

**HARNETT COUNTY PLAN REVIEW APPLICATION COVER LETTER  
FOOD SERVICE ESTABLISHMENTS**

Unless directed otherwise, all items are to be submitted through the Central Permitting Office at 108 East Front St., Lillington, NC 27546 or by mail to PO Box 65, Lillington, NC 27546. You may contact the Central Permitting Office at 910-893-7525, Ext. 2. However, please contact our office with questions regarding the contents of this application.

Plans are reviewed using North Carolina's 15A NCAC 18A .2600 "Rules Governing the Food Protection and Sanitation of Food Establishments" and the NC Food Code Manual. To view these rules, go to <http://www.deh.enr.state.nc.us/rules.htm> or obtain a copy from our office at 307 West Cornelius Harnett Boulevard, Lillington, NC 27546. For additional information regarding facility design, you can access the plan review link of the Environmental Health section on the Health Department's website at [www.harnett.org](http://www.harnett.org). Plans must be submitted to the local health department for approval **prior to** construction, renovation, or modification of such facilities.

*\*Franchised, chain, and prototyped facilities are required to submit a separate application and plans to the Department of Public Health, Environmental Health Section Plan Review Unit at 5605 Six Forks Rd., Raleigh, NC 27609.*

If you have questions, contact one of the following Food and Lodging staff listed below at 910-893-7547:

Gale Violette, REHS  
Food and Lodging Program Specialist

Jamie Turlington, REHS  
Environmental Health Specialist

Cindy Pierce, REHS  
Environmental Health Specialist

Nikki Eason, REHS  
Environmental Health Specialist

Plans must be submitted with the following supporting documentation:

- \_\_\_\_\_ A complete set of plans drawn to scale showing the placement of each piece of food service equipment, storage areas, trash can wash facilities, etc. along with general plumbing, electrical, mechanical, and lighting drawings
- \_\_\_\_\_ Plans must include a site plan locating exterior equipment such as dumpsters or walk-in coolers
- \_\_\_\_\_ A complete equipment list and corresponding manufacturer specification sheets
- \_\_\_\_\_ A proposed menu
- \_\_\_\_\_ A completed Food Service Plan Review Application
- \_\_\_\_\_ \$200 Plan Review Fee

09/19  
gv

## Food Service Plan Review Application

Type of plan: New  Remodel

Name of Establishment: JOHNSONVILLE ELEMENTARY SCHOOL

Physical Address: 18495 NC-27

City: CAMERON State: NC Zip: 28326

Phone (if available): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Applicant: Douglas Kuhns, AIA

Address: 333 Fayetteville Street, Suite 225

City: Raleigh State: NC Zip: 27601

Phone: 919-573-6367 Fax: \_\_\_\_\_

Email: dkuhns@sfla.biz

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Owner (if different from Applicant): Harnett County Schools

Address: 1008 S. 11th Street

City: Lillington State: NC Zip: 27546

Phone: 910-893-8151 Fax: \_\_\_\_\_

Email: Jennifer Layn - jlayn@harnett.k12.nc.us

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

**Signature:** Douglas Kuhns, AIA **Date:** 12.21.20  
(Applicant or Responsible Representative)

**Hours of Operation:**

Mon 7am-1pm Tues 7am-1pm Wed 7am-1pm Thurs 7am-1pm Fri 7am-1pm Sat \_\_\_\_\_ Sun \_\_\_\_\_

**Number of Seats:** 252

**Facility total square feet:** Dining 3,405 sf, Kitchen 3,4250 sf

**Projected start date:** MARCH 2021

**Type of Food Service:**

**Check all that apply**

Restaurant

Sit down meals

Food Stand

Take-out meals

Drink Stand

Catering

Commissary

Meat Market

Other (explain): \_\_\_\_\_

**Utensils:**

Multi-use (reusable):  \_\_\_\_\_ Single-use (disposable):  \_\_\_\_\_

**Food delivery schedule** (per week): 1

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

Curing  Acidification (sushi, etc.)  Smoking

Reduced Oxygen Packaging (e.g. vacuum packaging, sous vide, cook-chill, etc.)

