



SHARED-USE KITCHEN PLAN REVIEW APPLICATION

Name of Shared-use Kitchen: _____

Address: _____

Applicant: _____

Business Name: _____

Business is owned by: LLC Corporation Individual Other _____

Ownership name: _____

Mailing Address: _____

City: _____ State _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

E-mail: _____

I certify that the information in this application is correct. I understand that any deviation without prior approval from this Regulatory Office may nullify plan approval.

Signature: _____
(Owner or Responsible Representative)

Signature: _____
(Shared Kitchen Owner/Representative)

Printed Name: _____
(Shared Kitchen Owner/Representative)

This application must be completed and submitted to: Cabarrus Health Alliance Environmental Health, 300 Mooresville Hwy, Kannapolis, NC 28027. Include:

- Plan review fee of \$150
- A copy of the menu
- Equipment Schedule of any equipment brought to the Shared Kitchen

Schedule of Operation:

Time of Day: _____

Day of week: _____ **Sun** _____ **Mon** _____ **Tue** _____ **Wed** _____ **Thu** _____ **Fri** _____ **Sat**

Other Scheduling Information: _____

Type of Operation:

____ Catering

____ Food for sale at another location (list items and where they are to be sold)

____ Other (specify details)

Type of Food Service Utensils (Check all that apply):

Single-service (disposable):

____ Plates ____ Glassware ____ Silverware

Multi-use (reusable):

____ Plates ____ Glassware ____ Silverware

____ Prepares Potentially Hazardous Food (PHF) / Time Temperature Control for Safety Food (TCS)

Prepares PHF/TCS Foods by: __cooking __ cooling __ reheating __ hot holding

__ cold holding __ freezing __ thawing __ par cooking

Specialized Food Processes: check any that apply

____ Curing ____ Acidification (sushi, etc.) ____ Reduced Oxygen Packaging (eg: Vacuum)

____ Smoking ____ Sprouting ____ Other

____ Prepares food for delivery to a location off premises for consumption

____ Prepares only non PHF/TCS foods

____ Prepares food for a Highly Susceptible Population

Type of highly susceptible populations that will be catered to or served:

____ Nursing Home ____ Child Care Center ____ Health Care Facility

____ Other (please specify) _____

Cold Storage Space (assigned):

Reach-in refrigerator storage: _____ ft³

Walk-in refrigerator storage: _____ ft³

Reach-in freezer storage: _____ ft³

Walk-in freezer storage: _____ ft³

Hot Holding:

Volume and items of food that will be held hot:

Cold Holding:

Volume and items of food that will be held cold:

Cooling Processes:

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

Cooling Process	Meat	Soups or Sauces	Poultry	Other _____
Shallow Pans				
Ice Baths				
Rapid Chill				

Thawing Processes:

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

Thawing Process	Meat	Seafood	Poultry	Other _____
Refrigeration				
Running Water (< 70° F)				
Cooked Frozen				
Microwave				

Food Handling Procedures

In the categories below, explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and equipment location where corresponding food will be handled and indicate which shared items will be used (such as prep tables, ice machine, etc).

Include the handling procedures for the following categories. Describe the process from beginning to end:

- **Arrival** - How the food will arrive (frozen, fresh, packaged, etc.); Who will be responsible for receiving?
- **Storage** - Where the food will be stored?
- **Preparation**
 - Where food will be processed?
 - How the food will be handled (washed, cut, marinated, breaded, cooked, etc.)?
- **Time of day and frequency** that food will be handled (Delivery to final product)?

1. **Ready-to-eat Foods** (example, salads, fruit, cold sandwiches, sushi)

2. Produce

3. Poultry

4. Meats

5. Seafood

Dry Storage

Frequency of deliveries and the expected volume of dry goods at each delivery:

_____ Square feet of
assigned dry storage shelf space: _____ Where is the assigned
dry goods storage?

Shared-use Kitchen Requirements:

- Certified Food Protection Manger Certification, ANSI Certification # _____
- Copy of the menu
- Consumer Advisory (if required by NC Food Code Manual 3-603.11)
- Variance for specialized processing methods, HACCP plan required? NC Food Code Manual Section 3-502.11
- Time as a public health control - written procedures in place per NC Food Code Manual Section 3-501.18
- Standard Operating Procedures (SOPs)
- Refrigerators and freezers operating to verify temperatures
- Water heater operating
- Handwashing sinks: Conveniently located; supplied with soap, towels, hand wash placard, and waste receptacle
- Warewashing facilities properly operating
- Adequate air drying space
- Toxic substance storage area identified
- Thermometers provided (in all refrigeration and a thin-tipped probe thermometer)
- Sanitizing solution and test strips
- Lighting meets requirements
- Bulbs shielded or shatterproof
- Single-use gloves, deli tissue paper, spatulas, tongs or dispensing equipment provided (no bare hand contact with ready-to-eat foods)
- Equipment Approved (Used in accordance with the manufacturer's intended use and verified or classified for sanitation by an American National Standards Institute Meets (ANSI)- accredited certification program or meets Parts 4-1 and 4-2 of the NC Food Code Manual
- Floors, walls and ceiling smooth, durable, easily clean able and non-absorbent for areas subject to moisture

- Proper backflow devices installed
- Toilet facilities, properly constructed, supplied and conveniently located and accessible to employees during all hours of operation
- Garbage and refuse disposal containers approved for solid waste, cardboard, and waste cooking oil (on-site or contract approval)
- Grease Trap available, located to be easily cleanable
- Mop/Service sink provided
- Space provided for employee storage, clothing and personal items

Potential Risks Associated with shared-use kitchens: Explain in detail how these will be prevented:

Risk: Cross Contamination of food contact surfaces with physical, chemical, or biological hazards.

Risk: Contamination of food products either by accidental or intentional means.

Risk: Increased potential for foodborne illness outbreaks due to exceeding the design characteristics of the facility.
