



Beaufort County Public Health Department
Environmental Health Section

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To: Proposed Food Establishment Owners/ Operators

Thank you for your interest opening a food service establishment in Beaufort County. Our staff is available to help you through any part of this process that you may need help with or have questions about. You can reach our office at (252) 946-6048 for assistance.

North Carolina Law and Rules requires a permit applicant or permit holder to submit to the health department properly prepared plans and specifications for review and approval before:

- A. Construction of a food establishment;
B. The conversion of an existing structure for use as a food establishment; or
C. The remodeling of a food establishment or a change of type of food establishment or food operation.

It is important that your construction plans are approved by our office prior to beginning any construction. This will save you valuable time and money by assuring that your plans are in compliance with North Carolina laws and rules.

You are advised to set up an appointment with one of our staff to review this process prior to submitting your application. Effective July 1st, 2020, there is a \$250 plan review application fee for new construction submitted to our office for review. Transitional permit applications may be subject to a \$150 plan review fee. All fees are non-refundable.

In addition to meeting health department regulations, you are encouraged to also contact the applicable agencies below to assure you are in compliance with their regulations:

Table with 2 columns: Department, Phone Number. Rows include City of Washington Planning & Development, City of Washington Building Inspections, City of Washington Fire Marshall, Beaufort County Building Inspections, Beaufort County Fire Marshall, and various towns like Bath, Belhaven, Chocowinity, and Aurora.

This listing is a guide and may not include all permitting agencies required

Plan Review Checklist

1. A set of plans submitted to be drawn to a minimum scale of ¼ inch = 1 foot.

The plan should include:

- Location of all food equipment with each piece of equipment clearly labeled.
- Handwashing sinks in food preparation, food dispensing, and warewashing areas.
- Finish schedule for floors, walls, ceilings for each area of the food establishment.
- Plumbing plan showing:
 - Water supply and waste lines
 - Location of floor drains and floor sinks
 - Hot water generating equipment
 - Location of grease interceptor
- Electrical plan showing location of light fixtures, electrical outlets and electrical panels.
- Ventilation plan showing location of hoods and diffusers.
- Site plan showing location of dumpster pad.
- Any auxiliary areas such as storage rooms, refuse rooms and toilet rooms.

2. Information accompanying the plans should include:

- Proposed menu
- Completed Food Establishment Plan Review Application
- Specification sheets for each piece of equipment proposed to be used

Note the following:

- Food equipment shall be used in accordance with the manufacturer's intended use and be certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification programs. If the equipment is not certified or classified for sanitation, the equipment shall meet Parts 4-1 and 4-2 of NC Food Code.
- Lighting requirements:
 - 50 foot candles of light at a surface where a food employee is working with food or working with utensils or equipment.
 - 20 foot candles of light:
 - At a surface where food is provided for consumer self-service
 - Inside equipment such as a reach-in and under the counter refrigerators
 - At 30 inches above the floor in areas used for handwashing, warewashing and equipment and utensil storage.
 - In Toilet rooms
 - 10 foot candles of light 30 inches above the floor in walk-in refrigeration/freezer units, dry food storage areas and other areas during periods of cleaning.

Food Establishment Plan Review Application

Type of Construction: NEW _____ REMODEL _____

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____

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

Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: - - Fax: - -

E-mail Address: _____

Submitter: _____

Company: _____

Contact Person: _____

Address: _____

City & State _____ Zip Code: _____

Telephone: - - Fax: - -

E-mail Address: _____

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

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: _____

(Owner or Responsible Representative)

Projected start date of construction: _____

Projected completion date: _____

Hours of Operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Projected number of meals served between product deliveries:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of Seats: _____

Facility total square feet: _____

TYPE OF FOOD SERVICE:

- Restaurant
- Food Stand (no seating)
- Drink Stand
- Commissary
- Meat Market
- Other (explain): _____

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 process** that will take place:

- Curing Acidification (sushi, etc) Reduced Oxygen Packaging (Vacuum)
- Smoking Sprouting beans Other

Explain checked processes: _____

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
- School with pre-school aged children

Will any undercooked foods be offered on the menu that will require a consumer advisory?

