

**HARNETT COUNTY PLAN REVIEW APPLICATION COVER LETTER
FOOD SERVICE ESTABLISHMENTS
CHANGE OF OWNERSHIP**

Potential owners are required to complete this application so we may collect the necessary information for the purpose of issuing a permit for an establishment that may have or has changed ownership. All questions must be completed so that we can determine if any operational changes may occur or if the type of food preparation will be modified. A proposed menu must be submitted with this application

This application will be 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. This application must be submitted to the local health department for approval **prior to** the change of ownership.

Submit completed application to: Central Permitting, 420 McKinney Pkwy., Lillington, NC 27546

If you have questions, please contact an Registered Environmental Health Specialist staff at 910-893-7547:

Plans must be submitted with the following supporting documentation:

- _____ A proposed menu
- _____ A completed Food Service Plan Review Application/Change of Ownership
- _____ A site plan drawn to scale showing the placement of each piece of food service equipment, storage areas, trash can wash facilities, etc.

08/22
gv

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: Rudino's PIZZA & GRINDERS

Physical Address: 1574 U.C 87

City: CAMERON State: N.C Zip: 28326

Phone (if available): 910-366-5737 Fax: _____

Email: dougliggett@gmail.com

Applicant(s): Doug Liggett

Address: 7 Crows Nest

City: Whispering Pines State: NC Zip: 28327

Phone: 919-349-1748 Fax: _____

Email: dougliggett@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:  Date: 1-5-23
(Applicant or Responsible Representative)

Hours of Operation:

Mon 11-11 Tues 11-11 Wed 11-11 Thurs 11-11 Fri 11-12 Sat 11-12 Sun 11-11

Number of Seats: 72

Facility total square feet: 3,000

Projected start date: 1-5-23

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): _____

Utensils:

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

Food delivery schedule (per week): 2

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: NAVien 240A2 (NG)

Storage Capacity: _____ gallons

- Electric water heater: _____ kilowatts (kW)
- Gas water heater: 13,300 BTU's

Water heater recovery rate: _____ GPH

If tankless, 5.6 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? _____

Eligible Person In Charge: Robert ChuchRA 2BYTNIUK
Program SERVE SAFE Cert. # 20223143 Exp. Date 2-5-26

For multiple shifts and/or occasions of absences, list all eligible Persons in Charge:

Eligible Person In Charge: JAMIE ZIMMARO
Program SERV SAFE Cert. # 20223142 Exp. Date 2-5-26

Eligible Person In Charge: RAYSHON THOMAS
Program ~~20223107~~ Cert. # 20223107 Exp. Date 2-5-26
SERV SAFE

*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. <u>U.S. Foods</u>	<u>2</u>
2. <u>Coke</u>	<u>1</u>
3. _____	_____
4. _____	_____

Time/Temperature Control for Food Safety

Foods that will be held hot before serving: Pizza, PASTA SAUCE
MILD SAUCE, Mushrooms, will be held
for @ Hour in WARMERS AT 140°.

Foods that will be held cold before serving: All Deli meat and
veg. in Drop-in cooler will be held
At 41° or Below

Will time be used as a method to control for food safety? No

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: LASAGNA

Describe utensils and methods used to cool foods: Stored in top
RACK of WALK-IN PARTIALLY UNCOVERED.

Dry Storage

Frequency of deliveries per week: 2 Number of dry storage shelves: 16

Square feet shelf space: 256 ft²

Is a separate room designated for dry storage? Yes

Food Preparation Facilities

Number of food prep sinks: 2 Are separate sinks provided for vegetables and raw meats? Yes

Size of sink drain boards (inches): 22"

How will sinks be sanitized after use or between meat species? Quat Sanitizer spray All
Surfaces cleaned

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: 3

Size of sink compartments (inches): Length 20" Width 20" Depth 13.5

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: ECOLAB / ES 2000

Hot water sanitizing? _____ or chemical sanitizing? Quats

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? Soapy water then sanitized with quats

Tables will have quats Buckets with Towels At each Station

How many air drying shelves will you have? 5

Calculate the square feet of total air drying space: 80 ft²

Hand washing

Indicate number and locations of hand sinks in the establishment: 7 Hand Sinks

2 - mens room 2 Womens Room 1 Behind BAR
2 - Kitchen

Employee Area

Indicate location for storing employees' personal items: There will be

Shelves in wait Station or the office

Finish Schedule

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	Apoxxy	Apoxxy	FRP	Wash tile
Bar	Apoxxy	Apoxxy	FRP	
Food Storage	Apoxxy	Apoxxy	1	
Dry Storage	Apoxxy	Apoxxy		
Toilet Rooms	Tile	Vinyl	Dry wall	Acoustic
Garbage & Can Wash Areas	Tile can wash	tile	FRP	Wash tile
Other Wait Station	Sealed concrete	Vinyl	FRP	Wash tile
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? 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? order A GREASE DUMP BIN

Is there a contract for grease trap cleaning? Yes

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

Where will chemicals be stored? Dry Storage

Where will clean linen be stored? Dry Storage or office

Where will dirty linen be stored? outside in Fenced in AREA

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 Deli meats, Pre cooked, -Vet,

Deli meat - will be delivered to walk-in. All meats will be sliced in 1/3 pans date on them back in walk-in

Vegetables - same as Deli meats

FOOD PRODUCT Steak, Frozen Food .

Steak, Pickled chips, Potato skins, mozz. stx. will stay frozen until it is put in fryer

FOOD PRODUCT Bread Products

All Bread Products will be put in
12qt. cont. until use

FOOD PRODUCT All SAUCES

All SAUCES will be made and stored in walk-in

Two warmers will be used with

Pizza, Pasta, Butter, mushrooms, mild SAUCE,
Cheese SAUCE, Agus, will be kept at 140°

FOOD PRODUCT TUNA

TUNA will be made in 1/6 PAN, dated and kept
in GRAB COOLER.

*****ADDITIONAL SHEETS ARE AVAILABLE**

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^{1*} or restricted^{2**} 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 Typhi (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 _____