



Mobile Food Establishment Plan Review

**300 Second Street
Fairmont, WV 26554 PH. 304.366.3360**

MOBILE Name:	
Owner:	
Address:	City:
State/Zip:	Phone:
	Date:

Instructions: Answer all questions. Use additional pages if needed. If a question does not apply, mark the section as "N/A".

1. Food (*Note: Any changes to the menu must be submitted and approved by the regulatory authority prior to their service, you may be required to show approval during inspections.*)

A. Menu: List all foods that will be served (attach an additional sheet or menu if necessary)

B. Food Source: List where you buy all your food from (e.g., GFS):

 The sale of home-prepared foods is prohibited. Indicate by initialing the line provided that these foods will not be served.

C. Storage: Indicate where you will store all food and food-related items at the event (e.g., refrigerator, freezer, cooler with ice, chafing dishes, steam table, Cambro, dry goods shelf, etc.).

Raw meats:	Cold cooked or ready to eat food:
Hot cooked or ready to eat food:	Unopened canned products:
Ice:	Perishable beverages:
Condiments:	Dry goods:

Vegetables/Fruits	Non-perishable beverages:

D: Food Transportation: List all methods of transporting food to the MFU:

Food To Be Transported	Transportation Method (e.g., refrigerated truck, stock truck, cambro, etc.)	Where is the food coming from (e.g., Commissary, GFS)
Hot Foods (list):		
Cold Foods (list):		
Dry/canned goods		
Fruit/Vegetables		
Other Items (list):		

E: Thawing: List foods that will be thawed by one of the following approved methods.

Method	Food
Under Refrigeration:	
Under Cold Running Water:	
In a Microwave Oven followed by Cooking:	
During Cooking:	

F. Preparation: The handling of ready-to-eat foods with bare hands is prohibited. Indicate what ready-to-eat foods will be served and how bare hand contact will be avoided (gloves, utensils, deli papers).

Food items (e.g., hotdog bun, lemons)	Barrier Used (e.g., gloves, utensil)

G. Cross Contamination Prevention: Raw animal products and unwashed fruits/vegetables must be handled and stored in a manner that prevents cross-contamination of cooked/ready-to-eat foods. Indicate where you will store these items.

Unwashed fruits and vegetables:	Eggs:
Whole meat cuts:	Fish/Seafood:
Ground meat products:	Ready-to-eat food
Poultry/stuffing/stuffing containing meats, etc.:	Other:

H. Cooking: Indicate how all raw potentially hazardous foods will be cooked. (NOTE: Please mark foods that are cooked to order with an * and include a copy of the Consumer Advisory.)

Food	Cooking Method	Final Cooking Temperature
<i>(example) Burgers</i>	<i>Charbroiler</i>	<i>155°F</i>

I. Cooling: Indicate what foods will be cooled and how they will be cooled.

Food	Cooling Method	Time to 70°F	Time to 41°F

J. Reheating: Indicate all foods that will be reheated, the type of reheating proposed (individual serving or in bulk), the equipment used to reheat, the reheat temperature and the reheating time.

Food	Individual (I) or Bulk (B)	Equipment Used (e.g., microwave)	Temperature	Time (how long)

K. Hot Holding: Indicate what foods will be held hot held and the equipment that will be used.

Do you have a product thermometer to check cooking and holding temperatures?
 NO____ YES_____

Food	Equipment Used
------	----------------

L. Cold Holding: Indicate the foods that will be held cold and the equipment used.

Do all cooling units have thermometers located in the warmest spot in the unit?
 Readable in two-degree increments
 NO ___ YES _____

Food	Equipment Used
<i>(example) Burgers</i>	<i>True refrigerator</i>

M. Datemarking: Ready-to-eat potentially hazardous foods must be datemarked with a method that indicates when they need to be discarded. Indicate the datemarking method to be used, include the maximum number of days between prep/opening and discarding. (Applicable if food is to be held longer than 24 hours)

Food	Datemarking Method

N. Employee Health and Hygiene

A. **Complete the following** – Initial to verify agreement to comply:

Employees will report to work clean and in clean clothes:	
Employees will use proper hair restraints (describe restraint used.)	
Employees will not use tobacco in the food areas.	
Employees will not eat in the food areas.	
Employees will drink only from covered cups with a straw, or equivalent, in the food area.	
Employees will cover all cuts with waterproof bandages.	
Employees will cover cuts on hands with a bandage and a proper glove.	
Employees will not wear nail polish or will cover the nails with gloves. Nails will be kept trimmed and clean.	
Employees will not wear hand/wrist jewelry, except for a plain wedding band.	
Soap, paper towels, waste receptacle and a reminder notice will be provided at each hand washing location	

B. **Hand Washing:** Indicate how and when employees will wash their hands, including a description of the hand washing station:

--

C. Employee Health: Describe the method of complying with the below requirements.
(Note: Guidance documents are available from the Health Department.)

