



**Rowan County Health Department – Environmental Health Division
402 N Main Street, Suite 106 – Salisbury, NC 28144-4341**

**TO: NEW FOOD SERVICE OPERATORS
FROM: ROWAN COUNTY DIVISION OF ENVIRONMENTAL HEALTH**

This office has been notified of your intent to open a new food service facility in Rowan County. Please be advised that North Carolina General Statutes 130A-248(b) states that “No facility shall commence or continue operation that does not have a permit issued by the Department. The permit shall be issued to the owner or operator of the facility and shall not be transferable. A permit shall be issued only when the facility satisfies all the requirements of the rules...”.

To ensure that modern standards of sanitation are included in new and remodeled food handling establishments, the Rules Governing the Sanitation of Restaurants and Other Food handling Establishments 15A NCAC 18A. 2658 (2) requires that “Plans, drawn to scale, and specifications, for new food service establishments shall be submitted for review and approval to the local health agency prior to initiating construction...”. The entire rules can be reviewed at <https://ehs.dph.ncdhhs.gov/docs/rules/Sanitation-of-FoodEstablishments-15ANCAC18A-2600.pdf>

You will need to submit to this office a completed food service plan review application, application fee of \$250 paid (\$125 for a remodel), a complete set of floor plans, drawn to scale (1/4" = 1' minimum) along with a floor, wall and ceiling finish schedule, an equipment schedule that identifies each piece of equipment by common name, manufacturer's name and model number, a plumbing diagram, and a proposed menu as soon as possible. Any construction that has been initiated should be stopped until the final plan approval has been issued. Any construction that has been done, which does not meet the rules will have to be redone in an approved manner before an operations permit will be issued.

If you have any questions about this matter or if this office can be of assistance to you in any way, please feel free to call at 704 216-8532 or email Brittney.Curry@rowancountync.gov.

Sincerely,

A handwritten signature in blue ink that reads "Brittney Curry, REHS".

**Brittney Curry, REHS
Environmental Health Program Specialist**

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

_____ \$250 New facility Application Fee Paid with Receipt (\$125 for a remodel)

_____ 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)

_____ Floor 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 210 days from permit date)**

FOOD SERVICE PLAN REVIEW APPLICATION

**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 _____NEW OWNERSHIP OF EXISITING FACILITY

Name of Establishment: _____

Establishment type: Restaurant____, Institution____, Meat Market____, Food Stand____, Commissary____.

Physical Location: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

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

Mailing Address: _____

Telephone: _____ Email Address _____

Hours of Operation:	Sun	_____	Thurs	_____
	Mon	_____	Fri	_____
	Tues	_____	Sat	_____
	Wed	_____		

Number of Seats: (If applicable)	Inside	_____	Outside	_____
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Type of Service: (Check all that apply)	Sit Down Meals _____	Take Out _____
	Buffet _____	Caterer _____

FOOD PREPARATION REVIEW

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

CATEGORY	(YES)	(NO)
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 provide list	()	()

PLEASE ANSWER THE FOLLOWING QUESTIONS:

FOOD SUPPLIES:

Who is the proposed food supplier? _____

How many deliveries are estimated per week? _____

How many estimated meals are expected to be served between deliveries? _____

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 (Ex: cutting meats, making burgers, etc.) (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).

What type of food service thermometer will be used (required)? _____

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, FRP, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
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.

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

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 ware washing?

Dishwasher ()

Two compartment sink () **Will require detergent sanitizer or variance from our office.**

Three compartment sink ()

6 KW booster heater (); required for hot water sanitizing in manual ware washing.

Dishwasher (If applicable)

Type of sanitization used:

Hot water _____; requires alternative testing method (160-degree labels, holding thermometer, or some other method)

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. (Required even if facility has a dishwasher along with test strips for type of sanitizer)

Chlorine ()

Iodine ()

Quaternary ammonium ()

Hot Water ()

Other ()

****Please keep in mind, if hot water is used for sanitizing it is for a 3-compartment sink and must be maintained at least 171 F or above. Sanitizer for food contact surfaces would still be needed. ****

**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 or receive food items and other supplies.

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:

_____ **Zoning/Planning**
(written approval is required)
_____ **Contact Person**

_____ **Building Inspection**
_____ **Contact Person**

Signature(s) _____

Owner(s) or responsible representative(s) _____

Date: _____

(Office use): Fee Paid _____ Receipt# _____