COMMONWEALTH OF VIRGINIA
RICHMOND CITY HEALTH DISTRICT
400 East Cary Street, Suite 322
Richmond, VA 23219
“Working together for a healthier Richmond
(804) 205-3912
FAX (804) 371-2208

MOBILE FOOD UNIT PLAN REVIEW GUIDELINES AND APPLICATION

RICHMOND CITY HEALTH DISTRICT

2016
Plan Submission and Approval
Mobile Food Establishment Plan Review Packet

The Virginia Food Regulations require the submission plans for review and approval prior to: “the construction of, the conversion of, the remodeling of or change of type of food establishment or operation” (12 VAC 5-421-3600), to include mobile food establishments of all types (mobile units, pushcarts, and vending trucks).

This Mobile Food Establishment Plan Review Application packet is intended to help you through the plan review process and to assure that your mobile unit or pushcart meets the requirements. This document is a companion to the Mobile Unit Guidelines and should be completed as part of the plan review process and subsequent foodservice permit issue. A good review of plans helps to avoid future problems. By listing and locating equipment on floor plans and diagramming specifications for electrical, mechanical and plumbing systems, potential problems can be spotted while still on paper and modifications made BEFORE costly purchases, installation and construction.

Please complete the attached documents and submit with the required plan review application fee of $40 to the Environmental Health Office. Approval from the local environmental health department must be obtained prior to operation of your unit and should be considered prior to construction.
The following need to be submitted with your completed application and fees to expedite review and approval of your permit request:

1. Health Permit Application and fee of $40

2. Plan Review Form and fee of $40

3. Full menu—*Note: the available equipment may dictate restrictions on the type of food prepared.*

4. Complete plans of the unit drawn to scale, including placement of all equipment such as water tanks, wastewater tanks, refrigeration, stoves, sinks etc. For smaller push carts, photographs may supply the layout. A list of all equipment necessary for the operation of the unit. Plumbed handwashing sinks are required for all Type III & IV mobile food units.

5. Cut sheets, manufacturer’s specifications and photos of the unit and all equipment.

6. Signed **commissary form** – all mobile food units including push carts & fully self-contained mobile units. (*Exception: those who do not have a commissary and can meet the regulations— a full kitchen on wheels*).

7. Service area agreement and/or receipt – all mobile food units with large wastewater tanks (10 gallons+). A commissary may be used for waste disposal for wastewater tanks < 10 gallons. Wastewater disposal is required for all mobile food units that require handwashing.

8. Applicant is responsible for obtaining any required approvals from other agencies, such as zoning/planning, business license, fire marshal, building, city authorities and the Department of Motor Vehicle registration/license as applicable.
Mobile Food Establishment Plan Review Worksheet

Mobile food establishments shall comply with the applicable requirements in the Virginia Food Regulations. These regulations may be obtained at http://www.vdh.gov/Environmental health/Food/Regulations

Date: __________

Is Unit: New___ Remodel____ Menu/Operational Change____

Mobile Food Establishment Type:
Fully Self Contained Mobile Unit ____ Mobile unit____ Pushcart ____
Vending Truck______ VIN#____________________________________

Mobile Unit Information:

Name of Mobile Unit: __________________________________________

Street Address (use commissary address if applicable):
_________________________________________________________________

City:________________________ State:______________ Zip Code__________

Phone Number:________________________ Fax Number:________________

Legal Owner:

Type: Corporation ____ LLC____ Association __Partnership____Individual____ Other____

Legal Owner Name:______________________________________________

Street Address:_________________________________________________________________

City:________________________ State:______________ Zip Code__________

Phone Number:________________________ Fax Number:________________

Email Address:____________________________________________________
1. Commissary Information:
   What time of the day will you be using your commissary?

2. Operational Locations:
   List your operating locations(s) and approximate time schedule if applicable. If the unit operates on a designated route, specify itinerary.

3. What is the power source for the mobile unit? If electricity is required, how will the electrical supply be connected to the unit?

