

To: Architects, Owners and or Managers of Food Establishments

From: Pitt County Environmental Health Food & Lodging Division

Subject: Food Service Plan Review Application

This application is to be completed for all new or existing food establishments, food establishments changing ownership or undergoing a remodel affecting the equipment and or equipment installation in the facility. A fee of \$250.00 will be charged by Pitt County Environmental Health for evaluation of plans. Checks, money orders or cashier checks should be made to Pitt County. Visa, MasterCard and Discover credit cards can also be used to pay the fee. Please complete all pages of the application using the instructions attached to the front of the application and submit to:

Pitt County Environmental Health Department
Food & Lodging Division
1717 W. 5th Street
Greenville, NC 27834

Be aware that franchised, chain facilities applications and plans are to be submitted to:

Environmental Health Section
Plan Review Unit
5605 Six Forks Road
Raleigh, NC 27609
919-707-5864/Fax 919-845-3973
Email: ncplanreview@dhhs.nc.gov

For general questions you can call Pitt County Environmental Health at 252-902-3206. Forms can be sourced from Pitt County Environmental Health or the state website:
<http://ehs.ncpublichealth.com/faf/food/planreview/contacts.htm>

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. The plans should be a minimum of 11" x 14" in size, and the layout of the floor plan accurately drawn to a minimum scale of ¼ inches = 1 foot. This is to allow for ease in reading and scaling dimensions.
2. Information accompanying the plans should include the proposed menu, seating capacity, and projected daily meal volume for food service operation.
3. The plans should show the location and, when requested, elevated drawing of all food service equipment. Each piece of equipment shall be clearly labeled on the plan with its common name.
4. Adequate rapid cooling including ice baths and refrigeration and hot-holding facilities for potentially hazardous food (PHF) should be clearly designated on the plan.
5. When menu dictates, separate food preparation sinks should be labeled and located to preclude contamination and cross-contamination of raw and ready to eat foods.
6. Adequate hand washing facilities used for no other purpose should be designated for each toilet facility and in the immediate area of food preparation and dish washing area.
7. The plan layout should contain room size, aisle space, space between and behind equipment, and the placement of the equipment on the floor.
8. Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation should be represented on the plan and all features of these rooms shown as required by the standards.
9. The plans and specifications should also include:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Completed finish schedules for each room to include floors, walls, ceilings, and coved juncture bases;
 - c. Plumbing schedule to include location of the floor drains, floor sinks, and water supply lines, overhead wastewater lines, hot water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections.
 - d. Electrical layout, electrical panels and disconnects.



10. Lighting Requirements:

- a. Food contact surfaces = 50 foot candles (540 lux); where food is provided for consumer self-serve like buffets, and inside under counter and reach in refrigeration lighting will be at least 20 foot candles (215 lux).
 - b. Utensil washing area = 20 foot candles (215 lux). Lighting in utensil washing area and on food contact surfaces shall be measured at 30 inches above the floor and/or at the work levels.
 - c. All other areas = 10 foot candles (110 lux). Lighting to be measured at 30 inches above the floor. Lighting will be at least 20 foot candles (215 lux) in toilet rooms and hand wash stations.
 - 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 the integrity of the unopened packages will not be affected by broken glass falling onto them and the packages, prior to being opened, are capable of being cleaned. Heat lamps shall be protected against breakage by a shield surrounding and extending beyond the bulb, leaving only the face of the bulb exposed in the food preparation area.
11. Ensure that all food service/kitchen equipment is certified or classified for sanitation by American National Standards Institute (ANSI) and if the equipment is not certified or classified for sanitation, the equipment shall meet parts 4-1 and 4-2 of North Carolina Food Code Manual and 15 A NCAC 18A .2654.
12. Source of water supply and method of sewage disposal. The location of these facilities should be shown, and evidence submitted that State and local regulations will be met.
13. As specified according to North Carolina Food Code Manual 4-903.11 equipment, utensil, linens and single service use articles stored in rooms shall be at least 6 inches (15.24 cm) above the floor when placed on stationary storage units stored in rooms.
14. Ventilation schedule for each room.
15. A mop sink with facilities for hanging wet mops and storage of mop buckets will be provided as per North Carolina Food Code Manual 6-306.10 and 5-203.13 (A). These facilities can be incorporated into a janitor closet.

16. Garbage can washing area/facility. As specified according to North Carolina Food Code Manual Chapter 5-5, adequate facilities shall be provided for the washing and storage of all garbage cans. The cleaning facilities shall include a combination faucet, hot and cold water, a threaded nozzle and a curbed impervious pad, a minimum recommended size of 36" x 36" x 4" with walls finished being easily cleanable and nonabsorbent to a height of 48 inches. A shelf may also be provided for the storage of cleaning supplies and or chemicals. ***If the unit is utilized as a combination can wash/mop sink, then the minimum size for this unit is 36" x 36"***.
17. Dumpster and grease storage containers shall be on a pad and location as specified according to North Carolina Food Code Manual 5-501.11.
18. Dumpster and grease storage containers location will be constructed of a non-absorbent material such as concrete or asphalt and shall be smooth durable and sloped to drain.
19. Cabinets' shelves for storing toxic chemicals.
20. Dressing rooms, locker area, employee rest area, storage of personal and first aid supplies and/or coat rack as required.
21. Completed checklist.
22. Site plan (plot plan).

