<u>MEMORANDUM</u>

To:

All Architects, Owners and/or Managers of a Food Service Establishment

From:

Gale Violette Greene, R.S.

Food and Lodging Program Specialist Harnett County Health Department Environmental Health Section

Subject:

Food Service Establishment Plan Review Application

This application is intended to provide this office with the set up of your proposed facility and its operational procedures when the facility opens. It is important that all questions be answered to the best of your ability. Plan review applications are required to be filled out by new and transitioning establishments. You must also include a copy of your proposed menu, site plan of facility drawn to scale, and a complete set of manufacturer equipment specification sheets. There is a \$200.00 fee that must be paid when submitting the application to the Central Permitting Office. Catered elderly nutrition sites are exempt from this fee. Checks should be made payable to Harnett County Environmental Health. All items are to be submitted through the Central Permitting Office at 108 East Front St., Lillington, NC 27546 or by mail at 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.

Franchised, chain, and prototypical type facilities plans are required to be submitted to:

Environmental Health Services Section Facility and Plan review Unit Parker Lincoln Building Room 1A109 2728 Capital Blvd. Raleigh, NC 27604

The fee must be paid to their Department and made payable to DENR/EHSS Plan Review.

Plans are reviewed using North Carolina's "Rule's Governing the Sanitation of Food Service 15A **NCAC** 18A .2600. You may view these rules Establishments," www.deh.enr.state.nc.us/ehs/rules.htm or obtain a copy from our office at 307 Cornelius Harnett Boulevard, Lillington, NC 27546. For additional information regarding facility design and layout, you can access the "Guidelines for the design, installation and construction of food establishments in North Carolina" by going to the web page: http://www.deh.enr.state.nc.us/ehs/food/plan2.htm .

Please contact me at 910-893-7547 with any questions or concerns regarding this application or matters concerning about your facility.

8/07

gg

PLAN REVIEW CHECKLIST

1. The plans should be a minimum of 11×14 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:

- (a) Location of all food service equipment with each piece of equipment clearly labeled with its common name.
- (b) Refrigeration and hot-holding equipment for potentially hazardous food (PHF) clearly designated.
- (c) Separate food preparation sinks, when menu dictates, labeled and located to prevent cross-contamination of raw and ready to eat foods.
- (d) Hand washing facilities designated for food preparation areas, dishwashing area and toilet facilities.
- (e) Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation.
- (f) Finish schedule for each room, including floors, walls, ceilings and coved juncture bases.
- (g) Plumbing schedule including:
 - 1. floor drains/floor sinks
 - 2. waste supply lines
 - 3. waste water lines
- 4. hot water generating equipment
- 5. water heater manufacturer, model, and recovery rate
- 6. grease trap and/or grease interceptor location

ŧ,

- (h) Electrical layout and location of electrical panels.
- (i) Site plan including:
 - 1. dumpster pad location
- 3. entrances and exits
- 2. grease storage container location
- 4. loading and unloading areas
- (j) Ventilation schedule for each room.
- (k) Cabinets/shelves for storing toxic chemicals.
- (I) Employee dressing room or locker area.

www.deh.enr.state.nc,us/ehs/food/plan2.htm

3. Information accompanying the plans should include:

- (a) proposed menu
- (b) manufacturer specification sheets for each piece of equipment
- (c) completed Food Establishment Plan Review Application (Basic or Educational version)

4. Lighting Requirements:

- (a) food contact surfaces = 50 foot-candles (540 lux)
- (b) food preparation and utensil washing areas = 50 foot-candles (540 lux) (lighting in utensil washing area and on food contact surfaces measured at 30 inches above the floor and/or at the work levels)
- (c) all other areas = 10 foot-candles (110 lux)
- 5. 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.
- 6. 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 curbed impervious pad. The minimum recommended size is 36 x 36 inches, with walls that are easily cleanable and non-absorbent.
- 7. 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.

