

# AppHealthCare

## Alleghany County

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Sparta, NC 28675  
336-372-5641 (phone)  
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## Ashe County

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Jefferson, NC 28640  
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336-846-1039 (fax)

## Watauga County

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[www.apphealth.com](http://www.apphealth.com)

## FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

The following facilities must undergo a plan review to determine compliance with the NC Food Code which will help to ensure that safe food handling operations can begin in new or existing facilities:

- All new food service facilities.
- Existing food service facilities that are undergoing a remodel, expansion (including addition of seating) or an addition of new prep areas, dishwashing area, bar, wait station, restrooms, etc.
- Existing food service facilities that are changing out a majority of equipment.
- Existing food service facilities that are adding onto their menus (i.e. breakfast & lunch restaurant adding on dinner), changing menu concepts (i.e. changing cuisines) or adding on a new process (i.e. catering contract).
- Existing food service facilities that are undergoing a change of ownership.

**If construction, renovations, expansions, installation of new equipment, additions of new menu items / new processes occur without prior Health Department approval, then costly changes may be required, a denial of a plan may result or permit actions may be taken.**

### TYPE OF PLAN REVIEW:

#### PLAN REVIEW - \$250 FEE

- NEW CONSTRUCTION: Built on site structure
- CONVERSION: Existing non-permitted establishment being converted into a food establishment.
- FULL REMODEL: Currently permitted food establishment remodeling the majority of food prep, dishwashing, bars, customer areas, etc.
- STRUCTURAL ADDITION OR PARTIAL REMODEL: Currently permitted food establishment adding on or doing partial remodel prep space, dishwashing areas, bars, additional seating including outdoors, installation of new equipment.  
Describe: \_\_\_\_\_
- CONCEPT OR MENU CHANGES: Currently permitted food establishment adding on catering, change of ownership making significant menu changes (i.e. breakfast restaurant adding on dinner or changing types of cuisine).  
Describe: \_\_\_\_\_
- MOBILE FOOD UNIT: also known as food trucks
- PUSH CART: Serves hot dogs only
- CATERERS: Must be working out of an existing food establishment which already holds a .2600 Food Service Establishment permit from this Department. Please note that if the location is on a septic system, prior approval must be obtained from the Onsite Water Protection Section.

#### CHANGE OF OPERATOR\* - \$0 PLAN REVIEW FEE

- CHANGE OF OPERATOR\*: Existing food establishment sold to another owner / operator.  
\*Please note this only applies IF business name, menu and concept are staying the same AND no major changes to equipment / structures are occurring and the majority of equipment remains in the facility. Otherwise, please select "CONCEPT OR MENU CHANGES".

Please initial that you understand the following:

- \_\_\_\_\_ This application is for plan review only and not for a permit to operate.
- \_\_\_\_\_ This application must be submitted at least 1 month prior to commencement of construction, renovations or additions AND before seeking a building permit. For change of operators, this application must be submitted at least 2 weeks prior to the sale of the business. Failure to submit the application within these time frames may result in a delay in plan approval and a delay in permit issuance.
- \_\_\_\_\_ Mobile food units and push carts must submit application at least one month prior to commencing operation.
- \_\_\_\_\_ Construction, renovations or additions shall not begin until these plans are approved by this Department.
- \_\_\_\_\_ Failure to have plans approved prior to construction or prior to obtaining a building permit may result in costly changes that are required.

**Plans (must be a minimum of 11 x 14 inches with the layout of the floor plan accurately drawn to a minimum scale of ¼ inches = 1 foot) and specifications should include:**

