



Virginia Beach Department of Public Health  
Office of Environmental Health  
4452 Corporation Lane  
Virginia Beach, VA 23462  
(757) 518-2700 FAX (757) 518-2642

**MOBILE Plan Review Packet Checklist**

**Required Documentation** (rev 03/2023)

Submit pages 1-9 Keep pages 10-20

- Plan Review Application and \$40.00 Plan Review Fee
- Plan Review Questionnaire
- Menu (include seasonal items, off-site, banquet, and sample catering menus)
- Mobile unit floor plan drawn to scale showing the location of the interior equipment, plumbing, electrical, and mechanical ventilation in the food preparation and storage areas.
- Manufacturer specification sheets (cut sheets) for all equipment, including water supply containers.
- Copy of Certified Food Protection Manager Certificate(s)
- Copy of Employee Health Policy, Allergen Awareness Policy, Bodily Fluid Clean Up Policy, and any special process to include Time used as a public health control.

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

Fire Marshal _____	Permits and Inspections _____
Zoning-Peddler’s License (if applicable) _____	Virginia ABC (if applicable) _____



## REQUEST FOR MOBILE FOOD SERVICE PLAN REVIEW

**Complete and attach the following REQUIRED items: \$40.00 fee, Plan Review Questionnaire, Copy of Menu, Equipment Specifications, signed Commissary Agreement, and Mobile Unit Floor Plan.**  
**PLEASE ALLOW 45 DAYS FOR PLAN REVIEW APPROVAL.**

**TYPE OF OPERATION:**

- Pushcart / Trailers (requires a restricted menu)  Mobile

Establishment Name: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_ TAX ID or S.S.N: \_\_\_\_\_

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

**ADDRESS BELOW MUST BE DIFFERENT THAN COMMISSARY ADDRESS**



Name of Owner or Corporation/LLC: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**A SIGNED COMMISSARY AGREEMENT MUST BE SUBMITTED WITH THIS APPLICATION.**

The commissary must be in good standing with the health department.

Name of Commissary: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Water/Sewage Supply:  Well Water (PWSID # \_\_\_\_\_)  City Water  
 Septic System  City Sewage

**Commissary will provide: (check all apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Mobile Unit Storage (parking) | <input type="checkbox"/> Electrical Hookup  | <input type="checkbox"/> Toilet and Handwashing Facilities                            |
| <input type="checkbox"/> Potable Water Supply          | <input type="checkbox"/> Grease Disposal  | <input type="checkbox"/> Garbage Disposal (including grey water depo)                 |
| <input type="checkbox"/> Food Preparation Space        | <input type="checkbox"/> Food Storage (dry foods and temperature-controlled food items) | <input type="checkbox"/> Ware washing Facilities (3-compartment sink or dish machine) |

*I/we attest to the accuracy of the information provided, affirm to comply with the Regulations of the Health Department, and understand that after the requested Permit is issued, the Commissioner of Health or their authorized representative(s) shall have the right to enter.*

*the premises of this establishment at any reasonable time to inspect, conduct tests or collect samples as required/needed. I/we further agree to accept notices issued and served by the regulatory authority. Please note that this office reserves the right to deny the application if not properly completed or if the facility does not comply with current food regulations. Food Regulations are available at <http://www.vdh.virginia.gov/virginia-beach/environmental-health/>.*

HD USE ONLY:  Plans  Menu  Fee  EHS: \_\_\_\_\_  Permit #: \_\_\_\_\_  
 Encounter # \_\_\_\_\_  Cash  Check # \_\_\_\_\_  Card Approval # \_\_\_\_\_

**CONTENTS OF MOBILE PLANS AND SPECIFICATIONS MUST INCLUDE:**

1. Provide plans that are a minimum of 11x14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot.
2. Include the proposed menu and projected daily meal volume for food service operations.
3. Show the location of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units (if used). Pictures may be submitted in addition to floor plans.
4. Clearly designate adequate hand washing sinks and three-compartment sinks.
5. Include and provide specifications for:
  - a. Entrances and exits.
  - b. Food equipment to include make and model numbers and a listing of equipment that is certified or classified for sanitation by an ANSI or NSF (as applicable).
  - c. Complete finish schedule includes floors, walls, ceilings, and cove juncture bases.
  - d. Plumbing to include hot water generating equipment with capacity and recovery rate, all sinks, backflow prevention devices, air gaps, fresh water and/or wastewater line connections, freshwater tank capacity, and wastewater tank size (must be 15% Larger).
  - e. Lighting schedule with protectors.
    - i. Inside equipment such as reach-in and under-counter refrigerators
    - ii. At least 540 lux (50-foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
  - f. 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.

