

Wilkes County Health Department  
Environmental Health Services Section

Establishing a Food Service  
CHECKLIST

1. Have you thoroughly read and understand the North Carolina General Statutes of Rules and Regulations concerning food services establishments?
2. Have you submitted an application for a Food Service Establishment?
3. Is establishment location considered city sewer property, or on-site septic system?  
  
- If an on-site system is present, or will be installed, is/will it be designed for food service?  
  
(If you have an on-site wastewater system that is not currently designed for food service, you will need to complete an application for a new OSWW system for food service at the Environmental Health Services Office - a fee is required. Also, a parcel ID# and a watershed permit must be obtained from the Wilkes County Office Building before applying for a food service system).
4. Have you submitted your remodeling or construction plans for your food service facility (blueprints, 1/4" scale) to health department, Environmental Health Services Section, for review?  
  
- Did you include a menu, a list of food preparation procedures, and an equipment list with the plans?
5. Is your kitchen designed (or will be designed) to have smooth, easily cleanable, non-absorbent-floors, walls, and ceilings?
6. Is your food service equipment NSF, or equal? (NSF, National Sanitation Foundation, tests and approves equipment for its intended usage. Once the equipment is approved, a seal or NSF stamp is placed for recognition. North Carolina requires NSF or equal equipment for food service).

Application for Food Service Establishment  
Plan Review and / or Permit

Applicant's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Owner (if other than applicant): \_\_\_\_\_ Phone: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_

SERVICES REQUESTED

Check appropriate service:  PERMIT  TRANSITIONAL PERMIT  PLAN REVIEW

BASIC FACILITY INFORMATION

Check appropriate one:  \*NEW  \*REMODEL  MANAGEMENT CHANGE ONLY

\*\*Is establishment part of a chain ? (answer yes or no):

Number of seats:

Number of Employees / Shift: \_\_\_\_\_ Operating hours:

Type of Water Supply:

Type of Sewage Disposal: \_\_\_\_\_ (Attach Copy of Permit)

- Plan Review is required for all new and remodeled food service establishments. Attach a complete set of plans including a 1/4" scale drawing of equipment layout, specification sheets on equipment, hot water requirement and a finished schedule for floor, walls, and ceiling. (Allow a minimum of three weeks for Plan Review.)

\*\* Chain and/or prototype operation-complete and mail with standard plans to: NC Dept. of Environment, Health, and Natural Resources, Food and Lodging Sanitation Branch, P.O. Box 27687, Raleigh, NC 27611-7687.

TYPE OF SERVICE

Check one:  RESTAURANT  MEAT MARKET  DELI  \*MOBILE FOOD UNIT  
 \*PUSH CART

Check one:  SINGLE SERVICE  MULTI-USE  TAKE-OUT  OTHER

- Must operate in conjunction with a permitted food service establishment. Provide name and address of establishment. Also, include a list of counties you plan to operate in.

MENU INFORMATION

Will there be a food bar/buffet? (yes or no) \_\_\_\_\_ Attach copy of menu or brief description of foods served

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Completed application to: Wilkes County Health Department, Environmental Services Section  
306 College Street  
Wilkesboro, NC 28697

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(To be completed by Department)

Plans approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Permit issued by: \_\_\_\_\_ Date: \_\_\_\_\_

N. C. Department of Environment, Health and Natural Resources  
Division of Environmental Health  
Food, Lodging, and Institutional Sanitation Branch

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

NEW                       REMODEL                       CONVERSION

County in which located:

Name of Establishment:

Establishment's Address:

Phone if Available:

Name of Owner:

Mailing Address:

Telephone:

Applicant's Name:

Mailing Address:

Telephone:

Title (owner, manager, architect, etc.)

I have submitted plans/application to the following:  
(please note date, phone number and contact person on application line)

Mayor/City/County Manager

Plumbing:

Phone Number:

Board of Selectman

Contact Person:

Zoning: \_\_\_\_\_

Electrical:

Phone Number: \_\_\_\_\_

Phone Number:

Contact Person: \_\_\_\_\_

Contact Person:

Planning: \_\_\_\_\_

Building:

Phone Number: \_\_\_\_\_

Phone Number:

Contact Person: \_\_\_\_\_

Contact Person:

Hours of Operation:

Sunday \_\_\_\_\_

Thursday

Monday \_\_\_\_\_ Friday  
Tuesday \_\_\_\_\_ Saturday  
Wednesday \_\_\_\_\_

Number of Seats:

Number of Staff:  
(Maximum per shift)

Total Square Feet of Facility:

Maximum Meals to be Served:  
(approximate number)

Breakfast:  
Lunch: \_\_\_\_\_  
Dinner:

Projected Date for Start of Construction:

Projected Date for Completion of Project:

Type of Service:  
(check all that apply)

Sit Down Meals  
Take out ----->  
Caterer ----->  
Mobile Food Unit  
Push Cart----->  
Limited Food Service  
Temporary Food Stand:  
Other----->  
Single Service Utensil  
Multi-Use Utensil Service ----->

Please enclose the following documents:

- Proposed menu
- Manufacturer specification sheets for each piece of equipment shown on plans.
- Site plan showing location of business in building, location of building on site including alleys, streets and location of any outside facility (dumpster, walk-ins, etc.).
- Plan of facility drawn to scale showing location of equipment, plumbing, electrical service and mechanical ventilation, including location of all electrical panels.

1. The plans should be a minimum of 11 x 14 inches in size and the layout of the floor

plan accurately drawn to a minimum scale of 1/4 inches = 1 foot. This is to allow for ease in reading plans.

2. Information accompanying the plans should include; the proposed menu, seating capacity, projected daily meal volume for food service operation.
3. The plans should show the location and when requested elevated drawing of all food service equipment. Each piece of equipment shall be clearly labeled on the plan with its common name.
4. Adequate rapid cooling including ice baths and refrigeration, and hot-holding facilities for potentially hazardous food (PHF) should be clearly designated on the plan.
5. When menu dictates, separate food preparation sinks should be labeled and located to preclude contamination and cross-contamination of raw and ready to eat foods.
6. Adequate hand washing facilities used for no other purpose should be designated for each toilet facility and in the immediate area of food preparation.
7. The plan layout should contain room size, aisle space, space between and behind equipment, and the placement of the equipment on the floor.
8. Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation should be represented on the plan and all features of these rooms shown as required by the standards.
9. The plans and specifications should also include:
  - A. Entrances, exits, loading/unloading areas and docks;
  - B. Completed finish schedules for each room to include floors, walls, ceilings and coved juncture bases;
  - C. Plumbing schedule to include location of the floor drains, floor sinks and water supply lines, overhead waste water lines, hot water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, waste water line connections;
  - D. Lighting schedule with protectors;  
Food contact surfaces = 50 foot candles (540 lux)  
Utensil washing area = 50 foot candles (540 lux)  
(lighting in utensil washing area and on food contact surfaces shall be measured at 30 inches above the floor and/or at the work levels)  
All other area = 10 foot candles (110 lux)  
(Lighting to be measured at 30 inches above the floor).
  - E. Equipment schedule should include make and model number and National Sanitation Foundation (NSF), UL Sanitation, ETL Sanitation or equivalent;

- F. Source of water supply and method of sewage disposal. The location of these facilities should be shown and evidence submitted that state and local regulations are to be complied with;
- G. Ventilation schedule for each room;
- H. A mop sink with facilities for hanging wet mops and storage of mop buckets;
- I. Garbage can washing area/facility;
- J. Dumpster pad and location;
- K. Grease traps and/or grease interceptor location;
- L. Grease storage containers and storage location;
- M. Cabinets/shelves for storing toxic chemicals;
- N. Dressing rooms, locker area, employee rest area, and/or coat rack as required;
- O. Completed checklist;
- P. Site plan (plot plan)

Check categories of Potentially Hazardous Food (PHF) to be handled, prepared and served.

<u>CATEGORY</u>	(YES)	( NO )
1. Thin meats, poultry, fish, eggs	<input type="checkbox"/>	<input type="checkbox"/>
2. Thick meats, whole poultry	<input type="checkbox"/>	<input type="checkbox"/>
3. Cold processed foods salads, sandwiches, vegetables	<input type="checkbox"/>	<input type="checkbox"/>
4. Hot processed foods (soups, stews, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
5. Bakery goods (pies, custards, creams)	<input type="checkbox"/>	<input type="checkbox"/>
6 Other		

PLEASE CHECK/ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

Are all food supplies from inspected and approved sources?  Yes  No

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods at 0° F and below, and refrigerated foods at 45° F (7° C) and below?  Yes  No

Provide the method used to calculate cold storage requirements.