1. Location of all food service equipment with each piece of equipment clearly identified.
2. Locations of all food prep tables – must have adequate prep space.
3. Refrigeration and hot holding equipment for potentially hazardous food.
4. Location of dishwashing facilities.
5. Separate food preparation sinks (when menu dictates) labeled and located to prevent cross-contamination of raw and ready to eat foods.
6. Hand washing facilities designated for food preparation areas, dishwashing area, bars, and toilet facilities.
7. Location of all ice machines.
8. Location of wait stations and customer self-service areas or buffets.
9. Location of storage rooms, basements, cellars, attics used for storage of any dry goods, paper goods, chemicals.  
*Please note – All items shall be stored at least 6” off floor if on stationary units.*
10. Toilet facilities.
11. Employee dressing room or locker area.
12. Finish schedule for each room including floors, walls, ceilings, and coved juncture bases.
13. Plumbing schedule to include:
  - a. Floor drains / floor sinks
  - b. Mop sink/can wash location  
Suggested Set-Up: combination faucet, hot and cold water, threaded nozzle or other approved backflow prevention, and a curbed impervious pad sloped to drain into sewer. Minimum recommended size is 36 x 36 inches with walls that are easily cleanable and non-absorbent.
  - c. Waste supply lines and potable water lines
  - d. Hot water generating equipment and water heater manufacturer, model number, and recovery rate
  - f. Grease trap and/or grease interceptor location- consult with municipality if on a sewer system.
14. Electrical layout and location of electrical panels.
15. Site plan to include:
  - a. Dumpster pad location – must be placed on a pad sloped to drain
  - b. Grease storage container location
  - c. Entrances and exits
  - d. Loading and unloading areas

**Plans must be submitted along with the following items:**

1. Proposed menu
2. Manufacturer specifications sheets for each piece of equipment  
\*All equipment with exception of microwaves, mixers, and toasters must be NSF listed, UL classified for sanitation (EPH), or must be constructed to meet NSF standards.
3. Plan Review Fee – see fee schedule according to the type of plan review.

**FACILITY INFORMATION**

Name of Establishment: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County \_\_\_\_\_

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

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

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

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

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

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

**Mobile Food Units, Pushcarts and Caterers ONLY:** Must have a commissary (already permitted .2600 Food Service Establishment). Please note that not all facilities are approvable as commissaries due to some of the following: having limited space, insufficient equipment for proposed operations, being on a septic system or having a mop sink that is not readily accessible for disposal of wastewater. Consult with Health Dept prior to deciding on a commissary.

Name of Commissary: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Mobile Food Units please acknowledge that you will return to the commissary every day of operation by initialing here: \_\_\_\_\_. Otherwise, you must consult with our Department about whether the unit will meet all requirements to act as own commissary.

**If facility is on a septic system or a well, approval must be granted from the Onsite Water Protection Section with Health Department prior to submission of this application.**

**Seating:** Total Number (includes outdoor seating) \_\_\_\_\_ **Facility:** Total square feet \_\_\_\_\_

Projected start date of construction\*: \_\_\_\_\_ \*Construction or renovations may not begin until approved by our Department.

Projected completion date: \_\_\_\_\_

**Hours of Operation:**

Sun	Mon	Tue	Wed	Thur	Fri	Sat

**Projected number of meals served between product deliveries:**

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

**TYPE OF FOOD SERVICE:** CHECK ALL THAT APPLY

- Restaurant                       Sit-down meals                       Take-out meals                       Catering
- Food Stand                       Buffets or Customer Self-Service Areas
- Drink Stand                       Drive-thru or walk-up windows (from exterior of building)
- Commissary (explain): \_\_\_\_\_
- Meat or Seafood Market
- Other (explain): \_\_\_\_\_
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**POPULATION SERVED:**

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

**CUSTOMER UTENSILS:**

- Single-service (disposable):  Plates     Glassware     Silverware
- Multi-use (reusable):             Plates     Glassware     Silverware

**FOOD PREPARATION:**

Indicate any **specialized processes\*** that will take place:

- Curing
- Acidification or Fermentation (sushi rice, chow chow, pickling food to hold more than 7 days, etc.)
- Reduced Oxygen Packaging (i.e. vacuum packaging, sous vide, cook-chill)
- Smoking                       Sprouting Seeds or Beans                       Other

Explain checked processes from above:

\_\_\_\_\_

**\*Please note that specialized processes require a HACCP plan and may also require a variance from NC DHHS before they may begin. You must submit the HACCP to our Department first and then to the NC Food Code Variance Committee. Please plan on a minimum of 6 months for approval.**

