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The North Carolina Legislature amended GS. 130A-248. This allows local health departments to charge a fee for food service establishment plan review. This becomes effective October 1, 2002.

On November 17, 2009 the Davie County Board of Health approved an increase for the plan review fee to 250.00. This fee increase is effective immediately.

Other entities of Davie County Government must also be contacted for other inspections and fees. We have listed these telephone numbers below for your convenience.

- 1. INSPECTIONS DEPARTMENT** 336-753-6050 (For zoning, building permits, change of use, fire inspections etc...)
- 2. PUBLIC UTILITIES** 336-753-6090 (For County controlled sewer and grease trap specifications)
- 3. TOWN OF MOCKSVILLE (City Shop)** 336-751-2519 (For Town of Mocksville controlled sewer and grease trap specifications)

The following websites are listed below for your guidance:

.2600 Rules Governing Food Protection and Sanitation of Food Establishments:

<http://www.deh.enr.state.nc.us/food/docs/15A-NCAC-18A-2600-FINAL.pdf>

NC Food Code:

<http://www.deh.enr.state.nc.us/food/docs/NC-FoodCodeManual-2009-FINAL.pdf>

FDA Food Code Annexes: <http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/ucm188157.htm>

ALL ITEMS LISTED BELOW MUST BE SUBMITTED BEFORE PLAN REVIEW BEGINS

- A completed plan review application and a menu indicating the items to be prepared/served.
- A site plan that identifies facility property lines, parking areas, and the location of outside solid waste and grease storage containers.
- Details indicating equipment design, layout, and placement. The drawing must be accurately drawn to scale and the scale used identified on the plan. A complete equipment list including make and model numbers or manufacturers specifications must also be included.
- Complete plumbing details. This includes type of water supply and wastewater disposal, water supply piping, backflow prevention devices, and water heater (hot water generating equipment) specifications.
- Wastewater information indicating the placement and direction of piping to include floor drains and floor sinks.
- Complete finish schedule for floors, walls, and ceilings identifying the materials, color, and composition of these surfaces.

- A \$250.00 payment for plan review fees.



Davie County Environmental Health
 P.O. Box 848
 210 Hospital Street
 Mocksville, NC 27028
 336-753-6780 (office) 336-753-1680(fax)



Food Establishment Plan Review Application

SECTION 1: GENERAL INFORMATION

Type of Construction: NEW REMODEL TRANSITIONAL
 Date: _____
 Start of Construction Date: _____
 Proposed Opening Date: _____

Name of Establishment: _____

Address: _____
 City: _____ Zip Code: _____ County: _____
 Phone (if available): _____ - _____ - _____ Fax: _____ - _____ - _____
 Emergency Phone: _____ - _____ - _____
 Website: _____

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.): _____

I hereby 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)

| |
|-----------------|
| OFFICE USE ONLY |
| State ID# _____ |

Hours of Operation:

Sun — Mon — Tue — Wed — Thu — Fri — Sat —

Projected number of meals to be served between product deliveries:

Breakfast: — Lunch: — Dinner: —

Facility total square feet: — Number of Seats: —

SECTION 2: TYPE OF FOOD SERVICE: CHECK ALL THAT APPLY

- Restaurant
- Food Stand
- Drink Stand
- Commissary
- Meat Market
- Other (explain): _____
- Sit-down meals
- Take-out meals
- Catering

SECTION 3: TYPE OF DINING UTENSILS

Single-service (disposable): Plates Glassware Silverware

Multi-use (reusable): Plates Glassware Silverware

Check categories of Potentially Hazardous Food (PHF) to be prepared and served:

1. Meat
2. Seafood
3. Poultry
4. Other (explain): _____

SECTION 4: COLD STORAGE

1. Provide the method used to determine cold storage requirements:

2. How will cold potentially hazardous food (PHF) be maintained at 45° F (7° C) or below during holding for service?

3. Indicate the equipment manufacturer, model, and number of proposed cold holding units.

4. Walk-in cold storage space:

a) Number of walk-in refrigeration units: — _ total cubic feet: — _

b) Number of walk-in freezer units: — _ total cubic feet: — _

5. Reach-in cold storage space

a) Number of reach-in refrigeration units: — _ total cubic feet: — _

b) Number of reach-in freezer units: — _ total cubic feet: — _

6. Indicate by checking the appropriate box how potentially hazardous food (PHF) in each category will be thawed. If "Other" is checked indicate type of food: _____

| | | | | |
|------------------------|-------------|----------------|----------------|--------------|
| Thawing Process | Meat | Seafood | Poultry | Other |
|------------------------|-------------|----------------|----------------|--------------|

