

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 Hamett 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. 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 Greene, 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:

- _____ 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

11/18
gg

Food Service Plan Review Application

Type of plan: New _____ Remodel

Name of Establishment: Awesome Burger Co.

Physical Address: 2300 W. Cumberland St.

City: Dunn State: NC Zip: 28334

Phone (if available): 910-366-5305 Fax: —

Email: reuben.york@aol.com

Applicant: Awesome Burger Co. #1 LLC (Members: Reuben York, Ann York, & Reuben York III)

Address: 3309 US 401 North

City: Lillington State: NC Zip: 27546

Phone: 910-366-5305 Fax: —

Email: reuben.york@aol.com

Owner (if different from Applicant): Williams Properties Enterprises LLC

Address: 506 Goal Kick Drive

City: Fuquay-Varina State: NC Zip: 27526

Phone: 910-890-7875 Fax: —

Email: angie@19eastrealty.com

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: Reuben F York Date: 11/26/2018
(Applicant or Responsible Representative)

Ann York

Reuben F York III

1. The first part of the document discusses the importance of maintaining accurate records of all transactions.

2. It is essential to ensure that all entries are supported by appropriate documentation and receipts.

3. Regular audits should be conducted to verify the accuracy of the records and identify any discrepancies.

4. The second part of the document outlines the procedures for handling incoming payments and deposits.

5. All payments received should be promptly recorded and deposited into the designated bank account.

6. The third part of the document details the process for issuing invoices and bills to customers.

7. Invoices should be generated accurately and sent to the customer in a timely manner.

8. Finally, the document concludes with a summary of the key points and a statement of the company's commitment to transparency and accuracy.

Hours of Operation:

Mon 10-10 Tues 10-10 Wed 10-10 Thurs 10-10 Fri 10-10 Sat 10-10 Sun 11-10

Number of Seats: 54

Facility total square feet: 3017

Projected start date: 11/26/2018

Type of Food Service:

Check all that apply

- Restaurant
- Food Stand
- Drink Stand
- Commissary
- Meat Market
- Other (explain): _____

- Sit down meals
- Take-out meals
- Catering

Utensils:

Multi-use (reusable): _____ Single-use (disposable):

Food delivery schedule (per week): 3
 2- US Food service
 1- Carolina Packers

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: State Industries, Inc / SBS7576NE 300

Storage Capacity: 74 gallons

Electric water heater: _____ kilowatts (kW)

Gas water heater: 1040 BTU's /HR

Water heater recovery rate: 72.82 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: Reuben York

Program NC Safe Plates Cert. # 21448632 Exp. Date 4/2/2023
for Food Protection Manager (National Registry of Food Safety Professionals)
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? Not yet, but will be policy.

Food Sources

Names of food distributors:	Deliveries/wk
1. <u>US Foodservice</u>	<u>2</u>
2. <u>Carolina Packers</u>	<u>1</u>
3. _____	_____
4. _____	_____

Time/Temperature Control for Food Safety

Foods that will be held **hot** before serving: Chili, Grilled Onions,
Sauteed Mushrooms

Foods that will be held **cold** before serving: Cole slaw, pickles, tomatoes,
Mayonaisse, mustard, Ketchup, lettuce, 1000 Isle dressing,
Ranch dressing, cheese, pimento cheese, diced onions,
pickled jalapenos,

Will **time** be used as a method to control for food safety? Yes

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: Chili, Grilled Onions, Sauteed Mushrooms

Describe utensils and methods used to cool foods: Shallow pans used
to cool quickly in cooler. Ice water pan
under to get to 70°F within 2 hrs.
70°F to 41°F within 4 hrs.

Dry Storage

Frequency of deliveries per week: 2^{max} Number of dry storage shelves: 36

Square feet shelf space: 300 ft²

Is a separate room designated for dry storage? No - Back of Kitchen

Food Preparation Facilities

Number of food prep sinks: 1 Are separate sinks provided for vegetables and meats? No - no planned meat preparation,

Size of sink drain boards (inches): 24" x 24"

How will sinks be sanitized after use or between meat species? Chlorine
solution if needed.

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: 3

Size of sink compartments (inches): Length 22 Width 18 Depth 10.5

Length of drain boards (inches): Right 22 Left 22

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: _____

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? Taken apart, wiped clean, washed with

soapy cloth, wet/clean cloth to remove soap,
chlorine spray solution,

How many air drying shelves will you have? 5 (18" x 48")

Calculate the square feet of total air drying space: 30 ft²

Hand washing

Indicate number and locations of hand sinks in the establishment: 1 - centrally
located on wall near middle of kitchen.

