

**Commercial Projects
Plan Submittal Guide
2000**

Appendix S

Submittals for

Food Service, Child Day Care, Hotels, & Institutions

Requiring

Plan Review for NC Sanitation Rules Compliance

Through the

Wake County Department of Environmental Services

Appendix S- Review by Wake County Department of Environmental Services for Compliance with North Carolina Sanitation Laws

In addition to meeting North Carolina Building Code requirements, plans for food service establishments, lodging establishments (hotels and motels), licensed child day cares, and licensed institutions must be reviewed for compliance with North Carolina sanitation laws. Responsibility for review of plans for compliance with sanitation laws Wake County lies with the Wake County Department of Environmental Services. In the past this review has been a separate process, however, beginning in May of 2000, the City of Raleigh and the Wake County Department of Environmental Services will coordinate their review processes in the hopes of providing a better service to our clients.

Plan submittals for food service, lodging, childcare or institutional facilities will be to the City of Raleigh utilizing their usual process, **however, plans must be submitted with the necessary information for the Department of Environmental Services review.** The checklists and other information included in this appendix are intended to assist in assuring that the plans are complete. The appendix consists of the following:

Food Service Plan Submittal Checklist- to be used for restaurants, cafés, delis, school lunchrooms, caterers, and other food-handling establishment plans

Hotel/Motel Plan Submittal Checklist- to be used for hotels, motels or facilities which rent rooms for overnight accommodations (if the hotel also involves a restaurant, the Food Service Plan Submittal Checklist must also be completed).

Child Day Care Plan Submittal Checklist- to be used for all licensed child day care. Licensure by the state is required for all child care facilities keeping 6 or more children for more than 4 hours per day.

Institutional Plan Submittal Checklist- to be used for hospitals, rest homes, nursing homes and other state licensed institutions.

Food Service Establishment- Detailed Questionnaire- to be completed for foodservice businesses and institutions which includes a food service. The questionnaire is used to obtain information on specific functions of the food service necessary for the review. Some code requirements vary based on menu and type of service.

Please note that plans can not be approved for construction until overall approval is given, including approval based on compliance with the state sanitation laws. It is important, therefore, that plans be complete when submitted, including the required

**Appendix S- Review by Wake County Department of Environmental Services for
Compliance with North Carolina Sanitation Laws (Continued)**

documentation called for on the applicable checklists. Any questions with regards to this aspect of your plan review can be addressed to the Wake County Environmental Services Staff listed below. **In addition, as facility design requirements, and especially food service requirements, can vary based on menu, methods of service and other operational variables, it is strongly recommended that a preliminary plan review be conducted directly with Wake County Environmental Services staff prior to the finalization and submittal of plans.** These preliminary assessments of design drawing can be scheduled with Wake County Environmental Services staff listed below.

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Waverly F. Akins Wake County Office Building
336 Fayetteville Street Mall
P.O. Box 550
Raleigh, NC 27602
Phone: (919) 856-7400
FAX: (919) 856-7407
Web site: www.co.wake.nc.us/esadmin

Food, Institution and Sanitation Division - Plan Review Program Staff

Lisa Johnson, RS
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(919) 856-7458

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Food Service Plan Submittal Checklist

In addition to meeting construction code requirements of the N.C. Department of Insurance, food service establishments must be constructed in compliance with sanitation rules adopted by the N.C. Commission for Health Services. These rules are listed in the publication “*Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments, 15A NCAC 18A .2600.*” Copies of this publication may be obtained on line at www.deh.enr.state.nc.us/ehs/rules/t15a-18a.26.pdf, or by contacting the Wake County Department of Environmental Services at 919-856-7400. The following information must be provided for review of food service establishments for compliance in this area.

_____ Completed copy of **Food Service Establishment: Detailed Questionnaire** (included in this appendix).

_____ A proposed or typical menu. Proposed menus will be used to better understand the types of food preparation that will occur in the food service facility.

_____ The source of water supply and sewage disposal.

_____ Scaled drawings (minimum 1/8 inch per foot) showing the location of each piece of food service equipment. Equipment must be clearly labeled with its common name on the plan or clearly identified with an equipment schedule keyed to the equipment drawings. Elevation drawings should be provided when necessary to clearly demonstrate the intended equipment placement and/or method of placement. Room dimensions and aisles must be to scale.

