



Mecklenburg County Health Department
PRIMARY PERMIT HOLDER OPERATING A SHARED-USE KITCHEN
PLAN REVIEW APPLICATION

SUPPORTING DOCUMENTS

- **HACCP Plan (if applicable)** – A HACCP plan is required for acidification (sushi rice), reduced oxygen packaging, sous vide, curing, smoking, sprouting beans or drying process- 8-201.13. 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. Request an application from the State Variance Committee by email at ncvariancecommittee@dhhs.nc.gov
- **Time as a Public Health Control Plan-** Using time limits instead of keeping food hot or cold (3-501.19 Time as a Public Health Control)
- **Standard Operating Procedures (SOPs)** – based on food processes and business model (ex. cleaning and sanitizing food contact surfaces, equipment sharing, date marking, cooling process)
***There are several risks associated with shared-use kitchens:** 1) Cross Contamination of food contact surfaces with physical, chemical, or biological hazards. 2) Contamination of food products either by accidental or intentional means. 3) Increased potential for foodborne illness outbreaks due to exceeding the design characteristics of the facility. Standard operating procedures (SOPs) explain how these risks will be prevented. Provide detailed SOPs where it is requested throughout this application.
- **Certified Food Protection Manager Certification** - Permittee has 210 days after issuance of the permit to comply. Certified Person in Charge (PIC) must be onsite during all hours of operation of the secondary permitted facility. ANSI Certification # _____
- **Calendar of Operation** – Updated, accurate online vendor operation calendars must always be available to MCHD. What is the location of the online calendar and how will health department staff have access to this calendar?

- **Employee Health Policy** - Each employee of the secondary permit holder has signed the employee health policy. Example can be found at:
https://www.mecknc.gov/HealthDepartment/EnvironmentalHealth/FoodserviceandFacilities/Pages/new_est.aspx



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SEPARATION BY TIME AND SPACE

Permit holders must be separated by time (operate at different times of day) or space (separate prep tables, prep sinks, refrigeration space, barriers, etc.) when preparing, and/or cooking.

Required workspace equipment for each secondary permit holder (separated either time or space)

- Hand sink
- Preparation sink(s)
- Prep table(s)
- Reach-in refrigerator(s) or equivalent to work out of during preparation.
- Reach-in freezer(s) or equivalent
- Bulk dry goods storage and walk-in cooler storage shall be assigned and designated for each permit holder with effective vertical separation and shall being secured.
- 3-comp sink and/or dish machine may be shared with SOPs in place to properly clean and sanitize the 3-comp sink between users.
- An oven may be used by only 1 permittee at a time. Signup sheet may be required.
- Stove top range can be separate by burners and used by multiple permit holders at the same time.

Can more than one permit holder work at the same time?

- No, just one permit holder at a time.
- Yes, facility is large enough and equipped to accommodate _____ separate prep stations at a time.

Shared Food Preparation Equipment (check all that apply):

<input type="checkbox"/> Hand sinks	<input type="checkbox"/> Prep Sinks	<input type="checkbox"/> Prep Tables	<input type="checkbox"/> Range	<input type="checkbox"/> Oven
<input type="checkbox"/> Blast Chiller	<input type="checkbox"/> Steamer	<input type="checkbox"/> Fryer	<input type="checkbox"/> 3-Compartment Sink	<input type="checkbox"/> Dishwashing Machine
<input type="checkbox"/> Sheet Pans	<input type="checkbox"/> Speed Racks	<input type="checkbox"/> Pots/Pans	<input type="checkbox"/> Cooking Utensils	<input type="checkbox"/> Food Storage Containers
<input type="checkbox"/> Cleaning Clothes	<input type="checkbox"/> Cleaning/Sanitizer			

Will the primary permit holder prepare and serve food as well?

- Yes. Answer any food preparation question about primary kitchen. Maximum number of meals prepared by primary permit holder between deliveries _____. How many seats in the establishment _____ or NA _____?
- No, shared-use kitchen only

Types of Operations (check all that apply):

- Restaurant or Food Stand
- Catering (private service to private property, not a place of public gathering or business)
- Mobile Food Units
- Packaged Food
- Other (specify details) _____



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SCHEDULE OF OPERATION

Primary Facility Hours of Operation:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Secondary Permitted Facilities Hours of Operation:

Secondary Permit Holder	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



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SCHEDULE OF OPERATION

Additional Scheduling Information:



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MENU REVIEW

Type of Food Prepared by Primary Facility (check all they apply):

- Prepares Time Temperature Control for Safety Food (TCS)
- Prepares food for delivery to and consumption at a location off premises
- Prepares only non PHF/TCS foods (ex. bread, cookies, cut fruit)
- Prepares food for a Highly Susceptible Population. Populations that will be catered to or served:
 - Nursing Home Child Care Center Health Care Facility School w/Preschool
 - Other (please specify business and address) _____
- Prepares PHF/TCS Foods by: Cooking Cooling Reheating Hot Holding
 Cold Holding Freezing Thawing Par Cooking
- Prepares under cooked or raw beef (hamburgers, steak), eggs (sunny side up, poached), fish, sushi, lamb, milk, pork, poultry or shellfish (steamed or raw)
- Other (please specify) _____
- Not Applicable