Employee health information collection, such as using FDA-provided forms or equivalent:	
Employees with a “Big Five” Illness – Norovirus, E. coli, Salmonella Typhii, Shigella, Hepatitis A – will be excluded from the unit and that the exclusion will be reported to the licensing agency.	
Employees with conditions that can be transmitted to food that are not Big Five related will be restricted to non-food handling duties.	
Employees who experience vomiting or diarrhea will be excluded from the unit for at least 24 hours after they are symptom free.	
Describe the procedures for reinstating restricted and excluded employees.	

D. Do employees have valid food handler’s card? NO ___ Yes ___

E. Is there a PIC in the facility at all times? NO ___ YES ___

NOTE: If the answer to E above is NO, a permit cannot be issued!

O. Warewashing: Describe how all utensils and equipment (include all clean-in-place equipment) will be washed. NOTE: Must have a three-compartment sink with dual drain boards. Include the frequency of washing, the facilities used, the procedures used and the chemicals used. (NOTE: *In-use utensils for potentially hazardous foods must be washed, rinsed and sanitized at least every four hours*)

Equipment	Frequency	Location	Procedure	Sanitizer & Concentration
<i>(example) Tongs</i>	<i>Every 4 hours</i>	<i>Triple sink</i>	<i>Wash/rinse/sanitize</i>	<i>Chlorine 50 ppm</i>

 Test strips must be provided to monitor concentrations of each type of sanitizer used on site. Indicate by initialing the line provided that test strips will be provided and used.

A. Prep and Cooking Surfaces: Describe how food contact preparation surfaces and cooking surfaces will be cleaned and sanitized.

Surface	Frequency	Location	Procedure	Sanitizer/ Concentration
<i>Stainless Counter</i>	<i>Every 4 hours</i>	<i>In place</i>	<i>Wash/rinse/sanitize</i>	<i>Chlorine 50 ppm</i>

B. Chemical Storage: Describe where sanitizers and/or other chemicals will be stored in the unit or during the event.

P. Water Supply

(Note: Water must be obtained from an approved source that has completed state or local sampling requirements, contact the Local Health Department for additional information on non-municipal sources)

A. Water Source and Storage: Indicate how potable water will be supplied to the Mobile. Describe how water will be stored on board (e.g., water jugs, holding tank) and describe in detail any support equipment that will be used to obtain water (e.g., food grade hoses). List size of holding tanks or water containers. Holding tank must be at least 15% larger than the fresh water tank.

B. Cleaning and Sanitizing of Water Supply Equipment: List method and frequency that water equipment, including holding tanks and food grade hoses, will be cleaned and sanitized.

Equipment	Cleaning/Sanitizing Method	Frequency
<i>(example) Holding tanks</i>	<i>Rinsed out with chlorinated water</i>	<i>After each event</i>

C. Backflow Prevention: List equipment that will require backflow prevention and what method of backflow prevention will be provided

Equipment	Backflow Prevention Method
<i>(example) Carbonator</i>	<i>ASSE 1022 device</i>

Q. Sewage Disposal

(Note: Sewage must be disposed of at an approved sewage disposal site.)

A. Describe how liquid waste generated in the unit will be disposed of:

B. Backflow Prevention: Culinary sinks, ice bins, ice machines and food equipment must be protected so that sewage cannot “back up” into them. Describe how you will protect your food and equipment from sewage:

Equipment	Backflow Prevention Method
<i>(example) Ice Bin</i>	<i>Air gap</i>

C. Toilet Facilities: If the unit does not have an on-board toilet facility, describe anticipated toilet facilities and how hand washing after bathroom use will be handled. Must have a signed agreement to use nearby facilities. Must have access at all times during the operation of the MFU.

R. Environmental Hazards

A. Pest Control: Describe the methods you will use to keep flying and crawling pests out of the Mobile. (e.g., service windows with air curtains and screening).

Area of Concern	Method of Pest Control
Service windows:	
Cooking/grilling/smoking locations:	
Other equipment exposed to open air:	
Other areas of concern:	