Will any meats be parcooked?            Yes \*    No

\*If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Will any meats, seafood, shellfish, or eggs be served or sold raw or undercooked?            Yes \*    No

\*If yes, please indicate which items: \_\_\_\_\_

\_\_\_\_\_

Will any foods be packaged for retail sale (i.e. grab-n-go sandwiches, soups, salads, etc)?    Yes \*    No

\*If yes, please indicate which items: \_\_\_\_\_

\_\_\_\_\_

**HOT HOLDING**

List TCS/potentially hazardous foods that will be held **hot**:

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**REHEATING**

List TCS/potentially hazardous foods that will be cooled down and then reheated for later service:

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**TIME AS A PUBLIC HEALTH CONTROL** (also known as time marking or time in lieu of temperature)

Will facility utilize time as a public health control (TPHC) for any TCS / potentially hazardous food items that have difficulty maintaining at 135F or higher / 41F or lower? Yes \* No

\*If yes, please indicate which items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COLD HOLDING**

**How has the amount of refrigeration and freezer space needed been determined:**

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Cubic-feet of reach-in cold storage:

Reach-in refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>

Reach-in freezer storage: \_\_\_\_\_ ft<sup>3</sup>

Cubic-feet of walk-in cold storage\*:

Walk-in refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>

Walk-in freezer storage: \_\_\_\_\_ ft<sup>3</sup>

Number of reach-in refrigerators\*: \_\_\_\_\_

Number of reach-in freezers\*: \_\_\_\_\_

*\*Please note that walk-in coolers and freezers cannot be frequently opened. Adequate reach-in units are required for obtaining items needed frequently (i.e. French fries).*

As of 2019, cold holding units must maintain food at 41F or below. Most units state that the maximum ambient temp of a kitchen should be 85F or less. What type of ventilation or cooling system is provided to help units function properly? \_\_\_\_\_

List foods that will be held **cold**: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List foods that are stored frozen and then will be needed for customer orders (i.e. fryer foods, ice cream, etc):

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List foods that will be held in an ice bath during any points of service:

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**COOLING**

Indicate by placing a **X** in the appropriate boxes how cooked food will be cooled to 41<sup>0</sup>F (7<sup>0</sup>C) within 6 hours.

<b>Cooling Process</b>	<b>Meat</b>	<b>Seafood</b>	<b>Poultry</b>	<b>Other- _____</b>	<b>Other- _____</b>	<b>Other- _____</b>
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all items that will be cooled down including those from ambient ingredients (i.e. tuna salad):

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**THAWING**

Indicate by placing a **X** in the appropriate boxes how food in each category will be thawed.

<b>Thawing Process</b>	<b>Meat</b>	<b>Seafood</b>	<b>Poultry</b>	<b>Other - _____</b>	<b>Other - _____</b>	<b>Other - _____</b>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water less than 70 <sup>0</sup> F (21 <sup>0</sup> C)*	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*Please note that cold water temps April – October are typically above 70F. Thus, facility must plan ahead for other methods of thawing.*

## **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 (prep table, sink, counter, etc.) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled

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

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PRODUCE HANDLING

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POULTRY HANDLING

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MEAT HANDLING

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SEAFOOD HANDLING

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**SUPPLIERS**

Where will food and supplies be purchased? \_\_\_\_\_  
\_\_\_\_\_

How many deliveries per week of TCS foods from distributors? \_\_\_\_\_  
\_\_\_\_\_

Will any TCS/potentially hazardous foods be purchased from stores? Yes \* No

\* If yes, which food items? \_\_\_\_\_  
\_\_\_\_\_

\* Which store(s) and how long of a transport? \_\_\_\_\_

\* How many times per week? \_\_\_\_\_

\* How will food temps be maintained during transport? \_\_\_\_\_

**OFFSITE FOOD PROVISIONS**

Will any TCS/potentially hazardous foods be transported to offsite locations (i.e. another location owned by same owner, caterings, mobile food units & pushcarts) Yes \* No

\*If yes, please describe which foods: \_\_\_\_\_  
\_\_\_\_\_

\*If yes, please state which locations: \_\_\_\_\_  
\_\_\_\_\_

How will food temps be maintained during transport to an offsite location? \_\_\_\_\_  
\_\_\_\_\_