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezer with cooked/ready-to-eat foods?  Yes  No

If yes, how will cross-contamination be prevented?

1. Does each refrigerator/freezer have a thermometer?  Yes  No

Page 5

Number of refrigeration units:

Number of freezer units:

THAWING

Please indicate by checking the appropriate line how potentially hazardous food (PHF) in each category will be thawed. More than one method may apply.

	THICK MEATS	THIN MEATS	FISH SEAFOOD	POULTRY PRODUCTS	COLD FOODS	HOT FOODS	BAKED GOODS
Refrigeration	<input type="checkbox"/>						
Running Water Less than 70° (21° C)	<input type="checkbox"/>						
Microwave (as part of cooking process)	<input type="checkbox"/>						
Cooked Frozen (indicate weight)	<input type="checkbox"/>						

Other (describe):

- Will food product thermometers (0° - 212°F) be used to measure final cooking/reheating temperatures of PHF? (potentially hazardous food)? Yes/No

Minimum cooking time and temperature of product utilizing convection and conduction heating equipment:

Beef roast	130°F (121 min)	Comminuted meats	155°F (15 sec)
Seafood	145°F (15 sec)	Poultry	165°F (15 sec)
Pork	155°F (15 sec)	Other PHF	145°F (15 sec)
Eggs	145°F (15 sec)	*reheating PHF	165°F (15 sec)

- List types of cooking equipment.

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HOT/COLD HOLDING:

- How will hot PHF (potentially hazardous food) be maintained at 140° F (60° C) and above during holding for service? Indicate type and number of hot holding units.

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- How will cold PHF (potentially hazardous food) be maintained at 45° F (7° C) and below during holding for service? Indicate type and number of cold holding units.
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COOLING:

Please indicate by checking the appropriate line how PHF (potentially hazardous food) will be cooled to 45° F (7° C) within 6 hours (140° F to 70° F in 2 hours and 70° F to 45° F in 4 hours).

	THICK MEATS	THIN MEATS	FISH SEAFOOD	POULTRY PRODUCTS	COLD FOODS	HOT FOODS	BAKED GOODS
Shallow Pans	<input type="checkbox"/>						
Ice Baths	<input type="checkbox"/>						
Rapid Chill	<input type="checkbox"/>						

Other (describe):

PREPARATION:

- Please list categories of food prepared more than 12 hours in advance of service.
- Will disposable gloves and/or utensils and/or food grade paper be used to minimize handling of ready-to-eat foods?  Yes  No
- Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions?  Yes  No

Please describe briefly:

4. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized?

Please describe procedure: \_\_\_\_\_

Chemical Type:

Concentration:

Test Kit:

5. How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixed and/or assembled?

6. Will produce be washed and/or prepped prior to use?  Yes  No

Is there an approved location used for washing and/or prepping produce?  Yes  No

Please describe procedure and location:

7. Will fish and seafood products be washed and/or prepped prior to use?  Yes  No

Is there an approved location used for washing and/or prepping seafood products?  Yes  No

Please describe procedure and location: \_\_\_\_\_

8. Will poultry products be washed and/or prepped prior to use?  Yes  No

Is there an approved location used for washing and/or prepping poultry products?  Yes  No

Please describe procedure and location: \_\_\_\_\_

9. Describe the procedure used for minimizing the length of time PHF (potentially hazardous food) will be kept in the temperature danger zone (45° F - 140° F) during preparation.

10. Provide operational procedures for food preparation and/or a HACCP (Hazard Analysis Critical Control Point) plan for PHF (potentially hazardous food) food items prepared.

I. FINISH SCHEDULE

Applicants must fill in materials (i.e., quarry tile, stainless steel, 6" plastic covered molding, etc.)

