BLADEN COUNTY PLAN REVIEW APPLICATION COVER LETTER
FOOD SERVICE ESTABLISHMENTS

*Review for Compliance with NC Rules Governing the Sanitation of Food Service Establishments (15A NCAC 18A .2600)

All items are to be submitted to the Bladen County Health Department Environmental Health Division at 450 Smith Circle, Elizabethtown NC 28337. The North Carolina Rules Governing the Sanitation of Food Service Establishments require that plans be submitted for approval prior to construction/renovation/modification/change of ownership of such facilities by the local Health Department.

Plans are reviewed using North Carolina’s Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600. These Rules may be viewed at www.deh.enr.state.nc.us/ehs/rules.htm or obtain a copy from the Bladen County Health Department, located at the above address. For additional information regarding facility design and layout, the webpage www.deh.enr.state.nc.us/ehs/food/plan2.htm is available for viewing.

Plan for franchised, chain, and prototyped facilities are required to be submitted to the North Carolina Dept. of Environment and Natural Resources, Division of Environmental Health, Facility and Plan Review Unit, Room 1A109, 2728 Capital Blvd., Raleigh, NC 27604. Checks must be made payable to DENR/EHSS.

Plans must be submitted with the following supporting documentation:

- Complete set of plans drawn to scale showing the placement of each piece of food service equipment, storage areas, can wash facility, etc. along with general plumbing, electrical, mechanical, and lighting drawings
- Plans must include a site plan locating exterior equipment such as walk-in coolers and/or freezers, additional storage space, etc.
- A complete equipment list and corresponding manufactures spec. sheets
- A proposed menu
- A completed Food Service Plan Review Application
- The appropriate Plan Review Fee
  
  New Construction------------------------ $100.00
  Remodel of Existing Establishment--- $100.00
  Reopen of Existing Establishment----- $100.00
Food Service Plan Review Application

Type of Plan: New___________ Remodel__________ Reopen_____________

Name of Establishment: __________________________________________________

Physical Address: _______________________________________________________
City: ___________________ State: _______________ Zip: __________________
Phone: _______________________ Fax: ________________________
Website information: ____________________________________________________

__________________________________________________

Applicant: _____________________________________
Address: _______________________________________
City: _____________ State: ______________ Zip: __________________
Phone: _______________________ Fax: ________________________
Email Address: ______________________________________________

Owner (if different from Applicant):

_______________________________
Address:

_______________________________
City: _____________ State: ______________ Zip: __________________
Phone: _______________________ Fax: ________________________
Email Address: ______________________________________________

I certify that the information in this application is correct, and I understand that any
deviation without prior approval from this Department may nullify plan approval.

Signature: ___________________________ Date: ___________________
(Applicant or Responsible Representative)
Hours of Operation:
Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____
Number of Seats: __________________
Facility total square feet: ____________
Projected start date of construction/change of ownership: _________________

Food Safety Knowledge:
Do any members of management have current ServSafe or equivalent food service certification? ________________

Types of Food Service: Check all that apply:
_____ Restaurant  _____ Sit down meals
_____ Food Stand  _____ Take-out meals
_____ Drink Stand  _____ Catering
_____ Commissary
_____ Meat Market
_____ Other (explain) ____________________________

Utensils:
Multi-use (reusable): ______________ Single-use (disposable): ______________

Food Delivery Schedule (per week): ____________________________

Indicate any specialized process that will take place:
_____ Curing  _____ Acidification (sushi, etc.)  _____ Smoking
_____ Reduced Oxygen Packaging (e.g. vacuum packaging, sous vide, cook-chill, etc.)

Explain checked processes:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Indicate any of the following highly susceptible populations that will be catered or served:
_____ Nursing/Rest Home
_____ Childcare Center
_____ Healthcare Facility
_____ Assisted Living Center
_____ School with pre-school aged children or an immunocompromised population
**Water Supply:**
Type of water supply: (Check one)
Non-public
Community/Municipal
Non-transient, non-community
Transient, non-community

Is an annual water sample required of your establishment? (Check one)
Yes
No

**Wastewater System:**
Type of wastewater system: (Check one)
Public sewer
On-site septic system

Number of current seats: ______________
Number of seats applying for: ______________

**Water Heater:**
Manufacturer and Model: ________________________________
Storage Capacity: _______________ gallons
Electric water heater: ____________ kilowatts (kW)
Gas water heater: ________________ BTU’s

Water heater recovery rate (gallons per hour at 100F rise): ______ GPH
If tankless, ______ GPM; Number of heaters: __________________

*Water heater calculator on the Plan Review Unit web page at www.deh.enr.state.nc.us/ehs/food/plan3.htm*
**HOT HOLDING**
Foods that will be held **hot** before serving: __________________________________________
______________________________________________________________
__________________________________________________________________

**COLD HOLDING**
Foods that will be held **cold** before serving: ______________________________________
__________________________________________________________________
__________________________________________________________________

**DRY STORAGE**
Frequency of deliveries per week: ______________
Square feet shelf space: ______________ sq ft

Is a separate room designated for dry storage? ________________

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**FINISH SCHEDULE**
Floor, wall and ceiling finishes (vinyl tile, acoustic tile, baseboards, FRP, etc.)