Has the process been approved by the Variance Committee of the DPH Food Protection Branch? \_\_\_\_\_

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

Nursing/Rest Home  Child Care Center  Health Care Facility

Assisted Living Center  School with pre-school aged children or an immunocompromised population

**Water Supply:**

Type of water supply: (check one)

- Non-public (well)
- Community/Municipal

Is an annual water sample required of your establishment? (check one)

- Yes
- No

**Wastewater System:**

Type of wastewater system: (check one)

- Public sewer
- On-site septic system

**Water Heater:**

Manufacturer and Model: BRADFORD & WHITE ELECTRIFLEX HD, MODEL CEHD80A54208

Storage Capacity: 80 gallons

- Electric water heater: 54KW kilowatts (kW)
- Gas water heater: \_\_\_\_\_ BTU's

Water heater recovery rate: 279 GPH

If tankless, \_\_\_\_\_ GPM ; Number of heaters: \_\_\_\_\_

**Person in Charge (PIC) and Employee Health**

Are Persons in Charge certified food protection managers who have passed a test accredited by an approved ANSI program? yes

Eligible Person In Charge: Samantha Ellers

Program Safe Place Cert. # 21613191 Exp. Date 8/14/24

For multiple shifts and/or occasions of absences, list all eligible Persons in Charge:

Eligible Person In Charge: \_\_\_\_\_

Program \_\_\_\_\_ Cert. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Eligible Person In Charge: \_\_\_\_\_

Program \_\_\_\_\_ Cert. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

\*Attach a copy of your establishment's Employee Health Policy

Are copies of signed Employee Health Policies on file? \_\_\_\_\_

**Food Sources**

Names of food distributors:

Deliveries/wk

- |                             |                  |
|-----------------------------|------------------|
| 1. <u>Sysco Raleigh</u>     | <u>Wednesday</u> |
| 2. <u>R &amp; H Produce</u> | <u>Monday</u>    |
| 3. <u>Franklin</u>          | <u>Monday</u>    |
| 4. <u>Maola</u>             | <u>Monday</u>    |

**Time/Temperature Control for Food Safety**

Foods that will be held **hot** before serving: HOT TCS foods with hot held CCPs

Foods that will be held **cold** before serving: TCS foods with CCPs of 41 or lower

Will **time** be used as a method to control for food safety? When applicable  
Will a buffet be provided? no If so, attach a list of foods that will be on the buffet.

**Cooling**

List foods that will be cooked and cooled for later use or added to another food as an ingredient: See next page containing recipes + S of prepared food items

Describe utensils and methods used to cool foods: See next page for HACCP cooling log instructions

**Dry Storage**

Frequency of deliveries per week: \_\_\_\_\_ Number of dry storage shelves: 8 units

Square feet shelf space: \_\_\_\_\_ ft<sup>2</sup> 38.8x5=194 SF

Is a separate room designated for dry storage? YES

**Food Preparation Facilities**

Number of food prep sinks: 3 Are separate sinks provided for vegetables and meats? YES

Size of sink drain boards (inches): 24/36

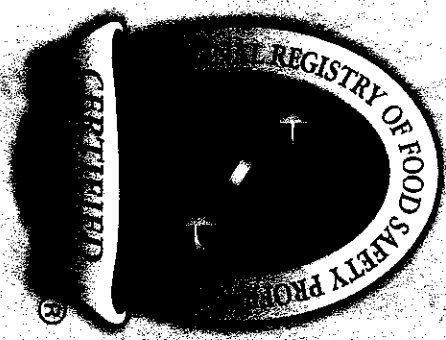
How will sinks be sanitized after use or between meat species? \_\_\_\_\_

**NATIONAL REGISTRY OF  
FOOD SAFETY PROFESSIONALS®**

CERTIFIES

**SAMANTHA ELLER**

HAS SUCCESSFULLY SATISFIED THE REQUIREMENTS FOR THE  
**FOOD SAFETY MANAGER**  
UNDER THE  
**CONFERENCE FOR FOOD PROTECTION STANDARDS**



PRESIDENT:

  
LAWRENCE J. LYNCH, CAE

ISSUE DATE: AUGUST 14, 2019  
EXPIRATION DATE: AUGUST 14, 2024  
CERTIFICATE NO: 21613191  
TEST FORM: EXE82

This certificate is not valid for more than five years from date of issue.



