

**CABARRUS HEALTH ALLIANCE  
FOODSERVICE PLAN REVIEW APPLICATION**

*Cabarrus Health Alliance  
Environmental Health Section  
300 Mooresville Road.  
Kannapolis N.C. 28081*

*Office phone number 704-920-1207 Fax phone number 704-933-3379  
www.cabarrushealth.org*

Plans, drawn to scale and specifications including the proposed menu must be submitted along with this application. **There is a \$250 fee for each set of foodservice plans reviewed. This fee must be paid when the application is submitted to this office.**

For prototype "franchised" or "chain" facilities plans must be submitted for review and approval to:  
**NC DHHS - Environmental Health, Plan Review Unit, 5605 Six Forks Road, Raleigh, NC 27609**

**Questions: Kevin Dodge, Environmental Engineer, Phone: 919-707-5863**

**Email: [Kevin.Dodge@dhhs.nc.gov](mailto:Kevin.Dodge@dhhs.nc.gov)**

Date: \_\_\_\_\_

\_\_\_NEW\_\_\_REMODEL\_\_\_CONVERSION

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

Category: Restaurant\_\_\_ Institution\_\_\_ Meat Market\_\_\_ Other\_\_\_

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

Name of Owner: \_\_\_\_\_

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

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

Applicant's Name: \_\_\_\_\_

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

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

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

Hours of Operation: Sun \_\_\_\_\_ Thurs \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tues \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_

Number of Seats: \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

<b>Type of Service:</b> (check all that apply) →	Sit Down Meals _____	Single service _____
	Buffet _____	Multi-use _____
	Take Out _____	
	Caterer _____	
	Mobile Vendor _____	

**Please enclose the following:**

- \_\_\_\_\_ Plan Review fee \$250. Make checks payable to Cabarrus Health Alliance
- \_\_\_\_\_ Proposed Menu (including seasonal, off-site and banquet menus)
- \_\_\_\_\_ Manufacturer Specification sheets for each piece of equipment shown on the plan
- \_\_\_\_\_ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system, can wash - if applicable)
- \_\_\_\_\_ Plan **drawn to scale** of food establishment showing location of equipment, plumbing, electrical services
- \_\_\_\_\_ Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases
- \_\_\_\_\_ Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, **and hot water heating equipment with capacity and recovery rate**

\*Insure that all food service/kitchen equipment is National Sanitation Foundation (NSF)/ANSI listed or if not NSF/ANSI listed it must be constructed to meet NSF/ANSI standards as specified according to 15A NCAC 18A .2600, Rule .2617 paragraph (d).

**Lighting Requirements:**

- A. Food contact surfaces = 50 foot candles (540 lux)
- B. Utensil washing area = 50 foot candles (540 lux) (lighting in utensil washing area and on food contact surfaces shall be measured at 30 inches above the floor and/or at the work levels).
- C. All other area = 10 foot candles (110 lux) (Lighting to be measured at 30 inches above the floor).
- D. Light bulbs in food preparation, storage, and display areas shall be shatter-proof or shielded so as to preclude the possibility of broken bulbs or lamps falling into food. Shatter-proof or shielded bulbs need not be used in food storage areas where the integrity of the unopened packages will not be affected by broken glass falling onto them and the packages, prior to being opened, are capable of being cleaned. Heat lamps shall be protected against breakage by a shield surrounding and extending beyond the bulb, leaving only the face of the bulb exposed in food preparation area.

**FOOD PREPARATION REVIEW**

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

<b><u>CATEGORY*</u></b>	<b><u>(YES)</u></b>	<b><u>(NO)</u></b>
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	( )	( )
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	( )	( )
3. Cold processed foods (salads, sandwiches, vegetables)	( )	( )
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
5. Bakery goods (pies, custards, cream fillings & toppings)	( )	( )
6. Other _____		

***PLEASE CIRCLE / ANSWER THE FOLLOWING QUESTIONS:***

**FOOD SUPPLIES:**

- 1. Are all food supplies from inspected and approved sources? YES / NO. What are the projected frequencies of deliveries for Frozen foods \_\_\_\_\_, Refrigerated foods \_\_\_\_\_, and Dry goods \_\_\_\_\_.
- 3. Provide information on the amount of space (in cubic feet) allocated for:  
Dry storage \_\_\_\_\_,

Refrigerated Storage \_\_\_\_\_, and  
 Frozen storage \_\_\_\_\_.

4. How will dry goods be stored off the floor?

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Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 45°F (7°C) and below? YES / NO

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES / NO

If yes, how will cross-contamination be prevented?