4. List the source for all foods (ie: Stores, vendors, suppliers etc. where food will be purchased):

5. Briefly describe how Time/Temperature Control for Safety (TCS) foods will be cooked, prepared and dispensed to the customer.
6. List all equipment (refrigerators, freezers, grills, stoves, fryers, etc.).

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

7. Provide equipment specification sheets for all equipment (available online at manufacturer website).

   Equipment Specification Sheets Provided?  ( ) Yes  ( ) No

8. If hot holding foods, describe how foods being hot held for service will be maintained at $\geq 135^0$ F on the unit?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

9. If cold holding foods, describe how cold foods will be maintained at $\leq 41^0$ F on the unit?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
10. Describe how foods will be transported to and from the unit and how hot and / or cold holding temperatures will be maintained during transit.

11. Describe how foods will be protected from contamination (lids, sneeze guards etc.)

12. Is the dry storage and shelving in the unit located 6” off the floor?
   ( ) Yes  ( ) No

13. Are ice bins that will be used for food and/or drinks located in an area that will not allow contamination?
   ( ) Yes  ( ) No

14. Is there a plumbed handwashing sink provided and equipped with potable water, under pressure, at a minimum temperature of 100°F on the unit?
   ( ) Yes  ( ) No

15. Is there a handwashing sign at the handsink?
   ( ) Yes  ( ) No

16. Is handwashing cleanser available at handsink?
   ( ) Yes  ( ) No

17. Are hand drying supplies (paper towels) available?
   ( ) Yes  ( ) No
18. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods?

( ) Yes  ( ) No

19. Is there a mop sink on the unit?

( ) Yes  ( ) No

20. Is there a 3-compartment sink available with a double drain board (or other sufficient means to air dry) to wash, rinse and sanitize dishes and utensils? Basins of sinks must be large enough to fit largest piece of equipment.

On the mobile unit  ( ) Yes  ( ) No
At the commissary  ( ) Yes  ( ) No

21. If there is a 3-compartment sink, and it is next to the handwashing sink, is there a splashguard to protect the dishes from the handwashing area?

( ) Yes  ( ) No  ( ) N/A – No 3-vat sink on the unit

22. What type of chemical sanitizer will be used? At what concentration?
   Type: __________________________________________________________
   Concentration: ________________________________________________

23. Will sanitizer test strips be available?

( ) Yes  ( ) No

24. Will a food thermometer be used that can measure final cooking temperatures and monitor both hot and cold holding food? (0°F – 220°F)

( ) Yes  ( ) No
25. Will thermometers be available in each refrigeration unit?
   ( ) Yes  ( ) No

26. What is the source or potable (drinking) water for use on the unit? Where are you getting the water from?

   _____________________________________________________________
   _____________________________________________________________

27. Is the water tank inlet three-fourths inch (19.1 mm) in inner diameter of less?
   ( ) Yes  ( ) No

28. Is a potable water (food grade) water hose available for filling potable water tank?
   ( ) Yes  ( ) No

   Where will this hose be stored?
   _____________________________________________________________

29. How will your water supply hose, water pipes and water storage tank(s) be disinfected?

   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

30. Is the water tank inlet provided with a hose connection of a size or type that will prevent its use for any other service?
   ( ) Yes  ( ) No
31. How will wastewater be removed from the unit? Describe how waste water will be transported from the unit to the approved wastewater disposal location:

______________________________________________________________
______________________________________________________________
______________________________________________________________

32. What is the size of your wastewater storage tank (gallons)? What is the size of your potable water tank (gallons)? **Note:** wastewater tank must be sized a minimum of 15% larger than potable water tank:

   Wastewater tank: ______________ gallons
   Potable Water Tank: ____________ gallons

33. Is your water tank inlet opening protected or covered?

   ( ) Yes  ( ) No

34. Is all plumbing sloped to drain?

   ( ) Yes  ( ) No

35. Obtain written agreement, signed by owner, for proposed commissary and waste disposal agreement from a service area (for mobile units for discharging liquid or solid wastes). *Mobile units with 10 or more gallon disposal must have a waste agreement with a commercial source.

