

Mobile Food Establishment Plan Review Instructions

	BRHD Local Environmental Health Offices		Phone	FAX
	Charlottesville/Albemarle, 1138 Rose Hill Drive, Charlottesville, VA 22903		434-972-6219	434-972-4310
Fluvanna County, Route 15, County Office Bldg., PO Box 136. 132 Main Street, Palmyra, VA 22963		434-591-1965	434-591-1966	
Greene County, 50 Stanard Street, PO Box 38, Stanardsville, VA 22973		434-985-2262	434-985-4822	
Louisa County. 101 Woolfolk Avenue. Suite 203 Louisa, VA 23093		540-967-3707	540-987-3733	
Nelson County, 1645 Thomas Nelson Highway, Arrington, VA 22922		434-263-4297	434-263-4304	

The *Virginia Food Regulations* require the submission of plans to the local health department for review and approval before: Building, changing, or remodeling any kind of Mobile Food Establishment (like food trucks, pushcarts, and vending trucks).

This packet will help you through the plan review process and make sure your mobile unit or pushcart meets the regulations. This document goes along with the Mobile Food Establishment guidelines and should be filled out as part of the plan review process to get your foodservice permit. Good plan reviews help avoid problems later. By listing and placing equipment on floor plans and showing the electrical, mechanical, and plumbing systems, you can spot problems before you spend money on buying, installing, or building.

What's in This Packet:

- Mobile Food Establishment Plan Review Application
- Commissary Facility Agreement
- Service Area Agreement
- Annual Permit Application

Steps to Follow:

1. Gather the right information:

- Fill out the attached forms. Be sure to answer all the questions.
- Pay the required fees for plan review \$40 and permit application \$40.
- Provide a to-scale drawing of your mobile unit with all equipment identified
- Provide a copy of the menu
- Turn in a copy of your food safety manager certificate
- Send everything to the Environmental Health office at your local health department.

2. Approval Needed:

- Get approval from your local health department before you start operating your unit. Do this **before** building or buying your unit!

What to Include with Your Application:

1. A completed Mobile Unit Plan Review Application – Incomplete Applications will delay processing.
2. Full Menu: The menu should list what food you will prepare and all the food ingredients per menu item.
3. Complete floor plans of the mobile unit and commissary: Drawn to scale and show where all equipment will be placed.
4. Signed Commissary and Service Area Agreement: The letter of agreement from the commissary and service area must be signed by both the mobile unit operator and the Commissary or Service Area operator. Explain where wastewater will go if you are serving more than prepackaged foods.
5. List of All Equipment and details Include everything needed for your unit to operate.
6. Provide specifications or photos of the interior and exterior of the unit and all equipment.
7. Construction Materials: Describe materials used for floors, walls, ceilings, and countertops.
8. Base of Operation Information: Give dates and locations where you will operate the mobile unit for the next month.
9. Other Required Approvals: You need to get approvals from other agencies like fire, zoning, business licenses, and vehicle registration.

Note: If you only sell prepackaged, Non-Time/Temperature Control for Safety (TCS) foods, you don't need a permit, but you still need to send in an application describing your operation. If you sell TCS foods you need an application and permit.

If you have questions about whether your prepackaged foods are potentially hazardous or the Virginia Food Regulations, contact the Food Protection Team at 434-972-6219.

Additional Information

- Provide any additional information as requested.
- Contact the health department when the unit is completed and ready for final inspection, at least 30 days before opening. **Note: The health permit will not be issued until the final inspection is completed and shows substantial compliance.**



Mobile Food Plan Review Application

Mobile food establishments must follow the rules in the *Virginia Food Regulations*. You can find these rules online at <http://www.vdh.virginia.gov/EnvironmentalHealth/Food/Regulations>

Proposed Business Name

Type of Mobile Unit

<input type="checkbox"/> New	<input type="checkbox"/> Remodeled	<input type="checkbox"/> Push Cart	<input type="checkbox"/> Vending Truck	<input type="checkbox"/> Trailer
------------------------------	------------------------------------	------------------------------------	--	----------------------------------

Owner

Mailing Address

Phone

Email

Projected Food Operation Start Date

Months of Operation.

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April
<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> August
<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

Water Supply

If proposed commissary or service area is on private well and septic system, obtain written well and septic approval for use. The BRHD 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 wastewater from your unit. This will be based on your menu and evaluation of the potential daily volume of wastewater.

