

MOBILE FOOD UNIT OPERATIONAL PLAN

Instructions:

- The **Mobile Food Unit License Application** and **Operational Plan Review** must be completed and submitted to Central District Health for review and approved prior to operating the Mobile Food Establishment. (Sec. 8-302.11-.14)
- A plan review is required at least 30 days prior to operation, at which time a Commissary Agreement (attached) and a plan lay-out of the Mobile Food Establishment must be provided.
- Approval of the plans and specifications is required PRIOR to the start of construction or remodel.
- Licensing fees are due at the time of application, or plan review. (whichever comes first)
- Once a plan review has been conducted and approval granted by CDH, you must notify the District at least **15 days before** anticipated opening to request a **Preoperational inspection**. (Sec.8-203.10)

Name of Mobile Food Establishment: _____

Vehicle License Plate Number: _____

Type of Mobile Food Establishment:

- Self-Sufficient Vehicle or Trailer (Full Service)
- Vehicle or Trailer that is not Self-Sufficient (Limited Service)
- Push-Cart

I. OPERATIONS

1. Describe the Person-In-Charge and Employee's training or ability to demonstrate knowledge. (2-102.11)

2. Describe the location of the Mobile Food Establishment in relation to the Commissary (Servicing Area). Daily service is required.

3. Locations, Days and Approximate Times the Mobile Food Establishment will be open for business

4. Anticipated Number of Meals/Servings per Day: _____

5. Overnight storage location _____

6. List the name(s) of the "Person in Charge" who will be present at the Mobile Food Establishment during its hours of operation:

7. List the name of the "Person in Charge" who is responsible for the operation of the Commissary (Servicing Area):

II. FOOD PROTECTION, EQUIPMENT AND UTENSILS

Note: Potentially Hazardous Food (PHF) is food that supports the growth of bacteria and a PHF must be *Temperature Controlled for Safety (TCS)*. Meat, poultry, eggs and dairy products are examples of PHF/TCS food products.

8. List ALL food and beverage items to be either prepared or served at the **Mobile Food Establishment**. Attach a separate sheet if necessary. (Note: Any changes to the menu must be submitted to and approved by Central District Health prior to their service.)

9. List ALL of the food and beverage items to be **prepared** at the **Commissary** (Servicing Area).

10. Will any foods be prepared in advance? YES or NO, If so, which foods? _____

11. Describe how foods requiring cooling will be rapidly cooled? _____

What will become of leftover foods? _____

12. Identify the supplier/sources for all food items. Include the source of the ice. Attach a separate sheet if necessary.

13. Will all foods be stored on the **Mobile Food Establishment**? YES or NO At **Commissary**? YES or NO

14. List foods stored on the **Mobile Food Establishment**:

16. List foods stored at **Commissary** (Servicing Area):

Storage provision requires keeping all food in non-waterproof containers a minimum of 6" above floor. Bare wood allowed only in dry goods storage area, unopened foods. (3-305.11; 4-101.19)

17. **Cross-contamination** - Specifically identify how ready-to-eat foods (lettuce, tomatoes, onions, buns) will be protected from raw foods of animal origin (pork, chicken) during:

storage _____

transportation, _____

preparation by food workers, _____

cooking _____

18. How and when will food temperatures be monitored at the Mobile Food Establishment and by whom? (Calibration of Stem/probe thermometer is necessary to ensure accuracy of temperatures – see guideline) (4-302.12)

Hot foods hot holding must be $\geq 135^{\circ}\text{F}$ and Cold foods must be held at $\leq 41^{\circ}\text{F}$ (3-501; 4-301)

19. Describe where utensil washing will take place. Describe where extra supplies of clean utensils will be stored. Storage for cleaned equipment, utensils, and single-use and single-service articles shall be in a clean, dry location not exposed to splash or contamination, and 6"+ above floor. (4-903.11)

20. Explain the sanitizing procedure at the mobile unit i.e. which sanitizer and how it will be used (sink, spray, wipe-cloth bucket) and when. ****Must have test strips to measure sanitizer level during operation.**

V. PLUMBING (5-1, 5-3)

All plumbing of safe materials, sized, installed in accordance with the Uniform Plumbing Code (UPC). (5-201.11, 5-202.11)

21. Identify, how often, and how much water will be provided to the Mobile Food Establishment. Specify the location, number, and volume of any potable water tanks to be used. Describe the procedures for cleaning and refilling the tanks.

