

**Duplin County Environmental Health  
Food Service Establishment Plan Review Application**

The intent of the Food Service Plan Review Application is to answer questions that are not provided on the plans regarding the operation of the facility and to provide the health department with the operational procedures when the facility opens. Please be aware that franchised, chain, and prototypical type facility plans are required to be submitted to the Environmental Health Section, Plan Review Unit, 5605 Six Forks Rd., Raleigh, NC 27609. You may contact their office at (919) 707-5863 with questions regarding their requirements.

To complete plan review, the Food Establishment Plan Review Application must be submitted with all of the following items.

1. Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus).
2. Plan of the facility drawn to scale showing location of equipment (clearly numbered and cross-keyed with an equipment list), plumbing, mechanical ventilation, and lighting plan.
3. Site plan showing locations of any outside equipment or facilities (dumpsters, storage, well, septic-system – if applicable).
4. Manufacturer specifications for each piece of listed equipment.
5. An application fee of \$240.00 paid at time of application submittal.

Please feel free to contact our office with any questions regarding the plan review process. We can be reached by telephone at (910) 296-2126.

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Type of Construction      \_\_\_\_\_ NEW      \_\_\_\_\_ REMODEL

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

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Owner or Owner's Representative \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_



Duplin County Health Services / Duplin County Environmental Health / Food & Lodging Section  
121 Middleton Cemetery Lane Kenansville, NC 28349 / P.O. Box 948 Kenansville, NC 28349  
910.296.2126 PHONE / 910.296.0250 FAX

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Submitter \_\_\_\_\_

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

**I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.**

**Signature** \_\_\_\_\_  
(Owner or Responsible Representative)

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**Hours of Operation**

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Projected number of meals served between product deliveries**

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Number of seats \_\_\_\_\_ Facility total square feet \_\_\_\_\_

Projected start date of construction \_\_\_\_\_ Projected completion date \_\_\_\_\_

**TYPE OF FOOD SERVICE**

**CHECK ALL THAT APPLY**

\_\_\_\_\_ Restaurant

\_\_\_\_\_ Sit-down meals

\_\_\_\_\_ Food Stand

\_\_\_\_\_ Take-out meals

\_\_\_\_\_ Drink Stand

\_\_\_\_\_ Catering

\_\_\_\_\_ Commissary

Single-service (disposable)

\_\_\_\_\_ Meat Market

\_\_\_\_\_ Plates \_\_\_\_\_ Glassware \_\_\_\_\_ Silverware

\_\_\_\_\_ Other (Provide Explanation)

Multi-use (reusable)

\_\_\_\_\_ Plates \_\_\_\_\_ Glassware \_\_\_\_\_ Silverware

Explain "Other" Food Service Type \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any **specialized processes** that will take place

\_\_\_\_\_ Curing      \_\_\_\_\_ Acidification (sushi, etc.)      \_\_\_\_\_ Reduced Oxygen Packaging (eg Vacuum)  
\_\_\_\_\_ Smoking      \_\_\_\_\_ Sprouting Beans      \_\_\_\_\_ Other

Explain checked processes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any of the following **highly susceptible populations** that will be catered to or served

\_\_\_\_\_ Nursing Home      \_\_\_\_\_ Child Care Center      \_\_\_\_\_ Health Care Facility  
\_\_\_\_\_ Assisted Living Center      \_\_\_\_\_ School with pre-school aged children

### **COLD STORAGE**

**Method used to determine cold storage requirements** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cubic-feet of reach-in cold storage

Cubic-feet of walk-in cold storage

Reach-in refrigerator storage \_\_\_\_\_ft<sup>3</sup>

Walk-in refrigerator storage \_\_\_\_\_ft<sup>3</sup>

Reach-in freezer storage \_\_\_\_\_ft<sup>3</sup>

Walk-in freezer storage \_\_\_\_\_ft<sup>3</sup>

Number of reach-in refrigerators \_\_\_\_\_

Number of reach-in freezers \_\_\_\_\_

### **HOT HOLDING**

Food that will be held **hot** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COLD HOLDING

Food that will be held **cold** \_\_\_\_\_

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## COOLING

Indicate by checking the appropriate boxes how cooked food will be cooled to 45<sup>0</sup>F (7<sup>0</sup>C) within 6 hours.

If “Other” is checked indicate type of food \_\_\_\_\_

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Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans				
Ice Baths				
Rapid Chill				

## THAWING

Indicate by checking the appropriate boxes how food in each category will be thawed.

