## Food Service Plan Review Application

| Type of plan: New Remodel   |
|---|
| Name of Establishment: Chela Mexican Cuisine  |
| Physical Address: Street  |
| City: /illinston State: NC Zip: 27546   |
| Phone (if available): Fax:  |
| Email:  |
| Applicant(s): Dala Yaner, Ramos Martinez  Address: 22438 NC Hwy 24  City: Camerón State: NC Zip: 28824  |
| Phone: 702754 8970 Fax:   |
| Email: Yaneriramos2389@icloud.com   |
| Owner (if different from Applicant):  |
| Address: 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: |

# 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 420 McKinney Pkwy., 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 <a href="http://www.deh.enr.state.nc.us/rules.htm">http://www.deh.enr.state.nc.us/rules.htm</a> or obtain a copy from our office at 307 West Cornelius Harnett 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 Violette, REHS Food and Lodging Program Specialist Jamie Turlington, REHS Environmental Health Specialist

Cindy Pierce, REHS Environmental Health Specialist Nikki Eason, REHS Environmental Health Specialist

| submitted with the following supporting documentation: complete set of plans drawn to scale showing the placement of each ece of food service equipment, storage areas, trash can wash facilities, ic. along with general plumbing, electrical, mechanical, and lighting rawings lans must include a site plan locating exterior equipment such as umpsters or walk-in coolers complete equipment list and corresponding manufacturer specification neets |
|---|
| <br>proposed menu   |
| completed Food Service Plan Review Application<br>200 Plan Review Fee   |
|   |

05/21 gv

Plans

| Hours of Operation:                                 | 9   |
|---|---|
| Mon Clesse Tues 10 - Gp Wed 10 - G                  | Thurs 16 - 9 Fri 10 - 9 Sat 16 - 9 Sun 9 - 5pm                          |
| Number of Seats:                                    |   |
| Facility total square feet:                         |   |
| Projected start date: 08   01                       | 2021  |
| Type of Food Service:                               | Check all that apply  |
| Restaurant  | Stt down meals  |
| Food Stand  | Take-out meals  |
| Drink Stand   | Catering  |
| Commissary  |   |
| Meat Market   |   |
| Other (explain):                                    |   |
|   |   |
| Utensils:   |   |
| Multi-use (reusable):                               | Single-use (disposable):  |
| Food delivery schedule (per wee                     | ,   |
| Indicate any specialized process                    | that will take place:   |
|   | n (sushi, etc.) Smoking   |
| Reduced Oxygen Packagin                             | g (e.g. vacuum packaging, sous vide, cook-chill, etc.)                  |
| Has the process been approved by Protection Branch? | y the Variance Committee of the DPH Food                                |
| Indicate any of the following <b>highly</b> served: | y susceptible populations that will be catered to or                    |
|   | Child Care CenterHealth 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:   |
| Storage Capacity:gallons  |
| Electric water heater:/ 5oo kilowatts (kW)  |
| Gas water heater: BTU's   |
| Water heater recovery rate: GPH   |
| If tankless. GPM : Number of heaters:   |

#### 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 <u>each food item on the proposed menu</u>. 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

| <ul> <li>How the for</li> </ul> | ood will | be cooled | if app | olicable |      |      | •     |       |
|---------------------------------|----------|-----------|--------|----------|------|------|-------|-------|
| FOOD PRODUCT _                  | *        | Pleas     | Se     | Refer    | to   | the  | Deski | ripti |
| Attached                        | 10       | this      | A      | PPIICAY  | lion | sk.  | 9     |       |
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<sup>\*\*\*</sup>ADDITIONAL SHEETS ARE AVAILABLE

