

CABARRUS HEALTH ALLIANCE

PLAN REVIEW CHECKLIST

Cabarrus Health Alliance

Environmental Health Section

300 Mooresville Road

Kannapolis, NC 28081

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

Plans must be submitted directly to this office. There is a \$250 fee for each set of foodservice plans reviewed.

Plan review for an existing facility that is being remodeled may be \$150.00 (for remodels, please contact this department for more information). This fee must be paid when the application is submitted.

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
Jeffrey L. Jones REHS, CP-FS, Food Services Plan Review Engineer, Plan Review Unit
Jeff.Jones@dhhs.nc.gov Phone: (919) 707-5863.

Please include the following:

- Plan Review fee. Make checks payable to Cabarrus Health Alliance
- Proposed menu
- Site plan
- Plans drawn to scale showing location of all equipment
- Finish schedules for each room including floors, walls, ceilings and juncture bases
- Plumbing schedule including all water lines and drains
- Electrical plan including placement and type of all lighting
- Entire list of equipment with manufacturer and model numbers (include any table-top units)

Food Equipment:

Food equipment shall be used in accordance with the manufacturer's intended use and be certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program. If the equipment is not certified or classified for sanitation, the equipment shall meet Parts 4-1 and 4-2 of the Food Code.

Lighting requirements:

- 108 lux (10 foot-candles) 30 inches above the floor in walk-in refrigeration units, dry food storage areas, and other areas during periods of cleaning.
- 215 lux (20 foot-candles):
 - A. At a surface where food is provided for consumer self-service (buffets)
 - B. Inside equipment such as reach-in and under-counter refrigerators
 - C. 30 inches above the floor in areas used for handwashing, warewashing, and equipment and utensil storage and in toilet rooms.
- 540 lux (50 foot-candles) at a surface where a food employee is working with food or working with utensils or equipment



**CABARRUS
HEALTH
ALLIANCE**

at NC Research Campus

FOODSERVICE PLAN REVIEW APPLICATION

*Cabarrus Health Alliance
Environmental Health Section
300 Mooresville Road
Kannapolis, NC 28081*

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

Date: _____ Type of Construction: NEW CONSTRUCTION REMODEL CONVERSION

Name of Establishment:	
Street Address:	
Name of Owner:	
Owner Mailing Address:	
Owner Email:	
Owner Telephone:	Owner Mobile Phone:
Name of Applicant:	
Title of Applicant (Owner, General Manager, Architect, Construction Manager, etc.):	
Applicant Mailing Address:	
Applicant Telephone:	Applicant Mobile Phone:
Applicant Email:	

Hours of Operation: Monday _____ to _____ Saturday _____ to _____
 Tuesday _____ to _____ Sunday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____

Projected number of meals served between product deliveries:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of seats: _____

Projected start date of construction: _____ **Projected completion date:** _____

Type of 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"/> Commissary | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Meat Market | <input type="checkbox"/> Other (explain): _____ |

Single-service (disposable): Plates Cups Utensils

Multi-use (reusable): Plates Glassware Utensils

Indicate any specialized process that will take place:

- Curing Acidification (sushi, etc.) Reduced Oxygen Packaging (vacuum, sous vide etc.)
- Smoking Sprouting Beans Other _____

Explain all checked processes: _____

Will any raw animal foods be “cooked to order”, undercooked or served raw (such as beef, eggs, fish, lamb, pork or shellfish)? Yes No

If yes, please list the food item(s):

Indicate if any of the following highly susceptible populations will be catered to or served:

- Nursing Home Child Care Center Health Care Facility
- Assisted Living Center School with pre-school aged children

COLD STORAGE

Cubic-feet of reach-in cold storage:

Cubic-feet of walk-in cold storage:

Reach-in refrigerator storage: _____ ft³

Walk-in refrigerator storage: _____ ft³

Reach-in freezer storage: _____ ft³

Walk-in freezer storage: _____ ft³

Number of reach-in refrigerators: _____

Number of reach-in freezers: _____

HOT HOLDING

Foods that will be held **hot**: _____

COLD HOLDING

Foods that will be held **cold**: _____

COOLING

Indicate by checking the appropriate boxes how cooked food will be cooled to 41°F (7°C) within 6 hours.

Cooling Process	Beef	Pork	Poultry	Other *
Shallow Pans				
Ice Baths				
Rapid Chill				

* If "Other" is checked indicate type of food that is being cooled (pasta, soup, potatoes, etc.): _____

THAWING

Indicate how food in each category will be thawed by checking the appropriate boxes below.

Thawing Process	Meat	Seafood	Poultry	Other *
Refrigeration				
Running Water less than 70° F (21° C)				
Cooked Frozen				
Microwave				

* If "Other" is checked indicate type of food that is being thawed (hot dogs, soup, chili, etc.): _____

FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (e.g., 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				
Service Sink				
Other_____				
Other_____				

Water supply: Municipal Well **Sewer:** Municipal Septic

Ice will be made: On Premises Purchased

Describe where mop and broom storage will be located: _____

Water Heater:

If **Tank** type: Manufacturer and model: _____

Storage capacity: _____gallons

Electric water heater: _____kilowatts (kw)

Gas water heater: _____BTU's

Water heater recovery rate (gallons per hour at 80°F temperature rise): _____GPH

If **Tankless** type: Manufacturer and model: _____

Number of tankless water heaters: _____

WAREWASHING

Manual Warewashing: Size of sink compartments in inches: _____ Length _____ Width _____ Depth _____
 What type of sanitizer(s) will be used for manual warewashing?

Chlorine Quaternary Ammonium Other: _____

Will the largest pot and pan fit into the warewashing sink? Yes No

Mechanical Warewashing: Will a warewashing machine be used? Yes No

Number of warewashing machines: _____

Manufacturer and model numbers: _____

Type of sanitization: Chemical Hot water (180°F)

Describe how cooking equipment, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:

Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

Total square feet of air drying space: _____ ft²

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items: _____

INSECT AND RODENT CONTROL

How is protection provided on all outside doors? Self-closing door Fly Fan Screen Door

How is protection provided on windows? Self-closing Fly Fan Screening

LINEN Indicate location of clean and dirty linen storage: _____

How will dirty linen be laundered? On-site Off-site

POISONOUS OR TOXIC MATERIALS

Indicate storage location of poisonous and/or toxic materials (chemicals, sanitizers, etc.):

GARBAGE

Provision for outdoor refuse disposal: Compactor Dumpster Trash can with lid

Approval of these plans and specifications by Cabarrus Health Alliance does not indicate compliance with any other code, law or regulation that may be required (federal, state, or local). It further does not constitute approval of the completed construction (structure or equipment).

A pre-opening inspection by the Cabarrus Health Alliance of the establishment with equipment in place & operational will be necessary to determine compliance with the laws and rules governing food service establishments.

A permit application must be submitted by an applicant at least 30 days before the planned opening date. The permit application can be obtained from our website or by calling this office. Foodservice permits issued by this department are required to be issued before an establishment can operate.

I certify that the information in this application is correct to the best of my knowledge, and understand that any deviation without prior approval from this department may nullify this plan approval.

Signature: _____

Date: _____