# Plan Review Questionnaire for Mobile Unit

To be completed by the food establishment operator.

Plans will not be reviewed until the questionnaire is fully completed and all required documents are submitted to the Virginia Beach Department of Public Health (VBDPH).

A meeting can be set up with a VBDPH Environmental Health Specialist (EHS) for assistance in completing the questionnaire. Please call (757)518-2700 opt 3 with any questions.

You can access the food regulations at <http://www.vdh.virginia.gov/virginia-beach/environmental-health/>

## General Information:

1. Projected opening date: \_\_\_\_\_
  - a. Maximum number of meals to be Served: (ex. 10) Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_
  - b. Projected Date for Start of Project (if new facility): \_\_\_\_\_
  - c. Projected Date for Completion of Project: \_\_\_\_\_
  
2. Who is/are the Certified Food Manager(s)?

Name _____	Certification No. _____	Expiration _____/_____/_____
Name _____	Certification No. _____	Expiration _____/_____/_____
Name _____	Certification No. _____	Expiration _____/_____/_____
  
3. What is the facility's proposed smoking status: (check one)?  
 Smoke Free                       Smoking outside only
  
4. Source of Potable Water:  
 Public System                       Private Well  
- If using a private well, a copy of the water test conducted must be submitted.  
\_\_\_\_\_
  
5. Commissary Sewage System:  
 Public System                       Private Septic System  
- If the system is private, please include a copy of septic and well records.

## Food Source and Storage:

1. Please list all food suppliers (including all vendors):  
\_\_\_\_\_  
\_\_\_\_\_
  
2. What is the projected frequency of food purchases for:
  - a. Frozen Foods: \_\_\_\_\_
  - b. Refrigerated Foods: \_\_\_\_\_
  - c. Dry Goods: \_\_\_\_\_
  
3. How will these goods be stored at the commissary? How will these goods be stored off the floor? \_\_\_\_\_  
\_\_\_\_\_

4. What are your procedures when you find food items damaged, (i.e., moldy, discolored, foul smell) or expired? \_\_\_\_\_
- 
5. Are you utilizing raw foods of animal origin as an ingredient? (Example: burger patties, poultry, seafood, etc.)  Yes  No
6. Will raw meats, poultry, and seafood be stored in the same refrigeration and freezers with cooked ready-to-eat foods?  Yes  No  
If so, how will you prevent cross-contamination?  
\_\_\_\_\_
- 

**Preparation Review:**

1. Will this facility be using any food additives?  
 Yes, if yes please list items \_\_\_\_\_  
 No
2. If yes, are all food additives approved by the FDA or Generally Recognized as Safe (GRAS)  
 Yes  No

**Time/Temperature Control:**

1. If foods are prepared 4 hours (or more) in advance of service, please indicate methods for cooling after cooking **or** mixing ingredients. Must cool items from 135°F to 41°F within 6 hours (135°F to 70°F in 2 hours or less, then from 70°F down to 41°F *i.e., soup, chili, roast meats, etc.*). When mixing at room temperature, products must be cooled to 41° for no less than 4 hours (*i.e., pasta salad, tuna salad, etc.*)

\*Please note specific food products and methods used to cool properly:

Name of Food Product	Shallow Pans	Ice Bath	Reduce Volume/Size	Blast Chiller	Other (describe)

2. Please list all foods prepared more than 12 hours in advance of service.  
\_\_\_\_\_

3. Is there a planned location used for washing produce?  Yes  No

Describe: \_\_\_\_\_  
\_\_\_\_\_

4. Describe the procedures used to minimize the length of time TCS foods will be kept in the danger zone (41°F-135°F) during preparation:  
\_\_\_\_\_  
\_\_\_\_\_