N.C. Department of Environment and Natural Resources Division of Environmental Health Plan Review Unit

Food Establishment Plan Review Application

| Type of Construction: NEW REMODEL |
|---|
| Name of Establishment: Breat wood DP |
| Address: 2525 Johnston County Rd |
| City: Angier Zip Code: 27501 County Harnett |
| Phone (if available): 910 - 877 - 259 Fax: |
| 7,00 |
| Owner or Owner's Representative: JT. S Grill |
| Address: 2525 Johnston County Rd |
| City & State: Angies NC Zip Code: 27501 |
| Telephone: 910 - 897 - 7200 Fax: |
| E-mail Address: |
| |
| Applicant: Jon Trittler |
| Address: $58 \text{ Larry } 0_{\text{c}}$ |
| City & State A_{naier} NC Zip Code: $2 > 50/$ |
| Telephone: 910 - 897 - 6863 Fax: |
| E-mail Address: tritler form @ dockpoint. net |
| 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 this Health Regulatory Office may nullify plan approval. |
| |
| Signature: |
| (Owner or Responsible Representative) |
| <i>(</i> |

8/10/05.

| Hours of Operation: | |
|---|--|
| Sun Closed Mon 6th 3PM Tue 6th | M3 PM Wed 6 AM Thu6 AM Jem Fri 6 Am Sat 8 AM 3 PM |
| Projected number of meals to be served | l: Breakfast 30 Lunch 30 Dinner |
| , | Facility total square feet: |
| Projected start date of construction: | N/A Projected completion date: N/A |
| | , |
| TYPE OF FOOD SERVICE: | CHECK ALL THAT APPLY |
| Restaurant | Sit-down meals |
| Food Stand | Take-out meals |
| Drink Stand | Catering |
| Commissary | Single-service (disposable): PlatesGlasswareSilverware |
| Meat Market | |
| Other (explain): | Multi-use (reusable):PlatesGlasswareSilverware |
| 1. Meat 2. Seafood | ous Food (PHF) to be prepared and served: |
| Provide total square-feet of space of a) Walk-in Refrigeration stora | ge_ N/A |
| b) Walk-in freezer storage Provide total square-feet of space definitions. | |
| a) Reach-in refrigeration storab) Reach-in freezer storage | 245gC+ |
| Number of refrigeration units:Number of freezer units: | _243e5+, 5.50v. 57. |

THAWING

Indicate by checking the appropriate boxes how potentially hazardous food (PHF) in each category will be thawed. If "Other" is checked indicate type of food: Burgers Patties, Chicken Patties

| | HOP | TONKEY C | 200 00 13 | |
|-------------------------------------|------|----------|----------------------|-------|
| Thawing Process | Meat | Seafood | Poultry | Other |
| Refrigeration | V | | | |
| Running Water less than 70°F (21°C) | | | | |
| Cooked Frozen | V | | ~ | |
| Microwave | | | | |

| service? Indicate | tentially hazardous food type and number of ho | ot holding uni | ts. | | r above durin | ng holding for |
|---|---|--------------------------------------|---|-----------------|----------------|----------------|
| service? Indicate | otentially hazardous for expe and number of co | old holding u | nits. | | below during | g holding for |
| List any food that indicate how lon | at will be held between g the food will be held | 45°F (7°C) as in each categ | nd 140°F (60°C gory. | C) for any of t | | |
| COOLING Indicate by chec (7°C) within 6 h | king the appropriate bo ours. If "Other" is chec Cooling Process Shallow Pans Ice Baths Rapid Chill | xes how pote ked indicate Meat | entially hazard type of food: _ Seafood | ousifood (PHI | F) will be coo | oled to 45°F |
| sandwiches be p | lients for cold ready-to- pre-chilled before being | mixed and/o | or assembled? | | | ls and |

FOOD PREPARATION PROCEDURES

The food preparation procedures should include:

- Types of food prepared or handled
- Time of day food is prepared or handled
- Equipment used for preparation or handling

If your company has developed food preparation procedures, they should be submitted.

