FOOD SERVICE ESTABLISHMENT PLAN REVIEW CHECKLIST

Plans must be a minimum of 11 x 14 inches with the layout of the floor plan accurately drawn to a minimum scale of ¼ inches = 1 foot.

Plans and specifications should include:
1. Location of all food service equipment with each piece of equipment clearly identified.
2. Refrigeration and hot holding equipment for potentially hazardous food.
3. Location of dishwashing facilities.
4. Separate food preparation sinks (when menu dictates) labeled and located to prevent cross-contamination of raw and ready to eat foods.
5. Hand washing facilities designated for food preparation areas, dishwashing area, bars, and toilet facilities.
6. Location of all ice machines.
7. Location of wait stations and customer self-service areas or buffets.
8. Location of storage rooms, basements, cellars, attics used for storage of any dry goods, paper goods, and toxic chemicals.
   Please note – All items shall be stored at least 6” off floor if on stationary units.
9. Toilet facilities.
10. Employee dressing room or locker area.
11. Finish schedule for each room including floors, walls, ceilings, and coved juncture bases.
12. Plumbing schedule to include:
   a. Floor drains / floor sinks
   b. Mop sink/can wash location
      Suggested Set-Up: combination faucet, hot and cold water, threaded nozzle or other approved backflow prevention, and a curbed impervious pad sloped to drain into sewer. Minimum recommended size is 36 x 36 inches with walls that are easily cleanable and non-absorbent.
   c. Waste supply lines
   d. Waste water lines
   e. Hot water generating equipment
   f. Water heater manufacturer, model number, and recovery rate
   g. Grease trap and/or grease interceptor location
13. Electrical layout and location of electrical panels.
14. Site plan to include:
   a. Dumpster pad location – must be placed on a pad sloped to drain
   b. Grease storage container location
   c. Entrances and exits
   d. Loading and unloading areas

Plans must be submitted along with the following items:
1. Proposed menu
2. Manufacturer specifications sheets for each piece of equipment
   *All equipment with exception of microwaves, mixers, and toasters must be NSF listed, UL classified for sanitation (EPH), or must be constructed to meet NSF standards.
3. A $200.00 Plan Review Fee

REQUIREMENTS CAN BE FOUND AT:

*Detach this page for your reference*

IT IS HIGHLY RECOMMENDED THAT YOU SPEAK WITH AN INSPECTOR BEFORE SUBMITTING THIS APPLICATION. PLEASE CALL BETWEEN 8-9 AM.
Food Service Establishment Plan Review Application

Type of Plan Review:   [ ] NEW CONSTRUCTION   [ ] REMODEL   [ ] CHANGE OF OPERATOR

Name of Establishment: ________________________________________________________________

Address: __________________________________________________________________________

City: ___________________________ Zip Code: _______ County__________

Phone (if available): ____-____-______ Fax: ____-____-______

Owner or Owner’s Representative: ______________________________________________________

Address: _______________________________________________________________________

City: ___________________________ State: _____ Zip Code: ____________

Telephone: ____-____-______ Fax: ____-____-______

E-mail Address: __________________________

Applicant (if different than owner): ______________________________________________________

Company: __________________________________________________________

Address: _______________________________________________________________________

City: ___________________________ State: _____ Zip Code: ____________

Telephone: ____-____-______ Fax: ____-____-______

E-mail Address: __________________________

Title (owner, manager, architect, etc.): ________________________________________________

If food service facility is on a septic system or a well, approval must be granted from the
Yadkin County Environmental Health prior to submission of this application. Please contact the
Onsite Water Protection Environmental Health Specialist.

