



CALDWELL COUNTY HEALTH DEPARTMENT



Environmental Health Division

2345 Morganton Blvd SW • Lenoir, NC 28645 • (828) 426-8579 • FAX (828) 757-6864 • www.caldwellcountync.org

Mission: To Promote, Protect, and Improve the Health of our Community.

New Food Service Application

Caldwell County Environmental Health (CCEH) can assist with completion of this form – Part III of this form is designed to foster an ongoing dialog between the food establishment operator and the regulatory authority about safe food handling and standard operational procedures; this form is not a test.

Chapter 8 of the NC Food Code requires that an application and proposed menu be submitted to the local health department at least 30 days prior to the date planned for opening a new food establishment or the date planned for taking control of an existing food establishment. The NC Food Code is available at www.caldwellcountync.org.

Note: If the existing establishment has been closed for more than one calendar year it will not be eligible for a transitional permit per GS 130-248 (b1)

Section 8-201.11 of the NC Food Code requires that plans be drawn to scale, specifications for equipment, and proposed menu be submitted to and approved by the local health department (Caldwell County Environmental Health) prior to:

1. Initiating construction of a food establishment (including building a mobile food unit)
2. The conversion of an existing structure for use as a food establishment
3. Major remodeling of an existing food establishment

(Check one – see instructions below)

- Plan Review for New Construction or Major Remodel – submit items 2-6 below**
- Taking Control of an Existing Establishment – submit items 1-3 below**

1. **Complete parts I & III** (skip part II) of this application
2. Manufacturer's specification sheets for all proposed food service equipment including water heater and dishwashing machine, if applicable and spec. sheets for existing equipment if requested by CCEH
3. Signed and dated menu including all food, drinks, condiments, and seasonal variations
4. **Complete all parts (I, II, & III)** of the New Food Service Application
5. A set of plans drawn to a minimum scale of 1/4" to one foot. If using graph paper, 1/8" is acceptable (one square to one foot). The plans shall include the layout of all major and minor equipment. The plan will also include the location of all hand washing lavatories, toilet facilities and fixtures, can/mop washing facilities, and the location of all storage areas, including shelving and racks
6. Plan Review Fee – in accordance with Caldwell County fee schedule
Fee includes the following services:
 - a. Timely review of establishment layout, equipment, menu, and standard operational procedures to ensure compliance with the NC Food Code for the protection of public health
 - b. Written notification from our department once plans and equipment are approved
 - c. Consultative access during the plan review and construction process including pre-construction completion visit (usually about 1-2 weeks prior to projected completion date)
 - d. Final permitting inspection to verify the establishment is constructed and equipped in accordance with approved plans and all applicable codes
 - e. Operational startup consultation to ensure active managerial control over foodborne illness risk factors in accordance with the NC Food Code prior to the first regulatory inspection

New Food Service Application - Part I

Type of food service:

- Restaurant Food Stand Drink Stand Mobile Food Unit/Push Cart
 Commissary Meat Market Shared Use Other (explain): _____

* For Mobile Food Units / Push Carts, a completed Caldwell County commissary form must be submitted. Per 15A NCAC 18A .2670 an operational permit for a Mobile Food Unit or Pushcart cannot be issued without a commissary being included on the permit.

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____ County _____

Phone (if available): _____ - _____ - _____ Fax: _____ - _____ - _____

Establishment is owned by: ____ Association ____ Corporation ____ Individual ____ Partnership ____ Other Legal Entity

Owner or Owner's Representative Name: _____ Title: _____

Address: _____

City & State: _____ Zip Code _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

Manager / Operator / Person in Charge: _____ Title _____

Company: _____

Contact Person: _____

Address: _____

City & State _____ Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

Proposed Hours of Operation: (i.e. 7am-9pm)

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Projected Opening Date: _____

* New establishments will be inspected with-in the first 30 days of operation to assess active managerial control over foodborne illness risk factors and a sanitation score will be assigned.

I (do / do not) _____ request operational startup consultation to ensure active managerial control over foodborne illness risk factors in accordance with the NC Food Code prior to the first regulatory inspection.

