

Application for Mobile Food Establishment Plan Review
Virginia Department of Health
Rappahannock Area Health District
Fredericksburg City, Caroline, King George, Spotsylvania, and Stafford Counties

Date: _____

Mobile Food Establishment Type: Mobile unit _____ Pushcart _____ Vending Truck _____

Establishment Information:

Name of Establishment: _____

Physical Address (include zipcode): _____

Mailing Address (if different): _____

Phone: _____

Establishment Owner Information:

Legal Owner Type: Association__ Corporation__ Individual__ Partnership__ Other__

Association, Corporation Partnership Name: _____

If a Corporation or LLC, please attach list of owners, addresses and phone numbers.

Legal Owner Name: _____

Owner Billing Address: _____

Applicant Contact Information:

Applicant's Name: _____ Title: _____

Telephone: _____ Cell _____ Fax _____

I have submitted plans/applications to the following authorities on the following dates:

___ Zoning	___ Fire
___ Police	___ DMV
___ Commissioner of Revenue	

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Number of Staff: _____ (Maximum per shift)

Maximum Meals to be Served: Breakfast _____ Lunch _____ Dinner _____

Projected Food Operation Start Date: _____

Approximate Months of Operation: _____

Please enclose the following documents:

- _____ Certified Food Protection Manager credential(s)
- _____ Proposed Menu (including seasonal, off-site and banquet menus)
- _____ Manufacturer Specification sheets for each piece of equipment
- _____ Plan drawn to scale of food establishment showing location of equipment, plumbing, and mechanical ventilation

Contents And Format Of Plans And Specifications

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot.
2. Include: proposed menu and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name.
4. Designate clearly on the plan equipment for refrigeration, and hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate handwashing lavatories in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. Include and provide specifications for:
 - a. Complete finish schedule including floors, walls, ceilings and coved juncture bases;
 - b. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
 - c. Lighting schedule with protectors;
 - (1) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment.
 - d. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI or NSF accredited certification program (when applicable).
 - e. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.
 - (1) 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.
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 non-temperature control for safety foods, a permit is not required; however, an application with description of proposed operation is needed. If vending potentially hazardous foods, an application and permit is required.

Please circle/answer the following questions

Food Preparation Review:

Check categories of Temperature Control for Safety (TCS) foods to be handled, prepared and served.

Category:	YES	NO
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	___	___
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	___	___
3. Cold processed foods (salads, sandwiches, vegetables)	___	___
4. Hot processed foods (soups, stews, rice, noodles, gravy, casseroles)	___	___
5. Bakery goods (pies, custards, cream fillings & toppings)	___	___

Food Supplies:

Are all food supplies from inspected and approved sources? YES NO

Please list all your food suppliers: _____

Cold Storage:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below? YES NO
2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES NO
3. If yes, how will cross-contamination be prevented?

4. Does each refrigerator/freezer have a thermometer? YES NO
5. Number of refrigeration units: _____
6. Number of freezer units: _____
7. Is there a bulk ice machine available? YES NO

Thawing Frozen Temperature Control for Safety Foods:

Please indicate by checking the appropriate boxes how frozen temperature control for safety (TCS) foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F(21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

*Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

Cooking:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of TCS foods?
YES NO

2. What type of temperature measuring device: _____

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

beef roasts	130°F (121 min)
solid seafood pieces	145°F (15 sec)
other TCS foods	145°F (15 sec)
eggs – immediate service	145°F (15 sec)
eggs – holding	155°F (15 sec)
pork	145°F (15 sec)
comminuted meats/fish	155°F (15 sec)
poultry	165°F (15 sec)
reheated TCS foods	165°F (15 sec)

3. List types of cooking equipment. _____

4. Will you be serving any raw or undercooked foods? YES NO
 If yes, will you have a consumer advisory on your menu? YES NO

Hot/Cold Holding:

1. How will hot TCS foods be maintained at 135°F (60°C) or above during holding for service?
 Indicate type and number of hot holding units.

2. How will cold TCS foods be maintained at 41°F (5°C) or below during holding for service?
 Indicate type and number of cold holding units.

Cooling:

Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Other (describe)					

Reheating:

1. How will TCS foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods. _____

2. How will reheating food to 165°F for hot holding be done rapidly (within 2 hours)?

Preparation:

1. Please list categories of foods prepared more than 12 hours in advance of service.

2. Will food employees be trained in good food sanitation practices? YES NO
 a. Method of training: _____
 b. Number(s) of employees: _____
 c. Dates of completion: _____
3. Will disposable gloves, utensils and/or food grade paper be used to prevent bare hand contact with ready-to-eat foods? YES NO
4. Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES NO
 a. If yes, please describe briefly or attach the written policy: _____

 b. If no, a policy is required prior to opening the foodservice facility.
5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks be sanitized?
 a. Chemical Type: _____
 b. Concentration: _____
 c. Test Kit: YES NO
6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES NO
 If not, how will ready-to-eat foods be cooled to 41°F? _____

7. Will all produce be washed on-site prior to use? YES NO
8. Is there a planned location used for washing produce? YES NO
 Describe _____

 If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

9. Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation.

