



## Davie County Health Department Environmental Health Section

P.O. Box 848  
210 Hospital Street  
Mocksville, NC 27028  
Phone: (336) 753-6780  
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### **The North Carolina Legislature amended GS. 130A-248. This allows local health departments to charge a fee for food service establishment plan review. This becomes effective October 1, 2002.**

On November 17, 2009 the Davie County Board of Health approved an increase for the plan review fee to 250.00. This fee increase is effective immediately.

Other entities of Davie County Government must also be contacted for other inspections and fees. We have listed these telephone numbers below for your convenience.

#### **INSPECTIONS DEPARTMENT 753-6050**

TOWN OF MOCKSVILLE (City Shop)\* 751-2519

\*for establishments within the city limits grease trap specifications

PUBLIC UTILITIES\*\* 336-753-6090

\*\*for establishments out of the city limits grease trap specifications

#### **ALL ITEMS LISTED BELOW MUST BE SUBMITTED BEFORE PLAN REVIEW BEGINS**

- A completed plan review application and a menu indicating the items to be prepared/served.
- A site plan that identifies facility property lines, parking areas, and the location of outside solid waste and grease storage containers.
- Details indicating equipment design, layout, and placement. The drawing must be accurately drawn to scale and the scale used identified on the plan. A complete equipment list including make and model numbers or manufacturers specifications must also be included.
- Complete plumbing details. This includes type of water supply and wastewater disposal, water supply piping, backflow prevention devices, and water heater (hot water generating equipment) specifications.
- Wastewater information indicating the placement and direction of piping to include floor drains and floor sinks.
- Complete finish schedule for floors, walls, and ceilings identifying the materials, color, and composition of these surfaces.
- A \$250.00 payment for plan review fees.



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OFFICE USE ONLY
State id# \_\_\_\_\_

Food Establishment Plan Review Application

Type of Construction: NEW [ ] REMODEL [ ] TRANSITIONAL [ ]
Date: \_\_\_\_\_ Smoking Allowed: Yes [ ] No [ ]
Water supply: Municipal [ ] Well [ ] Wastewater: Septic tank [ ] Sewer [ ]
Start of Construction Date: \_\_\_\_\_ Opening Date: \_\_\_\_\_
Seating Capacity (if applicable): \_\_\_\_\_

Name of Establishment: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_
Phone (if available): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_
Emergency Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_
Manager Name: \_\_\_\_\_ Email: \_\_\_\_\_
Website: \_\_\_\_\_

Owner or Owner's Representative: \_\_\_\_\_
Address: \_\_\_\_\_
City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_
E-mail Address: \_\_\_\_\_

Applicant: \_\_\_\_\_
Address: \_\_\_\_\_
City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_
E-mail Address: \_\_\_\_\_
Title (owner, manager, architect, etc.): \_\_\_\_\_

I hereby 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: \_\_\_\_\_
(Owner or Responsible Representative)

**Hours of Operation:**

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

**Projected number of meals to be served between product deliveries:**

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

Facility total square feet: \_\_\_\_\_

**TYPE OF FOOD SERVICE:**

**CHECK ALL THAT APPLY**

Restaurant

Sit-down meals

Food Stand

Take-out meals

Drink Stand

Catering

Commissary

Single-service (disposable):  Plates  Glassware  Silverware

Meat Market

Multi-use (reusable):  Plates  Glassware  Silverware

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

Check categories of Potentially Hazardous Food (PHF) to be prepared and served:

1.  Meat

2.  Seafood

3.  Poultry

4.  Other (explain): \_\_\_\_\_

**COLD STORAGE**

**Provide the method used to determine cold storage requirements:**

\_\_\_\_\_  
\_\_\_\_\_

Provide total cubic-feet of space dedicated to walk-in cold storage:

a) Walk-in Refrigeration storage \_\_\_\_\_

b) Walk-in freezer storage \_\_\_\_\_

Provide total cubic-feet of space dedicated to reach-in cold storage:

a) Reach-in refrigeration storage \_\_\_\_\_

b) Reach-in freezer storage \_\_\_\_\_

Number of refrigeration units: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_

**THAWING**

Indicate by checking the appropriate box how potentially hazardous food (PHF) in each category will be thawed. If "Other" is checked indicate type of food: \_\_\_\_\_

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water less than 70 <sup>0</sup> F (21 <sup>0</sup> C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HOLDING**

How will hot potentially hazardous food (PHF) be maintained at 140<sup>0</sup> F (60<sup>0</sup> C) or above during holding for service? Indicate type and number of hot holding units.

