



WAKE COUNTY ENVIRONMENTAL SERVICES

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Plan Review & Recreational Sanitation Section
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Food Service Establishment Plan Review Application

The intent of this application is to provide information in addition to the plans regarding the operational procedures of the food establishment.

[North Carolina Food Code Manual](#) and [Rules Governing the Sanitation of Food Service Establishments \(15A NCAC 18A .2600\)](#) require that plans be submitted for approval **prior to** construction / renovation / modification / change of ownership of such facilities by the local Health Department (Wake County Environmental Services).

Plans and paperwork (see checklist below) must be submitted to the local municipality of Wake County that will issue building permits for the project (Raleigh, Cary, Apex, Holly Springs, Fuquay-Varina, Morrisville, Garner, Wake Forest, Wendell, Knightdale, Rolesville, and Zebulon). Projects located in unincorporated areas of Wake County must be submitted to the Wake County Inspections/Plans/Permits Department.

Plans for franchised or chain food establishments must also be submitted for review and approval to the Environmental Health Services Branch, NC Division of Public Health. State submittal information can be found at <http://ehs.ncpublichealth.com/faf/food/planreview/index.htm>.

Submittal Checklist:

- _____ Complete set of plans drawn to scale showing the placement of each piece of food service equipment, storage areas, and trash can wash facilities. Plans must include general plumbing, electrical, mechanical and lighting drawings and room finish schedules.
- _____ A site plan locating exterior equipment, such as dumpsters and walk-ins
- _____ Manufacturer specification sheets for each piece of new equipment
- _____ Completed Food Service Plan Review Application
- _____ Proposed menu
- _____ \$200 Plan Review Fee

If you have questions, contact one of the Plan Review staff listed below:

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Food Service Plan Review Application

Food Service Establishment Plan Review Application

Type of Construction: NEW _____ REMODEL _____

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____ County: _____

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

Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

Applicant: _____

Address: _____

City & State : _____ Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

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

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

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: _____ **Date:** _____
(Owner or Responsible Representative)

Food Service Plan Review Application

Hours of Operation:

Sun_____ Mon_____ Tue_____ Wed_____ Thu_____ Fri_____ Sat_____

Projected number of meals served between product deliveries:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of seats: _____ Facility total square feet: _____

TYPE OF FOOD SERVICE:

CHECK ALL THAT APPLY

_____ Restaurant

_____ Sit-down meals

_____ Food Stand

_____ Take-out meals

_____ Drink Stand

_____ Catering

_____ Commissary

Single-service (disposable):

_____Plates _____Glassware _____Silverware

_____ Meat Market

Multi-use (reusable):

_____Plates _____Glassware _____Silverware

_____ Other (explain): _____

Indicate any **specialized processes** that will take place. *Specialized process may need a state or local approved variance or HACCAP plan.*

___Curing ___Acidification (sushi, etc) ___Smoking

___Reduced Oxygen Packaging (eg: vacuum packaging, sous vide, cook-chill, etc.)

Explain checked processes: _____

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

___Nursing Home ___Child Care Center ___Health Care Facility

___Assisted Living Center

___School with pre-school aged children or an immuno-compromised population

Will managers or supervisors have current **Food Protection Certification** (such as ServSafe) as required by [NC Food Code Manual 2-102.12](#) _____ Yes _____ No

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Does your food establishment have an **Employee Health Policy**? _____ Yes _____ No

Example of Employee Health Policy can be found at

http://www.wakegov.com/food/healthinspections/resources/Pages/employee_health.aspx

Will under cooked or raw beef, eggs, fish, lamb, milk, pork, poultry or shellfish be served?

_____ Yes _____ No

If yes, where will the Consumer Advisory be posted? _____

COLD STORAGE

Cubic-feet of reach-in cold storage:

Reach-in refrigerator storage: _____ ft³

Reach-in freezer storage: _____ ft³

Cubic-feet of walk-in cold storage:

Walk-in refrigerator storage: _____ ft³

Walk-in freezer storage: _____ ft³

Number of reach-in refrigerators: _____

Number of reach-in freezers: _____

HOT HOLDING List food that will be held hot:

COLD HOLDING List food that will be held cold:

COOLING

Indicate by checking the appropriate boxes how cooked food will be cooled to 41⁰F (7⁰C) within 6 hours. If "Other" is checked indicate type of food: _____

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

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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				
Running Water less than 70 ⁰ F (21 ⁰ C)				
Cooked Frozen				
Microwave				

FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Complete descriptions including specific areas of the kitchen and corresponding items on the plan where food is handled will expedite the review process.

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to ready-to-eat form, including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled

1. READY-TO-EAT FOOD HANDLING (Edible without additional preparation necessary)

2. PRODUCE HANDLING

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3. POULTRY HANDLING

4. MEAT HANDLING

5. SEAFOOD HANDLING

6. SUSHI PREPARATION

DRY STORAGE

Provide information on the frequency of deliveries.

