

**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:

<input type="checkbox"/> Zoning	<input type="checkbox"/> Fire
<input type="checkbox"/> Police	<input type="checkbox"/> DMV
<input type="checkbox"/> 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:

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)

**YES      NO**

## **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?  
\_\_\_\_\_

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  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.

<b>Thawing Method</b>	<b>*THICK FROZEN FOODS</b>	<b>*THIN FROZEN FOODS</b>
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)
commminuted 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.
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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
<b>Ice machines</b>						
<b>Ice storage bin</b>						
<b>Sinks :</b> <b>Handwash</b> <b>3 Compartment</b> <b>2 Compartment</b>						
<b>Steam tables</b>						
<b>Dipper wells</b>						
<b>Refrigeration condensate/ drain lines</b>						
<b>Hose connection</b>						
<b>Beverage Dispenser w/ carbonator</b>						
<b>Other</b> _____						

\* **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 \_\_\_\_\_

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**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: \_\_\_\_\_

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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

\$40.00 Plan Review Fee is required

Make Checks Payable to:

Fredericksburg Health Department  
608 Jackson Street, Suite 200  
Fredericksburg, Virginia 22401

**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: \_\_\_\_\_