

WARREN COUNTY COMBINED HEALTH DISTRICT

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MOBILE FSO/RFE PLAN REVIEW APPLICATION & GUIDELINES

Proposed Mobile Food Operations

1. Prior to construction of a new mobile food operation, a detailed set of plans will be submitted to this office for review along with Mobile Food Operation Plan Review Application.
2. The receipt date of a complete set of plans will be noted and the plans will be reviewed and an approval or disapproval letter sent to the plan submitter within 30 days. The plans are reviewed to ensure against problems with the pattern of food flow and to ensure compliance with all existing rules and regulations. You will receive a letter, on the plan review with the findings of this office within thirty (30) days.
3. Prior to the completion of the mobile food operation, contact the Warren County Health Department for a preliminary inspection. Any problems that arise can then be corrected before the opening inspection. Criteria for licensing must include that the operation was constructed according to the approval plans and all equipment in the operation is the same as listed on the plans. The mobile food operation must be ready to open at time of final inspection.
4. At the final inspection all violations observed will be cited on the food operation inspection report and if the number of violations is minimal, "OK to issue license" will be noted on the inspection report. Any restrictions or conditions on a license limiting the types of food that may be prepared or served by the mobile food operation will be posted on the back of the license. Upon completion of the Application for a License to Conduct a Food Service/Retail Food Establishment and submission of the required fee (contact inspector for fee amount), the operator may obtain his/her license to operate.

Contents and Format of the Plans and Specifications

1. Provide plans that are a minimum of 11 X 14 inches in size including the layout of the floor plan, accurately drawn to scale. This is to allow for ease in reading plans.
2. Include the proposed menu and projected meal volume for the food operation.
3. Each piece of equipment must be clearly labeled on the plan with its common name.
4. Clearly designate adequate hand washing in the immediate area of food preparation. Label and locate separate food preparation sinks (when the menu dictates) to preclude contamination and cross-contamination of raw and ready-to-eat foods. Dual-use sinks are not permitted and will not be accepted.
5. Identify any auxiliary areas such as storage rooms or refrigerated trucks used as storage and their intended use. Also, please indicate if and/or how food and food-related items (to-go items, linens, cups, straws, etc.) will be stored (i.e.- shelving, dunnage racks, etc.) in these areas, as applicable. Also, clearly indicate how and where all multi-use items, smallwares, utensils, etc. will be staged for air drying and subsequent final storage.
6. Include and provide specifications for:
 - a. Entrances/exits
 - i. Complete finish schedule, including floors, walls, ceilings, and coved junctures bases.
 - b. Lighting schedule with protectors;
 - (i) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor and throughout the mobile unit.
 - (ii) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
 - c. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable). Accreditations accepted are NSF, UL Sanitation, ETL Sanitation, and CSA Sanitation.
 - d. Source of water supply and method of sewage disposal;

- e. Garbage disposal;
- f. Cabinets or shelving storing toxic chemicals away from all food and food prep areas;
- g. Employee storage area for personal belongings such as purses, jackets, etc.

Mobile Food Service Operation/Mobile Retail Food Establishment

Plan Review Application

Date: _____

Type: FSO _____ RFE _____

Category: Concession Trailer _____ Tent _____ Pushcart _____

Establishment Information:

Name of Operation: _____

Name of Owner: _____

Address of Owner: _____
CITY STATE ZIP

Telephone (if available): _____

Email: _____

License Plate # of Unit: _____

Applicant/Owner Information:

Applicant's Name: _____

Mailing Address: _____
CITY STATE ZIP

Phone: _____

Total Square Footage of Mobile Unit: _____

Complete Menu (Attach if necessary)

Mobile Food Operation Basic Requirements Checklist

- ____(1) Commercial cooking equipment.
- ____(2) Commercial refrigerators / freezers.
- ____(3) Three compartment sink with a faucet and drain that is large enough to handle the largest pieces of equipment which can be submerged at least 50 % at a time.
- ____(4) Hand sink with a faucet and drain.
- ____(5) Water system that provides adequate amounts of hot and cold water.
- ____(6) Adequate waste water storage tank. Recommended to be NSF 61 or equivalent water tank with a capacity at least 15% larger than the fresh water holding tank if there is one. Backflow prevention also must be provided
- ____(7) Adequate storage for food and dry goods.
- ____(8) Identification on the outside of the mobile must contain the following: 3" tall letters indicating the company name, city, state, zip code and phone number.
- ____(9) All items on the menu must be prepared only in the mobile unit itself.

**FOOD PREPARATION REVIEW
AND PLANNING QUESTIONS**

1. Check the categories of Time/Temperature Control for Safety (TCS) foods to be handled, prepared and served: ***(TCS foods are those foods that require time/temperature control for safety to limit pathogenic microorganism growth or toxin formation. Included are animal foods that are raw or heat-treated, plant food that is heat treated or consists of raw seed sprouts, cut melons, cut tomatoes, garlic-in-oil mixtures, and cut leafy greens.)***

<u>CATEGORY</u>	YES	NO
a. Thin meats, poultry, fish, eggs (Hamburgers, sliced meats, fillets)	()	()
b. Thick meats, whole poultry (Roast beef, whole turkey, chickens, ham)	()	()
c. Cold processed (Salads, sandwiches, vegetables)	()	()
d. Hot processed foods (Soups, stews, rice/noodles, gravy, chowders, casseroles)	()	()
e. Bakery goods (pies, custards, cream fillings & toppings)	()	()
f. Other: _____		

2. **Food Supplies:**

How will dry goods be stored off of the floor? _____

3. **Cold Storage:**

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers as cooked and ready-to-eat foods? **YES** **NO**

If answered **YES**, how will potential food-to-food cross-contamination be prevented?