5. Number and type of refrigeration units:  
Upright Cooler \_\_\_\_\_ Under Counter \_\_\_\_\_ Sandwich Prep Unit \_\_\_\_\_

6. Number and type of freezer units:  
Upright Freezer \_\_\_\_\_ Chest \_\_\_\_\_

7. Will ingredients for cold ready-to-eat foods such as tuna and egg salads and sandwiches be pre-chilled before being mixed and/or assembled?  Yes  No  
If not, how will ready-to-eat foods be assembled to ensure the proper cold-holding temperature?  
\_\_\_\_\_

8. Does each refrigerator have an ambient air thermometer?  Yes  No

9. Thawing Time/Temperature Control for Safety Foods:

\*Please indicate how you plan to thaw TCS foods by checking the appropriate boxes below:

Approved Thawing Method	Thick Frozen Foods (> 1")	Thin Frozen Foods (< 1")
Refrigeration (41°F or less)		
Under cold running water (70°F or less)		
Microwave (immediately cook after)		
Cooked from the frozen state		

10. Do you have a probe thermometer to monitor internal cooking and hot/cold holding temperatures? (Digital preferred)  Yes  No

11. Will there be any outdoor cooking equipment used?  Yes  No  
If yes, you **MUST** obtain pre-approval. Please describe: \_\_\_\_\_

### **Ventilation:**

1. Are all areas properly vented and hood systems approved by the Fire Marshal?  Yes  No
2. How is the ventilation hood system cleaned? How often and by **whom**? \_\_\_\_\_  
\_\_\_\_\_

### **Employee Training:**

1. How will employees be trained in food allergens and food sanitation practices? How often? Where are records kept?  
\_\_\_\_\_  
\_\_\_\_\_
2. Is there documented allergy awareness training?  Yes  No

3. Is there a written policy to exclude or restrict food employees who are sick or have infected cuts, burns, and lesions?
  - Yes, an **attached written policy is REQUIRED**
  - No

**Water Supply:**

1. Hot water heater capacity – how many gallons? \_\_\_\_\_ gallons
  - a. Fresh water tank gallons \_\_\_\_ Grey water (15% larger than freshwater) gallons \_\_\_\_\_
  - b. How are the backflow prevention devices inspected and serviced? (2210/2330) \_\_\_\_\_
2. Is this capacity enough to meet needs during peak usage?  Yes  No
3. Is there a water treatment device?  Yes  No  
 If yes, how will the device/filters be inspected & serviced? (2330) \_\_\_\_\_

**Handwashing:**

1. Is there a hand washing sink with a mixing valve capable of 85°F minimum hot and cold running water in the prep area and service/dispensing area?  Yes  No
2. Are hand drying provisions (paper towels, air blowers, etc.), hand cleansers, and waste receptacles available at all handwashing sinks?  Yes  No
3. Are handwashing signs posted at all hand sinks used by employees?  Yes  No

**Plumbing:**

1. Are all plumbing connections maintained and in good repair?  Yes  No
2. Are all plumbing connections, pipes & electrical conduit chases sealed?  Yes  No
3. Are the ventilation system’s exhausts and intakes protected?  Yes  No

**Warewashing:**

1. Does the 3-compartment sink have a large enough capacity to accommodate your largest piece of equipment?  Yes  No  
 If not, explain how the equipment will be washed/rinsed/sanitized at the commissary.
2. How will non-food and food-contact surfaces, countertops, and other food-contact surfaces that cannot be submerged in sinks be sanitized? \_\_\_\_\_  
 \_\_\_\_\_
3. What type of sanitizer is used for the 3-compartment sink?
  - Chlorine  Quaternary Ammonium  Hot Water  Iodine  Other: \_\_\_\_\_
  - Concentration? \_\_\_\_\_
4. Are the proper test kits available for checking sanitizer concentrations and temperature levels?
  - Yes  No
5. Are there BOTH self-draining CLEAN and DIRTY drain boards at the three-compartment sink?