S. Floors/Walls/Ceiling:

A. Floors- Describe the flooring of the Mobile:

B. Hot water heater: List make, model and size of hot water heater (if applicable).

C. Dish sinks: Indicate the size of the compartments of the sinks. Is it large enough to submerge the largest pot/pan?

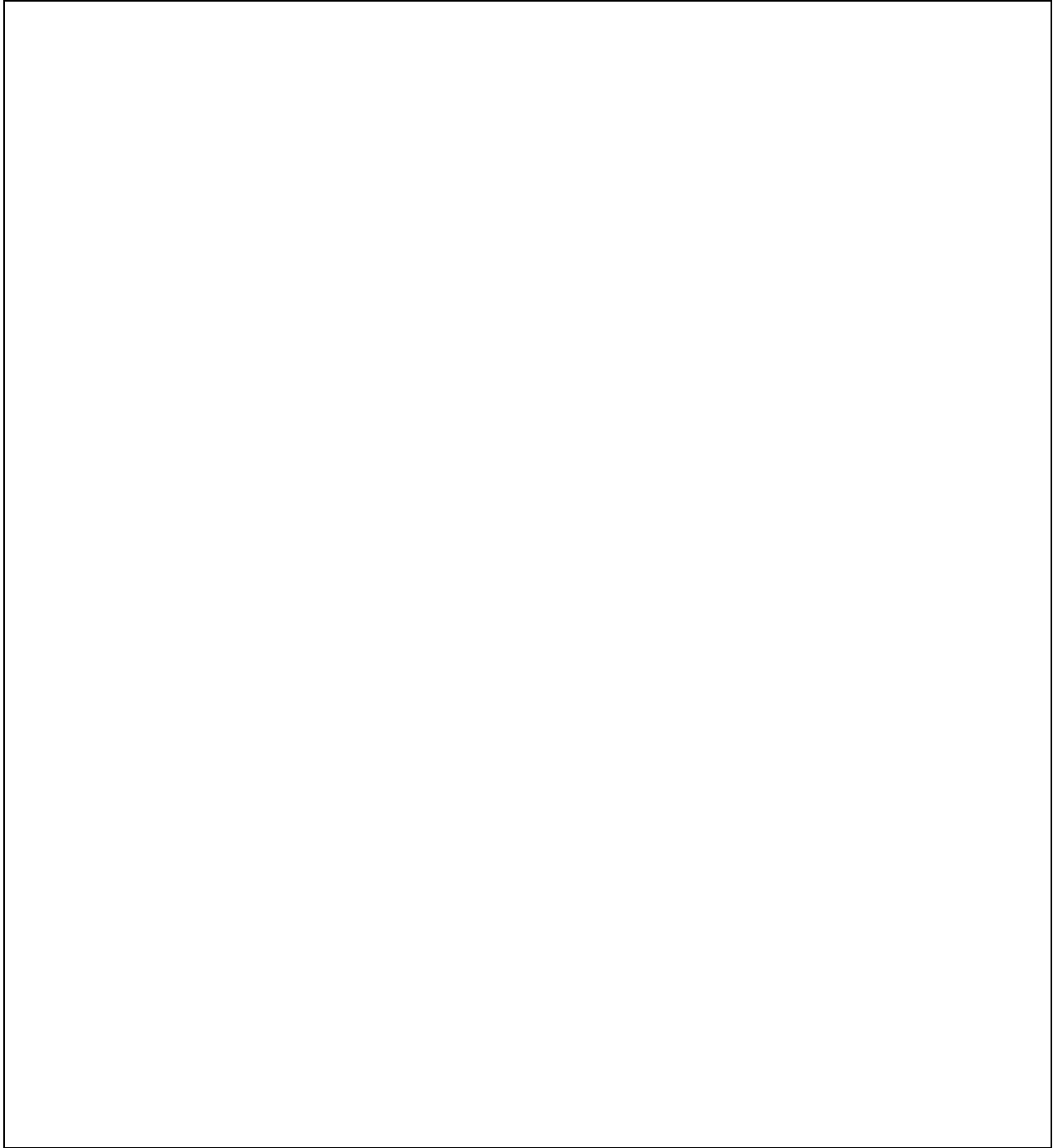
U. Electricity- Is electricity required for the operation of this unit? YES ___ NO ___

If yes, what is the source of the electricity? (*Examples: you have for own generator; or you will only operate where a direct connection to electricity is available.*) If you are reliant upon electricity provided by others, please indicate how you will insure electricity is left running overnight, if applicable.

V. This space is reserved to address circumstances that are specific to this Mobile and that are not accounted for anywhere else in this plan review:

. Diagram of Mobile layout OR ATTACH PHOTOS OR SCHEMATICS

Please sketch the proposed set-up of the Mobile unit, include all inside and outside equipment set-up. This sketch needs to be scaled (indicate scale) or have dimensions on it. **If possible, photos that show all parts of the Mobile set-up are preferred over a sketched diagram).**



It is my intention as the Owner/Operator of this Mobile to have the information listed above serve as the Standard Operating Procedures (SOPs) for this unit. I understand that:

- The approved SOPs for an MFU must be kept with the unit when it is operating.
- I must operate consistent with those SOPs and menu.

Owner/Representative

Date

_____ The SOPs have been reviewed and determined to be complete and technically accurate. The SOPs are approved.

_____ The SOPs have been reviewed and have been approved, subject to the following stipulation(s):

Sanitarian/Inspector

Agency

Date

Mobile units MUST operate out of a commissary:

1. Where is your commissary? _____
2. Is it permitted? _____
3. Do you have a signed agreement to use? _____
4. Is it available all hours for your use? _____