Employee Area

Indicate location for storing employees' personal items: Small room
in back / side of kitchen - with lockers.

1. Introduction

The first part of the document discusses the importance of maintaining accurate records and the role of the committee in overseeing the process. It highlights the need for transparency and accountability in all financial transactions.

It is noted that the committee has received reports from various departments regarding their financial activities. These reports will be reviewed and analyzed to ensure compliance with the established policies and procedures.

The committee will also be responsible for identifying any areas where improvements can be made to the current financial management system. This may involve consulting with external experts or implementing new software solutions.

In conclusion, the committee is committed to ensuring the highest standards of financial integrity and transparency. We will continue to work closely with all departments to achieve these goals and provide a clear and accurate financial overview.

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	FRP / Ceramic Tile	Vinyl Ceiling Tile
Bar				
Food Storage	Quarry Tile	Quarry Tile	FRP / Ceramic Tile	Vinyl Ceiling Tile
Dry Storage	Quarry Tile	Quarry Tile	FRP / Ceramic Tile	Vinyl Ceiling Tile
Toilet Rooms	Tile	Tile	Tile	Painted Drywall
Garbage & Can Wash Areas	Quarry Tile	Quarry Tile	Quarry Tile	Vinyl Ceiling 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: Inside of back door.
49" wide x 30" deep

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? Stored inside (Mahoney environmental pickup)

Is there a contract for grease trap cleaning? Mahoney Environmental

Are doors self-closing? Yes Fly fans provided? Yes

Where will chemicals be stored? Back of kitchen - near can wash

Where will clean linen be stored? Wire rack in rear of kitchen

Where will dirty linen be stored? Bagged container with lid near can wash

1. The first part of the document is a list of names and addresses.

2. The second part of the document is a list of names and addresses.

3. The third part of the document is a list of names and addresses.

4. The fourth part of the document is a list of names and addresses.

5. The fifth part of the document is a list of names and addresses.

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:

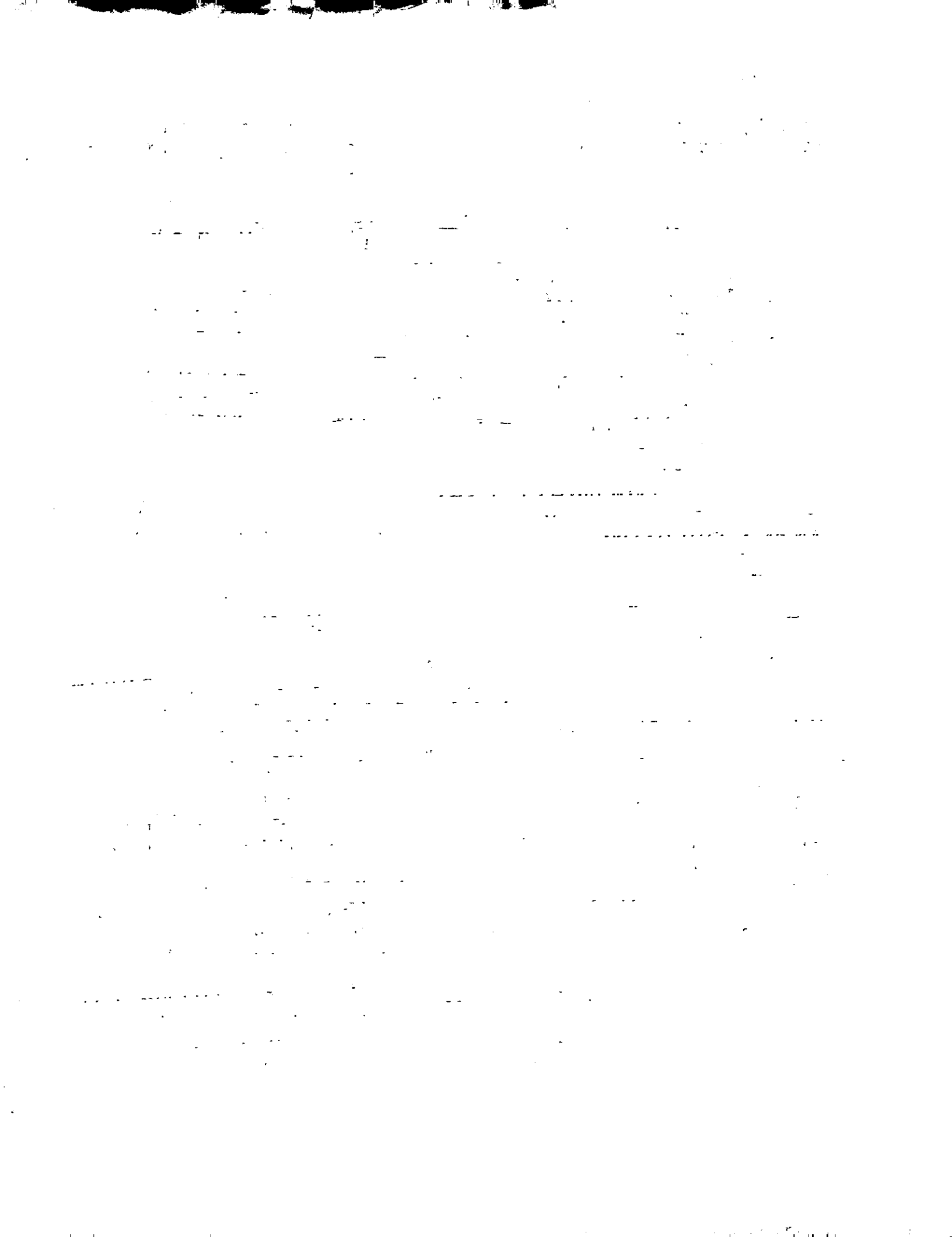
- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where and how the food will be thawed
- Where (prep tables, sink, counter, etc.) the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled
- 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 Hamburger Meat