22. Identify the capacity of the hot water supply for the Mobile Food Establishment.

The water source and system shall be of sufficient capacity to meet the PEAK water demands of the MOBILE FOOD ESTABLISHMENT.(5-103.11-12)

HOSE, CONSTRUCTION AND IDENTIFICATION – A hose used for conveying DRINKING WATER from a water tank shall be safe, durable, corrosion resistant, and non-absorbent, resistant to pitting, chipping, crazing, scratching, scoring, distortion and decomposition. It should be finished with a smooth interior surface and be clearly identified as to its use. **It should be food grade approved as water is considered "food".**

WATER TANK - A water tank, pump, and hoses shall be flushed and SANITIZED before being placed in service, after construction, repair, modification, and periods of non-use. (see guidelines)

23. Describe how and where wastewater from hand washing and utensil washing will be collected, stored, and disposed of. Describe procedures for emptying the tanks.

Size of water supply in gallons _____ Size of waste water tank in gallons _____

A SEWAGE holding tank in a mobile food establishment shall be sized 15% larger in capacity than the water supply tank and be sloped to a drain that is (1 inch) 25mm in inner diameter or greater, equipped with a shut-off valve. (5-401.11)

24. Identify the location of the toilet facilities for the Mobile Food Establishment workers.

If applicable to your mobile unit food establishment:

The ice bin and machine must have an open (indirect) drain; air gap supply line to reservoir (UPC 603; 5-402.11)

The soda fountain water line to carbonator: reduced pressure device required installed upstream of carbonator and down-stream of any copper (metal) pipe (5-203.15) (UPC 603.4.13) Indirect waste drain.

IV. GARBAGE AND REFUSE

25. Describe the number, location, and types of garbage disposal containers at the Mobile Food Establishment

26. Identify how, when, and where the garbage disposal containers will be emptied.

27. Please add any information about the Mobile Food Establishment & Servicing Area that should be considered.

V. CONSTRUCTION (4-1)

***Floors and floor coverings** shall be durable sealed concrete, stainless, terrazzo, quarry tile, ceramic tile, durable grades of vinyl or plastic tile or tight-fitting wood impregnated with plastic. Floors of non-refrigerated dry food storage need not be sealed. Carpet may not be used in food preparation or processing areas, hand-washing areas and toilet rooms where urinals and toilets are located. (6-101.11)

****Base** - junctures between walls and floors shall be coved and constructed so that no seam will be open more than 1/32 inch. Where water-flush cleaning methods, the floor shall be graded to a drain, coved and sealed. (6-201.13)

*****Walls, wall coverings and ceilings** shall be nonabsorbent, finished and sealed to be smooth, easily cleanable and light colored in food preparation and processing areas, food storage areas, ware-washing areas, walk-in refrigerators, dining areas, food display areas, retail sales areas, food service areas, dressing rooms, locker rooms, toilet rooms, servicing areas, and refuse storage rooms. Walls and ceilings of non-refrigerated dry food storage areas and rooms need not be finished and sealed; ceiling studs, rafters may be exposed and rough-surfaced materials used in dining areas. Acoustical materials shall not be used in food preparation and processing rooms, ware-washing rooms and refuse storage rooms. (6-101.11)(6-201.11 and 6-201.16)

28. Describe the MATERIALS of the structure of the Mobile Food Establishment (floors, walls, overhead protection, surfaces, and general facilities for food protection).

Outer openings, windows and doors shall be protected with screens (vents, windows) 16 mesh to one inch or smaller to prevent flying insects and rodent entry

Lighting - All surfaces where food employees are working with food or with utensils such as knives, and slicers shall have adequate lighting. (6-303.11)

VI. VENTILATION HOOD SYSTEMS, ADEQUACY (4-301.15) Ventilation hood systems and devices shall be sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings.

Sufficient ventilation to all rooms to keep them free of excessive heat, steam, grease, vapors, condensation, obnoxious odors and fumes which are a result of the food operation. (6-304.11) Hood ventilators shall be designed, constructed and installed according to the Uniform Mechanical and Building Codes. (UMC Section 507 and 508)

Type of hood: ___ Type I (Grease filters/fire suppression ___ Type II (No grease produced) ___
___ Back-shelf ventilator ___ Self-cleaning

Equipment underhood: ___ Charbroiler, ___ Grill, range, ___ Deep-fat fryer, ___ Salamander,
___ Oven, pizza oven, ___ Cheesemelter, Other _____

Cfm exhausted: ___ length X ___ width X ___ multiplier = ___ cfm

Is the hood and exhaust system listed? Y N Manufacturer and Model # _____

Cleaning materials/pesticides are not stored near food, food contact equipment or containers, paper products. Separate storage, closed cabinets for pesticides. (7-201.11)

ADDITIONAL INFORMATION _____

Statement: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Central District Health may nullify final approval.

Signature(s): _____

Printed Name(s): _____ Date: _____

Office Use Only

Plans reviewed (date): _____ Approved by: _____
Environmental Health Specialist

Time spent on review: _____ min.

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