

**BURKE COUNTY ENVIRONMENTAL HEALTH
FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

Type of Construction: NEW _____ TRANSITIONAL _____

Name of Establishment: _____

Address: _____

City: _____, NC **Zip Code:** _____ **County:** Burke

Phone (if available): (____) - ____ - _____ **Fax:** (____) - ____ - _____

Owner or Permittee: _____

Address: _____

City & State: _____ **Zip Code:** _____

Phone (if available): (____) - ____ - _____ **Fax:** (____) - ____ - _____

E-mail Address: _____

Applicant / Owner's Representative: _____

Address: _____

City & State: _____ **Zip Code:** _____

Phone (if available):(____) - ____ - _____ **Fax:** (____) - ____ - _____

E-mail Address: _____

Title (owner, manager, architect, etc.): _____

I, the owner or permittee do hereby 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 Permittee)

Hours of Operation:

Sun_____ Mon_____ Tue_____ Wed_____ Thu_____ Fri_____ Sat_____

Projected number of meals to be served:

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)

_____ Restaurant _____ Food Stand _____ Sit-down meals

_____ Drink Stand _____ Take-out meals _____ Catering

_____ Commissary _____ Meat Market

Single-service (disposable): _____ Plates _____ Glassware _____ Silverware

Multi-use (reusable): _____ Plates _____ Glassware _____ Silverware

_____ Other (explain): _____

Check categories of Potentially Hazardous Food (PHF) to be prepared and served:

1. _____ Meat
2. _____ Seafood
3. _____ Poultry
4. _____ Other (explain): _____

COLD STORAGE

Provide the method used to determine cold storage requirements: _____

Provide total square-feet of space dedicated to walk-in cold storage:

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

Provide total square-feet of space dedicated to reach-in cold storage:

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

Number of refrigeration units: _____

Number of freezer units: _____

THAWING

Indicate by checking the how potentially hazardous food (PHF) in each category will be thawed. If “Other” is checked indicate type of food: _____

<u>Thawing Process</u>	<u>Meat</u>	<u>Seafood</u>	<u>Poultry</u>	<u>Other</u>
Refrigeration	_____	_____	_____	_____
Running Water less than 70o F (21o C)	_____	_____	_____	_____
Cooked Frozen	_____	_____	_____	_____
Microwave	_____	_____	_____	_____

HOLDING

How will hot potentially hazardous food (PHF) be maintained at 140°F (60°C) or above during holding for service? Indicate type and number of hot holding units.

How will cold potentially hazardous food (PHF) be maintained at 45° F (7°C) or below during holding for service? Indicate type and number of cold holding units.

List any food that will be held between 45°F (7°C) and 140°F (60°C) for any of the following that apply, and indicate how long the food will be held in each category.

STORAGE: _____

DISPLAY: _____

SERVICE: _____

COOLING

Indicate by checking how potentially hazardous food (PHF) will be cooled to 45°F (7°C) within 6 hours. If “Other” is checked indicate type of food: _____

<u>Cooling Process</u>	<u>Meat</u>	<u>Seafood</u>	<u>Poultry</u>	<u>Other</u>
Shallow Pans	_____	_____	_____	_____
Ice Baths	_____	_____	_____	_____
Rapid Chill	_____	_____	_____	_____

How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? _____

FOOD PREPARATION PROCEDURES

- A. The food preparation procedures should include:
 - Types of food prepared or handled
 - Time of day food is prepared or handled
 - Equipment used for preparation or handling
- B. If your company has developed food preparation procedures, they should be submitted.

1. PRODUCE PREPARATION PROCEDURE

- a. Will produce be washed, rinsed or otherwise handled prior to use? Yes _____ No _____
- b. Is there a location used for washing or rinsing produce? Yes _____ No _____
- c. Will it be used for other operations? Yes _____ No _____

Indicate location of produce washing or handling equipment and describe the procedure. Include time of day and frequency of produce preparation, and menu items that contain produce.

