

1200-

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

### Review for Compliance with NC Rules Governing the Sanitation of Food Service Establishments (15A NCAC 18A .2600)

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.

The North Carolina *Rules Governing the Sanitation of Food Service Establishments* require that plans be submitted for approval **prior to** construction / renovation / modification / change of ownership of such facilities by the local Health Department.

Plans are reviewed using North Carolina's "Rules Governing the Sanitation of Food Service Establishments," 15A NCAC 18A .2600. You may view these rules at [www.deh.enr.state.nc.us/ehs/rules.htm](http://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> .

Plans for franchised, chain, and prototyped facilities are required to be submitted to the North Carolina Department of Environment and Natural Resources, Division of Environmental Health, Facility and Plan Review Unit, Room 1A109, 2728 Capital Blvd., Raleigh, NC 27604. Checks must be made payable to DENR/EHSS.

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

Gale Violette Greene, RS  
Food and Lodging Program Specialist

Jamie Turlington, RS  
Environmental Health Specialist

Cindy Pierce, RS  
Environmental Health Specialist

Plans must be submitted with the following supporting documentation:

- \_\_\_\_\_ 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 ins
- \_\_\_\_\_ A complete equipment list and corresponding manufacturer specification sheets
- \_\_\_\_\_ A proposed menu
- \_\_\_\_\_ A completed Food Service Plan Review Application
- \_\_\_\_\_ \$200 Plan Review Fee

8/09

gg

**Food Service Plan Review Application**

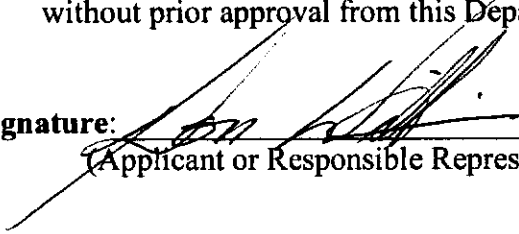
Type of plan: New  Remodel  Change of Ownership

Name of Establishment: Handy's Gas & Gro  
Physical Address: 8440 NC 27 E  
City: Coats State: NC Zip: 27521  
Phone (if available): 919-894-3032 Fax: same  
Website: None

-----  
Applicant: Don Wilkins  
Address: 8440 NC 27 E  
City: Coats State: NC Zip: 27521  
Phone: 919-390-9986 Fax: None  
Email: None

-----  
Owner (if different from Applicant): Same  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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: 12.12.09  
(Applicant or Responsible Representative)

**Hours of Operation:**

Mon 11-7 Tues 11-7 Wed 11-7 Thurs 11-7 Fri 11-7 Sat 11-7 Sun \_\_\_\_\_

**Number of Seats:** 6

**Facility total square feet:** 170

**Projected start date of construction / change of ownership:** \_\_\_\_\_

**Food Safety Knowledge:**

Do any members of management have current ServSafe or equivalent food service certification? NO

**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): Grill

**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.)

Explain checked processes:

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

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 immuno-compromised population

**Water Supply:**

Type of water supply: (check one)

- Non-public
- Community/Municipal
- Non-transient, non-community
- Transient, non-community

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

Number of current seats: \_\_\_\_\_

Number of seats applying for: \_\_\_\_\_

**Water Heater:**

Manufacturer and Model: \_\_\_\_\_

Storage Capacity: \_\_\_\_\_ gallons

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

Water heater recovery rate (gallons per hour at 100F rise): \_\_\_\_\_ GPH

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

\*Water heater calculator on the Plan Review Unit web page at  
[www.deh.enr.state.nc.us/ehs/food/plan3.htm](http://www.deh.enr.state.nc.us/ehs/food/plan3.htm)

**HOT HOLDING**

Foods that will be held **hot** before serving: Chili

**COLD HOLDING**

Foods that will be held **cold** before serving: lettues, tomatoes, onion

**DRY STORAGE**

Frequency of deliveries per week: 1 Square feet shelf space: \_\_\_\_\_ ft<sup>2</sup>

Is a separate room designated for dry storage? NO

**FINISH SCHEDULE**

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	Ceramic tile	Rubber	Sheetrock Cement block	Sheetrock
Bar				
Food Storage	Ceramic tile	Rubber	Sheetrock Cement block	Sheetrock
Dry Storage				
Toilet Rooms	Vinyl tile	Wood	Sheetrock	Sheetrock
Garbage & Can Wash Areas				
Other				
Other				

**FOOD PREPARATION FACILITIES**

Number of food prep sinks: 0 Are separate sinks provided for vegetables and meats? no

Size of sink drainboards (inches): 25

How will sinks be sanitized after use or between meat species? Clorox ~~Sanitizing~~ Sanitizing Spray

**DISHWASHING FACILITIES**

**Hand Dishwashing**

Number of sink compartments: 3

Size of sink compartments (inches): Length 16 Width 19 Depth 10

Length of drainboards (inches): Right 24 Left 24

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

What type of sanitizer will be used?