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Does each refrigerator/freezer have a thermometer? YES / NO

Number of refrigeration units: \_\_\_\_\_

Will any seafood be washed or thawed on-site prior to use? YES / NO

Will any meats be washed or thawed on-site prior to use? YES / NO

Will all produce be washed on-site prior to use? YES / NO

Is there a planned location used for washing produce and the washing and/or thawing of meats? YES / NO

Describe \_\_\_\_\_

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If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

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How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

**FINISH SCHEDULE**

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	<b>FLOOR</b>	<b>BASE</b>	<b>WALLS</b>	<b>CEILING</b>
<b>Kitchen</b>				
<b>Bar</b>				
<b>Food Storage</b>				
<b>Other Storage</b>				
<b>Toilet Rooms</b>				
<b>Garbage &amp; Refuse Storage</b>				
<b>Mop Service Basin Area</b>				
<b>Warewashing Area</b>				

**INSECT AND RODENT CONTROL**

*APPLICANT: Please check appropriate boxes.*

	<b>YES</b>	<b>NO</b>	<b>NA</b>
1. Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are screen doors provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all openable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the placement of insect electrocution devices identified on the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will air curtains be used? If yes, where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			

**GARBAGE AND REFUSE**

**Inside**

8. Do all containers have lids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Will refuse be stored inside? If so, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			
10. Is there an area designated for washing garbage cans and for storage of mops and brooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Outside**

11. Will a dumpster be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Will a compactor be used? Number _____ Size _____ Frequency of pick up _____ Contractor _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Will garbage cans be stored outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Describe surface and location where dumpster/compactor/garbage cans are to be stored			
_____			

Will the dumpster be cleaned on- site ( ) or off -site ( )

15. Describe location of grease storage receptacle

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Is there any area to store returnable damaged goods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**WATER SUPPLY**

Is water supply public ( ) or private ( )?

**Private water supplies must be listed with the Public Water Supply Section of DEH Mooresville Regional Office (704-663-1699) and comply with Section .1700 of the NCAC**

If private, has source been approved? YES ( ) NO ( ) PENDING ( )

Is ice made on premises ( ) or purchased commercially ( )?

If made on premise, are specifications for the ice machine provided? YES ( ) NO ( )

Describe provision for ice scoop storage: \_\_\_\_\_

\_\_\_\_\_

Provide location of ice maker or bagging operation \_\_\_\_\_

Are backflow prevention devices provided on all hose bibs? YES ( ) NO ( )

\_\_\_\_\_

**SEWAGE DISPOSAL**

Is building connected to a municipal sewer? YES ( ) NO ( )

If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

Are grease traps provided? YES ( ) NO ( )

If so, where? \_\_\_\_\_

Provide schedule for cleaning & maintenance \_\_\_\_\_

Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

\_\_\_\_\_

\_\_\_\_\_

**GENERAL**

Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?

YES ( ) NO ( )

Indicate location: \_\_\_\_\_

\_\_\_\_\_

Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES ( ) NO ( )

Are all containers of toxics including sanitizing spray bottles clearly labeled?

YES ( ) NO ( )

Will linens be laundered on site? YES ( ) NO ( )

If yes, what will be laundered and where? \_\_\_\_\_

\_\_\_\_\_

If no, how will linens be cleaned? \_\_\_\_\_

Is a laundry dryer available? YES ( ) NO ( )

Location of clean linen storage: \_\_\_\_\_

\_\_\_\_\_

Location of dirty linen storage: \_\_\_\_\_

\_\_\_\_\_

Are containers to store bulk food products constructed of food-grade materials? YES ( ) NO ( )

Indicate type: \_\_\_\_\_

\_\_\_\_\_

**DISHWASHING FACILITIES**

Will sinks or a dishwasher be used for warewashing?

Dishwasher ( )

Two compartment sink ( )

Three compartment sink ( )

Size of sink vats \_\_\_\_\_

Size of sink vats \_\_\_\_\_

Drainboard Size \_\_\_\_\_

Drainboard Size \_\_\_\_\_

**Dishwasher**

Type of sanitization used:

Hot water (temp. provided) \_\_\_\_\_

Chemical type \_\_\_\_\_

Does dish machine have templates with operating instructions? YES ( ) NO ( )

Does dish machine have temperature/pressure gauges? YES ( ) NO ( )

Does the largest pot and pan fit into each compartment of the pot sink? YES ( ) NO ( )

If no, what is the procedure for manual cleaning and sanitizing?

\_\_\_\_\_

\_\_\_\_\_

Are there integral drain boards on both ends of the pot sink? YES ( ) NO ( )

Where will air drying of all pots, pans and utensils take place?

\_\_\_\_\_

\_\_\_\_\_

What type of sanitizer is used?

Chlorine ( )

Iodine ( )

Quaternary ammonium ( )

Hot Water ( )

Other ( )

Are test papers and/or kits available for checking sanitizer concentration? YES ( ) NO ( )

**HANDWASHING/TOILET FACILITIES**

Is there a handwashing sink in each food preparation and warewashing area? YES ( ) NO ( )

Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ( ) NO ( )

Is anti-bacterial soap available at all handwashing sinks? YES ( ) NO ( )

Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES ( ) NO ( )

Are covered waste receptacles available in each restroom? YES ( ) NO ( )

Is hot and cold running water under pressure available at each handwashing sink? YES ( ) NO ( )

Are all toilet room doors self-closing? YES ( ) NO ( )

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**THE CABARRUS HEALTH ALLIANCE MUST APPROVE ANY CHANGES  
MADE TO PLANS.**

**Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required-- federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment).**

**A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments. Foodservice permits issued by this department are required to be issued before an establishment can operate.**

Signature(s) \_\_\_\_\_

Owner(s) or responsible representative(s)

Date: \_\_\_\_\_

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