



Type of Permit: New  In Field Plan Review  Transitional

**ESTABLISHMENT INFORMATION**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**OWNER INFORMATION**

Owner or Owner's Representative: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**DAILY HOURS OF OPERATION**

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**TYPE OF FOOD SERVICE (CIRCLE ALL THAT APPLY)**

- Restaurant
- Food Stand
- Shared Kitchen
- Meat Market
- Dine In
- Take Out
- Large Pickup/Delivery Orders
- Off-site catering/Private event\*\*\*

Institutional Food Service (nursing home, hospital, etc.)

Avg # of meals per event: \_\_\_\_\_

Other: \_\_\_\_\_

**\*\* requires NSF equipment & storage area for equipment.**

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory

Office may nullify plan approval.

Signature: \_\_\_\_\_

## Food Handling Procedures Review

### NUMBER OF MEALS

Projected number of meals to be served daily: \_\_\_\_\_ Number of seats (inside and outside): \_\_\_\_\_

Number of food deliveries received each week: \_\_\_\_\_ Food Sources: \_\_\_\_\_

Will any **virtual brands** be provided?

Yes  No

If YES, then list brand names: \_\_\_\_\_

Menu to be served: \_\_\_\_\_

Additional equipment needed: \_\_\_\_\_

Estimated # of meals each day: \_\_\_\_\_

Will any **specialized processes** be used as specified in section 3-502.11 of the NC Food Code?

If YES, indicate which of the following will be used:

Curing  Acidification (sushi rice, etc.)  Reduced Oxygen Packaging (vacuum packaging)

Smoking  Sprouting  Other (explain): \_\_\_\_\_

Has a **HACCP and/or VARIANCE** been obtained?  Yes  No

### FOOD SAFETY PROCEDURES (I):

#### COLD HOLDING

List food items that will be held **cold** and include equipment used:

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#### HOT HOLDING

List food items that will be held **hot** and include equipment used:

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**COOLING**

List food items that will be **cooked/reheated and cooled**:

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**Cooling equipment/processes:** How will cooked food items be cooled to 41°F (7°C) within 6 hours?

- Shallow pans in walk in cooler/freezer    Shallow pans in blast chiller    Ice Baths

Other (explain): \_\_\_\_\_

**TIME AS PUBLIC HEALTH CONTROL (TPHC):**

**Holding Time:** Maximum holding time is as follows. Indicate the proposed time frame for holding food items.

- Four Hours: Cold food 41°F or below or 135°F or above prior to removal from temperature control
- Six Hours: Cold food 41°F or below before removal from temperature control and that does not exceed 70°F
- Other/ Variance approval: \_\_\_\_\_

**Indicate menu items that will utilize TPHC:**

**CONSUMER ADVISORY**

Will any menu items be offered or served raw or undercooked?  Yes  No

Yes, If yes, then what items?

**FOOD HANDLING PROCEDURES (II)** *(Should be provided by owner/owner's representative)*

**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.**

**1. Ready to eat foods:** *Edible without additional preparation necessary. e.g., salads, cold sandwiches, raw oyster bar/sushi*

**2. Produce; grains and pasta:** *e.g., lettuce, rice, macaroni*

**3. Meat/Poultry:***e.g., raw beef, pork, duck*

**4. Seafood / Shell stock**

**AIR DRYING SPACE:** Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space:

**REFUSE AND RECYCLABLES:**

Will refuse be stored inside?  Yes  No

Location(s): \_\_\_\_\_

Disposal Provisions:  Dumpster  Trash Cans  Compactor

**INSECT AND RODENT CONTROL** – How are outer openings protected from insects and pests?

Self-closing doors and windows  Air curtains/fly fans  Screens  Other: \_\_\_\_\_

**TYPES OF UTENSILS USED**

Single Service (disposable):

Plates  Glassware  Silverware

Multi-use (reusable):

Plates  Glassware  Silverware

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Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Risk Category:**  1  2  3  4

**Risk Category Justification:** \_\_\_\_\_

**Water Heater Information**

Water heater make and model: \_\_\_\_\_  Tank  Tankless

BTU/KW \_\_\_\_\_ Number of Units \_\_\_\_\_ Required rise (Pick one)  70F  80F  90F

Required Recovery \_\_\_\_\_ GPH\*/GPM\*\* Provided Recovery \_\_\_\_\_ GPH\*/GPM\*\* | \*tank \*\* tankless

Unable to verify water heater due to it being inaccessible. Performance tested? Yes No

Water calculation provided? Yes No System Approved? Yes No

**EQUIPMENT LIST**

Please check what equipment items are present in facility at time of permitting

	<b>Number of Each</b>	<b>Temperature at time of Permitting (Including hot water)</b>	<b>Model # (Dish machine and water heater only)</b>
<input type="checkbox"/> Walk in Cooler			
<input type="checkbox"/> Walk in Freezer			
<input type="checkbox"/> Blast Chiller			
<input type="checkbox"/> Under Grill coolers			
<input type="checkbox"/> Undercounter Reach in Cooler			
<input type="checkbox"/> Undercounter Reach in Freezer			
<input type="checkbox"/> Standup Freezer (1 door)			
<input type="checkbox"/> Standup Freezer (2 door)			
<input type="checkbox"/> Standup Freezer (3+ doors)			
<input type="checkbox"/> Stand up Cooler (1 door)			
<input type="checkbox"/> Stand up Cooler (2 door)			
<input type="checkbox"/> Stand up Cooler (3+ doors)			
<input type="checkbox"/> Prep unit (1 door)			
<input type="checkbox"/> Prep unit (2 door)			
<input type="checkbox"/> Prep Unit (3+ doors)			
<input type="checkbox"/> 3 Comp Sink			
<input type="checkbox"/> 4 Comp Sink			
<input type="checkbox"/> Hand Sinks			
<input type="checkbox"/> Prep Sinks			
<input type="checkbox"/> Dish Machine – Pass through			
<input type="checkbox"/> Dish Machine – Under counter			
<input type="checkbox"/> Can Wash			
<input type="checkbox"/> Dump Sink			
<input type="checkbox"/> Other:			

Signature: \_\_\_\_\_ REHS: \_\_\_\_\_ Date: \_\_\_\_\_