Check all that apply:

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

- To order upon consumer request
- In advance in quantities based on projected consumer demand
- Uses time as a public health control

Prepares PHF/TCS by (check all processes that will happen in the establishment):

- Cooking Cooling Reheating Hot holding
- Cold holding Freezing Thawing Par cooking
- Prepares food for delivery to and consumption at a location off premises
- Prepares only non PHF/TCS

Check all that apply:

- 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 (e.g.: Vacuum)
- Smoking Sprouting Beans Other: _____ N/A (None)

***Attach processes and HACCP plans**

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 N/A (None)

Water Supply - Sewage

Is water supply: Municipal Well Is sewer: Municipal Septic

New Food Service Application Part II - Facilities and Equipment

Projected number of meals served between product deliveries (enter a number)

Breakfast: _____ Lunch: _____ Dinner: _____

Number of seats: _____ Facility total square feet: _____

Projected start date of construction: _____ Projected completion date: _____

Number of staff (Maximum per shift) _____

Cold Storage

- a. Number of refrigeration units: _____ Number of freezer units: _____
- b. Provide total cubic footage of space dedicated to **walk-in**: Refrigerators: _____ Freezers: _____
- c. Provide total cubic footage of space dedicated to **reach-in**: Refrigerators: _____ Freezers: _____
- d. Are adequate and approved freezer and refrigeration available to store frozen foods at 0°F and below and refrigerated foods at 41°F (5°C) and below? Yes No I don't know
- e. What method was used to calculate cold storage requirement? (attach sheet with calculations if necessary)

See refrigerated storage calculator at NC DHHS Plan Review Unit website

Dry Storage

- a. Proposed frequency of deliveries _____ (times per week)
- b. Expected gross volume that is to be delivered each time _____ (ft³.)
- c. Where will dry goods be stored? _____
- d. Square feet of dry storage shelf space: _____ ft²

See dry storage calculator at NC DHHS Plan Review Unit website

Finish Schedule

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

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Service Sink				
Warewashing area				
Other				

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 at NC DHHS Plan Review Unit website to calculate recovery rate needed)

Tankless:

- a. Manufacturer and model: _____
- b. Quantity of tankless water heaters: _____

(See Water Heater Calculator at NC DHHS Plan Review Unit website to calculate number of tankless water heaters needed)

For Mobile Food Unit: Size of potable water tank _____ Size of waste tank _____

Service Sink

- a. Is there a dedicated service sink? Yes No
- b. Where and how will mops be stored? _____

Ice

Ice will be made on premises Ice will be purchased Ice will not be used

Employee Accommodations

Indicate location for storing employees' personal items: _____

Linen

Indicate location of clean and dirty linen storage: _____

Insect and Rodent Control

- a. How is protection provided on all outside doors?
 Self-closing door Fly Fan Screen Door
- b. How is protection provided on windows?
 Self-closing Fly Fan Screening

Manual Warewashing

- a. Number of sink compartments _____
- b. Size of sink compartments (inches): Length: ____ Width: ____ Depth: ____
- c. What type of sanitizer will be used? (check all that apply)
 Chlorine: Iodine: Quaternary Ammonium: Hot Water: (171°F) Other (specify):

Mechanical Warewashing

- a. Warewashing machine manufacturer and model: _____
- b. Type of sanitization: Hot water (180°F) Chemical
- c. Where will soiled items that accumulate during operation before washing? _____
- d. Where will items be placed to air dry after sanitizing? (drain boards, wall-mounted or overhead shelves, stationary or portable) _____
- e. Square feet of air drying space: ____ ft²

Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Warewashing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Refuse and Recyclables

- a. Will refuse be stored inside? Yes No If yes, where? _____
- b. Provision for refuse disposal: Dumpster Compactor
- c. Provision for cleaning dumpster/compactor: On-site Off-site
 If off-site cleaning, provide name of cleaning contractor: _____
- d. Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc.): _____

New Food Service Application Part III Food Preparation Standard

Operational Procedures

The following questions deal with food handling procedures for your facility. This information is needed to determine that adequate facilities are available for safe food handling and to demonstrate evidence of standard operational procedures that ensure active managerial control over the risk factors for foodborne illness as required under section 8-201.12 of the NC Food Code. If your company has food preparation procedures already developed, these can be submitted.

Food Supplies and Protection

- a. List the sources for all menu items (attach sheets if necessary)

- b. How will you ensure food is not adulterated when received and that it is received at the proper temperature?

Avoiding cross contamination and cross contact

- a. 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?