| FOOD PRODUCT Cheese Burgels             |
|---|
| 1/4/1/2 Burger Stored at 390 Until      |
| Ovder their Guillet to temp Spelified + |
| Rare 1200 - 1250                        |
| med 1350 - 1450                         |
| Well /600 a Up                          |
|   |
| FOOD PRODUCT Chisich Finger             |
| Chichen Tender loin Breader + Fried to  |
|   |
| Served with Dipping Savue               |
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| FOOD PRODUCT BUTTIFO                    |
| BEEF Or Chicha Cooked Down with         |
| onious and Justoning They wrapped       |
| Carrier Marine Marine                   |
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| FOOD PRODUCT   Pachos             |          |
|-----------------------------------|----------|
| Corn tortillaweages Deep Fried    | Ferred   |
| with Pico Dipa 40                 | 3(116    |
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| Naggas and S                      |          |
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| FOOD PRODUCT Wing 5               |          |
| Portioned wings Deepfried         | to 175.0 |
| Served with Celary And Sipping Su | uce      |
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| FOOD PRODUCT QUES & Dille         |          |
|                                   | 101000   |
| And Jaka Serves in Rice and to    | Cheese   |
| Builder Street DI Mice and A.     | Ha 15    |
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\*\*\*ADDITIONAL SHEETS ARE AVAILABLE

| FOOD PRODUCT Collect Tacos                   |
|--|
| Beef or Oricher Grilled to 1750              |
| Then Rolled into a Corn of Flour toltiland   |
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| FOOD PRODUCT Shrimp A / Diablo               |
| Shrimp Cookin in Onions of Hot Sauce         |
| Served with Rice Beans Side Shar and fortike |
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| FOOD PRODUCT Apps And Sides                  |
| Bean Dip - Refried Dears mixed w/ Salga      |
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| FOOD PRODUCT Loaded tries  |
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| French Fries Deep Fried And Topped with<br>Sliced Steam Refried Beans Gracamde Sour Crea<br>And Salsa And Cheese.  |
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| FOOD PRODUCT Combognation Plates (   |
| Cheese Enchiladas - Corn torfillas   |
| Ochever then Heated Until The Enside Teach   |
| The solution of the solution o |
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| FOOD PRODUCT Carne asada   |
| Carne-Asada Is Steak marinated in<br>Seasoned Sauce Then Grilled to temp service   |
| Seasoned Sauce Then Grilled to temp service  |
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| FOOD PRODUCT | 1acos |      |       |    |     |
|--------------|-------|------|-------|----|-----|
| Beef         |       | PorL | Shri  | NP |     |
| Os Flour     |       |      | nts A | 9  | Com |
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<sup>\*\*\*</sup>ADDITIONAL SHEETS ARE AVAILABLE

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\*\*\*ADDITIONAL SHEETS ARE AVAILABLE

| Time/Temperature Control for Food Safety   |  |  |
|--|--|--|
| Foods that will be held hot before serving: Rice Beans Soup  |  |  |
|  |  |  |
|  |  |  |
| Foods that will be held cold before serving: Steak Chicken Shrimp<br>Lettuce Tomato Onions Peppers Quacamole Cheddar<br>Cheese Mozzerella Cheese Encholida Sauce |  |  |
| Will <b>time</b> be used as a method to control for food safety?   |  |  |
| Cooling  |  |  |
| List foods that will be cooked and cooled for later use or added to another food as an ingredient:  Chicker Shrimp Beef Steak  Rice Refried Beans                |  |  |
| Describe utensils and methods used to cool foods: Sheet Pans Ice wands   |  |  |
|  |  |  |
| Dry Storage  |  |  |
| Frequency of deliveries per week: Number of dry storage shelves:   |  |  |
| Square feet shelf space: $200$ ft <sup>2</sup>   |  |  |
| Is a separate room designated for dry storage? <u> </u>  |  |  |
| Food Preparation Facilities  |  |  |
| Number of food prep sinks: 3 Are separate sinks provided for vegetables and raw meats? 465 Size of sink drain boards (inches):                                   |  |  |
| How will sinks be sanitized after use or between meat species? Washed with Detrogent Rinsed well then Sprag Bottle of Sanitizer  Air Dryed                       |  |  |

