



Transitional Permitting

Regional Meeting #2 2024

How do we typically find out that a transitional permit is needed?

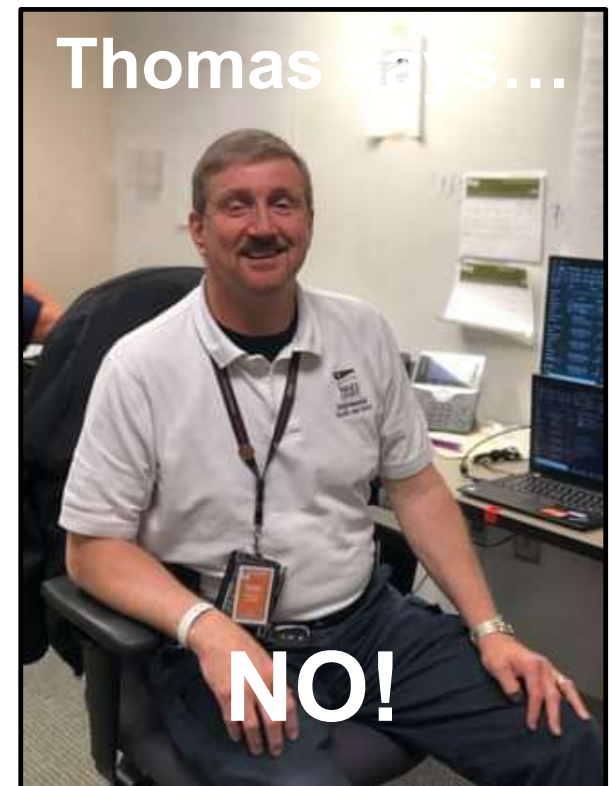
- **Contacted by new owner or operator**
- **During or after a routine inspection**
- **Ask about the specific ownership or permittee at the beginning of an inspection!**

15A NCAC 18A .2659

(b) Upon transfer of ownership of an existing food establishment, the regulatory authority shall complete an evaluation. If the establishment satisfies all the requirements of the rules, a permit shall be issued. If the establishment does not satisfy all the requirements of the rules, a permit shall not be issued. A transitional permit shall be issued if the regulatory authority determines that the noncompliant items are construction or equipment problems that do not represent a threat to public health or no certified food protection manager is on the premises. The transitional permit shall expire **180 days** after the date of issuance unless suspended or revoked before that date and shall not be renewed. ***Upon expiration of the transitional permit, the permit holder shall have corrected the noncompliant items and obtained a permit, or the food establishment shall not continue to operate.***

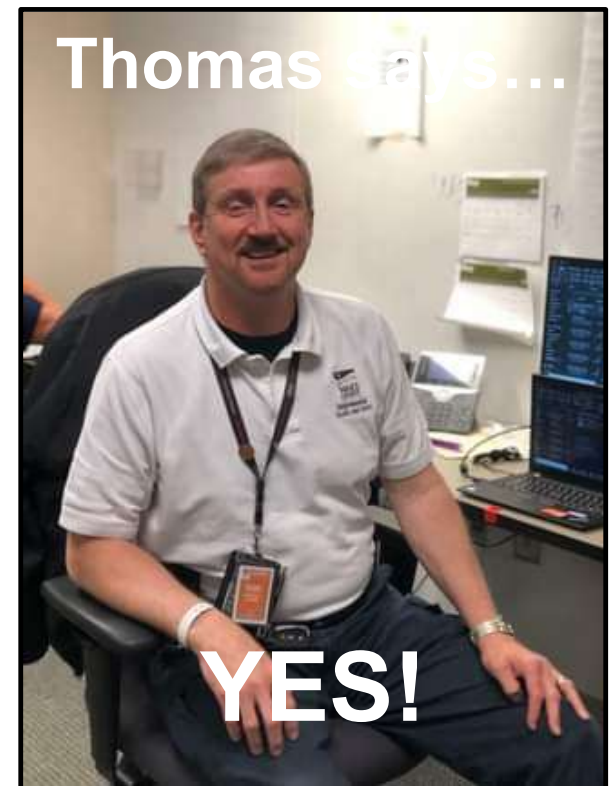
When to **NOT** Issue a Transitional Permit

- Public health hazards exist
- Changes made by new operator
 - Removed essential equipment
 - Added new equipment that has not been reviewed or approved
 - Unapproved changes made to the facility



When a Transitional Permit CAN be Issued

- No public health hazards exist
- No major changes have been made by the new operator



Where Do We Start?

