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Director



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**Rowan County Health Department**  
Environmental Health Division  
402 North Main Street • 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 of the requirements of the rules...*”.

To insure that modern standards of sanitation *are included in new and remodeled* foodhandling establishments, the Rules Governing the Sanitation of Restaurants and Other Foodhandling 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](mailto:Greg.McNeely@rowancountync.gov).

Sincerely,  
DIVISION OF ENVIRONMENTAL HEALTH

Greg McNeely, R.S.  
Environmental Health Program Specialist

**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: <i>(Check all that apply)</i>	Sit Down Meals _____	Mobile Vendor _____
	Buffet _____	Caterer _____
	Take Out _____	

**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 covered 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).



**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:

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

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

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

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

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