



GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

991 West Hudson Boulevard • Gastonia, North Carolina 28052
704-853-5200 • www.gastonhhs.org

Food Service Plan Review Requirements and Instructions

Under 15A NCAC 18A .2600 "Rules Governing the Sanitation of Food Service Establishments," the 2009 Food Code is adopted by reference by which all food service establishments are regulated in North Carolina. For more information and to assist the applicant in completing the application accurately, the .2600 Rules, NC Food Code Manual, and the 2009 FDA Food Code Annex documents may be accessed at www.GastonHHS.org, "Food and Lodging." The regulations referenced throughout this form are provided as an aid in understanding the requirements of regulated establishments in North Carolina. If a section or question does not apply to the proposed establishment, please use N/A for non-applicable. Please submit the following:

1. Completed Food Service Application (signed and dated)
2. Complete Menu (including consumer advisory on foods that are undercooked, served raw, or cooked to order, such as rare, etc.)
3. Food Service Establishment Floor Plan indicating location of food service equipment (an architect's blueprint or hand drawing to scale $\frac{1}{4}$ " = 1 ft. min).
4. Labeled equipment list that corresponds to floor plan (may be included within a blueprint).
5. Manufacturer specification sheet for all kitchen, bar, and waitress station equipment, including food preparation tables, dish washing sinks, food preparation sinks, and self-service hot/cold units. (Food equipment shall be used as intended by the manufacturer and must be certified or classified for sanitation by an American National Standards Institute (ANSI)—accredited certification program. If the equipment is not sanitation certified, it must meet Parts 4-1 and 4-2 of the NC Food Code Manual.)
6. Site Plan which identifies location of building, dumpster, recycling and/or grease storage areas.

7. "Articles of Organization" document if applicant is LLC or Incorporated.

8. Plan Review Fee—please make check payable to Gaston County Environmental Health.
(Note: Elderly Nutrition Sites and Public School Lunchrooms are exempt.

9. Pay the plan review fee of \$250.00 FOOD ESTABLISHMENT (NEW) PLAN REVIEW.

All plans must be fully approved by this office before a county or city building permit can be issued. All chain/franchised facilities must have approval from NCDHHS, Division of Environmental Health, Facility Plan Review Unit prior to construction. For more information, please visit <http://ehs.ncpublichealth.com>.

Providing all necessary information has been submitted, the Environmental Health approval process should not exceed 30 days. Please do not hesitate to call for clarification or assistance.

Submit all material to the attention of:
David Littman, REHS
Plan Review Specialist
Gaston County Environmental Health Division
991 W. Hudson Blvd.
Gastonia, NC 28052
david.littman@gastongov.com
(704) 853-5217

CONTACT INFORMATION

APPLICATION TYPE:

FOOD ESTABLISHMENT (NEW) PLAN REVIEW

FOOD ESTABLISHMENT (EXISTING) PLAN REVIEW

Establishment Name:

Current Establishment Name
(if applicable):

Street Address:

City:

State:

Zip Code:

ESTABLISHMENT OWNER

Name:

Company

Mailing Address:

City

State:

Zip Code:

Owner Phone:

E-mail:

CONTACT PERSON FOR PLAN STATUS NOTIFICATION

Name:

Phone:

E-mail

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 (Owner or
Responsible Representative)

Date:

I. ESTABLISHMENT INFORMATION

Projected Start Date of
Construction:

Projected Date
for Completion:

Hours of Operation:

Sunday:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Capacity/ Number of Seats:

Type of Food Service:

Please select all that apply:

Dine in Meals

Food Stand

Meat Market

Commissary

Take-out

Catering

Drink Stand (no food served but using multi-use glassware)

Single- service (disposable dishes and/ or utensils)

Multi-use (reusable dishes and/ or utensils)

Other

Note: North Carolina Environmental Health Food Protection performs Risk Based Inspections based on the amount of potentially hazardous or time/ temperature control for safety foods cooled, the amount of potentially hazardous or time/ temperature control for safety foods received in a ready-to-eat form and if any highly susceptible population is being served, such as a childcare center or nursing home. Based on the evidence contained within this application, the proposed facility will be categorized as a Type I, II, III, or IV Risk Category which will correspond to the frequency of inspections/yr.

