



ALAMANCE COUNTY Health Department

209 North Graham-Hopedale Road
Burlington, NC 27217-2995
www.alamance-nc.com/d/environmentalhealth

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Rebecca Rosso, REHS, MS
Environmental Health Director

TO: New Foodservice Operator

FROM: Alamance County Health Department

NO REFUNDS

This office has been notified of your intent to open a new foodservice facility in Alamance 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...”

You will need to submit to this office 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, a proposed menu, a completed application, and \$250.00 plan review fee as soon as possible. Please make the check payable to Alamance County Health Department. Plans may also be submitted electronically to EH.admin@alamancecountync.gov. The intent of this application is to answer questions that are not provided on the plans regarding the operation of the facility and to provide the Alamance County Health Department with the operational procedures when the facility opens.

You will need to allow at least three weeks from the time of submittal for your plan to be reviewed. Any construction that has been initiated should be stopped until the final plan approval has been issued. Any construction that has been completed, which does not meet the rules, will have to be revised in an approved manner before an operation permit will be issued.

Please be aware that franchised or chain food establishment plans for review are required to be submitted to NCDHHS - Environmental Health Section; Plan Review Unit, 5605 Six Forks Road, 3rd Floor, Raleigh, NC 27609. Phone: (919) 707-5863

Please feel free to copy this application for future use when submitting plans.

E-mail betsy.meeke@alamance-nc.com or call 336-570-6367 Ext. 10325 if you have any questions and/or comments.

For additional information concerning facility design and layout you can access the “Guidelines for the Design, Installation and Construction of Food Establishments in North Carolina” by going to the following web address <http://ehs.ncpublichealth.com/faf/food/planreview/index.htm>



Committed to Protecting and Improving the
Public's Health in Alamance County

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Environmental Health Section
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Food Service Plan Review Application
\$250.00 Fee - NO REFUNDS

Date Applied: _____

1) Tax Map Number: _____ GPIN: _____

2) Owner of the Restaurant PROPERTY: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Cell: _____

Email: _____

3) Applicant/Requestee's Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Cell: _____

Email: _____

4) Name of Establishment: _____

5) Location Address and Directions to the Establishment: _____

6) Type of Establishment: Restaurant Meat Market Food Stand

7) New Establishment: _____ Remodeled Establishment: _____

8) Number of Seats in Establishment: _____

9) Utilities: Public Water _____ Well _____

Public Sewer _____ Septic _____

10) Proposed Opening Date: _____

It is recommended that you submit plans that are drawn to scale of 1/4" = 1" minimum.

Please submit:

- Application
- Floor Plan
- Specification Sheets for Equipment
- Menu
- Equipment Schedule

Checklist for Floor Plan to include:

- Water heater
- Ice bins/ice machine
- Dipper wells with running water
- Sinks
 - o Hand sinks
 - o Prep sinks
 - o Utility sinks
 - o Manual ware washing sinks
- Floor sinks
- Toilet facilities
- Dry food storage
- Laundry facilities
- Employee break/locker area
- Salad bar/serving line
- Indoor/outdoor seating
- Wait service area
- Prep/cooking/hot holding
- Cooler/freezers
- Dishwashing area
- Chemical storage area
- Chemical dispenser units
- Damaged/returned goods area
- Recycle/dumpster location and surface it is on
- Exhaust ventilation

PLEASE BE ADVISED THAT ALL PAYMENTS ARE FINAL AND NO REFUNDS OR TRANSFER OF FUNDS ARE POSSIBLE. BY SIGNING AND SUBMITTING YOUR PAYMENT YOU ARE AGREEING TO THESE TERMS AND CONDITIONS.

