**Jackson County Department of Public Health**

**Environmental Health - (828) 587-8250**

**Food Establishment Plan Review Application**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Application:**  New  Remodel | | | **If New, Projected Start date:**  **Projected Completion Date:** | | |
| **Type of Food Operation:** Restaurant  Food Stand  Mobile Food Unit  Commissary  Meat Market Other (explain): | | | | | |
| **FOOD ESTABLISHMENT INFORMATION** | | | | | |
| **Name of Establishment:** Click here to enter text. | | | | | |
| **Establishment Address:** Click here to enter text. | | **City:** Click here to enter text. | | **State:** Click here to enter text. | **Zip:** Click here to enter text. |
| **Phone:** Click here to enter text. | | **Emergency Phone:** Click here to enter text. | | | |
| **OWNERSHIP INFORMATION** | | | | | |
| **Owner or Owner’s Representative:** Click here to enter text. | | | | | |
| **Address:** Click here to enter text. | | **City:** Click here to enter text. | | **State:** Click here to enter text. | **Zip:** Click here to enter text. |
| **Phone:** Click here to enter text. | | **E-mail Address:** Click here to enter text. | | | |
| **SUBMITTER INFORMATION** | | | | | |
| **Company:** Click here to enter text. | **Contact Person:** Click here to enter text. | | | **Title:** Click here to enter text. | |
| **Address:** Click here to enter text. | | **City:** Click here to enter text. | | **State:** Click here to enter text. | **Zip:** Click here to enter text. |
| **Phone:** Click here to enter text. | | **E-mail Address:** Click here to enter text. | | | |

\*To find a copy of the NC 2009 Food Code upon which this application is based upon, please visit: <https://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf>

***I certify that the information in this application is correct and I understand that any deviation without prior approval from Jackson County Department of Public Health may nullify plan approval.***

**Signature:**                                                                                             **Date:**

**For Health Department Use Only**

Date Application Received: \_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_

