



FOOD SERVICE PLAN REVIEW SUBMITTALS

The following must be provided for plan review submittals:

A two-hundred fifty dollar (\$250) plan review fee for new Food Service and remodels. An “upfit” for the purpose of changing the food service concept and significant changes to the menu, equipment, and flow shall be considered a remodel.

A completed Food Establishment Plan Review Application (below)

A copy of the proposed menu including seasonal, catering, and prix fixe examples; indicate which food items will be produced by specialized food processes on site; and indicate any food items planned to serve raw, undercooked or not otherwise processed to eliminate pathogens and how that will be disclosed on the sample menu

A complete set of plans, drawn to scale, showing the location of equipment, plumbing and lighting/ electrical services. The plans and specifications should include at least the following, but not limited to:

- Site plan including: dumpster location, grease storage container location, entrances and exits, loading and unloading areas.
- A floor plan with the location of all food service equipment with each piece clearly labeled or an equipment legend
- Refrigeration and hot-holding equipment
- Utensil wash sink/dishwasher equipment
- Food preparation sinks, labeled for usage
- Hand washing facilities
- Storage rooms, garbage rooms, toilets and areas to be used for storage or food preparation
- Finish schedule for each room, including floors, walls, ceilings and coved juncture bases.
- Electrical layout that meets lighting requirements: 50 foot-candles at food contact surfaces, food preparation; 20 foot-candles at consumer self-service, hand washing and ware washing areas, toilets; and 10 foot-candles at walk-ins, dry food storage
- Food and dry goods storage area; Note all items shall be stored at least 12 inches above the floor when placed on stationary storage units or at least 6 inches above the floor when placed on portable storage units
- Plumbing schedule, including floor drains, floor sinks, waste water lines, hot water generating equipment (manufacturer, model and recovery rate), grease trap and/or grease interceptor location and facilities for the washing of garbage cans and mops
- Cabinets/shelves for storing toxic chemicals

Manufacturer specification/cut sheets for each piece of equipment shown on the plans for all new equipment; all food service/kitchen equipment must be commercial and meet ANSI sanitation standards; if used or existing equipment is used, supply at minimum a list of make and model numbers.



EMAIL QUESTIONS AND
FORMS TO
ehapplications@orangecountync.gov

Orange County Health Department Food Establishment Plan Review Application

This application must be completed in its entirety, or your review may be significantly delayed.

Type of Permit NEW ESTABLISHMENT REMODEL OF EXISTING ESTABLISHMENT
(Check one.):

Name of Establishment: _____
Address: _____
City: _____ Zip Code: _____
County: _____

Owner Information

Owner or Owner's Representative: _____
Address: _____
City & State: _____ Zip Code: _____
Telephone: ____ - ____ - ____
E-mail Address: _____

Submitter Information

Submitter: _____
Company: _____
Contact Person: _____
Address: _____
City & State _____ Zip Code: _____
Telephone: ____ - ____ - ____ Email: _____
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)

Daily Hours of Operation:

Sun_____ Mon_____ Tue_____ Wed_____ Thu_____ Fri_____ Sat_____

Projected number of meals served daily:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of food deliveries received per week: _____

Number of seats: _____ Facility total square feet: _____

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

Type of food service: (Select all that apply)

- Restaurant
- Food Stand
- Drink Stand
- Commissary
- Meat Market
- Other (explain): _____
- Sit-down meals
- Take-out meals
- Catering / Delivery
- Custom Self-Service Area

Type of utensils used:

- | | |
|--|--|
| Single-service (disposable): | Multi-use (reusable): |
| <input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> Silverware | <input type="checkbox"/> Plates <input type="checkbox"/> Glassware <input type="checkbox"/> Silverware |

Will **specialized processes** be used as specified in Section 3-502.11 of the North Carolina Food Code?

