



# Hoke County Department of Public Health Food Plan Review Application



683 East Palmer Road  
Raeford, NC 28376

<b>TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Remodel <span style="margin-left: 150px;"><input type="checkbox"/> Transitional</span>		<b>Projected Start Date:</b> _____ <b>Projected Completion Date:</b> _____	
<b>TYPE OF FOOD OPERATION:</b> <input type="checkbox"/> Restaurant <input type="checkbox"/> Institution <input type="checkbox"/> Daycare <input type="checkbox"/> Retail foodstore <input type="checkbox"/> Other: _____			
<b>FOOD ESTABLISHMENT INFORMATION</b>			
Name of Establishment: _____			
Establishment Address: _____		City: _____	State: _____ ZIP: _____
<b>OWNERSHIP INFORMATION</b>			
Name of Owner: _____			
Address: _____		City: _____	State: _____ ZIP: _____
Email: _____		Phone Number: _____	
<b>APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER)</b>			
Applicant Name: _____		Contact Person: _____	
Applicant Mailing Address: _____		City: _____	State: _____ ZIP: _____
Email: _____		Phone Number: _____	
<b>FOOD OPERATION INFORMATION</b>			
<b>Hours/Days of Operation</b> <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____ <small>*Schedule <b>REQUIRED</b> for MFU</small>	<b>Restaurant Seating Capacity</b> # of Indoor Seats: _____ # of Outdoor Seats: _____  Square Feet of Facility: _____	<b>Type of Service (check all that apply)</b> <input type="checkbox"/> On-site consumption <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Catering <input type="checkbox"/> Single-use utensils <input type="checkbox"/> Multi-use utensils <input type="checkbox"/> Other: _____	<b>Employees</b> Max per shift: _____  <b>Maximum meals to be served</b> <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____
<b>The following documents must be submitted along with this application and a \$250 Plan Review Fee:</b>			
<input type="checkbox"/> Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus) – <b>Standard Operating Procedures or HACCP plans may be required.</b>			
<input type="checkbox"/> Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include these items below: <ul style="list-style-type: none"> <li>The floor plan must identify: food preparation, serving and seating areas, restrooms, office, employee change room, storage, warewashing, janitorial and trash area. Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable).</li> <li>Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list. <i>Elevation drawings may be requested by the Regulatory Authority.</i></li> <li>Identify handwashing, warewashing and food preparation sinks.</li> <li>Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer.</li> <li>Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable.</li> <li>Lighting plan, indicating the exact foot candles for each area as required by the FDA Food Code (§6-303.11).</li> <li>Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.</li> </ul>			
<b>Note: Failure to provide all necessary information at time of submittal may result in delayed processing. Transitional permit requirements shall be completed within 180 days of permit issuance. A mobile food unit addendum must accompany a mobile food unit application.</b>			
Signature: _____			Date: _____
Print Name: _____		Title: _____	

# REGULATORY COMPLIANCE REVIEW LIST FOOD PREPARATION PROCEDURES

## FOOD DELIVERY

1. How often will frozen foods be delivered?  Daily  Weekly  Other: \_\_\_\_\_
2. How often will refrigerated foods be delivered?  Daily  Weekly  Other: \_\_\_\_\_
3. How often will dry foods or supplies be delivered?  Daily  Weekly  Other: \_\_\_\_\_

## FOOD STORAGE - Identify amount of space (in cubic feet) allocated for:

Dry Storage \_\_\_\_\_; Refrigerated Storage (41°F) \_\_\_\_\_; Frozen Storage \_\_\_\_\_; Utensil Storage \_\_\_\_\_

**INSTRUCTIONS:** Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate. Attach additional pages as necessary.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT	MEETS CRITERIA (RA to circle and Initial)
<b>Washing</b> FDA Food Code §3-302.15			YES/NO
<b>Thawing</b> FDA Food Code §3-501.13			YES/NO
<b>Cooking</b> FDA Food Code §3-401			YES/NO
<b>Hot Holding</b> Hot food maintained at 135°F			YES/NO
<b>Cooling</b> Time/Temperature Control for Safety food will be cooled to 41°F within 6 hours; 135°F to			YES/NO
<b>Reheating</b> Food must be reheated to a temperature of 165° for 15 seconds within 2 hours			YES/NO

