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\$250.00

Food Establishment Plan Review Application

Type of Construction: New Remodel/Expansion

Name of Establishment _____

Physical Address _____

Mailing Address _____ City/State _____

Phone _____ Fax _____ Email _____

Name of Owner _____ Phone _____

Type of Ownership: Individual Partnership Corporation Other _____

Mailing Address _____

Applicant Name _____ Date of Birth _____

Applicant Title (manager, architect, owner, etc) _____

Mailing Address _____

Phone _____ Fax _____ Email _____

I hereby certify that the information in this application is correct, and I understand that any deviation without prior written approval from Hoke County Environmental Health may nullify plan approval and may cause any permits issued based on this application to be suspended or revoked.

Signature: _____ Date: _____

(Owner or owner's representative)

Proposed Days/Times of Operation:

Sun_____ Mon_____ Tue_____ Wed_____ Thu_____ Fri_____ Sat_____

Meals to be Served:

Breakfast_____ Lunch_____ Dinner_____

Type of Establishment

- Restaurant
- School Lunchroom
- Congregate Nutrition Site
- Food Stand (no seating)
- Commissary
- Limited Food Establishment
- Meat Market
- Institutional Food Service
- Other: _____

Will you deliver or cater any food to be consumed off the premises? Yes___ No___

Will you be preparing food for a Highly Susceptible Population? Yes___ No___

Do you plan to have any sit-down dining? Yes___ No___

If so, how many seats? (Include any outside seating)_____

The establishment's plates, bowls, glasses, cups, forks, spoons, etc. will be:

Single-service (disposable, such as Styrofoam, plastic, paper)

or Multi-use (washed and re-used)

Water Supply/Wastewater System

The potable water supply is from: Well or Municipal (county/city water)

The wastewater system is: Onsite (septic system) or Municipal (sewer)

Ice will be: Made in establishment Purchased elsewhere

Water heater storage capacity: _____gallons.

Water heater recovery rate (gal/hr at 100°F rise): _____gallons per hour.

(See **Water Heater Calculation Worksheet** to calculate recovery rate needed)

Certified Food Protection Managers (CFPM)

Please list names of all staff who have completed an ANSI approved certified food protection manager course, such as ServSafe. A CFPM is required to be present at all times of operation for most types of establishments.

<u>Name</u>	<u>Type of Certification</u>	<u>Expiration Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DANGER ZONE

The temperature range between 41 and 135 degrees Fahrenheit is the “danger zone” where various pathogenic microbes can multiply rapidly. List any potentially hazardous foods such as meats, poultry, fish, eggs, cut fruits/vegetables, etc that will be held in this temperature zone for any of the following reasons and indicate how long the food will be held in each category:

	<u>Food</u>	<u>Time</u>
STORAGE:	_____	_____
	_____	_____
	_____	_____
PREPARATION:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
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	_____	_____
	_____	_____
	_____	_____
	_____	_____
SERVICE/DISPLAY:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

FOOD PREPARATION PROCEDURES

Describe the preparation procedures for each menu item. Procedures should include:

- Type of food being prepared
- Location of prep area in kitchen
- Time of day food is prepared (morning, mid-day, night, all times as needed)
- Where food is taken from (walk-in cooler, freezer, reach-in cooler, etc)
- Actions taken such as breading, chopping, seasoning, etc.
- Equipment used for preparation (knives, breader pan, slicer, etc)
- Where food goes next (walk-in cooler, fryer, oven, grill, cold or hold, etc)
- How/when food is cooked and to what temperature
- Is cooked food immediately served or does it go to hot hold unit or is it cooled?
- What is done with any leftovers?

If your company has written procedures they should be submitted. Use additional sheets if necessary.

