

**JOHNSTON COUNTY  
ENVIRONMENTAL HEALTH DEPARTMENT**



309 East Market Street, Smithfield, NC 27577  
Phone: 919-989-5180 Fax: 919-989-5190  
Email: envhealth@johnstonnc.com

**PLAN REVIEW APPLICATION FOR A FOOD SERVICE ESTABLISHMENT**

**Procedure for Application and Plan Submission:**

1. Fully complete this plan review application, make sure to include a phone number for the contact person.
2. Provide a drawing of the establishment showing location and description of all equipment. This must be drawn to scale such as ¼" = 1'.
3. Provide a menu. Please include an explanation of unique dishes.
4. Provide equipment spec sheets on all equipment.
5. The fee for this plan review is \$250.00.

The completed Application, Menu, Drawing of the Facility, Equipment Spec Sheets and Fee should be returned to our office at the above address. If emailed to us at the email address above, the fee can be paid over the phone with a card by calling 919-989-5180. Attached is an Employee Health Policy and a Vomit & Diarrhea clean up Policy. Print both and keep for your records.

**Type of Facility (Check One):**

Restaurant	Food Stand	Meat Market	
Catering Only	Cafeteria	Commissary	

**Facility Information:**

Name of Establishment: \_\_\_\_\_  
Establishment's Address: \_\_\_\_\_  
Phone if Available: \_\_\_\_\_

**Owner's Information:**

Name of Owner: \_\_\_\_\_ Corporation Name (LLC, Inc, DBA): \_\_\_\_\_  
Owner's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**Contact Person's Information:**

Name of Contact Person: \_\_\_\_\_  
Contact Person Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**Operational Information:**

Days and Hours of Operation:    Mon:        Tue:        Wed:        Thu:        Fri:        Sat:        Sun:

Will the Food Service have:        Buffet        Customer Self Service

Number of Seats: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

Total Square Footage of the Facility: \_\_\_\_\_

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 age children	

**Food Preparation and Storage:**

1. Which of the following will be prepared in your facility? (Check all that apply)

Chicken-will you be using:

Cutting raw

Whole raw

Processed breasts

Cooked from frozen state

Raw hamburger-will you patty?	YES	NO
Raw shrimp-will you be cleaning?	YES	NO
Raw fish-will you be cleaning?	YES	NO
Raw beef or pork-will you be cutting?	YES	NO
Raw oysters-will they be served raw?	YES	NO
Raw vegetables-will you be washing?	YES	NO

2. If any of the above has been checked, please indicate where these items will be washed and prepared or if they will be purchased pre-processed.

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*Note: If meats or vegetables are washed and prepared, separate prep sinks maybe required.*

3. Will you be cooling any item(s)? Please describe the item(s) and indicate your procedure for cooling.

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4. Will any item(s) be pre-cooked and hot held? Describe the item(s) and indicate how temperature will be maintained.

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5. Will any item(s) be thawed? Describe the item(s) and indicate your procedure for thawing.

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6. Indicate any specialized processes that will take place:

Curing

Acidification (sushi, etc.)

Reduced Oxygen Packaging (Vacuum)

Smoking

Sprouting Beans

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

Explain the Specialized Process: \_\_\_\_\_

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7. Will food product thermometers be provided? YES NO
9. Will food contact equipment be indirectly plumbed? YES NO  
(ie: ice machine, prep sink(s), drink machine, etc?)

**Dishwashing Facilities:**

1. Do you plan to use multi-use dishes or glasses? YES NO
- Check all that apply: plates glasses silverware mugs  
(If using only Single service disposable items, skip to questions #4)
2. How will your dishes and utensils be cleaned and sanitized?  
Dishwasher Three compartment sink
3. If you are using a dishwasher, please answer the following:  
Make and Model: \_\_\_\_\_  
How does it sanitize? \_\_\_\_\_  
Water consumption per hour or per rack: \_\_\_\_\_  
Do you have a prewash sink? YES NO  
If no, how will you pre-clean, pre-flush, or pre-soak? \_\_\_\_\_  
\_\_\_\_\_
4. In addition, what other dish washing facilities do you have?  
Two compartment sink Three compartment sink
5. 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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Please describe your procedure to ensure all dishes and /or pans will air dry:  
\_\_\_\_\_  
\_\_\_\_\_
7. What is the size of the sink vats? \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  
Drainboard Dimensions: \_\_\_\_\_ x \_\_\_\_\_
8. What type of sanitizer is going to be used for food contact surfaces?  
Chlorine  
Quaternary ammonia  
Other Please describe: \_\_\_\_\_
9. Will test strips for testing sanitizer be provided? YES NO