How will cold potentially hazardous food (PHF) be maintained at 45<sup>0</sup> F (7<sup>0</sup> C) or below during holding for service? Indicate type and number of cold holding units.

List any food that will be held between 45<sup>0</sup>F (7<sup>0</sup>C) and 140<sup>0</sup>F (60<sup>0</sup>C) for any of the following that apply, and indicate how long the food will be held in each category.

**STORAGE:**

**DISPLAY:**

**SERVICE:**

**COOLING**

Indicate by checking the appropriate box how potentially hazardous food (PHF) will be cooled to 45<sup>0</sup> F (7<sup>0</sup> C) within 6 hours. If "Other" is checked indicate type of food: \_\_\_\_\_

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?

## FOOD PREPARATION PROCEDURES

The food preparation procedures should include:

- Types of food prepared or handled
- Time of day food is prepared or handled
- Equipment used for preparation or handling

NOTE : If your company has developed food preparation procedures, they should be submitted.

### 1. PRODUCE PREPARATION PROCEDURE

- a. Will produce be washed, rinsed or otherwise handled prior to use? Yes  No
- b. Is there a location used for washing, rinsing or handling produce? Yes  No
- c. Will it be used for other operations? Yes  No

Indicate location of produce washing or handling equipment and describe the procedure. Include time of day and frequency of produce preparation, and menu items that contain produce.

### 2. SEAFOOD PREPARATION PROCEDURE

- a. Will seafood be washed, rinsed or otherwise handled prior to use? Yes  No
- b. Is there a location used for washing, rinsing or handling seafood? Yes  No
- c. Will it be used for other operations? Yes  No

Indicate location of seafood washing or handling (cutting, marinating, shelling, shucking, etc.) equipment and describe the procedure. Include time of day and frequency of seafood preparation, and menu items that contain seafood.

### 3. POULTRY PREPARATION PROCEDURE

- a. Will poultry be washed, rinsed or otherwise handled prior to use? Yes  No
- b. Is there a location used for washing, rinsing or handling poultry? Yes  No
- c. Will it be used for other operations? Yes  No

Indicate location of poultry washing or handling (cutting, marinating, etc.) equipment and describe the procedure. Include time of day and frequency of poultry preparation, and menu items that contain poultry.

### 4. PORK and/or RED MEAT PREPARATION PROCEDURE

- a. Will meat be washed, rinsed or otherwise handled prior to use? Yes  No
- b. Is there a location used for washing, rinsing or handling pork and/or red meat? Yes  No
- c. Will it be used for other operations? Yes  No

Indicate location of pork/red meat washing or handling (cutting, marinating, aging, etc.) equipment and describe the procedure. Include time of day and frequency of pork and/or red meat preparation, and menu items that contain pork/red meat.

**DRY STORAGE**

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time:

Provide total square feet of shelf space dedicated to dry storage: \_\_\_\_\_

Where will dry goods be stored? \_\_\_\_\_

**FINISH SCHEDULE**

Indicate floor, wall and ceiling finishes (i.e., 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				
Mop Service Basin Area				
Other				
Other				

**WATER SUPPLY- SEWAGE**

1. Is water supply: Municipal  Well  Is sewer: Municipal  Septic
2. Will ice: be made on premises  or purchased
3. Water heater make and model: \_\_\_\_\_
4. Water heater storage capacity: \_\_\_\_\_ gallons.