N.C. Department of Health & Human Services
Division of Public Health / Environmental Health Section / Plan Review Unit

Food Establishment Plan Review Application

This application must be completed in its entirety, or your review may be significantly delayed.

To verify franchised or chain food establishment designation for the purpose of plan review as specified in Section 8-201.11 of the North Carolina Food Code please refer to Position Statement 'Franchised or Chain Food Establishment Designation for Plan Review' at <https://ehs.dph.ncdhhs.gov/faf/docs/foodprot/FranchisePlanReview.pdf>.

Type of Construction: NEW ☐ REMODEL ☐ CONVERSION ☐ *RTAP ☐
*Revisions to Approved Plans: Provide a list of all changes to the previously approved plans. Revise application as related
For REMODEL, specify the scope of work:

Establishment Information

Name of Establishment: _____
Address: _____
City: _____ Zip Code: _____
County: _____

Owner Information

Owner or Owner's Representative: _____
Address: _____
City & State: _____ Zip Code: _____
Telephone: _____
E-mail Address: _____

Submitter Information

Submitter: _____
Company: _____
Contact Person: _____
Address: _____
City & State: _____ Zip Code: _____
Telephone: _____ Email: _____
Title (owner, manager, architect, etc.): _____

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.

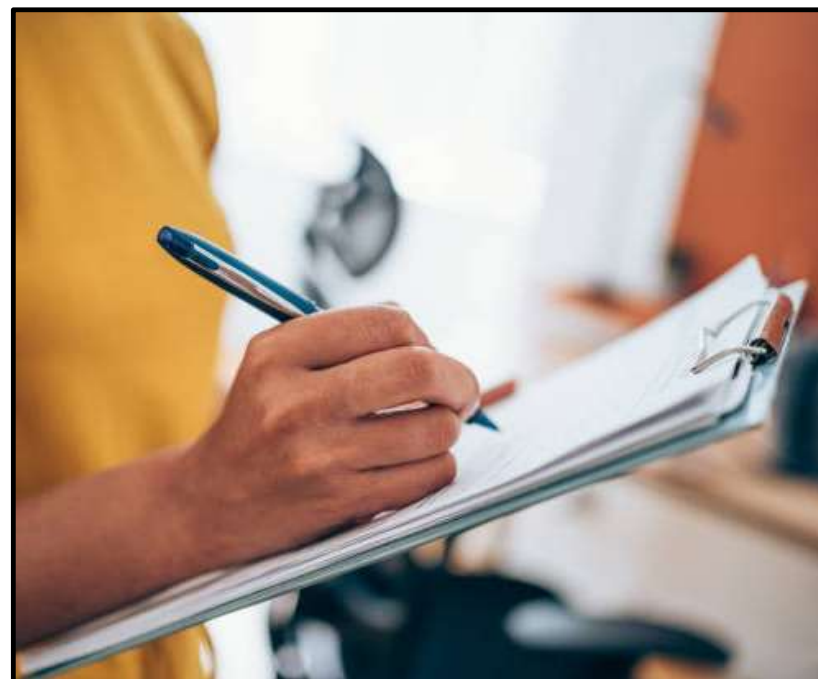
Signature: _____
(Owner or Responsible Representative)

North Carolina Department of Health & Human Services Division of Public Health Environmental Health Section Food Protection Program
5605 Six Forks Rd 1632 Mail Service Center Raleigh, NC 27699
Page 1 Revised 01/2023

What Do We Need?

- Demographical information
- Proposed menu
 - Addition of new menu items
 - Specialized food processes
- Proposed changes or additions
 - Addition of new equipment
 - Remodel or addition of new space
- Can we charge for a transitional permit?