2. SEAFOOD PREPARATION PROCEDURE

- a. Will seafood be washed, rinsed or otherwise handled prior to use? Yes _____ No _____
- b. Is there a location used for washing or rinsing seafood? Yes _____ No _____
- c. Will it be used for other operations? Yes _____ No _____

Indicate location of seafood washing or handling (cutting, marinating, shelling, shucking, etc.) equipment and describe the procedure. Include time of day and frequency of seafood preparation, and menu items that contain seafood.

3. POULTRY PREPARATION PROCEDURE

- a. Will poultry be washed, rinsed or otherwise handled prior to use? Yes _____ No _____
- b. Is there a location used for washing or rinsing poultry? Yes _____ No _____
- c. Will it be used for other operations? Yes _____ No _____

Indicate location of poultry washing or handling (cutting, marinating, etc.) equipment and describe the procedure. Include time of day and frequency of poultry preparation, and menu items that contain poultry.

4. PORK and/or RED MEAT PREPARATION PROCEDURE

- a. Will meat be washed, rinsed or otherwise handled prior to use? Yes___ No___
- b. Is there a location used for washing or rinsing pork and/or red meat? Yes___ No___
- c. Will it be used for other operations? Yes___ No___

Indicate location of pork/red meat washing or handling (cutting, marinating, aging, etc.) equipment and describe the procedure. Include time of day and frequency of pork and/or red meat preparation, and menu items that contain pork/red meat.

DRY STORAGE

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

Provide total square feet of shelf space dedicated to dry storage: _____

Where will dry goods be stored? _____

FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (i.e., quarry tile, stainless steel, vinyl coated acoustic tile)

<u>Area</u>	<u>Floor</u>	<u>Base</u>	<u>Walls</u>	<u>Ceiling</u>
Kitchen	_____	_____	_____	_____
Bar	_____	_____	_____	_____
Food Storage	_____	_____	_____	_____
Dry Storage	_____	_____	_____	_____
Toilet Rooms	_____	_____	_____	_____
Dressing Rooms	_____	_____	_____	_____
Garbage & Refuse Storage	_____	_____	_____	_____

Mop Service Basin

Area

Other: _____

Other: _____

WATER SUPPLY- SEWAGE

1. Is water supply: Municipal _____ Well _____ Is sewer: Municipal _____ Septic _____

2. Will ice: be made on premises _____ or purchased _____

3. Water heater make and model: _____

4. Is the water heater: ___ Gas or ___ Electric

5. Water heater storage capacity: _____ gallons.

6. Water heater recovery rate (gallons per hour at 100°F temperature rise): _____ gallons/hour.

(See Water Heater Calculation Worksheet on last page to calculate recovery rate needed)

7. Check the appropriate line indicating equipment drains:

<u>Plumbing Fixtures</u>	<u>INDIRECT WASTE</u>			<u>DIRECT WASTE</u>
	<u>Floor sink</u>	<u>Hub Drain</u>	<u>Floor Drain</u>	
Dishwasher	___	___	___	___
Garbage Grinder	___	___	___	___
Ice Machine	___	___	___	___
Ice Storage Bins	___	___	___	___
Food Prep Sinks	___	___	___	___
Utensil/Pot Wash Sinks	___	___	___	___
Steam Tables	___	___	___	___
Dipper Wells	___	___	___	___
Refrigeration	___	___	___	___
Potato Peeler	___	___	___	___
Other	___	___	___	___
Other	___	___	___	___
Other	___	___	___	___

DISHWASHING FACILITIES

A. Hand dishwashing

1. Number of sink compartments: _____

Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____

Length of drainboards (inches): Right: _____ Left: _____

2. What type of sanitizer will be used? Chlorine: ___ Iodine: ___ Quaternary Ammonium: ___

Hot Water: ___ Other (specify): _____

B. Mechanical dishwashing

1. Will a Dishwashing machine be used? Yes_____ No_____
Dishwashing machine manufacturer and model:_____

(Note: A legible data plate must be present on the dishwashing machine)