_____ Food service equipment schedule including the make and model number of all equipment. Manufacturer equipment specifications sheets should be provided. Food service equipment must be National Sanitation Foundation (NSF) listed, UL Sanitation listed, ETL Sanitation listed or equivalent.

_____ Seating capacities, including any bar seating and outdoor seating

_____ Room interior finish schedules for all floor, base, wall and ceiling finishes.

_____ Drawings including the location of the floor drains, floor sinks, waste water line connections, water supply lines, RPZ valve location, overhead waste water lines, hot water lines and hot water generating equipment. The capacity and recovery rate must be provided for the hot water generating equipment.

_____ A site plan indicating the location of entrances, exits, loading/unloading areas and docks, dumpster, compactor or other garbage areas, waste grease storage containers, exterior storage buildings and other site facilities.

_____ Drawings indicating the locations of toilets, chemical storage areas, garbage rooms, garbage can wash facilities, mop wash and storage areas, and other auxiliary areas supporting the food service operations.

_____ Drawings should include hand sinks located in the kitchens, dish wash areas, bar areas, and toilets.

_____ When menu dictates, drawing must indicate separate food preparation sinks labeled and located to preclude contamination and cross-contamination of raw and ready to eat foods.

_____ Selection of lighting fixtures in the food service should anticipate the sanitation code illumination level requirements as follows: food contact surfaces require 50 foot candles, utensil wash areas require 50 foot candles, bar areas require 50 foot candles (during cleaning only). All other areas require 10 foot candles. Bulbs in areas where food is exposed must be shielded or shatter resistant.

**FOOD SERVICE ESTABLISHMENT—DETAILED QUESTIONNAIRE
SANITATION CODE REVIEW**

_____NEW _____REMODEL _____CONVERSION

Name of Establishment: _____

Establishments Address: _____

Phone if Available: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicants Name: _____

Mailing Address: _____

Telephone: _____

Title (owner, manager, architect, etc.): _____

Hours of Facility Operation:

Sun____ Mon____ Tue____ Wed____ Thu____ Fri____ Sat____

Number of Seats: _____

Number of Staff: _____
(Maximum per shift)

Total Square Feet of Facility: _____

Maximum Meals to be Served: Breakfast____ Lunch____ Dinner____
(approximate number)

Projected Date for Start of Construction: _____

Projected Date for Completion: _____

**FOOD SERVICE ESTABLISHMENT PLAN SUBMITTAL CHECKLIST –
SANITATION CODE REVIEW (cont.)**

Type of Service: **(check all that apply)**

Sit Down Meals _____

Take Out _____

Caterer _____

Mobile Food Unit _____

Push Cart _____

Limited Food Service _____

Temporary Food Stand _____

Other _____

Single Use Serving Utensils _____

Multi-Use Serving Utensils _____

Please be sure the following information is included with your plan

Proposed menu.

Manufacturer specification sheets for each piece of equipment shown on plans.

Site plan showing location of business in building, location of building on site including alleys, streets and location of any outside facility (dumpster, walk-ins, etc.).

Plan of facility drawn to scale showing location of equipment, plumbing, electrical service and mechanical ventilation, including location of all electrical panels.

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

Item #1 The plans should be a minimum of 11 X 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of 1/4 inches = 1 foot.

Item #2 Seating capacity should include any bars, outdoor or patio dining areas, catering rooms and other serving area facilities located at the food service facility.

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS (cont.)

- Item #3 The plans should show the location of all food service equipment. Each piece of equipment should be clearly labeled on the plan or equipment schedule with its common name.
- Item #4 Adequate rapid cooling equipment (including ice baths and refrigeration) and hot-holding facilities for potentially hazardous food (PHF) should be clearly designated on the plan.
- Item #5 When the menu dictates, separate food preparation sinks or areas should be labeled and located to preclude contamination and cross-contamination of raw and ready- to-eat foods.
- Item #6 Adequate hand wash lavatories should be designated for each toilet, in the immediate area of food preparation and in the dishwashing area.
- Item #7 The plan layout should provide dimensions for room size, aisle space and space between and behind equipment.
- Item #8 Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation should be included in the plans.
- Item #9 The plans and specifications should also include:
- A. Water supply lines, overhead wastewater lines, hot water lines, entrances, exits, loading/unloading areas and docks;
 - B. Completed finish schedules for each room to include floors, walls, ceilings and coved juncture bases;
 - C. Plumbing schedule to include location of the floor drains, floor sinks and hot water generating equipment with capacity and recovery rate, backflow prevention, wastewater line connections.
- Item #10 Lighting must comply with the following requirements:
- A. Food contact surfaces = 50 foot candles (540 lux)
 - B. Utensil washing area = 50 foot candles (540 lux) (lighting in utensil washing areas shall be measured at 30 inches above the floor and/or at the work levels)
 - C. All other area = 10 food candles (110 lux) (Lighting to be measured at 30 inches above the floor).