6751 Forum Drive, Suite 220, Orlando, FL 32821  
(800) 446-0257 F (407) 352-3603 [www.NRFP.com](http://www.NRFP.com)  
National Registry of Food Safety Professionals®

Pre-Prepared Food List

Recipe Name for Pre-prepared Food	Recipe #
Hot Roll	899,971
Beef-a Roni	116
Chili Con Carne	126, 378, 660
Deli Turkey/ Cheese	911, 168, 1019, 797
Ham and Cheese	958, 957, 742, 743
Hot Dog Chili	119, 196
Lasagna	120
Mac & Cheese w/ Ham	925, 943
Nachos w/ Beef	732, 129, 1106
Sloppy Joes w/ Beef	688
Spaghetti with Meat Sauce	76, 137, 679
Taco Soup	759, 978
Soft Taco	1023, 127
Vegetable Soup	844
Mini Cheese Rav w/ Meat Sauce	1058



**CCP -- Hot foods that are TCS foods must be cooled to 41°F or colder by placing the food in shallow pans in a refrigerator and cool to 41°F within four hours if using the single-stage cooling method. If using the two-stage cooling method, cool to 70°F within two hours and then to 41°F within an additional four hours – 6 hours total time. The side of the container is marked with the date and time that the food was prepared. Large volumes of hot foods are not put into the refrigerator to cool; use an ice bath for cooling large containers of food before placing in the refrigerator. If food has cooled to 135 degrees, it can not be left at room temperature; it must be refrigerated immediately or placed in ice bath or bast chiller to reduce the temperature quickly. Refer to Handout 5 for information about Safe Cooling Methods.**

Daily

## Daily Cooling Log for Hot Time/Temperature Controlled for Safety (TCS) Foods Instructions to Complete

The USDA Guidance for School Food Authorities: Developing a School Food Safety Program Based on the Process Approach to HACCP Principles states that schools must maintain records of cooking, cooling, and reheating temperatures and other CCPs in the food preparation process:

*"Foodservice employees will record temperatures and corrective actions taken on the Cooling Temperature Log. Foodservice employees will record if there are no foods cooled on any working day by indicating "No Foods Cooled" on the Cooling Temperature Log. Foodservice manager will verify that foodservice employees are cooling food properly by visually monitoring foodservice employees during the shift and reviewing, initialing, and dating the temperature log each working day."*

We recognize that school staff is usually not present 4 to 6 hours after the end of meal service; however, we must demonstrate that *reasonable efforts* were made to cool TCS foods. Therefore, the recommended procedures below should be followed to cool foods safely.

**When leaving the facility at the end of the day, discard any food that has not reached 70 degrees within 2 hours after cooling has started OR has not reached 41 degrees within 4 hours after cooling has started.**

**Date** – Note the date using a numeric code. For example, May 31, 2017 should be recorded as 5/31/16. If there were no foods cooled on a given day, record the date and note "no foods cooled" in the product column.

**Observer Initials** – The person who begins the cooling process must note their initials.

**Product** – List the name of the leftover or pre-prepared food being cooled.

**Start Time** – Write the time that the cooling process was started (i.e. 9:46 AM, 12:25 PM, etc.)

**Start Temperature** – Write the food temperature measured when the cooling process began. Use a clean, sanitized, and calibrated probe-type thermometer to measure the internal temperature of the food. Monitor temperatures of products by inserting a thermometer into the center of the food and at various locations in the product.

**End Time** – Write the time that the temperature was last measured for the food item. (i.e. 2:37 PM, 3:23 PM, etc.)

**End Temperature** – Write the food temperature observed at the last time it was measured during the cooling process. Use a clean, sanitized, and calibrated probe-type thermometer to measure the internal temperature of the food. Monitor temperatures of products by inserting a thermometer into the center of the food and at various locations in the product.

**Manager Initials** – The manager or the person in charge (PIC) must validate that the cooling process was executed according to safe food handling practices; i.e., TCS foods reached a safe temperature within the required amount of time to be saved for re-service.

**Corrective Actions Taken** – Note the corrective action taken, if any. A corrective action must be noted for any food that was discarded.

We recognize that school staff are usually not present 4 to 6 hours after the end of meal service; however, we must demonstrate that *reasonable efforts* were made to cool TCS foods. Therefore, it is recommended: When leaving the facility at the end of the day, discard any food that has not reached 70 degrees within 2 hours after cooling has started OR has not reached 41 degrees within 4 hours after cooling has started.



