

Tuscarawas County Health Department

Mobile Food Service Operation/Retail Food Establishment Plan Review Application and Guidelines



Public Health
Prevent. Promote. Protect.

**Tuscarawas County
Health Department**

Tuscarawas County Health Department Plan Review Application

Instructions

1. Complete all applicable sections.
2. Sign and date the application.
3. Return the application with all supporting documentation to: Tuscarawas County Health Department, 897 East Iron Avenue Dover, Ohio 44622 (please refer to the checklist on page 12)

Please Circle: NEW UNIT ALTERATION CHANGE OF OWNERSHIP

Establishment Information

Name of Mobile Operation: _____

License Plate (if applicable): _____

Phone for Mobile Operation: _____ Email address: _____

Name of License Holder(s): _____

Physical Address: _____

Mailing Address: _____

Telephone: _____ Email address: _____

Name of Owner(s) (if different from license holder): _____

Physical Address: _____

Mailing Address: _____

Telephone: _____ Email address: _____

Applicant Information

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address (if different from above):

Telephone: _____ Email address: _____

I attest that the information contained in this application is true and accurate to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

Type of Mobile Unit

- Food Service Operation (FSO) (majority of food is prepared and served on site) OR
- Retail Food Establishment (RFE) (majority of food is prepared and packaged for off-site consumption)
- ❖ Are you ONLY holding for sale or service pre-packaged food? Yes No
 - If YES, you are a considered a low-risk mobile
 - If NO, you are considered a high-risk mobile

Total Square Footage of Unit: _____

Category/Type

- Concession Trailer Mobile Pushcart Tent

❖ Do you intend to cater from within your unit (charging a single fee per event)? Yes No

Menu

Menu is attached

**MOBILE FOOD SERVICE OPERATION (FSO)/MOBILE RETAIL FOOD ESTABLISHMENT (RFE)
PLAN REVIEW GUIDELINES**

A mobile unit is defined as a food service operation or a retail food establishment that is operated from a movable vehicle, portable structure, or watercraft and that routinely changes location.

Mobile food service units may not remain at any one location for more than forty (40) consecutive days.

All food storage, preparation, and handling must take place within the approved mobile unit.

TCHD does not enforce zoning, electrical, fire, building or other regulations. Check with local municipalities for local regulations.

A fact sheet regarding Food Truck Safety from the National Fire Protection Association can be found at www.nfpa.org.

New language added to the 2017 Ohio Fire Code (OFC) put basic safety measures into place for mobile food trucks. You can find information regarding these regulations at <https://www.com.ohio.gov>.

I have read the above information and understand the guidelines of operating a mobile FSO or RFE.

Applicant Signature: _____ **Date:** _____

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

- Plans are to be a minimum of 11 X 14 inches in size and include the layout of the mobile food service.
- Plans are to be accurately drawn to scale. This is to allow for ease of reading the plans.

The plans must include the following:

1. Each piece of equipment, clearly labeled on the plan with its common name;
2. Clearly designate location of all plumbing fixtures including:
 - a. Hand sink(s) with hot and cold water, accessible at all times;
 - b. 3-compartment sink large enough to accommodate 50% of largest piece of equipment;
 - c. Food prep sink required if any produce/meat will require washing/thawing;
 - d. Freshwater tank that provides adequate amounts of hot and cold water;
 - e. Wastewater tank at least 15% larger than freshwater tank;
 - f. Grease trap required if mobile will produce/clean any items prone to grease;
 - g. Backflow preventer location for hooking into potable water onsite;
 - h. Air Gap locations for prep sink and 3 Compartment sink;
3. Complete finish schedule, including floors, walls, ceilings, and covered junctures bases;
4. Complete finish schedule for each room, including floors, walls, ceilings, and covered junctures bases. Ceiling tiles used in food preparation rooms, restrooms, and ware washing areas must be vinyl-clad.
5. Lighting schedule:
 - At least 10 foot candles (110 lux) at a distance of 75 cm (30 inches) above the floor and throughout the mobile unit;
 - At least 20 foot candles (220 lux) at all available sinks in mobile for handwashing and ware washing;
 - At least 50 foot candles (540 lux) 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;
 - All lights must have protective shield or shatter resistant;
6. An equipment list including the make and model number of ALL equipment to be used. All food equipment must be commercial grade. Equipment must be certified or classified for sanitation by an ANSI accredited certification program. Accreditations accepted include NSF, UL Sanitation, ETL Sanitation, CSA Sanitation, BISSC, and NAMA Listed:



7. Identify any auxiliary areas such as storage rooms or additional refrigerated trucks and their intended use;
8. Indicate 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;

9. Indicate how and where all multi-use items, small wares, utensils, etc. will be staged for air drying and storage;
10. Complete finish schedule for each room, including floors, walls, ceilings, and coved junctures bases. Ceiling tiles used in food preparation rooms, restrooms, and ware washing areas must be vinyl-clad;
11. Source of water supply and method/location of wastewater disposal, including location and type of backflow protectors. ASSE 1012 or 1024 backflow preventers are required if hooking up to public water supply;
12. Location of garbage containers;
13. Location of toxic chemical storage. Toxic chemicals must be stored away from all food and food prep areas;
14. Location of employee storage area for personal belongings such as purses, jackets, etc.;
15. If grease producing foods will be cooked in the unit, the unit must have a commercial hood exhausted to the exterior. Contact your local fire department for regulations regarding exhaust hoods.

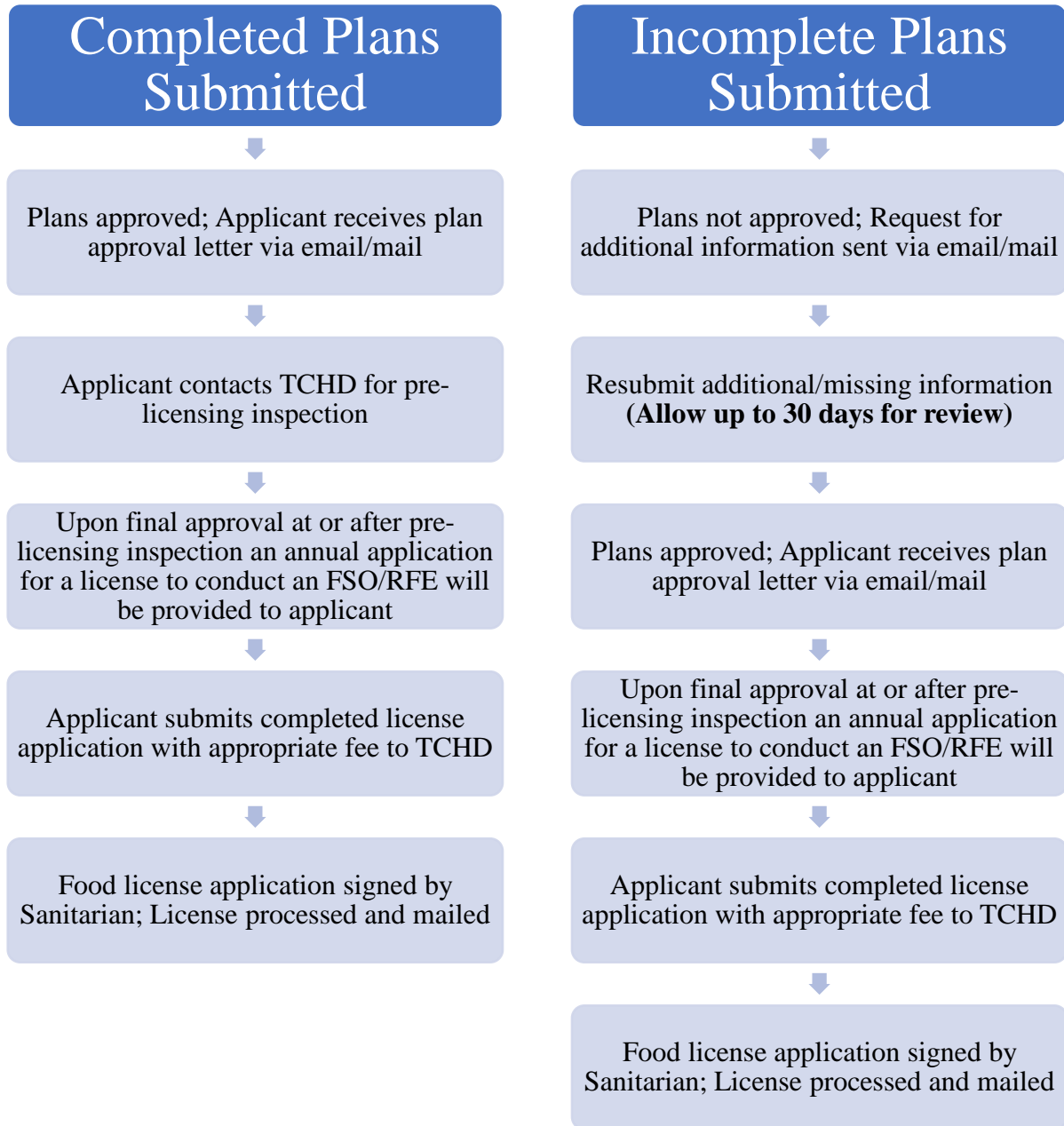
PLAN REVIEW PROCEDURE

A Mobile Food Service Operation (FSO)/Retail Food Establishment (RFE) Plan Review Application must be submitted when one of the following occurs:

1. A new mobile is planning on opening;
 2. A mobile is changing ownership;
 3. A mobile operation is making significant changes (more than just cosmetic)
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1. A detailed set of plans must be submitted to Tuscarawas County Health Department for review along with this application **prior** to construction of a new and/or operating an existing mobile food service operation/retail food establishment.
 2. Upon receipt of the completed plan review application, an environmental health specialist will review the application in its entirety. Notice regarding the status of the plans will be sent within thirty (30) days of receipt. Once the plans are approved, the requestor will be notified, and a pre-licensing inspection will be scheduled.
 3. Once construction of the mobile unit has been completed, contact the Tuscarawas County Health Department for a pre-licensing inspection. Any issues that must be addressed will be provided to the operator via the pre-licensing inspection report. Criteria for licensing includes that the operation was constructed according to the approved plans and all equipment in the operation matches what was provided in the plan.
 4. Plans may be submitted electronically provided they are easy to access and read. All information regarding plans should be sent to eh@tchdnow.org. Any submissions become the property of Tuscarawas County Health Department. Please make copies accordingly.
 5. Incomplete plans will not be approved, and resubmission of additional information will be required. Each time a new submission is received, the Tuscarawas County Health Department has an additional thirty (30) days to review and respond.
 6. Once final approval is granted, at or after pre-licensing inspection, an application to obtain the FSO/RFE license will be provided to the owner. This application and appropriate fee must be received by Tuscarawas County Health Department prior to operating. Permits must be renewed on an annual basis by March 1st of each calendar year or prior to operating to avoid a 25% late fee.
 7. If you have any questions, please contact the Bureau of Environmental Health Services at (330) 343-5550.

Please see the following flow chart outlining Tuscarawas County Health Department's (TCHD) Mobile Food Service Operation (FSO)/Mobile Retail Food Establishment (RFE) plan review process:

Initial review and response will occur within 30 days of plan submission and payment.