Yes  No

a. Are drainboards large enough to accommodate ALL soiled and cleaned items?  Yes  No

b. Is there an area(s) designated for air drying? Explain:

\_\_\_\_\_

**Facilities:**

1. Are light bulbs shatterproof or shielded?  Yes  No

2. Are outer openings such as doors and windows: tight-fitting, self-closing, and supplied with the proper mesh screen that opens to the outside to keep out pests?  Yes  No

3. Will air curtains be used?  Yes  No

4. If yes, describe the location:

\_\_\_\_\_

5. Are screen doors provided on all entrances left open to the outside (#16 mesh screen)?

Yes  No

6. Finish Schedule: Please indicate which materials (quarry tile, stainless steel, plastic molding, etc.) will be used in the following areas:

Area	Floor	Walls	Ceiling	Coving
Kitchen				

7. Is there an area for employees to change and store personal items in the facility?

Yes  No

Describe: \_\_\_\_\_

8. Describe where will employees eat/drink and take their breaks: \_\_\_\_\_

\_\_\_\_\_

9. Describe the storage location for all toxic chemicals (this includes personal medication). The toxic chemical must be stored away from food areas and clean equipment:

\_\_\_\_\_

\_\_\_\_\_

**10. SMALL EQUIPMENT REQUIREMENTS**

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

a. slicers \_\_\_\_\_ b. cutting boards \_\_\_\_\_ c. Mixers \_\_\_\_\_ d. floor mats \_\_\_\_\_ e. other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AS A CONDITION FOR RECEIPT OF THE PERMIT I AGREE TO:**

1. Read and be familiar with the laws, orders, rules and regulations, etc. governing the handling of food in the Virginia Beach Health District.
2. Abide by the conditions of such laws, orders, rules, regulations, etc.
3. Freely permit an authorized agent of the Virginia Department of Health to inspect the premises under my control and at such time to take samples there from as many be necessary.
4. Immediately discontinue operations and notify the regulatory authority if an imminent health hazard may exist because of an emergency such as a fire, flood, extended interruption of electrical or water service, sewage backup, misuse of poisonous or toxic materials, the onset of an apparent foodborne illness outbreak, gross unsanitary occurrence or condition, or other circumstance that may endanger public health.

**I FURTHER UNDERSTAND THAT:**

1. Health Department food establishment permits must be renewed annually with a permit fee that must be submitted 30 days before the existing permit expiration.
2. Permits cannot be transferred from one operator to another or from one location to another. The Health Department must be notified of any sale or change of ownership.
3. Permits are subject to revocation for just cause.
4. The Health Department must be notified when the applicant ceases to be responsible for the establishment.
5. All food establishment employees in the Virginia Beach Health District are required by local ordinance to have a Certified Food Manager present at least 8 hours a day during operation.
6. If any menu changes occur, your local Health Department must be notified.
7. The Health Department must be notified of plans to expand or modify the establishment before making changes.

**Approval of these plans and specifications by the Virginia Beach Department of Public Health 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.**

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

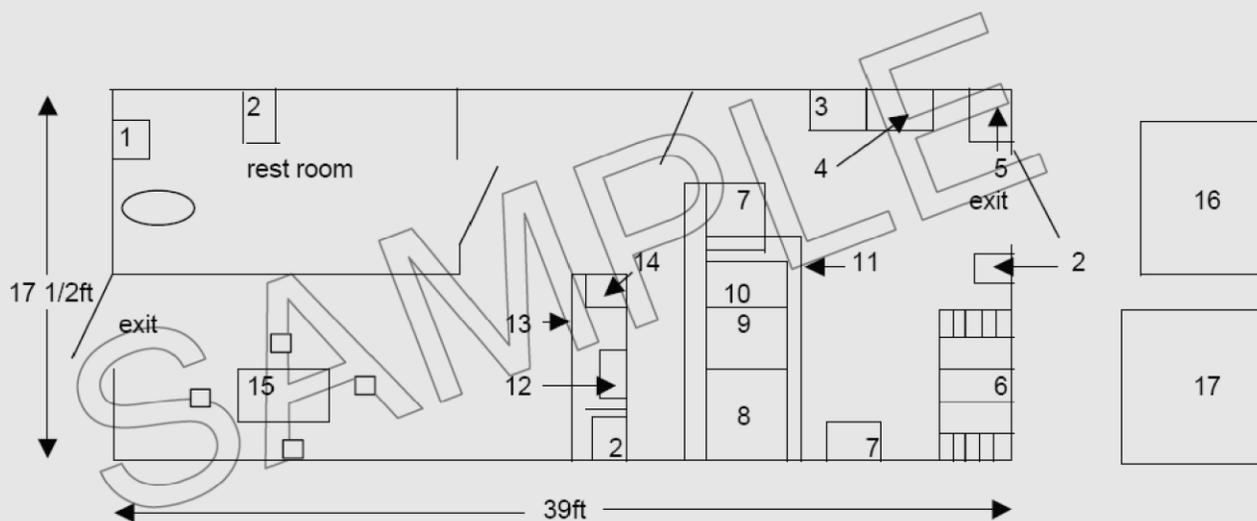
Print Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