**Dishwashing Facilities**

**Manual Dishwashing**

Number of sink compartments: 3

Size of sink compartments (inches): Length 20 Width 28 Depth 14/17

Length of drain boards (inches): Right 30 Left 30

Are the basins large enough to immerse your largest utensil? \_\_\_\_\_

What type of sanitizer will be used?

Chlorine \_\_\_\_\_ Quaternary \_\_\_\_\_ Hot water (171°F) \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Mechanical Dishwashing**

Will a dishmachine be used? Yes  No \_\_\_\_\_

Dishmachine manufacturer and model: HOBART CL44EN-BAS

Hot water sanitizing ?  or chemical sanitizing? \_\_\_\_\_

How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? Cleaned w/ soap, water, sanitizer (spray), & let dry

How many air drying shelves will you have? 3

Calculate the square feet of total air drying space: 27 ft<sup>2</sup>

**Hand washing**

Indicate number and locations of hand sinks in the establishment: 6

2-SERVING, 3-KITCHEN, 1 SCULLERY

**Employee Area**

Indicate location for storing employees' personal items: \_\_\_\_\_

LOCKER ROOM AND TOILET WITH 5 DOUBLE TIER METAL LOCKERS FOR PERSONAL STORAGE. LOCKER ROOM IS 147 SF WITH SEPARATE TOILET.

**Finish Schedule**

\*Floor, wall and ceiling finishes (vinyl tile, acoustic tile, vinyl baseboards, FRP, etc.)

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	QUARRY TILE	QUARRY TILE	EPOXY PT/CMU	
Bar				
Food Storage	QUARRY TILE	QUARRY TILE	EPOXY PT/CMU	
Dry Storage	QUARRY TILE	QUARRY TILE	EPOXY PT/CMU	
Toilet Rooms	QUARRY TILE	QUARRY TILE	EPOXY PT/CMU	
Garbage & Can Wash Areas	EPOXY PT/CONC	QUARRY TILE	QUARRY TILE	
Other				
Other				

**Garbage, Refuse and Other**

Will trash be stored in the restaurant overnight? Yes \_\_\_\_\_ No  If so, how will it be stored to prevent contamination? \_\_\_\_\_

Location and size of can wash facility: 3.33' x 5.33'

Are hot and cold water provided as well as a threaded nozzle? YES

Will a dumpster be provided? YES

Do you have a contract with the dumpster provider for cleaning? YES

How will used grease be handled? \_\_\_\_\_

Is there a contract for grease trap cleaning? \_\_\_\_\_

Are doors self-closing? YES Fly fans provided? NO

Where will chemicals be stored? CUST. - 209

Where will clean linen be stored? \_\_\_\_\_

Where will dirty linen be stored? \_\_\_\_\_

## FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Complete descriptions including specific areas of the kitchen and corresponding items on the plan where food is handled will expedite the plan review process. Incomplete descriptions may result in the application being returned.

Explain the entire food handling procedure for each food item on the proposed menu. Including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where and how the food will be thawed
- Where (prep tables, sink, counter, etc.) the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled
- Whether or not the food or any part of the food will be used as leftovers or as any ingredient in a future dish
- How the food will be cooled if applicable

### FOOD PRODUCT \_\_\_\_\_

Harnett County Schools follows USDA mandate

All recipes include critical control points and safe plate preparation and handling procedures, comprehensive recipe list

### FOOD PRODUCT \_\_\_\_\_

**FOOD PRODUCT** \_\_\_\_\_  
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**\*\*\*ADDITIONAL SHEETS ARE AVAILABLE**

