



Union County Environmental Health

Division of Union County Health Department

Phone: (704) 283-3553 Fax: (704) 283-3825

www.co.union.nc.us

This Application packet for FOOD ESTABLISHMENT PLAN REVIEW includes:

1. Steps for Food Establishment Review Document
2. Food Establishment Plan Review Application
3. List of helpful internet sites
4. Example of equipment specification sheet.

Return the completed application packet to:

**Union County Environmental Health Department
500 North Main Street, Suite 47
Monroe NC 28112**

STEPS FOR FOOD ESTABLISHMENT REVIEW

1. Read and complete the Food Establishment Plan Review Application. All questions must be answered if applicable.
2. Submit a signed menu.
3. Submit plans drawn to scale showing the location of equipment, plumbing and electrical services, and mechanical services.
4. Submit equipment specification sheets for each piece of equipment, including work tables and food preparation/dish wash sinks.
5. Pay the fee of \$250.00.

All of the above-mentioned items must be completed or the application will not be accepted.

Once the above-mentioned items are completed, the Environmental Health Specialist will review the plans. This process usually takes one to two weeks.

When the review is completed, the approval letter will be sent to the appropriate department. You will be contacted if there are any questions or concerns.

Please contact this department prior to any changes of plans or equipment.

Submittal checklist:

- _____ Complete set of plans drawn to scale showing each piece of food service equipment, storage areas, and trash can wash facilities. Plans must also show general plumbing.
- _____ Manufacturer specification sheets for each piece of new equipment.
- _____ Complete food service plan review application.
- _____ Proposed menu.
- _____ \$250.00 plan review fee.



Union County Environmental Health Food Establishment Plan Review Application

Type of Construction: NEW REMODEL

Projected start date of construction: _____

Projected completion date: _____

Establishment Name: _____

Establishment Address: _____

City: _____ Zip Code: _____ County: _____

Establishment Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Owner or Owner's Representative: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

Title: (owner, manager, architect, etc.): _____

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from a Union County Environmental Health plan reviewer may nullify plan approval.

Signature: _____

(Owner or Responsible Representative)

Hours of Operation: Fill in the hours in the appropriate blanks.

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Number of seats: _____

Type of Food Service: Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Sit down meals |
| <input type="checkbox"/> Food Stand | <input type="checkbox"/> Take-out meals |
| <input type="checkbox"/> Drink Stand | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Commissary | |
| <input type="checkbox"/> Meat Market | |
| <input type="checkbox"/> Other (explain): _____ | |

Check all that apply.

Type of utensils used	Plates	Glassware	Silverware
Disposable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reusable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Safety Knowledge / Training

Union County Environmental Health is now conducting food handler training classes for new and existing food service establishments as part of the plan review process.

- Will a person in charge be on duty for every shift? Yes No
- Will the person in charge of each shift be a certified food safety manager?
Yes No
If yes, please provide a copy of the training certificate along with this application.
- If the answer to #2 is no, how will the person in charge receive food safety training?

- How will new and existing food handlers be trained to handle food safely?

Food Preparation Review

1. How will produce be purchased? (Check all that apply).

- Purchased in bulk and washed / chopped in the establishment.
 Purchased in pre-washed, ready-to-eat form.

2. If purchased in bulk form, where and how often will produce be washed?

3. How will poultry be purchased? (Check all that apply)

- Not served on the menu.
 Purchased and received frozen.
 Purchased and received fresh.
 Purchased in ready-to-cook form.

4. Will poultry be washed? Yes No

If yes, where and how often will poultry be washed?

5. How will raw meats (beef, pork, lamb) be purchased?

- Not served on menu.
 Purchased and received frozen.
 Purchased and received fresh.
 Purchased in ready-to-cook form.

6. Will raw meats (beef, pork, lamb) be washed? Yes No

If yes, where and how often will raw meats be washed?

7. How will seafood be purchased? (Check all that apply)

- Not served on menu.
 Purchased and received frozen.
 Purchased and received fresh.
 Purchased in ready-to-cook form.

