



GASTON COUNTY DEPARTMENT OF HEALTH

991 West Hudson Boulevard
Gastonia, North Carolina 28052
704-853-5200

Food Service Plan Review Requirements

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.). Please provide final menu copy on permit day.
3. Food Service Establishment Floor Plan indicating location of food service equipment (an architect's blueprint or hand drawing to scale ¼" equals 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 (\$250)—please make check payable to Gaston County Environmental Health. We take card over the phone at 704-852-5200 Mon-Fri 8am-5pm.

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>.

Submit the completed application to the attention of:

Sean White, REHS

Plan Review Specialist

Gaston County Environmental Health Division

991 W. Hudson Blvd.

Gastonia, NC 28052

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(704) 853-5200

CONTACT INFORMATION

APPLICATION TYPE:

FOOD ESTABLISHMENT (NEW) PLAN REVIEW

FOOD ESTABLISHMENT (EXISTING) PLAN REVIEW

TRANSITIONAL PERMIT meaning an ESTABLISHED FACILITY WITH ACTIVE PERMIT/ INSPECTION. Only complete contact information from this form. If menu changes are made, complete the application in entirety.

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

In accordance with N.C. General Statute 130A-248(d), your facility will be billed annually for the food and lodging fee. A state letter from NC Department of Health and Human Services will arrive at your mailing address as provided and payment will be made to the state office regarding this permit fee. Failure to pay the fee can result in a reinstatement fee and/ or permit suspension.

To view your account, please use this state website to make payments (the local Gaston County office does not accept this payment):

<https://ehids.eh.ncdhhs.gov/eh/bill/bill.html#/home>

By signing below, you acknowledge that state fees are collected annually.

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

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 time/ temperature control for safety foods cooled, the amount of 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

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

Will there be a certified food protection manager?

Yes No

If yes, provide course name and date of certification:

Do you have an Employee Health/Sick Policy?

Yes No

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

Other

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 (or make a best estimate if unsure):

Proteins:

Produce:

Eggs/ Dairy:

Other, please describe:

2. Provide total number of meals prepared between deliveries

Do you have a walk in cooler? If so, provide specification sheet.

Yes

No

Provide number of coolers and freezers in facility (please include specification sheet for each):

a. Walk-in refrigeration storage

b. Walk-in freezer storage

a. Reach-in refrigeration storage

b. Reach-in freezer storage

***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

Will you hold food hot after reheating or cooking?

Yes (please provide specification sheets for warming or hot holding equipment)

No

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

This section is using the safety (not quality) procedures detailed in the Food Code and referenced as "Time as a Public Health Control". When answering below, please list all food that will be held using "Time as a Public Health Control" and not for quality.

(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 "cooked to order" resulting in raw or undercooked products for the consumer (salmon, burgers, tuna, egg and egg products, such as hollandaise or dressings etc)?

Yes

No

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

If yes, please provide draft menu with application including a consumer advisory. A Consumer Advisory is made of two parts:

1. Identification to the consumer that this food can be cooked to order, served raw, or undercooked (examples steak, eggs, ahi tuna, salmon, burgers, etc). This is called disclosure. Identify on your menu all the items that the consumer can be undercooked, served raw, or cooked to order.

2. A reminder statement shall 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);

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

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

(C) 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

Will you cool TCS foods from ambient (room temperature) or cool down hot foods? If you will reheat them on the following day, your answer is yes. If you discard, than put no and write N/A for the other questions.

Yes

No

Please indicate how many foods (daily) will be cooled:

1. Please describe your cooling process:

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?

****If necessary, 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.***

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, food type, and process activity.**

1. PRODUCE PREPARATION PROCEDURE

a. Will you prepare produce?

Yes

No

N/A

List below procedure for prepped produce:

2. SEAFOOD PREPARATION PROCEDURE

a. Will you prepare seafood (including shellfish such as oysters, clams)?

Yes

No

N/A

List below procedure for prepped seafood:

3. POULTRY PREPARATION PROCEDURE

a. Will you prepare poultry?

Yes

No

N/A

List below procedure for prepped poultry:

4. PORK AND/OR RED MEAT PREPARATION PROCEDURE

a. Will you prepare pork?

Yes

No

N/A

b. Will you prepare red meat?

Yes

No

N/A

List below procedure for prepped pork and prepped red meat :

5. SPECIALIZED FOOD PRODUCTS/PROCESSES*

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

Are you doing a specialized process as described in the NC Food Code?

Yes

No

Please list process below and include HACCP plan with this application:

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

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

1. Water supply:

- Municipal
- Ground Water Well
- Other, please describe

Sewer:

- Municipal
- Onsite Wastewater System (septic 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 - provide the gallons per hour.

Please see building inspection for assistance with drains.

C. Dishwashing Facilities—Cleaning—Chapter 4 and 5

1. Manual dishwashing (All food contact surface must be washed, rinsed and sanitized according to the NC Food Code, refer to the Code):

a. Number of sink compartments:

Size of 1 compartment (inches) for example 24x18x14 :

Length	Width	Depth
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Will your 3 compartment sink have drainboards?

- Yes
- No

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 (All food contact surface must be washed, rinsed and sanitized according to the NC Food Code, refer to the Code):

a. Will a dish machine be used?

If yes, provide dish machine manufacturer and model:

Yes

No

Do you have an irreversible temperature measuring device for the dishwasher?

Yes

No

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

Hot water (180 F)

Chemical

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 cleaning

Off-site cleaning

**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:

E. Soiled/Dirty Utility Facilities—Chapter 6

A mop sink is required. It must have approved backflow prevention device.

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?

F. Insect and Rodent Control—Chapter 6

- | | |
|---|--|
| <p>1. Are all outside doors self-closing with rodent-proof flashing?</p> <p>Yes</p> <p>No</p> | <p>2. How is fly protection to be provided on all outside doors?</p> <p>Self-closing door</p> <p>Fly fan</p> <p>Screen Door</p> <p>Other</p> |
|---|--|

3. How is fly protection provided on open doors or windows or patio service areas?

Self-closing door

Fly fan

Screening

Other

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

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

If not, how will pest control be accomplished?

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.