# FOOD ESTABLISHMENT FLOOR PLAN SAMPLE

## Equipment List

1. Ventilation fan	7. Work top refrigerator	13. Counter
2. Handwash sink	8. Four-burner stove	14. Cash register
3. Ice machine	9. Flat-top griddle	15. Table & chairs
4. Refrigerator / freezer	10. Fryer	16. Grease trap (outside)
5. Mop sink	11. Hood with suppression system	17. Dumpster (outside)
6. 3-compartment sink with drainboards	12. Hot dog machine	



## Opening Inspection Checklist

- Food thermometer 0°F-220°F
- Ambient air thermometers in all refrigeration units
- All refrigeration units are operating at the correct temperature of 41°F or below for proper cold-holding
- Three-compartment sink dish detergent and sanitizer
- Applicable sanitizer test strips
  - Chlorine test strips for chlorine-based sanitizer (i.e., unscented bleach)
  - Quaternary test strips for multi-quat sanitizer (i.e., ammonium chloride)
  - Thermolabels or a maximum registering holding thermometer for high heat sanitizing dish machine

All hand sinks provided with:

- Hot water (at least 100°F)
- Soap
- Drying provisions
- Employees Must Wash Hands signage
- Certified Food Manager certificate available at the facility during inspection
- Employee illness reporting forms completed
- Employee allergen awareness information
- Lighting intensity required. *12VAC5-421-3080 lighting intensity*
- Lighting at least 20ft candles in reach-in coolers and warewash area?
- Lighting at least 50ft candles where employee safety is a factor? (Slicers, knives, grinder)
- All doors and windows open to the outside are self-closing and vermin-proof (i.e., drive-thru window); screens are 16 mesh/inch
- Walls and ceilings in food prep and utensil washing areas are to be smooth, easily cleanable, and nonabsorbent materials
- “No Smoking” sign must be visible
- All food from an approved source
- Menu with correct consumer advisory, if applicable

**VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH**  
**MOBILE FOOD ESTABLISHMENT CONSTRUCTION AND EQUIPMENT SPECIFICATIONS**

The following are food establishment construction and equipment specifications as required by the Commonwealth of Virginia Board of Health Food Regulations, 12 VAC 5-421, (REGULATIONS). If you have any questions regarding these requirements please contact the Virginia Beach Department of Public Health, Office of Environmental Health at (757) 518-2646. The REGULATIONS are available at [www.vdh.virginia.gov](http://www.vdh.virginia.gov) (Select VDH Programs, then Environmental Health Services, then Food and General Environmental Services) OR <http://www.vdh.virginia.gov/virginiabeach/environmental-health/>

**WATER, SEWAGE, AND GARBAGE**

Sufficient water from an approved water supply must be provided to meet the needs of the food service establishment (2120, 2050).

All sewage must be disposed of by a public sewerage system or by a sewerage disposal system constructed and operated in accordance with applicable laws and regulations (2570).

Suitable facilities are to be provided for the cleaning of all garbage containers. Hot water and detergent or steam must be provided and used for washing containers. Liquid waste from compacting or cleaning operations must be disposed of in the approved sewerage disposal system. Disposal into storm drain systems is not approved (2570, 2670).

Garbage and refuse containers, dumpsters, and compactor systems located outside are to be located on a smooth surface of a non-absorbent material such as concrete or machine-laid asphalt. These surfaces must be graded to drain (2600).