**FOOD SERVICE ESTABLISHMENT PLAN SUBMITTAL CHECKLIST –
SANITATION CODE REVIEW (cont.)**

- Item #10 Lighting Requirements; (cont.)
- D.** Light bulbs in food preparation, storage, and display areas shall be shatter-resistant or shielded so as to preclude the possibility of broken bulbs or lamps falling into food. Shatter-proof or shielded bulbs need not be used in food storage areas where the integrity of the unopened packages will not be affected by broken glass falling onto them and the packages, prior to being opened, are capable of being cleaned. Heat lamps shall be protected against breakage by a shield surrounding and extending beyond the bulb, leaving only the face of the bulb exposed in food preparation area.
- Item #11 Equipment schedules should include make and model number for all food service equipment. Equipment must be National Sanitation Foundation (NSF), UL Sanitation or ETL Sanitation listed or equivalent.
- Item #12 The required garbage can wash area must be indicated on the plans. Space must be planned for the storage of mops, mop buckets and other cleaning equipment.
- Item #13 Storage room shelving must be designed to provide storage for all items at least 12 inches above the floor. Separate storage must be provided for chemical supplies so as to preclude food contamination.
- Item #14 The location of the grease trap should be clearly indicated on the plans.
- Item #15 Plans must indicate the location of dumpster or compactor storage pads, waste grease storage containers and other waste or recycling collection containers.
- Item #16 Any dressing rooms, locker areas, employee rest areas, and/or coat racks should be indicated on the plans.

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Food (PHF) to be handled, prepared and served.

CATEGORY	<u>YES</u>	<u>NO</u>
Thin meats, poultry, fish, eggs	_____	_____
Thick meats, whole poultry	_____	_____
Hot processed foods, (Soups, stews, chowders, casseroles)	_____	_____
Bakery goods, (Pies, custards, creams)	_____	_____
Other: _____	_____	_____

PLEASE CHECK BOX FOR THE FOLLOWING QUESTIONS

FOOD SUPPLIES

		<u>YES</u>	<u>NO</u>
Item #1	Are all food supplies from inspected and approved sources?	_____	_____

COLD STORAGE

Item #1	Are adequate and approved freezer and refrigeration available to store frozen foods at 0°F and below, and refrigerated foods at 45°F (7°C) and below?	_____	_____
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Provide the method used to calculate cold storage requirements:

Provide total footage of space dedicated to walk-in cold storage _____

Provide total footage of space dedicated to reach-in cold storage _____

COLD STORAGE (cont.)

YES **NO**

Item #2 Will raw meats, poultry and seafood be stored in the same refrigerators and freezer with cooked/ready-to-eat foods? _____ _____

If yes, how will cross-contamination be prevented?

YES **NO**

Item #3 Does each refrigerator/freezer have a thermometer? _____ _____

Number of refrigeration units:_____ Number of freezer units:_____

Item #4 **THAWING**

Please indicate by checking the appropriate box how potentially hazardous food (PHF) in each category will be thawed. More than one method may apply.

THAWING **THICK** **THIN** **FISH** **POULTRY** **COLD** **HOT** **BAKED**
PROCESS **MEATS** **MEATS** **SEAFOOD** **PRODUCTS** **FOODS** **FOODS** **GOODS**

Refrigeration _____ _____ _____ _____ _____ _____ _____

Running Water
Less than 70°F
(21°C) _____ _____ _____ _____ _____ _____ _____

Cooked Frozen
(indicate wt.
LBS.) _____ _____ _____ _____ _____ _____ _____

Microwave _____ _____ _____ _____ _____ _____ _____

Other (describe): _____



YES NO

Item #5 Will food product thermometers (0°F - 212°F) be used to measure final cooking/reheating temperatures of PHF? (potentially hazardous food) _____