Caterers only – please list the types of functions where food will be served: \_\_\_\_\_  
\_\_\_\_\_

**FOOD SAFETY TRAINING FOR EMPLOYEES**

How will employees be trained on food safety practices? \_\_\_\_\_  
\_\_\_\_\_

How will managers (PICs) monitor employees and food safety practices as outlined in 2-103.11 of the NC Food Code? This information can be found at:

<https://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf>  
\_\_\_\_\_  
\_\_\_\_\_

**STANDARD OPERATING PROCEDURES**

Are standard operating procedures (SOPs) to ensure compliance with the Food Code already developed?

Yes\*  No\*\*

\*If yes, please submit SOPs along with application electronically.

\*\*If no, facility must provide SOPs during preoperational visits.



**DISHWASHING FACILITIES AND PROCEDURES**

**a. Hand Dishwashing:** Sink bays must be large enough to accommodate largest utensil.

Number of sink compartments: \_\_\_\_\_  
Size of sink compartments (inches): Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_  
Length of drainboards (inches): Right: \_\_\_\_\_ Left: \_\_\_\_\_

What type of sanitizer will be used? Chlorine:  Iodine:  Quaternary Ammonium:   
Hot Water:  Other (specify):  \_\_\_\_\_

**b. Mechanical Dishwashing**

Will a dish machine be used? Yes\*  No

Dish machine manufacturer and model: \_\_\_\_\_

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

\*\* Requires a condensate hood for upright models unless a quick heat release is provided.

\*\* High temp dish machine spec sheets typically state that tankless water heaters are not recommended.

Consult with the dish machine manufacturer and/or the tankless water heater manufacturer.

**c. General**

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:

\_\_\_\_\_

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<sup>2</sup>

Will any dispensing utensils (i.e. scoops) for moist foods be stored in water? Yes\*  No

\*If yes, which method: Running water dipper well  Container of water above 135F

**HANDWASHING FACILITIES**

Indicate number of **all** handwash sinks (including restrooms): \_\_\_\_\_

Indicate location(s) of handwash sinks and the anticipated number of employees using each hand sink on a particular shift (i.e. cook line – 5 employees, dish room – 3 employees, bar – 3 employees, wait station – 5 employees):

\_\_\_\_\_

**BARS** – *Mobile Food Units, Pushcarts and Caterers Skip*

Will a bar be located in facility? Yes  No  (*Skip to next page*)

Will utensils be washed at bar? Yes \* No

\*If yes, what is dishwashing method? Hand dishwashing  Mechanical

Dish machine manufacturer and model number (*if applicable*): \_\_\_\_\_

Will facility be offering liquor by the drink? Yes  No

**WATER SUPPLY AND WASTEWATER** - *Mobile Food Units, Pushcarts and Caterers Skip This Page*

Is water supply: Municipal  Well \* \*If well, number of connections: \_\_\_\_\_ and year drilled \_\_\_\_\_

Is wastewater: Municipal  Septic \*

\*If septic, have applications been submitted to Health Dept for well and septic approval? Yes  No \*\*

\*\*If no, DO NOT PROCEED with submittal of this application.

Will ice: be made on premises\* or purchased.

\*If made on premises, will any ice be bagged and sold?

Yes  No

**WATER HEATER:**

*Please note that if more than one water heater is provided, must submit a separate listing of which water heater serves which fixture.*

**Tank type:**

- a. Manufacturer and model: \_\_\_\_\_
- b. Storage capacity: \_\_\_\_\_ gallons
  - Electric water heater: \_\_\_\_\_ kilowatts (kW)
  - Gas / propane water heater: \_\_\_\_\_ BTU's
- c. Water heater recovery rate (gallons per hour at 80°F temperature rise): \_\_\_\_\_ GPH  
(Please use Water Heater Calculation Chart on the next page or you may contact Health Dept for assistance in calculating water heater requirements.)