Fall 2020 Cycle K-12 Lunch

<p>Lunch Pizza (Pepperoni, Cheese, Mexican, Quesadilla) Corn Dog</p> <p>Buttered Corn Baby Carrots Strawberry Cup Fresh Fruit Milk</p>	<p>Lunch Buffalo Chicken Nuggets w/ Roll Mac &amp; Cheese w/ Roll (Ham served with 6-12)</p> <p>Lima Beans Sweet Potato (Casserole or Glazed) Chilled Peaches Fresh Fruit Milk</p>	<p>Lunch Cheeseburger Chicken Nuggets w/ Roll</p> <p>French Fries Mixed Vegetables Flavored Applesauce Fresh Fruit Milk</p>	<p>Lunch Chicken Filet Sandwich Spaghetti w/ Roll</p> <p>Steamed Broccoli w/ Cheese Potato Rounds Sliced Pears Fresh Fruit Milk</p>	<p>Lunch Hot Dog w/ Chili &amp; Slaw BBQ on Bun</p> <p>Baked Beans Green Beans Peach Cup Fresh Fruit Milk</p>
<p>Lunch Chicken &amp; Waffles Mini Corn Dog Nuggets</p> <p>Buttered Corn Mashed Potatoes w/ Gravy Strawberry Cup Fresh Fruit Milk</p>	<p>Lunch Nachos w/ Cheese Chicken Fajita Bowl</p> <p>Refried Beans, Pinto Beans Baby Carrots Pineapple Tidbits Fresh Fruit Milk</p>	<p>Lunch Pizza Dippers Orange Chicken w/ Rice Bowl</p> <p>Green Peas California Blend w/ Cheese Peach Cup Fresh Fruit Milk</p>	<p>Lunch Chicken &amp; Rice Casserole w/ Roll Spicy Chicken Filet Sandwich</p> <p>Sweet Potato Fries Steamed Broccoli w/ Cheese Applesauce Fresh Fruit Milk</p>	<p>Lunch BBQ on Bun Roll-Up/Wraps (Ham or Turkey)</p> <p>Potato Rounds Green Beans Mixed Fruit Fresh Fruit Milk</p>

- PB&J or Picnic available daily.



## School Nutrition Food Employee/Conditional Employee Health Policy Agreement

### Reporting: Symptoms of Illness

I agree to report to the Person in Charge (PIC) when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, or exposed body part (*such as boils and infected wounds, however small*).

Note: Diarrhea and vomiting from noninfectious conditions do not apply to this policy; however, a physician should make the diagnosis of the noninfectious condition causing the diarrhea and vomiting and the employee should provide written documentation to the PIC indicating the condition is noninfectious.

### Reporting: Diagnosed "Big Six" Illnesses

I agree to report to the PIC when I have been diagnosed with:

1. Norovirus
2. *Salmonella* Typhi (typhoid fever)
3. *Shigella* spp. infection
4. *E. coli* infection (*Escherichia coli* O157:H7 or other EHEC/STEC infection)
5. Hepatitis A
6. Non-typhoidal *Salmonella*

Note: The PIC must report to the Health Department when an employee has one of these illnesses.

### Reporting: Exposure of "Big Six" Illnesses

I agree to report to the PIC when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, Hepatitis A, or non-typhoidal *Salmonella*.
2. Living with or caring for someone who has been diagnosed with Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, Hepatitis A, or non-typhoidal *Salmonella*.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, Hepatitis A virus, or non-typhoidal *Salmonella*.

### Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be **excluded\*** or **restricted\*\*** from work.

*\*If you are excluded from work you are not allowed to come to work.*

*\*\*If you are restricted from work you are allowed to come to work, but your duties may be limited.*

### Returning to Work

If you are excluded from work for having symptoms of diarrhea and/or vomiting, you will not be able to return to work until **24 hours have passed** since your last episode of diarrhea and/or vomiting or you provide medical documentation from a physician.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, *Salmonella* Typhii (typhoid fever), *Shigella* spp. infection, *E. coli* infection, Hepatitis A virus, and/or non-typhoidal *Salmonella*, you will not be able to return to work until **medical documentation from a physician is provided**. An employee confirmed with norovirus should not return to work for 3 days.

If you are excluded from work for having been exposed to Norovirus, *Salmonella* Typhii (typhoid fever), *Shigella* spp. Infection, *E. coli* infection, Hepatitis A virus, and/or non-typhoidal *Salmonella*, you will not be able to return to work until the following post-exposure times: 48 hours for Norovirus; 3 days for *E. coli* or *Shigella*; 14 days for *Salmonella* Typhii or non-typhoidal *Salmonella*; and 30 days for Hepatitis A virus or if cleared after a 1gg vaccination.

### Agreement

I understand I must:

1. Sign this agreement annually.
2. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
3. Comply with work restrictions and/or exclusions given to me.

I understand if I do not comply with this agreement, it may put my job at risk.

Employee Name (printed)	Employee Signature	Date
Person in Charge Name (printed)	Person in Charge Signature	Date