# FINISH SCHEDULE

**INSTRUCTIONS:** Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, 4" plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	MEETS CRITERIA (RA to circle and Initial)
<b>Food Preparation</b>					YES/NO
<b>Dry Food Storage</b>					YES/NO
<b>Warewashing Area</b>					YES/NO
<b>Walk-in Refrigerators and Freezers</b>					YES/NO
<b>Service Sink</b>					YES/NO
<b>Refuse Area</b>					YES/NO
<b>Toilet Rooms and Dressing Rooms</b>					YES/NO
<b>Other: Indicate</b>					YES/NO
<b>Identify the finishes of cabinets, countertops, and shelving:</b>					

# PHYSICAL FACILITIES

**INSTRUCTIONS:** Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA Circle and Initial)
<b>Handwashing facilities</b>	<ul style="list-style-type: none"> <li>• Identify number of the handwashing sinks in food preparation and warewashing areas:            ____ Food Preparation    ____ Warewashing Area</li> <li>• Type of hand drying device? Disposable towels <input type="checkbox"/> Hand-drying device <input type="checkbox"/></li> </ul>	YES/NO
<b>Warewashing Facilities</b>	<p><b>MANUAL DISHWASHING</b></p> <ul style="list-style-type: none"> <li>• Identify the length, width, and depth of the compartments of the 3-compartment sink:            _____</li> <li>• Will the largest pot/ pan fit into each compartment of the 3-compartment sink?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____</li> <li>• Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:            _____</li> <li>• What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water</li> </ul> <p><b>MECHANICAL DISHWASHING</b></p> <ul style="list-style-type: none"> <li>• Identify the make and model of the mechanical dishwasher: _____</li> <li>• What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water</li> <li>• Will ventilation be provided? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>	YES/NO
<b>Water Supply</b>	<ul style="list-style-type: none"> <li>• Is the water supply public or non-public/private? public <input type="checkbox"/> non-public/private <input type="checkbox"/> <ul style="list-style-type: none"> <li>○ If private, has source been approved? Yes <input type="checkbox"/>* No <input type="checkbox"/></li> <li>○ Attach copy of written approval and/or permit.</li> </ul> </li> <li>• Is ice made on premises or purchased commercially? Made on-site <input type="checkbox"/> Purchased <input type="checkbox"/></li> <li>• Will there be an ice bagging operation? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>	YES/NO

<b>Sewage Disposal</b>	<ul style="list-style-type: none"> <li>• Is the sewage system public or non-public/private? public <input type="checkbox"/> non-public/private <input type="checkbox"/> If private, has the sewage system been approved? Yes <input type="checkbox"/>* No <input type="checkbox"/> Attach copy of written approval and/or permit.</li> <li>• Will grease traps/interceptors be provided? Yes <input type="checkbox"/>* No <input type="checkbox"/> *Identify location on plan.</li> </ul>	YES/NO
<b>Backflow Prevention</b>	<ul style="list-style-type: none"> <li>• Will all potable water sources be protected for backflow? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Are all floor drains identified on the submit floor plan? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>	YES/NO
<b>Toilet Facilities</b>	<ul style="list-style-type: none"> <li>• Identify locations and number of toilet facilities: _____</li> <li>• Hot and cold water provided? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>	YES/NO
<b>Dressing Rooms</b>	<ul style="list-style-type: none"> <li>• Will dressing rooms be provided? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Describe storage facilities for employee personal belongings _____</li> </ul>	YES/NO
<b>Linens</b>	<ul style="list-style-type: none"> <li>• Will linens be laundered on site? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what will be laundered and where? _____ If no, how and where will linens be cleaned? _____</li> <li>• Identify location of clean and dirty linen storage: _____</li> <li>• How often will linens be delivered and picked up?</li> </ul>	YES/NO
<b>Poisonous/Cleaning Storage</b>	<ul style="list-style-type: none"> <li>• Identify the location and storage of poisonous or toxic materials</li> <li>• Where will cleaning and sanitizing solutions be stored at workstations? _____</li> <li>• How will these items be separated from food and food-contact surfaces? _____</li> </ul>	YES/NO

<b>Pest Control</b>	<ul style="list-style-type: none"> <li>• Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</li> <li>• Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</li> <li>• Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</li> <li>• Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</li> <li>• Will air curtains be used? If yes, where? _____</li> </ul> <p>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p>	YES/NO
<b>Refuse, Recyclables, and Returnables</b>	<ul style="list-style-type: none"> <li>• Will refuse/garbage be stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____</li> <li>• Identify how and where garbage cans and floor mats will be cleaned? _____</li> <li>• Will a dumpster or a compactor be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor</li> <li>• Identify locations of grease storage containers: _____</li> <li>• Will there be an area to store recyclables? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____</li> <li>• Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____</li> </ul>	YES/NO