Wilson County Health Department

Plan Review Application for Food Service Establishments

Please complete the following information and submit this application with a copy of the required plans and menu to begin the review process.

Title 15A, Subchapter 18A of the North Carolina Administrative Code
.2600 Rules Governing the Sanitation of Food Service Establishments
www.deh.enr.state.nc.us/ehs/rules.htm

Proposed Name of Establishment: _____

Establishment Address: _____

Establishment Phone (if available): _____

Owner Name: _____ **Owner Phone:** _____

Mailing Address: _____

Contact Name: _____ **Contact Phone:** _____

Service Information **(check all that apply)**

Restaurant with seating _____
Take-out (no seating) _____
Limited Food Stand _____

Catering _____
Mobile Food Unit _____
Associated Foodservice Establishment
(required for Mobile Food Unit)
_____

Number of Seats _____

Number of employees (per shift) _____

Days/Hours of Operation _____

Single-service Utensils (paper products) _____ Multi-use Utensils (dishes) _____

Building Information

Proposed Construction Date _____ Proposed Opening Date _____

New Building _____ Existing Building _____ Existing Restaurant _____

City Water _____ Private Well _____ Other _____
City Sewer _____ Septic System _____ Other _____

Is establishment a chain or franchise? Yes _____ No _____
If YES, plans and specifications must be submitted to Kevin Dodge, Division of Environmental Health, 1630 Mail Service Center, Raleigh, NC 27699-1630.

If NO, please submit this application with the following items to the Wilson County Health Department, **ATTN: Environmental Health,** 1801 Glendale Drive, SW, Wilson, NC 27893-4401. Call (252) 291-0468 ext. 6659 for more information.

1. Proposed Menu
2. Site plans and equipment layout drawn to scale (recommend ¼" = 1)
3. Equipment specification (make, model, manufacturer specification sheets)

4. Plumbing layout
5. Lighting layout
6. Information pertaining to approved septic system and/or private well, if applicable

Food Supplies & Preparation

How often do you plan to receive deliveries of:
Frozen foods _____
Refrigerated Foods _____
Dry Goods _____

Provide information on the amount of space (in cubic feet) allocated for:
Frozen foods _____
Refrigerated Foods _____
Dry Goods _____

Will raw meats, poultry, and seafood be stored in the same refrigerators with cooked/ready-to-eat foods?
YES ( ) NO ( )
If yes, how will cross-contamination be prevented?
_____
_____

Does each refrigerator have a thermometer? YES ( ) NO ( )

Will any seafood be washed or thawed on-site prior to use? YES ( ) NO ( )
Will any meats be washed or thawed on-site prior to use? YES ( ) NO ( )
Will any produce be washed or thawed on-site prior to use? YES ( ) NO ( )

Is there a planned location for washing produce and the washing and/or thawing of meats?
YES ( ) NO ( )
If yes, describe _____
_____

If no, describe the procedure for cleaning and sanitizing multiple-use sinks between uses
_____
_____

Dishwashing Facilities & Procedures

Which of the following will be used to clean/sanitize dishes and other food contact surfaces:
Two-compartment sink ( )
Three-compartment sink ( )
Dishwasher ( )
If dishwasher, describe type of sanitizer
☐ Hot water ☐ Chlorine ☐ Quaternary Ammonia ☐ Iodine ☐ Other _____

If two or three-compartment sink, describe type of sanitizer
☐ Hot water ☐ Chlorine ☐ Quaternary Ammonia ☐ Iodine ☐ Other _____

Chemical Sanitation:

Are test kits available for checking sanitizer concentrations? YES ( ) NO ( )

Hot Water Sanitation:

Are thermometers provided for checking water temperatures. YES ( ) NO ( )

Describe how equipment, cutting boards, and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher will be sanitized:

_____

_____

Are there drainboards on both ends of the dish sink? YES ( ) NO ( )

What length are the drainboards? _____

Where will air drying of all pots, pans, and utensils take place? _____

_____

_____

Finish Schedule

Please indicate which materials (quarry tile, stainless steel, FRP, etc.) will be used in the following areas:

	Floors	Walls	Ceilings
Kitchen			
Bar			
Dishwashing			
Food Storage			
Other Storage (Specify Type)			
Restrooms			

Water Supply

Is water supply public or private well? _____

Private water supplies must be listed with the Public Water Supply Section of DEH Raleigh Regional Office 919-791-4200 and comply with Section .1700 of the NCAC

If private, has source been approved? YES ( ) NO ( ) PENDING ( )

Is ice made on premises or purchased commercially? _____

If made on premises, have specifications for ice machine been provided? YES ( ) NO ( )

Are backflow prevention devices provided on all hose bibs? YES ( ) NO ( )

Describe hot water heater capacity:

Gallons _____

Watts _____ BTUs _____

Type of Sewage Disposal

Municipal Sewer YES ( ) NO ( )

Septic tank YES ( ) NO ( ) Please attach copy of written approval and/or permit.

Are grease traps provided? YES ( ) NO ( )

If yes, where _____

Provide schedule for cleaning/maintenance _____

_____

Type of Garbage Disposal

Is there an area designated for washing garbage cans and mop/broom storage? YES ( ) NO ( )

Will a dumpster be used? YES ( ) NO ( )

If yes, will dumpster be cleaned on-site or off-site? _____

If off-site, please attach copy of dumpster cleaning contract.

General

Describe the location/policy for storage of employee personal items:

_____

_____

Approval of these plans and specifications by Wilson County Department of Public Health does not indicate compliance with any other code, law, or regulation that may be required-federal, state, or local. It also does not constitute endorsement or acceptance of the completed establishment (structure or equipment). The Wilson County Department of Public Health must approve any changes made to plans.

A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine compliance with state and local laws governing foodservice establishments. Foodservice permits issued by this department are required prior to operation.

Signature (s) _____
(Required)

Date: _____