

**MOBILE FOOD ESTABLISHMENT
PLAN REVIEW FORM**

New Mobile
 Remodel
 Previous Establishment/Owner
 Previous Est. Name: _____

Establishment Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Owner Name: _____ Phone #: _____

Owner Email Address: _____

Person-In-Charge (PIC) of Mobile: _____

Title: _____ Phone #: _____

PIC Email Address: _____

Certified Food Protection Manager (attach certificate):
 YES
 NO
 Will request variance

COMMISSARY – COMPLETE THIS SECTION IF A COMMISSARY WILL BE USED

A commissary is a place where food, containers or supplies are stored, prepared, or packaged for transit, sale, or service at other locations. **A commissary cannot be a private home.**

*Note: Any food preparation, storage, cleaning, or sanitizing that does not take place in the mobile unit, must take place at an approved commissary that meets the requirements of the Idaho Food Code. A signed, commissary agreement form must be submitted with the application. The Health District is required to inspect the commissary as part of the routine inspection for the mobile unit. The permit should be kept in the commissary itself and a copy of the permit should be kept in the mobile unit.

Address of Commissary: _____

City: _____ State: _____ Zip Code: _____

Person-In-Charge of Commissary: _____

Phone #: _____ E-mail Address: _____

Type of Mobile Food Establishment:

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

A mobile food establishment is a food establishment selling or serving food for human consumption from any vehicle or other temporary or itinerant station and includes any movable food service establishment, truck, van, trailer, pushcart, bicycle, watercraft, or other movable food service with or without wheels, including hand-carried, portable containers in or on which food or beverage is transported, stored, or prepared for retail sale or given away at temporary locations.

*Mobile food establishments shall be equipped with a freshwater tank, wastewater tank, and meet requirements outlined in sections 5-3 and 5-4 in the [Idaho Food Code \(IFC\)](#).

TOILET USE AGREEMENT FOR MOBILE FOOD ESTABLISHMENT

TOILET FACILITIES - At least 1 toilet shall be available for use by employees of a food establishment (IFC 5-203.12).

*Toilet agreement not required if there is a public access restroom available during hours of operation.

SANITARY TOILET FACILITY INFORMATION

Owner Name:

Owner Street Address:

City:

State:

Zip Code:

Toilet Facility Address:

City:

State:

Zip Code:

I agree to allow the employees and consumers of this Mobile Food Service Unit to use my sanitary toilet facilities at the location listed above during the operational hours of the Mobile Food Service Unit.

Owner Signature:

Date:

II. WATER SUPPLY & WASTEWATER DISPOSAL

1. What is the size of the water supply tank? GALLONS

2. What is the capacity for hot water? GALLONS

3. What is the size of the wastewater retention tank? GALLONS

4. Where will the wastewater be disposed? (written agreement/approval required)

5. What is your potable water source?

Municipal: Name of system -

Private Well **(prior approval required and must meet Idaho drinking water quality and construction standards)**

Public Water Source (specify the type): PWS #

If operating during winter months, how will water pipes be protected from freezing during cold weather?

The water source and system shall be of sufficient capacity to meet the PEAK water demands of the mobile food establishment. (IFC 5-103.11)

Water under pressure shall be provided to all fixtures, equipment, and non-food equipment that are required to use water. (IFC 5-103.12)

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.)

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 has an inner diameter of 25mm (1 inch) or greater, equipped with a shut-off valve. (IFC 5-401.11)

***APPLICANT SHOULD REVIEW MATERIAL, DESIGN, CONSTRUCTION, AND INSTALLATION STANDARDS FOR WATER TANKS AND SEWAGE DISPOSAL IN SECTIONS 5-3 & 5-4 OF THE IDAHO FOOD CODE.**

III. HANDWASHING FACILITIES (IFC 5-202.12)

1. Does the handwashing sink provide water at a temperature of at least (100°F)? Yes No
2. Does the handwashing sink have a mixing valve? Yes No
3. If using a self-closing, metering faucet does it provide a flow of water for at least 15 seconds without reactivation? Yes No N/A
4. Will hand cleanser and disposable towels be available at the hand washing sink? Yes No
5. Is there a handwashing sign posted at the handwashing sink? Yes No

IV. DISHWASHING FACILITIES

1. Does the 3-compartment sink in the mobile unit comply with the following requirements:
 - a. Hot (110°F or above) and cold running water? Yes No
 - b. Sink basins are deep enough to submerge utensils and cookware at least halfway? Yes No
 - c. Sink equipped with drainboards on both ends? Yes No
2. What type of sanitizer will be used? (ICF 4-501.14)
 Chlorine Quaternary Ammonium Other
3. Are test kits available for checking sanitizer concentration? Yes No

V. EMPLOYEE HEALTH

1. Is there a written policy on reporting, excluding, or restricting food workers who are sick or have infected cuts and lesions (IFC 2-201)?

