

TO: FOODSERVICE ESTABLISHMENT OPERATORS

FROM: FORSYTH COUNTY DIVISION OF ENVIRONMENTAL HEALTH

This office has been notified of your intent to operate a Foodservice Establishment in Forsyth County. Please be advised that *North Carolina General Statutes 130A-248(b)* states that **"No establishment shall commence or continue operation without a permit or transitional permit issued by the Department. The permit or transitional shall be issued to the owner or operator of the establishment and shall not be transferable. A permit shall be issued only when the establishment satisfies all of the requirements of the rules..."**

To insure that modern standards of sanitation are included in new and remodeled food handling establishments, the *Rules Governing the Food Protection and Sanitation of Food Establishments North Carolina Food Code 8-201.11* requires that **"Plans drawn to scale for independent Food Establishments shall be submitted for review and approval to the local Health Department."**

You will need to submit to this office:

- 1. Plans** drawn 1/4" = 1' scale or greater showing the layout of the foodservice facility and all equipment. A legend should be provided on the plan that identifies the equipment.
- 2. Specification sheet** for each piece of equipment in the facility including sinks and walk in coolers. The number that identifies the equipment on the plan should correspond with specification sheet.
- 3. A plumbing plan** that shows water distribution lines from the water heater to all connections of hot and cold, a wastewater plan showing all floor sinks, drains, etc.
- 4. Lighting plan** that shows fixture types and locations.
- 5. Floor, wall, and ceiling and base finish schedule** for the facility.
- 6. Completed application.**
- 7. Full menu** of foods to be served.
- 8. Payment** of \$250 for new construction and \$140 for remodels of existing facilities.

Payments in the form of cash or check can be made to the Forsyth County Department of Public Health. Credit card payments are now accepted in the Environmental Health Office.

Any construction that has been initiated should be stopped until the final plan approval has been issued. Any Construction that has been done, which does not meet the rules will have to redone in an approved manner before an operations permit will be issued. You will need to allow **at least three weeks** from the time of submittal for your plan to be reviewed.

Food Establishment Plan Review Application

Type of Construction: NEW _____ REMODEL: _____

Projected Date of Opening: _____

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____

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

.....

Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

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

Email Address: _____

.....

Submitter: _____

Company: _____

Contact Person: _____

Address: _____

City & State: _____ Zip Code: _____

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

Email 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 the Forsyth County Division of Environment Health may nullify plan and/or facility approval.

Signature: _____

(Owner or Responsible Representative)

(Date)

Hours of Operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Projected number of meals served between product deliveries:

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
- Catering
- Single-service (disposable):
 - Plates Glassware Silverware
- Multi-use (reusable):
 - Plates Glassware Silverware

Indicate any **specialized processes** that will take place:

- Curing Acidification (sushi, etc.) Reduced Oxygen Packaging (eg: Vacuum)
- Smoking Sprouting Beans Other

Explain checked processes: _____

Indicate any of the following **highly susceptible populations** that will catered to or served:

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

COLD STORAGE

Method used to determine cold storage requirements: _____

Cubic-feet of reach-in cold storage

Reach-in refrigerator storage: _____ft³

Reach-in freezer storage: _____ft³

Cubic-feet of walk-in cold storage:

Walk-in refrigerator storage: _____ft³

Walk-in freezer storage: _____ft³

Number of reach-in refrigerators: _____

Number of reach-in freezers: _____

HOT HOLDING

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

COLD HOLDING

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

COOLING

Indicate by checking the appropriate boxes how cooked food 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				

THAWING

Indicate by checking the appropriate boxes how food 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				

FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled

1. READY-TO-EAT FOOD HANDLING (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

2. PRODUCE HANDLING

3. POULTRY HANDLING

4. MEAT HANDLING

5. SEAFOOD HANDLING

DRY STORAGE

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

Square feet of dry storage shelf space: _____ft²

Where will dry goods be stored? _____

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 - SEWAGE

1. Is water supply: Municipal ___ Well ___ Is sewer: Municipal ___ Septic ___

2. Will ice: be made on premises ___ or purchased ___

3. Water heater:

- Tank Type:
 - a. Manufacturer and model: _____
 - b. Storage capacity: _____
 Electric water heater: _____ kilowatts (kW)
 Gas water heater: _____ BTU's
 - c. Water heater recovery rate (gallons per hour at 80°F temperature rise): _____ GPH

- Tankless:
 - a. Manufacturer and model: _____
 - b. Quantity of tankless water heaters: _____

4. Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor Sink	Hub Drain	Floor Drain	
Warewashing Sink				
Prep Sink				
Handwashing Sink				
Warewashing Machine				
Ice Machine				
Garbage Disposal				
Dipper Well				
Refrigeration				
Steam Table				
Other				
Other				

WAREWASHING EQUIPMENT

1. Manual Warewashing

a. Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____

b. What type of sanitizer will be used?

Chlorine: ____ Iodine: ____ Quaternary Ammonium: ____ Hot Water: ____

Other (specify: _____)

2. Mechanical Warewashing

a. Will a warewashing machine be used? Yes ____ or No ____

Warewashing machine manufacturer: _____ and

Model: _____

b. Type of sanitization: Hot Water (180°F) ____ Chemical ____

3. General

a. 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: _____

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

Square feet of air drying space: _____ft²

HANDWASHING

Indicate number and location of handwashing sinks:

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items:

REFUSE AND RECYCABLES

1. Will refuse be stored inside? Yes ___ or No ___

If yes, where _____

2. Provision for refuse 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.):

SERVICE SINK

1. Location and size of service (mop) sink/canwash: _____

2. Is a separate mop storage area provided? Yes ___ or No ___

If yes, describe type and location: _____

INSECT AND RODENT CONTROL

1. How is protection provided on all outside doors?

Self-closing door ___ Fly Fan ___ Screen Door ___

2. How is protection provided on windows?

Self-closing ___ Fly Fan ___ Screening ___

LINEN

1. Indicate location of clean and dirty linen storage:

POISONOUS OR TOXIC MATERIALS

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