I hereby 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: _____ **Date** _____
(Owner or Responsible Representative)

Hours of Operation:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Projected number of meals to be 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
- Food Stand
- Drink Stand
- Commissary
- Meat Market
- Other (explain): _____
- Sit-down meals
- Take-out meals
- Catering
- Single-service (disposable): Plates Glassware Silverware
- Multi-use (reusable): Plates Glassware Silverware

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

- Curing
- Smoking
- Acidification (sushi, etc.)
- Sprouting Beans
- Reduced Oxygen Packaging (e.g. Vacuum)
- Other

Explain checked processes (attach extra paper if necessary):

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

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

Check categories of Potentially Hazardous Food (PHF) to be prepared and served:

- 1. Meat
- 2. Seafood
- 3. Poultry
- 4. Other (explain): _____

COLD STORAGE

Provide the method used to determine cold storage requirements:

Provide total cubic-feet of space dedicated to walk-in cold storage:

- a) Walk-in refrigeration storage _____
- b) Walk-in freezer storage _____

Provide total cubic-feet of space dedicated to reach-in cold storage:

- a) Reach-in refrigeration storage _____
- b) Reach-in freezer storage _____

Number of refrigeration units: ____

Number of freezer units: ____

THAWING

Indicate by checking the appropriate box how potentially hazardous food (PHF) in each category will be thawed. If “Other” is checked indicate type of food: _____

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

HOLDING

How will hot potentially hazardous food (PHF) be maintained at 135⁰ F (60⁰ C) or above during holding for service? Indicate type and number of hot holding units.

How will cold potentially hazardous food (PHF) be maintained at 41⁰ F (7⁰ C) or below during holding for service? Indicate type and number of cold holding units.

COOLING

Indicate by checking the appropriate box how potentially hazardous food (PHF) will be cooled to 41⁰ F (7⁰ C) within 6 hours. If “Other” is checked indicate type of food:

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?

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 handled

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

2. **PRODUCE HANDLING**

3. **POULTRY HANDLING**

4. MEAT HANDLING

DELIVERIES/ STORAGE

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

Refrigerated

Frozen

Dry Foods

Provide total square feet of shelf space dedicated to dry storage: _____

Where will dry goods be stored? _____

FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (i.e., 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				
Mop Service Basin Area				
Other				

Other				
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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](http://ehs.ncpublichealth.com/faf/food/planreview/index.htm) to calculate recovery rate needed. <http://ehs.ncpublichealth.com/faf/food/planreview/index.htm>)

- Tankless:
 - a. Manufacturer and model: _____
 - b. Quantity of tankless water heaters: _____

(See [Water Heater Calculator on the Plan Review Unit website](http://ehs.ncpublichealth.com/faf/food/planreview/index.htm) to calculate number of tankless water heaters needed. <http://ehs.ncpublichealth.com/faf/food/planreview/index.htm>)

WATER SUPPLY- SEWAGE

1. Is water supply: Municipal Well Is sewer: Municipal Septic
2. Will ice be: made on premises or purchased
3. Check the appropriate box for indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Grinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Storage Bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensil/Pot Wash Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potato Peeler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISHWASHING FACILITIES

a. Hand dishwashing

- Number of sink compartments:
 Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
 Length of drainboards (inches): Right: _____ Left: _____
- What type of sanitizer will be used?
 Chlorine Iodine Quaternary Ammonium Hot Water Other (specify):

b. Mechanical dishwashing

- Will a Dishmachine be used? Yes No
 Dishmachine manufacturer and model:
- Type of sanitization: Hot water (180°F) Chemical

c. General

- Describe the procedure of how cooking equipment, cutting boards, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized?

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

Provide total square feet of air drying space: _____

HANDWASHING

Indicate number and location of handwashing sinks:

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items:

GARBAGE AND REFUSE

1. Will refuse be stored inside? Yes No
If yes, where: _____
2. Provision for garbage 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.)

CLEANING FACILITIES/SERVICE SINK

1. Location and size of service (mop) sink/can wash:

2. Is a separate mop storage area provided? Yes No
If so, describe type and location: _____
3. Indicate location of cleaning chemical system and chemical storage:

INSECT AND RODENT

1. Are all outside doors self-closing with rodent-proof flashing? Yes No
2. How is fly protection provided on all outside doors?
Self-closing door Fly Fan Screen Door
3. How is fly protection provided on windows?
Self-closing Fly Fan Screening

LINEN

1. Indicate location of clean and dirty linen storage:

POISONOUS OR TOXIC MATERIALS

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