#### Person in Charge (PIC) and Employee Health

| *  | Are Persons in Charge certified accredited by an approved AN |                            | anagers who ha     | ave passed a test |
|----|--|----------------------------|--------------------|-------------------|
|    | Eligible Person In Charge:<br>Program Sev J Safe             | David Alan<br>Cert. # 1259 | Ritter<br>9307 Ex  | o. Date <u> </u>  |
|    | For multiple shifts and/or occas                             | sions of absences, I       | ist all eligible P | ersons in Charge: |
|    | Eligible Person In Charge:                                   |                            |                    |                   |
|    | Program  | Cert. #                    | Exp                | o. Date           |
|    | Eligible Person In Charge:                                   |                            |                    |                   |
|    | Program  | Cert. #                    | Exp                | o. Date           |
|    | *Attach a copy of your establish                             | nment's Employee I         | Health Policy      |                   |
|    | Are copies of signed Employee                                | Health Policies on         | file?              | 9                 |
|    |  |                            |                    |                   |
|    | Food Sources   |                            |                    |                   |
|    | Names of food distributors:                                  |                            | Deliveries/w       | K                 |
| 1. | U.S Foods  |                            | 2 ×                | _                 |
| 2. |  |                            |                    | _                 |
| 3. |  |                            |                    | _                 |
| 4  |  |                            |                    |                   |

**Finish Schedule** 

| *Floor, wall and o          | ceiling finishes (vin | yl tile, acoustic tile | e, vinyl baseboards | s, FRP, etc.)                        |
|-----------------------------|-----------------------|------------------------|---------------------|--------------------------------------|
| AREA                        | FLOOR                 | BASE                   | WALLS               | CEILING                              |
|                             |                       |                        |                     |                                      |
| Kitchen                     | Tile                  | vintl paseboar         | FrP                 | Acoustic                             |
| Bar                         | Finished concrete     | •                      | FTP                 | Acoustic tile                        |
| Food Storage                | Tile                  |                        | brigh, drywall      | <b>A</b>                             |
| Dry Storage                 | Hard wood             |                        | drywall             |                                      |
| Toilet Rooms                | Tile                  | trim                   | diquall             | Acoustic                             |
| Garbage & Can<br>Wash Areas |                       |                        |                     |                                      |
| Other dinning               | TITE                  | trim                   | drywall             | Acoustic<br>tile<br>Acoustic<br>tile |
| diswashing<br>Other room    | Filisped Concrete     |                        | frp                 | ACOUSTIC                             |

|   | Garbage, Refuse and Other   |
|---|---|
|   | Will trash be stored in the restaurant overnight? Yes No If so, how will it be stored to prevent contamination? |
| k | Location and size of can wash facility:   |
|   | Are hot and cold water provided as well as a threaded nozzle?   |
|   | Will a dumpster be provided?  |
|   | Do you have a contract with the dumpster provider for cleaning?   |
|   | How will used grease be handled? A Grease Drum By a Company   |
|   | Is there a contract for grease trap cleaning? No yes  |
|   | Are doors self-closing? Fly fans provided? \$\frac{100}{200}\$  |
|   | Where will chemicals be stored? Back Room   |
|   | Where will clean linen be stored? no linen will Boused  |
|   | Where will dirty linen be stored? NO Linen will Be USIC   |

### **Dishwashing Facilities**

#### Manual Dishwashing

|   | Number of sink compartments: 3  |
|---|---|
| X | Size of sink compartments (inches): Length 26" Width 16" Depth 12"  |
| K | Length of drain boards (inches): Right 22" Left 16"   |
|   | Are the basins large enough to immerse your largest utensil? <u>Yes</u>   |
|   | 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? Yes or chemical sanitizing? Yes   |
|   | contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? Washed well with Dawn Jwater Rinsed with when Then Sanitized Sanitized |
|   | How many air drying shelves will you have?  |
|   | Hand washing  |
| 6 | Indicate number and locations of hand sinks in the establishment: 13 1000 Pack Door   |
|   | Employee Area Indicate location for storing employees' personal items:  1-3 fier Shelf By Book Dook   |