TOE RIVER HEALTH DISTRICT PLAN REVIEW CHECKLIST

1. The plans should be a minimum of 11 X 14 inches with the layout of the floor plan accurately drawn to a minimum scale of 1/4 inches = 1 foot.

2. The plans and specifications should include:

   Location of all food service equipment with each piece of equipment clearly labeled with its common name.

   Refrigeration and hot-holding equipment for potentially hazardous food (PHF) clearly designated.

   Separate food preparation sinks, when menu dictates, labeled and located to prevent cross-contamination of raw and ready to eat foods.

   Hand washing facilities designated for food preparation areas, dishwashing area and toilet facilities.

   Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation.

   Finish schedule for each room, including floors, walls, ceilings and covered juncture bases.

   Plumbing schedule including:
   - Floor drains/floor sinks
   - Hot water generating equipment
   - Water supply line.
   - Water heater manufacturer, model, and recovery rate
   - Waste water lines
   - Grease trap and/or grease interceptor location

   Electrical layout and location of electrical panels.

   Site plan including:
   - Dumpster pad location
   - Entrances and exits
   - Grease storage container location
   - Loading and unloading areas

   Ventilation schedule for each room.

   Cabinets/shelves for storing toxic chemicals.

   Employee dressing room or locker area.

3. Information accompanying the plans should include:

   Proposed menu
   Manufacturer specification sheets for each piece of equipment
   Completed Food Establishment Plan Review Application
Additional Requirements:

All food service/kitchen equipment should be NSF International (NSF) listed, Underwriters Laboratories Inc. (UL) classified for sanitation, or if not NSF or UL listed/classified, be constructed to meet NSF/ANSI standards. Mixers, hoods, water heaters, microwaves, and toasters are exempt from this requirement.

Facilities shall be provided for the washing and storage of all garbage cans and mops. The cleaning facility shall include a combination faucet, hot and cold water, a threaded nozzle and a curved impervious pad. The minimum recommended size is 36 x 36 inches, with walls that are easily cleanable and non-absorbent.

All items in rooms where food or single-service items are stored shall be at least 12 inches above the floor when placed on stationary storage units or at least 6 inches above the floor when placed on portable storage units, or otherwise arranged to permit thorough cleaning.

Lighting Requirements:

At least 108 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry FOOD storage areas and in other areas and rooms during periods of cleaning;

At least 215 lux (20 foot candles) at a surface where FOOD is provided for CONSUMER self-service such as buffets and salad bars or where fresh produce or PACKAGED FOODS are sold or offered for consumption, Inside EQUIPMENT such as reach-in and under-counter refrigerators; and at a distance of 75 cm (30 inches) above the floor in areas used for handwashing, WAREWASHING, and EQUIPMENT and UTENSIL storage, and in toilet rooms

At least 540 lux (50 foot candles) at a surface where a FOOD EMPLOYEE is working with FOOD or working with UTENSILS or EQUIPMENT such as knives, slicers, grinders, or saws where EMPLOYEE safety is a factor.

Please return completed application, plans, specification sheets, and a $250 plan review fee to your local Health Department. NC Food Code requires that your application for a permit be submitted at least 30 calendar days before the date planned for opening your food establishment.

Be aware that the Toe River Health District will not issue a food establishment permit without consulting the local Fire Marshall and the local Building Inspections Department. It is your responsibility to acquire approval from these agencies before your anticipated opening date. Even if you receive a food permit, non-compliance with building or fire regulations may prevent you from opening your facility in a timely manner.

<table>
<thead>
<tr>
<th>Avery County Building Inspections</th>
<th>Mitchell County Building Inspections</th>
<th>Yancey County Building Inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>828-733-8204</td>
<td>828-688-4771</td>
<td>828-682-7833</td>
</tr>
<tr>
<td>Avery County Fire Marshall</td>
<td>Mitchell County Fire Marshall</td>
<td>Yancey County Fire Marshall</td>
</tr>
<tr>
<td>828-733-8213</td>
<td>828-688-4771</td>
<td>828-682-7833</td>
</tr>
</tbody>
</table>
N.C. Department of Health & Human Services  
Division of Public Health Environmental  
Health Section  
Plan Review Unit

Food Establishment Plan Review Application

Type of Construction: NEW [ ] REMODEL [ ]

Name of Establishment: _____
Address: _____
City: _____ Zip Code: _____ County: _____
Phone (if available): ___ - ___ - ___ Fax: _____ - _____ - _____

Owner or Owner’s Representative: _____
Address: _____
City & State: _____ Zip Code: _____
Telephone: ___ - ___ - ___ Fax: ___ - ___ - ___
E-mail Address: _____

