



**ENVIRONMENTAL  
SERVICES**

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**Plan Review & Recreational Sanitation Section**  
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## **Food Service Establishment Plan Review Application** **Shared Kitchen – Secondary Permitted Facility**

The intent of this application is to provide information in addition to the plans regarding the operational procedures of the food establishment.

*North Carolina Food Code Manual* and *North Carolina Rules Governing the Sanitation of Food Service Establishments (15A NCAC 18A .2600)* require that plans be submitted for approval **prior to** construction / renovation / modification / change of ownership of such facilities by the local Health Department (Wake County Environmental Services).

### **Definitions:**

- **Primary Permitted Facility** –Base establishment, owners plan to rent out/share time and space to other permittees to use the facility. A valid permit from Wake County Environmental Services is required. There is a \$250 new Primary Permitted Facility fee for a review of a facility to be used as a primary permitted facility for the first time, whether new construction or an already open and operating kitchen. Once a review is completed and approved for the primary permitted facility to be a shared kitchen, no fee or review of the primary permitted facility is required for future secondary permits. The statuses of primary and secondary permits are linked to the status of the other. Permit actions may include suspension or revocation of either permit which may impact the other business.
- **Secondary Permitted Facility** –Secondary permit are issued to entities to operate within a primary permitted facility. They are permitted and operate separately from other permittees. A \$250 review fee and completed application are required. The statuses of primary and secondary permits are linked to the status of the other. Permit actions may include suspension or revocation of either permit which may impact the other business.
  - Certified Food Protection Manger Certification (effective Jan 1, 2014 with 210 days after issuance of the permit to comply) ANSI Certification # \_\_\_\_\_. Certified Person in Charge (PIC) must be onsite during all hours of operation of the secondary permitted facility.
  - Must update accurate online calendar of operation in the facility. Calendars must be available to WCES at all times. Location of online calendar \_\_\_\_\_. How will WCES staff have access to this calendar? \_\_\_\_\_
  - Each employee of secondary permitted facilities has signed the employee health policy.

**Submittal Checklist:**

- \_\_\_\_\_ Approved Primary Facility plans must be submitted with this application. Plans must show the following:
  - The placement of each piece of food service equipment. Plan shall include any new pieces of equipment being added.
  - Finish schedule
  - Plumbing including floor sinks/drains, make/model of water heater and trash can wash facilities.
  - Labeled separated areas for permit holders for storage (refrigerated, dry goods, freezer, etc.).
- \_\_\_\_\_ Manufacturer specification sheets for each piece of new equipment added to the facility for the secondary operation.
- \_\_\_\_\_ Completed Secondary Food Service Plan Review Application
- \_\_\_\_\_ Proposed menu for Secondary Permitted Facility. Include any consumer advisories required on menus.
- \_\_\_\_\_ Employee Health Policy for Secondary Facility. Example can be found at:  
[http://www.wakegov.com/food/healthinspections/resources/Pages/employee\\_health.aspx](http://www.wakegov.com/food/healthinspections/resources/Pages/employee_health.aspx)
- \_\_\_\_\_ \$250 Plan Review Fee

If you have questions, contact one of the Plan Review staff listed below:

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## Food Service Establishment Plan Review Application

Type of Construction: NEW \_\_\_\_\_ REMODEL \_\_\_\_\_ EXISTING FACILITY \_\_\_\_\_

Name of Secondary Permitted Facility: \_\_\_\_\_

Name of Cooperation, LLC, etc. of Secondary Permitted Facility: \_\_\_\_\_

Name of Primary Permitted Facility: \_\_\_\_\_

Address of Shared Kitchen: \_\_\_\_\_

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

Phone of Shared Kitchen: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Mailing Address of Secondary Permit Holder: \_\_\_\_\_

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

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

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

Applicant: \_\_\_\_\_

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

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

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

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

Title (owner, manager, architect, etc.) \_\_\_\_\_

Projected start date of operation: \_\_\_\_\_

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

**Separation of Time or Space:**

Permitted entities must be separated by time (operate at different times of day) or space (separate prep tables, prep sinks, refrigeration space, utensil washing time) when preparing, cooking, etc. Secondary permit holders shall register in Wake County's Shared Use Kitchens Database to document work hours and contact names.

**Hours of Total Operation for Secondary Permitted Facility:**

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

**COLD STORAGE**

How much refrigeration will be needed inside facility for Secondary Permitted Operation? How was this amount determined? Will new units be added or will existing refrigeration/walk-in coolers be used?

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

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

Cubic-feet of walk-refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>

Cubic-feet of walk-refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>

How will refrigerated and frozen food from one entity be separate from another. Locked cages, separate locked refrigerators, or other secured methods are required.