**Tankless:** (Typically not recommended if a high temp dishmachine is to be installed.)

- a. Manufacturer and model: \_\_\_\_\_
- b. Quantity of tankless water heaters: \_\_\_\_\_

**DRAINS:** Place a X in the appropriate box indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Utensil Washing 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"/>
Hand Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dish 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"/>

## WATER HEATER SIZING

*Our Department can assist in determining the size of water heater your facility needs.*

Equipment	Quantity	Times	Size				=	GPH
One Comp Sink <i>See Note at Bottom</i>		<b>X</b>		x		x	=	
Two Comp Sink <i>See Note at Bottom</i>		<b>X</b>		x		x	=	
Three Comp Sink <i>See Note at Bottom</i>		<b>X</b>		x		x	=	
Four Comp Sink <i>See Note at Bottom</i>		<b>X</b>		x		x	=	
One Comp Prep Sink		<b>X</b>	5 GPH				=	
Two Comp Prep Sink		<b>X</b>	10 GPH				=	
Three Comp Prep Sink		<b>X</b>	15 GPH				=	
Three Comp Bar Sink <i>See Note at Bottom</i>		<b>X</b>		x		x	=	
Four Comp Bar Sink <i>See Note at Bottom</i>		<b>X</b>		x		x	=	
Pre-Rinse Sink		<b>X</b>	45 GPH				=	
Dishmachine 1		<b>X</b>	GPH = 70% of Final Rinse Usage				=	
Dishmachine 2		<b>X</b>	GPH = 70% of Final Rinse Usage				=	
Handsink		<b>X</b>	5 GPH				=	
Can Wash		<b>X</b>	10 GPH				=	
Mop Sink		<b>X</b>	5 GPH				=	
Cloth Washer		<b>X</b>	15 GPH				=	
Hose Reel		<b>X</b>	5 GPH				=	
Other Equipment - _____		<b>X</b>					=	
Other Equipment - _____		<b>X</b>					=	
<b>Gallons per hour (GPH) Recovery Rate needed based on 80F temperature rise</b>							<b>Total</b>	

NOTE: Calculation for Sinks

$$\text{GPH} = \frac{(\text{Sink size in cubic inches}) \times (7.5 \text{ gal/cubic feet}) \times (\# \text{ compartments} \times .75 \text{ capacity})}{1,728 \text{ cubic inches/cubic feet}}$$

*OR*

$$\text{GPH} = (\text{Sink size in cubic inches}) \times (\# \text{ of compartments}) \times (0.003255/\text{cubic inches})$$

*Example: (24" x 24" x 14")*      x      (3 compartments)      x      (0.003255)      = 79 GPH

**FINISH SCHEDULE** – *Pushcarts and Caterers Skip*

Indicate floor, wall and ceiling finishes (e.g., quarry tile, stainless steel, vinyl coated acoustic tile).  
If painted drywall, please make note that it must be a washable paint in all areas.

Area	Floor	Base (floor/wall juncture)	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Sink/Can Wash				
Other – _____				
Other – _____				

**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: \_\_\_\_\_ ft<sup>2</sup>

Where will dry goods be stored? \_\_\_\_\_

What type of shelving is provided in storage areas: \_\_\_\_\_

**EMPLOYEE AREA**

Indicate location for storing employees' personal items: \_\_\_\_\_

Where will employees be instructed to eat and drink or take breaks? \_\_\_\_\_

**GARBAGE AND REFUSE**

Will refuse be stored inside? Yes\*  No

\*If yes, where: \_\_\_\_\_

Provision for garbage disposal: Dumpster  Compactor  Cans

Provision for cleaning dumpster/compactor: On-site  Off-site\*

\*If off-site cleaning, provide name of cleaning contractor: \_\_\_\_\_

Describe location for storage of any recyclables (cooking grease, cardboard, glass, plastic, etc):  
\_\_\_\_\_

Will a pad sloped to drain be placed under dumpsters, trash cans, recyclables, oil/grease containers?

Yes  No

**CLEANING FACILITIES**

Is a separate mop basin provided?