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Refrigeration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Running Water less than 70 ⁰ F (21 ⁰ C) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooked Frozen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Microwave | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 5: HOT FOOD HOLDING

1. How will hot potentially hazardous food (PHF) be maintained at 140⁰ F (60⁰ C) or above during holding for service?

2. Indicate the number, Manufacturer and model information for proposed hot holding units.

3. List any food that will be held between 45⁰F (7⁰C) and 140⁰F (60⁰C) for any of the following that apply, and indicate how long the food will be held in each category.

STORAGE: _____

DISPLAY: _____

SERVICE: _____

SECTION 6: COOLING

1. Indicate by checking the appropriate box how potentially hazardous food (PHF) will be cooled to 45⁰ F (7⁰ C) within 6 hours. If “Other” is checked indicate type of food: _____

| Cooling Process | Meat | Seafood | Poultry | Other |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Shallow Pans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ice Baths | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rapid Chill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?

SECTION 7: FOOD PREPARATION PROCEDURES

The food preparation procedures should include:

- Types of food prepared or handled
- Time of day food is prepared or handled
- Equipment used for preparation or handling

NOTE: If your company has developed food preparation procedures, they should be submitted.

1. PRODUCE PREPARATION PROCEDURE

- a. Will produce be washed, rinsed or otherwise handled prior to use? Yes No
- b. Is there a location used for washing, rinsing or handling produce? Yes No
- c. Will it be used for other operations? Yes No
- d. Indicate location of produce washing or handling equipment and describe the procedure. Include time of day and frequency of produce preparation, and menu items that contain produce.

2. SEAFOOD PREPARATION PROCEDURE

- a. Will seafood be washed, rinsed or otherwise handled prior to use? Yes No
- b. Is there a location used for washing, rinsing or handling seafood? Yes No
- c. Will it be used for other operations? Yes No
- d. Indicate location of seafood washing or handling (cutting, marinating, shelling, shucking, etc.) equipment and describe the procedure. Include time of day and frequency of seafood preparation, and menu items that contain seafood.

3. POULTRY PREPARATION PROCEDURE

- a. Will poultry be washed, rinsed or otherwise handled prior to use? Yes No
- b. Is there a location used for washing, rinsing or handling poultry? Yes No
- c. Will it be used for other operations? Yes No
- d. Indicate location of poultry washing or handling (cutting, marinating, etc.) equipment and describe the procedure. Include time of day and frequency of poultry preparation, and menu items that contain poultry.

4. PORK and/or RED MEAT PREPARATION PROCEDURE

- a. Will meat be washed, rinsed or otherwise handled prior to use? Yes No
- b. Is there a location used for washing, rinsing or handling pork and/or red meat? Yes No
- c. Will it be used for other operations? Yes No
- d. Indicate location of pork/red meat washing or handling (cutting, marinating, aging, etc.) equipment and describe the procedure. Include time of day and frequency of pork and/or red meat preparation, and menu items that contain pork/red meat.

SECTION 8: DRY STORAGE

- 1. Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time: _____
- 2. Provide total square feet of shelf space dedicated to dry storage: ____ _____
- 3. Where will dry goods be stored? ____ _____

SECTION 9: 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 | | | | |
| Food Storage | | | | |
| Dry Storage | | | | |
| Toilet Rooms | | | | |
| Dressing Rooms | | | | |
| Garbage & Refuse Storage | | | | |
| Mop Service Basin Area | | | | |
| Other | | | | |
| Other | | | | |

SECTION 10: WATER SUPPLY- SEWAGE

- Is water supply: Municipal Well
- Is sewer: Municipal Septic
- Will ice: be made on premises purchased
- Water heater make and model: _____
- Water heater storage capacity: _____ gallons.
- Water heater recovery rate (gallons per hour at 100°F temperature rise): _____gallons per hour.
(See Water Heater Calculation Worksheet – Page 9 to calculate recovery rate needed)