- Yes No

If YES, indicate which processes will be used:

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Curing | <input type="checkbox"/> Acidification (sushi, etc.) | <input type="checkbox"/> Reduced Oxygen Packaging (eg: Vacuum) |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Sprouting Beans | <input type="checkbox"/> Other |

Explain checked processes:

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Health Care Facility |
| <input type="checkbox"/> Assisted Living Center | <input type="checkbox"/> School with pre-school aged children | |
| <input type="checkbox"/> N/A | | |

Will any **virtual brands** be provided?

- Yes No

If YES, list brand names: _____

Menu to be served: _____

Estimated number of meals per week: _____

Cold Storage:

How was the volume of cold storage indicated below determined to be adequate?

Reach-in cold storage (in cubic feet):

Reach-in refrigerator storage: _____ ft³

Reach-in freezer storage: _____ ft³

Number of reach-in refrigerators: _____

Number of reach-in freezers: _____

Walk-in cold storage (in cubic feet):

Walk-in refrigerator storage: _____ ft³

Walk-in freezer storage: _____ ft³

Cold Holding:

List foods that will be held **cold**: (include equipment used)

Hot Holding:

List foods that will be held **hot**: (include equipment used)

Cooling:

Indicate by checking the appropriate boxes how cooked food will be cooled to 41°F (7°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"/>

(**Check only if rapid chill equipment such as blast chillers are provided.)

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°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"/>

Food Handling Procedures: (Should be provided by owner/owner's representative)

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, hot held, etc.)
- When (time of day and frequency/day) food will be handled

1. Ready to eat foods: *Edible without additional preparation necessary. e.g., salads, cold sandwiches, raw molluscan shellfish*

2. Produce; grains and pasta: *e.g., beans, rice, macaroni*

3. Poultry:

4. Meat:

5. Seafood:

Dry Storage:

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

Where will dry goods be stored? _____

Square feet of dry storage shelf space: _____ ft²

Finish Schedule:

Indicate floor, wall and ceiling finishes (e.g., 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:				
Other:				

Water Supply and Sewage:

Water supply: Municipal Well

Sewer: Municipal Septic

Will ice be: Made on premises

Purchased

Water heater(s):

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

Tankless:

a. Manufacturer and model: _____

b. Quantity of tankless water heaters: _____

c. Water heater recovery rate (gallons per minute at 80°F temperature rise): _____ GPM

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 Well	<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"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Warewashing Equipment:

Manual Warewashing:

Size of each sink compartment (inches): Length: ____ Width: ____ Depth: ____

What type of sanitizer will be used?

Chlorine Iodine Quaternary Ammonium Hot Water Other (specify)

Mechanical Warewashing:

Will a warewashing machine be used? Yes No

Warewashing machine manufacturer and model: _____

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

General:

Describe how cooking equipment, cutting boards, slicers, counter tops, other food contact surfaces and clean in place equipment that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:

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 (ex. coats, purses, medication, etc.):

Refuse and Recyclables:

Will refuse be stored inside? Yes No

If yes, where: _____

Provision for refuse disposal: Dumpster Compactor

Will a contract for off-site cleaning of the dumpster/compactor be obtained? Yes No

If yes, indicate name of cleaning contractor: _____

Will the dumpster/compactor be cleaned at the establishment? Yes No

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

Service Sink:

Location and size of service (mop) sink/can wash: _____

Describe location for storage of cleaning implements (e.g. mops, brooms, hoses, etc.):

Insect and Rodent Control:

How is protection provided on all outside doors?

Self-closing door Fly Fan Screen Door

How is protection provided on windows (including drive-thru windows) or other openings to the outer air?