	FLOOR	BASE	WALLS	CEILING
Kitchen	(_____)	(_____)	(_____)	(_____)
Bar	(_____)	(_____)	(_____)	(_____)
Food Storage	(_____)	(_____)	(_____)	(_____)
Other Storage	(_____)	(_____)	(_____)	(_____)
Toilet Rooms	(_____)	(_____)	(_____)	(_____)
Dressing Rooms	(_____)	(_____)	(_____)	(_____)
Garbage & Refuse Storage	(_____)	(_____)	(_____)	(_____)
Mop Service Basin Area	(_____)	(_____)	(_____)	(_____)
Other	(_____)	(_____)	(_____)	(_____)

II. INSECT AND RODENT HARBORAGE

APPLICANT: Please check appropriate boxes.	YES	NO	NA
3. Are all outside doors self-closing with rodent proof flashing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How is fly protection provided on all outside entrances?			
A. Screen Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Air Curtain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all open able windows have one of the below forms of fly protection?			
A. Minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Air Curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Self Closing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all pipes & electrical conduit chases sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is area around premises clear of unnecessary brush, litter, boxes and other vermin harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. GARBAGE AND REFUSE

- |  | <u>Inside</u>            | YES                      | NO                       | NA                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. Do all containers have lids?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Will refuse be stored inside?<br>If so, where | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there a can cleaning facility?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Outside

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 10. Will a dumpster be used?<br>Number: _____ Size:<br>Frequency of pickup:<br>Contractor: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

11. Will the dumpster be cleaned on site?  Yes  No

If the dumpster is to be cleaned on site then the waste water from the cleaning operation will be required to be discharged to the sanitary sewer system.

12. Is the dumpster to be cleaned by an off site contracted cleaning service? If (Yes) Please provide name and address of the firm contracted for this service.  Yes  No

13. Will a compactor be used?  
Number: \_\_\_\_\_ Size:  
Frequency of pickup:  
Contractor:  Yes  No

14. Will the compactor be cleaned on site?  Yes  No  
If the compactor is to be cleaned on site then the waste water from the cleaning operation will be required to be discharged to the sanitary sewer system.

15. Is the compactor to be cleaned by an off site contracted cleaning service?  Yes  No  
If (Yes) Please provide name and address of the firm contracted for this service.

16. Will trash containers be stored outside?  Yes  No

17. Describe surface and location where dumpster/compactor/cans are to be stored.

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18. Type and location of waste cooking grease storage receptacle.

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19. Is there an area to store recycled containers?  Yes  No  NA

Describe:

20. Location and size of grease trap:

IV. PLUMBING

		INDIRECT WASTE		DIRECT WASTE
		Floor Sink	Hub Drain	Floor Drain
21.	Dishwasher			
22.	Garbage grinder			
23.	Ice machines			
24.	Ice storage			
25.	Sinks			
	A. Food prep sinks			
	B. Utensil/pot wash			
	C. Handwash			
26.	Steam tables			
27.	Dipper wells			
28.	Refrigeration			
29.	Potato peeler			
30.	Other			
	Other			
	Other			

If floor drains are not shown on plans, please indicate location:

		Back flow Preventor	Back flow Preventor
31.	Hose connection		

V. WATER SUPPLY

32. Is water supply:  Community  Municipal

If the water supply is other than a municipal water it will be required to be registered with public water supply.

33. Is the water supply if other than municipal registered and approved by public water supply?  YES  NO  PENDING

Please attach copy of written approval and/or permits.

34. Is ice made on premises [ ] or purchased commercially [ ]?

If made on premises, are specification of machine provided?  YES  NO

Describe provision for ice scoop storage:

VI. SEWAGE DISPOSAL

35. Is building connected to a municipal sewer?  YES  NO

36. If no, is private disposal system approved?  YES  NO  PENDING  
Please attach a copy of written approval and/or permit.

VII. DRESSING ROOMS

37. Are separate dressing rooms provided?  Yes  No  NA

38. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

VII. GENERAL

39. Are insecticides/rodenticides if used stored separately from cleaning and sanitizing agents?  YES  NO

Indicate location:

40. Are all cleaning material and toxiants for use in the premise and retail sale including personal medications stored away from food preparation and storage areas?  YES  NO

41. Are all containers of toxic/cleaning material including sanitizing spray bottles clearly labeled?  YES  NO

42. Are laundry facilities located on premises?  YES  NO  
If yes, what will be laundered?

43. Is a laundry dryer available?  YES  NO

44. Location of clean linen storage:

45. Location of dirty linen storage:

46. Are approved food storage containers being used to store bulk food products?  YES  NO

Indicate type:

IX. CAN AND MOP CLEANING FACILITIES

47. Is a separate mop basin provided?  YES  NO

If yes, please describe facility for cleaning of mops and other equipment:

Is a separate can wash provided?  YES  NO

If yes, please describe facility for cleaning of garbage cans:

X. DISHWASHING FACILITIES

48. (A) What size sink will be used warewashing?

