TO: Proposed facilities within the counties of Bertie, Camden, Chowan, Currituck, Gates, Hertford, Pasquotank and Perquimans

FROM: Environmental Health Services of Albemarle Regional Health Services

SUBJECT: Application process for plan review of new facilities

Environmental Health Services would like to welcome you and your facility to our eight-county district. Please take a moment to review the following checklist to assist you with obtaining the required permits to begin your future business.

- Contact the local County Planning and Zoning and Building Departments within the area you propose to have your facility to ensure the facility meets proper codes.

- Visit http://ehs.ncpublichealth.com and click on Rules to review the rules that will apply to your proposed facility. A direct link to the NC Food Code may be found at http://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf

- All facilities must submit floor plans and site plans and completed Environmental Health Services Application for New Facilities. The plans should be a minimum of 11x14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of $\frac{1}{4}$ inches = 1 foot. This is to allow for ease in reading.

- For those without internet capabilities, please contact your county below to request a hard copy of the rules or applications needed.

- Payment in the amount of $200 must be included with submission of your application for plan review. A check or money order may be made to: ARHS.

If you have any questions, comments, and/or concerns do not hesitate to contact this department. Our offices are open between the hours of 8:00 a.m. – 5:00 p.m., Monday – Friday. You may contact your County department at the number below and someone will assist you.

Mail to: ARHS Environmental Health
Attn: County Name
PO Box 189
Elizabeth City, NC 27907

<table>
<thead>
<tr>
<th>County</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bertie</td>
<td>(252) 794-5303</td>
<td>(252) 794-5361</td>
</tr>
<tr>
<td>Camden</td>
<td>(252) 338-4460</td>
<td>(252) 338-4475</td>
</tr>
<tr>
<td>Chowan</td>
<td>(252) 482-1199</td>
<td>(252) 482-6020</td>
</tr>
<tr>
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<td>(252) 232-6603</td>
<td>(252) 232-1912</td>
</tr>
<tr>
<td>Gates</td>
<td>(252) 357-1380</td>
<td>(252) 357-2251</td>
</tr>
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<td>(252) 482-4054</td>
<td>(252) 862-4263</td>
</tr>
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<td>(252) 338-4490</td>
<td>(252) 337-7921</td>
</tr>
<tr>
<td>Perquimans</td>
<td>(252) 426-2100</td>
<td>(252) 426-2104</td>
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</table>

R. Battle Betts, Jr., MPA, Health Director
P.O. Box 189 • 711 Roanoke Avenue • Elizabeth City, North Carolina 27907-0189
Tel: 252-338-4400 • Fax: 252-338-4449
MINIMUM REQUIREMENTS FOR FOOD SERVICE FACILITIES

ON-SITE WATER AND SEWAGE: Any on-site water and sewage systems must be approved by the health department for the proposed use. A separate application and/or inspection application is required. This is not necessary for community/municipal water or sewer.

FOOD SERVICE EQUIPMENT: Food service equipment must meet or be listed by the following agencies as meeting National Sanitation Foundation (NSF)/American National Standards Institute (ANSI) standards.
   a) NSF (National Sanitation Foundation) listed...blue & silver sticker.
   b) ETL (ETL Testing Laboratories, Inc.) seal with “sanitation listed” around outside of circle.
   c) UL (Underwriters Laboratories, Inc.) sanitation classified... green triangle & white letters “EPH”.

Equipment exempted from these standards: hoods, hot water heaters, microwaves, toasters, and mixers.

Minimum Equipment
1) Refrigerated food storage.
2) Frozen food storage.
3) Storage areas and shelving for equipment, food stock, disposables, toxic compounds, employee belongings, clean and dirty linen.
4) Dishwashing facility: 3-compartment sink with drainboards (must be self-draining), utensil racks, or tables large enough to accommodate all soiled and cleaned items that may accumulate during hours of operation shall be provided for necessary utensil holding before cleaning and after sanitizing. Recommended minimum drainboard length is 24 inches.
5) Can wash facility for garbage cans and mops.
6) Separate handwashing sink (one or more required).
7) Restroom(s) for employees. Also, restroom(s) for customers at restaurants with seating.
8) Storage of wastes (garbage, recyclables, etc.) inside and outside.
9) Construction must meet requirements (floors, walls, ceilings, lighting, plumbing, etc.).
10) Adequate hot water heating facilities.