MAYBE



What Else Do We Need?

- **File for previous permittee**
 - Permit conditions
 - Plan review information
 - Inspection reports
 - Enforcement actions
 - HACCP/Variance information
 - On-site water supply and wastewater disposal system information
 - Commissary for MFU, shared kitchen, virtual branding?
- **Document, document , document**



Time for the Walk-through

- **What are we looking for?**
 - Equipment issues
 - Repairs to physical facilities
 - Lighting
 - Additional equipment needs
 - Relocation or removal of existing equipment
- **Remember, we are not documenting cleaning issues!**



Equipment Standards

- **ANSI or Equal (4-205.10)**
- **Meets 4-1 and 4-2**
- **Used in accordance with manufacturer's specifications**



Exceptions

- **Toasters**



- **Mixers**



- **Microwaves**



Exceptions



Hoods



Water Heaters

Are these approved?



Look Closely!

True (CABINET SERIAL NUMBER:) **5322390**

True Manufacturing Co., Inc.
True Refrigeration™
O'FALLON, MO 63366
MADE IN THE USA

MODEL: GDM-49
DESIGN PRESSURES-PSIG(N/CM²)

HIGH SIDE 312 (215,1) LOW SIDE 140 (96,5)

HP	VOLTAGE	HZ	PH	F.L. AMPS
1/2	115	60	1	7.3

REFRIG UNIT: SC15G
CHARGE REFRIGERANT: R134A
17 (482) oz.(g)
EAJ

THIS UNIT LISTED UNDER N.S.F. NO. 7 FOR THE STORAGE AND/OR DISPLAY OF PACKAGED OR BOTTLED PRODUCTS

U.S. PATENT NUMBERS:
5,553,354/5,433,082/5,182,923
5,182,924/5,076,443/4,955,486
4,890,746/4,875,745/4,127,968
D273,298/D271,107/5,584,547
2,045,722/5,699,676/6,792,769

DO NOT CLEAN LABEL WITH SOLVENT

NSF NOM

IDL SYSTEM U.S.
LISTED COMMERCIAL REFRIGERATOR 334G
COMMERCIAL REFRIGERATOR AND FREEZER ALSO ENERGY VERIFIED ASHRAE 117-1992/72-2005

UL US LISTED

Whirlpool

Whirlpool is a registered trademark of Whirlpool, U.S.A.
Manufactured by/marque de depose de Whirlpool, U.S.A., Benton Harbor, MI 49022

MODEL/ MODELE: WZC31150W01 DATE: 201811
SERIAL/SERIE: U84606995 Plt: 01
UL MODEL/MODELE 15CFM

4.8 oz 135.0 g R134a 115 VAC / 60 Hz / 2.0 A

DESIGN PRESS./PRESSION CALC.
HIGH SIDE/COTE REFOULEMENT: 290 PSIG
LOW SIDE/COTE ASPIRATION: 140 PSIG

ASSEMBLED IN U.S.A.
ASSEMBLE AUX E.U.

UL US LISTED 141A

NSF DO54567

FREE STANDING INSTALLATION ONLY
INSTALLATION NON-ENCASTRABLE

HOUSEHOLD FREEZER / CONGELATEUR DOMESTIQUE



Are these approved?



Are these approved?



Can Openers



During the Walk-through

- **Ask open-ended questions**
- **Listen, listen, listen**
- **Be aware of potential changes or additions**
- **Be prepared to explain rules**
- **Control personal feelings**



What Would You Do?

You are asked by your Supervisor to visit Charlie's Seafood & Steaks to issue a transitional permit. You have never inspected this facility before and the previous inspector has transferred to another county. Upon inspecting the file, you find that the last three inspections were 99.5% with only #55 marked OUT for general floor, wall, and ceiling cleaning. Your walk-through reveals over 50 non-compliant items totaling several thousand dollars in repairs and replacements. The new permittee is outraged.

What Would You Do?