**Handwashing:**

1. Indicate Number and Location of the Handwashing Sinks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Water Heater:**

1. Water heater storage capacity: \_\_\_\_\_ Gallons Storage
2. Water heater recovery rate in gallons per hour at a 70F temperature rise: \_\_\_\_\_ GPH  
\*\*\*See Water Heater Calculations Worksheet\*\*\*
3. Are laundry facilities located on premises?      YES      NO

**Water Supply & Sewage Disposal:**

1. Type of water supply:      public water      well water
2. Wastewater Disposal:      municipal sewer      on-site septic system

**Storage:**

1. How much dry storage do you have? \_\_\_\_\_ square feet
2. Please indicate location of the following in your facility:
- Dry food storage: \_\_\_\_\_
- Single service storage: \_\_\_\_\_
- Paper products: \_\_\_\_\_
- Chemicals/cleaning products: \_\_\_\_\_
- Personal & office items: \_\_\_\_\_
- Linen (if applicable): \_\_\_\_\_

**Garbage and Refuse:**

1. Will the facility have:
- |                                       |     |    |
|---------------------------------------|-----|----|
| Dumpster(s) with lids?                | YES | NO |
| Trash can(s) with lids?               | YES | NO |
| Grease storage receptacle?            | YES | NO |
| Can wash cleaning facility?           | YES | NO |
| Off-site contracted cleaning service? | YES | NO |
2. Location where dumpster(s)/compactor/can(s) will be stored. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pest Control:**

1. Do you have a pest control company? YES NO
2. If no, please explain pest management procedures: \_\_\_\_\_  
\_\_\_\_\_
3. Are outside doors self-closing? YES NO
4. Do you have a fly fan? YES NO
5. If no, please explain procedure for controlling flies in the facility. \_\_\_\_\_  
\_\_\_\_\_

**Finish Schedule:**

*Examples: Tile, FRP, Sheet Metal, Concrete, Painted Sheetrock, etc.*

	FLOOR	BASE	WALLS	CEILING
Kitchen	(_____)	(_____)	(_____)	(_____)
Bar	(_____)	(_____)	(_____)	(_____)
Food Storage	(_____)	(_____)	(_____)	(_____)
Toilet Rooms	(_____)	(_____)	(_____)	(_____)
Dressing Rooms	(_____)	(_____)	(_____)	(_____)
Refuse Storage	(_____)	(_____)	(_____)	(_____)
Mop Area	(_____)	(_____)	(_____)	(_____)

