

MOBILE PLAN REVIEW APPLICATION

**SENECA COUNTY
GENERAL HEALTH
DISTRICT**



Public Health
Prevent. Promote. Protect.

Seneca County General Health District
Environmental Health Division
71 South Washington St
Suite 1102
Tiffin, OH 44883

(419) 447-3691

Revised: August 2019

Plan Review Contacts

Name of Mobile Unit: _____

Mailing Address: _____

City: _____ Zip: _____ Phone: _____

Name of Owner/Applicant: _____

Email Address: _____

Address/Location where mobile will be kept: _____

Mobile Type

Concession trailer/truck

Pushcart

Knockdown concession

Ice cream truck

Internal use only:

Date received: _____

RFE/FSO: _____

TCS food (time/temperature controlled for safety food) – a food that requires time/temperature control for safety to limit pathogenic microorganism growth or toxin formation. (Any food that needs to be kept at a minimum hot or cold temperature.)

Food Prep Review (Please answer all questions)

How will TCS foods be thawed? (Check all that apply)

Thawing Method	Check if Applies
Under Refrigeration	
Cook from frozen	
No thawing required for any menu items	

Cooking TCS food

List all cooking equipment and check all applicable boxes. Use additional paper if needed.

Equipment Name	New	Used	NSF approved or equivalent	
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N

1. Cooking of raw meats, eggs, poultry and seafood is required to destroy certain disease causing microorganisms. Will this mobile unit be cooking any of these products?

Yes No

2. Temperature measuring devices are required to ensure that foods are cooked, cooled, reheated, held and stored at proper temperatures. Temperature measuring devices must be designed to accurately read temperatures in all food products (including thin products such as hamburgers and lunch meat). What type of thermometers will be used in your facility? (i.e. digital, stem, thermocouple, etc.). If thin foods are served (hamburgers, sausage patties, fish fillets, eggs, etc.), then a digital, thin tip thermometer is required.

Hot holding of TCS food

List all hot holding equipment and check all applicable boxes. Use additional paper if needed. All TCS food must be held at a temperature of 135° F or higher, after it has been cooked to the proper internal temperature.

Equipment Name	New	Used	NSF approved or equivalent	
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N

Cold holding of TCS food

List all cold holding equipment and check all applicable boxes. Use additional paper if needed. All TCS food must be held at an internal temperature of 41° F or lower.

Equipment Name	New	Used	NSF approved or equivalent	
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N

General Information:

1. How will employees avoid bare-hand contact with ready-to-eat foods? Check all that apply:

- Disposable gloves
- Utensils with a handle
- Deli tissue
- Other: _____

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? Yes No

If yes, how will cross-contamination be prevented? _____

3. Check the appropriate box for the type of sanitizer that will be used in your facility.

- Chlorine (regular bleach)
- Quaternary ammonium
- Iodine

4. Are the corresponding test strips provided for the sanitizer? Yes No

5. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41° F and below? Yes No

Number of refrigeration units: _____

Number of freezer units: _____

6. Does each refrigerator/freezer have a thermometer? Yes No

7. Are all food supplies from approved sources? Yes No

8. Who will be your food suppliers? _____

9. How will dry goods and food be stored off of the floor? _____

10. All food containers, if not in their original packaging or container, must be food-grade approved. Trash bags, garbage cans, or household plastic storage totes are not acceptable. Are all food containers food-grade acceptable? Yes No

11. Where will chemicals be stored? _____

12. Are all toxics on the premise stored away from food preparation and storage areas?
 Yes No

13. Are all containers of toxics including sanitizing spray bottles clearly labeled?

Yes No

14. Indicate all areas where exhaust hoods/ventilation systems are installed: _____

15. How is each listed ventilation hood system cleaned? _____

16. Does your mobile have a stock trailer also?

Yes No

If yes, this also must meet all requirements.

17. What color is the outside of the mobile unit? _____

Water supply

1. Where will you get your water supply from? _____

2. Does the mobile have a fresh water holding tank? Yes No

3. What is the capacity of the fresh water tank? _____

4. Where is the location of the fresh water tank? _____

5. Will you hook up with a hose for fresh water supply? Yes No

6. Is an ASSE #1012 or ASSE #1024 backflow preventor on the water supply line?

Yes No

Where is the backflow preventor located? _____

7. Is a food-grade water supply hose provided and is it of adequate length?

Yes No

8. What type of hot water heater will be used? _____

9. Where is the location of the hot water heater? _____

10. What is the capacity of the hot water heater? _____

11. Is this sufficient to meet the needs of your mobile? Yes No

▶ Hot water for hand washing must reach a minimum of 100° F.

Dishwashing Facilities

1. Is there a 3-bin sink in the mobile unit to wash/rinse/sanitize equipment and utensils (separate from the handwashing sink)? Yes No

2. All dishes, utensils, and equipment are required to air dry. Where will these items air dry? _____

3. The largest item or piece of equipment that must be washed and sanitized must be able to fit in your 3-compartment sink. Is your 3-compartment sink capable of this?

Yes No

4. What type of sanitizer is used?

Chlorine

Iodine

Quaternary ammonia

5. Are test papers and/or kits available for checking sanitizer concentration?

Yes No

Employee Health

There are certain infectious diseases that require a food employee to be either excluded or restricted from working in a food service area. There are also certain symptoms that would require a food employee to be unable to work. Do you have a written policy for employees that explains this and what their requirements are? Yes No

Hand washing

1. Is there a handwashing sink in the mobile unit (separate from the 3-bin sink)?

Yes No

2. Is hand cleanser available at each hand washing sink? Yes No

3. Are hand drying facilities available at each hand washing sink? Yes No

4. Is hot and cold running water under pressure available at each hand washing sink?

Yes No

5. Are hand washing signs posted at each hand washing sink? Yes No

Finish schedule

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

FLOOR	COVING	WALLS	CEILING

Sewage/trash disposal

1. How is wastewater/sewage disposed of? _____

2. What is the capacity of the wastewater tank (tank to hold dirty/used water)? _____

3. Where is the location of the wastewater tank? _____

4. How is trash/solid waste disposed of? _____

I hereby certify that the included information is correct, and I fully understand that any deviation from the above without prior permission from the Seneca County General Health District may nullify final approval. I understand that incomplete plans may delay the plan approval process.

Signature of owner/representative:

Date: _____

Please print name and title:

Mobile Plan Review Checklist

The plans submitted must be legible and include all of the following information. Incomplete information may delay plan approval and/or licensing of your mobile unit.

Please indicate that the following are included with a check or indicate if not applicable (NA).

- Menu

- Floor plan/drawing of the mobile unit including:
 - Location of 3-compartment sink

 - Location of hand sink

 - Location of all equipment

 - Location of lights

 - Location of hot water heater

 - Location of any storage areas

 - Location of waste water tank

 - Location of fresh water tank

 - Location of windows, doors and ceiling vents

 - Location of ventilation hoods over fryers or grills

- Equipment list, including make and model numbers (commercial equipment only, no residential equipment is permitted). Please provide specification sheets if available.

- Completed plan review application