Additional equipment that may be required depending on planned operation:
1) Hot holding equipment.
2) Cooking and/or reheating equipment.
3) Food preparation sink(s).
4) Ice maker.
5) Mechanical ventilation/hood.


Application for a Food Establishment Permit

Name of Establishment: ________________________________________________

Name of Applicant: __________________________________ Phone: ___________________________

Mailing Address: _______________________________________________________________________

City: ___________________________ State: _________________ Zip Code: _________________

Manager/Person in Charge: _______________________________________________________________________

Mailing Address for Establishment: _______________________________________________________________________

City: ___________________________ State: ______ Zip Code: _________________

Email Address: _____________________________________ Phone: ___________________________

Location of Establishment: _______________________________________________________________________

(If different from above)

Establishment is owned by: ____Association ____Corporation ____ Individual____Partnership ____Other Legal Entity

Attach names, titles and addresses of persons comprising the legal ownership including the owners and officers, and the local resident agent if one is required based on the type of legal ownership.

Establishment Type: ___ Mobile ___Stationary ___Temporary ___Permanent ___Shared Use

Prepares and Serves Potentially Hazardous Food (PHF)/Time Temperature Control for Safety Food (TCS):

_____ To Order upon Consumer Request

_____ In Advance and Discards Unserved Food

_____ Uses Time as a Public Health Control

Prepares PHF/TCS by: _____Cooking _____Cooling _____Reheating _____Hot holding _____Cold holding

_____ Freezing _____Thawing _____Par cooking

_____Prepares food for delivery to and consumption at a location off premises

_____Prepares food for a Highly Susceptible Population

_____Prepares only non PHF/TCS

Wastewater System: _____ Municipal/Community _____On-Site System

Water Supply: _____Municipal/Community _____On-Site System

PROJECTED OPENING DATE: _________________

Please submit this application at least 30 calendar days prior to the projected opening date, per 15A NCAC .2658 as referenced in Section 8-302.11 of the NC Food Code Manual.

I attest to the accuracy of the information provided in this application.

Signature: ___________________________ Date: ___________________________

Method of Payment: ___________________________
Pre-opening Checklist

The following pre-opening checklist is provided to assist with compliance to obtain a Food Establishment Permit:

_____ Certified Food Protection Manager (Applicant is allowed 210 days from date permit is issued to comply with rule requirement, per 15A NCAC 18A .2659)

_____ Copy of the menu

_____ *Consumer advisory (NC Food Code Manual, Section 3-603.11)

_____ *Variance and/or HACCP plan for specialized processing methods (NC Food Code Manual, Section 3-502.11)

_____ *Written procedures for time as a public health control (NC Food Code Manual, Section 3-501.18)

_____ *Standard operating procedures (NC Food Code Manual, Paragraph 8-201.12(E))

_____ All refrigerators and freezers must be operating to verify temperatures

_____ Thermometers provided

_____ Water heater operating

_____ Ware washing facilities properly operating

_____ Sanitizing solution and test strips supplied

_____ Lighting meets requirements

_____ Bulbs shielded or shatterproof

_____ Handwashing sinks conveniently located and supplied with soap, towels, and handwashing sign

_____ All construction completed and all construction materials removed from the premises

*If applicable

When scheduling the pre-opening inspection, contact your local County Environmental Health Department at least a week prior to the projected opening date.

<table>
<thead>
<tr>
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</tbody>
</table>

***KEEP THIS PAGE FOR YOUR REFERENCE***
Hours of Operation:
Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Projected number of meals served between product deliveries:
  Breakfast: _____  Lunch: _____  Dinner: _____
Number of seats: _____  Facility total square feet: _____
Projected start date of construction: _____  Projected completion date: _____

TYPE OF FOOD SERVICE:  CHECK ALL THAT APPLY
☐ Restaurant
☐ Food Stand
☐ Drink Stand
☐ Commissary
☐ Meat Market
☐ Other (explain): _____
☐ Sit-down meals
☐ Take-out meals
☐ Catering
Single-service (disposable):
  ☐ Plates  ☐ Glassware  ☐ Silverware
Multi-use (reusable):
  ☐ Plates  ☐ Glassware  ☐ Silverware