| • | | | |
|---------------|--|---|---------------|
| 1. | PRODUCE PREPARATION PROCEDURE | | |
| | a. Will produce be washed, rinsed or otherwise handled prior to use? | Yes_ | _No |
| | b. Is there a location used for washing or rinsing produce? | Yes | No |
| | c. Will it be used for other operations? | Yes | No_ |
| and fi All | requency of produce washing or handling equipment and describe the property of produce preparation, and menu items that contain produce. Preparation free or white cutting Board with was to taken or thing board with was at labled to Detect in proper container of lideled | Jac . w. | ashed |
| 2. | SEAFOOD PREPARATION PROCEDURE | | |
| | a. Will seafood be washed, rinsed or otherwise handled prior to use? | Yes | No V |
| | b. Is there a location used for washing or rinsing seafood? | Yes | No 1 |
| | c. Will it be used for other operations? | Yes | No |
| | ribe the procedure. Include time of day and frequency of seafood preparation thin seafood. | | |
| 3. | POULTRY PREPARATION PROCEDURE | | |
| | a. Will poultry be washed, rinsed or otherwise handled prior to use | ? Yes | No_P |
| | b. Is there a location used for washing or rinsing poultry? | Yes | No_ |
| | c. Will it be used for other operations? | Yes | No L |
| Indic | ate location of poultry washing or handling (cutting, marinating, etc.) equipmedure. Include time of day and frequency of poultry preparation, and menu in Ready to cook force Chicken Put is likely on that Grill Tooked to temporary. | ment and described the second | tain poultry. |

4. PORK and/or RED MEAT PREPARATION PROCEDURE

| | a. | Will meat be washed, rinsed or otherwise handled prior to use? | Yes | No |
|---------------------------|--|---|----------------|------------------------|
| | b. | Is there a location used for washing or rinsing pork and/or red meat? | Yes | No. |
| | c. | Will it be used for other operations? | Yes | No_L |
| * d it | escribe the ems that co Mean Season | tion of pork/red meat washing or handling (cutting, marinating, aging procedure. Include time of day and frequency of pork and/or red meantain pork/red meat. Patter Frozen, Get From Freezer ed on Flat Grill, Cooked to te | nt preparation | , and menu Flat Gri |
| P ti Ones R P | rovide tota | rmation on the frequency of deliveries and the expected gross volume recommended by goods Bought From Sams. I square feet of shelf space dedicated to dry storage: 32 Square fry goods be stored? In the Park Inc. | Feet | |

FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (i.e., quarry tile, stainless steel, vinyl coated acoustic tile)

| Area | Floor | Base | Walls | Ceiling |
|-----------------------------|--------------------|--------------|------------|----------|
| Kitchen | vinglost | Roberting | Stainless | Dry wall |
| Bar | NA | N/A | N/A | NA |
| Food Storage | Ving (NCH) | King Brick | Błock wall | Dry wall |
| Dry Storage | Vingl. Va | Ving 1 Orig | N - I | |
| Toilet Rooms | Vinyla |) King (| Blockwall | Pry wall |
| Dressing Rooms | N/A | N/A | N/A | NA |
| Garbage & Refuse Storage | NA | NA | NA | NA |
| Mop Service Basin Area | Concret outgide | Brick | Brick | outside |
| Other | AU | NA | N/A | NA |
| Other | NA | NA | NA | N/A |

| WATI | ER SUPPLY- SEWAGE |
|------|---|
| 1. | Is water supply: Municipal Well Is sewer: Municipal Septic |
| 2. | Will ice: be made on premises or purchased |
| 3. | Water heater make and model: American Worten heater / F62-80H |
| | 0450V |

