



## **JOHNSTON COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**

309 East Market Street, Smithfield, NC 27577

Phone: 919-989-5180 Fax: 919-989-5190

### **PROCEDURE FOR THE SUBMISSION OF A PLAN REVIEW APPLICATION FOR A FOOD SERVICE ESTABLISHMENT:**

**All 5 of the following items are required in order to conduct a plan review.**

1. Fully complete the plan review application package-be sure to include a phone number for a contact person who can answer questions.
2. Provide a drawing showing location and description of equipment. This must be drawn to scale such as  $\frac{1}{4}'' = 1'$ .
3. Provide a menu. Please include explanation of unique dishes.
4. Provide all equipment specification sheets for the facility.
5. Plan review fee must be paid at the time of submission of the entire application package. Fee schedule as follows:

**RESTAURANTS \$250**

**FOOD STANDS/MEAT MARKETS/CATERING OPERATIONS ETC. \$250**

**MOBILE FOOD UNITS & PUSHCARTS \$250**

# Food Establishment Plan Review Application

## General Information:

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

Establishment's Address: \_\_\_\_\_

Phone if Available: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

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

## Operational Information:

Hours of Operation:

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Number of Seats: \_\_\_\_\_

Number of Staff: \_\_\_\_\_

Restaurant \_\_\_\_\_

Buffet: YES \_\_\_\_\_ NO \_\_\_\_\_

Foodstand (Take Out Only) \_\_\_\_\_

Meat Market \_\_\_\_\_

Caterer \_\_\_\_\_

Mobile Food Unit/Push Cart \_\_\_\_\_

Total Square Footage of the facility: \_\_\_\_\_

Note: This calculation must include the square footage of the entire kitchen area, food preparation areas, walk-in unites, storage rooms, bare areas and any other related area(s) to be associated with the facilities operation.

**\*Square Footage does not apply to a Restaurant\***

Have you included the following documents?

\_\_\_\_\_ Proposed menu

\_\_\_\_\_ Scale drawing of facility lay out

**Note:** Be sure to include location of panel box, hot water heater, air handling unit, bag-n-box drink unit and any other item occupying space in the kitchen lay-out.

## Food Preparation and Storage:

1. Which of the following will be prepared in your facility?

\_\_\_\_\_ Chicken-will you be using: (check all that apply)

                    Cutting raw \_\_\_\_\_

                    Whole raw \_\_\_\_\_

                    Processed breasts \_\_\_\_\_

                    Cooked from frozen state \_\_\_\_\_

\_\_\_\_\_ Raw hamburger-will you patty?

\_\_\_\_\_ Raw shrimp-will you be cleaning?

\_\_\_\_\_ Raw fish-will you be cleaning?

\_\_\_\_\_ Raw beef or pork-will you be cutting?

\_\_\_\_\_ Raw oysters-will they be served raw?

\_\_\_\_\_ Raw vegetables-will you be washing?

2. If any of the above has been checked, please indicate where these items will be washed and prepared or if they will be purchased pre-processed.

\_\_\_\_\_

\_\_\_\_\_

**Note:** If meats or vegetables are washed and prepared, separate prep sinks maybe required.

3. Will you be cooling any item(s)? Please describe the item(s) and indicate your procedure for cooling.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Will any item(s) be pre-cooked and hot held? Describe the item(s) and indicate how temperature will be maintained.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Will any item(s) be thawed? Describe the item(s) and indicate your procedure for thawing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- |    |   |     |    |
|----|---|-----|----|
| 6. | Will food product thermometers be provided?   | YES | NO |
| 7. | Is there an appropriate hand washing sink(s) in the facility?<br>(ie: for food prep, ware washing and toilet facilities?) | YES | NO |

- |     |  |     |    |
|-----|--|-----|----|
| 8.  | Will disposable gloves and/or utensils and/or food grade paper be used to minimize handling of ready-to-eat foods? | YES | NO |
| 9.  | Will food contact equipment be indirectly plumbed?<br>(ie: ice machine, prep sink(s), drink machine, etc?)         | YES | NO |
| 10. | Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions? | YES | NO |
- If yes, please describe briefly: \_\_\_\_\_
- 