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	Meat	Seafood	Poultry	Other
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water less than 70°F	<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"/>

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 plan where food will be handled.

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to service.

- 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)
- When (time of day and frequency/day) food will be handled

Type of food	How it arrives	Food Stored	How food handled	When will it be handled
Ready to Eat (edible w/o additional preparation)				
Produce Handling				
Poultry Handling				
Meat Handling				
Seafood Handling				

DRY STORAGE

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

Where will dry goods be stored?

WATER SUPPLY

1. Is water supply: Municipal Well Is sewer: Municipal Septic

2. Will ice: be made on premises or purchased

3. Water heater:

a. Manufacturer and model: _____

b. Storage capacity: _____ gallons

• Electric water heater: _____ kilowatts (kW)

• Gas water heater: _____ BTUs

c. Water heater recovery rate (gallons per hour at 80°F temperature rise: _____ GPH

(See Water Heater Calculator on the Plan Review Unit website to calculate recovery rate needed: <http://ehs.ncpublichealth.com/faf/food/planreview/app.htm>)

Tankless:

a. Manufacturer and model: _____

b. Quantity of tankless water heaters: _____

(See Water Heater Calculator on the Plan Review Unit website to calculate number of tankless water heaters needed: <http://ehs.ncpublichealth.com/faf/food/planreview/app.htm>)

FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (e.g., quarry tiles, stainless steel, vinyl coated acoustic tile, fiberglass reinforced panel (FRP), vinyl coated tiles)

Area	Floor	Base	Walls	Ceiling
Food Prep				
Cook line				
Dish wash area				
Food storage				
Dry storage				
Waitress area				
Garbage storage				
Service Sink				
Toilet Rooms				
Dressing Room				
Dining Room				

SEWAGE DISPOSAL

Food establishment drainage systems, including grease traps, that convey sewage shall be designed and installed according to Law.

A plumbing system shall be installed to preclude backflow of a solid, liquid or gas contaminant into the water supply system at each point of use at the Food Establishment, including on a hose bibb if a hose is attached or on a hose bib if a hose is not attached and backflow prevention is required by Law, by providing an air gap or installing an approved backflow prevention device.

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"/>
Warewashing machine	<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"/>
Ice machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink machine	<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"/>
Steam table	<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"/>
Handwash sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WAREWASHING EQUIPMENT

a. Manual Warewashing

- Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____
- What type of sanitizer will be used?

Chlorine: Quaternary Ammonia: Hot Water: Iodine:

b. Mechanical Warewashing

- Will a warewashing machine be used? Yes No

Warewashing machine manufacturer and model: _____

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

General

- 1. 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:

- 2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

HANDWASHING

Indicate the number and location of handwashing sinks:

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items and medications:

REFUSE AND RECYCLABLES

- 1. Will refuse be stored inside: Yes No (All trash cans not in use must have a lid)
- 2. Provision for refuse disposal: Dumpster Rolling Carts Compactor
- 3. Provision for cleaning dumpster/carts/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, oyster shells, etc.):

SERVICE SINK

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

2. Is a separate mop storage area provided? Yes No If yes, describe type and location:

INSECT AND RODENT CONTROL

1. How is protection provided on all outside doors? Check all that apply:

Self-closing Fly Fan Screen Door

2. How is protection provided on windows?

Self-closing Fly Fan Screening

LINEN

Indicate location of clean and dirty linen storage:

All wiping cloths must be stored in a properly mixed and labeled sanitizing solution when not in use.

POISONOUS OR TOXIC MATERIALS

Indicate location of poisonous and/or toxic materials (chemicals, sanitizer, etc.) storage. All chemicals must be labeled with their common name.
