

**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 108 East Front St., 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 Greene, REHS
Food and Lodging Program Specialist

Jamie Turlington, REHS
Environmental Health Specialist

Cindy Pierce, REHS
Environmental Health Specialist

Plans must be submitted with the following supporting documentation:

- 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 ins
- A complete equipment list and corresponding manufacturer specification sheets
- A proposed menu
- A completed Food Service Plan Review Application
- \$200 Plan Review Fee

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NORTH CAROLINA
STATE HEALTH

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Food Service Plan Review Application

Type of plan: New Remodel

Name of Establishment: Domino's Pizza

Physical Address: 1174 North Main Street

City: Lillington State: NC Zip: 27546

Phone (if available): _____ Fax: _____

Email: storm@gbrpizza.com

Applicant: Hemant Sura, PE

Address: 135 Parkway office Const 1 Suite 201

City: Cary State: NC Zip: 27518

Phone: 919 859 8884 Fax: 919 859 8886

Email: hsura@greentc.com

Owner (if different from Applicant): Storm Rutcho

Address: 1600 S. Hornet Blvd.

City: Santalo State: NC Zip: 27331

Phone: 919 356 6598 Fax: 919 775 4304

Email: storm@gbrpizza.com

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: Hemant Sura Date: 8.28.18
(Applicant or Responsible Representative)

Hours of Operation:

Mon ___ - ___ Tues ___ - ___ Wed ___ - ___ Thurs ___ - ___ Fri ___ - ___ Sat ___ - ___ Sun ___ - ___
11:00 AM - 12:00 PM 11:00 AM - 1:00 PM 11:00 AM - 12:00 PM

Number of Seats: _____

Facility total square feet: _____

Projected start date: _____

Type of Food Service:

- Restaurant
- Food Stand
- Drink Stand
- Commissary
- Meat Market
- Other (explain): _____

Check all that apply

- Sit down meals
- Take-out meals
- Catering

Utensils:

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

Food delivery schedule (per week): 2

Indicate any **specialized process** that will take place: *N.A.*

- 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: *N.A.*

- 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: Rinnai R94LSi

Storage Capacity: 4.4 gallons

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

Water heater recovery rate: _____ GPH

If tankless, 3.4 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? * TBD

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? Yes

Food Sources

Names of food distributors:	Deliveries/wk
1. <u>Dominos, LLC</u>	<u>2 to 3</u>
2. <u>Coca Cola Beverages</u>	<u>once a week</u>
3. _____	_____
4. _____	_____

* NOT AT THIS TIME. WHEN STORE OPENS, WE WILL HAVE A SERV-SAFE QUALIFIED PERSON.

Time/Temperature Control for Food Safety

Foods that will be held hot before serving: PIZZA

Foods that will be held cold before serving: N.A.

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

Will a buffet be provided? — 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: N.A.

Describe utensils and methods used to cool foods: _____

Dry Storage

Frequency of deliveries per week: 2 Number of dry storage shelves: 10

Square feet shelf space: 160 ft²

Is a separate room designated for dry storage? WALK-IN.

Food Preparation Facilities

Number of food prep sinks: N.A. Are separate sinks provided for vegetables and meats? —

Size of sink drain boards (inches): —

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

N.A.

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: 3

Size of sink compartments (inches): Length 16 Width 16 Depth 14

Length of drain boards (inches): Right 16" 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: _____

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? MOPSINK

How many air drying shelves will you have? 1

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

Hand washing

Indicate number and locations of hand sinks in the establishment: Cleanup Prep Area

in rear of pizza prep area in front

Employee Area

Indicate location for storing employees' personal items: Locker provided

in rear

Finish Schedule

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

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen	Quarry tile	Cove base Quarry tile	FRP / Subway tile	Vinyl Washable
Bar	N.A.			
Food Storage	Quarry tile	Cove Base Quarry tile	FRP	Vinyl Washable
Dry Storage	Quarry tile	Cove base Quarry tile	FRP	Vinyl Washable
Toilet Rooms	Ceramic Tile	Up to ceramic tile of paint	Up to 5' ceramic	Vinyl Washable
Garbage & Can Wash Areas	N.A.	up to Cove N.A.		
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: 3x3 mop sink

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

Will a dumpster be provided? EXISTING

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

How will used grease be handled? Internal 50 gallon hydro mechanical

Is there a contract for grease trap cleaning? Grease Trap yes

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

Where will chemicals be stored? on shelves above mop sink

Where will clean linen be stored? on shelving near 3-comp sink

Where will dirty linen be stored? Near washer

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 (Produce Handling)

Produce arrives twice a week. All produce arrives prewashed & cut to specifications. Onions & green peppers arrive packaged in sealed plastic bags, mushrooms arrive in covered flats. Produce is prepped into dated NSF bins, covered & held in the walk-in or reach-in until placed in the refrigerated rail on the pizza make line.

FOOD PRODUCT Ready to Eat Food Handling

Pizza prepared in pizza oven will be delivered per oven & served in the facility. Drinks will be bottled drinks.

FOOD PRODUCT _____

FOOD PRODUCT _____

FOOD PRODUCT _____

*****ADDITIONAL SHEETS ARE AVAILABLE**

Employee Health and Personal Hygiene

FORM 1-B Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, **Salmonella Typhi**, **Shigella** spp., Enterohemorrhagic (EHEC) or Shiga Toxin-producing **Escherichia coli** (STEC), or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE: Any Onset of the Following Symptoms, While Either at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

Future Medical Diagnosis: Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other EHEC/STEC infection, or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ Date _____

Food Employee Name (please print) _____

Signature of Food Employee _____ Date _____

Signature of Permit Holder or Representative _____ Date _____

This Form must be complete and retained in store!