7. Check the appropriate box for indicating equipment drains:

| Plumbing Fixtures | Indirect Waste | | | Direct Waste |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Floor sink | Hub Drain | Floor Drain | |
| Dishwasher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Garbage Grinder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ice Machine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Ice Storage Bins | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Prep Sinks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utensil/Pot Wash Sinks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Steam Tables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dipper Wells | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigeration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Potato Peeler | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 11: DISHWASHING FACILITIES

1. Hand dishwashing
 - a. Number of sink compartments:
 Size of sink compartments (inches): Length: ___ Width: ___ Depth: ___
 Length of drainboards (inches): Right: ___ Left: ___
 - b. What type of sanitizer will be used?
Chlorine Iodine Quaternary Ammonium Hot Water Other (specify): ___
2. Mechanical dishwashing
 - a. Will a Dishmachine be used? Yes No
 Dish machine manufacturer and model: _____
 - b. Type of sanitization: Hot water (180°F) Chemical (specify) _____
3. General
 - a. 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?

 - b. Describe location and type of air drying space (drainboards, wall-mounted or overhead shelves, stationary or portable racks) that will be provided by establishment.

 - c. Provide total square feet of air drying space: _____

SECTION 12: HANDWASHING/TOILET FACILITIES

Is there a hand washing sink (with soap and hand-drying device) in each food preparation and warewashing area? Yes No

SECTION 13: EMPLOYEE AREA

Is space provided for employee's personal items? Yes No
 If so, describe location: _____

SECTION 14: GARBAGE AND REFUSE

1. Will refuse be stored inside? Yes No
If so, 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.)

SECTION 15: CLEANING FACILITIES

1. Specify location and size of area for washing of garbage cans and storage of mops: _____
2. Is a separate mop basin provided? Yes No
If so, describe type and location: _____
3. Indicate location of cleaning chemical system and chemical storage: _____

4. Location of clean linen storage: _____
5. Location of dirty linen storage: _____
6. Will laundry facilities be available onsite or will there be a contract with a linen service company?

SECTION 16: INSECT AND RODENT

1. Are all outside doors self-closing with rodent-proof flashing? Yes No
2. How is fly protection provided on all outside doors?
Self-closing door Fly Fan Screen Door
3. How is fly protection provided on windows?
Self-closing Fly Fan Screening
4. Indicate location of insecticide/rodenticide storage: _____

WATER HEATER SIZING

| Water Heater Calculation Worksheet | | | | | |
|------------------------------------|----------|-------|------|---|-----|
| Equipment | Quantity | Times | Size | = | GPH |
| One-Comp. Sink (See Note) | | X | x x | = | |

| | | | | | |
|---|--|----------|----------------------------------|--------------|--|
| Two-Comp. Sink (See Note) | | X | x x | = | |
| Three-Comp. Sink (See Note) | | X | x x | = | |
| Four-Comp. Sink (See Note) | | X | x x | = | |
| One-Comp. Prep Sink | | X | 5 GPH | = | |
| Two-Comp. Prep Sink | | X | 10 GPH | = | |
| Three-Comp. Prep Sink | | X | 15 GPH | = | |
| Three Comp. Bar Sink (See Note) | | X | x x | = | |
| Four Comp. Bar Sink (See Note) | | X | x x | = | |
| Hand Sink | | X | 5 GPH | = | |
| Pre-Rinse | | X | 45 GPH | = | |
| Can Wash | | X | 10 GPH | = | |
| Mop Sink | | X | 5 GPH | = | |
| Dishmachine | | 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 ⁰ F temperature rise) | | | | Total | |

| | |
|---|---|
| Note: GPH Calculation for Sinks | $\text{GPH} = \frac{(\text{Sink size in cu. in.}) \times (7.5 \text{ gal./cu. ft.}) \times (\# \text{ compartments} \times .75 \text{ capacity})}{1,728 \text{ cu. in./cu. ft.}}$ |
| Short version for above | $\text{GPH} = (\text{Sink size in cu. in.}) \times (\# \text{ compartments}) \times (.003255/\text{cu. in.})$ Example: (24" x 24" x 14") x (3 compartments) x (.003255) = 79 GPH |