- **Stay calm!**
- **Do not get emotional or defensive**
- **Be understanding**
- **Explain the issue with the operator and why the non-compliant items were identified**
- **Explain the permitting process and the time allowed for compliance**

- Grout receding or missing between floor tiles throughout kitchen
- Dish machine not operational
- FRP warping away from wall in multiple areas
- Trim and joining strips between FRP panels damaged/broken
- Multiple holes present in FRP panels
- Mold/mildew remediation needed on walls, shelving units, ceilings, light fixtures
- Wall damaged at base tile in dry storage room, gap present
- Light shields missing
- Ceiling vents have cracking, peeling paint, rust, microbial growth
- Damaged and missing ceiling tiles
- Light ballasts in walk-in cooler not operational
- Thawing drip pan assemblies rusting in walk-in

The Four “R’s”

- Repair
- Relocate
- Remove
- Replace

The Two “P’s

- Provide
- Properly

Can you write without prepositions?

14. ---COLD CHOICE---(ITEMS 15 - 22)
15. REPLACE FRP PANELS POTATO PREP SINK
16. REPLACE MISSING WALK IN COOLER DOOR SWEEP
17. REPLACE BOTH WALK IN COOLER PITTED DOOR HINGE SETS (4 TOTAL)
18. REPLACE TORN WALK IN COOLER DOOR GASKET
19. REPLACE REAR WALK IN COOLER RUSTING DOOR HANDLE
20. REPLACE PITTED HANDSINK FAUCET ASSEMBLY
21. REPAIR/REPLACE BANDING ON LIGHT TROUGH ABOVE FOOD DISPLAYS
22. RESURFACE/REPLACE CUTTING BOARD
23. REPLACE PITTED WALK IN FREEZER DOOR HINGES
24. REPAIR COVE BASE TILE GROUT AROUND WALK IN FREEZER AND ICE MACHINE
25. PROVIDE VENTED #7 DOUBLE CHECK VALVE OR EQUAL TO ICE MACHINE WATER SUPPLY LINE
26. REPLACE BROKEN ICE MACHINE SLIDING DOORS
27. REMOVE RUST AND PAINT FLOOR GRATE WITH MARINE PAINT OR EPOXY BASE PAINT
28. ---MEAT ROOM---(ITEMS 29 - 33)
29. REPLACE PITTED WALK IN COOLER DOOR HINGES
30. REPLACE PITTED WALK IN COOLER DOOR HANDLE
31. REPLACE RUSTING WALK IN COOLER INTERIOR ESCAPE HANDLE AND PLATE
32. REPLACE FRP WALL CORNER STRIP BEHIND MEAT PREP SINKS LEFT OF WALK IN COOLER
33. REPLACE RUSTING MEAT GRINDER LEGS



Replace wait station area Coke refrigerator with current ANSI standard or equal refrigeration unit approved for open food storage.