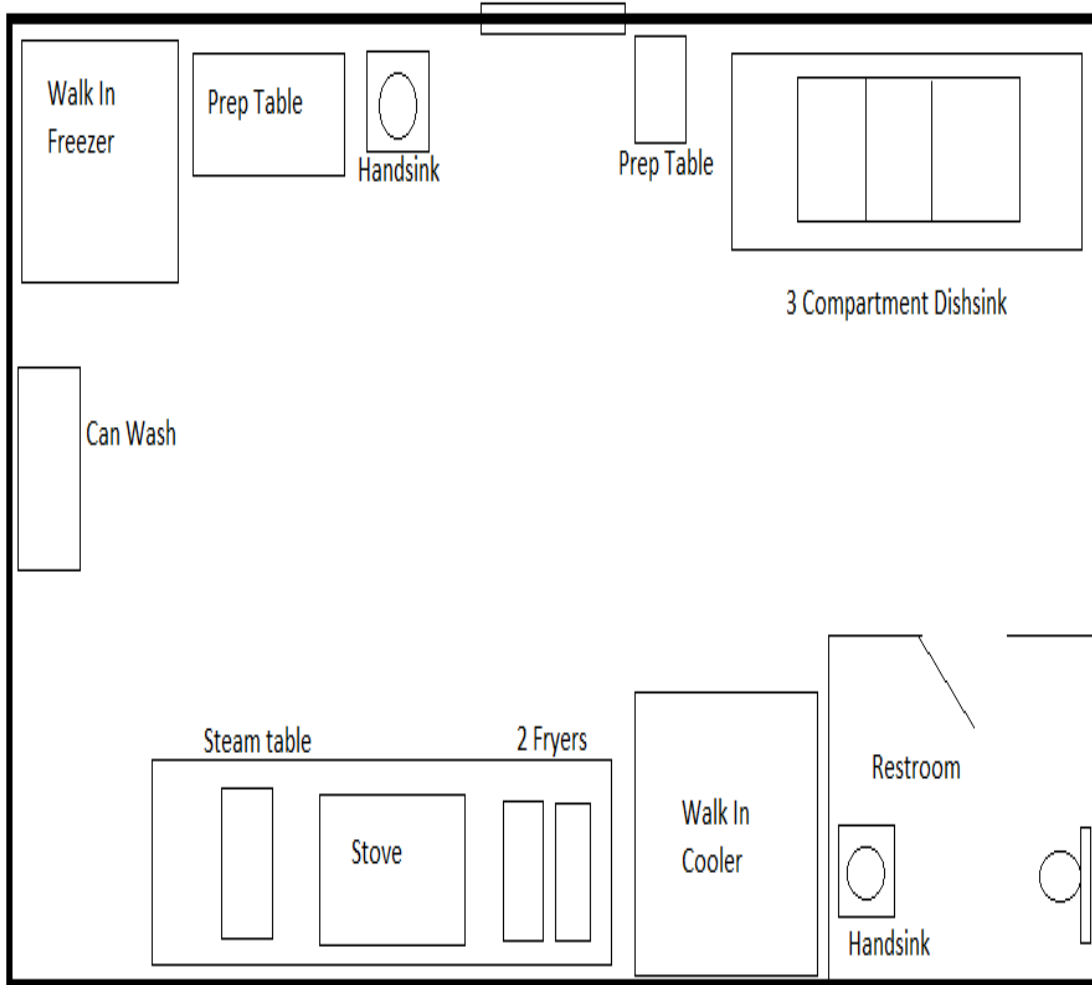
**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from this Health Regulatory Office may nullify the approval.

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_  
Owner(s) or Responsible Representative(s)

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Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required-federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the state laws governing food service establishments.

**Example of a set of plans drawn to scale:** Include the location and description of equipment in the facility. This should be drawn to scale such as  $\frac{1}{4}'' = 1'$ . Include location of panel box, water heater, air handling unit, drink machines, sinks, hand sinks, restrooms, coolers, freezers, ice machines, cooking equipment, prep areas and stations, etc.



# Water Heater Calculation Worksheet:

Equipment:	Quantity		Size	GPH
One Comp. Sink	_____	x	_____ by _____ by _____	= _____
Two Comp. Sink	_____	x	_____ by _____ by _____	= _____
Three Comp Sink	_____	x	_____ by _____ by _____	= _____
Four Comp Sink	_____	x	_____ by _____ by _____	= _____
One Comp Prep Sink	_____	x	5 GPH	= _____
Two Comp Prep Sink	_____	x	10 GPH	= _____
Three Comp Prep Sink	_____	x	15 GPH	= _____
Three Comp Bar Sink	_____	x	_____ by _____ by _____	= _____
Four Comp Bar Sink	_____	x	_____ by _____ by _____	= _____
Hand sink	_____	x	5 GPH	= _____
Pre-Rinse	_____	x	45 GPH	= _____
Can Wash	_____	x	10 GPH	= _____
Mop Sink	_____	x	5 GPH	= _____
**Dish machine	_____	x	Note#1	= _____
**Cloth washer	_____	x	Note #2	= _____
**Hose Reel	_____	x	Note #3	= _____
Other Equipment	_____	x	_____	= _____
<b>TOTAL:</b>				= _____

\*\*Note #1: Dishwasher Calculations: ( \_\_\_\_\_ gals/hr. Final Rinse x 70%) = \_\_\_\_\_

\*\*Note #2: Cloth Washer Calculations:  
 Limited Use: Washer used 1 to 2 times per day      GPH = 60GPH x 25%  
 Intermediate Use: Washer used every 4 hours      GPH = 60 GPH x 45%  
 Heavy Use: Washer used once every 2 hours      GPH = 60 GPH x 80%  
 Continuous Use: Washer used every hour      GPH = 60 GPH x 100%

\*\*Note #3: Hose Reel Calculations: 20 GPH for first reel and 10 GPH for each additional

# Vomit & Diarrhea Clean-up Plan

## PURPOSE

In accordance with 2-501.11 of the FDA Food Code, “A food establishment must have written procedures to implement a plan for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment”.