Source of Drinking Water:

1. Where will you get drinking water for the unit?

2. How will the potable water tank be filled?

3. Is the Mobile Food Unit's potable water tank made of a safe, durable, corrosion-resistant, non-absorbent material, finished to have a smooth, easily cleanable surface and labeled "Potable Water"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. What is the size of the freshwater storage tank in gallons?		
5. Will the water lines be insulated to protect from freezing in the winter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Water Tank Inlet: Is the water tank inlet 3/4 inch (19.1 mm) or less in diameter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Water Hose: Is there a potable (food-grade) water hose which is long enough for filling the water tank?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. The potable water hose is stored in the following protected area?		
9. Disinfection: How will you disinfect the water supply hose, pipes, and storage tank?		
10. Water Tank Inlet Connection: Is the inlet connection designed to prevent its use for other purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Provide water heater specifications:		
Manufacturer		
Model		
Fuel Type Gas BTU: _____ Electric _____ KW		
Type: _____ Tankless _____ Tank		
Wastewater Disposal		
12. Wastewater Removal: How will wastewater tank be drained? (please specify if outlet is on the inside or outside of the truck and where wastewater will be drained)		

13. How will you transport wastewater to an approved disposal location?		
14. Wastewater Tank: What is the size of your permanently mounted wastewater storage tank? <i>(Note: it must be at least 15% larger than the freshwater tank.)</i>		
a) What is the location of the wastewater tank?		
<input type="checkbox"/> Inside Mobile Unit <input type="checkbox"/> Outside Mobile Unit		
15. Commissary/Service Area Agreement: A signed agreement from the commissary or service area for discharging wastes is included with this application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. List all approved suppliers.		

Food Handling and Storage		
18. Hot Holding: How will hot foods be kept at 135°F on the mobile unit?		
19. Cold Holding: How will cold foods be kept at 41°F or below on the mobile unit?		
Food Transportation:		
20. How will foods be transported to and from the mobile unit?		
21. How will hot and cold temperatures be maintained during transit?		
22. Will food be stored in refrigerators/freezers after operating hours? If yes, how will power be supplied to keep refrigerators/freezers running?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power Source:		
23. How will the Mobile Unit be powered at the operating location?		
24. Generator Manufacturer:		
25. Wattage of generator:		
Handwashing and Sanitation		
26. Handwashing System: What type of handwashing system will be used on the unit?		
27. Water Temperature: How will handwashing water be heated to at least 100°F and kept at that temperature?		
28. Handwashing Supplies:		
A. Is hand soap available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Are hand drying supplies (paper towels) available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

29. Food Handling:				
To prevent bare hand contact with ready to eat foods will disposable gloves, utensils, or food-grade paper be used? Check all that apply				
<input type="checkbox"/> Disposable gloves	<input type="checkbox"/> utensils	<input type="checkbox"/> food grade paper		
Sanitation:				
30. Dish and Utensil Cleaning: How and where will dishes and utensils be washed, rinsed, and sanitized?				
31. Sanitizer: What type of chemical sanitizer will be used?				
32. At what concentration?				
33. Will sanitizer test strips be available?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temperature Control				
34. Food Thermometer: Will a food thermometer be used to measure cooking temperatures?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. What type of thermometer will be used?				
36. Thermometer Calibration: Will food thermometers be regularly calibrated?				
37. How often will thermometer be calibrated?				
38. Will thermometers be available in each refrigerator/freezer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Waste Management and Pest Control				
39. Garbage Disposal: How will garbage be stored and where will it be thrown away?				
40. Insect and Rodent Control: What methods will be used to control insects and rodents in your unit? <i>(Openings and windows must have screens to prevent pest from entering the mobile unit.)</i>				

Active Management Control AMC

41. Employee Health: Is there a policy to exclude or restrict food workers who are sick or have infected cuts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

42. Person-In-Charge (PIC):		
-----------------------------	--	--

*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 you ensure that a designated PIC, who knows food safety, is always present during operation?		
---	--	--

Base of Operations.

43. List your planned schedule and location for the first 3 months of operation.		
--	--	--

Certification

I hereby certify that all the information above is correct. I understand that if I make any changes without permission from the Blue Ridge Health District, my approval could be canceled.

Completion of this application confirms that the applicant acknowledges and agrees to adhere to the provisions outlined in all relevant codes of the Virginia Food Regulations.

Initial the following to indicate understanding:

_____ Any issued permit may be suspended by the Health Department for non-compliance with regulatory requirements.

_____ Permit and sticker must remain visibly displayed on the unit.

_____ The operator will inform the Blue Ridge Health Department of any new operating locations for the unit.

_____ The operator will also notify the appropriate Health Departments in other counties where the unit will operate.

_____ The operator will inform the Health Department of any menu or equipment changes before implementation.

Printed name of owner(s) or responsible representative(s):

_____ Title: _____

Signature:

_____ Date: _____

OFFICE USE ONLY

Office Staff:

Received by BRHD: _____ Date Entered in EHD: _____

Processing Fee:

EHS Staff

	Received by EHS	Date Received	Date Reviewed	Date Approved
Plan Review				
Floor Plan				
Menu				
Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No				
Comments				



Annual Renewal Required Year _____

Commissary Agreement

This letter serves to notify the Blue Ridge Health District that the mobile food vendor known as: _____ has the expressed permission of

(Permitted Facility Name) _____ at

(Address) _____ to use as their base of

operations/commissary. In accordance with the [Virginia Food Regulations](#) this operator has my permission to:

1. Operate daily from my facility to clean and service their mobile unit.
2. Flush and drain liquid waste to an approved sewerage system in accordance with the Board of Health Food Regulations.
3. Dispose of garbage and refuse.
4. Store food and supplies as needed for their operation. Storage areas for the mobile food unit will be physically separated from the commissary's supplies and clearly marked for the use of mobile unit operator.