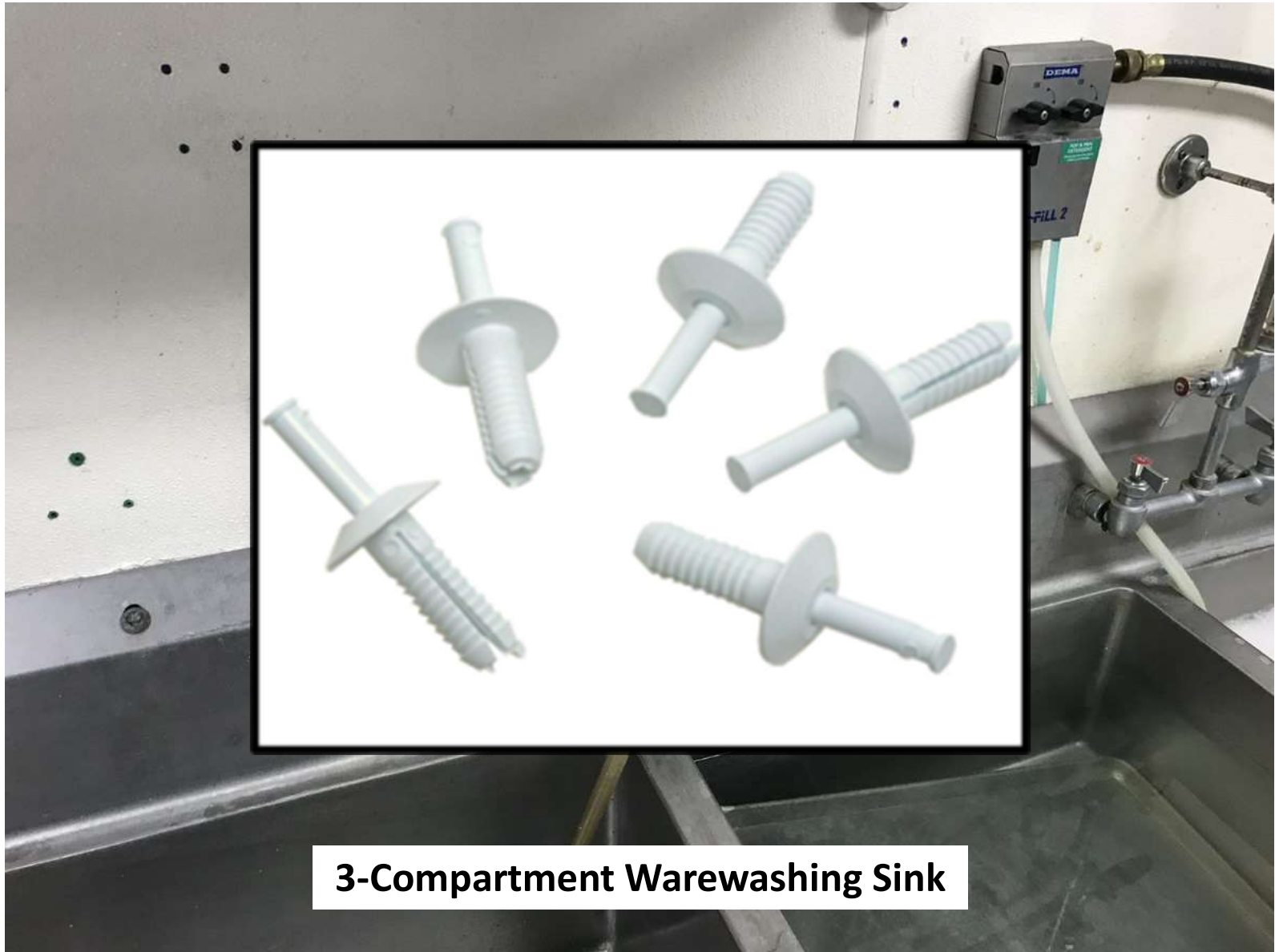


Vegetable Prep Sink

Replace unapproved repaired (smooth weld) two comp vegetable prep sink with current ANSI standard unit or equal.



**Repair cracked dishwashing area ceiling
to a smooth, easily cleanable surface.**



3-Compartment Warewashing Sink

Fill holes at the three-comp sink area FRP wall panel with FRP push pin rivets (do not caulk).

Provide corrosion-resistant rounded screw and washer on three comp sink backsplash.

Smooth bead caulk following three comp sink backsplash, angle slope to drain



Replace unapproved homemade portable flat top grill stand with a current ANSI standard unit or equal.

Status Codes

- **T** – Transitional permit issued
- **U** – Under transition
- **K** – Transitional completed (keeper)
- **H** – Failed to complete transitional construction requirements (hard close)
- **A** – Status code after the entire process is finished

N.C. Department of Health and Human Services
Division of Public Health
Environmental Health Section

☐ PERMIT ☐ TRANSITIONAL PERMIT

Date: _____

Name of Establishment: _____ Permittee: _____
Location Address: _____ Manager/Person in Charge: _____

N.C. Department of Health and Human Services
Division of Public Health
Environmental Health Section