Self-closing Fly Fan Screening N/A

Linen:

Indicate location of clean and dirty linen storage: N/A (no linen storage on site)

Poisonous and Toxic Material:

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

FOOD CODE PRE-OPENING CHECK LIST

- Demonstrate Employee Health Policy
- Certified Food Protection Manager Certification (210 days after issuance of the permit to comply)
- Copy of final menu
 - Consumer advisory required?
 - Variances for specialized processing methods, HACCP plan required?
 - Time as a public health control used – written procedures prepared
- All refrigerators and freezers in temperature
- All light fixtures and light bulbs must be operational to check light levels
 - Bulbs shielded or shatterproof
 - 10 foot candles 30 inches above floor: walk-in, dry food storage
 - 20 foot candles: consumer self-service, reach-in, hand-washing, ware-washing, equipment and utensil storage, toilet rooms
 - 50 foot candles: food employee is working with food or utensils such as knives, slicers, grinders, saws
- Hand-wash lavatories:
 - conveniently located
 - hand cleanser
 - hand-wash signs
 - continuous towel system, disposable paper towels, heated-air hand drying device or air-knife system
 - waste receptacle (cover required in toilet rooms used by females)
- Toxic substance storage area identified. Dedicated storage space must be provided for the storage of cleaning and sanitizing chemicals, cleaning supplies such as mops, buckets, spray bottles. This space must be segregated from food and dry goods.
- Water supply, sewage and wastewater system approved
 - Water from a nonpublic water system must be sampled annually, most recent sample report retained on file
- Thermometers provided
 - Metal stem-type thermometer range of 0-220 degrees F

- Permanently affixed temperature measuring device installed in refrigerators in the warmest part of the unit
- Self closing, tight fitting exterior doors provided
- Wiping clothes available
- Buckets for wiping clothes (Sanitizer Buckets)
- Signs posted instructing consumers to use clean tableware when returning to self-service bars and buffet
- Single use gloves, deli tissue, spatulas, tongs or dispensing equipment provided (No bare hand contact with ready to eat foods)
- Equipment Approved
 - Food and non-food contact surfaces approved, cleanable & clean, properly designed, constructed
 - Fixed equipment sealed to the floor or at least 6 inch clearance between floor and equipment
 - Fixed equipment spaced to allow cleaning along sides of the equipment
 - Fixed counter mounted equipment at least 4 inch clearance between table and equipment
- Food shields, display cases provides protection of food items at customer self-serve bars
- Free standing storage shelving constructed so that the bottom shelf is elevated at least 6 inches above floor
- Floors, walls and ceiling smooth, durable, easily cleanable and clean
 - Nonabsorbent for areas subject to moisture
 - Utility service lines and pipes may not be unnecessarily exposed
 - Utility service lines and pipes do not obstruct cleaning of floors, walls or ceilings
 - Floor and wall junctures shall be coved
 - Floor drains with covers, graded to drain
 - Concrete, porous blocks, bricks finished and sealed, nonabsorbent, easily cleanable
- Ware-washing facilities operating properly
 - Readable data plate affixed to machine
 - Temperature measuring device

- _____ Surface temperature of 160 degrees if sanitizing by heat
- _____ Dishwasher sanitizing
- _____ Test strips provided
- _____ 3-vat sink
- _____ Adequate air drying space available
- _____ Hot and cold water available, adequate pressure 100 degrees hot water at hand-wash sinks (for at least 15 seconds)
- _____ Proper backflow devices installed
 - _____ No ASSE1011 or lesser equivalent downstream from an AVB
 - _____ Chemical distribution attached with a flow-diverter must protect other side of splitter
 - _____ Beverage dispensers
- _____ Toilet facilities
 - _____ Properly constructed, supplied and cleaned
 - _____ Conveniently located and accessible to employees during all hours of operation
 - _____ Toilet tissue provided at each toilet
 - _____ Self closing doors
 - _____ Ceiling tiles non-absorbent
- _____ Garbage and refuse disposal approved for solid waste, cardboard and waste cooking oil (on site or contract provided that details off-site cleaning)
 - _____ Storage area for refuse container nonabsorbent material such as concrete, asphalt smooth, durable and sloped to drain
 - _____ Receptacles leak-proof, rodent-resistant, nonabsorbent
 - _____ Tight fitting lids, doors, covers
 - _____ Drain plugs in place
- _____ Space provided for employee storage, clothing and other possessions
- _____ Mop/service sink provided
 - _____ Storage area for mops to air dry
- _____ **All construction must be completed and all construction materials removed from the premises.**