

BCOM 2102-0004

Rec'd  
11-18-21  
pd \$200.00

### Food Service Plan Review Application

Type of plan: New  Remodel

Name of Establishment: Northwest Harnett Elementary School

Physical Address: 736 Rollins Road

City: Fuquay-Varina State: NC Zip: 27526

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

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

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Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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Owner (if different from Applicant): Harnett County Schools

Address: 1008 S 11th Street

City: Lillington State: NC Zip: 27546

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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  Date: 11-15-21  
(Applicant or Responsible Representative)

**Hours of Operation:**

Mon \_\_\_-\_\_\_ Tues \_\_\_-\_\_\_ Wed \_\_\_-\_\_\_ Thurs \_\_\_-\_\_\_ Fri \_\_\_-\_\_\_ Sat \_\_\_-\_\_\_ Sun \_\_\_-\_\_\_

**Number of Seats:** 256

**Facility total square feet:** 3,229 sf kitchen / 4,212 sf dining (7,441 sf total)

**Projected start date:** August 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): Elementary School

**Utensils:**

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

**Food delivery schedule** (per week): \_\_\_\_\_

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: Basis of design - Bradford White model EF-100T-250E-5NA

Storage Capacity: 100.00 gallons

- Electric water heater: \_\_\_\_\_ kilowatts (kW)
- Gas water heater: 250,000 BTU's

Water heater recovery rate: 294.0 GPH

If tankless, \_\_\_\_\_ GPM ; Number of heaters: 2 total

(one dedicated for kitchen  
and 2nd for school)

**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: To be determined later

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

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? yes - in HACCP Book @ School

**Food Sources**

Names of food distributors:

Deliveries/wk

- |    |                          |                  |
|----|--------------------------|------------------|
| 1. | <u>Syson Rubigh</u>      | <u>Wednesday</u> |
| 2. | <u>R &amp; H Produce</u> | <u>Monday</u>    |
| 3. | <u>Franklin Bread</u>    | <u>Monday</u>    |
| 4. | <u>Marta</u>             | <u>Monday</u>    |

**Time/Temperature Control for Food Safety**

Foods that will be held **hot** before serving: Hot TCS foods with  
hot hold 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? \_\_\_\_\_  
Will a buffet be provided? \_\_\_\_\_ 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 receipts of  
pre-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: 68  
Square feet shelf space: 544 ft<sup>2</sup>  
Is a separate room designated for dry storage? yes-110

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

**Dishwashing Facilities**

**Manual Dishwashing**

Number of sink compartments: 3

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

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

Are the basins large enough to immerse your largest utensil? yes

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

Hot water sanitizing?  yes 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 with Soap, water, Sanitizer

(Spray) and let dry

How many air drying shelves will you have? 9

Calculate the square feet of total air drying space: 75 ft<sup>2</sup>

**Hand washing**

Indicate number and locations of hand sinks in the establishment: \_\_\_\_\_

6 - every 20'

**Employee Area**

Indicate location for storing employees' personal items: locker - 107

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_