

Food Establishment Plan Review Application

Type of Construction: NEW REMODEL

Name of Establishment: Carlie C's IGA Angier

Address: 33 North Raleigh St.

City: Angier Zip Code: 27501 County: Harnett

Phone (if available): 919 - 331 - 0125 Fax: 919 - 268 - 4108

Owner or Owner's Representative: Larry Wilson

Address: 10 Carlie C's Drive

City & State: Dunn, N.C. Zip Code: 28334

Telephone: 910 - 892 - 4124 Fax: ___ - ___ - ___

E-mail Address: lwilson@carliecs.com

Submitter: Larry Wilson

Company: Carlie C's IGA's

Contact Person: Larry Wilson

Address: 10 Carlie C's Drive

City & State: Dunn, N.C. Zip Code: 28334

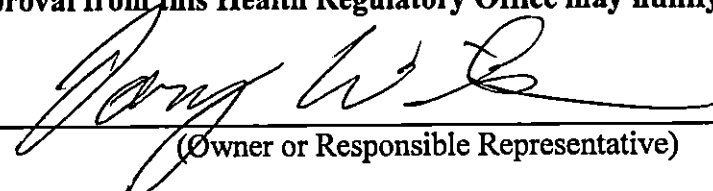
Telephone: 910 - 892 - 4124 Fax: ___ - ___ - ___

E-mail Address: lwilson@carliecs.com

Title (owner, manager, architect, etc.): Vice President

EHSL 21020002

I 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)

Hours of Operation:

Sun 7am-9pm Mon 7am-9pm Tue 7am-9pm Wed 7am-9pm Thu 7am-9pm Fri 7am-9pm Sat 7am-9pm

Projected number of meals served between product deliveries:

Breakfast: 0 Lunch: 0 Dinner: 0

Number of seats: _____ Facility total square feet: _____

Projected start date of construction: _____ Projected completion date: _____

TYPE OF FOOD SERVICE:

CHECK ALL THAT APPLY

Restaurant

Sit-down meals

Food Stand

Take-out meals

Drink Stand

Catering

Commissary

Single-service (disposable):

Plates Glassware Silverware

Meat Market

Multi-use (reusable):

Other (explain): Steaming of Shrimp and Crab Legs.
Silverware

Plates Glassware

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

- Curing
- Acidification (sushi, etc.)
- Reduced Oxygen Packaging (eg: Vacuum)
- Smoking
- Sprouting Beans
- Other

Explain checked processes: _____ *Steaming of Seafood*

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

- Nursing Home
- Child Care Center
- Health Care Facility
- Assisted Living Center
- School with pre-school aged children

COLD STORAGE

Method used to determine cold storage requirements: Measurement

Cubic-feet of reach-in cold storage:

Cubic-feet of walk-in cold storage:

Reach-in refrigerator storage: 15.6ft³

Walk-in refrigerator storage: 3360ft³

Reach-in freezer storage: ft³

Walk-in freezer storage: 1536ft³

Number of reach-in refrigerators: 1

Number of reach-in freezers: 0

HOT HOLDING

Food that will be held hot: None

COLD HOLDING

Food that will be held cold: Shrimp and Crab Legs

COOLING

Indicate by checking the appropriate boxes how cooked food will be cooled to 45⁰F (7⁰C) within 6 hours.

If "Other" is checked indicate type of food: There will be no foods cooked and then cooled.

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THAWING

Indicate by checking the appropriate boxes how food in each category will be thawed.

If "Other" is checked indicate type of food:

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration	<input type="checkbox"/>	X	X	<input type="checkbox"/>
Running Water less than 70 ⁰ F (21 ⁰ C)	<input type="checkbox"/>	X	X	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (specific pieces of equipment with their corresponding equipment schedule numbers) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled

1. READY-TO-EAT FOOD HANDLING (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

None

2. PRODUCE HANDLING

None

3. POULTRY HANDLING

None

4. MEAT HANDLING

None

5. SEAFOOD HANDLING

Seafood will come in, both fresh and frozen. Fresh will be stored in cooler on separate shelf and in seafood cooler. Frozen will be thawed in either sealed container under refrigeration, or under running water in seafood sink. Product will be displayed in refrigerated seafood case for sale to customers. Upon demand by customer, seafood (shrimp and crab legs), will be taken from refrigerated case, seasoned with spices, steamed with timed steamer. Product is then bagged in plastic bag for customer to take to cash register to purchase.