   Commissary Form ( ) Yes  ( ) No
   Waste Disposal Agreement and/or Receipt ( ) Yes  ( ) No
36. Describe the type of overhead protection provided for the unit (ceilings, awnings, umbrellas).

________________________________________________________________________

________________________________________________________________________

37. Will the lighting sources provided over all working surfaces be at least 50-foot (540 lux) candles of intensity?

( ) Yes    ( ) No

38. Will the lighting sources provided in utensil washing, handwashing, and toilet room areas be at least 20-foot (220 lux) candles of intensity?

( ) Yes    ( ) No

39. Will the lighting sources provided in all food storage areas, including walk-in refrigeration units, be at least 10-foot (110 lux) candles of intensity?

( ) Yes    ( ) No

40. Will light bulbs in food preparation and storage areas be properly shielded or otherwise shatter-resistant?

( ) Yes    ( ) No

41. Are all surfaces smooth, easily cleanable and non-porous?

( ) Yes    ( ) No

Indicate which construction materials (quarry tile, stainless steel, plastic covered wall board, linoleum, etc.) will be used in the unit in the following areas (as applicable):

Counter tops: ___________________________________________

Shelving: ____________________________________________

Cabinets: ____________________________________________

Flooring: ____________________________________________

Ceilings: ____________________________________________
42. “If necessary to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes, mechanical ventilation of sufficient capacity shall be provided” (12 VAC 5-421-3090). Is mechanical ventilation provided?

( ) Yes  ( ) No

43. Do you have an adequate fire extinguisher/fire suppression system on board (seek local fire marshal advisement for suppression systems)?

( ) Yes  ( ) No

44. Do you have a trash can on board?

( ) Yes  ( ) No

45. Do you have a broom and dust pan on board for clean up?

( ) Yes  ( ) No

46. Describe how garbage will be stored and where it will be thrown away:

________________________________________________________________________
________________________________________________________________________

47. Do you have adequate pest control methods?

( ) Yes  ( ) No

48. What methods of insect and rodent control will be used in the unit?

________________________________________________________________________
________________________________________________________________________

49. If unit is fully enclosed, do you have adequate screens to prevent entry of insects (example: sliding pass through window)?

( ) Yes  ( ) No
50. Where will the toilet facilities be located that you and/or your employees will use while operating the mobile unit (List the businesses that you have an agreement with who agree to allow you and your employees to utilize the restrooms if needed).

____________________________________________________________
____________________________________________________________

51. The Virginia Food regulations require a designated Person-In-Charge (PIC) who can demonstrate food safety knowledge and who can monitor food service employees/procedures to prevent critical type violations (poor handwashing, improper food temperatures, inadequate cleaning and sanitizing, etc.). The PIC is also responsible for training employees on company health policies such as reporting certain diseases and symptoms to management. The PIC or their designee is required to be present at all times during hours of operation. Who is the designated PIC?

Name:____________________________________________________

52. A Certified Food Protection Manager with supervisory and management level duties is required.

Certified Food Protection Manager? ( ) Yes ( ) No

53. Do you have an Employee Health Policy (if NO, Richmond City Health Department can provide one to you)?

( ) Yes ( ) No

54. Do you have a plan to respond and clean up a vomiting and diarrheal accident?

( ) Yes ( ) No

55. Do you have a poster and/or training material to train staff regarding the eight major food allergens?

( ) Yes ( ) No
For Office Use Only:

Processing Fee: ____________________ Date: ____________________

Check: ____________ Cash: _____ Credit Card: ____________________

Received By: ____________________ Receipt # ____________________

Plan Review Received By: ____________________ Date: ____________

Floor Plans Received By: ____________________ Date: ____________

EHS Staff:

Plan Review Reviewed By: ____________________ Date: ____________

Plan Review Approved By: ____________________ Date: ____________