A. Finish Schedule

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

	FLOOR	COVING	WALLS	CEILING
Mobile Unit				

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B. Insect And Rodent Control

- 1. Are screen doors provided on all entrances left open to the outside? YES NO NA
- 2. Do all openable windows have a minimum #16 mesh screening? YES NO NA

C. Garbage And Refuse

- Do all containers have lids? YES NO NA

D. Plumbing Connections

Please check where appropriate

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	*"P" TRAP	VACUUM BREAKER	CONDENSATE PUMP
Ice machines						
Ice storage bin						
Sinks : Handwash 3 Compartment 2 Compartment						
Steam tables						
Dipper wells						
Refrigeration condensate/ drain lines						
Hose connection						
Beverage Dispenser w/ carbonator						
Other _____						

* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P". Full "S" traps are prohibited.

E. Water Supply

- 1. Is water supply public () or private () for use in the unit?
 If private, has source been approved? YES NO PENDING
Please attach copy of written approval and/or permit.
- 2. Is ice made on premises () or purchased commercially ()?
 a. If made on premise, are specifications for the ice machine provided? YES NO
 b. Describe provision for ice scoop storage: _____
 c. Provide location of ice maker or bagging operation _____
- 3. What is the size of the fresh water storage tank? _____
- 4. Is the water tank inlet ¾ inches in inner diameter or less? YES NO
- 5. Is a potable water (food grade) hose available for filling the water tank? YES NO
- 6. What is the capacity of the hot water generator? _____
- 7. Is the hot water generator sufficient for the needs of the establishment?
- 8. How are the backflow prevention devices inspected & serviced? _____

F. Sewage Disposal

1. How will wastewater be removed from the unit? _____
2. What is the size of your wastewater storage tank? _____

Note: waste water tank must be sized a minimum of 15% larger than the portable water tank.

3. Do you have a written agreement, signed by owner, of proposed commissary or service area for discharging liquid or solid waste? YES NO

G. Employee Belongings

Describe storage facilities for employees' personal belongings (i.e., purses, coats, personal medication, etc.) _____

H. General

1. Will insecticides/rodenticides be stored separately from cleaning & sanitizing agents? YES NO
Indicate location: _____

2. Who will be applying your insecticides/rodenticides? _____
3. Will all insecticides/rodenticides for use on the premise (this includes personal medications) be stored away from food preparation and storage areas? YES NO
4. Will all containers of toxics including sanitizing spray bottles clearly labeled? YES NO
5. Will food storage containers be constructed of safe, durable, and nonabsorbent materials? YES NO
Indicate type: _____

6. How each is listed ventilation hood system cleaned? Frequency of cleaning?

J. Dishwashing Facilities

1. Does the largest pot and pan fit into each compartment of the 3 compartment sink? YES NO
If no, what is the procedure for manual cleaning and sanitizing?

2. Are there drain boards on both ends of the 3 compartment sink? YES NO
3. What type of sanitizer is used?
 - a. Chlorine ()
 - b. Iodine ()
 - c. Quaternary ammonium ()
4. Are test papers and/or kits available for checking sanitizer concentration? YES NO

K. Handwashing Facilities

1. Is there a handwashing sink in the food preparation area? YES NO
2. Do all handwashing sinks have a mixing valve/combination faucet? YES NO
3. Is hand cleanser available at all handwashing sinks? YES NO
4. Is hot and cold running water under pressure available at each handwashing sink? YES NO
5. Are handwashing signs posted at all hand sinks used by employees? YES NO

L. Small Equipment Requirements

Please specify the number, location, and types of each of the following:

- a. Slicers _____
- b. Cutting boards _____
- c. Can openers _____
- d. Mixers _____
- e. Other _____

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Department may nullify final approval.

Signature(s): _____
owner(s) or responsible representative(s)

Date: _____

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments. In addition, a Foodservice Establishment Permit Application and fee is required before an operational permit can be issued.

Revised 10/19

<p>\$40.00 Plan Review Fee is required</p> <p>Make Checks Payable to: Fredericksburg Health Department 608 Jackson Street, Suite 200 Fredericksburg, Virginia 22401</p>
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For Official Use: Use: Items Submitted in Packet

- ___ Plan Review fee of \$40
- ___ Permit Application with \$40 fee
- ___ Proposed Menu
- ___ Manufacturer Specifications for equipment
- ___ Plan drawn to scale
- ___ Commissary or Service Area Letter

Plans Reviewed and Approved EHS: _____ Date: _____