Division of Environmental Health
Food Service Establishment Plan Review Application

COMPLETE ALL PAGES OF THE APPLICATION

☐ **Restaurant / Food Stand** ☐ **Push Cart / MFU** ☐ **Commissary**

(CHECK ALL THAT APPLY)

A. DEMOGRAPHIC

Name of Establishment Address

Permittee (Legal Name of Corporation/Entity) Name(s) of Registered Agent

Primary Registered Agent Date of Birth Address City Zip

Phone Number Email Address

Primary Contact Person Address City Zip

Phone Number Email Address

B. PLAN SUBMISSION

Contractor/Manufacturer Address City Zip

Phone Number Email Address

City Zip Code

Architect/Engineer Address City Zip

Phone Number Email Address

Plan Pages Submitted: ☐ Equipment ☐ Plumbing ☐ Lighting ☐ Ventilation ☐ Site ☐ Shop Drawings

Specifications Submitted: ☐ Equipment ☐ Menu ☐ Finish Schedules

Push Cart / Mobile Food Unit: ☐ Commissary Agreement

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 and/or result in the denial of my application.

Signature (Authorized Representative) Date

C. OPERATION DETAILS

Hours of Operation

Day	Open	Close
Monday	☐ AM ☐ PM	☐ AM ☐ PM
Tuesday	☐ AM ☐ PM	☐ AM ☐ PM
Wednesday	☐ AM ☐ PM	☐ AM ☐ PM
Thursday	☐ AM ☐ PM	☐ AM ☐ PM
Friday	☐ AM ☐ PM	☐ AM ☐ PM
Saturday	☐ AM ☐ PM	☐ AM ☐ PM
Sunday	☐ AM ☐ PM	☐ AM ☐ PM

Type of Operation *(check all that apply)*

☐ Catering ☐ Commissary ☐ Multi-use Utensils

☐ Single-Service ☐ Sit-down Meals ☐ Take-out

☐ Other:_____

Total # of Seats: Inside:_____ Outside:_____ Bar:_____

D. SPECIALIZED FOOD PROCESSING PROCEDURES

The processes below require an application to the State for an approved variance.

Indicate any specialized processes that will take place:

☐ Smoking ☐ Fermentation ☐ Reduced Oxygen Packaging (e.g. vacuum sealing)

☐ Curing ☐ Sprouting ☐ Acidification (sushi, etc.)

☐ Other:_____

_____

Must complete and submit State variance application to State Variance Committee – Additional information will be provided by the Health Department to complete the application.

Will specialized food processes be conducted? ☐ Yes ☐ No

NC Food Code 8-201.13 A HACCP plan is required for acidification (sushi rice), reduced oxygen packaging, sous vide, curing, smoking, sprouting or drying process.

You will need to submit your Hazard Analysis Critical Control Point (HACCP) plan and Variance Request to the NC Food Code Variance Committee for approval for specialized food process to be conducted in your food service establishment. (*8-103.10 Modifications & Waivers*) The State Variance Committee can be reached at (919) 707-5854.

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Will any meats, eggs, seafood, poultry, and shellfish served or sold raw or undercooked? ☐ Yes ☐ No

If YES, then provide Consumer Advisory with menu submission.
(see NC Food Code 3-603.11 – Consumer Advisory)

E. FOOD SUPPLIES: (Ingredient List)

List all foods and ingredients used in the food service establishment.

In Chart A: Include all condiments, sauces, dry goods, cheeses, herbs, produce, breads, pasta, soups, etc.
In Chart B: Include all meats, seafood and other proteins.

Chart A: Check all that apply

Produce / Dairy / Dry Foods / Sauces / Soups	Supplier / Vendor	Refrigerated	Frozen	Dry	Canned	Bagged	Raw / Fresh	Pre-Cooked	Whole	Pre-Portioned

Chart B: Check all that apply

Proteins (Meats, Poultry, & Seafood)	Supplier / Vendor	Refrigerated	Frozen	Dry	Canned	Bagged	Raw / Fresh	Pre-Cooked	Whole	Pre-Portioned

List all menu items Check all processes that apply

Dish / Entrée	Prepared Day of Service	Prepared Before Service	Ready-to-Eat	Ready-to-Cook	Cooled	Held Hot	Held Cold	Preheated	Under Cooked

F. FOOD HANDLING

Food Processes

List all menu items Check all that apply

Entrées	Prepared on Site	Thawed	Cooked from Frozen	Breaded or Marinated	Bulk Cooking	Cooked to Order	Held Hot	Held Cold	Cooling	Reheated

Check all that apply

Sandwiches & Sides	Prepared on Site	Thawed	Cooked from Frozen	Breaded or Marinated	Bulk Cooking	Cooked to Order	Held Hot	Held Cold	Cooling	Reheated

Check all that apply

Soups, Salads, Sauces & Gravies	Prepared on Site	Thawed	Cooked from Frozen	Breaded or Marinated	Bulk Cooking	Cooked to Order	Held Hot	Held Cold	Cooling	Reheating

Cooling Processes

Check the appropriate box to indicate how food will be cooled rapidly from above 135° to below 41° after being cooked.