## ASSEMBLE A CLEAN-UP KIT

You can buy a kit from a supplier or assemble your own. Clean-up kits should contain personal protective equipment and cleaning supplies.

### Basic Personal Protective Equipment

- Single-use gloves
- 1 disposable mask or other effective face covering

### Basic Cleaning Supplies

- Plastic garbage bags with seal or twist tie
- Paper towels
- Absorbent powder/solidifier (such as kitty litter or baking soda)
- Disinfectant\*\*

### \*\*Disinfectant:

- If using concentrated bleach (shown as 8.25% on the label), add 3/4 cups of bleach to 1 gallon of water.
- If using regular bleach, (shown as 5.25% on the label), add 1 cup of bleach to 1 gallon of water.
- Commercially prepared disinfectants effective against Norovirus can be used. The U.S. Environmental Protection Agency has a list of approved commercial disinfectants for reference.

### Recommended Personal Protective Equipment

- 1 pair of goggles
- 1 disposable gown with sleeves
- 1 disposable hair cover
- 1 pair of disposable shoe covers

### Recommended Cleaning Supplies

- 1 scoop/scrapper
- Drop cloth
- Caution tape (for marking contaminated area)
- Dedicated mop and bucket (disposable mop heads recommended)

## BEFORE CLEAN UP BEGINS

- Promptly remove ill customers, workers, and others from areas of food preparation, service, and storage.
- Contain a 25-30 feet area from the epicenter of the event to keep anyone not involved in clean up out of the area.
- Put on personal protective equipment. Anyone cleaning up vomit or diarrhea should at a minimum wear single-use gloves and a face mask or other effective covering.



## **CLEANING UP SURFACES**

Many types of surfaces can become contaminated when someone vomits or experiences diarrhea in the establishment. It is important to use the correct clean up procedure for the surfaces that are contaminated. Three types of surfaces common in food service establishments are:

- Hard surfaces (floors, tables, utensils)
  - Soft surfaces that cannot be laundered (carpet and upholstered furniture)
  - Soft surfaces that can be laundered (linens, towels, and clothing)
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### **HARD SURFACES**

#### **STEP 1: Cover**

- Cover the vomit or diarrhea with paper towels or an absorbent powder (such as cat litter) to soak up liquids.

#### **STEP 2: Remove**

- Remove the soaked paper towels or hardened powder with a scoop/scrapper and carefully place them in a plastic bag.

#### **STEP 3: Wash**

- Prepare a solution of soapy water.
- Wash all surfaces contaminated with vomit or diarrhea with this solution. Include all nearby surfaces possibly splashed by vomit or diarrhea, such as chair legs, tables, walls, shelves, or counters within the containment area.
- Rinse the soapy water from all surfaces with clean water.

#### **STEP 4: Disinfect**

- Using paper towels or a mop with a washable or disposable mop head, saturate all washed surfaces with disinfectant. The disinfectant can be an approved commercially prepared solution, or a solution prepared in-house (see “Assemble a Clean-Up Kit”).
  - If using a disinfectant prepared in house, allow a minimum 10 minute contact time. If using a commercially prepared disinfectant, follow the manufacturer’s instructions.
  - Rinse all food-contact surfaces with clean water after they have been disinfected. Wash, rinse, and sanitize these surfaces prior to using for food preparation.
  - Non-food contact surfaces do not need to be rinsed.
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### **CARPET AND UPHOLSTERED FURNITURE**

#### **STEP 1: Cover**

- Cover the vomit or diarrhea with paper towels or an absorbent powder (such as cat litter) to soak up liquids.

## **STEP 2: Remove**

- Carefully remove the saturated paper towels or hardened powder with the scoop/scrapper and place in a plastic bag.
- Never vacuum.

