



DURHAM COUNTY HEALTH DEPARTMENT
FOODHANDLING ESTABLISHMENT
PLAN DATA SHEET AND APPLICATION FOR PLAN APPROVAL

New _____ Remodeling _____ Conversion _____

Name of Establishment _____

Location _____

Plan Submitted By _____ Date _____

Type of Establishment _____ *Fee Paid _____

Plan Review Fees: 0 Seats to 50 Seats \$100 Fee More Than 50 Seats \$200 Fee
FEES MUST BE SUBMITTED BEFORE PLANS WILL BE REVIEWED

Owner _____

Contact Person _____

Phone # _____ Fax # _____

Mailing Address _____

Will Establishment Cater? _____ Approved Equipment (NSF or Equivalent) For Transport? _____

Prototype Establishment? _____ Submittal To State? _____

Will Establishment Serve: Breakfast _____ Lunch _____ Dinner _____ ?

Menu Submitted? _____ Single Service or Multi-Use Utensils? _____

Number Of Seats _____ Patio Dining Seats? _____ Water Supply City? _____ Sewage Disposal City? _____

All Equipment NSF Listed Or Equivalent? _____ Type Of Storage Shelving _____

All Counter top Equipment Portable, On 4" Legs Or Sealed To Counter Top? _____

Dishmachine? _____ Make _____ Model _____ Booster Heater _____

Chemical Sanitizer _____ GPH _____

Three-Vat Pot Sink? _____ **Vat Size (Length(front to back) x Width x Depth)** _____ "x _____" x _____"
 Drainboard Length _____ Indirect Waste? _____

Will Poultry, Seafood, Produce, Meats, or Shellfish be Washed or Thawed in a Prep Sink? _____ If Yes
 Please Indicate Which Foods. _____

Washing or Thawing Process	Produce	Poultry	Seafood	Meats	
Number of days per week					
Time of day					

Is a Produce Prep Sink Provided? _____ If So, Is Indirect Waste Provided? _____

Is a Poultry Prep Sink Provided? _____ Indirect Waste? _____

Is a Seafood Prep Sink Provided? _____ Indirect Waste? _____

Is a Meat (Products Other than Poultry or Seafood) Prep Sink Provided? _____ Indirect Waste? _____

Will **uncooked or partially cooked foods** such as raw oysters, clams, mussels, sushi, pate, or ceviche be served? Yes _____ No _____ If yes, indicate the foods: _____

Will Raw Shellfish be Washed in a Prep Sink? _____ Is a Separate Prep Sink Provided? _____
 Indirect Waste Provided? _____

Will Foods be Cooked Then Cooled Before Service to Customers? _____ Please List Food _____
 Items _____

COOLING

Indicate by checking the appropriate box how potentially hazardous food (PHF) will be cooled from 135⁰ to 45⁰ F rapidly after being cooked.

Cooling Process	Meats	Seafood	Poultry	Soups	Sauces
In the Refrigerator Using Shallow Pans					
In an Ice Bath					
Ice Wands					
In a Rapid Chill Refrigerator					

Where will Produce be Cut or Chopped? (Please Specify Location of Equipment) _____

Will Cooked or Ready to Eat Foods be Sliced Prior to Service?_____ Please Specify Location of Equipment_____

Will Poultry be Cut, Marinated, Breaded or Otherwise Processed Prior to Cooking?_____ Please Describe Procedure and Location Where it Will Occur_____

Will Seafood be Cut, Marinated, Breaded or Otherwise Processed Prior to Cooking?_____ Please Describe Procedure and Location Where it Will Occur_____

Will Raw Animal Proteins (Other Than Poultry or Seafood) be Cut, Marinated, Breaded or Otherwise Processed Prior to Cooking?_____ If Yes Please Describe Procedure and Location Where it Will Occur_____

How Will Meats, Poultry, Seafood Be Thawed?_____

What Provisions Have Been Made For Air Drying Pots, Pans & Utensils? _____

_____ Extra Shelf Space_____ Drying Racks_____

Adequate Handwashing Facilities?_____ Number Provided In Food Prep Areas_____

Distance Between Handsink & Other Equipment_____ Are Splash Guards Required?_____ (If distance is less than 18" splash guards are required).

Water Heater Specifications: Capacity_____ Recovery @ 100^o Rise_____
Manufacturer_____ Model_____ Rating:
BTU'S_____ kW_____

Water Heater Requirements: Recovery_____ kW_____ BTU'S_____

Location of Floor Drains Indicated on Plan? _____

Can Wash Facilities Provided?_____ Location_____ Size(in feet)_____

Disposal Of Solid Waste: Dumpster_____ Roll out Cart_____
Dumpster Pad Provided?_____ Hot & Cold Water, Sanitary Sewer Drain Provided?_____
Or Contract for Cleaning and Maintenance_____

Fly Fan Provided? _____ Self-Closing Service Doors?_____ Fly Protection @ Patio Door?_____
Drive-Thru Windows Auto-Closing or Fly Fan Provided? _____

Are Fifty Foot-Candles Of Light Provided In Work Areas? _____ Ten Foot-Candles In Walk-Ins and Storage Areas 30" above the Floor? _____

Are Hangers For Mops And Brooms Provided? _____ Separate Storage For Cleaning Supplies? _____

Counter Construction Sealed and Washable Per Requirements? _____ Cup Dispensers Provided? _____

Are All Conduit, Pipes, Lines, Etc. Stubbed Out At The Point Of Use Or Otherwise Mounted Or Concealed So As Not To Be A Deterrent To Cleaning? _____

Toilet Room Doors Self-Closing? _____

Describe Storage Facilities For Employees' Personal Belongings (Purse, Coats, Boots, Caps, Etc.)

FINISH SCHEDULE

	Floors	Baseboards	Walls	Ceilings
Kitchen	_____	_____	_____	_____
Serving	_____	_____	_____	_____
Bar	_____	_____	_____	_____
Storage	_____	_____	_____	_____
Toilets	_____	_____	_____	_____
Janitor's	_____	_____	_____	_____
Dining	_____	_____	_____	_____

Wall Finish Behind Cooking Equipment Under The Hood? _____

Hood Furred (boxed in) To Ceiling? _____ Walk-Ins Furred To Ceiling? _____

Walk-In Cooler/Freezer Floor Finishes? _____