

# Pender County Health Department

*...Building a healthier tomorrow...*

**Carolyn Moser, MPA**  
**Health Director**

## **Food Establishment Plan Review Application**

This application is used to provide the Pender County Health Department with operational procedures of the facility. It is also used to answer questions that may not be provided on the plans.

Franchised and chain type facility plans are required to be submitted to:

**Plan Review Unit**

5605 Six Forks Road, Raleigh, NC 27609  
Phone (919) 707-5854 / Fax (919) 845-3973

<https://ehs.ncpublichealth.com/faf/food/planreview/app.htm>

Plans for independently owned food establishments only need to be submitted for review and approval to the Pender County Health Department.

Feel free to contact the Pender County Health Department with any questions you may have.

Sincerely,

Pender County Health Department  
803 South Walker Street  
Burgaw, NC 28425  
910-515-9781

## **Food Establishment Plan Review Application Checklist**

- Completed Application;
- Proposed Menu;
- Manufacturer Specification sheets for each piece of equipment shown on the plans;
- Plans of the 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-in units, etc.);
- Copy of lease agreement, if you are not the owner of the building;
- Copy of written approval and/or permit for water supply and sewage disposal;
- Copy of grease container contract;
- Copy of dumpster contract; and
- \$200.00 check made payable to "Pender County Health Department" for plan review of facilities that are not franchised, chain, and prototypes.

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## Establishment Plan Review Application

Please check one of the following below:

New       Remodel       Conversion       Name Change       Change of Ownership

### **Food Establishment Information:**

Name of the Establishment: \_\_\_\_\_

Establishment Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_

If change of ownership or facility name, previous establishment/facility name: \_\_\_\_\_

### **Applicant Contact Information:**

Applicant/Establishment Contact Person: \_\_\_\_\_

Position of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### **Establishment Owner Information:**

Association, Corporation, Partnership Name: \_\_\_\_\_

Legal Owner Name: \_\_\_\_\_

Legal Owner Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### **Building Owner Information (if leasing building or unit):** *Please provide a copy of your lease agreement.*

Building Owner Name: \_\_\_\_\_

Legal Owner Address: \_\_\_\_\_  
Street City State Zip

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Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### Hours of Operation (open-close):

Sunday: \_\_\_\_\_ Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

### Projected Number of Meals to be served Daily:

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

Total Number of Seats (Inside): \_\_\_\_\_ Total Number of Seats (Outside): \_\_\_\_\_

Total Square Footage of Dining Area: \_\_\_\_\_

### Type of Food Service:

- Restaurant
- Food Stand
- Drink Stand
- Catering (separate approval required, please complete the *Supplementary Catering Plan Review Application* in addition to this application)

### Check all that Apply:

- Sit-down Meals
- Take-out Meals
- Meat Market
- Commissary

### Check all that Apply:

- Single-Service (disposable):  Plates  Drinkware  Flatware
- Multi-Use (reusable):  Plates  Drinkware  Flatware

### Water Supply and Sewage Disposal:

- Water Supply:  Municipal/Name: \_\_\_\_\_  Well
- Sewer:  Municipal/Name: \_\_\_\_\_  Septic

### Water Heater Type:

- Electric  Gas  Instantaneous

Recovery Rate (gallons per hour): \_\_\_\_\_ Storage Capacity (gallons): \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Proposed Water Heater Size: Electric: \_\_\_\_\_ KW Gas: \_\_\_\_\_ BTUs

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## Food Preparation Review

**Please Answer the Following Questions:**

<u>CATEGORY</u>	<u>YES</u>	<u>NO</u>
Thin meats, poultry, fish, eggs	<input type="checkbox"/>	<input type="checkbox"/>
Thick meats, whole poultry	<input type="checkbox"/>	<input type="checkbox"/>
Cold processed foods (sandwiches, salads, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
Hot processes foods (soups, stews, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
Bakery goods (pies, custards, creams)	<input type="checkbox"/>	<input type="checkbox"/>

Other food  
items:

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### **Food Supply:**

1. Are all food supplies from inspected and approved sources? Yes  No
2. Will ice be made on the premises? Yes  No

If no, provide source of ice and location? \_\_\_\_\_

### **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 and below? Yes  No
2. Please provide the method used to calculate cold storage requirements.
3. Will raw meats, poultry, and seafood be stored in the same refrigeration units and freezers with cooked/read-to-eat foods?

Yes  No

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If yes, how will cross-contamination be prevented? \_\_\_\_\_

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4. Does each refrigeration unit/freezer have a thermometer? Yes  No

5. 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:**

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

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2. Bare hand contact with ready-to-eat foods (salads and salad toppings, cooked foods, buns/bread) is prohibited per the NC Food Code. Bare hand contact with raw foods should be minimized. How will employees avoid bare hand contact with ready-to-eat foods? Please check all that apply.

Disposable Gloves

Deli Tissue

Long-handled Tongs/ Suitable utensils, spatulas, tongs, or dispensing equipment

Other: \_\_\_\_\_

3. Is there an established policy to exclude or restrict food workers who are sick or have infected lesions? If not available, the Pender County Health Department can provide you with an employee health policy.

Yes

No

Attach the employee health 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. (NC Food Code Reference 2-201.11 Responsibilities of Permit Holder, Person in Charge, Food Employees, and Conditional Employees.)**

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**Cooking:**

1. Will food product thermometers (0°- 212°F) be used to measure final cooking/reheating temperatures of Potentially Hazardous Foods (Time/Temperature Control for Food Safety) (PHF/TCSs)?