Indicate any of the following Highly Susceptible Populations that will be catered to or served:

- Nursing Home/ Long-Term Health Care
- Assisted Living Center
- Child Care Center(s)
- School with Pre-school aged children
- Elderly Catering
- Other

Check all categories of TCS (Time/ Temperature Control for Safety) Foods or formerly known as Potentially Hazardous Food (PHF) to be prepared and served:

Note: TCS/ PHF foods mean any food or ingredient, natural or synthetic, in a form capable of supporting the growth of infectious or toxigenic microorganisms including raw or heat treated foods of animal origins, raw seed sprouts and treated food of plant origin. Cut leafy greens and cut tomatoes are included as TCS/ PHF foods.

- Meat
 - Seafood
 - Poultry
 - Cooked/ Fresh Vegetables
 - Oil or dressing mixtures
 - Dairy Products
 - Other
-

II. OPERATOR/EMPLOYEE REQUIREMENTS—NC Food Code, Chapter 2

1. Does the Food Service manager/operator have food safety training?

If yes, provide course name and date of certification:

Yes No

Note: NC requires that by Jan. 1, 2014, a Food Safety Certified PIC (Person in Charge) be present at the food establishment during operational hours when food is being prepared, packaged, or served.

2. Provide number of shift/day and hours:

3. Will aprons or uniforms be worn over or in place of street clothes?

4. What type of hair restraint will be used by food handlers?

Yes No

5. Do you have an Employee Health/Sick Policy?

Yes No

***Note: A wide range of communicable diseases and infections may be transmitted by symptomatic or asymptomatic food handlers. Proper management of a food establishment operation begins with employing healthy people and instituting a system of identifying employees who may become ill and present a risk of transmitting foodborne pathogens to food, consumers, or other employees. For more information, 2009 FDA Food Code, Annex 3.**

6. Is there a hand washing sink (with soap and hand-drying device) in each food preparation and ware washing area of the facility?

Yes, in food prep and ware washing area

Yes, in food prep but not ware washing area

Yes, in ware washing area, but not food prep

No, hand washing in food prep or ware washing

Other

7. Will there be a separate employee restroom?

Yes No

8. Is space provided for employee's personal items, such as an employee break area or lockers?

Yes No

9. Will space be designated in kitchen to store employee beverages?

- Yes
- No

***Note: Employees are allowed to consume a beverage during work hours as long as it is maintained in a cup with a lid and straw is located away from food preparation or utensil storage surfaces.**

III. FOOD REQUIREMENTS—NC Food Code, Chapter 3

A. Cold Receiving Storage- 3-202.11

1. Provide frequency of deliveries per week and all vendors for each:

Proteins:

Produce:

Eggs/ Dairy:

Other, please describe:

2. Provide total number of meals prepared between deliveries

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

a. Walk-in refrigeration storage

b. Walk-in freezer storage

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

a. Reach-in refrigeration storage

Total number of units

b. Reach-in freezer storage

Total number of units

***See reference “Tools” at <http://ehs.ncpublichealth.com> under Plan Review Unit in calculating cold storage requirements for the establishment.**

B. Thawing—3-501.13

1. Indicate by checking the appropriate box how time/temperature control for safety foods (TCS) in each category will be thawed. If “Other” is checked, indicate food type.

Thawing Process

Describe food types that will be thawed:

Refrigeration

Running water less than 70°F (21°C)

Cooked Frozen

Microwave

Other

C. Holding/Hot & Cold—3-501.16

A thin probe thermometer is required for use in checking food temperatures.

1. How will hot time/temperature control for safety foods (TCS foods) be maintained at 135°F (55°C) or above during hot holding for service? Indicate type and the number of hot holding units to be used.

2. How will cold time/temperature control for safety foods (TCS foods) be maintained at 41°F (7°C) or below during cold holding and service? Indicate type and the number of cold holding units to be used.