Chlorine  Quaternary ammonium  Hot water  Other (specify)

**Mechanical Dishwashing**

Will a dishmachine be used? Yes  No

Dishmachine manufacturer and model: \_\_\_\_\_

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?

Clorox Sanitizing Spray

How many air drying shelves will you have? 2

Calculate the square feet of total air drying space: 1st 13, and 10 ft<sup>2</sup>

**HANDWASHING**

Indicate number and locations of hand sinks in the establishment: Bathroom 1

Counter top w/ coffee pot, 1. Kitchen 1

**EMPLOYEE AREA**

Indicate location for storing employees' personal items: N/A, In store

**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: Back of store 3" by 3"

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

Will a dumpster be provided? NO Do you have a contract with the dumpster provider for cleaning? yes Brock's Sanitation

How will used grease be handled? Pick up

Is there a contract for grease trap cleaning? NO

Are doors self-closing? OK Fly fans provided? yes

Where will chemicals be stored? Bottom shelves

Where will clean linen be stored? N/A

Where will dirty linen be stored? N/A

## 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.

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 Frozen

Hamburgers, Hotdogs, Precooked chicken Breast  
Sausage dogs, Pattied Sausage Bacon, FF, chilie

Stored in Freezer, Thawed on the grill  
or in the Fryer, or microwave

Prepared at the Prep unit  
~~at~~ lunch time, & Breakfast time  
NO LEFTOVERS cooked to order

### FOOD PRODUCT Fridge <sup>Delivered cold</sup> and stored in Fridge

Eggs, Bologna, Ham, Lett, tomatoes, Onion





The following questions will test how much you already know about food safety. Please answer to the best of your ability and as clearly as possible in order that the EHS understands what you are trying to say.

1. What are the final cook temperatures (°F) for the following foods?

- a. Chicken \_\_\_\_\_
- b. Hamburger \_\_\_\_\_
- c. Ground Sausage \_\_\_\_\_
- d. Pork \_\_\_\_\_
- e. Eggs \_\_\_\_\_
- f. Steaks \_\_\_\_\_

2. In the following list, place in order from top to bottom, how the following will be stored in a cooler and/or freezer: raw chicken, raw eggs, vegetables, foods that are cooling, raw pork, raw hamburger, beef steak.

Top Foods cooling  
Eggs  
vegetables  
steak  
hamburger  
Pork  
Bottom Chicken

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 containers.

N/A

4. What minimum temperature (°F) must leftovers be reheated to? 140° F

5. Describe your sanitizing procedures for your pots, pans and other utensils. Be specific.

Wash in sink with soap, rinse warm water, sanitize, then air dry

6. Describe how you will sanitize the cutting boards, prep area tables, prep sinks, 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 sanitizing chemicals used.

Clorox sanitizing spray, wash utensiles & cutting boards, wipe down all prep tables

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 \_\_\_\_\_ (°F)

Cold Holding \_\_\_\_\_ (°F)

8. Describe when you and your employees are required to wash your hands.

When we come in to work. After each trip to the Restroom. After ~~the~~ handling Raw meats. After handling money

9. Describe your sick employee policy.

No one sick being around, or doing any kind of work in the restaurant

10. Explain how to use and calibrate a thermometer.

Get cup of ice cold water, Put in water, adjust nut behind face of thermometer to 32°F

