



Madison County Health Department

Environmental Health

◇ 493 Medical Park Drive ◇ Marshall, NC 28753 ◇
◇ Tel: 828-649-9598 ◇ Fax: 828-649-9370 ◇
envhealth@madisoncountync.gov

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Deputy Director

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Medical Director

PLAN REVIEW CHECKLIST

1. The plan should include:

- (a) Location of all food equipment with each piece of equipment clearly labeled.
- (b) Handwashing sinks in food preparation, food dispensing, and warewashing areas.
- (c) Finish schedule for floors, walls, ceilings for each area of the food establishment.
- (d) Plumbing plan showing:
 - 1. water supply and waste lines
 - 2. location of floor drains and floor sinks
 - 3. hot water generating equipment
 - 4. location of grease interceptor
- (e) Electrical plan showing location of light fixtures, electrical outlets, and electrical panels.
- (f) Ventilation plan showing location hoods and diffusers.
- (g) Site plan showing location of dumpster pad (if applicable).
- (h) Any auxiliary areas such as storage rooms, refuse rooms, and toilet rooms.

2. Information accompanying the plans should include:

- (a) Proposed menu
- (b) Food Establishment Plan Review Application
- (c) Specification sheets for each piece of equipment

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 program. If the equipment is not certified or classified for sanitation, the equipment shall meet Parts 4-1 and 4-2 of the Food Code.
- Lighting requirements:
 - o 108 lux (10 foot-candles) 30 inches above the floor in walk-in refrigeration units, dry food storage areas, and other areas during periods of cleaning.
 - o 215 lux (20 foot-candles):
 - o At a surface where food is provided for consumer self-service
 - o Inside equipment such as reach-in and under-counter refrigerators
 - o At 30 inches above the floor in areas used for handwashing, warewashing, and equipment and utensil storage
 - o In toilet rooms
 - o 540 lux (50 foot-candles) at a surface where a food employee is working with food or working with utensils or equipment.

Plan Review Unit

5605 Six Forks Road, Raleigh, NC 27609
Phone (919) 707-5861 / Fax (919) 845-3973

<http://ehs.ncpublichealth.com/food/planreview/index.htm>



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ENVIRONMENTAL HEALTH

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www.madisoncountypublichealthnow.com

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LODGING APPLICATION

Proposed Name of Establishment: _____

Address: _____ Phone: _____

Owner Name: _____ Phone: _____

Mailing Address: _____

Fax: _____ Email: _____

Contact Name: _____ Phone: _____

Is this a chain or franchise? Yes No

(If yes, submit plans for review to NCDENR, 1630 Mail Service Center, Raleigh NC 27699-1630)

TYPE OF SERVICE (CHECK ALL THAT APPLY)

Hotel / Motel

Bed and Breakfast Inn

Bed and Breakfast Home

Other _____

Number of Rooms _____

Continental breakfast provided? Yes No

Building Information: New Existing

**If "yes" please attach menu to application.*

Proposed Construction/Remodel Date: _____ Proposed Opening Date: _____

Water Supply: City/Municipal Well Other: _____

Sewage Disposal: City/Municipal Septic System Other: _____

Please submit this application with the following items to:

**Madison County Health Department
Environmental Health
493 Medical Park Drive, Marshall, NC 28753.
Call (828) 649-9598 for more information.**

- 1) Site plans & equipment layout (drawn to scale, recommend 1/4"=1')
- 2) Equipment specifications (make, model, spec sheets)
- 3) Plumbing and Lighting layouts
- 4) Well &/or septic system information, if applicable.
- 5) \$200 Plan Review fee

I (we) understand that written approval of plans must be obtained prior to construction.

Signature: _____ Date: _____

*****Please contact all other applicable agencies and organizations as required by law.*****



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Food Establishment Plan Review Application

Type of Construction: NEW REMODEL

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____ County _____

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)

Hours of Operation:

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

Projected number of meals served between product deliveries:

Breakfast: _____ Lunch: _____ Dinner: _____

Number of seats: _____ Facility total square feet: _____

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

TYPE OF FOOD SERVICE:

- Restaurant
- Food Stand
- 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 processes** that will take place:

- Curing Acidification (sushi, etc.) Reduced Oxygen Packaging (eg: 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 Center School with pre-school aged children

COLD STORAGE

Method used to determine cold storage requirements: _____

Cubic-feet of reach-in cold storage:

Reach-in refrigerator storage: _____ ft³

Reach-in freezer storage: _____ ft³

Cubic-feet of walk-in cold storage:

Walk-in refrigerator storage: _____ ft³

Walk-in freezer storage: _____ ft³

Number of reach-in refrigerators: _____

Number of reach-in freezers: _____

HOT HOLDING

Food that will be held **hot**: _____

COLD HOLDING

Food that will be held **cold**: _____

COOLING

Indicate by checking the appropriate boxes how cooked food will be cooled to 41⁰F (5⁰C) 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"/>

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 ⁰ F (21 ⁰ 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"/>

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 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

1. READY-TO-EAT FOOD HANDLING (edible without additional preparation necessary, e.g., salads, cold sandwiches, raw molluscan shellfish)

2. PRODUCE HANDLING

3. POULTRY HANDLING

4. MEAT HANDLING

5. SEAFOOD HANDLING

DRY STORAGE

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

Square feet of dry storage shelf space: _____ft²

Where will dry goods be stored? _____

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				
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:
 - 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 on the Plan Review Unit website to calculate recovery rate needed)
 - 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)
4. 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"/>

WAREWASHING EQUIPMENT

a. Manual Warewashing

1. Size of sink compartments (inches): Length: ____ Width: ____ Depth: ____

2. What type of sanitizer will be used?

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

b. Mechanical Warewashing

1. Will a warewashing machine be used? Yes No

Warewashing machine manufacturer and model: _____

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

c. 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:

Square feet of air drying space: ____ ft²

HANDWASHING

Indicate number and location of handwashing sinks:

EMPLOYEE ACCOMMODATIONS

Indicate location for storing employees' personal items:

REFUSE AND RECYCLABLES

1. Will refuse be stored inside? Yes No
If yes, where _____
2. Provision for refuse 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.):

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?
Self-closing door Fly Fan Screen Door
2. How is protection provided on windows?
Self-closing Fly Fan Screening

LINEN

1. Indicate location of clean and dirty linen storage:

POISONOUS OR TOXIC MATERIALS

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