



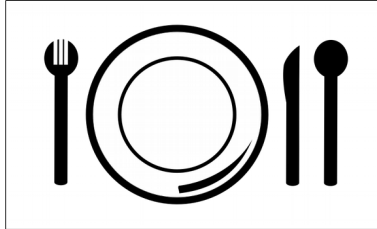
**Public Health**  
Prevent. Promote. Protect.



## **CASWELL COUNTY ENVIRONMENTAL HEALTH**

**PO Box 1406, 144 Main Street, Yanceyville, NC 27379**

**PHONE 336-694-9731 • FAX 336-694-5547**



### **FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

**The following information must be provided with plan review submittals:**

- ◆ **A (\$250.00) plan review fee. Checks should be made payable to Caswell County Health Department.**
- ◆ **A complete set of plans, drawn to scale, showing the location of equipment, plumbing and electrical services and mechanical ventilation.**
- ◆ **A completed Food Establishment Plan Review Application.**
- ◆ **A copy of the proposed menu.**
- ◆ **Manufacturer specification sheets for each piece of equipment shown on the plans.**



**Public Health**  
Prevent. Promote. Protect.



## CASWELL COUNTY ENVIRONMENTAL HEALTH

PO Box 1406, 144 Main Street, Yanceyville, NC 27379

PHONE 336-694-9731 • FAX 336-694-5547

### FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Type of Construction: ☐ NEW ☐ REMODEL

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

Address: \_\_\_\_\_

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

Phone (if available): \_\_\_\_\_ Fax: \_\_\_\_\_

-----  
Owner or Owner's Representative: \_\_\_\_\_

Relationship to Owner: ☐ Owner ☐ Other \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

-----  
Applicant: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

-----  
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 of Owner or Responsible Representative)

\_\_\_\_\_  
Date

**HOURS OF OPERATION:**

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

Projected number of meals to be served: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

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

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

**TYPE OF FOOD SERVICE:**☐ Restaurant☐ Food Stand☐ Drink Stand☐ Commissary☐ Meat Market☐ Other (explain): \_\_\_\_\_*Check All That Apply:*☐ Sit-down meals☐ Take-out meals☐ CateringSingle-service (disposable): ☐ Plates ☐ Glassware ☐ SilverwareMulti-use (reusable): ☐ Plates ☐ Glassware ☐ Silverware

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

☐ Meat ☐ Seafood ☐ Poultry ☐ Other (explain): \_\_\_\_\_**COLD STORAGE:**

Provide the method used to determine cold storage requirements: \_\_\_\_\_

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

a) Walk-in Refrigeration storage \_\_\_\_\_

b) Walk-in freezer storage \_\_\_\_\_

Provide total square-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 boxes 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				
Running Water Less Than 70° F (21°C)				
Cooked Frozen				
Microwave				

**HOLDING:**

How will hot potentially hazardous food (PHF) be maintained at 140°F (60°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 45° F (7°C) or below during holding for service? Indicate type and number of cold holding units.

---

---

---

---

List any food that will be held between 45°F (7°C) and 140°F (60°C) for any of the following that apply, and indicate how long the food will be held in each category.

STORAGE: 

---

---

DISPLAY: 

---

---

SERVICE: 

---

---

**COOLING:**

Indicate by checking the appropriate boxes how potentially hazardous food (PHF) will be cooled to 45°F (7°C) within 6 hours. If "Other" is checked indicate type of food:

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

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 PREPARATION PROCEDURES:

The food preparation procedures should include:

- Types of food prepared or handled
- Time of day food is prepared or handled
- Equipment used for preparation or handling

If your company has developed food preparation procedures, they should be submitted.

