

**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*

**Prototype “franchised” or “chain” food service facilities shall submit plans for review to:  
NCDHHS Division of Public Health: Food Service Plan Review, 1632 Mail Service Center,  
Raleigh NC 27699-1632. Phone 888-251-5543.**

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

\_\_\_\_\_NEW

\_\_\_\_\_REMODEL

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

Establishment type: Restaurant\_\_\_\_, Institution\_\_\_\_, Daycare\_\_\_\_, Meat Market\_\_\_\_, Other\_\_\_\_.

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

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

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

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

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

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

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

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

Hours of Operation:	Sun	_____	Thurs	_____
	Mon	_____	Fri	_____
	Tues	_____	Sat	_____
	Wed	_____		
Number of Seats: (If applicable)	Inside	_____	Outside	_____

Type of Service:  
*(Check all that apply)*

Sit Down Meals \_\_\_\_\_  
Buffet \_\_\_\_\_  
Take Out \_\_\_\_\_

Mobile Vendor \_\_\_\_\_  
Caterer \_\_\_\_\_

**Please enclose the following documents:**

- \_\_\_\_\_ Proposed Menu (including seasonal, off-site and banquet menus)  
Menu must include disclaimer and consumer advisory for foods served raw or undercooked.  
Reference rule 3-603.11 of NC Food Code Manual
- \_\_\_\_\_ 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 or on demand heaters
- \_\_\_\_\_ Number of food deliveries (from vendors) per week
- \_\_\_\_\_ **Manager's training certificate (required 1-1-2014)**

**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	( )	( )
Thick meats, whole poultry	( )	( )
Sandwich meats sliced on site.	( )	( )
Hot processed foods	( )	( )
Bakery goods	( )	( )
Are slaws or salads (Ex: potato, pasta, etc) made on site	( )	( )

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

**FOOD SUPPLIES:**

How will dry goods be stored off the floor?

Where will damaged food items be stored?  
\_\_\_\_\_

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?  
\_\_\_\_\_  
\_\_\_\_\_

Will any seafood and/or meats be **washed** YES ( ) NO ( ) or **thawed on-site** YES ( ) NO ( ) prior to use?  
Describe where/ how. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe where/how produce will be washed prior to use (If applicable)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe where/how raw meats are processed on site (If applicable).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe where/how raw meats are stored on ice (If applicable).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how sushi rice will be handled: 135 or above, written procedures for time hold, or apply for variance (If applicable).

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**Provide a list of all food items that will be cooked, cooled, and reheated for service at a later time.**


**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 (If applicable)				
Food Storage				
Other Storage				
Toilet Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Ware washing Area				

**INSECT AND RODENT CONTROL**

*APPLICANT: Please check appropriate boxes.*

**YES NO**

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

( ) ( )

Will air curtains be used? If yes, where?

( ) ( )

**GARBAGE AND REFUSE**

**YES NO**

**Inside**

Is there area for washing trash cans?

( ) ( )

Is there area for mop/broom storage?

( ) ( )

**Outside**

Will a dumpster be used?

( ) ( )

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

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

Contractor \_\_\_\_\_

Will garbage cans be stored outside?

( ) ( )

Will there be area for recyclables?

( ) ( )

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

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Will the dumpster be cleaned on-site ( ) or off-site ( )

If cleaned off site provide copy of cleaning contract.

Describe location of grease storage receptacle

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**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 under 15A NCAC 18A .1700. YES ( ) NO ( ) PENDING ( )

**Provide spec's for backflow prevention devices.**

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.)

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

Name of linen service if laundered off site: \_\_\_\_\_

\_\_\_\_\_

**DISHWASHING FACILITIES**

Utensils: Multi-use ( ) Single service ( )

Will sinks or a dishwasher be used for warewashing?

Dishwasher ( )

Two compartment sink ( ) **Will require detergent sanitizer.**

Three compartment sink ( )

6 KW booster heater ( )

**Dishwasher (If applicable)**

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 washing, rinsing, and sanitizing utensils?

\_\_\_\_\_

\_\_\_\_\_

List types of sanitizers to be 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> (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: \_\_\_\_\_

(Office use): Fee Paid \_\_\_\_\_ Receipt# \_\_\_\_\_