- b. Describe how cross contamination of raw animal foods and cross contact of major allergens will be avoided during food preparation:

- c. 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:

Poisonous or toxic materials

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

- b. Have you obtained a testing method for the appropriate sanitizer being used in the facility (usually in the form of a test strip or paper)? Yes No

Hot and Cold Holding

How will you insure proper food temperatures are maintained during hot and cold holding?

Time as a Public Health Control (if applicable)

List food items that will utilize time as a public health control and attach written procedures that detail methods of compliance with section 3-501.19 of the NC Food Code.

Cooking

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

For thin products, do you have a thermometer with a small-diameter probe? Yes No

List any raw animal foods to be offered undercooked? (cooked at temperatures other than those required by section 3-401.11 of the NC Food Code) (i.e. eggs over easy, hamburgers, sashimi, hollandaise sauce)

List any raw animal foods to be partially cooked and held before completion of the cooking process and attach written procedures that detail methods of compliance with the NC Food Code.

Cooling

Please list menu items prepared in advanced and cooled down before reheating.

For each menu item listed above please describe which cooling methods from section 3-501.15 of the NC Food Code you will use to ensure food is cooled from 135°F to 70 °F within 2 hours and from 70°F to 41°F within 4 additional hours in accordance with section 3-501.14 of the NC Food Code (attach additional sheets if necessary).

For each menu item listed above please indicate which items will be reheated for hot holding and describe how the item will be reheated to meet the provisions of section 3-403.11

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? Yes No

Avoiding contamination from food handlers

Describe how bare hand contact will be avoided when handling ready to eat foods (edible without additional preparation necessary - i.e. salads, sandwich assembly, etc.)

Thawing

Describe how frozen items will be thawed in accordance with section 3-501.13 of the NC Food Code

Duties of Person in Charge

- a. Who will be responsible for executing the duties of the person in charge as specified in section 2-103.11 of the NC Food Code during all hours of operation?
- b. Are these individuals certified food protection managers? Yes No
- c. Have they read the list of duties the person in charge of the establishment is expected to perform in section 2-103.11 of the NC Food Code? Yes No
- d. Have you received the following job aids from CCHD?
 - Yes No Employee illness policy
 - Yes No Handwashing
 - Yes No Final cook temperature and temperature control
 - Yes No Date marking
 - Yes No Three comp. sink
 - Yes No Refrigerated storage order

Produce Preparation Procedures

- a. Where will produce be stored?
- b. Will produce be washed or rinsed prior to use? Yes No
- c. Is there an approved location used for washing or rinsing produce? Yes No
- d. Will it be used for other operations? Yes No
- e. Please describe the produce preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the produce will be used, and should include time of day and frequency of preparation for the produce at this location (attach additional sheets if necessary):

Seafood Preparation Procedures

- a. Will seafood be washed or rinsed prior to use? Yes No
- b. Is there an approved location used for washing or rinsing seafood? Yes No
- c. Will it be used for other operations? Yes No
- d. How will seafood arrive and where will it be stored?

- e. Please describe the seafood preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the seafood will be used, and should include time of day and frequency of preparation for the seafood at this location (attach additional sheets if necessary):

Poultry Preparation Procedures

- a. Will poultry be washed or rinsed prior to use? Yes No
- b. Is there an approved location used for washing or rinsing poultry? Yes No
- c. Will it be used for other operations? Yes No
- d. How will poultry arrive and where will it be stored?

- e. Please describe the poultry preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the poultry will be used, and should include time of day and frequency of preparation for the poultry at this location (attach additional sheets if necessary):

Pork and/or Red Meat Preparation Procedures

- a. Will pork and red meats be washed or rinsed prior to use? Yes No
- b. Is there an approved location used for washing or rinsing pork and red meats? Yes No
- c. Will it be used for other operations? Yes No
- d. How will pork and/or red meat arrive and where will it be stored?

- e. Please describe the pork and red meats preparation procedures and indicate location of equipment to support this operation. The preparation procedure should include dishes (proposed menu items) in which the pork and red meats will be used, and should include time of day and frequency of preparation for the pork and red meats at this location (attach additional sheets if necessary):

Signature of Applicant

I certify that the information in this application is correct. Approval of plans and specifications 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). Section 8-203.10 of the NC Food Code requires a preoperational inspection of the establishment by the regulatory authority once all equipment is installed, operational, and ready for use to verify that the establishment is in compliance with state laws governing food service establishments.

Applicant Signature _____ Date _____
(Owner or Responsible Representative)