Yes No

Describe the policy or attach a separate document:

***Resource to get you started:** [FDA Employee Health and Personal Hygiene Handbook](#)

2. Is there a procedure for employees to follow when responding to a vomiting or diarrheal event (IFC 2-501.11)?

Yes No

Describe the procedure or attach a separate document:

***Here is an example procedure that satisfies this requirement:** [IDHW Clean-up Procedures for Vomit and Diarrheal Accidents](#)

VI. FOOD PROTECTION

A full menu is required when submitting this application for approval.

Food shall be obtained from an approved source. Food prepared in a private home may not be used or offered for human consumption in a food establishment (IFC 3-201.11).

1. Are all food supplies from inspected and approved sources? Yes No
2. Will this mobile food establishment use a commissary? Yes No
3. Please confirm whether any of the following activities will be conducted by the mobile unit.

- | | | |
|--|---|---|
| <input type="checkbox"/> Thawing Food | <input type="checkbox"/> Ware washing | <input type="checkbox"/> Cooking Raw Animal Foods |
| <input type="checkbox"/> Slicing Produce | <input type="checkbox"/> Cooling or Reheating | <input type="checkbox"/> Serving Raw or Undercooked Foods |

Please describe the procedures for all selected activities or attach a separate document. If using a commissary, make a note of which activities will be conducted there:

-
4. Barehand contact with ready-to-eat foods is prohibited. Describe how disposable gloves, utensils, or tissue paper will be used to prevent barehand contact with ready-to-eat foods.
-

VII. COLD FOOD STORAGE

1. Will there be adequate freezer and refrigeration space to store frozen food frozen and refrigerated food at 41°F? Yes No
2. Will each freezer and refrigerator have a thermometer for monitoring air temperature (IFC 4-204.112)? Yes No
3. Are refrigeration units in good repair, easily cleanable, with door gaskets sealing correctly? Yes No

VIII. DRY FOOD STORAGE

1. Shelving constructed to have a smooth and easily cleanable surface? Yes No
2. Will the mobile unit have adequate dry storage for this operation? Yes No
3. Will there be any food storage at a commissary? Yes No

IX. COOKING

1. Will you have readily available food temperature measuring devices to ensure cooking temperatures (IFC 4-302.12) Yes No
2. What types of cooking equipment will be used?

X. FLOORS, WALLS, CEILINGS & OVERHEAD PROTECTION

1. Are walls and ceilings constructed from smooth and easily cleanable, non-absorbent materials (IFC 6-101.11)? Yes No
2. Are all outer openings protected and sealed? Yes No
3. Is overhead protection provided and in good condition? Yes No

XI. GENERAL REQUIREMENTS

1. Will your mobile use a ventilation hood? Yes No N/A

Ventilation hood systems and devices shall be sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings (IFC 4-30114).