Specialized Food Processes

Indicate any specialized processes that will take place by the primary permit holder. Specialized processes that will be done by any secondary permit holder must be submitted separately with the Secondary Permit Holder Plan Review Application.
 Applicable HACCP or NC Variance approval must be attached

- Curing Acidification (sushi, etc.) Reduced Oxygen Packaging (e.g. Vacuum)
- Smoking Sprouting Other _____

Explain processes:

Food Handling Procedures

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen (pod or workstation) and equipment location where corresponding food will be handled. Provide a list of equipment for daily use such as prep tables, refrigeration, cooking equipment, handwashing sinks, ware washing facilities, can wash, and ice machine.

Include the handling procedures for the following categories. Describe the process from beginning to end:

- **Arrival** - How the food will arrive (frozen, fresh, packaged, raw, fully cooked, etc.); Who will be responsible for receiving?
- **Storage** - Where the food will be stored (provide reference on the floor plan)
- **Preparation** - How the food will be handled (washed, cut, marinated, breaded, cooked). Where will food be processed? (provide reference on the floor plan)
- What time of day and frequency will the food be handled (from delivery to final product or stored for later service)?



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Ready-to-Eat Foods (deli meat, cheese, etc.)

Produce

Poultry

Meats

Seafood

Cold Storage Space

Reach-in refrigerator storage: ____ ft³

Walk-in refrigerator storage: ____ ft³

Reach-in freezer storage: ____ ft³

Walk-in freezer storage: ____ ft³

How often will frozen food be delivered? Daily Weekly Other: _____

How often will refrigerated food be delivered? Daily Weekly Other: _____



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Dry Storage Space

Dry storage locations: _____

Number of racks and dimensions of shelves: _____

How often will dry foods or supplies be delivered? Daily Weekly Other: _____

How will product be delivered to facility? Who will be onsite to accept the delivery? The person in charge (PIC) from the primary permitted facility can accept deliveries for all secondary permit holders. ***Attach SOP*

How will dry storage and personal equipment be separated (ex. locked cages, separate locked rooms)? Food and personal equipment and utensils must be separated and kept secured when not in use by the permit holder.

***NOTE:** The cold storage and dry storage requirements for each permit holder will be based on cold holding and dry storage calculations and menu concept.*

Hot Holding

List food items that will be held hot and equipment used:

Cold Holding

List food items that will be held cold:



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Cooling Processes

Indicate by checking the appropriate boxes how cooked food will be cooled from 135°F to 70°F within 2 hours and to 41°F within 6 hours; How room temperature food will be cooled to 41°F

Cooling Method (Check all that apply)			
List Menu Items	Shallow Pans	Ice Baths	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Method:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Method:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Method:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Method:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Method:

Thawing Processes

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

Thawing Process (Check all that apply)	Meat	Seafood	Poultry	Other_____	Other_____
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water (< 70° F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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DISHWASHING FACILITIES

Manual Dishwashing

Describe how the 3-compartment utensil sinks will be shared?

- If sharing the kitchen at the same time, how will sinks be cleaned and sanitized between uses of each permit holder? **Attach SOP*

- If using the kitchen at different times, how will sinks be cleaned and sanitized between uses of each permit holder? **Attach SOP*

What type of sanitizer will be used?

- Chlorine Iodine Quaternary Ammonium Hot Water Other (specify): _____

Mechanical Dishwashing

Will a dishwashing machine be used? Yes No

Dishwashing machine manufacturer and model: _____

- Who is responsible for dishwashing machine maintenance?

- Describe the process for cleaning and sanitizing the clean drain board before and after each permit holder uses the machine. **Attach SOP*



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General

- 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 between uses of each permit holder? **Attach SOP*

- Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space available for permit holders to use for personal equipment and utensils. **Attach SOP*

- Describe the process for multiple permit holders utilizing a shared pod or prep station? **Attach SOP*

- Square feet of air-drying space for secondary permittee: _____ ft²

EMPLOYEE AREA

Location for storing employees' personal items:

GARBAGE AND RECYCLING

Will garbage be stored inside? Yes No

If yes, where _____

Provision for garbage disposal: Dumpster Compactor

Provision for cleaning dumpster/compactor: On-site Off-site

If off-site cleaning, provide name of cleaning contractor: _____

Describe location for storage of recyclables, cooking grease, cardboard, glass, etc.



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CLEANING FACILITIES

Identify how and where garbage cans and floor mats will be cleaned:

Location of chemical storage: _____

Will linens be laundered on site? Yes No

If yes, what will be laundered and where?

If no, how and where will linens be cleaned?

Location of clean linen storage: _____

Location of dirty linen storage: _____
