



**SURRY COUNTY
HEALTH &
NUTRITION
CENTER**

Environmental Health Section | 118 Hamby Road Dobson, NC 27017 | 336.401.8325

Food Establishment Plan Review Application

The Rules Governing the Food Protection and Sanitation of Food Establishments (15A NCAC 18A.2600) require that plans and application be submitted to Surry County Environmental Health Department and approved **prior to** construction, renovation, modification, or change of ownership.

The following checklist will assist you when submitting to Surry County Environmental Health and must be initialed as completed and signed before submittal:

- _____ A complete set of plans drawn to scale showing the placement of each piece of food service equipment, storage areas, and service sink (can wash) facilities. Plans must include general plumbing, electrical, mechanical, and lighting drawings and room finish schedules.
- _____ Plans must include a site plan locating exterior buildings or equipment such as walk-ins and dumpsters.
- _____ Manufacturer specification sheets for each piece of equipment.
- _____ A completed and signed Food Establishment Plan Review Application.
- _____ Proposed menu.
- _____ \$200.00 Plan Review fee.

I understand by signing below that I have completed and initialed the above checklist for this application and that it will be returned to me if incomplete and will delay processing.

➤ **Signature:** _____ **Date:** _____
(Owner/Operator or Designee)

****Notice: Approval of these plans and specifications by Surry County Environmental Health does not indicate compliance with any other code, law, or regulation that may be required by other jurisdictions.***

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Name of Proposed Food Establishment: _____

Address: _____ City: _____ Zip Code: _____

Phone (if available): _____

.....
Owner or Owner's Representative: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____

.....
Applicant: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____

Title (Owner, manager, architect, etc.): _____

.....
Type of Construction: NEW REMODEL

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

Number of Seats: _____ Facility total square footage: _____

Hours of Operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____

Projected number of meals served between product deliveries:

Breakfast: _____ Lunch: _____ Dinner: _____

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Type of Food Service:

(Check all that apply)

- Restaurant
 - Food Stand (no seats provided)
 - Commissary for MFU or Pushcart
 - Drink Stand (no food served – glassware washed)
 - Meat Market
 - Lodging Facility
 - Other (explain): _____
 - Dine-in
 - Take-out
 - Catering
 - Single-Service (disposable dishes/utensils)
 - Multi-use (dishes and/or utensils)
-

Specialized Processes:

Indicate any specialized processes that will take place:

- Curing
- Acidification (sushi, etc.)
- Reduced Oxygen Packaging
- Smoking
- Sprouting Beans
- Other

Explain checked processes:

Highly Susceptible Populations:

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 or immune-compromised population

Management and Personnel/Employee Health/Consumer Advisory:

Will managers/owners have current Food Protection Certification (such as ServSafe) as required by Chapter 3 of the NC Food Code? Yes _____ No _____

Does your Food Establishment have an Employee Health Policy? Yes _____ No _____

Will undercooked or raw beef, eggs, fish, lamb, pork, poultry or shellfish be served? Yes _____ No _____

(If yes, show the Consumer Advisory on the submitted menu.)

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Cold Storage:

Number of reach-in refrigerators: _____ Reach-in refrigerator storage: _____ ft³

Number of reach-in freezers: _____ Reach-in freezer storage: _____ ft³

Walk-in refrigerator storage: _____ ft³ Walk-in freezer storage: _____ ft³

Hot/Cold Holding:

How will hot potentially hazardous food (TCS- time/temperature control for safety food) be maintained at 135° F or above during **holding** for service? Indicate the type and number of hot holding units:

How will cold potentially hazardous food (TCS- time/temperature control for safety food) be maintained at 41° F or below during **holding** for service? Indicate the type and number of cold holding units:

Cooling:

Indicate by checking the boxes of how cooked food will be cooled to 41°F within 6 hours.

Cooling Process	Meats	Seafood	Poultry	Soups	Sauces
Refrigerator using Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Paddle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Thawing:

Indicate by checking the appropriate boxes how food in each category will be thawed. If “Other” is checked indicate type of food: _____

Thawing Process	Meats	Seafood	Poultry	Other
Refrigeration (41° F or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running water 70° F or below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked frozen as part of the cooking process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave thawing as part of cooking process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 plans where food will be handled. Submit additional paperwork if necessary.