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 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 between product deliveries:

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

- | | |
|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Sit-down meals |
| <input type="checkbox"/> Food Stand | <input type="checkbox"/> Take-out meals |
| <input type="checkbox"/> Drink Stand | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Commissary | Single Service (disposable): |
| <input type="checkbox"/> Meat Market | <input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> Silverware |
| <input type="checkbox"/> Other (explain) _____ | Multi-use (reusable): |
| | <input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> Silverware |

Indicate any **specialized processes** that will take place:

- Curing Acidification (sushi, etc.) Reduced Oxygen Packaging (eg: Vacuum)
 Smoking Sprouting Beans Other

Explain Checked Processes: _____

Indicate any of the following **highly susceptible populations** that will be catered to or served:

- Nursing Home Child Care Center Health Care Facility
 Assisted Living Center School with pre-school aged children



COLD STORAGE

Method used to determine cold storage requirements: _____

Cubic-feet of reach-in cold storage:

Cubic-feet of walk-in cold storage:

- a) Reach-in refrigeration storage _____ft³
- b) Reach-in freezer storage _____ft³

- a) Walk-in Refrigeration storage _____ft³
- b) Walk-in freezer storage _____ft³

Number of reach-in refrigerators: _____

Number of reach-in freezers: _____

HOT HOLDING

Food that will be held **hot**: _____

COLD HOLDING

Food that will be held **cold**: _____

COOLING

Indicate by checking the appropriate boxes how cooked food will be cooled to 41⁰ F (5⁰ 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"/>

THAWING

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 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"/>

FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to Service including:

- How the food will arrive (frozen, fresh, packaged, etc.)?
- Where the food will be stored?
- Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)?
- When (time of day and frequency/day) food will be handled?

1. READY-TO-EAT FOOD HANDLING (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish) _____

2. PRODUCE HANDLING _____

3. POULTRY HANDLING _____



4. MEAT HANDLING _____

5. SEAFOOD HANDLING _____

DRY STORAGE

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

Square feet of dry storage shelf space: _____ ft²

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				
Service Sink				
Other				

WATER SUPPLY- SEWAGE

- Is water supply: Municipal Well
 Is wastewater disposal: Municipal Septic
- Will ice be made on premises or purchased



3. Water heater:
 - Tank type:
 - a. Manufacturer and model: _____
 - b. Storage capacity: _____ gallons
 - Electric water heater: _____ kilowatts (kW)
 - Gas water heater: _____ BTU's
 - c. Water heater recovery rate (gallons per hour at 80°F temperature rise): _____
GPH

(See Water Heater Calculator on the Plan Review Unit website to calculate recovery rate needed)

- Tankless:
 - a. Manufacturer and model: _____
 - b. Quantity of tankless water heaters: _____

(See Water Heater Calculator on the plan Review Unit website to calculate number of tankless water heaters needed)

4. Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Warewashing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing Machine	<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"/>
Garbage Disposal	<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"/>
Steam Table	<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"/>



WAREWASHING EQUIPMENT

a. Manual warewashing

1. Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
2. What type of sanitizer will be used? Chlorine Iodine Hot Water
Quaternary Ammonium Other (specify): _____

b. Mechanical warewashing

1. Will a warewashing machine be used? Yes No
Warewashing machine manufacturer and model: _____
2. Type of sanitization: Hot water (180°F) Chemical

c. General

1. Describe 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:

Square feet of air drying space: _____ ft²

HANDWASHING

Indicate number and location of handwashing sinks: _____

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items: _____

REFUSE AND RECYCLABLES

1. Will refuse be stored inside? Yes No
If yes, where: _____
2. Provision for refuse 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.): _____

SERVICE SINK

1. Location and size of service (mop) sink/can wash: _____
2. Is a separate mop storage area provided? Yes No
If yes, describe type and location: _____

INSECT AND RODENT CONTROL

1. How is protection provided on all outside doors?
Self-closing door Fly Fan Screen Door
2. How is protection provided on windows?
Self-closing Fly Fan Screening

LINEN

1. Indicate location of clean and dirty linen storage: _____

POISON OR TOXIC MATERIALS

1. Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage: _____

Submit this application and permit fee to:
Pitt County Environmental Health Department – Food & Lodging Division
1717 West 5th Street, Greenville NC 27834

Office Use Only	
Notes: _____ _____ _____	
Reviewer Signature: _____	Date: _____

