



### Catering Plan Review Application

*“Caterer” means a person operating from a permitted food service establishment who makes an agreement with one individual or firm to provide a predetermined quantity of food on a specific date or dates at a site not open to the general public.*

North Carolina food rules: <http://ehs.ncpublichealth.com/rules.htm>

Catering Company Name: \_\_\_\_\_

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

City: Durham State: NC Zip Code: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

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

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

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

Owner / Manager Name: \_\_\_\_\_

**A signed commissary agreement is required for this box**

Name of Commissary (if using one): \_\_\_\_\_

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

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

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Owner / Manager Name: \_\_\_\_\_



# Catering Plan Review Application

## Completion Information

- After applications are processed by the business office, contact Environmental Health Plan Review Specialist for a permit evaluation appointment at 919-560-7819.
- Permit issuance is by appointment only and is conducted at the kitchen location.
- All **CATERING equipment, including transport equipment**, must be present during permitting evaluation.
- Completed applications can be emailed to [healthinspector@dconc.gov](mailto:healthinspector@dconc.gov) , mailed or faxed to 919-560-7830.
- Environmental Health Office hours are Monday through Friday 8:30 am to 5:00 pm
- Payment can be mailed, presented in person or credit card. Checks must be made out to **Durham County Environmental Health. NO counter checks will be accepted.**

### This application will not be accepted for processing without:

- **Completed** Catering Plan Review Application including;
- Manufacturer specification sheets for each piece of catering and transport equipment.
- All **CATERING equipment, including Transport equipment**, must be NSF listed, UL classified for sanitation or be constructed to meet NSF/ANSI standards.
- Proposed or sample menu
- **Plan Review Fee of \$100**
- Caterers using a commissary or renting space from permitted kitchens must submit a signed Commissary Agreement for approval.

***I certify that the information in this application is correct, and I understand that any changes may void or delay plan approval.***

Name: \_\_\_\_\_  
PLEASE PRINT NAME

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



# Catering Plan Review Application

## Hours of Operation

Day	Open	Close
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

## Maximum Meals to be catered

Breakfast	
Lunch	
Dinner	
<b>Total</b>	

## Delivery / Transportation Equipment Description

Type of Equipment	Capacity	Quantity
E.g. Cambro	4 hotel pans	4 units

## Food Serving Equipment

Will be renting equipment?      Yes    No  
If No, where will you store equipment you own?

Please describe:

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# Catering Plan Review Application

## Food Preparation Procedures

Will Time as a Public Health Control be used for any menu item?  
(3-501.19 Time as a Public Health Control)  YES  NO

Will beef, eggs, fish, lamb, milk, pork, poultry, (including eggs), seafood or shellfish be served or sold raw or undercooked? (3-603.11 Consumer Advisory)  YES  NO

Will any menu items be packaged for delivery?  YES  NO

## Specialized Processes

Will specialized food processes be conducted?  YES  NO  
(8-201.13 A HACCP plan is required for acidification (sushi rice), reduced oxygen packaging, sous vide, curing, smoking, sprouting beans or drying process)

**You will need to submit your HACCP plan & Variance Request to the NC Food Code Variance Committee for approval for specialized food process to be conducted in your food service establishment.** (8-103.10 Modifications & Waivers) EH office can provide you the January 15, 2013 documentation. The State Variance Committee can be reached at 919-707-5854. Request application if needed.

### Check any specialized processes that will take place:

Curing ( ) Smoking ( ) Acidification ( ) Sprouting Beans ( ) Dehydrating ( )

Sous vide ( ) Reduced Oxygen Packaging (eg: ROP, canning, Vacuum packaging) ( )

Other ( )

### **Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.**

- Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)
- Thick meats, whole poultry (roast beef, whole turkey, chickens, and hams)
- Cold processed food (salads, sandwiches, vegetables)
- Hot processed foods (soups, stews, rice/noodles, gravy, chowders)
- Bakery goods (pies, custards, cream fillings & toppings)

## **FOOD SUPPLIES: (Ingredient List)**







## Catering Plan Review Application

Check all that apply

<b>Chart B: Proteins (Meats &amp; Seafood)</b>	<b>Supplier/Vendor</b>	<b>Refrigerated</b>	<b>Frozen</b>	<b>Dry</b>	<b>Canned</b>	<b>Bagged</b>	<b>Raw</b>	<b>Pre-cooked</b>	<b>Whole</b>	<b>Pre-portioned</b>



## Catering Plan Review Application

### FOOD PROCESSES

List all menu items

check all processes that apply

Dish / Entree	Prepared Day of Event	Prepared beforehand	Prepared at catering	Ready-to-Eat	Ready-to-Cook	Cooled	Held Hot	Held Cold	Reheated





## Catering Plan Review Application

### COOLING

Check the appropriate box to indicate how food will be cooled rapidly from above 135° to below 45° after being cooked.