Yes\*  No

\*If yes, describe type and location: \_\_\_\_\_

Will any hoses have any pistol grips / sprayers attached:

Yes\*  No

\*If yes, please specify the type of backflow preventer to be installed: \_\_\_\_\_

Location of chemical storage: \_\_\_\_\_

Location of clean linen storage: \_\_\_\_\_

Where will linens be laundered: \_\_\_\_\_

Location of dirty linen storage: \_\_\_\_\_

**INSECT AND RODENT PREVENTION AND CONTROL**

How is fly protection provided on all outside doors (select all that apply)?

Self-closing door  Fly Fan  Screen Door

How is fly protection provided on windows that open (select all that apply)?

Self-closing windows  Fly Fan  Screens  N/A

Will any insect control devices (i.e. zapper) be installed?

Yes \* No

\*If yes, please indicate location: \_\_\_\_\_

Location of insecticide/rodenticide storage: \_\_\_\_\_

**I CERTIFY THAT THE INFO IN THIS APPLICATION IS CORRECT, AND I UNDERSTAND THAT ANY DEVIATION WITHOUT PRIOR APPROVAL FROM APPEALTHCARE MAY NULLIFY PLAN APPROVAL OR RESULT IN PERMIT ACTIONS.**

**Signature:** \_\_\_\_\_  
(Owner or Responsible Representative)

**Date:** \_\_\_\_\_

**\*Mobile Food Units and Pushcarts proceed to next 3 pages. All others STOP.\***

Revised 11-2020

**MOBILE FOOD UNITS AND PUSHCARTS**

**Initial Route:**

_____	_____	_____
Location	Dates or Days of Week	Hours (am or pm)
_____	_____	_____
Location	Dates or Days of Week	Hours (am or pm)
_____	_____	_____
Location	Dates or Days of Week	Hours (am or pm)

*\*If unit will operate at additional locations, please attach.*

**Pushcarts Only**

Does cart have overhead protection covering the entire food preparation area and utensil storage areas (this in addition to lids on containers; umbrellas and canopies are not sufficient) Yes  No

Does cart have a sink? Yes  No

\*If yes, what is the size of potable water tank: \_\_\_\_\_ gallons wastewater tank: \_\_\_\_\_ gallon

**Mobile Food Units Only**

Will any utensils be washed on truck? Yes  No

Will any produce be washed on truck? Yes  No

Will any meats be washed/thawed on truck? Yes  No

Will any food be fried or grilled on truck? Yes  No

How is ventilation provided? \_\_\_\_\_  
\_\_\_\_\_

How is fly protection provided? \_\_\_\_\_

Hot Water Heater Make and Model: \_\_\_\_\_ Recovery Rate: \_\_\_\_\_ GPH

Size of Clean Water Tank: \_\_\_\_\_ (gallons) Size of Wastewater Tank: \_\_\_\_\_ (gallons)

How will potable water tank be filled? *(Please specify which water tap at commissary will be used and if inlet is on inside or outside of truck)*  
\_\_\_\_\_  
\_\_\_\_\_

How will wastewater tank be drained? *(Please specify is outlet is on inside or outside of the truck and to where wastewater will be drained. Please note that commissary must have an easily accessible mop sink in a location where the wastewater hose does not have to go through prep areas during drainage process.)*  
\_\_\_\_\_  
\_\_\_\_\_

**\*Mobile Food Unit must comply with all requirements in the NC Food Code Manual 5-301.11 to 5-403.11 which cover water tanks, appurtenances, sewage tanks and disposal. Please familiarize yourself with these requirements. Then, you must be able to demonstrate to the Health Department that unit complies during permitting inspection.\***

**Mobile Food Units Power**

Will food truck have propane? Yes\*  No

\*If yes, which appliances will be run off propane? \_\_\_\_\_

\*If yes, please note that an inspection is required from the NC Dept of Ag and Consumer Services LP Division. Please find the information for the inspection at:

<https://www.ncmhtd.com/NCDACS/Standards/FoodTruck>.

Proof of this inspection should be shown during the final permitting inspection.

How will truck be powered at operating location?

