



COMMONWEALTH OF VIRGINIA
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MOBILE FOOD UNIT PLAN REVIEW GUIDELINES AND APPLICATION

RICHMOND CITY HEALTH DISTRICT

2020



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. Certified Food Protection Manager Certificate (someone with supervisory or management responsibility and who direct and control food preparation).
5. 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.
6. Cut sheets, manufacturer's specifications and photos of the unit and all equipment.
7. 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*).
8. 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.
9. 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](http://www.vdh.gov/Environmental%20health/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 $\geq 135^{\circ}$ F on the unit?

9. If cold holding foods, describe how cold foods will be maintained at $\leq 41^{\circ}$ 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? (not required)

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 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 or less?

Yes No

28. Is a potable water (food grade) 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

Size of potable water tank is _____ gallons x 0.15 = _____ + size of potable water tank _____ = _____ gallons. Is the wastewater tank number greater than or equal to this number? () Yes () No

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 discharging liquid or solid wastes). *Mobile units with 10 or more gallons of wastewater 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- submit local inspection)

Yes No

44. Do you have a fryer on board?

Yes No

45. Where will you dispose of the fryer grease? _____
Does your commissary have a grease container? (For fully contained units with frying – a grease agreement will be needed).

Yes No

46. Do you have a trash can on board?

Yes No

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

Yes No

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

49. Do you have adequate pest control methods?

Yes No

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

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

Yes No

52. 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).

53. 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: _____

54. A Certified Food Protection Manager with supervisory and management level duties is **required**. Do you have a Certified Food Protection Manager?

Yes No

55. Do you have an Employee Health Policy?

Yes No (*RCHD can provide one*)

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

Yes No (*RCHD can provide one*)

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

Yes No (*RCHD can provide one*)

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: _____