11. Explain the policy if there are cuts or burns on the hands of an employee.

Use sanitized gloves

12. Explain the procedure for making up a sanitizing solution.

One cap full of Clorox per 1 gallon of water

13. Will staff be allowed to smoke? Where will they be allowed to smoke?

yes, outside smoking only

14. What distributors will be used to purchase the food being sold?

J.T Davenport & Sons & local supermarkets

15. Where will personal drinks be stored and how will they be stored?

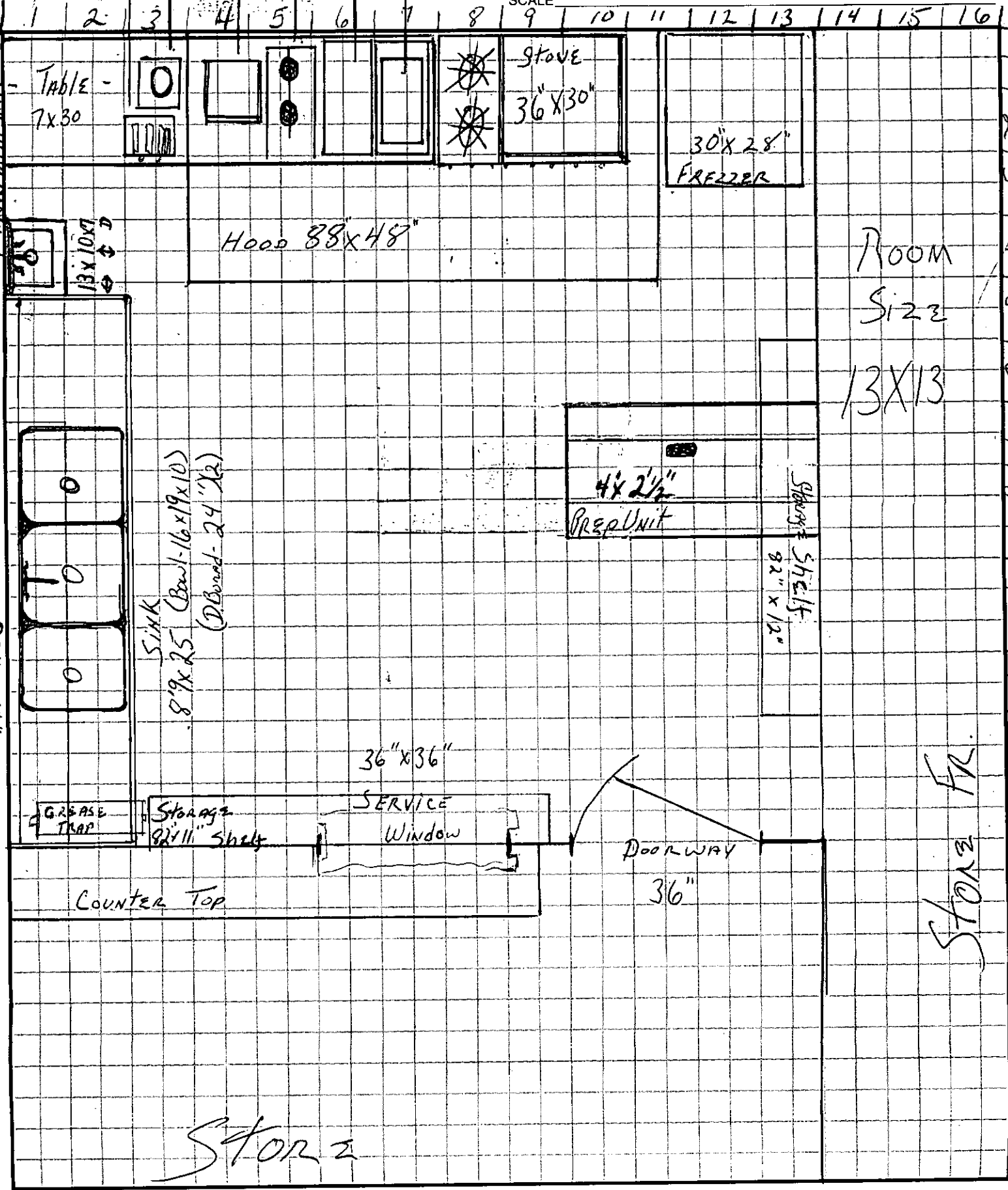
These questions must be answered correctly to demonstrate whether the restaurant owner or operator is knowledgeable enough to receive a Permit/Transitional Permit from this office.

JOB \_\_\_\_\_  
 SHEET NO. \_\_\_\_\_ OF \_\_\_\_\_  
 CALCULATED BY \_\_\_\_\_ DATE \_\_\_\_\_  
 CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_  
 SCALE \_\_\_\_\_

TABLE TOP WARMER  
 WARMER  
 FRYER

CHILD WARMER  
 TESTER

FRESH-O-MATIC



ROOM  
 SIZE  
 13X13

STOR 2 FR.

