



Serving the counties of Floyd, Giles, Montgomery, Pulaski
and Radford City

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>

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 $\geq 135^{\circ}$ F on the unit?

16. How will cold foods be maintained at $\leq 41^{\circ}\text{F}$ 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°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):

Floor	Walls	Ceiling	Countertops

- 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.*

Today's date : _____



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: _____

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. _____