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How will preparation areas be separated? For example separate prep tables, separate rooms?

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Indicate any **specialized processes** that will take place. *Specialized process may need a state or local approved variance or HACCAP plan.*

\_\_\_Curing \_\_\_Acidification (sushi, etc) \_\_\_Smoking

\_\_\_Reduced Oxygen Packaging (eg: vacuum packaging, sous vide, cook-chill, etc.)

Explain checked processes: \_\_\_\_\_

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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 or an immuno-compromised population

Will under cooked or raw beef (hamburgers, steak), eggs (sunny side up, poached), fish, sushi, lamb, milk, pork, poultry or shellfish (steamed or raw) be served?

☐ Yes      ☐ No

If yes, attach menu with the Consumer Advisory be posted to this application.

**HOT HOLDING**      List food that will be held hot:

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**COLD HOLDING**      List food that will be held cold:

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## COOLING

Cooling includes cooking and cooling of items, and cooling of items from room temperature once items are prepared (sliced tomatoes, tuna salad, etc.) Indicate by checking the appropriate boxes how cooked food will be cooled to 41<sup>0</sup>F (7<sup>0</sup>C) within 6 hours. Indicate type of food cooled and location within facility cooling will occur: \_\_\_\_\_

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans				
Ice Baths				
Rapid Chill				

## THAWING

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

Indicate type of food thawing and location within facility thawing will occur: \_\_\_\_\_

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Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration				
Running Water less than 70 <sup>0</sup> F (21 <sup>0</sup> C)				
Cooked Frozen				
Microwave				

## FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Complete descriptions including specific areas of the kitchen and corresponding items on the plan where food is handled will expedite the review process.

Explain the **handling procedures** for the following categories of food. Describe the process from receiving to ready-to-eat form, Answers must indicate how preparation will be separated from other permittees:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) 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)

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### 2. PRODUCE HANDLING

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**3. POULTRY HANDLING**

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**4. MEAT HANDLING**

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**5. SEAFOOD HANDLING**

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**6. SUSHI PREPARATION**

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## DRY STORAGE

How will dry storage be separated? Locked cages, separate locked rooms, etc. The food must be separated and kept secured between uses of permittees.

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How will product be delivered to facility? Who will be onsite to accept the delivery? PIC from the primary permitted facility can accept deliveries for all permittees with SOPs in place for accepting deliveries.

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Provide information on the frequency and time of deliveries.

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Square feet of dry storage shelf space for secondary permittee: \_\_\_\_\_ft<sup>2</sup>

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

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Identify area on plans where catering equipment (cambros, steam tables, etc) will be stored if applicable.

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## DISHWASHING FACILITIES

### a. Hand Dishwashing

1. Describe how 3 compartment utensil sinks will be shared?
  - a) If sharing kitchen at the same time, how will sinks be cleaned and sanitized between uses of each permit holder? Attach SOPs to this application.

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- b) If using kitchen at different times, how will sinks be cleaned and sanitized between uses of each permit holder? Attach SOPs to this application.

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2. What type of sanitizer will be used?

Chlorine: \_\_\_\_\_ Iodine: \_\_\_\_\_ Quaternary Ammonium: \_\_\_\_\_ Hot Water: \_\_\_\_\_

Other (specify): \_\_\_\_\_

**b. Mechanical Dishwashing**

1. Will a Dishmachine be used? Yes \_\_\_\_\_ No \_\_\_\_\_

Dishmachine manufacturer and model: \_\_\_\_\_

2. Who is responsible for dishmachine maintenance? Attach SOPs to this application.

\_\_\_\_\_

3. Describe how clean side drain board at dish machine must be cleaned and sanitized before and after each permittee uses the machine.

\_\_\_\_\_

\_\_\_\_\_

**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 that are used by the Secondary Permit Holder:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space available for Secondary Permit Holder to use:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Square feet of air drying space for secondary permittee: \_\_\_\_\_ft<sup>2</sup>

**EMPLOYEE AREA**

Indicate location for storing employees' personal items:

\_\_\_\_\_

\_\_\_\_\_

## GARBAGE AND REFUSE

1. Will refuse be stored inside? Yes\_\_\_\_\_ No \_\_\_\_\_  
If yes, where\_\_\_\_\_
2. Provision for garbage 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.)  
\_\_\_\_\_  
\_\_\_\_\_

## CLEANING FACILITIES

1. Location and size of can wash/mop storage area: \_\_\_\_\_
2. Location of chemical storage: \_\_\_\_\_
3. Location of insecticide/rodenticide storage: \_\_\_\_\_
4. Location of clean linen storage: \_\_\_\_\_
5. Location of dirty linen storage: \_\_\_\_\_