4. **Raw/Undercooked Foods**

Will any animal foods (excluding whole-muscle, intact beef steaks that are cooked to a surface temperature of 145°F) be served raw or undercooked? An example would be oysters on half shell, sushi, or eggs/burgers cooked to order If yes, which kinds of foods?

Note: A consumer advisory is required to inform consumers of the increased risk of food borne illness as a result consuming such foods

5. **Hot / Cold Holding:**

a. How will hot TCS foods be maintained at 135° F or more during hot holding in the mobile unit?

b. How will cold TCS foods be maintained at 41° F or less during cold holding in the mobile unit?

6. **Cooling:**

Please indicate the method(s) by which TCS foods will be cooled down to 41°F within 6 hours (from 135° F to 70° F in 2 hours and from 70° F to 41° F in 4 hours). Will you use shallow pans, ice baths, reduction in volume or size, rapid chilling, or some other method? Please indicate how and where such cooling will take place.

7. **Reheating:**

a. Do you intend on reheating any foods within the mobile unit? **YES NO**

b. If **YES**, how will foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165° F for 15 seconds within 2 hours or less? Please indicate how and where food will be reheated.

8. **Preparation:**

a. Which methods will be used to handle ready-to-eat foods? Check all that apply.

Gloves _____ Utensils (i.e. tongs) _____ Food-grade paper (i.e. deli paper) _____

b. How will cooking equipment, cutting boards, counter tops, & other food contact surfaces, which cannot be submerged in sinks or put through a dish machine, be sanitized? Please describe.

Chemical Sanitizer: Type _____ Concentration _____ Have Test Kit: **YES NO**
(NOTE: You must have appropriate test kit)

9. **Person-In-Charge (PIC) / Staffing:**

- a. Will there be a designated PIC at the facility during all times of operation? **YES** **NO**
- b. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? **YES** **NO** (Please circle and describe below or attach your employee health policy)

10. **Garbage and Refuse**

Where will the garbage/ solid waste be disposed of during the event?

11. **Water Supply**

- a. Is the water supplied through a public () or private () source? (Check which applies)
- b. If private, has the source been tested and approved by our department? **YES** _____ **NO** _____
- c. Is ice made in the mobile unit () or purchased commercially ()? (Check which applies)
- d. If available, will you have the capability to hook up to a public water supply? **YES** _____ **NO** _____

If so, what type of backflow preventer will be provided at the hose bibb to fill the approved water storage tank? **ASSE 1012** or **ASSE 1024 (Food grade hose must be used; you are not permitted to use a garden hose)**

- e. Size of the fresh water tank _____ Gallons. Ensure the tank meets NSF Standard 61.

12. **Sewage Disposal**

- a. What size is the waste water storage tank? **(It must be 15% larger than the fresh water storage tank.)** _____ gallons
- b. Where will you be dumping the water from the waste water storage tank?

13. General Facility Considerations

- a. Are insecticides/pesticides/toxic chemicals (including personal medications) stored separately from cleaning/sanitizing agents as well as away from all foods, food preparation, food contact surfaces and multi-use item storage (i.e. pans, pots, utensils, etc.) areas? **YES** _____ **NO** _____

If YES, please indicate location

- b. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks, as well as, instructions (signs/posters) as to how to properly wash hands? **YES** _____ **NO** _____
- c. Is hot and cold running water under pressure available at each handwashing sink? **YES** _____ **NO** _____

14. Sinks/Dishwashing Facilities

- a. If the menu dictates, is a food preparation sink present? **YES** _____ **NO** _____ **N/A** _____
- c. If the menu dictates, are there dedicated dump sinks present? **YES** _____ **NO** _____ **N/A** _____
- c. Have you ensured that there is a least one hand sink located within **15 to 18 feet** of all food preparation and warewashing areas within the mobile unit? **YES** _____ **NO** _____
- d. Is there a 3-compartment sink with dirty and clean-side drain boards present? **YES** _____ **NO** _____
Dimensions of compartments (in inches): length _____ width _____ depth _____
- e. Does the largest pot and pan fit 50% into each compartment of the sink? **YES** _____ **NO** _____

If NO, then what is the procedure for manually cleaning and sanitizing such food contact surfaces?

- f. What type(s) of sanitizer(s) will be used in this facility? (Check all that apply)

Test Strips Available?

Chlorine	()	YES _____	NO _____	N/A _____
Quaternary Ammonia	()	YES _____	NO _____	N/A _____
Iodine	()	YES _____	NO _____	N/A _____
Hot Water	()			

- g. Describe how and where multi-use items (i.e. – pans, smallwares, etc.) will be properly air-dried prior to final storage?