Minimum cooking time and temperature of product utilizing convection and conducting heating equipment:

<u>PRODUCT</u>	<u>TIME TEMPERATURE</u>	<u>PRODUCT</u>	<u>TIME TEMPERATURE</u>
Beef roast	130°F (121 min)	Comminuted meats	155°F (15 sec)
Seafood	145°F (15 sec)	Poultry	165°F (15 sec)
Pork	155°F (15 sec)	Other PHF	145°F (15 sec)
Eggs	145°F (15 sec)	*reheating PHF	165°F (15 sec)

List types of cooking equipment _____

Item #6 **HOT HOLDING**

How will hot PHF (potentially hazardous food) be maintained at 140°F (60°C) or above during holding for service? Indicate type and number of hot holding units.

Item #7 **COLD HOLDING** ____

How will cold PHF (potentially hazardous food) be maintained at 45°F (7°C) and below during holding for service? Indicate type and number of cold holding units.

Item #8 **COOLING**

Please indicate by checking the appropriate box how PHF (potentially hazardous food) will be cooled to 45°F (7°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 45°F in 4 hours).

<u>COOLING PROCESS</u>	<u>THICK MEATS</u>	<u>THIN MEATS</u>	<u>FISH SEAFOOD</u>	<u>POULTRY PRODUCTS</u>	<u>COLD FOODS</u>	<u>HOT FOODS</u>	<u>BAKED GOODS</u>
Shallow Pans	_____	_____	_____	_____	_____	_____	_____
Ice Baths	_____	_____	_____	_____	_____	_____	_____
Rapid Chill	_____	_____	_____	_____	_____	_____	_____
Other (Describe) _____	_____	_____	_____	_____	_____	_____	_____

FOOD PREPARATION

Item #1 Please list categories of food prepared more than 12 hours in advance of service.

YES **NO**

Item #2 Will disposable gloves and/or utensils and/or food grade paper be used to minimize handling of ready-to-eat foods? _____

YES **NO**

Item #3 Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions? _____

Please describe briefly: _____

FOOD PREPARATION (cont.)

Item #4 How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? Please describe procedure:

Item #5 How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixed and/or assembled?

YES **NO**

Item #6 Will produce be washed or rinsed prior to use? _____

Is there an approved location used for washing and/or prepping products? _____

Please describe prepping procedure and location:

YES **NO**

Item #7 Will fish and seafood products be washed or rinsed prior to use? _____

Is there an approved location used for washing and/or Prepping products? _____

Please describe prepping procedures and location:

FOOD PREPARATION (cont.)

		<u>YES</u>	<u>NO</u>
Item #8	Will poultry products be washed or rinsed prior to use?	_____	_____
	Is there an approved location used for washing and/or prepping products?	_____	_____
	Please describe prepping procedure and location:		

Item #9	Describe the procedure used for minimizing the length of time PHF (potentially hazardous food) will be kept in the temperature danger zone (45°F - 140°F) during preparation.		

I. DRY GOODS STORAGE

		<u>YES</u>	<u>NO</u>
Item #1	Is appropriate dry good storage space provided for, based upon menu, meals and frequency of deliveries?	_____	_____
Item #2	Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time.		

	Provide total square footage of shelf space dedicated to dry storage _____ sq. ft.		
		<u>Yes</u>	<u>No</u>
Item #3	Are approved food storage containers being used to store bulk food products?	_____	_____

I. FINISH SCHEDULE

Applicants must fill in materials (i.e., quarry tile, stainless steel, 6” plastic covered molding, etc.) – *If a finish schedule is already provided with the plans, this schedule is not necessary.*

<u>AREA</u>	<u>FLOOR</u>	<u>BASE</u>	<u>WALLS</u>	<u>CEILING</u>
Kitchen	_____	_____	_____	_____
Bar	_____	_____	_____	_____
Food Storage	_____	_____	_____	_____
Other Storage	_____	_____	_____	_____
Toilet Rooms	_____	_____	_____	_____
Dressing Rooms	_____	_____	_____	_____
Garbage & Refuse Storage	_____	_____	_____	_____
Mop Service Basin Area	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