The Commissary agrees to provide:

1. Adequate space for food preparation separated from the commissary operations and other vendors (Unless food prep will be completed at alternate times of day).
2. An approved potable water service used and handled in a way that protects the water supply from contamination.
3. A three-compartment sink for sanitizing utensils.
4. Hot and cold running water under pressure for sanitizing.
5. Adequate space for storage of utensils and other supplies.

The Permitted Commissary Facility Uses:	<input type="checkbox"/> Private Well Water	<input type="checkbox"/> Public Water
	<input type="checkbox"/> Septic	<input type="checkbox"/> Public Sewage

I understand that my facility may be subject to periodic inspections by the Blue Ridge Health District.

Signature - Permitted Food Establishment	Printed Name Permitted Food Establishment.	Date:
Phone	Email:	

Signature - Mobile Food Vendor	Printed Name of Mobile Food Vendor	Date:



Annual Renewal Required: Year _____

Service Area Agreement

This letter serves to notify the Blue Ridge Health District that the mobile food vendor known as: _____ has the expressed permission of (Service Facility Name) _____ at (Address) _____ to use as their base of operations. In accordance with the [Virginia Food Regulations](#) this operator has my permission to:

1. Operate daily from my facility to clean, dispose of garbage and service their mobile unit.
2. Flush and drain liquid waste to an approved sewerage system in accordance with the Board of Health Food Regulations.
3. Construct, if necessary, a service area of smooth, nonabsorbent material which shall be kept in good repair, kept clean and properly graded to drain.
4. Approved potable water service shall be provided and shall be used and handled in a way that protects the water supply from contamination.
5. Store food and supplies as needed for their operation. Storage areas for the mobile food unit will be clearly marked for the use of mobile unit operator.

The Service Facility Uses:	<input type="checkbox"/> Private Well Water	<input type="checkbox"/> Public Water
	<input type="checkbox"/> Septic	<input type="checkbox"/> Public Sewage

I understand that my facility may be subject to periodic inspections by the Blue Ridge Health District.

Signature – Service Area Authority	Printed Name Service Area	Date:
Phone	Email:	

Signature - Mobile Food Vendor	Printed Name of Mobile Food Vendor	Date:

Commonwealth of Virginia



Application for a Department of Health Foodservice Establishment Permit

Stationary Foodservice Facility/Mobile or Push Cart Unit/Caterers

Application for a: New Establishment Renewal Name Change Change of Owner

Name of establishment: _____ Telephone: _____

Mailing address: _____ Fax: _____

_____ Physical location: _____

Email Address: _____

(Important for Product Recalls & Public Health Emergencies)

Establishment owner is a/an: Association Corporation Individual Partnership Other

Association, Corporation, Partnership name: _____

Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary): _____

Billing Address: _____

Local registered agent (if required):

Name _____

Title _____

Address _____

Telephone _____

Person directly responsible for the establishment:

Name _____

Title _____

Address _____

Telephone _____

Immediate supervisor of person directly responsible for the establishment:

Name _____

Address _____

Title _____

Telephone _____

Is the food establishment: Smoke Free Smoking Allowed in Restricted Area Smoking w/no Restrictions

Is the food establishment: (check appropriate box) Stationary Mobile

If mobile, name & location of commissary: _____

Is the food establishment: (check appropriate box) Permanent Temporary (2 wks or less)
 Seasonal (months of operation _____)

Type: Full Service Fast Food Take-out Caterer Hospital School Concession
Other (please explain) _____

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____
Thurs _____ Fri _____ Sat _____

Does the establishment: (check Yes or No)

- (1) Prepare, offer for sale, or serve "*potentially hazardous food*" (food that requires temperature control for safety – meats, cheese, soups, sauces, pasta, cooked vegetables, sliced fruit, etc.): Yes No
 - (a) Only to order upon a consumer's request: Yes No
 - (b) In advance quantities: Yes No
 - (c) Using *time* as the public health control (i.e., not temperature controlled): Yes No
- (2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing: Yes 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 (i.e., catering): Yes No
 - (a) If yes, is catering: Full Service Limited
- (4) Prepare food as specified under (2) of this section for service to a "*highly susceptible population*" (i.e., the elderly, children, or those with weakened immune systems): Yes No
- (5) Does not prepare but offers for sale only prepackaged food that is not potentially hazardous: Yes No
- (6) Prepares only food that is not potentially hazardous: Yes No

Number of seats: _____ Number of outdoor seating: _____

Water Supply: (check appropriate box) Public – Name _____ Private – Type _____

Sewage: (check appropriate box) Public – Name _____ Private – Type _____

**Please Complete Application In Its Entirety. Incomplete Applications May Not Be Accepted.
Required Application Fee Must Be Submitted with Completed Application.**

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: _____