D. Time as a Public Health Control—3-501.19

Time As a Public Health Control is a method that allows food, once removed from temperature control, to be placed under time control not to exceed 4 hours for hot food and not to exceed 6 hours for cold food held at no greater than 70°F providing written procedures are prepared in advance and a method for identifying when the food has been removed from temperature control has been established.

List any foods that “Time as a Public Health Control” will be used. **(A separate procedural guideline is required and must be available upon request by Environmental Health Services.)**

During preparation:

For display:

E. Serving Raw or Undercooked Foods—3-603.11

Will any foods on the menu be subject to prepare or "cook to order" resulting in raw or undercooked products for the consumer (include egg and egg products, such as hollandaise or dressings, salmon, burgers, etc)?

Yes No

If yes, list what types of food
or menu items:

Note: A Consumer Advisory is made of two parts: 1. Identification to the consumer that this food can be cooked to your order, served raw, or undercooked (such as steak, eggs, tuna, salmon, burgers, etc). This is called disclosure. Identify on your menu all the items that the consumer can be cooked to order. 2. A reminder statement should be included on the menu. Reminder shall include asterisking the animal-derived foods requiring disclosure to a footnote that states (choose one of the three):

(1) Regarding the safety of these items, written information is available upon request;

(2) Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness;

(3) Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.

F. No Bare Hand Contact—3-301.11

How will ready-to-eat foods be handled in order to prevent contamination from bare hands?

G. Cooling—3-501.14

1. Indicate by checking the appropriate box how Time/Temperature Control for Safety (TCS) foods will be cooled to 70°F within 2 hours and 41°F (7°C) within 4 hours for a total of 6 hours. If “Other” is checked, indicate type of food:

Cooling Process

	Soups/ Sauces/ Gravy	Proteins or Other cooked and cooled foods	Salads	Other
Shallow Pans				
Shallow Pans				
Shallow Pans				
Ice Bath				
Ice Bath				
Ice Bath				
Ice Paddles				
Ice Paddles				
Rapid Chill				
Rapid Chill				
Other Method, use box to describe method				

Other foods and other methods:

2. How will cooling verification be monitored and confirmed?

3. Will ice be available on premises for use in cooling?

Machine

Purchased

None (please plan to purchase ice separately to check thermometer calibration)

4. What corrective action methods will be used if cooling parameters are not met?

****Use additional sheet or attach written policies that your company may have developed detailing procedures for cooling, verification, and corrective action as guidance for kitchen manager. Environmental Health recommends developing Standard Operating Procedures (SOP) for cooling time/ temperature control for safety foods. Additional information may be provided upon request.***

H. Date Marking—3-501.17

Once opened, by what method will ready-to-eat or prepared time/ temperature control for safety foods that will not be used within 24 hours be marked to identify the opening date or discard?

I. Food Preparation Procedures—NC Food Code Chapters 3 and 4

The food preparation procedures should include a brief description of:

***Types of food within the category; time of day food is prepared/handled; equipment used for preparation/handling. Please be specific if processes include specialized equipment, i.e. smokers.**

***Generally, food preparation sinks must be installed exclusive for specific food type as in produce or poultry. More than one food prep sink may be necessary depending on volume, foot type, and process activity.**

INSTRUCTIONS: PLEASE IDENTIFY N/A IF NON-APPLICABLE TO FACILITY OR USE AN EXTRA SHEET FOR FURTHER EXPLANATION IF NECESSARY.

1. PRODUCE PREPARATION PROCEDURE

a. Will produce be received pre-washed or ready for use?

Yes

No

N/A

b. Will some/all produce be cleaned or otherwise handled prior to use?

Yes

No

N/A

c. Is there a location used for washing, rinsing or handling produce?

Yes

No

N/A

Indicate location of produce washing or handling equipment and describe the procedure. Include time of day and frequency of produce preparation and menu items that contain produce:

2. SEAFOOD PREPARATION PROCEDURE

a. Will seafood be received portioned and ready for use?

Yes

No

N/A

b. Is there a location used for handling seafood?

