The following pre-opening checklist is provided to assist with compliance to obtain a Food Establishment Permit:

- Certified Food Protection Manager (Applicant is allowed 210 days from date permit is issued to comply with rule requirement, per 15A NCAC 18A .2659)
- Copy of the menu
- *Consumer advisory (NC Food Code Manual, Section 3-603.11)
- *Variance and/or HACCP plan for specialized processing methods (NC Food Code Manual, Section 3-502.11)
- *Written procedures for time as a public health control (NC Food Code Manual, Section 3-501.18)
- *Standard operating procedures (NC Food Code Manual, Paragraph 8-201.12(E))
- All refrigerators and freezers must be operating to verify temperatures
- Thermometers provided
- Water heater operating
- Ware washing facilities properly operating
- Sanitizing solution and test strips supplied
- Lighting meets requirements
- Bulbs shielded or shatterproof
- Handwashing sinks conveniently located and supplied with soap, towels, and handwashing sign
- All construction completed and all construction materials removed from the premises

When scheduling the pre-opening inspection, contact your local County Environmental Health Department at least 3 days prior to the projected opening date.

*If applicable
Application for a Food Establishment Permit and
Pre-opening Checklist

Name of Establishment: ________________________________

Name of Applicant: ___________________ Phone: ___________________

Mailing Address: _____________________________________________

City: ___________________ State: ___________ Zip Code: ___________

Manager/Person in Charge: ________________________________

Mailing Address for Establishment: ____________________________

City: ___________________ State: ___________ Zip Code: ___________

Email Address: ________________________________ Phone: __________

Location of Establishment: ________________________________
(If different from above)

Establishment is owned by: ___Association ___Corporation ___Individual
___Partnership ___Other Legal Entity

Attach names, titles and addresses of persons comprising the legal ownership including the owners and officers, and the local resident agent if one is required based on the type of legal ownership.

Establishment Type: ___Mobile ___Stationary ___Temporary ___Permanent ___Shared Use

Prepares and Serves Potentially Hazardous Food (PHF)/Time Temperature Control for Safety Food (TCS):
___To Order upon Consumer Request
___In Advance and Discards Unserved Food ___Uses Time as a Public Health Control

Prepares PHF/TCS by: ___Cooking ___Cooling ___Reheating ___Hot holding
___Cold holding ___Freezing ___Thawing ___Par cooking

___Prepares food for delivery to and consumption at a location off premises
___Prepares food for a Highly Susceptible Population
___Prepares only non PHF/TCS

Wastewater System: ___Municipal/Community ___On-Site System

Water Supply: ___Municipal/Community ___On-Site System

PROJECTED OPENING DATE: ____________________________

Please submit this application at least 30 calendar days prior to the projected opening date, per 15A
NCAC .2658 as referenced in Section 8-302.11 of the NC Food Code Manual.

I attest to the accuracy of the information provided in this application.

Signature: __________________________ Date: __________________

North Carolina Department of Health & Human Services / Division of Public Health / Environmental Health Section / Food Protection Program
5605 Six Forks Rd. / 1832 Mail Service Center / Raleigh, NC 27699-1632
919 707 5854
July 2016
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: ___________________________ [Signature]
(Owner or Responsible Representative)

Date: ____________ [Date]
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 45°F (7°C) within 6 hours. If “Other” is checked indicate type of food: ___

<table>
<thead>
<tr>
<th>Cooling Process</th>
<th>Meat</th>
<th>Seafood</th>
<th>Poultry</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow Pans</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ice Baths</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rapid Chill</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Thawing Process</th>
<th>Meat</th>
<th>Seafood</th>
<th>Poultry</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Running Water less than 70°F (21°C)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cooked Frozen</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Microwave</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Area</th>
<th>Floor</th>
<th>Base</th>
<th>Walls</th>
<th>Ceiling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garbage &amp; Refuse Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Sink</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Plumbing Fixtures</th>
<th>Indirect Waste</th>
<th>Direct Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Floor sink</td>
<td>Hub Drain</td>
</tr>
<tr>
<td>Warewashing Sink</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Prep Sinks</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Handwashing Sinks</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Warewashing Machine</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Ice Machine</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Garbage Disposal</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Dipper Well</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Refrigeration</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Steam Table</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
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: ______