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

C. General

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?_____

2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____

Provide total square feet of air drying space: _____

HANDWASHING / TOILET FACILITIES

Is there an accessible hand washing sink (with soap and hand-drying device) in each food preparation and warewashing area and at least every 25 feet? Yes _____ No _____

EMPLOYEE AREA

Is space provided for employee’s personal items? Yes_____ No_____

If so, describe location: _____

GARBAGE AND REFUSE

1. Will refuse be stored inside? Yes_____ No _____

If so, where_____

2. Provision for garbage 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.)

CLEANING FACILITIES

1. Specify location and size of area for washing of garbage cans and storage of mops:

2. Is a separate mop basin provided? Yes ____ No ____

If so, describe type and location: _____

3. Indicate location of cleaning chemical system and chemical storage: _____

INSECT AND RODENT

1. Are all outside doors self-closing with rodent-proof flashing? Yes ____ No ____

2. How is fly protection provided on all outside doors?

Self-closing door ____ Fly Fan ____ Screen Door ____

3. How is fly protection provided on windows?

Self-closing ____ Fly Fan ____ Screening ____

4. Indicate location of insecticide / rodenticide storage: _____

5. Location of clean linen storage: _____

6. Location of dirty linen storage: _____

- 1. Turn in this original completed form to Burke County Environmental Health.
- 2. Make a copy of this form for your records

HOT WATER HEATER CALCULATION WORKSHEET

<u>EQUIPMENT</u>	<u>QUANTITY</u>	<u>SIZE</u> (In Inches)	<u>GPH</u> (Gallons per Hour)
One-comp. sink*	_____	X (___ X ___ X ___)	= _____
Two-comp. sink*	_____	X (___ X ___ X ___)	= _____
Three-comp. sink*	_____	X (___ X ___ X ___)	= _____
Four-comp. sink*	_____	X (___ X ___ X ___)	= _____
One-comp Prep sink	_____	X 5 GPH	= _____
Two-comp Prep sink	_____	X 10 GPH	= _____
Three-comp Prep sink	_____	X 15 GPH	= _____
Three comp. bar sink*	_____	X (___ X ___ X ___)	= _____
Four comp. bar sink*	_____	X (___ X ___ X ___)	= _____
Hand sink	_____	X 5 GPH	= _____
Pre-rinse	_____	X 45 GPH	= _____
Can wash	_____	X 10 GPH	= _____
Mop sink	_____	X 5 GPH	= _____
Dishmachine	_____	X GPH = 70% of "Final Rinse Usage"	= _____
Cloth Washer**	_____	X 15 GPH	= _____
Hose Reels:			
First reel	1	X 20 GPH	= _____
Additional reels	_____	X 10 GPH	= _____
Other equipment	_____	X _____	= _____
Other equipment	_____	X _____	= _____
Other equipment	_____	X _____	= _____
Other equipment	_____	X _____	= _____
GPH Recovery Rate needed (Based on 100° F temp. rise)		<u>TOTAL</u>	= _____

* GPH Requirements for sink:

$$\text{GPH} = \frac{(\text{Sink size in cu.in.}) \times (7.5 \text{ gal. /cu.ft.}) \times (\# \text{ compartments} \times 0.75 \text{ capacity})}{1,728 \text{ cu.in. / cu.ft.}}$$
 [Short version for above]

$$\text{GPH} = (\text{Sink size in cu. in.}) \times (\# \text{ compartments}) \times (0.003255/\text{cu. in.})$$

** Cloth Washer Calculation

- A. Limited Use/Cloth washer used one to two times per day; beginning or ending of day operation GPH = 60 GPH X 25%.
- B. Intermediate Use/Cloth washer used 3 to 4 times per day: GPH = 60 GPH X 45%
- C. Heavy Use/Cloth washer used once every 2 hours: GPH = 60 GPH X 80%
- D. Continuous Use/Cloth washer used every hour: GPH = 60 GPH X 100%