	Size of Sink Vats			Drainboards Size	
	Length	Width	Depth	Right	Left
Two Compartment Sink ( )		X	X		
Three Compartment Sink ( )		X	X		
Four Compartment Sink ( )		X	X		

(B) Does the largest pot and pan fit into each compartment of the pot sink?  YES  NO

- (C) What type of sanitizer is used?
- Chlorine
  - Iodine
  - Quaternary ammonium
  - Hot water
  - Other

49. Dishwasher

A. Type of sanitization used:  
Hot water (temperature provided).  
Booster heater:

B. Chemical type:  
Test kits:

- C. Is ventilation provided?  YES  NO
- D. Do all dish machines have templates with operating instructions?  YES  NO
- E. Do all dish machines have temperature/pressure gauges as required that are accurately working?  YES  NO
- F. Are test papers and/or kits available for checking sanitizer concentration?  YES  NO

50. Is appropriate air drying space available for the air drying of all washed utensils with the use of drainboards, wall or overhead shelves, stationary or portable racks?

Please describe type and location: \_\_\_\_\_

XI. HAND WASHING/TOILET FACILITIES

51. Is there an appropriate hand washing sink in each food preparation and warewashing area?  YES  NO
52. Do all hand washing sinks including those in the restrooms have a mixing valve or combination faucets?  YES  NO
53. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?  YES  NO
54. Are soap dispensers (wall mounted, individual free standing pump dispensers) available at all hand washing sinks?  YES  NO
55. Are hand drying facilities (paper towels, air blower, etc.) available at all hand washing sinks?  YES  NO

56. Are waste receptacles available in each restroom?  YES  NO

57. Are all toilet room doors self-closing?  YES  NO
58. Is a hand washing sign posted in each employee restroom?  YES  NO

XII. DRY GOODS STORAGE

59. Is appropriate dry good storage space provided for based upon menu, meals and frequency of deliveries?  YES  NO

XIII. HOT WATER HEATER

60. Water heater storage capacity. ( \_\_\_\_\_ Gallons Storage)
61. Water heater recovery rate in gallons per hour at a 100° F temperature Rise. ( \_\_\_\_\_ Gallons per hour)

HOT WATER HEATER CALCULATION WORKSHEET

EQUIPMENT	QUANTITY	SIZE (in inches)	GPH
One-compartment sink	x	___by___by	=
Two-compartment sink	x	___by___by	=
Three-compartment sink	x	___by___by	=
Four-compartment sink	x	___by___by	=
One-compartment Prep sink	x	___by___by	=
Two-compartment Prep sink	x	___by___by	=
Three-compartment Prep sink	x	___by___by	=
Three-compartment bar sink	x	___by___by	=
Four-compartment bar sink	x	___by___by	=
Hand sink	x	___by___by	=
Pre-rinse	x	___by___by	=
Can wash	x	___by___by	=
Mop sink	x	___by___by	=
**Dishmachine	x	___by___by	=
**Cloth Washer	x	___by___by	=
**Hose reels	x	___by___by	=
Other equipment	x	___by___by	=
Total 140 F GPH (gallons per hour) Recovery Requirements			

Note #2 Cloth Washer Calculation

- A. Limited Use/Cloth washer used one to two times per day; beginning or ending of day operation GPH = 60 GPH x 25%.
- B. Intermediate Use/Cloth washer used three to four times per day; GPH x 45%.
- C. Heavy Use/Cloth washer used once every two hours; GPH = 60 GPH x 80%.
- D. Continuous Use/Cloth washer used every hour; GPH = 60 GPH x 100%.

Note #3 Hose reels @ 20 GPH for first reel & 10 GPH for each additional reel.

Note GPH Requirements for sink.

$$\text{GPH} = \frac{\text{Sink size in cu.in.}}{1,728 \text{ cu.in./cu.ft.}} \times 7.5 \text{ gal./cu.ft} \times \# \text{ compartments} \times .75 \text{ capacity}$$

Short version for above - GPH = Sink rate in cu. in. x # compartments x .003255/cu. in.

Note - 140° F Hot water heaters are to be sized at the 140° F GPH recovery required at a temperature rise of 100° F.

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STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from this Health Regulatory Office may nullify this approval.

Signature(s)

Owner(s) or Responsible Representative(s)

Date:

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Approval of these plans and specification by this Health Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required—federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

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