8. Will seafood (shrimp, whole fish) be washed, de-veined or scaled at the establishment?

Yes No

If yes, where and how often will seafood be washed, scaled or de-veined?

9. Will shellfish (clams, mussels or oysters) be sold in the establishment?

Yes No

If yes, will they be served raw? Yes No

Provide the names of all shellfish suppliers below.

10. Will sushi be served in the establishment? Yes No

If yes, please ask for a sushi / sashimi application and submit it along with this application.

Sushi / sashimi application submitted? Yes No

11. Will raw meats be injected, pinned, cubed or ground in the establishment? Yes No

If yes, list the raw meats that will be prepared this way.

19. Will ice be used to hold cold foods at 45°F or below? Yes No
 If yes, describe which foods will be held on ice, for how long, where, and the source of the ice.

20. Will potentially hazardous food be held between 45°F and 135°F during storage or display? Yes No
 If yes, please ask for a time holding application and submit it along with this application. Time control application submitted? Yes No

21. Cooling Potentially Hazardous Food:
 Check the appropriate box below to indicate how potentially hazardous food will be cooled to 45°F within 6 hours. If "Other" is checked, indicate the type of food: _____

Type of Cooling Method Used	Cooked Meats	Cooked Seafood	Cooked Poultry	Soups, Stews, Casseroles	Other
Shallow pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice water baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portioning into smaller amounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chill sticks / Ice paddles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. List foods that will be prepared in the establishment a day or more in advance.

23. 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?

24. Food handlers should minimize handling ready-to-eat foods (salad and salad toppings, cooked foods, buns) with their bare hands. How will employees avoid bare-hand contact with ready-to-eat foods? (Check all that apply)

- Disposable gloves Long-handled utensils
 Deli tissue Other: _____

25. Will this establishment cater food to another location? Yes No
 If yes, list the menu items that will be catered.

26. Maximum number of catered meals per day: _____

27. How will hot food that is catered be held at 135° or above during transportation, hot holding and when served?

28. How will cold food that is catered be held at 45° or below during transportation, cold holding and when served? _____

Dishwashing Method

1. How will utensils be washed, rinsed and sanitized? (Check all that apply)
 Dish Machine Three-compartment sink
2. If a dish machine will be used, provide the make and model number of the dish machine below.
 Make _____ Model # _____
3. Does the dish machine use a chemical or hot water to sanitize utensils during the rinse cycle?
 Chemical Hot Water Both
4. If a hot water sanitizing dish machine will be used, provide the booster heater information below:
 KW _____ BTU _____ Make _____ Model # _____
5. If a three-compartment sink will be used, provide the length, width and depth (in inches) of the compartments below.
 Length (inches) _____ Width (inches) _____ Depth (inches) _____
6. If a three-compartment sink will be used to wash, rinse and sanitize utensils, what type of sanitizer will be used?
 Chlorine (bleach water) Quaternary ammonia Iodine
7. If a three-compartment sink will be used to wash, rinse and sanitize utensils, describe how the sink will be set up beforehand.

Room Finish Schedules

Fill in the materials to be used (i.e. quarry tile, stainless steel, vinyl tile, etc.)

Area	Floor	Coving*	Walls	Ceiling
Kitchen				
Dish washing				
Food Storage				
Dry Storage				
Bar				
Dressing Rooms				
Toilet Rooms				
Garbage and Refuse Storage				
Walk-in Refrigerator				
Walk-in Freezer				
Mop Basin Area				
Other				
Other				

*List the material that will be used to provide a smooth, rounded and cleanable surface where the floor and wall joins.

