

# Mobile Food Establishment Plan Review Packet



The Virginia Food Regulations require the submission of 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
- Sample Service Area Agreement Document

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. 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.

## Mobile Food Establishment Plan Review Packet

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.
  - a. Can be hand drawn, or professionally done. Any plans drawn on paper larger than standard letter size needs to be submitted digitally.
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 non-potentially hazardous 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.**

# 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.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 the Unit:  New  Remodeled

Mobile Food Establishment Type:  Mobile unit  Pushcart  Vending Truck

Proposed Business Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Projected Food Operation Start Date: \_\_\_\_\_

Approximate Months of Operation: \_\_\_\_\_

Proposed commissary or service area is on municipality (town) water and sewer

Proposed commissary or service area is on private well and septic system

- Obtain written well and septic approval for use from local health department onsite sewage system specialist. Ask your specialist if a “SAP Review” or a “Conditional Use Permit” exists or is needed for the private business.

Amelia County Health Department 16320 Church Street Amelia, VA 23002 Phone: (804) 561-2711 Fax: (804) 561-2712	Charlotte County Health Department 270 David Bruce Avenue Charlotte Court House, VA 23923 Phone: (434) 542-5251 Fax: (434) 542-4354	Lunenburg County Health Department 11387 Courthouse Rd Lunenburg, VA 23952 Phone: (434) 696-2346 Fax: (434) 696-1271
Buckingham County Health Department 80 Administration Lane Buckingham, VA 23921 Phone: (434) 969-4244 Fax: (434) 969-1292	Cumberland County & Prince Edward County Health Department 111 South Main Street, Ground Floor Farmville, VA 23901 Phone: (434) 392-8187 Fax: (434) 392-1088	Nottoway County Health Department 207 West Courthouse Rd Nottoway, VA 23955 Phone: (434) 645-7595 Fax: (434) 645-8197

# Plan Review Worksheet



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

1. What is the source of potable (drinking) water for use on the unit?
  
  
  
  
  
  
  
  
  
  
2. Describe how water will be transported to the unit and how the water system is constructed. Include backflow device information if you have it.
  
  
  
  
  
  
  
  
  
  
3. Is a potable water (food grade) water hose available for filling potable water tank?  
 No     Yes, and the hose will be stored: \_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
4. How will your water supply hose, water pipes and water storage tank(s) be disinfected?
  
  
  
  
  
  
  
  
  
  
5. What is the size of the freshwater storage tank? \_\_\_\_\_ gallons
  
  
  
  
  
  
  
  
  
  
6. Is the water tank inlet three-fourths inch (19.1 mm) in inner diameter or less?  
 Yes     No, the inlet is: \_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
7. 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
  
  
  
  
  
  
  
  
  
  
8. What is the size of your wastewater storage tank? \_\_\_\_\_ gallons
  - a. **(Note:** waste water tank must be sized a minimum of 15% larger than potable water tank.)
  
  
  
  
  
  
  
  
  
  
9. How will wastewater be removed from the unit? Describe how waste water will be transported from the unit to the approved wastewater disposal location.





# Plan Review Worksheet



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

17. How will handwashing water of at least 100°F be achieved and maintained?

18. Is handwashing cleanser (soap) available at hand sink?  Yes  No

19. Are hand drying supplies (paper towels) available?  Yes  No

20. Which method will you use to prevent handling ready-to-eat foods? Check all that apply

Disposable gloves                       Utensils                       Food Grade Paper

Other (explain):

21. How and where (inside the mobile unit, at the commissary etc) will dishes and utensils be cleaned (washed, rinsed, sanitized)?

22. What type of chemical sanitizer will be used?

Type: \_\_\_\_\_

Concentration: \_\_\_\_\_

23. Will sanitizer test strips be available?  No  Yes, and my test strips are for the type of chemical (chlorine not for pools, quaternary sanitizer etc) I plan to use.

24. Will a food thermometer be used to measure final cooking temperatures of potentially hazardous foods?  Yes  No

a. What type of temperature measuring device(s): \_\_\_\_\_

b. How often will the food thermometer be calibrated?

Every \_\_\_\_\_  days                       weeks                       months

# Plan Review Worksheet



25. Will thermometers be available in each refrigeration/freezer unit?

Yes       No, we plan to use: \_\_\_\_\_

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

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

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

29. Where and how will the unit be cleaned?

30. Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions?  Yes       No, I need a copy of form 1-B *Conditional Employee or Food Employee Reporting Agreement* for all employees to fill out

# Plan Review Worksheet



31. 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. How will this regulation be met?

32. 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

By submitting this plan review Application, I agree that each of these questions is filled out, and that I have also obtained written agreement for the following things:

- Proposed Commissary
- Proposed Service Area

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Next Steps**

- The health department has 30 days to review and approve (or deny) your plan review application.
- Once you've been approved, contact the health department when the unit is completed and ready to operate for the final pre-opening inspection at least 30 days before the first anticipated operation date.
- The annual permit will not be issued until the final pre-opening inspection is done showing substantial compliance is completed. A *Food Establishment Permit Application* must be submitted on file. No food is required to be at a pre-opening inspection.



Annual Renewal Required  
Year:

## Commissary Authorization

This serves to notify the Piedmont 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 daily. I understand that by signing this form my facility will be inspected periodically by the local health department to ensure the requirements are met.

Name of Commissary:			
Address of Commissary:			
Name of Owner/Operator:			
Days / Hours of Operation:			
Day Phone:		E-mail Address:	
Commissary Water Supply	<input type="checkbox"/> Public (Town) <input type="checkbox"/> Private (Well)	Commissary Sewage Disposal	<input type="checkbox"/> Public (Town) <input type="checkbox"/> Private (Sewage System)
Name of Mobile Food Establishment:			
Name of Mobile Food Establishment Owner/Operator :			

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 area shall be separated from the food facility's food, utensils, and other items. Storage areas for the mobile establishment will be clearly marked	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.
2. Potable water for filling water tanks.	6. Sanitary disposal or waste water and grease.
3. A three compartment sink for sanitizing utensils.	7. Disposal of garbage and refuse.
4. Hot and cold water under pressure for cleaning.	8. Storage of vehicle/cart.

\_\_\_\_\_  
Signature of Commissary Operator

\_\_\_\_\_  
Date

I, the owner or operator of the mobile food establishment noted above agrees 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 Piedmont Health District.

\_\_\_\_\_  
Signature of Mobile Food Establishment Owner/ Operator

\_\_\_\_\_  
Date

Annual Renewal Required  
Year:

## Service Area Authorization



This serves to notify the Piedmont 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.

Name of Service Area:			
Address of Service Area:			
Name of Owner/Operator:			
Days / Hours of Operation:			
Day Phone:		E-mail Address:	
Service Area Water Supply	<input type="checkbox"/> Public (Town)	<input type="checkbox"/> Private (Well)	Service Area Sewage Disposal
			<input type="checkbox"/> Public (Town)
			<input type="checkbox"/> Private (Sewage System)
Name of Mobile Food Establishment:			
Name of Mobile Food Establishment Owner/Operator :			

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

1 Sanitary disposal of waste water / grease.	3. Disposal of garbage and refuse.
2. Potable water for filling water tanks.	4. Hot and cold water under pressure for cleaning.

\_\_\_\_\_  
Signature of Service Area Operator

\_\_\_\_\_  
Date

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 Piedmont Health District.

\_\_\_\_\_  
Signature of Mobile Food Establishment Owner/ Operator

\_\_\_\_\_  
Date