

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 a Registered Environmental Health Specialist at 910-893-7547:

Plans must be submitted with the following supporting documentation:

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

08/22
gv

Food Service Plan Review Application

Type of plan: New _____ Remodel

Name of Establishment: B-Healthy

Physical Address: 406 E Broad st

City: DUNN State: NC Zip: 28334

Phone (if available): (910)5747000 Fax: _____

Email: brendabahena04@gmail.com

Applicant(s): Brenda Bahena

Address: 143 Carroll ByRd Ln

City: DUNN State: NC Zip: 28334

Phone: (910) 574 70 0 0 Fax: _____

Email: brendabahena04@gmail.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: Brenda Bahena Date: _____
(Applicant or Responsible Representative)

Hours of Operation:

Mon ~~6:00-8:00~~ Tues 6-8 Wed 6-8 Thurs 6-8 Fri 6-8 Sat 6-8 Sun 7-6

Number of Seats: 15 _{L w}

Facility total square feet: 63X15 Total Feet

Projected start date: January 15

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): Nutritional Smoothie Shop

Utensils:

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

Food delivery schedule (per week): Monday to Sunday 6:00 AM to 6:00 P.M

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: W-154-1

Storage Capacity: 4 gallons

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

Water heater recovery rate: _____ GPH

If tankless, _____ GPM ; Number of heaters: 1

Time/Temperature Control for Food Safety

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

Foods that will be held **cold** before serving: _____

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: _____

Describe utensils and methods used to cool foods: _____

Dry Storage

Frequency of deliveries per week: _____ Number of dry storage shelves: _____

Square feet shelf space: 1 Feet ft²

Is a separate room designated for dry storage? yes

Food Preparation Facilities

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

Size of sink drain boards (inches): _____

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

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? _____

Eligible Person In Charge: _____

Program _____ Cert. # _____ Exp. Date _____

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? _____

Food Sources

Names of food distributors:

Deliveries/wk

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

Finish Schedule

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen				
Bar	concrete	baseboards	concrete	vinyl
Food Storage				
Dry Storage				
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: _____

Are hot and cold water provided as well as a threaded nozzle? Hot & Cold water

Will a dumpster be provided? Yes

Do you have a contract with the dumpster provider for cleaning? Yes

How will used grease be handled? No grease.

Is there a contract for grease trap cleaning? No use of grease.

Are doors self-closing? No Fly fans provided? _____

Where will chemicals be stored? Underneath the sink.

Where will clean linen be stored? Inside a box underneath the sink.

Where will dirty linen be stored? Backroom in a basket.

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: _____

Size of sink compartments (inches): Length _____ Width _____ Depth _____

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

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

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? There is no dishwashing machine.

How many air drying shelves will you have? None

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

Hand washing

Indicate number and locations of hand sinks in the establishment: One hand washing sink by the service area, and one hand washing sink in the bathroom.

Employee Area

Indicate location for storing employees' personal items: The Backroom of the establishment.

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 Frozen Fruit - Trough

Stored inside a freezer.

FOOD PRODUCT Fresh fruit.

Stored Inside the refrigerator at 34° Degrees Fahrenheit.
The fresh fruit will be washed in the sink, cut on a green cutting board, and over a counter. This item will be handled every day during morning time while wearing disposable vinyl gloves.