## **STEP 3: Wash**

- Prepare a solution of soapy water.
- Wash all surfaces contaminated with vomit or diarrhea with this solution. Include all nearby surfaces possibly splashed by vomit or diarrhea, such as chair legs, tables, walls, shelves, or counters within the containment area.
- Rinse the soapy water from all surfaces with clean water.

## **STEP 4: Disinfect**

- Steam clean the area for 5 minutes at a temperature of 170°F (76.7°C) (Not all steam cleaners can reach a temperature of 170°F (76.7°C), so check the manufacturer's specifications).
- Upholstered furniture that is soiled with vomit or diarrhea can also be disinfected with a bleach solution (described in "Assemble a Clean-Up Kit"), however the bleach will discolor the material.

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## **LINENS, TOWELS, AND CLOTHING**

### **STEP 1: Contain**

- Carefully place all washable contaminated items in a disposable bag to transport them to be laundered.

### **STEP 2: Wash**

- Machine wash soiled items in a washing machine using hot water, laundry detergent and disinfectant.
- Wash with an effective disinfectant, bleach or other chemical, in accordance with manufacturer's instructions.

### **STEP 3: Dry**

- Dry the freshly-washed items in a dryer on the high-heat setting.

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## **AFTER CLEAN UP**

### **STEP 1: Remove**

- Remove all personal protective equipment and place in the plastic bag. Do not touch any of the surfaces that were just cleaned as they can be re-contaminated. All personal protective equipment must be taken off before leaving the area that has just been cleaned.
- Place all used cleaning supplies, such as paper towels and disposable mop heads, in the plastic bag. Seal the bag with a twist tie or other effective method.
- Throw away all uncovered food in the contained area, as well as any food handled by the person who was sick.
- Remove all waste from the facility immediately following local, state, or federal rules.

## **STEP 2: Cleaning Mops and Scoops**

- Wash and disinfect mop handles and other reusable cleaning supplies, such as scoops/ scrapers, using the same steps used for hard surfaces.

## **STEP 3: Wash hands**

- Wash hands thoroughly before performing any other duties (food-handlers double-wash hands).

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## **TRAINING WORKERS ON CLEAN-UP PROCEDURES**

- Identify who will be in charge of cleaning up after vomit and diarrhea events.
- Train selected workers on how to use personal protective equipment, wash and disinfect surfaces, and dispose of vomit and diarrhea.
- Training should take place when:
  - the vomit and diarrhea clean-up procedures are first written and put in place;
  - new workers are hired;
  - periodically as a review;
  - and as vomit and diarrhea procedures are changed.
- Monitor clean-up employees for illness at least 48 hours after the incident. Exclude clean-up employees if they become symptomatic.

**Please keep this document in the facility where it can be readily available for employees and the Regulatory Authority to reference.**

# Food Employee Reporting Agreement

## Reporting: Symptoms of Illness

I agree to report to the Person in Charge (PIC) when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

**Note: The PIC must report to the Health Department when an employee is jaundiced.**

## Reporting: Diagnosed Illnesses

I agree to report to the Person in Charge (PIC) when I have been diagnosed with:

1. Norovirus
2. Hepatitis A virus
3. *Shigella* spp. infection (shigellosis)
4. Shiga Toxin-Producing *Escherichia coli* (O157:H7 or other STEC infection)
5. Typhoid fever (caused by *Salmonella* Typhi)
6. *Salmonella* (nontyphoidal)

**Note: The PIC must report to the Health Department when an employee has one of these illnesses.**

## Reporting: Exposure of Illness

I agree to report to the PIC when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, shigellosis, illness due to STEC, or Hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or Hepatitis A.

## Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be excluded\* or restricted\*\* from work.

\*If you are excluded from work you are not allowed to come to work.

\*\*If you are restricted from work you are allowed to come to work, but your duties may be limited.

## Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until: 1) more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting, or 2) provide written medical documentation from a health practitioner indicating that the symptoms are from a noninfectious condition.

If you are excluded from work for exhibiting symptoms of Norovirus, *Salmonella* Typhi, nontyphoidal *Salmonella*, *Shigella* spp. infection, *E. coli* O157:H7 or other STEC infection, and/or Hepatitis A, you will not be able to return to work until approval from the Health Department is granted.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

**I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food Regulatory Authority that may jeopardize my employment and may involve legal action against me.**

Employee Name (please print) \_\_\_\_\_ Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

PIC Name (please print) \_\_\_\_\_ Signature of PIC \_\_\_\_\_ Date \_\_\_\_\_

# Common Foodborne Illnesses

## E. Coli

**Overview:** A bacterium that can produce a deadly toxin and causes an estimated 70,000 cases of foodborne illnesses each year in the U.S.