DRY STORAGE

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time: Product will be delivered five times per week, with approximately 2 cases for each delivery.

Square feet of dry storage shelf space: 64ft²

Where will dry goods be stored? Adjacent to meat cutting room, on storage rack

FINISH SCHEDULE

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

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage	Quarry	Quarry	RFP	RFP
Dry Storage	Concrete	Painted Wood	Painted Wood	Open
Toilet Rooms	Epoxy	Epoxy	Stone	Drywall
Dressing Rooms				
Garbage & Refuse Storage				
Service Sink				
Other				
Other				

WATER SUPPLY - SEWAGE

1. Is water supply: Municipal Well Is sewer: Municipal Septic

2. Will ice: be made on premises or purchased

3. Water heater:

- Tank type:

a. Manufacturer and model: Rheem

b. Storage capacity: 100 gallons

- Electric water heater: 12 kilowatts (kW)

- Gas water heater: 0 BTU's

c. Water heater recovery rate (gallons per hour at 80°F temperature rise): 60 GPH

(See Water Heater Calculator on the Plan Review Unit website to calculate recovery rate needed)

- Tankless:

a. Manufacturer and model: _____

b. Quantity of tankless water heaters: _____

(See Water Heater Calculator on the Plan Review Unit website to calculate number of tankless water heaters needed)

4. Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Warewashing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Handwashing Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Warewashing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Serving Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WAREWASHING EQUIPMENT

a. Manual Warewashing

1. Size of sink compartments (inches): Length: 96 Width: 18 Depth: 24
2. What type of sanitizer will be used?
Chlorine: Iodine: Quaternary Ammonium: Hot Water: Other (specify):

b. Mechanical Warewashing

1. Will a warewashing machine be used? Yes No
Warewashing machine manufacturer and model: _____
2. Type of sanitization: Hot water (180°F) Chemical

c. General

1. Describe how cooking equipment, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized:
Cutting boards, and food contact surfaces, will be wiped down during the day with EcoLab quat sanitizer. At the end of the day, will be foamed down using ECOLAB market cleaning solution and then rinsed and sanitized with ECOLAB quat sanitizer.
2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:
drainboards are stainless steel and attached to sink

Square feet of air drying space: 6ft²

HANDWASHING

Indicate number and location of handwashing sinks:

1. Located between three compartment sink and seafood prep sink.

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items:

Lockers in janitor's room

REFUSE AND RECYCLABLES

1. Will refuse be stored inside? Yes No
If yes, where _____
2. Provision for refuse disposal: Dumpster Compactor
3. Provision for cleaning dumpster/compactor: On-site Off-site
If off-site cleaning, provide name of cleaning contractor: Waste Industries
4. Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc.):
Outside in containers provided by vendor, Cardboard outside in bales.

SERVICE SINK

1. Location and size of service (mop) sink/can wash: Mop basin, infloor sinks. Two locations, one in backroom storage area, on adjacent to bathrooms at front of store
2. Is a separate mop storage area provided? Yes No If yes, describe type and location: _____

INSECT AND RODENT CONTROL

1. How is protection provided on all outside doors?
Self-closing door Fly Fan Screen Door
2. How is protection provided on windows?
Self-closing Fly Fan Screening

LINEN

1. Indicate location of clean and dirty linen storage:
Clean Linens are stored in designated department storage areas adjacent to the department.
Dirty linens are placed in dirty linen baskets provided by the linen company outside of department and in backroom storage area.

POISONOUS OR TOXIC MATERIALS

1. Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage:
Located in mop basin area in back storage area of store.

Plan Review Unit
5605 Six Forks Road, Raleigh, NC 27609
Phone (919) 707-5854 / Fax (919) 845-3973
<http://ehs.ncpublichealth.com/food/planreview/index.htm>

Meat Department Food Stand Menu

Steamed Shrimp

Steamed Crab Legs

Steamed Lobster

Steamed Crawfish