



Jackson County Department of Public Health

154 Medical Park Loop • Sylva, NC 28779

Tel: 828-586-8994 • FAX: 828-586-1207

Shelley Carraway
DIRECTOR

**PLAN REVIEW APPLICATION
FOR FOOD ESTABLISHMENTS OPERATING FROM
A SHARED-USE KITCHEN**

Name of Shared-use Kitchen: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Applicant: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

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

Signature: _____

(Owner or Responsible Representative)

This application must be completed and accompanied by:

- Plan review fee
- A copy of the menu
- Floor plan
- Equipment Schedule

Schedule of Operation:

Time of Day: _____

Day of week: _____ Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat

Other Scheduling Information:

Type of Operation:

_____ Catering

_____ Mobile Food Unit/Pushcart

_____ Food for sale at another location (specify details)

_____ Other (specify details)

Type of Food Service Utensils (check all that apply):

Single-service (disposable):

_____ Plates _____ Glassware _____ Silverware

Multi-use (reusable):

_____ Plates _____ Glassware _____ Silverware

_____ Prepares Potentially Hazardous Food (PHF) Time Temperature Control for Safety Food (TCS)

Prepares PHF/TCS Foods by: ___ cooking ___ cooling ___ reheating ___ hot holding

 ___ cold holding ___ freezing ___ thawing ___ par cooking

Specialized Food Processes:

Curing Acidification (sushi, etc.) Reduced Oxygen Packaging (eg: Vacuum)
 Smoking Sprouting Other

Explain checked process:

Prepares food for delivery to and consumption at a location off premises
 Prepares only non PHF/TCS foods
 Prepares food for a Highly Susceptible Population

Highly susceptible populations that will be catered to or served:

Nursing Home Child Care Center Health Care Facility
 Other (please specify) _____

Cold Storage (assigned):

Reach-in refrigerator storage: _____ ft³ Walk-in refrigerator storage: _____ ft³

Reach-in freezer storage: _____ ft³ Walk-in freezer storage: _____ ft³

Frequency of deliveries and expected volume of refrigerated product at each delivery:

Hot Holding

Volume and items of food that will be held hot:

Cold Holding

Volume and items of food that will be held cold:

Cooling Processes

Indicate by checking the appropriate boxes how cooked food will be cooled at 45°F within 6 hours.

| Cooling Process | Meat | Seafood | Poultry | Other _____ |
|-----------------|------|---------|---------|----------------|
| Shallow Pans | | | | |
| Ice Baths | | | | |
| Rapid Chill | | | | |

Thawing Processes

Indicate by checking the appropriate boxes how food in each category will be thawed.

| Thawing Process | Meat | Seafood | Poultry | Other _____ |
|-----------------------|------|---------|---------|----------------|
| Refrigeration | | | | |
| Running Water (<70°F) | | | | |
| Cooked Frozen | | | | |
| Microwave | | | | |

Food Handling Procedures

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and equipment location where corresponding food will be handled. Shared items for daily use such as prep tables, refrigeration, handwashing sinks, warewashing facilities, can wash, ice machine, and all applicable items must be provided.

Include the handling procedures for the following categories. Describe the process from beginning to end:

- Arrival- How the food will arrive (frozen, fresh, packages, etc.); Who will be responsible for receiving?
- Storage- Where the food will be stored? (Refer to the floor plan)
- Preparation
 - Where food will be processed? (Refer to floor plan)
 - How the food will be handled (washed, cut, marinade, breaded, cooked, etc.)?

- Time of day and frequency that food will be handled (Delivery to final product)?

1. Ready-to-eat Foods (example, salads, fruit, cold sandwiches, sushi)

2. Produce

3. Poultry

4. Meats

5. Seafood

Dry Storage

Frequency of deliveries and the expected volume of dry goods at each delivery:

Square feet of assigned dry storage shelf space: _____

Where is the assigned dry goods storage?

Shared-use Kitchen Requirements:

_____ Certified Food Protection Manager Certification, ANSI Certification # _____

_____ Copy of menu

_____ Consumer Advisory (if required by NC Food Code Manual 3-603.11)

_____ Variance for specialized processing methods HACCP plan required? NC Food Code Manual Section 3-502.11

_____ Time as a public health control – written procedures in place per NC Food Code Manual Section 3-501.18

_____ Standard Operating Procedures (SOPs)

_____ Refrigerators and freezers operating to verify temperatures

_____ Water heater operating

_____ Handwashing sinks: Conveniently located; supplies with soap, towels, hand wash placard, and waste receptacle

_____ Warewashing facilities properly operating

_____ Adequate air drying space

_____ Toxic substance storage area identified

_____ Thermometers provided

_____ Sanitizing solution and test strips

_____ Lighting meets requirements

_____ Bulbs shielded or shatterproof

_____ Single-use gloves, deli tissue paper, tongs or dispensing equipment provided (no bare

hand contact with ready-to-eat foods

_____ Equipment Approved (Used in accordance with the manufacturer’s intended use and verified or classified for sanitation by an American National Standards Institute Meets (ANSI)- accredited certification program or meets Parts 4-1 and 4-2 of the NC Food Code Manual

_____ Floors, walls and ceiling smooth, easily cleanable and non-absorbent for areas subject to moisture

_____ Proper backflow devices installed

_____ Toilet facilities, properly constructed, supplies and conveniently located and accessible to employees during all hours of operation

_____ Garbage and refuse disposal containers approved for solid waste, cardboard, and waste cooking oil (on-site or contact approval)

_____ Grease Trap available, located to be easily cleanable

_____ Mop/Service sink provided

_____ Space provided for employee storage, clothing and personal items

Potential Risks Associated with shared-use kitchens: Explain in detail how these will be addressed:

Risk: Cross Contamination of food contact surfaces with physical, chemical, or biological hazards.

Risk: Contamination of food products either by accidental or intentional means>

Risk: Increased potential for foodborne illness outbreaks due to exceeding the design characteristics of the facility.