Receipt #: \_\_\_\_\_\_\_\_\_\_\_ Amount Paid: \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FOOD OPERATION INFORMATION** | | | | | | |
| **Hours/Days of operation:**  **Sun:** Click here to enter text.  **Mon:** Click here to enter text.  **Tues:** Click here to enter text.  **Wed:** Click here to enter text.  **Thurs:** Click here to enter text.  **Fri:** Click here to enter text.  **Sat:** Click here to enter text. | **Restaurant Seating Capacity:**  Number of Indoor Seats: Click here to enter text.  Number of Outdoor Seats: Click here to enter text.  Square Feet of Facility: Click here to enter text. | | **Type of Service (*Check All That Apply*):**  Sit-Down Meals  Take-Out Meals  Catering  Single-Service (Disposable):  **Plates  Glassware  Silverware**  Multi-Use (reusable):  **Plates  Glassware  Silverware**  Other: Click here to enter text. | | **Employees**  Max per Shift: Click here to enter text.  **Max. Number of Meals Served between product deliveries:**  **Breakfast:** Click here to enter text.  **Lunch:** Click here to enter text.  **Dinner:** Click here to enter text. | |
| **Indicate Any Specialized Processes That Will Take Place:**  **Curing Smoking Acidification (Sushi, Etc.)**  **Sprouting Beans Reduced Oxygen Packaging (eg: Vacuum)**  **Other**  **Explain Checked Processes:** Click here to enter text. | | | | **Indicate Any Highly Susceptible Population That Will Be Catered or Served To:**  Nursing Home  Child Care Center  Health Care Facility  Assisted Living Center  School with Pre-School Aged Children | | |
| **FOOD HANDLING INFORMATION** | | | | | | |
| **Food Delivery:**   1. How often will frozen foods be delivered? Daily Weekly Other: Click here to enter text. 2. How often will refrigerated food be delivered? Daily Weekly Other: Click here to enter text. 3. How often will dry foods or supplies be delivered? Daily Weekly Other: Click here to enter text.   **Food Storage (Identify Amount of Space (in Cubic feet) AND Identify on Plans where Storage Will Be Located):**  Dry Storage Shelf Space Click here to enter text.ft³ Dry Storage Location Click here to enter text.  Reach-in Refrigerator Storage Click here to enter text.ft³ Number of Reach-in Refrigerators Click here to enter text.  Walk-in Refrigerator Storage Click here to enter text.ft³    Reach-in Freezer Storage Click here to enter text.ft³ Number of Reach-in Freezers Click here to enter text.  Walk-in Freezer Storage Click here to enter text.ft³ | | | | | | |
| **INSTRUCTIONS:** *Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate. Also, A food menu shall be attached to this plan for reference.* | | | | | | |
| **Process** | **Identify Food Items** | **Indicate Location and Equipment** | | | | **Meets Criteria (REHS to Determine During Review)** |
| **Washing**  *NC Food Code §3-302.15* | Click here to enter text. | Click here to enter text. | | | | **Yes/No** |
| **Thawing**  *NC Food Code §3-501.13* | Click here to enter text. | Click here to enter text. | | | | **Yes/No** |
| **Cooking**  *NC Food Code §3-401.11* | Click here to enter text. | Click here to enter text. | | | | **Yes/No** |
| **Hot Holding**  *NC Food Code §3-501.16* | Click here to enter text. | Click here to enter text. | | | | **Yes/No** |
| **Cold Holding**  *NC Food Code §3-501.16* | Click here to enter text. | Click here to enter text. | | | | **Yes/No** |
| **Cooling**  *NC Food Code §3-501.14* | Click here to enter text. | Click here to enter text. | | | | **Yes/No** |
| **Reheating**  *NC Food Code §3-403.11* | Click here to enter text. | Click here to enter text. | | | | **Yes/No** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 the food will Be handled.*** | | | | |
| **Type of Food** | **How the Food Will Arrive (Frozen, Fresh, Packaged, Etc.)** | **Where the Food Will Be Stored** | **Where and How Food Will Be Handled (Equipment and Corresponding Schedule Numbers;** **Washed, Cut, Marinated, Breaded, Cooked, Etc.)** | **When the Food Will Be Handled (Time of Day and Frequency During the Day)** |
| **Ready-To-Eat** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Produce** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Raw Animal Product** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FINISH SCHEDULES** | | | | | | |
| **INSTRUCTIONS**: *Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile, 4” plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate* | | | | | | |
| **Room/Area** | **Floor** | **Floor/Wall Juncture** | **Walls** | **Ceiling** | **Meets Criteria (REHS to Determine During Review)** | |
| **Food Preparation** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | **Yes/No** | |
| **Dry Food Storage** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | **Yes/No** | |
| **Warewashing Area** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | **Yes/No** | |
| **Walk-in Refrigerators and Freezers** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | **Yes/No** | |
| **Can Wash/Mop Sink** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | **Yes/No** | |
| **Garbage/Refuse Areas** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | **Yes/No** | |
| **Toilet Rooms** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | **Yes/No** | |
| **Other (Specify):** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | **Yes/No** | |
| **Identify the Finishes of the Cabinets, Countertops, and Shelving:** Click here to enter text. | | | | | |