Square feet of dry storage shelf space: _____ ft²

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Where will dry goods be stored? _____

FINISH SCHEDULE

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

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Walk-in cooler/freezer				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Other				
Other				

WATER SUPPLY – SEWAGE DISPOSAL

1. Is water supply: ___Municipal ___Well
Is sewer: ___Municipal ___On Site
2. Will ice be made on premises or purchased? _____
3. Grease trap/interceptor provided: _____ Yes _____ No
Location: _____

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4. Water heater Information

- 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 100°F temperature rise):
_____ GPH

(See Water Heater Calculator on page 11 to calculate recovery rate needed)

- Tankless:
 - a. Manufacturer and model: _____
 - b. Number of tankless water heaters: _____
 - Electric water heater: _____ kilowatts (kW)
 - Gas water heater: _____ BTU's
 - d. Water heater recovery rate (gallons per hour at 100°F temperature rise):
_____ GPM

(See Water Heater Calculator on page 12 to calculate recovery rate needed)

5. Check the appropriate box indicating equipment drains:

	Indirect Waste			Direct Waste
Plumbing Fixtures	Floor sink	Hub Drain	Floor Drain	
Utensil Washing Sink				
Prep Sinks				
Hand Sinks				
Dish machine				
Food Prep Sinks				
Ice Machine				
Garbage Disposal				
Dipper Well				
Refrigeration				
Steam Table				
Other				

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DISHWASHING FACILITIES

a. Hand Dishwashing

1. Number of sink compartments: _____
Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
Length of drain boards (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 Dishmachine be used? Yes _____ No _____
Dishmachine manufacturer and model: _____
2. Type of sanitization: Hot water (180°F) _____ Chemical _____

c. General

1. Describe how cooking equipment, cutting boards, slicers, 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:

Square feet of air drying space: _____ft²

HANDWASHING

Indicate number and location of kitchen hand sinks:

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EMPLOYEE AREA

Indicate location for storing employees' personal items:

GARBAGE AND REFUSE

1. Will refuse be stored inside? Yes _____ No _____
If yes, 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. Location and size of can wash/mop storage area: _____

2. Location of chemical storage: _____

INSECT AND RODENT

1. How is fly protection provided on all outside doors?
Self-closing door _____ Fly Fan _____ Screen Door _____
2. How is fly protection provided on windows?
Self-closing _____ Fly Fan _____ Screening _____
3. Location of insecticide/rodenticide storage: _____

Location of clean linen storage: _____

5. Location of dirty linen storage: _____

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TANK WATER HEATER SIZING

TANK Water Heater Calculation Worksheet						
Equipment	Quantity	Times	Size		GPH	
One-Comp. Sink (See Note)		X	____ x ____ x ____	=		
Two-Comp. Sink (See Note)		X	____ x ____ x ____	=		
Three-Comp. Sink (See Note)		X	____ x ____ x ____	=		
Four-Comp. Sink (See Note)		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 (See Note)		X	____ x ____ x ____	=		
Four Comp. Bar Sink (See Note)		X	____ x ____ x ____	=		
Hand Sink		X	5 GPH	=		
Pre-Rinse		X	45 GPH	=		
Can Wash		X	10 GPH	=		
Mop Sink		X	5 GPH	=		
Dish Machine		X	GPH = 70% of "Final Rinse Usage"	=		
Cloth Washer		X	15 GPH	=		
Hose Reel		X	5 GPH	=		
Other Equipment		X		=		
Other Equipment		X		=		
Gallons per hour (GPH) Recovery Rate needed (based on 100 ⁰ F temperature rise)					Total	

Note: GPH Calculation for Sinks	$\text{GPH} = \frac{(\text{Sink size in cu. in.}) \times (7.5 \text{ gal./cu. ft.}) \times (\# \text{ compartments} \times .75 \text{ capacity})}{1,728 \text{ cu. in./cu. ft.}}$
Short version for above	$\text{GPH} = (\text{Sink size in cu. in.}) \times (\# \text{ compartments}) \times (.003255/\text{cu. in.})$ Example: (24" x 24" x 14") x (3 compartments) x (.003255) = 79 GPH

TANKLESS WATER HEATER SIZING

TANKLESS Water Heater Calculation Worksheet					
Equipment	Quantity	Times	GPM		GPM
Utensil Sink		X	2	=	
Prep Sink		X	1	=	
Hand Sink		X	0.5	=	
Can Wash / Mop Sink		X	1	=	
Cloth Washer		X	See Manufacture Spec Sheet	=	
Dish Machine		X	See Manufacture Spec Sheet	=	
Pre-Rinse		X	2	=	
Gallons per Minute (GPM) Recovery Rate needed at 100 degrees rise				Total	

List the Make and Model of the dish machines and glass washers to be installed:

Make

Model

Please note that some dish machines are not compatible with tankless water heaters.

Dish machine and clothes washer GPM can not be converted to GPH.