

**ROWAN COUNTY HEALTH DEPARTMENT  
FOOD SERVICE PLAN REVIEW APPLICATION**

*Rowan County Health Department  
Environmental Health Section  
402 North Main Street, Suite 106  
Salisbury, N.C. 28144*

*Office phone number 704-216-8525 Fax phone number 704-642-2003*

Plans, drawn to scale, and specifications including the proposed menu, for prototype "franchised" or "chain" facilities shall be submitted for review and approval to the Environmental Health Services Section, Division of Environmental Health. They should be mailed to:

**Environmental Health Services Section; Food, Lodging and Institutional Sanitation  
Branch, Parker Lincoln Building, Room 1A109, 2728 Capital Blvd., Raleigh, NC 27604  
(919-715-0927)**

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

\_\_\_\_\_NEW                      \_\_\_\_\_REMODEL  
\_\_\_\_\_FEE PAID                      \_\_\_\_\_RECEIPT #

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

Category: Restaurant\_\_\_\_, Institution\_\_\_\_, Daycare\_\_\_\_, Meat Market\_\_\_\_, Other\_\_\_\_.

Physical Location: \_\_\_\_\_

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

Name of Owner: \_\_\_\_\_

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

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

Applicant's Name: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

|                     |        |       |         |       |
|---------------------|--------|-------|---------|-------|
| Hours of Operation: | Sun    | _____ | Thurs   | _____ |
|                     | Mon    | _____ | Fri     | _____ |
|                     | Tues   | _____ | Sat     | _____ |
|                     | Wed    | _____ |         |       |
| Number of Seats:    | Inside | _____ | Outside | _____ |

|   |  |                                      |
|---|--|--------------------------------------|
| Type of Service:<br><i>(check all that apply)</i> ? | Sit Down Meals _____<br>Buffet _____<br>Take Out _____ | Mobile Vendor _____<br>Caterer _____ |
|---|--|--------------------------------------|

**Please enclose the following documents:**

- \_\_\_\_\_ Proposed Menu (including seasonal, off-site and banquet menus)
- \_\_\_\_\_ Manufacturer Specification sheets for each piece of equipment shown on the plan
- \_\_\_\_\_ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system, can wash - if applicable)
- \_\_\_\_\_ Plan drawn to scale (1/4" = 1' minimum) of food establishment showing location of equipment, plumbing, electrical services
- \_\_\_\_\_ Describe lighting (recessed fixtures-bulb shields-shatter shield bulbs)
- \_\_\_\_\_ Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases
- \_\_\_\_\_ Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines.
- \_\_\_\_\_ Hot water heating equipment with capacity and recovery rate
- \_\_\_\_\_ Number of food deliveries (from vendors) per week

**FOOD PREPARATION REVIEW**

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

| <b>CATEGORY</b>   | <b>(YES)</b> | <b>(NO)</b> |
|---|--------------|-------------|
| Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)            | ( )          | ( )         |
| Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)         | ( )          | ( )         |
| Cold processed foods (salads, sandwiches, vegetables)                         | ( )          | ( )         |
| Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles) | ( )          | ( )         |
| Bakery goods (pies, custards, cream fillings & toppings)                      | ( )          | ( )         |
| Other _____   |              |             |

***PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS***

**FOOD SUPPLIES:**

How will dry goods be stored off the floor?

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Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?  
YES ( ) NO ( )

If yes, how will cross-contamination be prevented?

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Will any seafood be **washed** YES ( ) NO ( ) or **thawed on-site** YES ( ) NO ( ) prior to use?