**WALLS, FLOORS, AND CEILINGS**

Ceilings of food preparation and storage areas, equipment washing and utensil washing areas, bar areas, toilet rooms, and vestibules are to have smooth, non-absorbent, and easily cleanable surfaces. If ceiling tiles or panels are called for, then smooth, vinyl-faced tiles must be utilized. Color choices other than white for bar and toilet rooms may be considered but must have prior approval (2790, 2830).

Studs, joints, and rafters cannot be exposed in areas subject to moisture (2880).

Walls in food preparation areas are to be smooth and easily cleanable. Acceptable materials include marlite, ceramic tile, or fiberglass-reinforced panels. Drywall may be utilized if painted with moisture-proof, washable paint such as enamel or epoxy (2790, 2810).

Wall-mounted equipment such as sinks shall be sealed at the wall (1550).

Masonry block walls in food preparation areas are to be made smooth before painting. An application of keen cement to cover strike lines and imperfections is recommended. The finished wall must be cleanable (2810).

Floors in food preparation areas are to be smooth and easily cleanable. Acceptable materials include vinyl composition tiles or quarry tiles. Other materials may be considered but would need prior health department approval (2810). Floor-wall junctures are to be coved and sealed (2830).

Mats and duckboards must be of non-absorbent, grease-resistant materials and such size, design, and construction as to facilitate being easily cleaned (2850).

Utility service lines and pipes shall not be unnecessarily exposed on walls, ceilings, or on floors, in walk-in refrigeration units, food preparation and storage areas, equipment, utensil washing areas, toilet rooms, or vestibules (2820).

Protection against insect and rodent entry to the facility shall be provided through the use of tight-fitting, screened, self-closing doors that open outward, controlled air currents, or other approved means. Drive-up and pass-through windows must be tight-fitting and self-closing (2930).

## **FOOD SERVICE EQUIPMENT**

Floor-mounted equipment that is not readily moveable shall be sealed to the floor or elevated on legs to provide a six-inch (6") clearance (1560).

Unless sufficient space is provided for easy cleaning between, behind, and above each unit of fixed equipment, these spaces shall be sealed (1550).

Counter-mounted equipment that is not easily moveable shall be sealed to the counter or elevated on legs to provide a four-inch (4") clearance. The sealant must be non-toxic food-grade (1560).

Beverage tubing and cold plate beverage cooling devices may not be installed in contact with stored ice. This section does not apply to cold plates that are constructed integrally with an ice storage bin (1260).

## **STORAGE AND SERVING FACILITIES**

Shelving for food storage and utensil storage must provide a minimum of six inches (6") of clearance from the floor (1560).

If employees routinely change clothes within the establishment, rooms or areas are to be designated and used for that purpose. Lockers or other facilities shall be provided for orderly storage of employee clothing and other possessions (3100).

Sneeze guards shall be designed and installed to adequately protect food from customer contamination (650).

Separate rooms must be provided for laundry facilities (1540).

All refrigeration equipment must be capable of maintaining food at 41°F or less.

## **VENTILATION**

Hoods and fire suppression systems shall be in accordance with local and state codes.

All rooms, including storage areas, shall have sufficient ventilation to keep them free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke, and fumes (1480, 3090).

## **THREE-COMPARTMENT SINK**

A three-compartment sink is needed and shall be adequately sized to handle the largest utensils and equipment that will be used. Drainboards are to be provided on each end of the sink. The sink must be equipped so that hot and cold running water is available to each compartment through an approved spigot. Tables of sufficient size and utensil racks may be substituted for drain boards (1460, 1470).

If the three-compartment sink is used as a culinary sink (for food preparation such as washing produce and thawing frozen foods) there cannot be a direct waste line connection. An air gap must be provided (2260).

## **HAND SINKS AND MOP SINKS**

Hand sinks are to be accessible and conveniently located in all food preparation areas, food dispensing areas, and all utensil-washing areas (2280, 2310, 3240).

Each hand sink must be provided with hot and cold water tempered utilizing a mixing valve or combination faucet. A self-closing, slow-closing, or metering faucet shall provide a flow of water for a minimum of 15 seconds (2190).

Soap dispensers and hand towel dispensers or proper, heated air-drying devices are to be conveniently located next to all hand sinks in the kitchen and toilet rooms. If disposable towels are used, easily cleanable waste receptacles are to be located near the hand washing facilities (2650, 3020, 3030, 3050).