### Dishwashing Facilities:

- |    |   |     |    |
|----|---|-----|----|
| 1. | Do you plan to use multi-use dishes or glasses?<br>Check all that apply: ___ plates ___ glasses ___ silverware ___ mugs<br><b>(Single service disposables go to questions #4)</b>   | YES | NO |
| 2. | How will your dishes and utensils be cleaned and sanitized?<br>_____ Dishwasher _____ Three compartment sink  |     |    |
| 3. | If you are using a dishwasher, please answer the following:<br>Make and Model: _____<br>How does it sanitize?: _____<br>Water consumption per hour or per rack: _____<br>Do you have a counter sink? _____ YES _____ NO<br>If no, how will you pre-cleaning, pre-flush, or pre-soak?: _____ |     |    |
| 4. | Do you have a:<br>Two compartment sink _____<br>Three compartment sink _____  |     |    |
| 5. | How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? _____   |     |    |
| 6. | Please describe your procedure to ensure all dishes and /or pans will air dry:<br>_____   |     |    |
| 7. | What is the size of the sink vats?: _____ x _____ x _____ drainboards: _____  |     |    |
| 8. | What type of sanitizer is used for food contact surfaces?<br>Chlorine _____<br>Quaternary ammonium _____<br>Other (please indicate) _____   |     |    |
| 9. | Will test strips for testing sanitizer be provided?   | YES | NO |

### Water Heater:

1. Water heater storage capacity. ( \_\_\_\_\_ Gallons Storage)
2. Water heater recovery rate in gallons per hour at a 100F temperature rise.  
( \_\_\_\_\_ Gallons per hour) **see worksheet**
3. Are laundry facilities located on premises?                      YES                      NO

### Water Supply & Sewage Disposal:

1. Is water supply:                      public                      well
2. Is building connected to:                      municipal sewer                      on-site septic system

### Storage:

1. How much dry storage do you have? \_\_\_\_\_ sq. feet
2. Please indicate location of:  
Dry food storage: \_\_\_\_\_  
Single service storage: \_\_\_\_\_  
Paper products: \_\_\_\_\_  
Chemicals/cleaning products: \_\_\_\_\_  
Personal & office items: \_\_\_\_\_  
Linen (if applicable): \_\_\_\_\_

### Garbage and Refuse:

1. Will the facility have:  
Dumpster(s) with lids?                      YES                      NO  
Trash can(s) with lids?                      YES                      NO  
Grease storage receptacle?                      YES                      NO  
Can wash cleaning facility?                      YES                      NO  
Off-site contracted cleaning service for dumpsters?                      YES                      NO
2. Location where dumpster(s)/compactor/can(s) will be stored. \_\_\_\_\_  
\_\_\_\_\_

### Pest Control:

1. Do you have a pest control company?                      YES                      NO
2. If no, please explain pest management procedures. \_\_\_\_\_  
\_\_\_\_\_
3. Are outside doors self closing?                      YES                      NO
4. Do you have a fly fan?                      YES                      NO
5. If no, please explain procedure for controlling flies in the facility. \_\_\_\_\_  
\_\_\_\_\_

**Finish Schedule:**

Applicants must fill in materials (ie: quarry tile, stainless steel, FRP, etc)

	FLOOR	BASE	WALLS	CEILING
Kitchen	(_____)	(_____)	(_____)	(_____)
Bar	(_____)	(_____)	(_____)	(_____)
Food Storage	(_____)	(_____)	(_____)	(_____)
Toilet Rooms	(_____)	(_____)	(_____)	(_____)
Dressing Rooms	(_____)	(_____)	(_____)	(_____)
Refuse Storage	(_____)	(_____)	(_____)	(_____)
Mop Area	(_____)	(_____)	(_____)	(_____)