- 4. Water heater storage capacity: 80 gallons.
- 5. Water heater recovery rate (gallons per hour at 100°F temperature rise): 94 gallons per hour. (See Water Heater Calculation Worksheet Page 9 to calculate recovery rate needed)
- 6. Check the appropriate box for indicating equipment drains:

| | | Indirect Waste | 2 | Direct Waste |
|------------------------|------------|----------------|-------------|---|
| Plumbing Fixtures | Floor sink | Hub Drain | Floor Drain | |
| Dishwasher | WA | NA | NA | NA |
| Garbage Grinder | NA | IN/A | NA | N/A |
| Ice Machine | | | | <u> </u> |
| Ice Storage Bins | | | 1/ | ✓ |
| Food Prep Sinks | | | ~ | > |
| Utensil/Pot Wash Sinks | | | \ | |
| Steam Tables | | | | |
| Dipper Wells | AJA | N | | 4 |
| Refrigeration | | | | |
| Potato Peeler | WA | NA | NA | N/A |
| Other | | | | , |
| Other | | | | |
| Other | | | | |

DISHWASHING FACILITIES

| a. | Hand dishwashing |
|----------|--|
| 1. | Number of sink compartments: |
| 2. | What type of sanitizer will be used? |
| | Chlorine: lodine: Quaternary Ammonium: Hot Water: Other (specify): |
| b. | Mechanical dishwashing |
| 1. | Will a Dishmachine be used? Yes No |
| | Dishmachine manufacturer and model: \(\sum \) |
| 2. | Type of sanitization: Hot water (180°F) NA Chemical MA |
| c. | General |
| 1. | Describe the procedure of how cooking equipment, cutting boards, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized? Thave A couple of label bleach waters that test with test with test. |
| 2. | Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space Drain boards End of Sink |
| | Provide total square feet of air drying space: 22 24// |
| Ìs | ANDWASHING/TOILET FACILITIES there a hand washing sink (with soap and hand-drying device) in each food preparation and warewashing ea? Yes No |
| | MPLOYEE AREA |
| ls If | space provided for employee's personal items? Yes No_ No_ or storage Storage |
| | j |

GARBAGE AND REFUSE Yes No No 1. Will refuse be stored inside? If so, where 36 651180 Provision for garbage disposal: Dumpster ____ Compactor 2. Provision for cleaning dumpster/compactor: On-site Off-site 3. If off-site cleaning, provide name of cleaning contractor: Waste Mangansht Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc.) 4. Cook Greece Out Side Barrel CLEANING FACILITIES Specify location and size of area for washing of garbage cans and storage of mops: 1. outside mos 4 st x 4 ft imost area Yes 🗸 No 2. Is a separate mop basin provided? If so, describe type and location: Outside 3. Indicate location of cleaning chemical system and chemical storage: under than wash sing six inches of Floor INSECT AND RODENT Are all outside doors self-closing with rodent-proof flashing? Yes V No 1. How is fly protection provided on all outside doors? 2. Self-closing door Fly Fan Screen Door 3. How is fly protection provided on windows? Self-closing _____ Fly Fan ____ Screening 4. Indicate location of insecticide/rodenticide storage: top of Coke Cooler insect light up on wall by Hund wash _ 5 in/C Location of clean linen storage: 5. under counter in front of Kitchen 6. Location of dirty linen storage: Under counter in fant of Kitchen Dirty linen Bag in Back Storage Room

WATER HEATER SIZING

| Equipment | Quantity | Times | Size | | GPH |
|---------------------------------|----------|-------|-------------------------------------|---------|-----|
| One-Comp. Sink (See Note) | | X | xx | = | |
| Two-Comp. Sink (See Note) | | X | xx | = | |
| Three-Comp. Sink (See Note) | 1 | X | 24 × 24 × 14 | = | 79 |
| Four-Comp. Sink (See Note) | | X | xx | = | |
| One-Comp. Prep Sink | ./ | X | 5 GPH | = | 5 |
| Two-Comp. Prep Sink | | X | 10 GPH | = | |
| Three-Comp. Prep Sink | | X | 15 GPH | = | |
| Three Comp. Bar Sink (See Note) | | Х | xx | = | |
| Four Comp. Bar Sink (See Note) | | X | xx | <u></u> | |
| Hand Sink | 1 | х | 5 GPH | = | J |
| Pre-Rinse | | X | 45 GPH | = | |
| Can Wash | | X | 10 GPH | = | |
| Mop Sink | 1 | х | 5 GPH | = | 5 |
| Dishmachine | | х | GPH = 70% of "Final Rinse Usage" | = | |
| Cloth Washer | | Х | 15 GPH | = , | |
| Hose Reel | | X | 5 GPH | = | |
| Other Equipment | | x | | = | |
| Other Equipment | | х | | = | |