☐ PERMIT ☐ TRANSITIONAL PERMIT

Date: _____

Name of Establishment: _____ Permittee: _____
Location Address: _____ Manager/Person in Charge: _____
City: _____ State NC Zip: _____ County: _____
Billing Name: _____ Status Code: ☐ I ☐ T ☐ K
Billing Address: _____ Establishment ID: _____
City: _____ State: _____ Zip: _____ Map #: _____ Parcel ID: _____
Email Address: _____ @ _____ Lat. _____ Long. _____
Phone: _____ Fax: _____ Emergency Phone Number: _____

Permission is granted to operate a _____ as defined in G.S. 130A-247(1) and 130A-248, Regulation of Food and Lodging Facilities. See permit requirements in Rules. This permit is not transferable and may be revoked for failure to comply with all requirements.

Wastewater System: ☐ Municipal/Community ☐ On-Site Capacity _____ Category #

0	1	2
3	4	

Water Supply: ☐ Municipal/Community ☐ On-Site

Pushcart/Mobile Food Unit operating in conjunction with: _____
Restaurant or Commissary Name and ID Number _____

Signed: _____ REHS#: _____ Date: _____

Division of Public Health

Purpose: General Statute 130A-248(b) states "No establishment shall commence or continue operation without a permit or transitional permit issued by the Department. The permit or transitional permit shall be issued to the owner or operator of the establishment and shall not be transferable. If the establishment is leased, the permit or transitional permit shall be issued to the lessee and shall not be transferable. If the location of an establishment changes, a new permit shall be obtained for the establishment. A permit shall be issued only when the establishment satisfies all of the requirements of the rules. The Commission shall adopt rules establishing the requirements that must be met before a transitional permit may be issued, and the period for which a transitional permit may be issued. The Department may also impose conditions on the issuance of a permit or transitional permit in accordance with rules adopted by the Commission. A permit or transitional permit shall be immediately revoked in accordance with G.S. 130A-248(d) for failure of the establishment to maintain a minimum grade of C. A permit or transitional permit may otherwise be suspended or revoked in accordance with G.S. 130A-251." Preparation: Local environmental health specialists shall issue a permit every time a change in permit status is indicated. Prepare an original and one copy for: 1. Original to be left with the owner or operator 2. Copy for the local health department. Disposition: Please refer to Records Retention and Disposition Schedule 8 B.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (C) 2009-1632.

Conditions/Remarks:

- 1) Any changes to equipment, menu, or floor plan of permitted food service areas must have prior approval from the Environmental Health office.
- 2) Single-service items for customers only.
- 3) Maintain the on-site wastewater disposal system in accordance with the operation permit.
- 4) Total indoor and outdoor seating shall not exceed 60.
- 5) Notify the Environmental Health office if facility experiences a loss of power or water, fire, or complaints of foodborne illness.

☐ ATTACHMENTS

Transitional Permit Conditions

This permit shall expire on _____ and is not renewable. All non-compliant items listed herein and on attached pages (if applicable) must be completed within ☐90 / ☐180 days. This establishment must close if all noncompliant items are not corrected by the expiration date.

Received By: _____ Title: _____ Date: _____
Manager/Person In Charge

Signed: _____ REHS#: _____ Date: _____
Division of Public Health

Purpose: General Statute 130A-248(b) states "No establishment shall commence or continue operation without a permit or transitional permit issued by the Department. The permit or transitional permit shall be issued to the owner or operator of the establishment and shall not be transferable. If the establishment is leased, the permit or transitional permit shall be issued to the lessee and shall not be transferable. If the location of an establishment changes, a new permit shall be obtained for the establishment. A permit shall be issued only when the establishment satisfies all of the requirements of the rules. The Commission shall adopt rules establishing the requirements that must be met before a transitional permit may be issued, and the period for which a transitional permit may be issued. The Department may also impose conditions on the issuance of a permit or transitional permit in accordance with rules adopted by the Commission. A permit or transitional permit shall be immediately revoked in accordance with G.S. 130A-23(d) for failure of the establishment to maintain a minimum grade of C. A permit or transitional permit may otherwise be suspended or revoked in accordance with G.S. 130A-23." **Preparation:** Local environmental health specialists shall issue a permit every time a change in permit status is indicated. Prepare an original and one copy for: 1. Original to be left with the owner or operator. 2. Copy for the local health department. **Disposition:** Please refer to Records Retention and Disposition Schedule 8.B.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. **Additional forms may be ordered from:** Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)

Follow Up

- Certified letter
- Notice of expiration form
- Comment addendum

The image displays three sample forms from the North Carolina Department of Health & Human Services (NCDHHS), Division of Public Health, Food Protection & Facilities Branch. The forms are arranged in a collage, with the 'Comment Addendum to Food Establishment Report' form being the largest and most prominent.