Generator: \_\_\_\_\_  
Make & Model Number Wattage Max

50 AMP 120/240V  Other (please describe): \_\_\_\_\_

Please list the number and type of outlets provided on truck: \_\_\_\_\_

Does truck have any battery back-ups or inverters? Yes\*  No

\*If yes, please describe max power rating: \_\_\_\_\_

Will any food be stored in refrigerators/freezers on truck after operating hours? Yes\*  No

\*If yes, how will power be supplied to keep refrigerators/freezers working?  
 \_\_\_\_\_

Please list all electricity using appliances, lights, fixtures, pumps, etc:

Wattage Worksheet						
	Appliance or Electrical Using Fixture	AMPs	X	Volts	=	Watts
1			X		=	
2			X		=	
3			X		=	
4			X		=	
5			X		=	
6			X		=	
7			X		=	
8			X		=	
9			X		=	
10			X		=	
11			X		=	
12			X		=	
	<b>TOTAL</b>		X		=	

EXAMPLE:

WATTAGE WORKSHEET

	TOOLS OR APPLIANCE	AMPs	(x)	VOLTs	=	WATTS
1	WARMER		(x)		=	1200
2	REFRIGERATION	7.8	(x)	115	=	897
3	FREEZER	9.7	(x)	115	=	1115.5
4	HOOD FAN "MOTOR"	9.2	(x)	120	=	1104
5	WATER PUMP	1	(x)	120	=	120
6	HVAC	15.3	(x)	120	=	1836
7	x4 2Ft LIGHTS (LED)18W		(x)		=	72
8			(x)		=	
	<b>TOTAL</b>					<b>6344.5</b>

## AppHealthCare

### APPALACHIAN DISTRICT HEALTH DEPARTMENT

Alleghany County  
157 Health Services Rd  
P.O. Box 309 (mailing)  
Sparta, NC 28675  
336-372-5641 (phone)  
336-372-7793 (fax)

Ashe County  
626 Ashe Central School Rd  
P.O. Box 208 (mailing)  
Jefferson, NC 28640  
336-246-3356 (phone)  
336-846-1039 (fax)

Watauga County  
126 Poplar Grove Connector  
P.O. Box 307 (mailing)  
Boone, NC 28607  
828-264-4995 (phone)  
828-264-4997 (fax)

[www.apphealth.com](http://www.apphealth.com)

### **COMMISSARY FORM**

Rule 15A NCAC 18A .2670(d) in the Rules Governing Food Protection and Sanitation of Food Establishments imparts that: *"Pushcarts or Mobile Food Units shall operate in conjunction with a permitted restaurant/ commissary and shall report at least daily for supplies, cleaning, and servicing."*

#### Restaurant / Food Stand Serving as Commissary

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Please list the hours that the Mobile Food Unit/Pushcart can use your facility:

Sun	Mon	Tue	Wed	Thur	Fri	Sat

Water Supply: Municipal Private\*      Sewage Disposal: Sewer Onsite\*

\*If wastewater is disposed into onsite system, septic system must be evaluated and approval must be granted from Health Dept.

As the permittee or operator of the food establishment listed below, it is my intention to allow my facility to serve as a commissary for the Mobile Food Unit or Push Cart listed below. I understand that the Mobile Food Unit or Push Cart must return to my facility on a daily basis for servicing of the following requirements (*Please initial each of the items listed*):

- \_\_\_\_ Use of the restaurant utensil sink for washing of the utensils.
- \_\_\_\_ Use of the restaurant food prep sink for any washing, thawing, rinsing or cooling of food.
- \_\_\_\_ Use of the restaurant cooking equipment (as deemed necessary).
- \_\_\_\_ Provision of refrigerated or dry storage for their food and utensils.
- \_\_\_\_ Provision of a suitable means of connection into the potable water supply as approved by Health Dept.
- \_\_\_\_ Provision of a suitable means for disposal of the Mobile Food Unit's or Pushcart's gray water into my facility's sewage disposal system as approved by the Health Department.

*I understand that this agreement shall remain in effect until I notify the Health Department and the Mobile Food Unit's or Pushcart's owner in writing to rescind it or until the owner of this operation changes.*

Operator Name (*Printed*): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Mobile Food Unit or Pushcart

Business Name: \_\_\_\_\_

Operator Name (*Printed*): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_