Indicate any specialized processes that will take place:
☐ Curing  ☐ Acidification (sushi, etc.)  ☐ Reduced Oxygen Packaging (eg: Vacuum)
☐ Smoking  ☐ Sprouting Beans  ☐ Other

Explain checked processes: _____

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: __________ft³
Reach-in refrigerator storage: ____ft³
Reach-in freezer storage: ____ft³

Cubic-feet of walk-in cold storage: __________ft³
Walk-in refrigerator storage: ____ft³
Walk-in freezer storage: ____ft³

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

HOT HOLDING
Food that will be held hot: _____

COLD HOLDING
Food that will be held cold: _____

COOLING
Indicate by checking the appropriate boxes how cooked food will be cooled to 45⁰F (7⁰C) 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>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow Pans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice Baths</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid Chill</td>
<td></td>
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</tr>
</tbody>
</table>

THAWING
Indicate by checking 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>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running Water less than 70⁰F (21⁰C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooked Frozen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microwave</td>
<td></td>
<td></td>
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</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 (specific pieces of equipment with their corresponding equipment schedule numbers) 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

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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? _____

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>
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<td></td>
</tr>
<tr>
<td>Bar</td>
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<td></td>
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</tr>
<tr>
<td>Food Storage</td>
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<tr>
<td>Dry Storage</td>
<td></td>
<td></td>
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<tr>
<td>Toilet Rooms</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Dressing Rooms</td>
<td></td>
<td></td>
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<tr>
<td>Garbage &amp; Refuse</td>
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</tr>
<tr>
<td>Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Sink</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
WATER SUPPLY - SEWAGE

1. Is water supply: Municipal ☐ Well ☐  Is sewer: Municipal ☐ Septic ☐

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

3. Water heater:
   - Tank type:
     a. Manufacturer and model: ______
     b. Storage capacity: _____ gallons
        ▪ Electric water heater: ______ kilowatts (kW)
        ▪ Gas water heater: ______ BTU’s
     c. Water heater recovery rate (gallons per hour at 80°F temperature rise): _____ GPH
        (See Water Heater Calculator on the Plan Review Unit website to calculate recovery rate needed)
   - Tankless:
     a. Manufacturer and model: ______
     b. Quantity of tankless water heaters: ______
        (See Water Heater Calculator on the Plan Review Unit website to calculate number of tankless water heaters needed)

4. Check 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>Warewashing Sink</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Prep Sinks</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Handwashing Sinks</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Warewashing Machine</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Ice Machine</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Garbage Disposal</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Dipper Well</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Refrigeration</td>
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<td>Steam Table</td>
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<td>☐</td>
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<tr>
<td>Other</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
WAREWASHING EQUIPMENT

a. Manual Warewashing


2. What type of sanitizer will be used?
   Chlorine: ☐ Iodine: ☐ Quaternary Ammonium: ☐ Hot Water: ☐ Other (specify): ☐

b. Mechanical Warewashing

1. Will a warewashing machine be used? Yes ☐ No ☐
   Warewashing 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 (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:
   ___________________________________________________________________________
   ___________________________________________________________________________
   Square feet of air drying space: _____ft²

HANDWASHING

Indicate number and location of handwashing sinks:
___________________________________________________________________________
___________________________________________________________________________

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees’ personal items:
____________________________________________________________________________
____________________________________________________________________________

7/2018
REFUSE AND RECYCLABLES

1. Will refuse be stored inside?  Yes ☐ No ☐
   If yes, where: ____________________________________________________________

2. Provision for refuse disposal:  Dumpster ☐ Compactor ☐

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 recyclables: (cooking grease, cardboard, glass, etc.):
   __________________________________________________________________________

SERVICE SINK

1. Location and size of service (mop) sink/can wash: ______________________________

2. Is a separate mop storage area provided?  Yes ☐ No ☐
   If yes, describe type and location: ____________________________________________

INSECT AND RODENT CONTROL

1. How is protection provided on all outside doors?
   Self-closing door ☐ Fly Fan ☐ Screen Door ☐

2. How is protection provided on windows?
   Self-closing ☐ Fly Fan ☐ Screening ☐

LINEN

Indicate location of clean and dirty linen storage:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

POISONOUS OR TOXIC MATERIALS

Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________