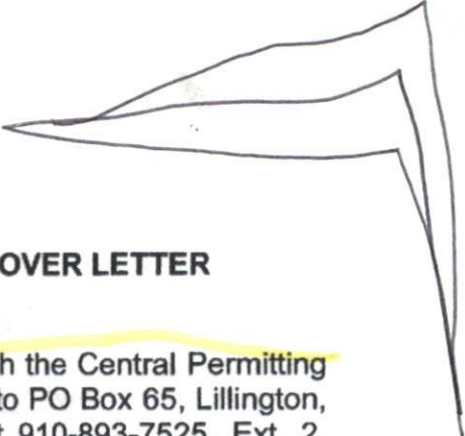


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HARNETT COUNTY PLAN REVIEW APPLICATION COVER LETTER FOOD SERVICE ESTABLISHMENTS

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 <http://www.deh.enr.state.nc.us/rules.htm> 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

Number on Docs

Plans must be submitted with the following supporting documentation:

- ~~1~~ A 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
- ~~2~~ Plans must include a site plan locating exterior equipment such as dumpsters or walk-in coolers
- ~~3~~ A complete equipment list and corresponding manufacturer specification sheets
- ~~4~~ A proposed menu
- ~~5~~ A completed Food Service Plan Review Application
- ~~6~~ \$200 Plan Review Fee

yes

05/21
gv



Food Service Plan Review Application

Type of plan: New _____ Remodel _____ Reopening

Name of Establishment: BB Catering INC.

Physical Address: 697 Bethel Baptist Road

City: Spring Lake State: NC Zip: 28390

Phone (if available): 910-476-4333 Fax:

Email: BEBNBcatering.com

Applicant(s): Bill Fornloff

Address: 797 Bethel Baptist Road

City: Spring Lake State: NC Zip: 28390

Phone: 910-476-4333 Fax: _____

Email: BEBNBcatering.com

Owner (if different from Applicant): _____

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: [Signature] Date: 10/13/21
(Applicant or Responsible Representative)

Hours of Operation:

Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

As Needed

Number of Seats: 0

Facility total square feet: 3500

Projected start date: 11/1/21

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): X

Food delivery schedule (per week): Tuesdays

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? NA

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

NA

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: Rheem RT6H95DVLN-2

Storage Capacity: tankless gallons

outdoor

- Electric water heater: _____ kilowatts (kW)
- Gas water heater: 150,000 BTU's

Water heater recovery rate: _____ GPH ~~6.0~~

If tankless, 7.0 GPM ; Number of heaters: 2

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: Bill Pannhoff
Program Serve Safe Cert. # 21112673 Exp. Date 10/7/2020

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? no employees

Food Sources

Names of food distributors:	Deliveries/wk
1. <u>US. FOOD</u>	<u>1 per week may be</u>
2. <u>SOM'S</u>	
3. <u>Carlie C IGA</u>	<u>Lillingston (cake)</u>
4. _____	_____

Time/Temperature Control for Food Safety

Foods that will be held hot before serving:

NO
We only cook to order on site | No shipping of hot

Foods that will be held cold before serving:

All food only here food
menu. shipped cold in containers

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

Will a buffet be provided? yes 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:

* We throw ~~away~~ away all food
no left overs

Describe utensils and methods used to cool foods:

Speed Rack 40° Walk in
Down to 70 in 1 hour 41 in 3 hours

Dry Storage

Frequency of deliveries per week: 1 Number of dry storage shelves: 9

Square feet shelf space: 12 ft²

Is a separate room designated for dry storage? NO

Food Preparation Facilities

Number of food prep sinks: 3 Are separate sinks provided for vegetables and raw meats? yes

Size of sink drain boards (inches): 24x24

How will sinks be sanitized after use or between meat species?

Hot Soapy H2O @ 180° HOT
3 99ppm chlorine spray sanitizer

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: 3

Size of sink compartments (inches): Length 26 Width 25 Depth 25 3/4

Length of drain boards (inches): Right 18 Left 18

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: Model AF-31 Dishmachine

Hot water sanitizing? or chemical sanitizing? yes 120° 45 Sec

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?

- 1. Unplugged / Remove @ Food Hot Soap Water
- 2. Rinse
- 3. Soak
- 4. We have wall sanitizer spray also w/ Floor Drains

How many air drying shelves will you have? 6

Calculate the square feet of total air drying space: 22 ft²

Hand washing

Indicate number and locations of hand sinks in the establishment: 5

2 in 1st 1 in can wash
2 in 2nd

Employee Area

Indicate location for storing employees' personal items: yes

Break Room

Finish Schedule

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	Sealed Concrete	Rubber	Enamel paint	Sheet Rock
Bar			over Block	Green
Food Storage			or sheet Rock	Base
Dry Storage				Enamel paint
Toilet Rooms				
Garbage & Can Wash Areas				
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: 3# @ 8x20

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

Will a dumpster be provided? NO Green trash cans

Do you have a contract with the dumpster provider for cleaning? NO

How will used grease be handled? NO Frying in the Kitchen

Is there a contract for grease trap cleaning? NO ↑↑↑

Are doors self-closing? NO Fly fans provided? yes

Where will chemicals be stored? 2#

Where will clean linen be stored? N/A

Where will dirty linen be stored? ONLY apron and towel in a AFRC Vented BSN

