MOBILE FOOD ESTABLISHMENT PLAN REVIEW AND APPLICATION PACKET

The Virginia Food Regulations require the submission plans for review and approval prior to: “the construction of, the conversion of, or the remodeling of a Mobile Food establishment to include mobile food establishments of all types (mobile units, pushcarts, and vending trucks)”.

This Mobile Food Establishment Plan Review 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 Food Establishment 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.

This packet consists of the following information:

- Mobile Food Establishment Plan Review Worksheet
- Sample Commissary Facility Agreement Document and Sample Service Area Agreement Document
- Application for a mobile unit permit

Please complete the attached documents and submit with the required plan review and permit application fees to the Environmental Health office at the local health department office. Approval from the local health department must be obtained prior to operation of your unit and should be considered prior to construction or purchasing a unit.

The following need to be submitted with your completed application and fees to expedite review and approval or your permit request:

1. Full menu—**Note: the available equipment may dictate restrictions on the type of food prepared.**
2. Complete plans of the unit and commissary, if applicable, drawn to scale, including placement of all equipment. (Plan review is conducted by the local health department within 15 business days of receipt.)
3. List of all equipment necessary for the operation of the unit.
4. Cut sheets, manufacturer’s specifications or photos of the unit and all equipment.
5. A description of the construction materials used on the unit, including surface finishes for floors, walls, ceilings and countertops (as applicable).
6. Information relating to your base of operation, including approximate dates of use.
7. Service dates and location (area where you will be operating the unit) for the next month (to allow for in operation inspection).
8. Letter of agreement for proposed Commissary (pushcarts) or Service area (mobile units) that is signed by owner of facility (see attached sample document). Wastewater disposal is required for all mobile food establishments unless your unit is serving only prepackaged foods and bottled/canned drinks. **Note: The local health department will evaluate the proposed dump site to ensure the design of the septic system can handle the proposed volume and strength of the waste water from your pushcart or mobile unit. This will be based on your menu and an evaluation of the potential daily volume of wastewater**
9. Applicant is responsible for obtaining any required approvals from other agencies, such as zoning/planning, business license, building, city or county authorities and the Department of Motor Vehicle registration/license as applicable.

**Note:** If mobile unit is vending only prepackaged and NOT Time/Temperature Control for Safety (TCS) foods, a permit is not required; however, an application with description of proposed operation is needed. If vending TCS foods, an application and permit is required.

If you have questions about whether prepackaged foods proposed are TCS foods or not please contact an environmental health specialist from your local health department:

**Floyd County Health Department**
123 Parkview Road NE
Floyd VA 24091
Phone: (540) 745-2142
Fax: (540) 745-4929

**Giles County Health Department**
1 Taylor Street #4
Pearisburg, VA 24134
Phone: (540) 235-3135
Fax: (540) 921-1335

**Montgomery County Health Department**
210 S. Pepper St. Suite A
Christiansburg, VA 24073
Phone: (540) 585-3300
Fax: (540) 381-7109

**Pulaski Environmental Health Department**
143 3rd Street NW-Suite 4
Pulaski, VA 24301
Phone: (540) 440-2166
Fax: (540) 994-5039

**Radford City Health Department**
220 East Main St.
Radford, VA 24141
Phone: (540) 267-8255
Fax: (540) 831-6109
Mobile Food Establishment 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.virginia.gov/EnvironmentalHealth/Food/Regulations](http://www.vdh.virginia.gov/EnvironmentalHealth/Food/Regulations).

Please complete the questions on this worksheet that apply to your type of mobile food establishment. Be as specific as possible.