HAND WASH SINK

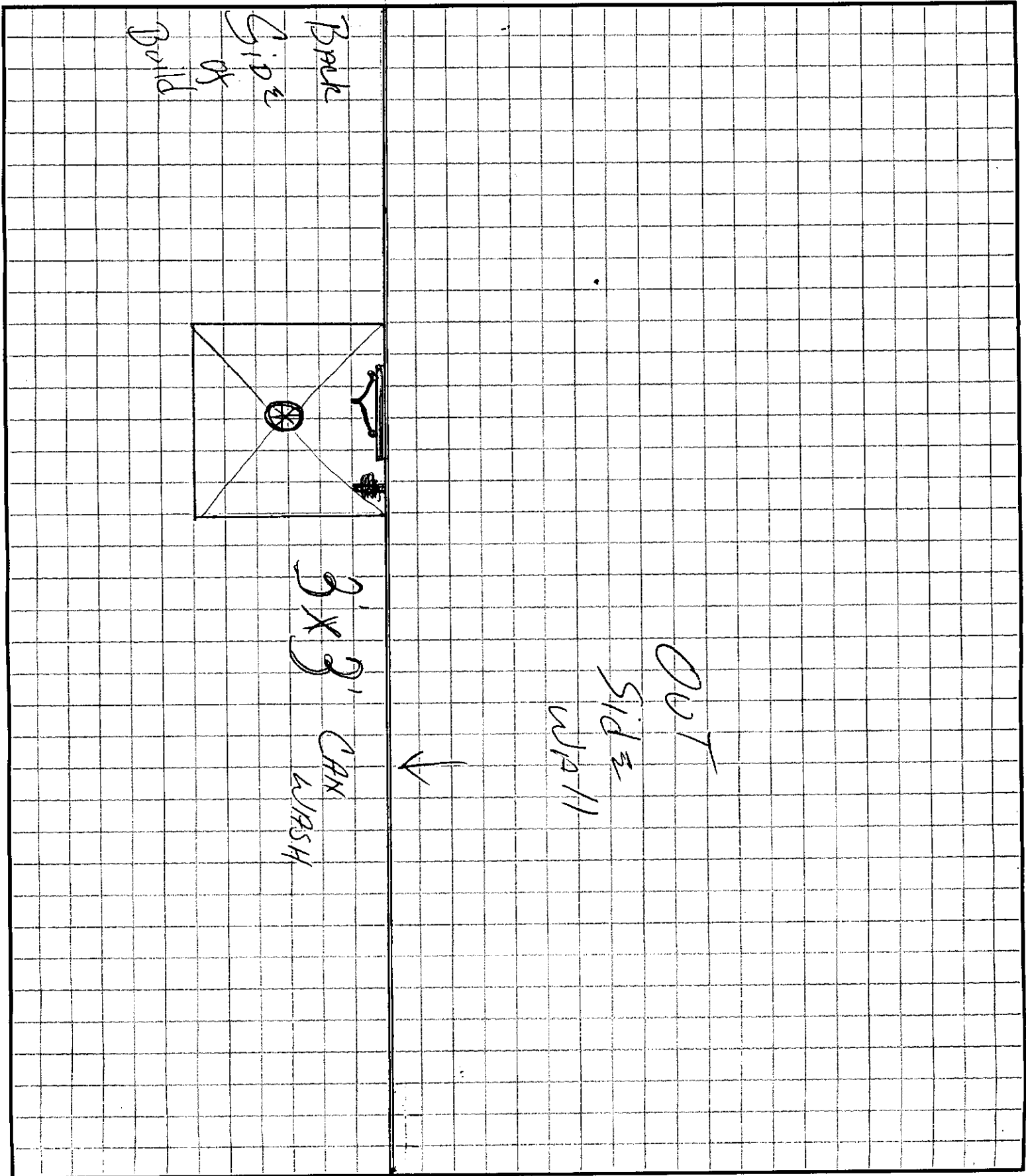
DRINKING SHELF 82x48

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

MARTIN MARIETTA AGGREGATES

P.O. BOX 30013  
RALEIGH, NC 27622  
(919) 781-4550

JOB \_\_\_\_\_  
SHEET NO. \_\_\_\_\_ OF \_\_\_\_\_  
CALCULATED BY \_\_\_\_\_ DATE \_\_\_\_\_  
CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_  
SCALE \_\_\_\_\_



BURGERS

HAMBURGERS

Dbl Handburger

CHEESE BURGER

Dbl CHEESE BURGER

BACON BURGER

Dbl BACON BURGER

BACON CHEESE BURGER

Dbl BACON CHEESE BURGER

EGG BURGER

Dbl EGG BURGER

CHEESE EGG BURGER

Dbl CHEESE EGG BURGER

HOT DOGS

Hot Dog

Cheese Dog

Chili Cheese Dog

CHICKEN

CHICK FILLET

CHEESE CHICK FILLET

BACON CHEESE CHICK FILLET

SANDWICHES

BLT

P.B+J

GRILLED CHEESE

GRILLED HAM + CHEESE

BOLOGNA

BOLOGNA + CHEESE

SIDES

FRIES

CHEESE FRIES

Chili Cheese Fries

Chili Fries