| Note: GPH Calculation for Sinks | GPH = (Sink size in cu. in.) x (7.5 gal./cu. ft.) x (# compartments x .75 capacity) 1,728 cu. in./cu. ft. |
|----------------------------------|---|
| Short version for above | 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 |



www.harnett.org

Harnett County Government Complex 307 Cornelius Harnett Boulevard Lillington, NC 27546

The following questions will test how much you already know about food safety. Pleaseph: 910-893-7547 answer to the best of your ability and as clearly as possible in order that the EHS fax: 910-893-9371 understands what you are trying to say.

- What are the final cook temperatures for the following foods? 1.
 - Chicken 165° a.
 - Hamburger 16500 b.
 - Ground Sausage 1550
 - d. Pork 1500
 - Eggs 145-0 e.
 - Steaks 1300 f.
- 2. In the following list, place in order from bottom to top how the following will be stored in a cooler and/or freezer. (Foods-Raw Chicken, Eggs, Vegetables, Cooling foods from the previous day, and Hamburger Meat)

Top Vengics

Sterk

Fags Fish

Pork August

3. Describe how you would cool hot foods for the next day's usage. Explain specific examples, stating temps, time of cooling process, and size of

therefigorbated till below 450 them lidded detected to detect

- 4. If any foods are reheated, what must the product be reheated to in order to ensure it has been reheated properly? 1650
- Describe how you will be washing dishes, whether now with a 2 or 3-compartment sink. Be specific.

 Washed with soop water, Rinsed in Bleach water 1 set aut to dry

 1 to 2 min completely

 then putaway 5. Describe how you will be washing dishes, whether it be with a dishwasher or with a 2 or 3-compartment sink. Be specific.

- 6. Describe how you will clean the cutting boards, prep area, and knives when switching from one food to another. Describe what products will be used to clean this area and the contact time for the chemicals used. I have a couple of Boray Bother with tested Bleach wester, spray area jutensil, or board direct prused again or put anaig
- 7. Please list the hot holding and cold holding temperatures of foods that are held on a buffet bar or held in the walk-in cooler.

Hot Holding 1451 Cold Holding 45°

- 8. Describe how you will require you and your staff to wash their hands. Anytime you touch Face, hair, money, meat, Poultry or Shake ahand
- 9. Explain how to use and calibrate a thermometer. insulated 1602 cup with Ice water, stin, but thememeter min. 2 inches not douching sides , hold not turn nut till it reads 32°F
- Explain the policy if there are cuts or burns on the hands of an employee. 10.
- Explain the procedure for making up a sanitizing mixture.

 West Jelean Jeoner and 9' 202 Deach Per Gallon of Whiter 11.
- Will staff be allowed to smoke? Where will they be allowed to smoke? outside/come in 12.
- What distributors will be used to purchase the food being sold? 13.
- Where will personal drinks be stored and how will they be stored? 14. cup with lid away from food Area