Check all that apply

<b>Cooling Process</b>	<b>Meats</b>	<b>Seafood</b>	<b>Poultry</b>	<b>Vegetables</b>	<b>Soups</b>	<b>Sauce</b>
In the refrigerator Using Shallow Pans						
In an Ice Bath						
Using a Blast Chiller						

### KITCHEN EQUIPMENT FOR CATERING PREPARATION

Check all that apply

	<b>Table</b>	<b>Stainless Table with sink</b>	<b>Prep Sink &amp; Stainless Table</b>
Raw Meat Preparation			
Raw Seafood Preparation			
Raw Vegetable Preparation			
Ready-to-Eat Food Preparation			

### KITCHEN EQUIPMENT FOR CATERED FOOD STORAGE

Check all that apply

	<b>Number of units</b>	<b>Amount of Space for catering Number of shelves or ft<sup>2</sup></b>
Walk-in Cooler		
Walk-in Freezer		
Reach-ins		
Alto-Shams		
Hot Holding Cabinets		
Shelving in Dry Storage		



## Catering Plan Review Application

### ITEMS PROVIDED BY CATERER

Check all that apply

Items provided by Caterer	Number	Storage location
Multi-use Plates*		
Multi-use silverware*		
Multi-use cups/glasses*		
Disposable Plates		
Disposable silverware		
Disposable cups		
Carving Stations*		
Sneeze Guards		
Grills/Cookers		
Chaffing Pans*		
Cambros (hot holding)		
Coolers (cold holding)		
Punch Bowls*		
Fountains*		
Tea Urns*		
Coffee Machines*		
Ice Sculptures		
Table Cloths / Linens		
Table Skirting		
Serving Stations / Buffet		
Serving Baskets		
Tables		
Chairs		
Tents		
Other items:		

\*Rented multi-use items must be washed, rinsed, sanitized and air dried at the food service establishment.



## Catering Plan Review Application

How far will food be transported?

Local events \_\_\_\_\_  Out of county events \_\_\_\_\_  Out of state events \_\_\_\_\_

What type of vehicle will be used to transport catering equipment and food?

Company van or truck     Mobile Food Unit     Hot & Cold holding truck  
 Enclosed trailer     Employee vehicles     Rental truck  
 Other \_\_\_\_\_

### Utilities information

#### Water Supply–Sewage Disposal

Water Supply:      City \_\_\_\_\_ Well \_\_\_\_\_

Sewer:              City \_\_\_\_\_ Onsite \_\_\_\_\_

#### Dish machine:

Make \_\_\_\_\_

Model \_\_\_\_\_

Booster Heater:    Yes \_\_\_\_\_ No \_\_\_\_\_ GPH \_\_\_\_\_

Chemical Sanitizer Yes \_\_\_\_\_ No \_\_\_\_\_

Leased Machine    Yes \_\_\_\_\_ No \_\_\_\_\_

#### Three-Vat Pot Wash Sink:

Vat Size (Length in inches (front to back x Width x Depth)    \_\_\_\_\_"x \_\_\_\_\_"x \_\_\_\_\_"

Drain Board Length \_\_\_\_\_" x \_\_\_\_\_" x \_\_\_\_\_"

Indirect Drains:    Yes \_\_\_\_\_ No \_\_\_\_\_



# Catering Plan Review Application

## COMMISSARY AGREEMENT FOR FOOD SERVICE OPERATORS

A Commissary is a permitted food service establishment that provides shared use kitchen facilities for mobile food units, Push carts and caterers. This Commissary Agreement is part of the plan review approval and Health Department approval is required for shared use kitchen permits. A Commissary may also serve as a restaurant for the permitted food service.

### Completed by the food service operator:

Select: Mobile Food Unit \_\_\_ Pushcart \_\_\_ Caterer \_\_\_ New \_\_\_ Change request \_\_\_

Name of food service: \_\_\_\_\_

Operator Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### Completed by the permittee or owner of the Durham County Commissary:

The management of the Commissary facility noted below, agrees to provide the Commissary for the food service operator named above. Management understands that failure of the food service operator to comply with all laws and rules could result in suspension or revocation of the commissary permit.

Management understands and agrees to provide the following for each approval:

- Labelling for the designated storage spaces for the operator's exclusive use.
- A designated protected area for food and utensil storage.
- Designated spaces for refrigeration / freezer and dry storage areas.
- Use of the utensil sink to wash utensils.
- An exterior wastewater collection system for disposal of wastewater.
- A protected connection to the potable water supply.
- A mechanism to track commissary usage, sign-in, digital tracking, etc.
- Commissary access as needed for the operator to maintain rule compliance.

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

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

Commissary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Printed Name of Commissary Manager: \_\_\_\_\_

Signature of Commissary Manager: \_\_\_\_\_