Facility Information

Seating: Total Number (includes outdoor seating) _________  Facility: Total square feet _________

Projected start date of construction: _________________  Projected completion date: _________________
Hours of Operation:

<table>
<thead>
<tr>
<th></th>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
</table>

Projected number of meals served between product deliveries:

Breakfast: _____ Lunch: _____ Dinner: _____

**TYPE OF FOOD SERVICE:** CHECK ALL THAT APPLY

- Restaurant
- Sit-down meals
- Take-out meals
- Catering
- Food Stand
- Buffets or Customer Self-Service Areas
- Drink Stand
- Customer Utensils:
  - Single-service (disposable): Plates Glassware Silverware
- Commissary
- Multi-use (Reusable): Plates Glassware Silverware
- Meat Market
- Other (explain):

Indicate any **specialized processes** that will take place:

- Curing
- Acidification (sushi rice, chow chow, etc.)
- Reduced Oxygen Packaging (i.e. vacuum packaging, sous vide, cook-chill)
- Smoking
- Sprouting Seeds or Beans
- Other

Explain checked processes: -

Will any meats be par cooked? Yes ☐* No ☐
*If yes, please explain: ____________________________

Will any meats, seafood, shellfish, or eggs be served or sold raw or undercooked? Yes ☐* No ☐
*If yes, please indicate which items: ____________________________

Will any foods be packaged for retail sale (i.e. grab-n-go sandwiches, soups, salads, etc)? Yes ☐* No ☐
*If yes, please indicate which items: ____________________________

Indicate any of the following **highly susceptible populations** that will be catered to or served:

- Nursing Home
- Child Care Center
- Health Care Facility
- Assisted Living Center
- School with pre-school aged children
COLD STORAGE
Method used to determine cold storage requirements:

Cubic-feet of reach-in cold storage:                                    Cubic-feet of walk-in cold storage:
Reach-in refrigerator storage: ______ ft³  Walk-in refrigerator storage: ______ ft³
Reach-in freezer storage: ______ ft³  Walk-in freezer storage: ______ ft³

Number of reach-in refrigerators: ______
Number of reach-in freezers: ______

HOT HOLDING: Indicate foods that will be hot held

COLD HOLDING: Indicate foods that will be cold held

COOLING
Indicate by placing a X in the appropriate boxes how cooked food will be cooled to 45°F (7°C) within 6 hours. If “Other” is checked indicate type of food.

<table>
<thead>
<tr>
<th>Cooling Process</th>
<th>Meat</th>
<th>Seafood</th>
<th>Poultry</th>
<th>Other-</th>
<th>Other-</th>
<th>Other-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow Pans</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ice Baths</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rapid Chill</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

THAWING
Indicate by placing a X in the appropriate boxes how food in each category will be thawed. If “Other” is checked indicate type of food.

<table>
<thead>
<tr>
<th>Thawing Process</th>
<th>Meat</th>
<th>Seafood</th>
<th>Poultry</th>
<th>Other-</th>
<th>Other-</th>
<th>Other-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Running Water less than 70°F (21°C)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cooked Frozen</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Microwave</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.

Explain the handling procedures for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled

1. READY-TO-EAT FOOD HANDLING (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

2. PRODUCE HANDLING

3. POULTRY HANDLING

4. MEAT HANDLING

5. SEAFOOD HANDLING
DISHWASHING FACILITIES

a. **Hand Dishwashing:** Sink bays must be large enough to accommodate largest utensil.

1. Number of sink compartments:
   - Size of sink compartments (inches): _______ Length: _______ Width: _______ Depth: _______
   - Length of drain boards (inches): Right: _______ Left: _______
2. What type of sanitizer will be used? Chlorine: ☐ Iodine: ☐ Quaternary Ammonium: ☐
   - Hot Water: ☐ Other (specify): ____________________

b. **Mechanical Dishwashing**

1. Will a dish machine be used? Yes ☐ No ☐
   - Dish machine manufacturer and model: ________________________
2. Type of sanitization: Hot water (180°F) ☐ Chemical ☐

c. **General**

1. Describe how cooking equipment, cutting boards, slicers, counter tops and other food contact surfaces that **cannot be submerged in sinks or put through a dishwasher** will be cleaned and sanitized:

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

2. Describe location and type (drain boards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

3. Square feet of air drying space: _______ ft²

4. Will any dispensing utensils (i.e. scoops) for moist foods be stored in water? Yes ☐* No ☐
   *If yes, which method: Running water dipper well ☐ Container of water above 135F ☐

HANDWASHING FACILITIES

Indicate number of all hand wash sinks (including restrooms): _______
Indicate location(s) of hand wash sinks:

_____________________________________________________________

_____________________________________________________________

BARS

Will a bar be located in facility? Yes ☐ No ☐

Will utensils be washed at bar? Yes ☐* No ☐
   *If yes, what is dishwashing method? Hand dishwashing ☐ Mechanical ☐

Dish machine manufacturer and model number (if applicable): ____________________________
WATER SUPPLY - SEWAGE

1. Is water supply: Municipal ☐  Well ☐*  If well, number of connections: ____________
   Is sewer: Municipal ☐  Septic ☐*  
   *Have applications been submitted to Env. Health for well and septic approval?  Yes ☐  No ☐
   If well, year drilled:

2. Will ice:  be made on premises ☐ or purchased ☐

3. WATER HEATER:
   ☐ Tank type:
   a. Manufacturer and model: ________________________________
   b. Storage capacity: _______ gallons
      f  Electric water heater: _______ kilowatts (kW)
      f  Gas water heater: _______ BTU’s
   c. Water heater recovery rate (gallons per hour at 100°F temperature rise): _______ GPH
      (Please use Water Heater Calculation Chart on the next page or you may contact Yadkin County Environmental Health for assistance in calculating water heater requirements.)

   ☐ Tank less:
   a. Manufacturer and model: ________________________________
   b. Quantity of tank less water heaters: _______

4. Place a X in the appropriate box indicating equipment drains:

<table>
<thead>
<tr>
<th>Plumbing Fixtures</th>
<th>Indirect Waste</th>
<th>Direct Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Floor sink</td>
<td>Hub Drain</td>
</tr>
<tr>
<td>Utensil Washing Sink</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Prep Sinks</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hand Sinks</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dish Machine</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ice Machine</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Garbage Disposal</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dipper Well</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Refrigeration</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Steam Table</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other-<em>-</em>-<em>-</em>-<em>-</em>-<em>-</em>-<em>-</em>-_-</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other-<em>-</em>-<em>-</em>-<em>-</em>-<em>-</em>-<em>-</em>-_-</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
## WATER HEATER SIZING

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Quantity</th>
<th>Times</th>
<th>Size</th>
<th>=</th>
<th>GPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Comp Sink</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>See Note at Bottom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Comp Sink</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>See Note at Bottom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three Comp Sink</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>See Note at Bottom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four Comp Sink</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>See Note at Bottom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One Comp Prep Sink</td>
<td>X</td>
<td></td>
<td>5 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Two Comp Prep Sink</td>
<td>X</td>
<td></td>
<td>10 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Three Comp Prep Sink</td>
<td>X</td>
<td></td>
<td>15 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Three Comp Bar Sink</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>See Note at Bottom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four Comp Bar Sink</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>See Note at Bottom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Rinse Sink</td>
<td>X</td>
<td></td>
<td>45 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Dish machine 1</td>
<td>X</td>
<td></td>
<td>GPH = 70% of Final Rinse Usage</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Dish machine 2</td>
<td>X</td>
<td></td>
<td>GPH = 70% of Final Rinse Usage</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Hand sink</td>
<td>X</td>
<td></td>
<td>5 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Can Wash</td>
<td>X</td>
<td></td>
<td>10 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Mop Sink</td>
<td>X</td>
<td></td>
<td>5 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Cloth Washer</td>
<td>X</td>
<td></td>
<td>15 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Hose Reel</td>
<td>X</td>
<td></td>
<td>5 GPH</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Other Equipment -</td>
<td>X</td>
<td></td>
<td></td>
<td>=</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Equipment –</td>
<td>X</td>
<td></td>
<td></td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Gallons per hour (GPH) Recovery Rate needed based on 100F temperature rise</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NOTE: Calculation for Sinks