II. PLUMBING- please indicate type of drainage connection:

<u>Plumbing Fixtures</u>	<u>INDIRECT WASTE</u>			<u>DIRECT WASTE</u>
	<u>(Floor Sink)</u>	<u>(Hub Drain)</u>	<u>(Floor Drain)</u>	
Dishwasher	_____	_____	_____	_____
Garbage Grinder	_____	_____	_____	_____
Ice Machines	_____	_____	_____	_____
Ice Storage	_____	_____	_____	_____
Food Prep Sinks	_____	_____	_____	_____
Utensil/pot wash	_____	_____	_____	_____
Hand sinks	_____	_____	_____	_____
Steam tables	_____	_____	_____	_____
Dipper wells	_____	_____	_____	_____
Refrigeration	_____	_____	_____	_____
Potato peeler	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

II. DISHWASHING FACILITIES

Item #1	What size sink will be used for warewashing?	Number of sinks	Size of sink vats			Drainboards size	
			Length	Width	Depth	Right	Left
	Two compartment sink	_____	_____	_____	_____	_____	_____
	Three compartment sink	_____	_____	_____	_____	_____	_____
	Four compartment sink	_____	_____	_____	_____	_____	_____
						<u>YES</u>	<u>NO</u>
Item #2	Will the largest pots and pans fit into each compartment of the pot sink?					_____	_____
Item #3	What type of sanitizer is to be used?						
	Chlorine_____	Quaternary Ammonium_____	Iodine_____				
	Hot water_____	Other_____	Other_____				
Item #4	Dishwasher Make And Model_____					N/A_____	
Item #4-A	Type of sanitization used:_____						
	Chemical type:_____					Test Kits:_____	
	Hot water (temp. provided) _____					Booster heater_____	
						<u>YES</u>	<u>NO</u>
Item #4-B	Is ventilation provided?					_____	_____
Item #4-C	All dishmachines shall have templates with operating instructions.						
	All dishmachines shall have temperature/pressure gauges as required that are Accurately working.						
						<u>YES</u>	<u>NO</u>
Item #4-D	Are test papers and/or kits available for checking sanitizer concentration?					_____	_____

DISHWASHING FACILITIES (cont.)

Item #5 Is appropriate air drying space available for the air drying of all washed utensils with the use of drainboards, wall or overhead shelves, stationary or portable racks? _____

Please describe type and location:

Provide total square footage of shelf space dedicated to air drying _____ sq. ft.

III. WATER SUPPLY

Item #1 Please check one Is water supply: Municipal _____
Community _____
Private _____

If the water supply is other than a Municipal supply, it will be required to be registered with Public Water Supply Branch, NCDENR.

Item #2 If other than a Municipal water supply is the water supplied registered and approved as public water supply? YES NO PENDING

If Yes – Please attach copy of written approval and/or permit.

Item #3 Is ice made on premises or purchased commercially?
Please specify: _____

WATER SUPPLY (Cont.)

	<u>YES</u>	<u>NO</u>
If on premises, are specifications of ice machine provided?	_____	_____
Describe provision for ice scoop storage:_____		

IV. INSECT AND RODENT HARBORAGE

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Item #1 Are all outside doors self-closing with rodent proof flashing?	_____	_____	_____
Item #2 Is fly protection provided on all outside entrances?	_____	_____	_____
A. Screen Doors	_____	_____	_____
B. Air Curtain (Fly Fan)	_____	_____	_____
Item #3 Do all openable windows have one of the below forms of fly protection?	_____	_____	_____
A. Minimum #16 mesh screening?	_____	_____	_____
B. Air Curtains (Fly Fan)	_____	_____	_____
C. Self-closing	_____	_____	_____
Item #4 Are all pipe penetrations, beverage chase & electrical conduit chases sealed; ventilation systems exhaust and intakes protected?	_____	_____	_____

VI. GARBAGE AND REFUSE

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
Item #1	Do all containers have lids?	_____	_____	_____
Item #2	Will refuse be stored inside?	_____	_____	_____
	If so, where _____ _____			
Item #3	Is there a garbage can cleaning facility	_____	_____	_____
	Please specify area: _____			
Item #4	Will dumpster be used?	_____	_____	_____
	Number _____ Size _____ Frequency of pickup _____			
	Contractor Service: _____ _____ _____			