**Sources:** Meat, especially undercooked or raw hamburger, produce and raw milk.

**Incubation period:** 2-10 days

**Symptoms:** Severe diarrhea, cramping, dehydration

**Prevention:** Cook implicated food to 155F, wash hands properly and frequently, correctly wash rinse and sanitize food contact surfaces.

## Shigella

**Overview:** Shigella is a bacterium that causes an estimated 450,000 cases of diarrhea illnesses each year. Poor hygiene causes Shigella to be easily passed from person to person.

**Sources:** Salad, milk, dairy products, and unclean water.

**Incubation period:** 1-7 days

**Symptoms:** Diarrhea, stomach cramps, fever, chills and dehydration

**Prevention:** Wash hands properly and frequently, especially after using the restroom, wash vegetables thoroughly.

## Salmonella (nontyphoidal)

**Overview:** Salmonella is a bacterium responsible for millions of cases of foodborne illnesses a year. The elderly, infants, and individuals with impaired immune systems are at risk for severe illness. Death can occur if the person is not treated promptly with antibiotics.

**Sources:** Raw and undercooked eggs, undercooked poultry and meat, dairy products, seafood, fruits and vegetables

**Incubation period:** 5-72 hours (up to 16 days has been documented for low doses)

**Symptoms:** Nausea, vomiting, cramps, and fever

**Prevention:** Cook all food to proper temperatures, chill food rapidly, and eliminate sources of cross-contamination (i.e. proper meat storage, proper washing, rinsing, and sanitizing procedures)

## Salmonella Typhi (Typhoid fever)

**Overview:** Salmonella Typhi is the bacterium that causes Typhoid fever and is responsible for an estimated 430 cases each year. This illness is caused by eating or drinking food or water contaminated with feces from an infected person.

**Incubation period:** Generally 1 to 3 weeks, but may be as long as 2 months after exposure.

**Sources:** Ready to eat food, water, and beverages.

**Symptoms:** High fever, from 103 °F to 104 °F; lethargy; gastrointestinal symptoms, including abdominal pains and diarrhea or constipation; headache; achiness; loss of appetite. A rash of flat, rose-colored spots sometimes occurs. Symptoms typically last 2 to 4 weeks.

**Prevention:** Excluding sick food workers, practicing good personal hygiene, preventing cross-contamination, and cooking food to the required final cook temperatures.

## Hepatitis A

**Overview:** Hepatitis A is a liver disease caused by the Hepatitis A virus. Hepatitis A can affect anyone. In the United States, Hepatitis A can occur in situations ranging from isolated cases of disease to widespread epidemics.

**Incubation period:** 15-50 days

**Symptoms:** Jaundice, nausea, diarrhea, fever, fatigue, loss of appetite, cramps

**Prevention:** Wash hands properly and frequently, especially after using the restroom.

## Norovirus

**Overview:** This virus is the leading cause of diarrhea in the United States. Any food can be contaminated with norovirus if handled by someone who is infected with the virus. This virus is highly infectious.

**Incubation period:** 6-48 hours

**Symptoms:** Nausea, vomiting, diarrhea, and cramps

**Prevention:** Wash hands properly and frequently, especially after using the restroom: obtain food from a reputable food source: and wash vegetables thoroughly.

### Prevention of Contamination by Hands



#### **1. Handwashing is the MOST CRITICAL control step in prevention of disease**

Invest 20 seconds to follow these 6 simple steps:

1. Wet your hands and arms with warm running water.
2. Apply soap and bring to a good lather.
3. Scrub hands and arms vigorously for 10 to 15 seconds (clean under nails and between fingers).
4. Rinse hands and arms thoroughly under running water.
5. Dry hands and arms with a single-use paper towel or warm-air hand dryer.
6. Use the towel to turn off faucets and open door handles so you don't re-contaminate your hands

#### **2. Don't go to work when you are sick**

#### **3. No bare hand contact with ready-to-eat foods.**