|  |  |  |
| --- | --- | --- |
| **PHYSICAL FACILITIES** | | |
| **INSTRUCTIONS**: *Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.* | | |
| **Topic** | **Minimum Criteria** | **Meets Criteria (REHS to Determine During Review)** |
| **Handwashing/Hygiene** | • Identify number of the handwashing sinks in food preparation and warewashing areas: Click here to enter text.Food Preparation Click here to enter text. Warewashing Area  • Type of hand drying device: Disposable towels Hand-drying device | **Yes/No** |
| **Warewashing** | **MANUAL DISHWASHING**  • Identify the length, width, and depth of the compartments of the 3-compartment sink: Click here to enter text.  • Will the largest pot/ pan fit into each compartment of the 3-compartment sink? **Yes**  **No**  If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? Click here to enter text.  • Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: Click here to enter text.  • What type of sanitizer will be used?  Chemical Type: Click here to enter text.  Hot Water  **MECHANICAL DISHWASHING**  • Identify the make and model of the mechanical dishwasher: Click here to enter text.  • What type of sanitizer will be used?  Chemical Type: Click here to enter text.  Hot Water | **Yes/No** |
| **Water Supply** | • Is the water supply: Municipal (public) Well (private)  o If private, has source been approved? Yes No  • Is ice made on premises or purchased commercially?  Made on-site Purchased  Provide specifications to the water heater: Tank  Tankless   1. Manufacturer and model: Click here to enter text. 2. Storage and capacity: Click here to enter text. gallons  * Electric: Click here to enter text. kilowatts (kW) * Gas: Click here to enter text. BTU’s  1. If Tank, water heater recovery rate (gallons per hour at 80°F   temperature rise): Click here to enter text. GPH | **Yes/No** |
| **Sewage Disposal** | Is the wastewater connection: Municipal (public) Septic (private) | **Yes/No** |
| **Backflow Prevention** | • Will all potable water sources be protected for backflow? Yes No  • Are all floor drains identified on the submitted floor plan? Yes No | **Yes/No** |
| **Toilet** | • Identify locations and number of toilet facilities: Click here to enter text.  • Hot and cold water provided? Yes No | **Yes/No** |
| **Linens** | • Will linens be laundered on site? Yes No  If yes, what will be laundered and where? Click here to enter text.  If no, how and where will linens be cleaned? Click here to enter text.  • Identify location of clean and dirty linen storage: Click here to enter text.  How often will linens be delivered and picked up? Click here to enter text. | **Yes/No** |
| **Chemicals/Cleaning** | • Identify the location and storage of poisonous or toxic materials.  Click here to enter text.  • Where will cleaning and sanitizing solutions be stored at workstations?  Click here to enter text.  • How will these items be separated from food and food-contact?  Click here to enter text. | **Yes/No** |
| **Pest Control** | •Will all outside doors be self-closing and rodent proof? Yes No N/A  • Will screens be provided on all entrances left open to the outside?  Yes No N/A  • Will all openable windows have a minimum #16 mesh screening?  Yes No N/A  • Will insect control devices be used? Yes No N/A  • Will air curtains be used? If yes, where? Click here to enter text.  *Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.* | **Yes/No** |
| **Garbage, Refuse and Recycling** | Will refuse/garbage be stored inside? Yes No  If yes, where? Click here to enter text.  • Identify how and where garbage cans and floor mats will be cleaned:  Click here to enter text.  • Will a dumpster or a compacter be used? Dumpster Compactor  • Identify locations of grease storage containers: Click here to enter text.  • Will there be an area to store recyclables? Yes No  If yes, where? Click here to enter text.  • Will there be an area to store returnable damaged goods? Yes No  If yes, where? Click here to enter text. | **Yes/No** |
| **Other** | • Indicate location for storing employees’ personal items: Click here to enter text.  •Location and size of service (mop) sink/can wash: Click here to enter text.  •Is a separate mop storage area provided? ☐Yes ☐No  If yes, describe type and location: Click here to enter text. | **Yes/No** |

**Plan Review Application Checklist:**

Proposed menu, including consumer advisory if needed.

Complete set of plans drawn to scale showing placement of each piece of food service equipment, all sinks, storage areas, and can/mop wash facilities.

Include a site plan showing exterior equipment, such as dumpsters and walk-ins.

Letters from Municipal/Community Wastewater and/or Municipal/Community Water Systems. If onsite wastewater system or well approval from JCDPH onsite section and well section.

Manufacturer specification sheets for each piece of new equipment. All equipment must be NSF listed, UL Classified for sanitation or constructed to meet NSF/ANSI standards, as detailed in the 2009 NC Food Code 4-1 and 4-2.

Plan Review Fee: $250.00 cash, credit card, or check (make check out to JCDPH)

Other Click here to enter text.

Franchise / chain establishments must submit applications to the State plan review office: [ncplanreview@dhhs.nc.gov](mailto:ncplanreview@dhhs.nc.gov) or <https://ehs.ncpublichealth.com/faf/food/planreview/contacts.htm>