		<u>YES</u>	<u>NO</u>
Item #5	Will the dumpster be cleaned on site?	_____	_____
	If the dumpster is to be cleaned on site then the wastewater from the cleaning operation will be required to be discharged to the sanitary sewer system.		
		<u>YES</u>	<u>NO</u>
Item #6	Is the dumpster to be cleaned by an off site contracted cleaning service?	_____	_____
	If yes, Please provide name and address of the firm contracted for this service (may be provided at time of permitting if not yet available): _____ _____ _____		

VI. GARBAGE AND REFUSE (cont.)

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
Item #7	Will a compactor be used?	_____	_____	_____
	Number_____ Size_____ Frequency of pickup_____			
	Contractor:_____			

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
Item #8	Will the compactor be cleaned on site?	_____	_____	_____

If the compactor is to be cleaned on site, then the wastewater from the the cleaning operation will be required to be discharged to the sanitary sewer system.

		<u>YES</u>	<u>NO</u>
Item #9	Is the compactor to be cleaned by an off site contracted cleaning service?	_____	_____
	If Yes, Please provide name and address of the firm contracted for this service._____		

Item #10 Describe surface and location where dumpster/compactor/cans are to be stored:_____

		<u>YES</u>	<u>NO</u>
Item #11	Will trash containers be stored outside?	_____	_____
	If Yes, Please Describe Location:_____		

VII. GARBAGE AND REFUSE (cont.)

Item #12 Type and location of waste cooking grease storage receptacle.

YES NO N/A

Item #13 Is there an area to store recycled containers? _____

Describe: _____

Item #14 Location and size of grease trap. _____

VII. SEWAGE DISPOSAL

YES NO

Item #1 Is building connected to a municipal sewer? _____

YES NO PENDING

Item #2 If no, has private disposal system for foodservice received approval _____

If yes – Please attach copy of written approval and/or permit.

VIII. DRESSING ROOMS

YES NO N/A

Item #1 Are separate dressing rooms provided? _____

Item #2 Describe storage facilities for employees personal belongs (i.e., purse, coats, boots, umbrellas, etc.) _____

IX. GENERAL

YES NO

Item #1 Are insecticides/rodenticides if used stored separately from cleaning and sanitizing agents? _____

Indicate location: _____

Item #2 Are all cleaning materials and toxicants stored away from food preparation and storage areas? This includes items used on premises, stocked for retail sales, and personal medications. _____

Please Describe Location: _____

YES **NO**

Item #3 Are all containers of toxic/cleaning material including sanitizing spray bottles clearly labeled? _____

YES **NO**

Item #4 Are laundry facilities located on premises? _____

If yes, what will be laundered? _____

YES **NO**

Item #5 Is a laundry dryer available? _____

If yes, Please Describe Location: _____

Item #6 Location of clean linen storage: _____

X. GENERAL (cont.)

Item #7 Location of dirty linen storage: _____

XI. MOP CLEANING FACILITIES

		<u>YES</u>	<u>NO</u>
Item #1	Is a separate mop basin provided?	_____	_____
	If yes, please describe facility for cleaning of mops and other equipment: _____		

XII. HANDWASHING/TOILET FACILITIES

		<u>YES</u>	<u>NO</u>
Item #1	Is there an appropriate hand washing sink in each food preparation and ware-washing area?	_____	_____
Item #2	Do all hand washing sinks including those in the restrooms have a mixing valve or combination faucet?	_____	_____
Item #3	Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?	_____	_____
Item #4	Are soap dispensers (wall mounted, individual free standing pump dispensers) available at all handwashing sinks?	_____	_____
Item #5	Are hand drying facilities (paper towels, air blower, etc.) and waste receptacles available at all handwashing sinks and in each restrooms?	_____	_____
Item #6	Are all toilet room doors self-closing?	_____	_____

HANDWASHING/TOILET FACILITIES(cont.)

Item #7 Is a handwashing sign posted in each employee restroom? _____

XIII. HOT WATER HEATER SIZE AND CAPACITY

Water heater sizing will be evaluated utilizing formulation provided by the Environmental Health Branch Plan Review Section and published in the *Guidelines for the Design, Installation and Construction of Food Establishments in North Carolina*. The following general calculations will apply in addition to recovery calculations based on sink volumes and usage.