Yes

No

N/A

Indicate location of seafood washing or handling (cutting, marinating, shelling, shucking, etc.) equipment and describe the procedure. Include time of day and frequency of seafood preparation and menu items that contain seafood:

3. POULTRY PREPARATION PROCEDURE

a. Will poultry be received portioned and ready to use?

Yes

No

N/A

b. Is there a location used for handling poultry?

Yes

No

N/A

Indicate location of meat washing/handling (cutting, marinating, aging, tenderizing, etc.) equipment and describe the procedure. Include time of day and frequency of pork and/or red meat preparation and menu items that contain pork/red meat:

4. PORK AND/OR RED MEAT PREPARATION PROCEDURE

a. Will meat be received portioned and ready for use?

Yes

No

N/A

b. Will meat be washed, rinsed, or otherwise handled prior to use?

Yes

No

N/A

c. Is there a location used for washing, rinsing, or handling meats?

Yes

No

N/A

Indicate location of meat washing/handling (cutting, marinating, aging, tenderizing, etc.) equipment and describe the procedure. Include time of day and frequency of pork and/or red meat preparation and menu items that contain pork/red meat:

5. SPECIALIZED FOOD PRODUCTS/PROCESSES

Please submit any SOP's (standard operating procedures) your company may have developed as written guidance for managers conducting standardized processes for preparation, cooking and reheating. Local and/or State review and approval will be necessary prior to actual food preparation activity for any specialized products or processes.

**depending on the specialized process a HACCP plan may be required before beginning the process.*

Please check any specialized foods or processes that will be conducted at the facility. Please attach a separate sheet, if necessary, to describe any specific specialized handling procedures for review and approval.

raw (not pasteurized) egg desserts
cheese processing
sushi*
ceviche
homemade dressings
smoking of meats (not for flavor, for preservation)*
curing of meats*
juicing*
par cooking
ROP (reduced oxygen packaging)/ cook-chill*
acidification or additive of foods for food preservation*
sprouting (refers to the growing onsite of sprouts)*
fermenting of sausages*
operating live molluscan shellfish storage display tanks*
Other, please describe:

J. Dry Storage—3-302.12, 305.11, 305.12

1. Provide frequency of deliveries/wk. and all vendors to be used for dry stock:

***See reference "Tools" at <http://ehs.ncpublichealth.com/> under Plan Review Unit in calculating Dry Storage requirements for the establishment.**

2. Provide total square feet of shelf space and/or square footage of room dedicated to dry goods

3. What types of food will be stored in bulk?

4. How will bulk good be stored and secured after opening?

IV. PHYSICAL BUILDING REQUIREMENTS—NC Food Code, Chapters 4, 5, 6, & 7

***See reference “Tools” at <http://ehs.publichealth.com> under Plan Review Unit for “Guidelines for the Design, Installation and Construction of Food Service Establishments.” For calculating hot water requirements for the establishments.**

A. Room and Finish Schedule—Chapter 6

Indicate floor, wall and ceiling finishes (i.e. quarry tile, stainless steel, FRP, vinyl coated acoustic tile, shielded fluorescent lights).

Kitchen

Bar

Grill

Exterior Cooking Area

Dry Area

Wait Area

Toilet Rooms

Clean Linen

Dirty Linen

Custodial Closet

Can Wash

Exterior Storage Building

B. Water Supply—Sewage Disposal—Hot water supply—Plumbing—Chapter 5

1. Water supply:

Sewer:

Municipal

Municipal

Ground Water Well

Onsite Wastewater System (septic

Other, please describe

tank and drainfield)

If municipal, provide entities for either or both:

*Note: If source is a ground water well and is classified as a Public Water Supply (transient non-community, non-transient community, or a community water system) you must contact the Mooresville Regional Office Public Water Supply Branch (704) 663-1699, and source must be sampled for compliance.