Product will arrive fresh (preportioned) in boxes (2 times per week) ^{US FOODSERVICE}
Stored in walk in cooler - lower shelves.
On prep table - meat will be placed in containers, to be stored in under counter refrigerators.
Multiple times during day - stock will be replenished.
Under counter refrigerators near grilling area (storage)
Cooked to 155°F for at least 15 seconds.
Daily checks to make sure product is used accordingly.

FOOD PRODUCT Hot Dogs

Product will arrive fresh in boxes (1 time per week) ^{Carolina Packers}
Stored in walk in cooler - lower shelves.
On prep table - meat will be placed in containers, to be stored in under counter refrigerator.
Multiple times during day - stock will be replenished.
Under counter refrigerator near frying area (storage)
Cooked to 135°F for at least 15 seconds.
Daily checks to make sure product is used accordingly.



FOOD PRODUCT Chicken for Sandwiches, Tenders, + Nuggets

Product will arrive frozen in boxes (plastic wrapped)

(2 times per week) from US Food Service.

Stored in walk-in freezer, then 1 to 2 days before expected use - stored in walk-in cooler until distributed on lowest shelves in cooler.

Chicken will be placed in containers in under counter / sandwich unit (refrigerator).

Multiple times during day - stock to be replenished.

Sandwich unit will be breaded station - near

Henry Penny pressure fryer.

Cooked to 165°F for at least 15 seconds.

Day dates to make sure product is used accordingly.

FOOD PRODUCT French Fries / Onion Rings

Product will arrive frozen in boxes with boxes/bags

(2 times per week) from US Food Service.

Stored in walk-in freezer.

Then bags/boxes placed in freezer near fryer station.

Multiple times during day - product replenished.

Product kept frozen until use.

Cooked in fryer oil - until done.

FOOD PRODUCT _____

***ADDITIONAL SHEETS ARE AVAILABLE

Proposed Menu

for Awesome Burger Co. (Dunn, NC)

Ham burgers

Hot dogs

Chicken Sandwiches

Chicken tenders

Chicken nuggets

French Fries (Frozen)

Onion Rings (Frozen)

These are some of the Bacterium and Viruses spread from Food Handlers to Food

E. Coli

Overview: A bacterium that can produce a deadly toxin and causes an estimated 70,000 cases of foodborne illnesses each year in the U.S.

Sources: Meat, especially undercooked or raw hamburger, produce and raw milk.

Incubation period: 2-10 days

Symptoms: Severe diarrhea, cramping, dehydration

Prevention: Cook implicated food to 155F, wash hands properly and frequently, correctly wash, rinse and sanitize food contact surfaces.

Shigella

Overview: Shigella is a bacterium that causes an estimated 450,000 cases of diarrhea illnesses each year. Poor hygiene causes Shigella to be easily passed from person to person.