### 1. Produce Preparation Procedure

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a) Will produce be washed, rinsed or otherwise handled prior to use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Is there a location used for washing or rinsing produce?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Will it be used for other operations?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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 washed, rinsed or otherwise handled prior to use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Is there a location used for washing or rinsing seafood?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Will it be used for other operations?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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 washed, rinsed or otherwise handled prior to use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Is there a location used for washing or rinsing poultry?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Will it be used for other operations?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

---

---

---

---

#### 4. Pork And/Or Red Meat Preparation Procedure

- a) Will meat be washed, rinsed or otherwise handled prior to use? ☐ Yes ☐ No  
b) Is there a location used for washing or rinsing pork and/or red meat? ☐ Yes ☐ No  
c) Will it be used for other operations? ☐ Yes ☐ No

Indicate location of pork/red meat washing or handling (cutting, marinating, aging, 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.

---

---

---

---

#### DRY STORAGE:

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

---

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				

#### WATER SUPPLY- SEWAGE:

1. Water supply will be: ☐ Municipal ☐ Well Sewer will be: ☐ Municipal ☐ Septic

2. Ice will be: ☐ made on premises ☐ purchased

3. Water heater make and model: \_\_\_\_\_

4. Water heater storage capacity: \_\_\_\_\_ gallons.

5. Water heater recovery rate (gallons per hour at 100°F temperature rise): \_\_\_\_\_ gallons per hour.  
(See *Water Heater Calculation Worksheet [Page 9]* to calculate recovery rate needed)
6. Check the appropriate box for indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Dishwasher				
Garbage Grinder				
Ice Machine				
Ice Storage Bins				
Food Prep Sinks				
Utensil/Pot Wash Sinks				
Steam Tables				
Dipper Wells				
Refrigeration				
Potato Peeler				
Other				
Other				
Other				

#### **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 dishwashing machine be used?   ☐ Yes   ☐ No  
Dishwashing machine 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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. 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 / TOILET FACILITIES:**

Is there a hand washing sink (with soap and hand-drying device) in each food preparation and warewashing area?

☐ Yes ☐ No

**EMPLOYEE AREA:**

Is space provided for employee's personal items?

☐ Yes ☐ No

If so, describe location: \_\_\_\_\_

---

**GARBAGE AND REFUSE:**

1. Will refuse be stored inside?

☐ Yes ☐ No

If so, 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:**

1. Specify location and size of area for washing of garbage cans and storage of mops:

---

---

2. Is a separate mop basin 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
4. Indicate location of insecticide/rodenticide storage:

---



---

5. Location of clean linen storage:

---



---

6. Location of dirty linen storage:

---



---

**WATER HEATER SIZING:**

Water Heater Calculation Worksheet					
Equipment	Quantity	Times	Size		GPH
One-Comp. Sink (See Note)		X	_____ x _____ x _____	=	
Two-Comp. Sink (See Note)		X	_____ x _____ x _____	=	
Three-Comp. Sink (See Note)		X	_____ x _____ x _____	=	
Four-Comp. Sink (See Note)		X	_____ x _____ x _____	=	
One-Comp. Prep Sink		X	5 GPH	=	
Two-Comp. Prep Sink		X	10 GPH	=	
Three-Comp. Prep Sink		X	15 GPH	=	
Three Comp. Bar Sink (See Note)		X	_____ x _____ x _____	=	
Four Comp. Bar Sink (See Note)		X	_____ x _____ x _____	=	
Hand Sink		X	5 GPH	=	
Pre-Rinse		X	45 GPH	=	
Can Wash		X	10 GPH	=	
Mop Sink		X	5 GPH	=	
Dishmachine		X	GPH = 70% of "Final Rinse Usage"	=	
Cloth Washer		X	15 GPH	=	
Hose Reel		X	5 GPH	=	
Other Equipment		X		=	
Other Equipment		X		=	
Gallons per hour (GPH) Recovery Rate needed (based on 100°F temperature rise)					<b>Total</b>

<b>Note:</b> GPH Calculation For Sinks	GPH = (Sink size in cu. in.) x (7.5 gal./cu. ft.) x (# compartments x 75 capacity) 1,728 cu. in./cu. ft.
Short Version For Above	GPH = (Sink size in cu. in) x (# compartments) x (0.003255/cu. in.) <i>Example: (24" x 24" x 14") x (3 compartments) x (.003255) = 79 GPH</i>