2. Water heater make and model:

3. Will more than one hot water heater be used? If so, what type and which areas of facility will be served?

4. Water heater recover rate (gallons per hour at 100°F temperature rise) - provide the gallons per hour.

5. Check the appropriate box for indicating equipment drains: As required for commercial kitchen under the NC plumbing Code, indirect drains provide an air gap or vacuum breaker to prevent the risk of cross-contamination. Some fixtures may have direct waste drains which are directly plumbed to sewage disposal system such as hand sinks.

	Floor Sink	Hub Drain	Floor Drain	Direct Waste	N/A
Food Prep Sinks					
Ice Machines					
Ice Storage Bins					
Beverage Dispensers					
Steam Tables					
Refrigerated Buffets					
Refrigerated Units					
Dipper Wells					
Dishwasher					
Utensil/Pot Wash Sinks					
Bar Sinks					
Dumpster Pad					
Custodial Sinks/ Can Wash					
Drink Dispensers					
Mop Sinks					
Other					

C. Dishwashing Facilities—Cleaning—Chapter 4 and 5

Note: Two-compartment sinks are only allowed for facilities that use single service/throw away customer utensils.

1. Manual dishwashing:

a. Number of sink compartments:

Size of sink compartments (inches):

Length

Width

Depth

Length of drain boards (inches):

Right

Left

b. What type of sanitizer (test method is required such as test strips or thermometer) will be used?

Chlorine

Quaternary Ammonium

Hot Water

Other

2. Mechanical dishwashing:

a. Will a dish machine be used?

Yes

No

If yes, provide dish machine manufacturer and model:

If, yes, what type of sanitization that will be used for the machine?

Hot water (180 F)

Chemical

3. General cleaning/clean utensil storage:

a. What type of sanitizer and describe the procedure that will be used for cutting boards, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher:

b. Adequate space is required for air drying sanitized utensils. Please describe location and type of air drying space (i.e. wall-mounted shelves or stationary clean-utensil racks):

c. Provide total square feet of air drying space:

D. Garbage—Refuse—Chapter 6

1. Provision for garbage disposal:

Dumpster

Compactor

2. Provide name of waste disposal company and frequency of pick-up:

3. Provision for cleaning dumpster/compactor:

On-site

Off-site

If on-site, provision for dumpster drain entering septic/sewer system must be provided. If off-site, a copy of waste disposal cleaning contract may be requested to complete the application.

4. Provide location for waste container of cooking grease disposal company and pick-up frequency:

5. Describe location of storage and pick-up frequency for recyclables:

Cardboard:

Compostables:

Glass, plastic, metal:

Food Waster:

Other:

E. Soiled/Dirty Utility Facilities—Chapter 6

1. Specify location and size of can wash used for cleaning of garbage cans and disposal of mop water:

2. Is a separate mop sink provided?

If yes, describe location:

Yes

No

If no, are there provisions for hanging wet mops, brooms, and dust pans?

Yes

No

3. Will facility use a linen service? If so, provide company and frequency of pick-up:

If not, where will laundry be cleaned?

4. Location of dirty linen storage and frequency of laundering:

5. Will employee aprons/uniforms be laundered by the facility?

Yes

No

F. Insect and Rodent Control—Chapter 6

1. Are all outside doors self-closing with rodent-proof flashing?

Yes

No

2. How is fly protection to be provided on all outside doors?

Self-closing door

Fly fan

Screen Door

Other

3. How is fly protection provided on windows?

Self-closing door

Fly fan

Screening

Other

4. Will a professional pest control company be contracted on a regular basis?

Yes

No

If so, a copy of the contract may be requested.

If not, how will pest control be accomplished?

5. Will any insecticide or rodenticide be stored on premises of facility?

Yes

No

G. Poisons/Toxins—Chapter 7

Where/how will cleaning supplies and other toxic products be stored on the premises?

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 (Owner or Responsible Representative):

Date:

Gaston County Environmental Health may request revisions to the application, floor plan and proposed equipment before giving final plan approval.

See *Water Heater Calculation Worksheet*. *See reference “Tools” at <http://ehs.publichealth.com> under Plan Review Unit for “Guidelines for the Design, Installation and Construction of Food Service Establishments.” For calculating hot water requirements for the establishments.