Physical Unit/Operation Information

| Water Supply | |
|--|---|
| What is the size of the fresh water holding tank? | _____ Gallons |
| Is the water tank constructed of food grade material (NSF Standard 61)? <i>Please ensure documentation of tank construction is included in plans.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Where is the source of the fresh water? (private well, municipality, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How will you fill the tank? <i>Only a food grade (NSF Standard 61) hose may be used.</i> | |
| Is the tank large enough to accommodate the operation during peak business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will the mobile unit have the ability to hook directly to a water source? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what type of backflow preventer is installed? (<i>required</i>) | <input type="checkbox"/> ASSE 1012 <input type="checkbox"/> ASSE 1024 |
| Sewage Disposal | |
| What is the size of the wastewater tank? | _____ Gallons |
| Is the wastewater tank at least 15% larger than the freshwater tank (required)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the holding tank sloped to a drain that is one inch in inner diameter or greater and equipped with a shut-off valve? (<i>required</i>) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|---|
| Are grease traps provided in this mobile? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Where will the wastewater be disposed? <i>Note: If you are going to discard water at home, you must have a utility sink which discards water into an approved system.</i> | |
| Plumbing Fixtures | |
| Hand Sinks <i>Note: Mechanical hand washing with hot and cold water is required in all mobile units.</i> | |
| Do all hand sinks have hot and cold running water (at least 100 degrees F), soap, paper towels, a waste basket, and hand washing signage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ware Washing Sink(s) | |
| Is the 3-compartment sink large enough to accommodate the largest piece of equipment within the unit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there drain boards for both dirty and cleaned dishes? <i>Adequate space must be available for proper air drying of dishes.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: |
| Food Preparation Sink(s); if required | |
| Are there food preparation sink(s); if required? <i>Food preparation sinks are required if any food/produce will be washed, soaked, thawed, or cooled using an ice bath. All food prep sinks must indirectly drain with an air gap to prevent backflow. A food prep sink is a separate sink from both the 3-compartment sink and handwashing sink.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Dump Sink(s); if required | |
|--|--|
| Are there dump sink(s); if required? <i>A dump sink is required if beverages will be routinely emptied.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Refuse and Recyclables | |
| Where will the garbage/recyclables be stored within the unit? | |
| Where will the garbage/recyclables be taken to be discarded? | |
| Chemical Storage Area | |
| Is there a separate, dedicated area for all chemicals and toxic materials? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What kind of chemical sanitizer will be used for food and food contact surfaces? <i>Note: Appropriate test strips must be available for each sanitizer used to ensure effective concentration.</i> | <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Iodine |
| Dressing Rooms/Employee Belongings | |
| Describe the storage facilities provided for employee's personal belongings and clothing. | |
| Interior Finishes | |
| What materials are used to construct the floors? | |
| What materials are used to construct the walls? | |
| What materials are used to construct the ceiling? | |