If “Other” is checked indicate type of food \_\_\_\_\_

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Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration				
Running Water less than 70 <sup>0</sup> F (21 <sup>0</sup> C)				
Cooked Frozen				
Microwave				

## FOOD HANDLING PROCEDURES

**Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.**

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to service including

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled

**1. READY-TO-EAT FOOD HANDLING** (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

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**2. PRODUCE HANDLING** \_\_\_\_\_

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**3. POULTRY HANDLING** \_\_\_\_\_

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**4. MEAT HANDLING** \_\_\_\_\_

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**5. SEAFOOD HANDLING**

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**DRY STORAGE**

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time \_\_\_\_\_

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Square feet of dry storage shelf space \_\_\_\_\_ ft<sup>2</sup>

Where will dry goods be stored? \_\_\_\_\_

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## FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile)

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Service Sink				
Other				

## WATER SUPPLY - SEWAGE

1. Is water supply \_\_\_\_\_Municipal \_\_\_\_\_Well Is sewer \_\_\_\_\_Municipal \_\_\_\_\_Septic

2. Will ice \_\_\_\_\_ be made on premises \_\_\_\_\_purchased

3. Water heater

- Tank type

a. Manufacturer and model \_\_\_\_\_

b. Storage capacity \_\_\_\_\_ gallons

- Electric water heater \_\_\_\_\_ kilowatts (kW)

- Gas water heater \_\_\_\_\_ BTU's

c. Water heater recovery rate (gallons per hour at 80°F temperature rise) \_\_\_\_\_ GPH

**(See Water Heater Calculator on the Plan Review Unit website to calculate recovery rate needed)**

- Tankless

- a. Manufacturer and model \_\_\_\_\_

- b. Quantity of tankless water heaters \_\_\_\_\_

**(See Water Heater Calculator on the Plan Review Unit website to calculate number of tankless water heaters needed)**

4. Check the appropriate box indicating equipment drains

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Warewashing Sink				
Prep Sinks				
Handwashing Sinks				
Warewashing Machine				
Ice Machine				
Garbage Disposal				
Dipper Well				
Refrigeration				
Steam Table				
Other				
Other				

**WAREWASHING EQUIPMENT**

**a. Manual Warewashing**

1. Size of sink compartments (inches) Length\_\_\_\_\_ Width\_\_\_\_\_ Depth\_\_\_\_\_

2. What type of sanitizer will be used?

Chlorine\_\_\_\_\_ Iodine\_\_\_\_\_ Quaternary Ammonium\_\_\_\_\_ Hot Water\_\_\_\_\_ Other (specify)\_\_\_\_\_

**b. Mechanical Warewashing**

1. Will a warewashing machine be used? \_\_\_\_\_ Yes \_\_\_\_\_ No

Warewashing machine manufacturer and model\_\_\_\_\_

2. Type of sanitization \_\_\_\_\_ Hot water (180°F) \_\_\_\_\_ Chemical

**c. General**

1. Describe how cooking equipment, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized

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2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space

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Square feet of air drying space \_\_\_\_\_ ft<sup>2</sup>

**HANDWASHING**

Indicate number and location of handwashing sinks

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**EMPLOYEE ACCOMMODATIONS**

Indicate location for storing employees' personal items

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**REFUSE AND RECYCLABLES**

1. Will refuse be stored inside? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where \_\_\_\_\_

2. Provision for refuse disposal \_\_\_\_\_ Dumpster \_\_\_\_\_ Compactor

3. Provision for cleaning dumpster/compactor \_\_\_\_\_ On-site \_\_\_\_\_ Off-site

If off-site cleaning, provide name of cleaning contractor \_\_\_\_\_

4. Describe location for storage of recyclables (cooking grease, cardboard, glass, etc.)

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**SERVICE SINK**

- 1. Location and size of service (mop) sink/can wash \_\_\_\_\_
- 2. Is a separate mop storage area provided?    \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, describe type and location  
\_\_\_\_\_  
\_\_\_\_\_

**INSECT AND RODENT CONTROL**

- 1. How is protection provided on all outside doors?  
\_\_\_\_\_ Self-closing door    \_\_\_\_\_ Fly Fan    \_\_\_\_\_ Screen Door
- 2. How is protection provided on windows?  
\_\_\_\_\_ Self-closing    \_\_\_\_\_ Fly Fan    \_\_\_\_\_ Screening

**LINEN**

Indicate location of clean and dirty linen storage

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

**POISONOUS OR TOXIC MATERIALS**

Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage

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