Comment Addendum to Food Establishment Report

This form is used to provide additional information and observations during a food establishment inspection. It includes sections for:

- Establishment Information:** Establishment Name, Location Address, City, State (NC), County, Zip, Telephone, and Establishment ID.
- Inspection Details:** Date, Status Code, Category, and a section for the type of visit (Inspection, Re-inspection, Visit, Verification, Name Change, Status Change, Pre-Opening Visit, or Other).
- Temperature Observations:** A table with columns for Item/Location and Temp, used to record temperature readings.
- Observations and Corrective Actions:** A table with columns for Item Number and a description of violations and corrective actions.
- Signatures and Dates:** Fields for the Person in Charge (Print & Sign), Regulatory Authority (Print & Sign), Verification Required Date, REHS ID, and REHS Contact Phone Number.

The forms are printed on white paper with green and blue headers and footers. The NCDHHS logo is visible in the bottom left corner of the largest form.

Follow Up Cont...



Joshua R. Swift, MPH
Public Health Director
Daniel A. Lemons, REHS
Environmental Health Director

First Notification

(NOTE: *Italicized text is for indicating what needs to be entered. Delete this line and change to standard text when writing the letter.*

3/05/21

Name
Business Name
Corporation Name
Address
City, State Zip

RE: Permit ID

Dear Name:

This letter serves as a courtesy reminder that the transitional permit issued to you on *Date Permit Issued* will expire on *Expiration Date*. All items documented on the transitional permit must be in compliance before the expiration date in order for an operations permit to be issued. You now have less than 120 days to complete the work.

Please be reminded that there is no extension or renewal of a transitional permit once it expires. To avoid a lapse between the expiration of the transitional and the issuance of an operations permit, contact Name and Number of REHS to schedule a walk-through when all transitional items are complete.

Sincerely,

. REHS
Environmental Health Specialist
Division of Environmental Health



First Notification

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3/05/21

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Follow Up Cont...



Joshua R. Swift, MPH
Public Health Director
Daniel A. Lemons, REHS
Environmental Health Director

Second Notification

(NOTE: *Italicized text is for indicating what needs to be entered. Delete this line and change to standard text when writing the letter.*

3/05/21

Name
Business Name
Corporation Name
Address
City, State Zip

RE: Permit ID

Dear Name:

This letter serves as a courtesy reminder that the transitional permit issued to you on *Date Permit Issued* will expire on *Expiration Date*. All items documented on the transitional permit must be in compliance before the expiration date in order for an operations permit to be issued. You now have less than 60 days to complete the work.

Please be reminded that there is no extension or renewal of a transitional permit once it expires. To avoid a lapse between the expiration of the transitional and the issuance of an operations permit, contact Name and Number of REHS to schedule a walk-through when all transitional items are complete.

Sincerely,

, REHS
Environmental Health Specialist
Division of Environmental Health


Second Notification


(NOTE: *Italicized text is for indicating what needs to be entered. Delete this line and change to standard text when writing the letter.*

3/05/21

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Follow Up Cont...

 Forsyth County
Department of Public Health
Environmental Health



Joshua R. Swift, MPH
Public Health Director

Daniel A. Lemons, REHS
Environmental Health Director

Final Notification

(NOTE: *Italicized text is for indicating what needs to be entered. Delete this line and change to standard text when writing the letter.*)

3/05/21

Name
Business Name
Corporation Name
Address
City, State Zip

RE: Permit ID

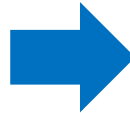
Dear Name:

This letter serves as a final courtesy reminder that the transitional permit issued to you on *Date Permit Issued* will expire on *Expiration Date*. All items documented on the transitional permit must be in compliance before the expiration date in order for an operations permit to be issued. You now have less than 10 days to complete the work.