| Equipment | |
|--|--|
| Are equipment make and model numbers and/or specification sheets attached and/or included in plans? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is all equipment approved by a certified testing agency, such as NSF, ETL Sanitation, UL Sanitation, etc.? (required) <i>Note: Crock pots, freezers, refrigerators, and other appliances labeled "household/residential use only" are not permitted.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Food Handling

| List Food Sources | |
|--|--|
| Will all food be purchased from approved sources? <i>Approved sources are those processors inspected by a federal food safety or regulatory authority (or equivalent), a cottage food production operation (properly labeled) or another licensed food service operator or retail food establishment. *Include a list of food suppliers.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Where will foods be stored when mobile is not in use? <i>Any commissaries must be licensed and/or inspected.</i> | |
| Food Handling Processes | |
| How will bare hand contact with read-to-eat foods be prevented? | |
| Will produce be processed (washed, cut, or handled) in the unit? <i>If yes, a food prep sink must be included in the unit. If no, all produce must be purchased pre-washed.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employee Health | |
| Is a copy of employee health policy attached? <i>A written health policy is required. Plan must detail how the unit complies with OAC 3717-1-02.1. Plan must be acknowledged by each employee in a verifiable manner.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| <p>Is a copy of vomitus cleanup procedures attached?</p> <p><i>Written procedures for employees to follow when responding to vomiting or diarrheal events that involve discharge onto surfaces in the unit are required. The procedure shall address the specific actions employees must take to minimize the spread of contamination and exposure of employees, consumers, food, and surfaces to vomitus or fecal matter.</i></p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Are test strips with appropriate range available for chemical sanitizer uses in vomitus cleanup procedures?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Education Requirements</p> | |
| <p>**Will there be a level 1 food safety certified person in charge at each individual event?</p> <p><i>Required for all high risk mobile operations. Provide at least one employee per event with Level 1 Person in Charge training. Attach copies of certificate(s).</i></p> <p><i>**Approved course providers can be found at the Ohio Department of Health's website odh.ohio.gov</i></p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

Plan Submission Checklist for Applicants

- Completed plan review application
- Proposed menu or list of foods to be served
- List of food suppliers
- Copy of written employee health policy
- Copy of vomit/fecal cleanup policy
- Completed Mobile Plan Review Application
- Copy of any commissary kitchen licenses (if applicable)
- Mobile unit floor plan. The floor plans must be drawn reasonably to scale and must include:
 - Square footage of unit
 - Doors, serving windows
 - Location and layout of all proposed pieces of equipment
 - Location of 3-compartment sink, hand sink, prep sinks (if applicable)
 - Location of 3-compartment sink and prep sink air gaps (if applicable)
 - Location of grease traps (if applicable)
 - Location of freshwater tank and wastewater tank
 - Location and type of backflow preventer (if applicable)
 - Location of dry storage and chemical storage
 - Designated area for storage of employee belongings
- Any exterior storage areas or locations where food or equipment will be stored
- Lighting schedule showing the location of all overhead lighting
- Finish schedule of floors, walls, and ceilings in all areas
- Manufacturer's make and model of all equipment (all equipment must be certified commercial-grade, NSF, ETL Sanitation, UL Sanitation, etc.)
- Identification on outside of mobile unit in 3" tall (minimum) lettering indicating company name, city, state, zip code, and phone number
- Water sample results if use of a private well

Failure to submit all items on this checklist will prolong the plan review process.