF NECESSARY**

Beef, Poultry and Pork

Will raw meats be thawed, rinsed or otherwise be prepared prior to cooking? Yes No

Is there a location for thawing, rinsing or other preparation prior to cooking? Yes No

Describe (in detail) the preparation procedure for each meat item. The items need to be listed by the name of the ingredient and the menu item that it composes. Also, please list the time of day that these items are prepared and the frequency of preparation for that item.

Food Name:	Time of Day:	Frequency:
Description:		

Food Name:	Time of Day:	Frequency:
Description:		

***USE ADDITIONAL SHEETS IF NECESSARY**

Specialized Food Processes

You will need to submit your HACCP plan & Variance Request to the NC Food Code Variance Committee for approval for specialized food process to be conducted in your food service establishment.

(8-103.10 Modifications & Waivers) EH office can provide you the January 15, 2013 documentation. The State Variance Committee can be reached at 919-707-5854.

HACCP information can be found at <http://www.cfsan.fda.gov/~lrd/haccp.html>

1. 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)

2. Are raw meats or poultry to be marinated or breaded prior to cooking? Yes No

Describe process:

Are meats to be injected prior to cooking? Yes No

Describe process:

4. Is Sushi rice to be prepared? Yes No

Describe process:

5. Are any foods to be vacuum packaged in the kitchen? Yes No

Describe process:

Dry Storage

Total linear feet of shelf space dedicated to dry storage: _____

Approved food storage containers must be used to store bulk food products (i.e. sugar, flour, rice, etc.).

Indicate type:

Construction

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen				
Bar				
Refrigerated Storage				
Dry Storage				
Toilet Rooms				
Mop Service Basin area/Can Wash				
Outbuilding Storage				
Other				

Dishwashing Facilities

A. Manual dishwashing

- Size of sink compartments (inches): Length _____ Width _____ Depth _____
Drain board size (inches): R _____ L _____ (24" minimum recommended)
(The largest utensil, pot or pans must fit into each compartment of the pot sink)
- Type of sanitizer to be used? _____
- Type of test kit to be used? _____

B. Mechanical dishwashing

- Will a Dish machine be used? Yes No
- Dish machine manufacturer and model: _____

NOTE: All dish machines must have manufacturer's templates with operating instructions permanently mounted.

Equipment Cleaning

Describe the procedure of how cooking equipment, cutting boards, 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 (drain boards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

Hand washing/Toilet Facilities

Is there a hand washing sink (with soap and hand-drying device) in each food preparation and ware washing area?

Yes No

NOTE: All toilet room doors must be self-closing. Self-closing metering faucets should provide a flow of water for at least 15 seconds without the need to reactivate the faucet.

Employee Area

Is space provided for employee’s personal items? Yes No

If yes, describe location: _____

If no, describe employee personal item storage policy: _____

Insect and Rodent Harborage

How is fly protection provided on all outside entrances? (i.e. fly fans, self-closures, door sweeps & weather stripping, etc.)

Windows: _____

Doors: _____

Note: All entry door and drive thru windows must be self-closing. All pipe penetrations, beverage chases and electrical conduit chases must be sealed.

Garbage and Refuse

Specify area for garbage can cleaning facilities (minimum 3’ x 3’ area): _____

Indicate where trash containers will be stored: _____

Describe location of paved surface where dumpster/compactor/cans are to be stored: _____

NOTE: If dumpster and/or compactor will be cleaned on site, wastewater from the cleaning operation must be discharged to a sanitary sewer system.

Indicate type and location of waste cooking grease storage receptacle: _____

Is there an area to store recyclable containers? Describe: _____

Laundry Facilities

Are laundry facilities located on premises? Yes No
 If yes, what will be laundered:

Is a laundry dryer available? Yes No

Describe location of clean linens (ex. tablecloths, towels, etc.) storage: _____

Describe location of dirty linens (ex. tablecloths, towels, etc.) storage: _____

Plumbing

	INDIRECT WASTE	DIRECT WASTE
1. Dishwasher	_____	_____
2. Garbage grinder	_____	_____
3. Ice machines	_____	_____
4. Sinks	_____	_____
a. Food prep sinks	_____	_____
b. Utensils/pot wash	_____	_____
c. Handwash	_____	_____
5. Steam tables	_____	_____
6. Dipper wells	_____	_____
7. Refrigeration condensate/drain lines	_____	_____
8. Other _____	_____	_____

If floor drains are not shown on plans please indicate location: _____

NOTE: A direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable, equipment, or utensils are placed.

	<u>Back flow Preventor</u>	<u>Vacuum Breaker</u>
11. Hose connection	_____	_____

STATEMENT: I hereby certify that I have contacted the appropriate agencies for approval for construction/renovation/change of use of this proposed establishment. All information provided in this application is correct and I fully understand that any deviation without prior approval from this Health Regulatory Authority may nullify this approval.

Print Name(s): _____

Signature(s): _____

owner(s) or responsible representative(s)

Date: _____

Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other federal, state, or local code, law, or regulation that may be required; and does not cover any aspects of construction regulated by other jurisdictions. It also does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.