Check all that apply

Cooling Process	Meat	Seafood	Poultry	Soup	Sauce	Other
Shallow Pans in Refrigerator						
Ice Baths						
Rapid Chill						

Food Storage

Complete all that apply

Equipment	# of Units	Total Cubic Feet of Space of Each Unit	Ready-to-Eat	Raw Proteins
Walk-in Refrigeration Storage				
Walk-in Freezer Storage				
Reach-in Refrigeration Storage				
Reach-in Freezer				
Work Top Freezer				
Flip Top & Work Top Refrigeration				
Refrigerated Drawers				

G. CONSTRUCTION

Indicate which materials will be used in the following areas:

Area	Floor	Base	Walls	Ceiling
Kitchen / Dishwashing				
Bar				
Front Storage				
Toilet Rooms				
Other Storage				
Self Service Areas				
Walk-in Refrigeration & Freezers				

Insect & Rodent Control

Check all that apply

	Fly Fans or Air Curtains	Self-Closures
Delivery Doors		
Entry Doors		
Screened Doors		
Restroom Doors		
Drive Thru Pick-up Window		
Walk-up Screen Window		
Garage Doors or Windows that Open		

Garbage & Refuse

Check all the apply

	Yes	No	Indoor	Outside
Compactor (stored on asphalt or concrete)				
Dumpster (stored on asphalt or concrete)				
Trash Cans with Lids				
City Trash Bags				
Recycle Containers with Lids				
Dirty Linen Containers/Systems (stored on asphalt or concrete)				
Grease Recycling Containers/Systems (stored on asphalt or concrete)				
Can Wash (3' x 3' curbed pad sloped to drain with hot and cold water and backflow prevention with mop rack)				

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Where will all chemicals be stored?_____

Water Heater (minimum with 90°F Rise): ☐ Gas ☐ Electric

Instantaneous (number to be installed: _____) Model #:_____

Recovery Rate (gallons per hour) Storage Capacity (gallons):_____
Provide Manufacturer's Specifications Sheet

Employee Storage (Required)
Describe storage facilities for employees' personal belongings below.

_____

_____

Linens Check all that apply

Cleaning Methods	Onsite Clothes Washer	Onsite Clothes Dryer	Laundry Service
Aprons			
Uniforms			
Wiping Cloths			
Table Cloths			
Cloth Napkins			
Oven Mitts			

Location of dirty linen storage:_____

Location of clean linen storage:_____

H. PREPARATION AREAS

Prep sink with drain-board must be provided for:

☐ Produce ☐ Ready-to-Eat ☐ Seafood ☐ Raw Meat ☐ Sushi ☐ Raw Poultry

Dishwashing Facilities

At least one 3-compartment sink (with integral drain boards on each side) large enough to submerge the largest equipment and utensils are required. Does your facility use full size sheet pans? ☐ Yes ☐ No

What types of utensils will be used in this facility? ☐ Plates ☐ Glassware ☐ Silverware ☐ Disposable Only

Dimensions of sink basins: Length:_____ Width:_____ Depth:_____

Length of drain boards (at least 24 inches): Right:_____ Left:_____

A spray arm and faucets is required on all 3-compartment sinks for pre-rinsing if no dishwashing area provided.

What type of sanitizer is used? ☐ Chlorine ☐ Iodine ☐ Quaternary Ammonium ☐ Hot Water

☐ Other, describe:_____

Dishwasher sanitizing cycle used: ☐ Hot Water ☐ Chemical

Make & Model:_____

Total amount of square feet of air drying space provided:_____ ft^2

This space is only for air drying and not as clean dish and/or ware storage.
Indicate the location and type of air drying areas below.

_____

_____

Handwashing & Toilet Facilities

Hand washing sinks with hot and cold running water, soap, individual paper towels, signs, and trash cans must be provided in each food preparation and ware washing area.

Hand wash lavatories must be placed to prevent cross contamination.

Identify all handwashing lavatories in all restrooms and work areas (zones).

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Supplemental Well and Sewage Disposal System Information Form

For assistance with the information below contact Water Quality, 400 W. Market St., Greensboro, NC 27401, (336) 641-7613

Facility Information:

Type of Establishment: _____
Sq. Footage – Food Service Area:_____
# of Public Restrooms:_____
Estimated # of meals per day:_____
☐ Dishwasher or ☐ Single Service

Existing Well & Sewage Disposal System Information:

Date Septic System Installed: _____
Permit #: _____
Date Well Installed: _____
Permit #:_____
Owner at time of Installation:_____

Please list any known Well or Septic Tank specifications and Location information:

_____

_____

_____
Signature (Authorized Representative) Date