Date: __________

Is Unit:       New___   Remodeled____

Mobile Food Establishment Type:   Mobile unit_____ Pushcart ____ Vending Truck______

Proposed Business Name: _____________________________________________

Owner:

Name__________________________________________________________

Mailing Address ________________________________________________

Phone:______________  Cell Phone:____________________ Fax: ______________

E-mail:__________________________________________________________

Projected Food Operation Start Date:_______________________________

Approximate Months of Operation:_______________________________

☐ If proposed commissary or service area is on private well and septic system, obtain written well and septic approval for use from local health department. The local health department will evaluate the proposed commissary or service area dump site to ensure the design of the septic system can handle the proposed volume and strength of the waste water from your unit. This will be based on your menu and an evaluation of the potential daily volume of wastewater.

1. What is the source of potable (drinking) water for use on the unit? Describe how water will be transported to the unit and how the water system is constructed.

_______________________________________________________________________________________

_______________________________________________________________________________________

____________________________________________________________

2. What is the size of the fresh water storage tank?

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

4. Is a potable water (food grade) water hose available for filling potable water tank?
   ( ) Yes    ( ) No
   Where will this hose be stored? ________________________________________________

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

6. Is the water tank inlet provided with a host connection of a size or type that will prevent its use for any other service?
   ( ) Yes    ( ) No

7. How will wastewater be removed from the unit? Describe how waste water will be transported from the unit to the approved wastewater disposal location.
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

8. What is the size of your wastewater storage tank? **Note:** waste water tank must be sized a minimum of 15% larger than potable water tank.
   _____________________________________________________________________________

9. Obtain written agreement, signed by owner, of proposed commissary (for push carts) or service area (for mobile units) for discharging liquid or solid wastes (see attached example document).
10. List all menu items (including condiments).

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

11. Are all food supplies from inspected and approved sources?
( ) Yes ( ) No

12. List sources for all foods.

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

13. Describe how foods will be cooked and prepared.

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

14. List all equipment (refrigerators, freezers, grills, stoves, fryers, etc.).

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

15. How will foods being hot held for service be maintained at >135° F on the unit?

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________
16. How will cold foods be maintained at $\leq 41^0 F$ on the unit?

_______________________________________________________________________________________

17. What is the power source for the mobile unit?

_______________________________________________________________________________________

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

_______________________________________________________________________________________

_______________________________________________________________________________________

19. What type of handwashing system will be used on the unit?

_______________________________________________________________________________________

_______________________________________________________________________________________

20. How will handwashing water at least $100^0 F$ be achieved and maintained?

_______________________________________________________________________________________

_______________________________________________________________________________________

21. Is handwashing cleanser available at handsink?

    ( ) Yes           ( ) No

22. Are hand drying supplies (paper towels) available?

    ( ) Yes           ( ) No

23. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods?

    ( ) Yes           ( ) No

24. How and where will dishes and utensils be cleaned (washed, rinsed, sanitized)?

_______________________________________________________________________________________
25. What type of chemical sanitizer will be used? At what concentration?
   Type: __________________________________________________
   Concentration: ________________________________________

26. Will sanitizer test strips be available?
   ( ) Yes          ( ) No

27. Will a food thermometer be used to measure final cooking temperatures of Time/Temperature control for Safety (TCS) foods?
   ( ) Yes          ( ) No

28. What type of temperature measuring device(s): ________________________________

29. Will food thermometer be calibrated on a regular basis? How often?
   ( ) Yes          ( ) No          Frequency: ________________________________

30. Will thermometers be available in each refrigeration/freezer unit?
   ( ) Yes          ( ) No

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

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
32. What method(s) of insect and rodent control will be used in your unit?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

33. Describe the type of overhead protection provided for the unit (ceilings, awnings, umbrellas).
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

34. Where and how will the unit be cleaned?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

35. Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions?
   ( ) Yes    ( ) No

36. 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.). A Certified Food Protection Manager is required if the facility is cooking raw animal products or using a two-stage cooling process. 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. How will this regulation be met?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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):

<table>
<thead>
<tr>
<th>Floor</th>
<th>Walls</th>
<th>Ceiling</th>
<th>Countertops</th>
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</thead>
<tbody>
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</table>

☐ Provide additional information, as requested.