Water Supply

1. Will the water supply be: (Check one that applies)
 Municipal Existing well New well
2. If an existing well will be used, has the well been inspected and approved by an EHS of the Union County Environmental Health Division? Yes No
3. If a new well will be used, has a new well permit application been submitted to the Union County Environmental Health Division office? Yes No

For office use only:

Type	Approval Date / Permit #	Approved by:
Existing Well		
New Well		

Sewage Disposal

1. Will the sewage disposal be: (Check one that applies)
 Municipal Existing on-site system New on-site system
2. If an existing on-site sewage system will be used, has the system been inspected and approved by an EHS of the Union County Environmental Health Division? Yes No
3. If a new on-site sewage system will be used, has a soil evaluation application been completed and submitted to the Union County Environmental Health Division office? Yes No

For office use only:

Type	Approval Date / Permit #	Approved by:
Existing On-site System		
New On-site System		

Insect and Rodent Control

1. Will outside doors be self-closing with rodent-proof flashing? Yes No
2. Will the establishment have a drive-thru or walk-up window?
 Yes No
 If yes, describe how insects will be kept out (i.e. self-closing window, fly fan, etc.).

3. Are all windows screened? Yes No
4. Will openings around pipes and electrical conduits be sealed? Yes No
5. Will garage-style or loading bay doors be present? Yes No
 If yes, how will such doors be protected against insect and rodent entry? _____
6. Location of clean linen storage: _____
7. Location of dirty linen storage: _____

Solid Waste Storage / Disposal

1. What type of solid waste storage containers will be used? (Check all that apply)
 Compactor Dumpster Cans
2. Where will solid waste containers be located? _____
3. If a dumpster / compactor will be used, will it be cleaned on-site or off-site? On-site Off-site
4. If dumpster / compactor will be removed and cleaned off-site, provide name of cleaning contractor and a copy of the contract: _____ Contract submitted? Yes No
5. How waste grease will be handled and stored? _____
6. Where damaged merchandise returned for credit to vendor will be stored? _____
7. Where recyclables will be stored: (cardboard, glass, plastics, etc.). _____

Cleaning Facilities

1. Describe the location of the trash can wash / mop sink? _____
2. What is the size (sq. ft) of the trash can wash basin? _____
3. Where will wet mops and brooms be stored? _____
4. Describe the location of any pre-mixing chemical system. _____
5. Describe where chemicals will be stored. _____

Refrigerated and Dry Food Storage

The following information is needed to calculate how much dry and refrigerated storage is needed in the establishment. Fill in the requested information completely.

- A. Number of meals served per day: _____
 B. Number of days between deliveries of dry food: _____
 C. Number of days between deliveries of refrigerated food: _____
 D. Number of meals between deliveries: _____
 Dry Food (A x B) = _____ Refrigerated Food (A x C) = _____

Refrigerated Storage:

Walk-in Cooler Make / Model #	Interior Usable Height (ft)	Interior Length (ft)	Interior Width (ft)

Reach-in Cooler Make / Model #	Interior depth (inches)	Interior width (inches)	Interior height (inches)

Dry Storage Rooms: * Please include outside storage buildings in this table.

Usable room height (ft)	Interior length (ft)	Interior width (ft)

** To determine usable height, measure height from floor to ceiling, then subtract height of food off floor (usually 6") and height of food from ceiling, (usually 12-18").

If a dry storage room is not proposed, the length and width of all dry storage shelving must be provided below.

Total Shelving Length (ft)	Shelving Width (ft)

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		=	
Dish Machine		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)					Total	

Note: GPH Calculation for Sinks	$\text{GPH} = \frac{(\text{Sink size in cu. in.}) \times (7.5 \text{ gal./cu. ft.} \times (\# \text{ compartments} \times .75 \text{ capacity}))}{1,728 \text{ cu. in./cu. ft.}}$
Short version for above	$\text{GPH} = (\text{Sink size in cu. in.}) \times (\# \text{ compartments}) \times (.003255/\text{cu. in.})$ <p style="margin: 0;">Example: (24" x 24" x 14") x (3 compartments) x (.003255) = 79 GPH</p>

Water Heater Information:

A. What type of water heater will be used?

Storage tank Tankless

B. Manufacturer: _____ Model Number: _____

C. Water heater proposed size: _____ Electric: _____ KW Gas: _____ BTU's

E. Water heater storage capacity: _____ gallons

F. Water heater recovery rate (gallons per hour at 100°F temperature rise): _____ gallons per hour
(See Water Heater Calculation Worksheet - Page 12 to calculate recovery rate needed)

Plumbing Cross-Connections

The following information is needed on the proposed plumbing. It is recommended this section be completed by a qualified plumber, architect or engineer.