Sources: Salad, milk, and dairy products, and unclean water.

Incubation period: 1-7 days

Symptoms: Diarrhea, stomach cramps, fever, chills and dehydration

Prevention: Wash hands properly and frequently, especially after using the restroom, wash vegetables thoroughly.

Salmonella

Overview: Salmonella is a bacterium responsible for millions of cases of foodborne illnesses a year. Elderly, infants and individuals with impaired immune systems are at risk to severe illness and death can occur if the person is not treated promptly with antibiotics.

Sources: raw and undercooked eggs, undercooked poultry and meat, dairy products, seafood, fruits and vegetables

Incubation period: 5-72 hours (up to 16 days has been documented for low doses)

Symptoms: Nausea, vomiting, cramps, and fever

Prevention: Cook all food to proper temperatures, chill food rapidly, and eliminate sources of cross contamination (i.e. proper meat storage, proper wash, rinse, and sanitize procedure)

Hepatitis A

Overview: Hepatitis A is a liver disease caused by the Hepatitis A virus. Hepatitis A can affect anyone. In the United States, Hepatitis A can occur in situations ranging from isolated cases of disease to widespread epidemics.

Incubation period: 15-50 days

Symptoms: Jaundice, nausea, diarrhea, fever, fatigue, loss of appetite, cramps

Prevention: Wash hands properly and frequently, especially after using the restroom.

Norovirus

Overview: This virus is the leading cause of diarrhea in the United States. Any food can be contaminated with norovirus if handled by someone who is infected with the virus. This virus is highly infectious.

Incubation period: 6-48 hours

Symptoms: Nausea, vomiting, diarrhea, and cramps

Prevention: Wash hands properly and frequently, especially after using the restroom; obtain food from a reputable food source; and wash vegetables thoroughly.

Staph (Staphylococcus aureus)

Overview: Staph food poisoning is a gastrointestinal illness. It is caused by eating foods contaminated with toxins produced by Staphylococcus aureus. Staph can be found on the skin, in the mouth, throat, and nose of many employees. The hands of employees can be contaminated by touching their nose, infected cuts or other body parts. Staph produces toxins that are extremely heat stable and are not inactivated by normal reheating temperatures. It is important that food contamination be minimized.

Incubation period: Staph toxins are fast acting, sometimes causing illness in as little as 30 minutes after eating contaminated foods, but symptoms usually develop within one to six hours.

Sources: Ready-to-eat foods touched by bare hands. Foods at highest risk of producing toxins are those that are made by hand and require no cooking.

Symptoms: Patients typically experience several of the following: nausea, vomiting, stomach cramps, and diarrhea. The illness lasts one day to three days. In a small minority of patients the illness may be more severe.

Prevention: No bare hand contact with ready-to-eat foods. Wash hands properly. Do not prepare food if you have a nose or eye infection. Do not prepare or serve food for others if you have wounds or skin infections on your hands or wrists. If food is to be stored longer than two hours, keep hot foods hot (over 135°F) and cold foods cold (41°F or under). Properly cool all foods.

Ways of Prevention

1. Handwashing is the MOST CRITICAL control step in prevention of disease. Invest 20 seconds to follow these 6 simple steps:
 1. Wet your hands and arms with warm running water.
 2. Apply soap and bring to a good lather.
 3. Scrub hands and arms vigorously for 10 to 15 seconds (clean under nails and between fingers).
 4. Rinse hands and arms thoroughly under running water.
 5. Dry hands and arms with a single-use paper towel or warm-air hand dryer.
 6. Use the towel to turn off faucets and open door handles so you don't re-contaminate your hands

2. Don't go to work when you are sick

3. No bare hand contact with ready-to-eat foods.

Employee Health Policy Agreement

Reporting: Symptoms of Illness

I agree to report to the manager 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, an exposed body part (such as boils and infected wounds, however small).

Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

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

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

Reporting: Exposure of Illness

I agree to report to the manager 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, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.

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 diarrhea and/or vomiting, you will not be able to return to work until more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting.

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, and/or Hepatitis A, you will not be able to return to work until Health Department approval is granted.

Agreement

I understand that I must:

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

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

Food Employee Name (please print) _____

Signature of Employee _____ Date _____

Manager (Person-in-Charge) Name (please print) _____

Signature of Manager (Person-in-Charge) _____ Date _____