5. Water heater recovery rate (gallons per hour at 100°F temperature rise): \_\_\_ gallons per hour.  
**(See Water Heater Calculation Worksheet – Page 9 to calculate recovery rate needed)**
6. Check the appropriate box for indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Grinder	<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"/>
Ice Storage Bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensil/Pot Wash Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Wells	<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"/>
Potato Peeler	<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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DISHWASHING FACILITIES

### a. Hand dishwashing

- Number of sink compartments:  
Size of sink compartments (inches):      Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_  
Length of drainboards (inches):      Right: \_\_\_\_\_ Left: \_\_\_\_\_
- What type of sanitizer will be used?  
Chlorine     Iodine     Quaternary Ammonium     Hot Water     Other (specify):

### b. Mechanical dishwashing

- Will a Dishmachine be used?    Yes     No   
Dish machine manufacturer and model:
- Type of sanitization: Hot water (180°F)     Chemical

### c. General

- Describe the procedure of how cooking equipment, cutting boards, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized?
  
  
  
  
  
  
  
  
  
  
- Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space

Provide total square feet of air drying space:

## HANDWASHING/TOILET FACILITIES

Is there a hand washing sink (with soap and hand-drying device) in each food preparation and warewashing area?      Yes     No

## EMPLOYEE AREA

Is space provided for employee's personal items?    Yes     No   
If so, describe location:

## **GARBAGE AND REFUSE**

1. Will refuse be stored inside? Yes  No   
If so, where:
2. Provision for garbage disposal: Dumpster  Compactor
3. Provision for cleaning dumpster/compactor: On-site  Off-site   
If off-site cleaning, provide name of cleaning contractor:
4. Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc.)

## **CLEANING FACILITIES**

1. Specify location and size of area for washing of garbage cans and storage of mops:
2. Is a separate mop basin provided? Yes  No   
If so, describe type and location:
3. Indicate location of cleaning chemical system and chemical storage:

## **INSECT AND RODENT**

1. Are all outside doors self-closing with rodent-proof flashing? Yes  No
2. How is fly protection provided on all outside doors?  
Self-closing door  Fly Fan  Screen Door
3. How is fly protection provided on windows?  
Self-closing  Fly Fan  Screening
4. Indicate location of insecticide/rodenticide storage:

## **LINEN**

1. Location of clean linen storage:
2. Location of dirty linen storage:
3. Will laundry facilities be available onsite or will there be a contract with a linen service company?

## WATER HEATER SIZING

<b>Water Heater Calculation Worksheet</b>					
<b>Equipment</b>	<b>Quantity</b>	<b>Times</b>	<b>Size</b>	<b>=</b>	<b>GPH</b>
One-Comp. Sink (See Note)		<b>X</b>	x x	=	
Two-Comp. Sink (See Note)		<b>X</b>	x x	=	
Three-Comp. Sink (See Note)		<b>X</b>	x x	=	
Four-Comp. Sink (See Note)		<b>X</b>	x x	=	
One-Comp. Prep Sink		<b>X</b>	5 GPH	=	
Two-Comp. Prep Sink		<b>X</b>	10 GPH	=	
Three-Comp. Prep Sink		<b>X</b>	15 GPH	=	
Three Comp. Bar Sink (See Note)		<b>X</b>	x x	=	
Four Comp. Bar Sink (See Note)		<b>X</b>	x x	=	
Hand Sink		<b>X</b>	5 GPH	=	
Pre-Rinse		<b>X</b>	45 GPH	=	
Can Wash		<b>X</b>	10 GPH	=	
Mop Sink		<b>X</b>	5 GPH	=	
Dishmachine		<b>X</b>	GPH = 70% of "Final Rinse Usage"	=	
Cloth Washer		<b>X</b>	15 GPH	=	
Hose Reel		<b>X</b>	5 GPH	=	
Other Equipment		<b>X</b>		=	
Other Equipment		<b>X</b>		=	
<b>Gallons per hour (GPH) Recovery Rate</b> needed (based on 100 <sup>0</sup> F temperature rise)				<b>Total</b>	

<b>Note:</b>	GPH = $\frac{(\text{Sink size in cu. in.}) \times (7.5 \text{ gal./cu. ft.}) \times (\# \text{ compartments} \times .75 \text{ capacity})}{1,728 \text{ cu. in./cu. ft.}}$
GPH Calculation for Sinks	
Short version for above	GPH = (Sink size in cu. in.) x (# compartments) x (.003255/cu. in.) Example: (24" x 24" x 14") x (3 compartments) x (.003255) = 79 GPH