

Food Establishment Plan Review Application

Type of Construction: NEW _____ REMODEL _____

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____ County _____

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

.....

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)

Hours of Operation:

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

Projected number of meals to be served: Breakfast _____ Lunch _____ Dinner _____

Number of seats: _____ Facility total square feet: _____

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

TYPE OF FOOD SERVICE:

CHECK ALL THAT APPLY

_____ Restaurant

_____ Sit-down meals

_____ Food Stand

_____ Take-out meals

_____ Drink Stand

_____ Catering

_____ Commissary

Single-service (disposable):

_____ Plates _____ Glassware _____ Silverware

_____ Meat Market

Multi-use (reusable):

_____ Plates _____ Glassware _____ Silverware

_____ Other (explain): _____

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

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

COLD STORAGE

Provide the method used to determine cold storage requirements: _____

Provide total square-feet of space dedicated to walk-in cold storage:

- a) Walk-in Refrigeration storage _____
- b) Walk-in freezer storage _____

Provide total square-feet of space dedicated to reach-in cold storage:

- a) Reach-in refrigeration storage _____
- b) Reach-in freezer storage _____

Number of refrigeration units: _____

Number of freezer units: _____

THAWING

Indicate by checking the appropriate boxes 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				
Running Water less than 70°F (21°C)				
Cooked Frozen				
Microwave				

HOLDING

How will hot potentially hazardous food (PHF) be maintained at 140°F (60°C) or above during holding for service? Indicate type and number of hot holding units.

How will cold potentially hazardous food (PHF) be maintained at 45°F (7°C) or below during holding for service? Indicate type and number of cold holding units.

List any food that will be held between 45°F (7°C) and 140°F (60°C) for any of the following that apply, and indicate how long the food will be held in each category.

STORAGE: _____

DISPLAY: _____

SERVICE: _____

COOLING

Indicate by checking the appropriate boxes how potentially hazardous food (PHF) will be cooled to 45°F (7°C) within 6 hours. If "Other" is checked indicate type of food: _____

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans				
Ice Baths				
Rapid Chill				

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? _____

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

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 or rinsing produce? Yes _____ No _____
- c. Will it be used for other operations? Yes _____ No _____

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 or rinsing seafood? Yes _____ No _____
- c. Will it be used for other operations? Yes _____ No _____

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 or rinsing poultry? Yes _____ No _____
- c. Will it be used for other operations? Yes _____ No _____

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 or rinsing pork and/or red meat? Yes _____ No _____
- c. Will it be used for other operations? Yes _____ No _____

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.

DRY STORAGE

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time:

Provide total square feet of shelf space dedicated to dry storage: _____

Where will dry goods be stored? _____

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				

WATER SUPPLY- SEWAGE

1. Is water supply: Municipal _____ Well _____ Is sewer: Municipal _____ Septic _____
2. Will ice: be made on premises _____ or purchased _____
3. Water heater make and model: _____
4. Water heater storage capacity: _____ gallons.
5. 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)
6. Check the appropriate box for indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Dishwasher				
Garbage Grinder				
Ice Machine				
Ice Storage Bins				
Food Prep Sinks				
Utensil/Pot Wash Sinks				
Steam Tables				
Dipper Wells				
Refrigeration				
Potato Peeler				
Other				
Other				
Other				

DISHWASHING FACILITIES

a. Hand dishwashing

1. Number of sink compartments: _____
Size of sink compartments (inches): _____ Length: _____ Width: _____ Depth: _____
Length of drainboards (inches): _____ Right: _____ Left: _____

2. What type of sanitizer will be used?

Chlorine: _____ Iodine: _____ Quaternary Ammonium: _____ Hot Water: _____ Other (specify): _____

b. Mechanical dishwashing

1. Will a Dishmachine be used? Yes _____ No _____

Dishmachine manufacturer and model: _____

2. Type of sanitization: Hot water (180°F) _____ Chemical _____

c. General

1. 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?

2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space

Provide total square feet of air drying space: _____

HANDWASHING/TOILET FACILITIES

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

EMPLOYEE AREA

Is space provided for employee's personal items? Yes _____ No _____

If so, describe location: _____

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.)

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:

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:

5. Location of clean linen storage:

6. Location of dirty linen 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°F temperature rise)				Total	

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

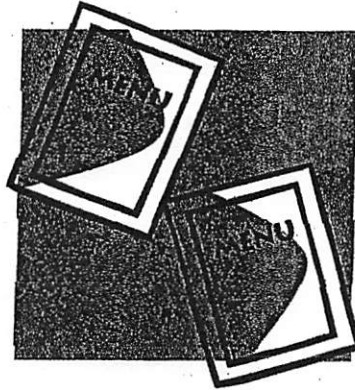


CASWELL COUNTY ENVIRONMENTAL HEALTH

PO Box 1406

Yanceyville, NC 27379

PHONE 336-694-9731 FAX 336-694-5547



The following information must be provided with plan review submittals:

- **A two-hundred dollar (\$200.00) plan review fee. Checks should be made payable to Caswell County Health Department.**
- **A complete set of plans, drawn to scale, showing the location of equipment, plumbing and electrical services and mechanical ventilation.**
- **A completed Food Establishment Plan Review Application.**
- **A copy of the proposed menu.**
- **Manufacturer specification sheets for each piece of equipment shown on the plans.**