Submitter: _____
Company: _____
Contact Person: _____
Address: _____
City & State: _____ Zip Code: _____
Telephone: ___ - ___ - ___ Fax: ___ - ___ - ___
E-mail Address: _____
Title (owner, manager, architect, etc.): _____

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

Signature: ____________________________________________
(Owner or Responsible Representative)
Hours of Operation:
Sun_____ Mon_____ Tue_____ Wed_____ Thu_____ 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 be 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: ___
Cubic-feet of walk-in cold storage: ___
Reach-in refrigerator storage: ___ft³
Reach-in freezer storage: ___ft³
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 41°F (7°C) within 6 hours. If “Other” is checked indicate type of food: ___

<table>
<thead>
<tr>
<th>Cooling Process</th>
<th>Meat</th>
<th>Seafood</th>
<th>Poultry</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow Pans</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ice Baths</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rapid Chill</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

THAWING
Indicate by checking the appropriate boxes how food in each category will be thawed. If “Other” is checked indicate type of food: ___

<table>
<thead>
<tr>
<th>Thawing Process</th>
<th>Meat</th>
<th>Seafood</th>
<th>Poultry</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Running Water less than 70°F (21°C)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cooked Frozen</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Microwave</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Area</th>
<th>Floor</th>
<th>Base</th>
<th>Walls</th>
<th>Ceiling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garbage &amp; Refuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Sink</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: ______ gallons
     - Electric water heater: ______ kilowatts (kW)
     - Gas water heater: ______ BTU’s
     c. Water heater recovery rate (gallons per hour at 80ºF temperature rise): ______ GPH
       (See Water Heater Calculator on the Plan Review Unit website to calculate recovery rate needed)
   - Tankless:
     a. Manufacturer and model: ______
     b. Quantity of tankless water heaters: ______
       (See Water Heater Calculator on the Plan Review Unit website to calculate number of tankless
        water heaters needed)

4. Check the appropriate box indicating equipment drains:

<table>
<thead>
<tr>
<th>Plumbing Fixtures</th>
<th>Indirect Waste</th>
<th>Direct Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Floor sink</td>
<td>Hub Drain</td>
</tr>
<tr>
<td>Warewashing Sink</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Prep Sinks</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Handwashing Sinks</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Warewashing Machine</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Ice Machine</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Garbage Disposal</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Dipper Well</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Refrigeration</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Steam Table</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
WAREWASHING EQUIPMENT

a. Manual Warewashing
   1. Size of sink compartments (inches): Length: ____ Width: ____ Depth: ____
   2. What type of sanitizer will be used?
      Chlorine: ☐ Iodine: ☐ Quaternary Ammonium: ☐ Hot Water: ☐ Other (specify): ☐

b. Mechanical Warewashing
   1. Will a warewashing machine be used? Yes ☐ No ☐
      Warewashing machine manufacturer and model: ______
   2. Type of sanitization: Hot water (180°F) ☐ Chemical ☐

c. General
   1. 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:
      ______
   2. 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:
_____

12 Feb 2015
REFUSE AND RECYCLABLES

1. Will refuse be stored inside?  Yes ☐  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/can wash: ______

2. Is a separate mop storage area provided?  Yes ☐  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:
   ______
<table>
<thead>
<tr>
<th>Equipment</th>
<th>Quantity</th>
<th>Times</th>
<th>Size</th>
<th>GPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-Comp. Sink (See Note)</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>Two-Comp. Sink (See Note)</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>Three-Comp. Sink (See Note)</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>Four-Comp. Sink (See Note)</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>One-Comp. Prep Sink</td>
<td>X</td>
<td>5 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Two-Comp. Prep Sink</td>
<td>X</td>
<td>10 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Three-Comp. Prep Sink</td>
<td>X</td>
<td>15 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Three Comp. Bar Sink (See Note)</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>Four Comp. Bar Sink (See Note)</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>Hand Sink</td>
<td>X</td>
<td>5 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Pre-Rinse</td>
<td>X</td>
<td>45 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Can Wash</td>
<td>X</td>
<td>10 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Mop Sink</td>
<td>X</td>
<td>5 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Dishmachine</td>
<td>X</td>
<td>GPH = 70% of “Final Rinse Usage”</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Cloth Washer</td>
<td>X</td>
<td>15 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Hose Reel</td>
<td>X</td>
<td>5 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Other Equipment</td>
<td>X</td>
<td>=</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Equipment</td>
<td>X</td>
<td>=</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gallons per hour (GPH) Recovery Rate** needed (based on 100°F temperature rise) **Total**

**Note:**

GPH Calculation for Sinks

GPH = (Sink size in cu. in.) x (# compartments) x (.003255/cu. in.)

Example: (24” x 24” x 14”) x (3 compartments) x (.003255) = 79 GPH