A sign or poster that notifies food employees to wash their hands shall be provided at the hand sink (3045).

Hand washing aids (soap dispensers, hand towel dispensers, waste receptacles) may not be located at warewashing sinks and prep sinks (3040).

## **PLUMBING**

All indirect waste piping for food sinks, refrigerator coils, walk-in freezers, ice bins, ice cream machines, steam kettles, steam tables, potato peelers, egg boilers, coffee urns, and similar equipment shall discharge through an air gap or air break into a properly vented trap or vented receptor (2520).

Vacuum breakers or backflow preventers are needed for all threaded faucets and any equipment such as soft drink systems and coffee makers that have a direct connection to the potable water supply line (2260, 2270).

An air gap between the water supply inlet and the flood level rim of the plumbing fixture, equipment, or non-food equipment shall be at least twice the diameter of the water supply inlet and may not be less than one inch (1") (2200).

An adequate supply of hot water (110° F.) is required. The water heater shall be sufficient to meet the peak hot water demands of the food establishment (2120).

Grease traps are to be located so that the unit is easily accessible for cleaning.

## **LIGHTING**

Fifty (50) foot-candles of light shall be provided at surfaces where food employees work with food or utensils/equipment such as knives, slicers, or grinders where safety is a factor as well as utensil and utensil washing areas (3080).

All lights over, by, or within food storage, preparation, service, and display facilities, and facilities where utensils and equipment are cleaned and stored are to be shielded. This includes track lighting, recessed can fixtures, and decorative neon lighting (2890).

## **PERSON IN CHARGE/CERTIFIED FOOD SERVICE MANAGER**

A Person in Charge who can demonstrate knowledge of foodborne disease prevention and the requirements of the Regulations are required to be present at the food establishment during all hours of operation (50, 60)

Virginia Beach City Code requires all food establishments to have a Certified Foodservice Manager on duty for a minimum of eight (8) hours for each day the establishment is open. The Certified Foodservice Managers may serve as the Person in Charge and must be registered with the Virginia Beach Department of Public Health at 518-2646.

# PRESENTED FROM THE VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH

4452 Corporation Lane, Virginia Beach, VA 23462 Phone  
Number: 518-2700 opt #3

The following certifications are accredited by the American National Standards Institute (ANSI) & the Conference of Food Protection. There are a number of courses that are approved through the ANSI-CFP accreditation programs that are listed below. These courses will meet the Virginia Department of Health Food Protection Program/regulation (12 VAC5-421-55)

The following are the approved Certified Food Protection Manager (CFPM) courses that are required for all food service establishments within the food protection program within the City of Virginia Beach.

- 360TRAINING.COM, INC. (888-360-8764) [www.learn2serve.com.com](http://www.learn2serve.com.com) and [contact@360onlinetraining.com](mailto:contact@360onlinetraining.com)
- ABOVE TRAINING/STATEFOODSAFETY.COM (801-494-1416) [www.StateFoodSafety.com](http://www.StateFoodSafety.com) and [support@statefoodsafety.com](mailto:support@statefoodsafety.com)
- NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS  
800-446-0257 / 407-352-3830  
[www.nrfsp.com](http://www.nrfsp.com) and [Customer.Service@nrfsp.com](mailto:Customer.Service@nrfsp.com)
- NATIONAL RESTAURANT ASSOCIATION (800-765-2122) [www.servsafe.com](http://www.servsafe.com) and [ServiceCenter@restaurant.org](mailto:ServiceCenter@restaurant.org)
- PROMETRIC, INC. (800-624-2736) <http://prometric.com/foodsafety/default.htm>
- The Always Food Safe Company, LLC  
[www.alwaysfoodsafe.com](http://www.alwaysfoodsafe.com) and [help@alwaysfoodsafe.com](mailto:help@alwaysfoodsafe.com)
- Southern Hospitality Training Services of VA (804-247-9490)  
[rebecca@sohova.org](mailto:rebecca@sohova.org)
- Norfolk Health Department (757-683-2800)
- Portsmouth Health Department (757-393-8585)

This list is not comprehensive nor a list of recommended courses. For more information about ANSI ID number:

<https://www.ansi.org/accreditation/credentialing/personnel-certification/food->

[protection-manger/ALLdirectoryListing?menuID=8&prgID=8&statusID=4](https://www.ansi.org/accreditation/credentialing/personnel-certification/food-protection-manger/ALLdirectoryListing?menuID=8&prgID=8&statusID=4)

Contact the course provider for current information. This is compiled for informational purposes only.



rev 2/2022

# **EMPLOYEE ILLNESS REPORTING REQUIREMENTS**

**EMPLOYEE MUST REPORT THE FOLLOWING TO A MANAGER OR SUPERVISOR**

## **SYMPTOMS:**

- Sore throat with fever
- Discharge from eyes, nose or mouth (sneezing or coughing excessively)
- Unprotected cuts or infections
- Diarrhea (loose stools or change in normal bowel movements)
- Fever
- Vomiting
- Jaundice (yellowish eyes or skin) or dark colored urine (cola or tea colored)

## **IMPORTANT: SEND SICK EMPLOYEES HOME NOW**

### **THE BIG SIX:**

- Salmonella Typhi (Typhoid fever)
- Salmonella (non-typhoidal)
- Shigella spp. (Dysentery)
- E. coli (Shiga-toxin producing)
- Hepatitis A Virus
- Norovirus

- REPORT IF YOU, SOMEONE IN YOUR HOUSEHOLD, OR A FELLOW EMPLOYEE HAS BEEN EXPOSED OR RECEIVES A BIG SIX DIAGNOSIS OR IF YOU'VE HAD A PAST ILLNESS WITH ANY OF THE BIG SIX.**

**I agree to report my health status and activities that relate to food-borne illnesses.**

**EMPLOYEE NAME (PLEASE PRINT)** \_\_\_\_\_

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PERSON IN CHARGE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

# EMPLOYEE HEALTH

Employees must report the following to a Manager or Supervisor



- Diarrhea
- Fever
- Vomiting
- Jaundice

Also report if you (or someone in your household) receives BIG SIX diagnosis, or if you have had a past illness with the any.

Symptoms:

- Sore throat with fever
- Discharges from eyes, nose, or mouth
- Unprotected pustule lesions

THE BIG SIX:

- Salmonella Typhi (Typhoid fever)
- Salmonella (non-typhoidal)
- Shigella spp. (Dysentery)
- E. Coli (Shiga-toxin producing)
- Hepatitis A Virus
- Norovirus

**Remember: If you are sick, stay home!**

**For any questions concerning restrictions or exclusions, please call the Virginia Beach Department of Public Health (757) 518-2700**



Virginia Beach Department of Public Health
Office of Environmental Health
4452 Corporation Lane
Virginia Beach, VA 23462
(757) 518-2700 FAX (757) 518-2642

ANNUAL COMMISSARY AGREEMENT

To be completed by APPLICANT – Please print or type.

Business Name \_\_\_\_\_

Owner/Operator Name \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Vehicle VIN \_\_\_\_\_ License Plate# \_\_\_\_\_

I, \_\_\_\_\_, hereby state that the above information is current, true, and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with the Commonwealth of Virginia Board of Health Governing Restaurants, Part 31 and the Virginia Beach Department of Public Health. NOTE: If this Commissary Agreement is modified or canceled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by COMMISSARY OWNER/OPERATOR – Please print or type.

Commissary Name \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Owner/Operator Name \_\_\_\_\_

Check all services provided:

- Mobile Unit Storage, Electrical Hookup, Toilet and Handwashing Facilities, Potable Water Supply, Grease Disposal, Garbage Disposal, Food Preparation, Food Storage, Ware washing Facilities (3-compartment sink), Days/Hours of Access to Commissary, Wastewater Disposal in Sanitary Sewer (Ex: mop sink)

Additional Conditions Placed on Agreement:

I, \_\_\_\_\_, hereby state that the above information is current, true, and correct to the best of my knowledge and in accordance with the Commonwealth of Virginia Board of Health Governing Restaurants, Part 31 and the Virginia Beach Department of Public Health. I also understand that this agreement is for a one-year period, however, I hold the right to cancel the agreement at any time upon notification to the applicant and to the Health Department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