GPH = \( \frac{(\text{Sink size in cubic inches}) \times (7.5 \text{ gal/cubic feet}) \times (\# \text{ compartments} \times .75 \text{ capacity})}{1,728 \text{ cubic inches/cubic feet}} \)

Or

GPH = (Sink size in cubic inches) \( \times \) (# of compartments) \( \times \) (0.003255/cubic inches)

**Example:** \((24'' \times 24'' \times 14'') \times (3 \text{ compartments}) \times (0.003255) = 79 \text{ GPH}\)
### FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile)

<table>
<thead>
<tr>
<th>Area</th>
<th>Floor</th>
<th>Base</th>
<th>Walls</th>
<th>Ceiling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garbage &amp; Refuse Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mop Sink/Can Wash</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other –</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other –</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DRY STORAGE

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time:

_________________________________________________________________________

_________________________________________________________________________

Square feet of dry storage shelf space: _________ft²

Where will dry goods be stored?

_________________________________________________________________________

What type of shelving is provided in storage areas: ___________________________

### EMPLOYEE AREA

Indicate location for storing employees’ personal items:

_________________________________________________________________________
GARBAGE AND REFUSE
1. Will refuse be stored inside? Yes □ No □  
   If yes, where ____________________________
2. Provision for garbage disposal: Dumpster □ Compactor □ Cans □
3. Provision for cleaning dumpster/compactor: On-site □ Off-site □  
   If off-site cleaning, provide name of cleaning contractor: ____________________________
4. Describe location for storage of any recyclables (cooking grease, cardboard, glass, plastic etc.): ____________________________
5. Will a pad sloped to drain be placed under dumpsters, trash cans, recyclables, oil/grease containers? Yes □ No □

CLEANING FACILITIES
1. Location and size of can wash/mop storage area ____________________________
2. Is a separate mop basin provided? Yes □ No □  
   If yes, describe type and location: ____________________________
3. Location of chemical storage: ____________________________
4. Location of clean linen storage: ____________________________
5. Location of dirty linen storage: ____________________________

INSECT AND RODENT PREVENTION AND CONTROL
1. How is fly protection provided on all outside doors?  
   Self-closing door □ Fly Fan □ Screen Door □
2. How is fly protection provided on windows that open?  
   Self-closing □ Fly Fan □ Screens □
3. Will any insect control devices (i.e. zapper) be installed? Yes □* No □  
   *If yes, please indicate location: ____________________________
4. Location of insecticide/rodenticide storage: ____________________________

THE FOLLOWING ITEMS MUST BE SUBMITTED TO YADKIN COUNTY ENVIRONMENTAL HEALTH ALONG WITH COMPLETED APPLICATION:
1. A SCALE DRAWING OF THE PROPOSED FACILITY (1/4 IN. = 1 FT IS PREFERED). THE LOCATION OF EQUIPMENT MUST BE SHOWN ON THE PLANS
2. AN EQUIPMENT LIST WITH THE MAKE AND MODEL NUMBERS OF EQUIPMENT
3. A PROPOSED MENU
4. A PLAN REVIEW FEE OF $200.00

CONSTRUCTION OR RENOVATION MAY NOT BEG _E _N _U N T I L P L A N S H A V E B E E N APPROVED. I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS CORRECT, AND I UNDERSTAND THAT ANY DEVIATION WITHOUT PRIOR APPROVAL FROM YADKIN COUNTY ENVIRONMENTAL HEALTH MAY NULLIFY PLAN APPROVAL.

Signature: ____________________________ (Owner or Responsible Representative)  
Date: ____________________________

Revised 8-2016