2. How will the hood system be cleaned?

***Check with local fire department to determine what will be required for your mobile unit.**

3. Is all lighting shatterproof or have a protective covering (IFC 6-202.11)?

Yes No

4. Are all wall mounted equipment pieces (ware washing/hand sink) properly sealed to the wall?

Yes No

5. Are food storage containers constructed of food grade materials to store bulk food products?

Yes No

6. Will establishment have a system in place to eliminate the presence of pests (IFC 6-501.111)?

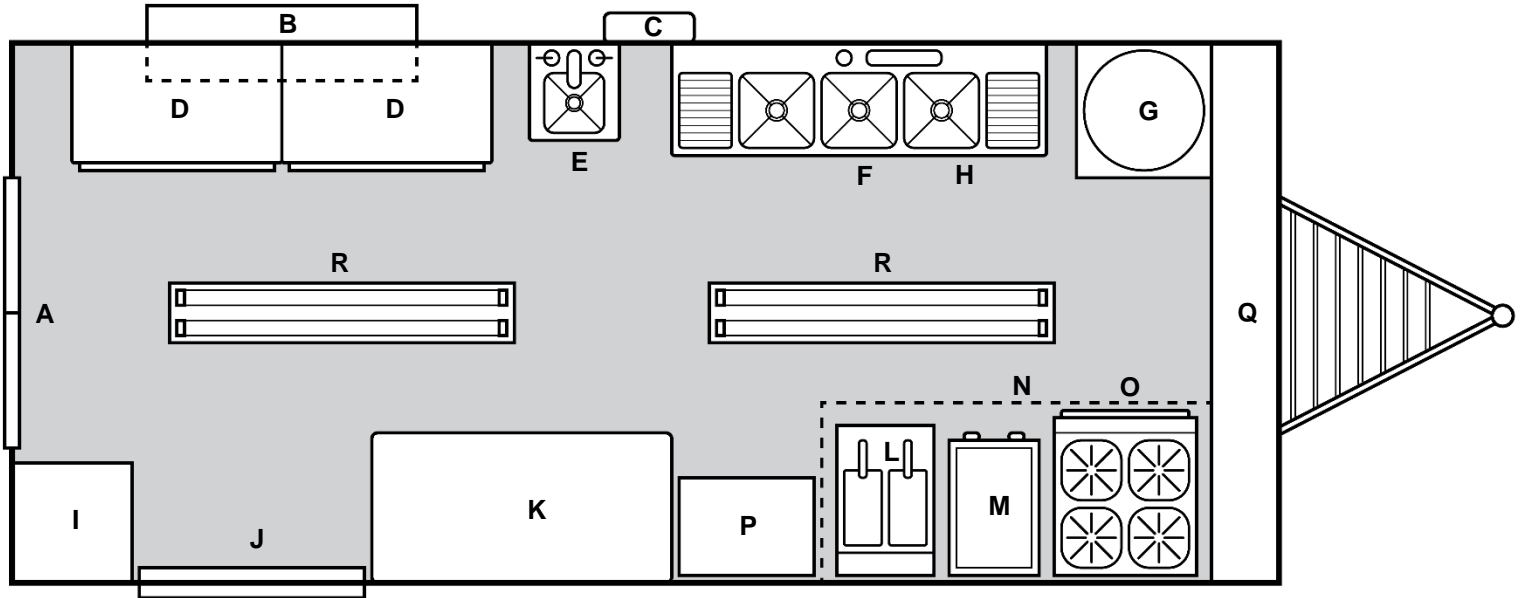
Yes No

Describe how pests will be controlled:

7. Where will toilet facilities be located for use by food workers (toilet use agreement required)?

8. Describe how, where, and when garbage containers will be emptied:

Example layout of a mobile unit:



- | | |
|---|--|
| A. Exit Door | J. Service Window |
| B. Holding Tank | K. Stainless Steel Table with Shelving |
| C. Backflow Prevention Device | L. Fryer |
| D. Fridge and Freezer Combo | M. Griddle |
| E. Handwashing Sink | N. Hood Ventilation System |
| F. Three Compartment Sink with Drain-boards | O. Stove |
| G. Hot Water Tank | P. Prep Top Cooler |
| H. Chemical storage under sink | Q. Shelving |
| I. Dry storage shelving | R. LED Lights |

Please draw the layout for your mobile unit here or on a separate page:

IF NOT OTHERWISE MENTIONED, THE RULES GOVERNING FOOD SAFETY AND SANITATION STANDARDS FOR FOOD ESTABLISHMENTS (IDAHO FOOD CODE) SHALL APPLY.

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

Signature: _____

Printed Name: _____ Date: _____

Approval of these plans and specification by South Central Public Health District does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening (pre-operational) inspection of the establishment with the equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

OFFICE USE ONLY

All Sections Reviewed:

SCPHD Reviewer: _____ Date of Review: _____

Approved by: _____ Date of Approval: _____

Time Coding

Hours

Initial Review:

Corrections/Correspondence:

Revised Plan Review:

Approval/Correspondence:

Other:

Total:

Approval Letter Sent: Yes No