Will any meats be washed or thawed on-site prior to use? YES ( ) NO ( )

Will all produce be washed on-site prior to use? YES ( ) NO ( )

Is there a planned location used for washing produce and the washing and/or thawing of meats? YES ( ) NO ( )

Describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

\_\_\_\_\_  
 \_\_\_\_\_

**FINISH SCHEDULE**

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

|                          | <b>FLOOR</b> | <b>COVING</b> | <b>WALLS</b> | <b>CEILING</b> |
|--------------------------|--------------|---------------|--------------|----------------|
| Kitchen                  |              |               |              |                |
| Bar                      |              |               |              |                |
| Food Storage             |              |               |              |                |
| Other Storage            |              |               |              |                |
| Toilet Rooms             |              |               |              |                |
| Garbage & Refuse Storage |              |               |              |                |
| Mop Service Basin Area   |              |               |              |                |
| Warewashing Area         |              |               |              |                |

**INSECT AND RODENT CONTROL**

*APPLICANT: Please check appropriate boxes.*

**YES NO NA**

Will all outside doors be self-closing and rodent proof?

( ) ( ) ( )

Will air curtains be used? If yes, where?

( ) ( ) ( )

\_\_\_\_\_  
 \_\_\_\_\_

**GARBAGE AND REFUSE**

**YES NO NA**

**Inside**

Is there an area designated for washing garbage cans and mop and broom storage?

( ) ( ) ( )

**Outside**

Will a dumpster be used?

( ) ( ) ( )

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pickup \_\_\_\_\_

Contractor \_\_\_\_\_

Will garbage cans be stored outside?

( ) ( ) ( )

Describe surface and location where dumpster/compactor/garbage cans are to be stored

\_\_\_\_\_

Will the dumpster be cleaned on-site ( ) or off-site ( ) copy of cleaning contract ( )

Describe location of grease storage receptacle

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

YES NO NA  
( ) ( ) ( )

Is there any area to store returnable damaged goods?

**WATER SUPPLY**

Is water supply public ( ) or private ( )?

**Private water supplies must be listed with the Public Water Supply Section of DEH Mooresville Regional Office 704-663-1699) and comply with Section .1700 of the NCAC**

If private, has source been approved? YES ( ) NO ( ) PENDING ( )

Is ice made on premises ( ) or purchased commercially ( )?

**SEWAGE DISPOSAL**

Is building connected to a municipal sewer? YES ( ) NO ( )

If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

**GENERAL**

Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

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Will linens be laundered on site? YES ( ) NO ( )

If yes, what will be laundered and where? \_\_\_\_\_

If no, how will linens be cleaned? \_\_\_\_\_

Is a laundry dryer available? YES ( ) NO ( )

Location of clean linen storage: \_\_\_\_\_

Location of dirty linen storage: \_\_\_\_\_

**DISHWASHING FACILITIES**

Utensils: Multi-use ( ) Single service ( )

Will sinks or a dishwasher be used for warewashing?

Dishwasher ( )

Two compartment sink ( )

Three compartment sink ( )

6 KW booster heater ( )

**Dishwasher**

Type of sanitization used:

Hot water (temp. provided) \_\_\_\_\_

Chemical type \_\_\_\_\_

Adequate prewash facilities \_\_\_\_\_

Does the largest pot and pan fit into each compartment of the pot sink? YES ( ) NO ( )

If no, what is the procedure for manual cleaning and sanitizing?

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What type of sanitizer is used?

Chlorine ( )

Iodine ( )

Quaternary ammonium ( )

Hot Water ( )

Other ( )

**THE ROWAN COUNTY HEALTH DEPARTMENT MUST APPROVE  
ANY CHANGES MADE TO PLANS.**

Approval of these plans and specifications by this 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 preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments. Food service permits issued by this department are required to be issued before an establishment can operate.

The scheduling of the preopening inspection should be discussed with the Environmental Health Specialist as far in advance as possible. The Environmental Health Specialist that has been working on this project will be the one that issues the food service permit unless other arrangements are made in advance.

I have submitted plans/application to the following:

|  |                                  |
|--|----------------------------------|
| _____ <b>Zoning/Planning</b><br>(written approval is required) | _____ <b>Building Inspection</b> |
| _____ <b>Contact Person</b>                                    | _____ <b>Contact Person</b>      |

Signature(s) \_\_\_\_\_

Owner(s) or responsible representative(s) \_\_\_\_\_  
\_\_\_\_\_

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