



Robeson County Department of Public Health Food Plan Review Application



460 Country Club Road  
Lumberton, NC 28360

|  |   |
|--|---|
| <b>TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Remodel<br><input type="checkbox"/> Transitional | <b>Projected Start Date:</b> _____<br><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"/><br><b>Other:</b> _____ | <input type="checkbox"/> Mobile Food Unit |
|--|---|

**FOOD ESTABLISHMENT INFORMATION**

Name of Establishment: \_\_\_\_\_

|                              |             |              |            |
|------------------------------|-------------|--------------|------------|
| Establishment Address: _____ | City: _____ | State: _____ | ZIP: _____ |
|------------------------------|-------------|--------------|------------|

**OWNERSHIP INFORMATION**

Name of Owner: \_\_\_\_\_

|                |             |              |            |
|----------------|-------------|--------------|------------|
| Address: _____ | City: _____ | State: _____ | ZIP: _____ |
|----------------|-------------|--------------|------------|

|              |                     |
|--------------|---------------------|
| Email: _____ | Phone Number: _____ |
|--------------|---------------------|

**APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER)**

|                       |                       |
|-----------------------|-----------------------|
| Applicant Name: _____ | Contact Person: _____ |
|-----------------------|-----------------------|

|                                  |             |              |            |
|----------------------------------|-------------|--------------|------------|
| Applicant Mailing Address: _____ | City: _____ | State: _____ | ZIP: _____ |
|----------------------------------|-------------|--------------|------------|

|              |                     |
|--------------|---------------------|
| Email: _____ | Phone Number: _____ |
|--------------|---------------------|

**FOOD OPERATION INFORMATION**

|  |   |   |  |
|--|---|---|--|
| <b>Hours/Days of Operation</b><br><input type="checkbox"/> Sun: _____<br><input type="checkbox"/> Mon: _____<br><input type="checkbox"/> Tues: _____<br><input type="checkbox"/> Wed: _____<br><input type="checkbox"/> Thurs: _____<br><input type="checkbox"/> Fri: _____<br><input type="checkbox"/> Sat: _____<br><small>*Schedule <b>REQUIRED</b> for MFU</small> | <b>Restaurant Seating Capacity</b><br># of Indoor Seats: _____<br># of Outdoor Seats: _____<br><br>Square Feet of Facility: _____ | <b>Type of Service (check all that apply)</b><br><input type="checkbox"/> On-site consumption<br><input type="checkbox"/> Off-site consumption<br><input type="checkbox"/> Catering<br><input type="checkbox"/> Single-use utensils<br><input type="checkbox"/> Multi-use utensils<br><input type="checkbox"/> Other: _____ | <b>Employees</b><br>Max per shift: _____   |
|  |   |   | <b>Maximum meals to be served</b><br><input type="checkbox"/> Breakfast _____<br><input type="checkbox"/> Lunch _____<br><input type="checkbox"/> Dinner _____ |

The following documents must be submitted along with this application:

- Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus) – *Standard Operating Procedures or HACCP plans may be required.*
- Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include these items below:
  - 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).
  - Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list.
  - Identify handwashing, warewashing and food preparation sinks.
  - 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.
  - Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable.
  - Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.

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.

|                  |             |
|------------------|-------------|
| 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<br>(OFFICIAL USE ONLY) |
|--|---------------------|---------------------------------|---------------------------------------|
| <b>Washing</b><br>FDA Food Code §3-302.15  |                     |                                 | YES/NO                                |
| <b>Thawing</b><br>FDA Food Code §3-501.13  |                     |                                 | YES/NO                                |
| <b>Cooking</b><br>FDA Food Code §3-401   |                     |                                 | YES/NO                                |
| <b>Hot Holding</b><br>Hot food maintained at 135°F   |                     |                                 | YES/NO                                |
| <b>Cooling</b><br>Time/Temperature Control for Safety food will be cooled to 41°F within 6 hours; 135°F to |                     |                                 | YES/NO                                |
| <b>Reheating</b><br>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<br>JUNCTURE | WALLS | CEILING | MEETS CRITERIA<br>(OFFICIAL USE ONLY) |
|--|-------|------------------------|-------|---------|---------------------------------------|
| <b>Food Preparation</b>  |       |                        |       |         | YES/NO                                |
| <b>Dry Food Storage</b>  |       |                        |       |         | YES/NO                                |
| <b>Warewashing Area</b>  |       |                        |       |         | YES/NO                                |
| <b>Walk-in Refrigerators<br/>and Freezers</b>                        |       |                        |       |         | YES/NO                                |
| <b>Service Sink</b>  |       |                        |       |         | YES/NO                                |
| <b>Refuse Area</b>   |       |                        |       |         | YES/NO                                |
| <b>Toilet Rooms and<br/>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<br>(OFFICAL USE ONLY) |
|-------------------------------|---|--------------------------------------|
| <b>Handwashing facilities</b> | <ul style="list-style-type: none"> <li>• Identify number of the handwashing sinks in food preparation and warewashing areas:<br/>               ____ 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:<br/>               _____</li> <li>• Will the largest pot/ pan fit into each compartment of the 3-compartment sink?<br/> <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:<br/>               _____</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"/><br/>If private, has the sewage system been approved? Yes <input type="checkbox"/>* No <input type="checkbox"/><br/>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"/><br/>If yes, what will be laundered and where? _____<br/>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?<br/>_____</li> <li>• How will these items be separated from food and food-contact surfaces?<br/>_____</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> | <p>YES/NO</p> |
| <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?<br/>_____</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<br/>If yes, where _____</li> <li>• Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If yes, where _____</li> </ul>   | <p>YES/NO</p> |