\*\*\*\*\*

**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from this Health Regulatory Office may nullify the approval.

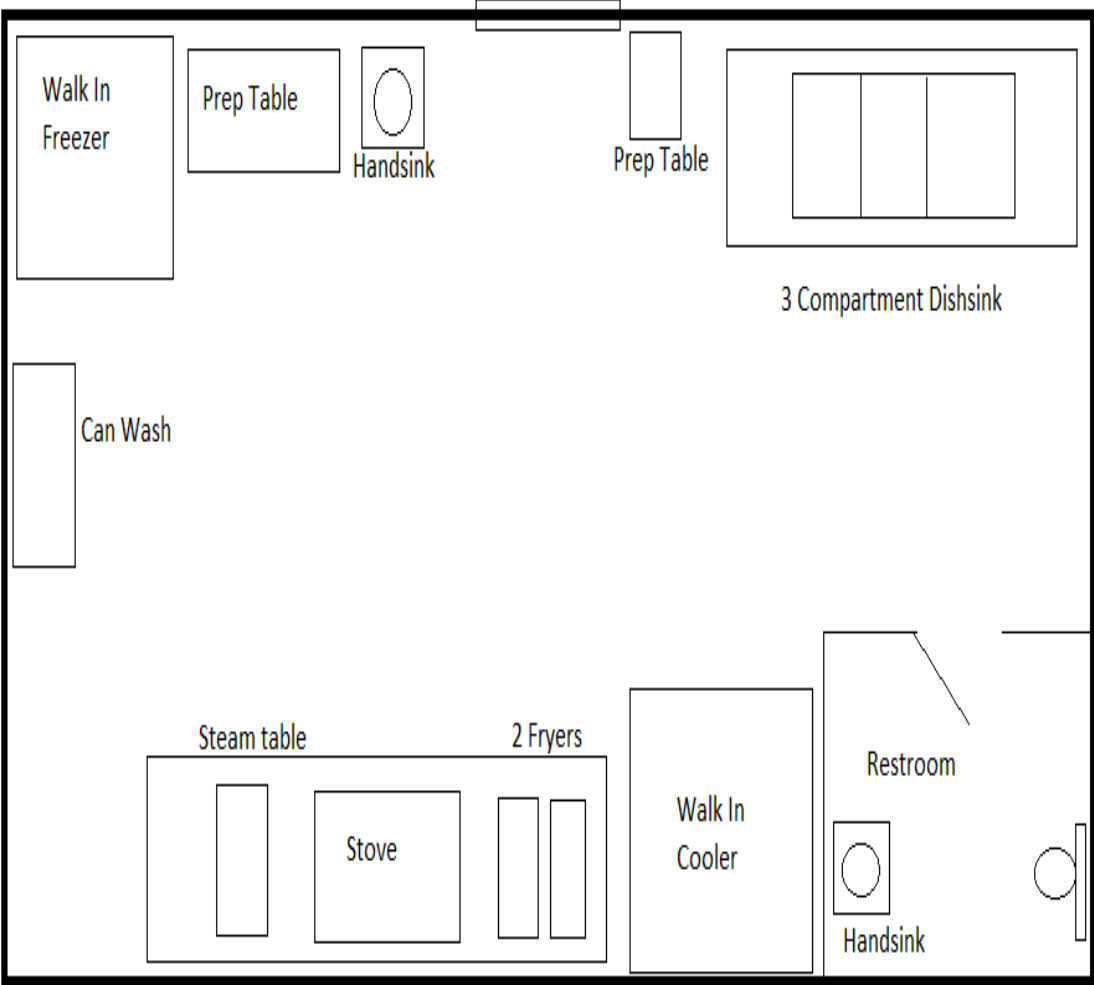
Signature(s) \_\_\_\_\_  
 Owner(s) or Responsible Representative(s)

Date: \_\_\_\_\_

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Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required-federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the state laws governing food service establishments.

**Example of a set of plans drawn to scale:**



## Water Heater Calculation Worksheet:

Equipment:	Quantity	x	Size	GPH
One Comp. Sink	_____	x	__by__by__ = _____	
Two Comp. Sink	_____	x	__by__by__ = _____	
Three Comp Sink	_____	x	__by__by__ = _____	
Four Comp Sink	_____	x	__by__by__ = _____	
One Comp PrepSink	_____	x	5 GPH = _____	
Two Comp PrepSink	_____	x	10 GPH = _____	
Three Comp PrepSink	_____	x	15 GPH = _____	
Three Comp Bar Sink	_____	x	__by__by__ = _____	
Four Comp Bar Sink	_____	x	__by__by__ = _____	
Handsink	_____	x	5 GPH = _____	
Pre-Rinse	_____	x	45 GPH = _____	
Can Wash	_____	x	10 GPH = _____	
Mop Sink	_____	x	5 GPH = _____	
**Dishmachine	_____	x	Note#1 = _____	
**Cloth washer	_____	x	Note #2 = _____	
**Hose Reel	_____	x	Note #3 = _____	
Other Equipment	_____	x	_____ = _____	
<b>TOTAL</b> of 140 GPH Recovery Requirements:				= _____

**Note #1: Dishwasher Calculations**

(\_\_\_\_\_ gals/hr. Final Rinse x 70%)=\_\_\_\_\_

**Note #2: Cloth Washer Calculations**

Limited Use: Washer used 1 to 2 times per day, start and end day

GPH = 60GPH x 25%

Intermediate Use: Washer used every 4 hours

GPH = 60 GPH x 45%

Heavy Use: Washer used once every 2 hours

GPH = 60 GPH x 80%

Continuous Use: Washer used every hour

GPH = 60 GPH x 100%

**Note #3 Hose Reel Calculations**

20 GPH for first reel and 10 GPH for each additional