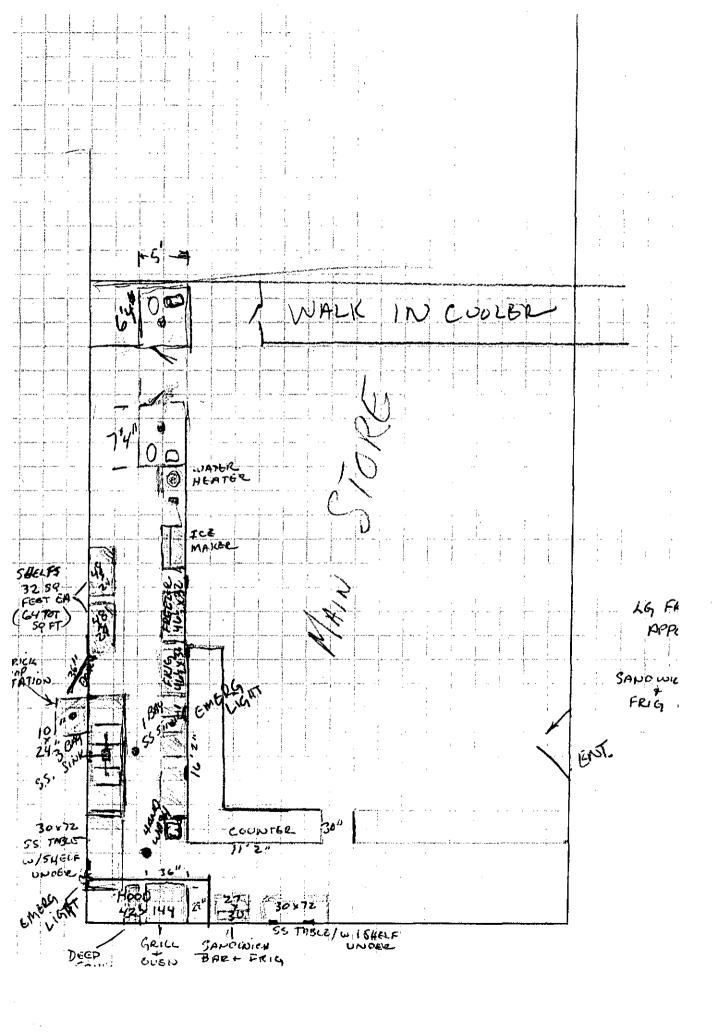
These questions once answered will help determine whether the restaurant is knowledgeable enough to receive a Permit/Transitional Permit from this office.

Gale Ann Greene Environmental Health Program Specialist

Jamie Turlington **Environmental Health Specialist**

William H. Cain Environmental Health Specialist

Cynthia Pierce **Environmental Health Specialist**



WELCOME TO JT'S GRILL Breakfast

sausage biscuit 1.50
country ham biscuit 1.75
bacon biscuit 1.50
add egg .50
add cheese .25
hashbrown .79
grits .79

Nick's special 2.99
2 eggs, choice of meat, toast, and a hash brown

2 egg omlet 2 choices 1.99 3 choices 2.49

Sammy's pancake platter 1.59 ^{2 cakes 1 sausage}

call ahead and we'll have it waitin' (910)897-7200 served 6 am til noon for you late sleepers

WELCOME TO JT'S GRILL LUNCH MENU HOTDOG .99

ADD CHILI OR CHEESE FOR .25

HAMBURGER 1.25

ADD CHILI OR CHEESE FOR .25

THE BIG A'S BURGER 2.99

A DOUBLE CHEESE BURGER WITH CHILI, BACON AND ONIONS

JT'S FAMOUS CLUB 2.99

CHOICE OF TOAST WITH TURKEY, HAM, BACON ,LETTUCE , TOMATO ,PILED HIGH AND DRESSED WITH MAYO

GRILLED CHEESE .99 HOT HAM & CHEESE 1.99 BLT 1.99

JAKE'S FLOPPY FISH 1.99

FISH SANDWICH WITH CHEESE AND TARTER SAUCE

SMALL FRIES 1.00

LARGE FRIES 1.79

SMALL CHILI CHEESE FRIES 1.89

LARGE CHILI CHEESE FRIES 2.99

3 OF WALT'S HOT TACOS 5.00

STEAK, CILANTRO, ONIONS, AND JALAPENOS IN CORN OR FLOUR TORTILLAS

LU LU'S NUGGETS 1.29

5 PIECE NUGGETS WITH DIP

CALL AHEAD AND WE'LL HAVE IT WAITIN' (910)897-7200 SERVED TIL 2PM