<table>
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<tr>
<th>AREA</th>
<th>FLOOR</th>
<th>BASE</th>
<th>WALLS</th>
<th>CEILING</th>
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<td>Kitchen</td>
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<td>Bar</td>
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FOOD PREPARATION FACILITIES
Number of food prep sinks: ____ Are separate sinks provided for vegetables/meats? ____
Size of sink drain boards (inches): ________
How will sinks be sanitized after use or between meat species? ________________________________
________________________________________________________________________________________
________________________________________________________________________________________

DISHWASHING FACILITIES

Hand Dishwashing
Number of sink compartments: ______________
Size of sink compartments (inches): Length _____ Width _____ Depth _____
Length of drain boards (inches): Right _____ Left _____
Are the basins large enough to immerse your largest utensils? __________________
What type of sanitizer will be used?
Chlorine _____ Quaternary ammonium _____ Hot water _____ Other _____

Mechanical Dishwashing
Will a dish machine be used? Yes _____ No _____
Dish machine manufacturer and model: __________________________
Hot water sanitizing? ________________ Chemical Sanitizing? ________________
How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized?
________________________________________________________________________________________
________________________________________________________________________________________
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How many air-drying shelves will you have? __________________
Calculate the square feet of total air-drying space: __________________________sq. ft.

HANDWASHING
Indicate the number and locations of hand sinks in the establishment:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
EMPLOYEE AREA
Indicate the location for storing employees’ personal items:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

GARBAGE, REFUSE, AND OTHER
Will trash be stored in the restaurant overnight? Yes _____ No _____
If so, how will it be stored to prevent contamination?
______________________________________________________________________________

Location and size of can wash facility:
______________________________________________________________________________
______________________________________________________________________________

Are hot and cold water provided as well as a threaded nozzle? ______________
Will dumpster be provided? __________
Do you have a contract with garbage refuse company to replace dumpster as needed? ______________
How will used grease be handled? ____________________________________________
Is there a contract for grease trap cleaning? _________________________________
Are all doors self-closing? ______________
Fly fans provided? ______________

Where will chemicals be stored?
______________________________________________________________________________

Where will clean linen be stored?
______________________________________________________________________________

Where will dirty linen be stored?
______________________________________________________________________________
FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Complete descriptions include specific areas of the kitchen and corresponding items on the plan where food is handled will expedite the plan review process.

Explain the entire food handling procedure for each food item on the proposed menu. Including:

- How the food is delivered (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where and how the food will be thawed
- Where (prep tables, sink, counter, etc.) the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled
- Whether or not the food or any part of the food will be used as leftovers or as any ingredient in a future dish
- How the food will be cooled if applicable

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**FOOD PRODUCT**

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**FOOD PRODUCT**

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The following questions will test how much you already know about food safety. Please answer to the best of your ability and as clearly as possible so that the REHS understands what you are trying to explain.

1. What are the final cook temps (F) of the following foods?

   a. Chicken ________
   b. Hamburger ________
   c. Ground Sausage ________
   d. Pork ________
   e. Eggs ________
   f. Steaks ________

2. Please place the following food items in order from top to bottom how they should be stored in a cooler and/or freezer: raw chicken, raw eggs, cooked vegetables, cooling food items, raw pork, raw hamburger, and beef steak.

   Top: __________________________
   __________________________________
   __________________________________
   __________________________________
   __________________________________
   __________________________________

   Bottom: __________________________

3. Describe how to cool hot foods for next day’s use. Explain procedure specifically, including time, temps to begin process, and size containers.

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4. What minimum temperature (F) must leftovers be reheated to? ________

5. Describe sanitizing procedure for pots, pans, and other utensils. Be specific.

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
6. Describe how to sanitize cutting boards, prep tables, prep sinks, and knives before and after work begins in this area and when switching from one food to another. Describe products used for cleaning and sanitizing area and the contact time.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

7. Please list hot holding and cold holding temperatures of potentially hazardous foods.

Hot Holding ____________________
Cold Holding ________________

8. Describe when hands should be washed.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________


______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

10. Explain how to use and calibrate thermometer.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

11. Explain policy if there are cuts or burns on employee’s hands

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

12. Explain procedure for preparing sanitizing solution.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
13. Will and where will staff be allowed to smoke?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

14. What distributors will be used?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

15. Where will personal drinks be stored and how will they be stored?
______________________________________________________________________________
______________________________________________________________________________

These questions must be answered correctly to demonstrate whether the restaurant owner/manager is knowledgeable in food safety. These answers will determine whether the REHS proceeds to write a Permit/Transitional Permit.