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

Ready-to-eat Food Handling (Edible without additional preparation, sandwiches, salads, etc.):

Produce Handling:

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Poultry Handling:

Seafood Handling:

Meat Handling:

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				
Walk-in cooler/freezer				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Service Sink/Mop Basin				
Other				
Other				

Water Supply-Sewage Disposal:

Water Supply: Municipal _____ Well _____

Sewer: Municipal _____ On-site Septic Tank System: _____

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Will ice be made on premises _____ purchased _____

Grease trap/interceptor provided? Yes _____ No _____ If yes, location? _____

Water Heater Information:

➤ **Tank type:**

- ❖ Manufacturer and model: _____
- ❖ Storage capacity: _____ gallons
- ❖ Electric water heater: _____ kilowatts (kW)
- ❖ Gas water heater: _____ BTU's
- ❖ Water heater recovery rate (gallons per hour at 100°F temp rise): _____ GPM
<http://ehs.ncpublichealth.com/faf/food/planreview/app.htm>

➤ **Tankless type:**

- ❖ Manufacturer and model: _____
- ❖ Number of tankless water heaters: _____
- ❖ Electric tankless water heater: _____ kilowatts (kW)
- ❖ Gas tankless water heater: _____ BTU's
- ❖ Water heater recovery rate (gallons per hour at 100°F temp rise): _____ GPM
<http://ehs.ncpublichealth.com/faf/food/planreview/app.htm>

Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor Sink	Hub Drain	Floor Drain	
Utensil Washing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handwashing Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dish 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"/>

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Dishwashing Facilities:

➤ **Manual Dishwashing**

Number of sink compartments: _____

Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____

Length of drainboards (inches): Right: _____ Left: _____

Sanitizer:

Chlorine Iodine Quaternary Ammonium Hot Water Other (specify): _____

➤ **Mechanical Dishwashing**

Will a dishwashing machine be used? Yes No

Dishwashing make and model: _____

Type of sanitization: Hot water (180° F) Chemical

Air-drying:

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

Sanitizing:

Describe how cooking equipment, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in the utensil sink or put through a dishwasher be cleaned and sanitized:

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General Housekeeping:

Handwashing:

Indicate number and location of kitchen handwashing sinks:

Employee area:

Indicate location for storing employees' personal items:

Garbage and Refuse:

Will refuse be stored inside? Yes No

If yes, where? _____

Provision for refuse disposal: Dumpster Compactor

Provision for cleaning dumpster/compactor: On-site Off-site

If off-site cleaning, provide name of cleaning contractor: _____

Describe location for storage of recyclables and dumpsters: (cooking grease, cardboard, glass, etc.):

Insect and Rodent Control:

How is protection provided on all outside doors?

Self-closing door _____ Fly Fan _____ Screen Door _____

How is protection provided on windows?

Self-closing _____ Screening _____ Other _____

If other, explain. _____

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Service Sink:

Location and size of service (mop) sink/can wash: _____

Is a separate mop storage area provided? Yes _____ No _____

If yes, describe the type and location:

Poisonous or Toxic Materials:

Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, medications, cleaning agents, maintenance tools):



Application Submittal Information:

Application, supporting documentation and fee(s) can be mailed to Surry County Environmental Health, 118 Hamby Road, Dobson, NC 27017 or can be hand delivered to the office at the same address. Please call to set up an appointment with the Food and Lodging Supervisor at 336.401.8335 when submitting in person or by mail in order to expedite the plan review process. Please allow 3 weeks from the time of plan submittal for the plan to be reviewed.

I hereby certify that the information in this application is accurate and I fully understand that any deviation or variance for this application without prior written permission from Surry County Environmental Health will prevent issuance of an operational permit. I understand that multiple inspections of the facility may be required and that if the facility is not in compliance with the Rules Governing the Sanitation of Lodging Establishments 15 A NCAC 18A. 1800, an operation permit will not be issued.

Signature: _____ **Date:** _____
(Owner/Operator or Designee)

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