Note #1 Dishwasher: gals/hr. FINAL RINSE x 70%)

Note #2 Clotheswasher Calculation:

- A. Limited Use/Cloth washer used one to two times per day; beginning or ending of day operation GPH = 60 GPH x 25%.
- B. Intermediate Use/Cloth washer used three to four times per day; GPH = 60 GPH x 45%.
- C. Heavy Use/Cloth washer used once every two hours; GPH = 60 GPH x 80%.
- D. Continuous Use/Cloth washer used every hour; GPH = 60 GPH x 100%.

Note #3 Hose reels @ 20 GPH for first reel & 10 GPH for each additional reel.

Note #4 Can wash @ 10 GPH

Note #5 Dish machine pre-wash @ 45GPH

Hot Water Heater Information: Make: _____
 Model: _____
 Volume: _____
 KW/BTU input _____
 Efficency Rating _____

Licensed Child Day Care Plan Submittal Checklist

Note: Plans which are submitted for the construction of licensed child day care facilities require plan review to assure compliance with the North Carolina *Rules Governing the Sanitation of Child Day Care Facilities (15A NCAC 18A .2800)*, which is necessary to assure licensure of the facility once construction is approved. To be accepted plans must be submitted with the following supporting documentation:

_____ Plans must include drawings showing the placement of equipment in the facility, including any storage, food service areas, diaper changing areas and trash can wash facilities. Room finish schedules must be provided.

_____ Each childcare classroom should be identified by the age group(s) using the room and the number of children to occupy each room.

_____ Plans must include a site plan locating exterior equipment such as dumpsters, compactors and play ground areas. Indicate the proposed connections to approved sewer and water connections.

_____ Plans including a food service must provide a sample menu of the types of foods to be prepared. If meals are to be catered this should be noted along with the name of the food service establishment that will provide the catered foods. The method of food service within the facility (central dining room, family style dining in the rooms, etc) should be described.

If you have any questions concerning the Wake County Department of Environmental Services review or the NC State sanitation rules you may contact that office at 919-856-7400 or visit their web site at

www.co.wake.nc.us/esadmin

Hotel/Motel Plan Submittal Checklist

Note: Plans which are submitted for lodging establishments (hotels and motels) require plan review to assure compliance with the North Carolina *Rules Governing the Sanitation of Lodging Facilities (15A NCAC 18A .1800)*, which is necessary to obtain an operations permit once construction is approved. To be accepted plans must be submitted with the following supporting documentation:

_____ A completed Wake County Department of Environmental Services Application for Plan Review- Lodging Facility (available at this office)

_____ Plans must include drawing showing the placement of equipment in the facility, including any storage, laundry, continental breakfast areas*, trash can wash facilities, along with general plumbing, electrical, and mechanical and lighting drawings.

_____ Plans must include a room finishes schedule.

_____ Plans must include a site plan locating exterior equipment such as dumpsters or compactors and indicating the proposed connections to approved sewer and water connections.

If you have any questions concerning the Wake County Department of Environmental Services plan review process or the NC State sanitation rules you may contact that office at 919-856-7400 or visit their web site at

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* Continental Breakfast is limited to the serving of bakery items, beverages and packaged items in single service utensils. Contact Wake County Environmental Services for details.

Institutional Plan Submittal Checklist

For use with Hospitals, Nursing and Rest Homes and other institutions which require licensure through the NC Division of Facility Services, NCDHHS

Note: Plans which are submitted for institutions require plan review to assure compliance with North Carolina *Rules Governing the Sanitation of Hospitals, Nursing Homes, Rest Homes and Other Institutions (15A NCAC 18A .1300)*, which is necessary to obtain an operations license once construction is approved. To be accepted, plans must be submitted with the following supporting documentation:

_____Plans, which include food service facilities, must complete the Food Service Establishment-Detailed Questionnaire (included in this appendix) to provide information on this aspect of the operation.

_____Plans must include drawing showing the placement of equipment in the facility, including any storage areas, toilet and bathing facilities, laundry facilities; trash can wash facilities, and typical patient/resident bedroom layouts.

_____Plans must include a room finishes schedule.

_____Plans must include a site plan locating exterior equipment such as dumpsters or compactors and indicating the proposed connections to approved sewer and water connections.

If you have any questions concerning the Wake County Department of Environmental Services plan review process or the NC State sanitation rules you may contact that office at 919-856-7400 or visit their web site at

www.co.wake.nc.us/esadmin