1. PRODUCE PREPARATION

Will produce (fruits/vegetables) be washed, rinsed or handled prior to use? Yes No

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

Will it be used for other operations? Yes No

Describe produce preparation procedures: _____

2. SEAFOOD PREPARATION

Will seafood be washed, rinsed or handled prior to use? Yes No

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

Will it be used for other operations? Yes No

Describe seafood preparation procedures: _____

HAND/WAREWASH FACILITIES

- How many handwash sinks will be in the establishment? _____
- Is there a handwash sink in each food preparation and ware wash area? _____YES
- Do you have hot water (at least 100 degrees F) at all handwash sinks? _____YES
- Do you have soap and hand drying facilities at all handwash sinks? _____YES
- Do you have a trash can for any sink using paper towels for drying hands? _____YES
- Do you have handwash signs posted at all handwash sinks? _____YES

Manual dishwashing facilities:

- 1. Number of sink compartments: _____
- 2. Size of compartments (inches) _____length x _____width x _____depth
- 3. Do you have hot water of at least 110 degrees F? _____YES
- 4. Square footage of drainboard space:_____
- 5. What type of sanitizer will you use for manual dishwashing?
 - Chlorine (bleach)
 - Quaternary Ammonium
 - Other:_____

Automatic dishwashing facilities:

- 1. Will you have a dishwashing machine? _____YES _____NO
- 2. If so, list manufacturer and model:_____
- 3. What type of machine is it? _____Stationary Rack _____Conveyor
- 4. What type of sanitizer does the machine use?
 - Chlorine (bleach)
 - Quaternary Ammonium
 - Hot Water (180 degrees)
 - Other:_____

Provide location and type of air drying space (drainboards, portable racks, wall mounted shelves, etc):_____

Total square feet of air drying space: _____

List any equipment or items too large to be submerged in sinks or put through dishwashers (slicers, cutting boards, countertops, cooking equipment, etc) and describe how they will be cleaned and sanitized: _____

Do you have a supply of test strips for all your sanitizer products? _____YES

TOILET FACILITIES

- Do you have toilet facilities for the employees? YES
- Do you have toilet facilities for the customers? (required if seating provided) YES
- Do restroom doors have self-closing mechanisms? YES
- Is toilet tissue provided in each restroom? YES
- Is a handwash sink with soap, hot water and means of drying hands provided? YES
- Is a trash can provided for all restrooms with paper hand towels? YES
- Do all trash cans in ladies or unisex restrooms have a lid? YES
- Is a handwash sign posted in all restrooms? YES

LIGHTING

- Do you have sufficient lighting in all areas as indicated below? YES
 1. 50 foot-candles in all food work areas;
 2. 20 foot-candles in all areas of warewashing, handwashing, utensil storage, customer self-service, toilet rooms and inside equipment such as reach-in coolers;
 3. 10 foot-candles in all dry storage areas, walk-ins and other areas.

GARBAGE/CLEANING FACILITIES

Will garbage be stored inside for more than a few hours? YES NO
If yes, where? _____

Will garbage be stored outside? YES NO
If yes, how will it be stored?
 Dumpster on pad with drain plug installed
 Cans with lids
 Other: _____

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

Who will be hauling off the garbage? _____
How frequently will it be picked up? _____

Provisions for cleaning the dumpster or cans: on-site off-site (contractor)

Specify location of area for disposing of mop water and washing mop buckets/trash cans:

- Is there warm water provided with a “Y” mixing hose? YES
- Is there sufficient backflow prevention installed? YES
- Is the drain basin curbed to prevent runoff onto the ground? YES

Indicate location of all chemicals, toxins, pesticides, etc: _____

Indicate location for clean linens/rags: _____

Indicate location for dirty linens/rags: _____

How will you clean linens and/or rags?

Wash and dry on-site

Off-site service

Other: _____

What type of sanitizer will you store wet wiping cloths in? _____

INSECT/RODENT CONTROL

Are all exterior doors self-closing with rodent-proof flashing? ____YES

How is flying insect protection provided on exterior doors?

Self-closing doors

Fly fan

Screen door

Foyer with extra door

Do you have a contract with a pest control company? ____YES ____NO

How often will they come? _____

Do you plan to use any of the following types of pest control?

Bait Stations

Traps

Pesticide/Rodenticide Dusts/Powders

Pesticide Sprays

FINISH SCHEDULE

Indicate floor, wall and ceiling finishes to be used such as tile, vinyl, stainless steel, etc.