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor Sink	Hub Drain	Floor Drain	
Dish Machine	<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"/>
3 Compartment Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 compartment sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 compartment sink	<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"/>
Steamer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kettle	<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"/>

These internet sites are very helpful in obtaining information on equipment:

1. www.p2pays.org/ref/03/02284/
2. www.deh.enr.state.nc.us/ehs/food/plan2.htm
3. nsf.org

EXAMPLE Specification Sheet Company

12345 West Street
City, North Carolina, 00000

Telephone : (704) 555- 1234

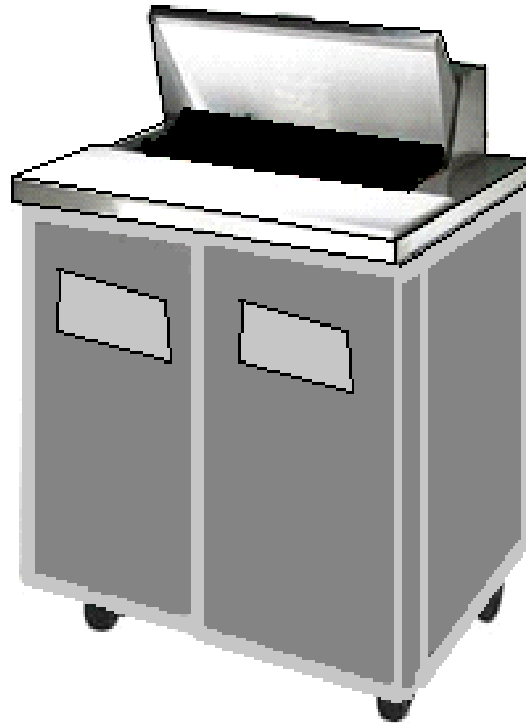
Fax: (704) 555- 5678

PAGE 1

Food Prep Table: Solid Door Salad and Sandwich Unit

Model: SDSSU -7-09

- The best unit on the market, designed to last.
- Complies with ANSI/NSF Standard
- Unit holds temperature 32 F to 41 F
- Unit is Stainless steel
- PVC coated shelving
- Holds 8 long pans or 16 square pans
- NSF approved Cutting board included



Specifications

Model	Capacity	Shelves	Pans (top)	Doors	Cabinet Dimensions (inches)			Voltage	Amps	Crate Weight (lbs)
					L	D	H			
SDSSU -7-09	13 Cu. Ft.	2	8 - 16	2	37	30	37	115/60/1	4.9	295

Organizational endorsement emblems can be found on the spec sheet: Such as UL, NSF, CE marking, and other registered symbols

EXAMPLE Specification Sheet Company

12345 West Street
City, North Carolina, 00000

Telephone : (704) 555- 1234

Fax: (704) 555- 5678

PAGE 2

Food Prep Table: Solid Door Salad and Sandwich Unit

Model: SDSSU -7-09

Standard Features

REFRIGERATION SYSTEM

- 134A refrigerant
- Oversized refrigeration with airflow system to provide uniform temperature throughout unit
- Forced air design hold 33 F to 41 F of products in unit
- Sealed fan motor
- Condensation unit slides out for easy maintenance

UNIT CONSTRUCTION

- Exterior – stainless steel front, top and sides
- Interior – NFS approved, white liner

DOOR

- Stainless steel exterior with white liner to match cabinet interior.

SHELVING

- Two adjustable PVC coated wire shelves

MODEL FEATURES

- Full length removable cutting board
- Insulated lid to keep pans cooler

PAN CAPACITY

- Pan opening designed to accommodate varying pan configurations.

ELECTRICAL

- Unit pre-wired at factory for connection to a 115/60/1 phase – 15 amp outlet

OPTIONS

- Additional shelving
- Sneeze-guard
- ¾ inch thick cutting board
- Crumb catcher
- Pan Dividers

Unit Dimension for lay out and installation.