Yes

No

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

Beef, roasts	130°F	121 minutes
Seafood	145°F	15 seconds
Eggs	145°F	15 seconds
Pork	155°F	15 seconds
Comminuted meats	155°F	17 seconds
Poultry	165°F	instantaneous
Other PHF/TCSs	165°F	15 seconds
*Reheating PHF/TCSs	165°F	15 seconds

2. List the types of cooking equipment and please provide a copy of the specifications sheet:

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**Hot/Cold Holding:**

1. How will hot PHFs be maintained at 135°F (57°C) and above during holding for service?

Indicate type and number of hot holding units:

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2. How will cold PHFs be maintained at 41°F (5°C) and below during holding for service?

Indicate type and number of cold holding units:

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**Cooling:**

1. Indicate by checking the appropriate boxes how cooked food will be cooled to 41°F (5°C) within 6 hours. If “other” is checked, indicate the 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"/>

If other is checked, please list the food items below: \_\_\_\_\_

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**Thawing:**

1. Indicate by checking the appropriate boxes how food 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°F (21°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"/>

If other is checked, please list the food items below: \_\_\_\_\_

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**Seafood:**

1. List Seafood Distributors to be used (include name, address, and phone number):

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

If yes, describe the evisceration process:

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3. Is there an approved location for eviscerating seafood? Yes  No

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

5. 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 to ensure the system is approved for the washing and processing of seafood and record the IP/CA/OP# here:

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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.”

4. 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 free of parasites. Letters of Guarantee from the supplier that the fish were farm raised must be kept on premises.**

Describe in detail the preparation procedure for all sushi and sashimi items. The items need to be listed by the name of the ingredient and the menu items that is 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:		

\*Use additional sheets if necessary

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**Beef, Poultry, and Pork:**

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

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

Describe (in detail) the preparation procedure for all meat items. 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:		

\*Use additional sheets if necessary

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## Specialized Food Processes:

**You will need to submit you HACCP plan and 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.

**HACCP information can be found at** <https://www.fda.gov/Food/GuidanceRegulation/HACCP/default.htm>

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

If yes, describe the process:

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3. Are meats to be injected prior to cooking? Yes  No

If yes, describe the process:

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4. Is sushi rice to be prepared? Yes  No

If yes, describe the process:

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

If yes, describe the process:

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**Dry Storage:**

1. What are the total linear feet of shelf space dedicated to dry storage? \_\_\_\_\_

**NOTE: Approved food storage container must be used to store bulk food products (i.e., sugar, flour, rice, etc.)**  
Indicate the type of dry food storage that will be utilized:

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**Construction:**

1. Please indicate the floor, wall, and ceiling finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile) in the table below:

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Service Sink				
Other:				
Other:				

**Dishwashing Facilities:**

**A. Manual Dishwashing**

1. Size of sink compartments (inches): Length \_\_\_\_\_ x Width \_\_\_\_\_ x Depth \_\_\_\_\_
2. Drain board size (inches): Right \_\_\_\_\_ Left \_\_\_\_\_ (24" minimum recommended, the largest utensil, pot, or pans must fit into each compartment of the three-compartment sink)

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3. Type of sanitizer to be used? \_\_\_\_\_

4. Type of test kit to be used? \_\_\_\_\_

## **B. Mechanical Dishwashing**

1. Will a mechanical dishwashing machine be used? Yes  No

2. If yes, please provide the machine manufacturer and model information: \_\_\_\_\_  
Attach the specification sheet to the application.

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

### **Equipment Cleaning:**

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?

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2. Describe the location and type (drain boards, wall-mounted, or overhead shelves, stationary or portable racks) of air-drying space to be utilized:

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### **Handwashing/Toilet Facilities:**

1. 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. Automatic faucets should provide a flow of uninterrupted water flow for at least 15 seconds without the need to reactivate the faucet.**

### **Employee Area:**

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

If yes, please describe the location: \_\_\_\_\_

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If no, please describe the employee personal item storage policy:

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## Insect and Rodent Harborage Prevention:

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

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**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 Areas:

1. Specify area for garbage can cleaning facilities (minimum 3'x3' area): \_\_\_\_\_

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2. Indicate where trash containers will be stored: \_\_\_\_\_

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3. Describe the location of paved surface where dumpster/compactor/cans are to be stored: \_\_\_\_\_

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

4. Indicate type and location of waste cooking grease storage receptacle: \_\_\_\_\_

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5. Is there an area to store recyclable containers? If so, please describe: \_\_\_\_\_

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## Laundry Facilities:

1. Are laundry facilities located on premises? Yes  No

If yes, what will be laundered? \_\_\_\_\_

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2. Is a laundry dryer available? Yes  No

3. Describe the location of clean and soiled linens storage: \_\_\_\_\_

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**Plumbing:**

Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Ware-washing Sink				
Prep Sinks				
Handwashing Sinks				
Ware-washing Machine				
Ice Machine				
Garbage Disposal				
Dipper Well				
Refrigeration				
Steam Table				
Other				
Other				

If floor drains are not shown on plans, please indicate their 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. Hose connections must have either a back flow preventer or a vacuum breaker.**

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