



Mecklenburg County Health Department

# Environmental Health Division

## Food Establishment Plan Review Application

To verify franchised or chain food establishment designation for the purpose of plan review as specified in Section 8-201.11 of the North Carolina Food Code please refer to Position Statement 'Franchised or Chain Food Establishment Designation for Plan Review' at <https://ehs.dph.ncdhhs.gov/faf/docs/foodprot/FranchisePlanReview.pdf>

Type of Construction:    New ☐    Remodel ☐    RTAP\* ☐

*\*Revision to approved plan – fill out 1st page only and provide a scoping letter of changes.*

Projected start date of construction: \_\_\_\_\_ Projected completion date: \_\_\_\_\_

LUESA Project # (if applicable): \_\_\_\_\_

**ESTABLISHMENT INFORMATION**

Name of Establishment:    Circle K

Address: \_\_\_\_\_

City:    Charlotte    Zip Code:    28217

**OWNER INFORMATION**

Owner or Owner's Representative: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**SUBMITTER INFORMATION**

Submitter: \_\_\_\_\_

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City & State:    Allentown, PA    Zip Code:    18109

Telephone: \_\_\_\_\_

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: \_\_\_\_\_



TYPE OF FOOD SERVICE (SELECT ALL THAT APPLY)

Restaurant

☐ Food Stand

☐ Shared Kitchen

☐ Meat Market

☐ Institutional Food Service (nursing home, hospital, etc.)

Other: \_\_\_\_\_

☐ Dine In

☐ Take out

☐ Large Pickup / Delivery Orders  
(i.e. corporate box lunches – taco bar)

☐ Off-site catering / Private event\*\*  
(i.e. wedding receptions w/ staff on site)

Avg # of meals per event: \_\_\_\_\_

\*\* requires NSF equipment & storage area for equipment.

DAILY HOURS OF OPERATION

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

PROJECTED # OF MEALS TO BE SERVED DAILY

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

Number of food deliveries received each week: \_\_\_\_\_

Number seats: \_\_\_\_\_ Square feet of all food preparation areas: \_\_\_\_\_

TYPES OF UTENSILS USED

Single Service (disposable):

☐ Plates ☐ Glassware ☐ Silverware

Multi-use (reusable):

☐ Plates ☐ Glassware ☐ Silverware

Will any **specialized processes** be used as specified in section 3-502.11 of the NC Food Code?

If YES, indicate which of the following will be used:

☐ Curing ☐ Acidification (sushi rice, etc.) ☐ Reduced Oxygen Packaging (vacuum packaging)

☐ Smoking ☐ Sprouting ☐ Other

Explain checked processes:

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

Will any **virtual brands** be provided?

☐ Yes ☐ No

If YES, then list brand names: \_\_\_\_\_

Menu to be served: \_\_\_\_\_

Additional equipment needed: \_\_\_\_\_

Estimated # of meals each day: \_\_\_\_\_



# Mecklenburg County Health Department

## COLD STORAGE NCDHHS Refrigerator Calculator

How was the volume of cold storage indicated below determined to be adequate?

Reach in cold storage (in cubic ft)	Walk in cold storage (in cubic ft)
Refrigerator: _____ ft3	Walk in cooler: _____ ft3
Freezer: _____ ft3	Walk in freezer: _____ ft3
Number of walk-in units: _____	
Number of reach in coolers: _____	
Number of reach in freezers: _____	

## COLD HOLDING

List food items that will be held **cold** and include equipment used:

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## HOT HOLDING

List food items that will be held **hot** and include equipment used:

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## COOLING

List food items that will be **cooked and cooled** OR **cooled from ambient air temperatures**:

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**Cooling equipment/processes:** How will cooked food items be cooled to 41°F (7°C) within 6 hours?

- ☐ Shallow pans in walk in cooler/freezer    ☐ Shallow pans in blast chiller    ☐ Ice Baths



THAWING

Indicate by checking the appropriate boxes how food in each category will be thawed.

If "Other" is checked, indicate food type: \_\_\_\_\_

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"/>

DRY STORAGE NCDHHS Dry Storage Calculator

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

Where will dry good be stored: \_\_\_\_\_

Square feet of dry storage space: \_\_\_\_\_ ft<sup>2</sup>

Time as Public Health Control (TPHC)

**Time Control:** Time control begins at the completion of the cooking process, when the food is removed from hot holding or cold holding, or at the start of assembly when using room temperature ingredients. Indicate when time control will begin in your facility by having written procedures in place.