☐ Contact the health department when unit is completed, all recommendations from plan review are completed and unit is ready to operate for final inspection and at least 30 days prior to operation. Note: annual permit will not be issued until final inspection showing substantial compliance is completed.
Commissary Authorization (Sample for Push Cart)

This serves to notify the New River Health District that:

I, the owner/operator of the food facility noted below, will allow my facility to serve as a commissary for the mobile food establishment noted below. I understand that as a commissary for the mobile food establishment, I must allow the mobile food establishment to return for servicing on a daily basis. I understand that by signing this form my facility will be inspected periodically by the local health department to ensure the requirements are met.

<table>
<thead>
<tr>
<th>Name of Commissary</th>
<th>Address of Commissary</th>
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</thead>
<tbody>
<tr>
<td>Name of Owner/Operator</td>
<td></td>
</tr>
<tr>
<td>Days/Hours of Operation</td>
<td></td>
</tr>
<tr>
<td>Day Phone</td>
<td>E-mail Address</td>
</tr>
<tr>
<td>Commissary Water Supply</td>
<td>Public</td>
</tr>
<tr>
<td>Commissary Sewage Disposal</td>
<td>Public</td>
</tr>
<tr>
<td>Name of Mobile Food Establishment</td>
<td></td>
</tr>
<tr>
<td>Name of Mobile Food Establishment Owner/Operator</td>
<td></td>
</tr>
</tbody>
</table>

The following services are provided for the Mobile Food Establishment by my Virginia Department of Health or VDACS regulated food facility serving as commissary:

1. Adequate space for storage for food, utensils, and other supplies. Storage shall be separated from the food facility’s food, utensils, and other items. Storage areas for the mobile establishment will be clearly marked.
2. Potable water for filling water tanks.
3. A three compartment sink for sanitizing utensils.
4. Hot and cold water under pressure for cleaning.
5. A food preparation area for mobile food establishment that conducts food preparation. Food preparation area shall be separated from that of food facility or preparation will be completed at alternate time of day.
6. Sanitary disposal or waste water and grease.
7. Disposal of garbage and refuse.
8. Storage of vehicle/cart.

Signature of Commissary Operator | Print Name | Date
I, the owner or operator of the mobile food establishment noted above agree to use this food facility as a commissary for servicing on a daily basis. I will use the commissary for the requirements noted above. If I do not use the commissary, my Virginia Department of Health food-service permit may be revoked, and I must stop operating until I obtain another commissary and provide a new commissary authorization document to the New River Health District.

Signature of Mobile Food Establishment Owner/Operator | Print Name | Date
Service Area Authorization (Sample for Mobile Unit)

This serves to notify the New River Health District that:

I, the owner/operator of the facility noted below, will allow my facility to serve as a service area for the mobile food establishment noted below. I understand that as a service area for the mobile food establishment, I must allow the mobile unit to return for servicing on a daily basis (if needed). I understand that by signing this form, my facility will periodically be inspected by the local health department to ensure the requirements are met.

<table>
<thead>
<tr>
<th>Name of Service Area</th>
<th>Address Service Area</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Name of Owner/Operator</th>
<th>Days/Hours of Operation</th>
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<table>
<thead>
<tr>
<th>Service Area Water Supply</th>
<th>Service Area Sewage Disposal</th>
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<tbody>
<tr>
<td>___Public ___Private</td>
<td>___Public ___Private</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Name of Mobile Food Establishment</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Mobile Food Establishment Owner/Operator</th>
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<tbody>
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</table>

The following services are provided for the Mobile Food Establishment by my facility.

<table>
<thead>
<tr>
<th>1 Sanitary disposal of waste water and grease.</th>
<th>3. Disposal of garbage and refuse.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Potable water for filling water tanks.</td>
<td>4. Hot and cold water under pressure for cleaning.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Service Area Operator</th>
<th>Print Name</th>
<th>Date</th>
</tr>
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</tbody>
</table>

I, the owner or operator of the mobile food establishment noted above, agree to use this facility as a service area for servicing on a daily basis (if needed). I will use the service area for the requirements noted above. If I do not use the service area, my Virginia Department of Health food-service permit may be revoked, and I must stop operating until I obtain another approved service area and provide a new service area authorization document to the New River Health District.

