MECKLENBURG COUNTY HEALTH DEPARTMENT
FOOD SERVICE PLAN REVIEW CHECKLIST

Project/Facility/Address: ________________________________________________________________
LUESA: Code Enforcement Project Number: _______________________________________________
Contact Name: _______________________________________________________________________
Mailing Address: _____________________________________________________________________
Phone Number: Day _____________________________ Evening _______________________________

Facility Type: [ ] Restaurant [ ] Lodging/Hotel [ ] Bar Service w/o food [ ] Seafood/Deli
[ ] Adult Day Care [ ] Meat Market [ ] Other ___________________________________________________________________

Seating Capacity: _________________ Utensil type for customer [ ] disposable [ ] reusable

<table>
<thead>
<tr>
<th>Finishes</th>
<th>Dining</th>
<th>Kitchen</th>
<th>Bar</th>
<th>Service</th>
<th>Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walls</td>
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<td>Floors</td>
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<td>Coved Base</td>
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<td>Ceiling</td>
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<tr>
<td>Light Fixtures shielded/shatter proof</td>
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</table>

Dishwasher: Make/Mfg____________________________  Model #_________________
Water Heater: Make/Mfg________________  Model# _______________ Capacity/Gallons ___________

<table>
<thead>
<tr>
<th>Sinks</th>
<th>Basic Minimum Dimensions</th>
<th>Drain Board Size</th>
<th>Drainage</th>
<th>No. Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washing</td>
<td>3-Compartment 18”x21”x14”</td>
<td>(2) 24” x 24”</td>
<td>INDIRECT</td>
<td>____________</td>
</tr>
<tr>
<td>Food Preparation</td>
<td>1-Compartment 18”x21”x14”</td>
<td>(1) 24” x 24”</td>
<td>INDIRECT</td>
<td>____________</td>
</tr>
<tr>
<td>Dishwash Pre-Rinse</td>
<td>1-Compartment 20”x20”x6”</td>
<td>(2) 24” x 24”</td>
<td>INDIRECT</td>
<td>____________</td>
</tr>
<tr>
<td>Bar:</td>
<td>4-Compartment 12”x12”x8”</td>
<td>(2) 14” x 14”</td>
<td>INDIRECT</td>
<td>____________</td>
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Food Disposal must be directly plumbed to waste.
Floor sink (8” x 8”) flush mounted with surrounding floor.

Grease interceptor provided: Make/Mfg _____________________________ Model # _______________
Capacity/Gallons __________________________

EQUIPMENT GENERAL NOTES (check to indicate compliance)
[ ] Equipment shall meet applicable NSF, and/or UL Sanitation, ETL Sanitation ratings; or equal.
[ ] Sneeze guards properly installed at open food displays. Must meet NSF Standard #2, Section 4 & 5.
[ ] Minimum 36” x 36” can wash with hot (140˚) and cold water supply. Walls surrounding can wash Moisture resistant to 60”.
[ ] Pot rack to be installed above three-compartment sink.
[ ] Minimum allowable separation between sinks is 12 inches, other equipment separated by minimum 3” or provided with rollers and quick disconnects.
[ ] Maximum allowable travel distance to nearest hand sink is 25” (twenty-five feet). Must not pass thru door.
[ ] Ice machine supplied with indirect waste line drained to flush mounted floor drain.

MECHANICAL EQUIPMENT GENERAL
[ ] HVAC system in kitchen, preparation, and washing areas to have ducted supply and return.
[ ] Exhaust hood to meet all NSF and UL standards.
[ ] Adjoining wall(s) at heat/cook equipment provided with stainless steel from floor to underside of hood.
[ ] Cooking equipment within overhang of exhaust minimum 12” inside ends minimum of 6”.

SITE NOTES
[ ] Concrete pad provided for storage of solid and grease waste containers.
[ ] Waste disposal area within fifty feet of permitted facility requires air curtain or screen door at kitchen exit.

J.D. Throckmorton
12/15/2006