**Holding Time:** Maximum holding time is as follows. Indicate the proposed time frame for holding food items.

- ☐ Four Hours: Cold food 41°F or below or 135°F or above prior to removal from temperature control
- ☐ Six Hours: Cold food 41°F or below before removal from temperature control and that does not exceed 70°F

Indicate menu items that will utilize TPHC: \_\_\_\_\_

CONSUMER ADVISORY

Will any menu items be offered or served **raw** or **undercooked**? ☐ Yes ☐ No If yes, then what items? \_\_\_\_\_

FOOD HANDLING PROCEDURES (Should be provided by owner/owner's representative)

**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, hot held, etc.)
- When (time of day and frequency/day) food will be handled



**1. Ready to eat foods:** *Edible without additional preparation necessary. e.g., salads, cold sandwiches, raw oyster bar/sushi*

**2. Produce; grains and pasta:** *e.g., lettuce, rice, macaroni*

**3. Poultry:** *e.g., chicken, turkey, duck*

**4. Meat:** *e.g.; raw beef, pork*

**5. Seafood / Shell stock:**



WATER SUPPLY AND SEWAGE

Water Supply: ☐ Municipal ☐ Well      Sewer: ☐ Municipal ☐ Septic

Will ice be: ☐ Made on premise ☐ Purchased

WATER HEATERS      NCDHHS WATER HEATER CALCULATOR

☐ Tank Type

a)Manufacturer and model: \_\_\_\_\_

b)Storage capacity: \_\_\_\_\_ gallons

c)Electric \_\_\_\_\_ kW or Gas \_\_\_\_\_ BTU's

☐ Instantaneous

a)Manufacturer and model: \_\_\_\_\_

b)Quantity of units: \_\_\_\_\_

c) Electric \_\_\_\_\_ kW or Gas \_\_\_\_\_ BTU's

☐ Hybrid System (instantaneous heater supplying an energized tank) – Complete portions above.

PLUMBING FIXTURE DRAIN SCHEDULE (check the appropriate box) – *do not fill out if fixture schedule is provided in plan set.*

PLUMBING FIXTURES	INDIRECT WASTE			DIRECT WASTE
	Floor Sink	Hub Drain	Floor Drain	
Warewashing Sinks	<input checked="" 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 checked="" type="checkbox"/>
Warewashing Machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration	<input checked="" 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"/>
Cold Holding Tables	<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

Manual Warewashing: Size of each sink compartment (inches): L \_\_\_\_\_ x W \_\_\_\_\_ x D \_\_\_\_\_

Type of sanitizer: ☐ Chlorine ☐ Hot Water ☐ Quaternary Ammonia ☐ Other \_\_\_\_\_

Mechanical Warewashing: Will a warewashing machine be used? ☐ Yes ☐ No

Manufacturer and model: \_\_\_\_\_

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



**FINISH SCHEDULE** (do not fill out if a finish schedule is provided in the plan set)  
Indicate floor, wall and ceiling finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile)

AREA	FLOOR	BASE	WALLS	CEILINGS
Kitchen				
Bar				
Dry Storage				
Cold Storage				
Toilet Rooms				
Dressing Rooms				
Garbage and Refuse Area				
Service Sink				
Sink Backsplash				
Other				
Other				

**GENERAL**  
Describe how cooking equipment, cutting boards, slicers, counter tops, other food contact surfaces and clean in place equipment 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:

Square feet of air-drying space: \_\_\_\_\_ ft

**HANDWASHING**  
Indicate number and location of handwashing sinks:



**EMPLOYEE ACCOMMODATIONS**

Indicate location for storing employees' personal items (ex. coats, purses, medication, etc.):

Maximum # of employees during a shift: \_\_\_\_\_

**Refuse and Recyclables:** Will refuse be stored inside? ☐ Yes ☐ No

Location(s): \_\_\_\_\_

Disposal Provisions: ☐ Dumpster ☐ Trash Cans ☐ Compactor

Will a contract for off-site cleaning of the dumpster/compactor be obtained? ☐ Yes ☐ No

Will the dumpster/compactor be cleaned at the establishment? ☐ Yes ☐ No

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

**Service Sink:** Location and size of service (mop) sink/can wash: \_\_\_\_\_

**Insect and Rodent Control:** How are outer openings protected from insects and pests?

☐ Self-closing doors and windows ☐ Air curtains/fly fans ☐ Screens ☐ N /A

☐ Other \_\_\_\_\_

**Linen:** ☐ Cleaned on site ☐ Contracted off site

Storage location of clean and soiled linens: \_\_\_\_\_

**Poisonous and Toxic Material**

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