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 of the requirements of the rules...”.

To insure 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 http://www.rowancountync.gov/GOVERNMENT/Departments/Health Department/Environmental Health.aspx.

You will need to submit to this office a completed food service plan review application, 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 704 216-8530 or email Greg.McNeely@rowancountync.gov.

Sincerely,

Greg McNeely, REHS  
Environmental Health Program Specialist
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

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:

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<th>Sun</th>
<th>Thurs</th>
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<td>Tues</td>
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<td>Wed</td>
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Number of Seats: Inside _____ Outside ______

If applicable)

Type of Service: (Check all that apply)

Sit Down Meals _____ Take Out _____

Buffet _____ 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 210 days from permit date)

FOOD PREPARATION REVIEW

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

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>(YES)</th>
<th>(NO)</th>
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<tbody>
<tr>
<td>Thin meats, poultry, fish, eggs</td>
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<tr>
<td>Thick meats, whole poultry</td>
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<tr>
<td>Sandwich meats sliced on site.</td>
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<tr>
<td>Hot processed foods</td>
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<tr>
<td>Bakery goods</td>
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<tr>
<td>Are slaws or salads (Ex: potato, pasta, etc.) made on site; please provide list</td>
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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)? ___________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
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_____________________________________________________________________________________________________________________


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

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<thead>
<tr>
<th></th>
<th>FLOOR</th>
<th>COVING</th>
<th>WALLS</th>
<th>CEILING</th>
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<tbody>
<tr>
<td>Kitchen</td>
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<tr>
<td>Bar (If applicable)</td>
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<tr>
<td>Food Storage</td>
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<tr>
<td>Other Storage</td>
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<tr>
<td>Toilet Rooms</td>
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<tr>
<td>Garbage &amp; Refuse Storage</td>
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<tr>
<td>Mop Service Basin Area</td>
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<tr>
<td>Ware washing Area</td>
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FINISH SCHEDULE:
Applicant must indicate which materials (quarry tile, stainless steel, 4” plastic coved molding, FRP, etc.) will be used in the following areas.

INSECT AND RODENT CONTROL:
APPLICANT: Please check appropriate boxes.

Will all outside doors be self-closing and rodent proof? ( ) ( )
Will air curtains be used? If yes, where? ( ) ( )

GARBAGE AND REFUSE:

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  ______________Building Inspection
(written approval is required)  ______________Building Inspection
_________________________Contact Person  ______________Contact Person

Signature(s) __________________________________________________________

Owner(s) or responsible representative(s) ________________________________

_________________________Contact Person

Date: ______________________

(Office use): Fee Paid________  Receipt#__________