Area

Floor

Base

Walls

Ceiling

Dry Storage:

Kitchen (Food
Prep Areas):

Food Service
Areas:

Toilet Rooms:

Cold Food Storage:

Mop Wash/Storage
Areas:

Other: _____

Where will employees store their personal items/coats? _____

PLUMBING DRAINS

Check the appropriate box to indicate the type of drain each plumbing fixture will use:

<u>Fixture</u>	<u>Direct Waste</u>	<u>Indirect Waste</u>		
		<u>Floor Drain</u>	<u>Floor Sink</u>	<u>Hub Drain</u>
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"/>
Warewash 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"/>
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"/>

EQUIPMENT

Except for toasters, mixers, microwaves, water heaters and hoods, ALL food equipment in most cases must be NSF certified or equivalent. This includes work tables, shelving, sinks, dishwashers, refrigeration units, steam tables, hot hold units, etc. You will need to provide manufacturer specifications (cut sheets) for all proposed equipment. Be sure to include any custom fabricated equipment.

Have you included a copy of the cut-sheets for all equipment with this application?
 ____ YES

Have you included proof of NSF or equivalent certification for any fabricated equipment?
 ____ YES ____ N/A

Below, or on a separate sheet, submit an overhead drawing showing the layout of the establishment. Include all food preparation and service areas, dry storage, cold storage, dishwashing areas, toilet rooms, garbage area, mop wash and chemical storage. Within these areas show all food equipment, hand wash sinks, ware wash sinks, dish machines, cook equipment, hood vents, prep tables, steam tables, refrigeration units, freezers, hot hold units, etc.

WATER HEATER CALCULATION WORKSHEET

<i>Equipment</i>	<i>Quantity</i>	<i>Times</i>	<i>Size</i>	<i>GPH</i>
One-Comp. Sink (See Note)		X	cu. Inches x 1 x 0.003255	=
Two-Comp. Sink (See Note)		X	cu. Inches x 2 x 0.003255	=
Three-Comp. Sink (See Note)		X	cu. Inches x 3 x 0.003255	=
Four-Comp. Sink (See Note)		X	cu. Inches x 4 x 0.003255	=
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 Notes)		X	cu. Inches x 3 x 0.003255	=
Four-Comp. Bar Sink (See Notes)		X	cu. Inches x 4 x 0.003255	=
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 Usage	=
Cloth Washer		X	15 GPH	=
Hose Reel		X	5 GPH	=
Other Equipment		X		=
Other Equipment		X		=
Gallons per hours (GPH) Recovery Rate (based on 100° F temperature rise)				TOTAL: _____

NOTE:

GPH Calculations for Sinks:
$$\text{GPH} = \frac{(\text{Sink size in cu.in.}) \times 7.5 \text{ gal/cu.ft.} \times (\# \text{ comp} \times .75 \text{ capacity})}{1,728 \text{ cu. In./cu.ft}}$$

Short version for above:
$$\text{GPH} = (\text{Sink size in cu.in.}) \times (\# \text{ of comps}) \times (.003255/\text{cu.in.})$$

Example: (24" x 24" x 14") x (3 comps) x (.003255) = 79 GPH

Final Checklist for Plan Review Application

- ___ Completed application (all questions filled out)
- ___ Menu
- ___ Drawing of layout
- ___ Cut-sheets and/or certification letters for all equipment
- ___ Fees paid

Once all of the above items have been received, we can begin reviewing your application. You will be contacted if more information is needed. Most reviews can be completed in one to two weeks. You can help speed up the process by providing as much information up front as possible.

After the review has been completed, we will send you a letter approving the application or letting you know what needs to be done to obtain approval. Most approvals will be conditional, spelling out certain requirements that must be met prior to any permit being issued. In rare cases, your application may not be able to be approved.

After the plan review is approved we encourage you to contact us during your construction process if you have any questions. It is easier to make modifications during this time if needed. Once everything is in place and you are getting ready to open you will need to contact us for a final walk-through to check out all the equipment. We suggest setting up this visit at least a week prior to your desired opening date in case there are items found that need attention before the permit can be issued. **Please remember that an approved plan review application is not a permit to operate.** You must obtain a permit before opening.

We look forward to helping you provide safe and sanitary food service to the people of Hoke County.

Hoke County Environmental Health Contact Info

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Fax: 910-875-1072
Mail: Hoke County Environmental Health
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