<table>
<thead>
<tr>
<th>Signature of Mobile Food Establishment Operator</th>
<th>Print Name</th>
<th>Date</th>
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COMMONWEALTH OF VIRGINIA
Application for A Department of Health Permit

Application for a:  ☐ New Establishment  ☐ Renewal  ☐ Name Change  ☐ Change of Owner

Establishment type:  ☐ Restaurant  ☐ Bed & Breakfast  ☐ Camp Kitchen  ☐ Catering  ☐ Mobile unit  ☐ Other ________________________________

Number of: seats _______ rooms _______ campsites _______ persons housed _______

Applicant’s Name: __________________________ Telephone: __________________________
Mailing Address: __________________________
Email Address: __________________________ Web site: __________________________

Name of Establishment: __________________________ Telephone: __________________________

Hours of Operation: __________________________ Fax number: __________________________

Facility physical location: __________________________ Facility mailing address: __________________________ Billing address: __________________________

________________________________________ __________________________ __________________________
________________________________________ __________________________ __________________________
________________________________________ __________________________ __________________________

Establishment Owner is a/an:  ☐ Association, ☐ Corporation, ☐ Individual, ☐ Partnership, ☐ Other

Association, Corporation, Partnership name: __________________________

Mailing address: __________________________

(* Attach list of names, titles, and addresses of persons comprising the legal ownership if other than individual.*)

Onsite Person in Charge of Facility: Immediate Supervisor of Person in Charge:

Name: __________________________ Name: __________________________
Title: __________________________ Title: __________________________
Address: __________________________ Address: __________________________

________________________________________ Telephone: __________________________
________________________________________

Water supply: (check appropriate box)  ☐ Public – name __________________ or ☐ Private – type _______

Sewage: (check appropriate box)  ☐ Public – name __________________ or ☐ Private – type _______
FOR FOOD FACILITIES ONLY:

Is the Onsite Person In Charge a Certified Food Manager?  □ yes  □ no

Is the food establishment: (check appropriate box)  □ stationary  □ mobile

Is the food establishment: (check appropriate box)  □ seasonal  □ open year round

Is the food establishment: (check appropriate box)  □ smoking  □ non-smoking

Does the food establishment: (Check Yes or No)

1. Prepare, or serve time/temperature control for safety (TCS) foods: □ Yes or □ No
   (a) Only to order upon a consumer’s request □ Yes or □ No
   (b) In advance quantities □ Yes or □ No
   (c) Using time as the public health control □ Yes or □ No

2. Prepare TCS foods in advance using a food preparation method that involves two or more steps which may include combining TCS food ingredients, cooking, cooling, re-heating, hot or cold holding, freezing, or thawing □ Yes or □ No

3. Prepare food as specified under (2.) for delivery to and consumption at a location off premises of the food establishment where it is prepared (catering) □ Yes or □ No

4. Prepares only food that is not a TCS food □ Yes or □ No

*** ALL APPLICANTS MUST INCLUDE THE FOLLOWING:***

1. COPY OF CURRENT MENU  (if application is for a food facility)
2. COMPLETE SET OF PLANS  (for new facility or remodeling of an existing facility)

   PLANS NOT REQUIRED FOR PERMIT RENEWALS

I/We attest to the accuracy of the information provided, affirm to comply with the Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required:

Signature: ___________________________  Title: ___________________________

Print Name: _________________________  Date: ___________________________

FOR OFFICIAL USE

Date Received: _____________________  Paid: $ _______  Recpt #: _____________________

For: (check one)  □ Plan review fee  □ Renewal fee  □ Other: ___________________________

Approved for Permit: □ Yes  □ No  Environmental Health Spec. _________________________

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