Please be reminded that there is no extension or renewal of a transitional permit once it expires. To avoid a lapse between the expiration of the transitional and the issuance of an operations permit, contact Name and Number of REHS to schedule a walk-through when all transitional items are complete.

Sincerely,

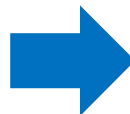
REHS
Environmental Health Specialist
Division of Environmental Health



Final Notification


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3/05/21



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Follow Up Cont...



Environmental Services

Environmental Health & Safety Division
336 Fayetteville Street • P.O. Box 550 • Raleigh, NC 27602
www.wakegov.com

TEL 919 856 7400
FAX 919 743 4772

TRANSITIONAL PERMIT EXPIRATION NOTICE

FACILITY NAME: _____

PERMITTEE: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIPS ID: 04092 _____ EXPIRATION DATE: ____/____/____

This notice is to remind you that the transitional permit issued to this establishment will expire at 12:00 midnight on the date listed above. Prior to this date, all of the items requiring correction as noted on the transitional permit non-compliant list *must* be corrected. When you have completed the required corrections, please contact the inspector listed below to evaluate the list of non-compliant items for full permit issuance. It is recommended that your work proceed as quickly as possible to allow time for the evaluation and thus avoid any down time.

PLEASE NOTE THAT THE RESTAURANT SANITATION RULES PROHIBIT THE EXTENSION OR REISSUANCE OF A TRANSITIONAL PERMIT. THEREFORE, ANY OPERATION BEYOND THE EXPIRATION DATE AND TIME NOTED ABOVE WILL BE A VIOLATION OF STATE LAW UNLESS THE FULL PERMIT IS ISSUED. FAILURE TO COMPLY WITH THESE DIRECTIVES WILL REQUIRE THIS OFFICE TO SEEK LEGAL ACTION AS REQUIRED BY THE NORTH CAROLINA GENERAL STATUTES.

If you have any questions regarding this matter, please contact me at the number listed below. Thank you for your cooperation.

ENVIRONMENTAL HEALTH SPECIALIST

ID #

DATE

PHONE NUMBER

NOTICE RECEIVED BY

TITLE

DATE

Inspected By	Status	Expired	Score	Date	Act	Visit	Del
Joshua Volkan	K	NA	0.0	05/04/2022	V		<input type="checkbox"/>
Joshua Volkan	U	NA	0.0	04/21/2022	V	NOE	<input type="checkbox"/>
Joshua Volkan	U	NA	98.5	02/16/2022	I	NOE	<input type="checkbox"/>
Joshua Volkan	T	NA	0.0	11/15/2021	P	FH13	<input type="checkbox"/>

▼ Utensils and Equipment					.2653, .2654, .2663		
45. Equipment, food & non-food-contact surfaces approved, cleanable, properly designed, constructed & used					<input type="radio"/> :In	<input checked="" type="radio"/> :Out	
Violation Codes	Violation Type	Observation Type	Severity	Inspector Comments	Edit	Delete	Pts.
4-501.11		Out	Core	4-501.11; Core; REQUIRES THE TRANSITIONAL LIST OF EQUIPMENT REPAIRS TO BE COMPLETED BY 19 DEC 2018.			0.00

SOP Plan Review & Permitting for Food Service Establishments

- **Updated plan review and permitting course to be offered in multiple locations statewide in 2025**
- **Collaborative effort between the State, counties, and local municipalities**
- **Seating will be limited, so register early!**

SOP Plan Review & Permitting for Food Service Establishments

Topics covered:

- **Introduction to plan review and permitting**
- **Plan review applications**
- **Reading plans and using scale**
- **Calculations**
- **Fire inspections**
- **Building inspections**
- **Communication**
- **Construction visits & permitting**

Questions?

