



*Commonwealth of Virginia*  
**Chesapeake Health Department**  
**Division of Environmental Health**  
748 North Battlefield Boulevard  
Chesapeake, VA 23320  
(757) 382-8672 Fax (757) 382-8713

Office Records
Date Received: _____
\$40 Plan Review: _____

## Mobile Food Unit Plan Review Application

**\*\* Please fill out application entirely. \*\***

Application Fee \$40; Make checks payable to *Chesapeake Health Department*.

**Purpose:**  New Establishment  Renovation  Name Change  Owner/Corporation Change

**Name of Mobile Food Unit:** \_\_\_\_\_

Facility Address: \_\_\_\_\_ Suite # \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Contact Person & Title** (architect, manager, etc.) \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

_____ Development & Permits	_____ Commissioner of Revenue	_____ Fire Marshall
_____ Virginia Department of Alcoholic Beverage Control (if applicable)	_____ Zoning	

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

### Please provide the following documents:

- \_\_\_\_\_ Certified Food Manager Certificate(s)
- \_\_\_\_\_ Proposed Menu (including seasonal, off-site and banquet menus).
- \_\_\_\_\_ Commissary Agreement Letter
- \_\_\_\_\_ Manufacturer specification sheets for each piece of equipment shown on the plan.
- \_\_\_\_\_ Employee health policy, allergen awareness policy and bodily fluid clean up policy
- \_\_\_\_\_ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, waste grease containers, well, septic system - if applicable).
- \_\_\_\_\_ Architectural plans drawn to scale of food establishment showing location of equipment, plumbing, electrical services (including lighting), mechanical ventilation and room finishes.

### FOOD SUPPLIES

1. Are all food supplies (including ice and water) from an approved source? YES / NO  
Where will food be purchased? \_\_\_\_\_
2. Will all pre-packaged foods be labeled with the name and address of manufacturer, name of product, list of ingredient(s), net weight and expiration dates? YES / NO
3. Will all food items be stored on the unit during operation? YES / NO

4. What additional type of equipment will be used (i.e. bins/tubs, crates, etc)?

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**FOOD PREPARATION**

- 1. Will **ONLY** pre-packaged food items be served? YES / NO
- 2. Will any food s be prepared in advanced? YES / NO  
If yes, what food items and where?  

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- 3. Will food be cooked, prepared and assembled on the unit? YES / NO
- 4. Will hot and cold holding of prepared food items be required? YES / NO
- 5. How will hot foods be maintained at or above 135° F?  

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- 6. Will a metal stem or digital food thermometer (range 0° - 220° F) be used to measure the temperature of potential hazardous foods after cooking, reheating and during holding? YES / NO
- 7. Will Time as a Public Health Control be used? YES / NO
- 8. Will leftovers be discarded at the end of each day? YES / NO  
If no, explain process for reheating leftovers?  

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- 9. Describe cooling process used, if applicable. NA  

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- 10. Will any self service of bulk foods be allowed? YES / NO
- 11. Are all condiments (creamers, ketchup, sugar, etc) individually wrapped or stored in sanitary containers? YES / NO
- 12. Are all single service articles individually wrapped or stored in sanitary containers? YES / NO

**FOOD STORAGE**

- 1. Is adequate refrigeration (mechanical/ice) available to maintain TCS foods at 41° F or below? YES / NO
- 2. Does the non-mechanical cold holding unit contain a drain to allow the melted ice to drain into the wastewater tank? YES / NO
- 3. Are igloo type coolers used and are they equipped with a self-draining plug? YES / NO
- 4. Is adequate freezer (mechanical/ice) available to maintain frozen foods at 0° F or below? YES / NO
- 5. Is each refrigerating unit equipped with an ambient temperature thermometer? YES / NO
- 6. Will raw TCS food be stored in the same refrigerating units with cooked/RTE food? YES / NO
- 7. Are protective covers provided for unwrapped foods on display? YES / NO
- 8. Describe how foods will be protected from dust, road dirt, insects, etc?  

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**EQUIPMENT STORAGE**

- 1. Is adequate space provided to store all single use items, utensils, cooking equipment and dry storage food items? YES / NO
- 2. Is adequate space provided for the storage of chemicals and cleaning supplies? YES / NO
- 3. How will dispensing utensils be stored?  

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- 4. How will utensils be cleaned and sanitized, if necessary, during use?  

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5. Describe how garbage will be collected, stored and disposed?

\_\_\_\_\_  
\_\_\_\_\_

**CONSTRUCTION**

- 1. Is the unit constructed of safe materials that are durable, smooth, non-absorbant and easily cleanable? **YES / NO**
- 2. Describe the exterior/interior construction material (i.e. wood, metal, etc).

\_\_\_\_\_  
\_\_\_\_\_

- 3. Is the unit constructed and arranged so that food, drinks, equipment and supplies will not be exposed to insects, rodents, dust or other contaminants? **YES / NO**
- 4. What is the power source for the mobile food unit? \_\_\_\_\_

**WATER SUPPLY / WASTEWATER RETENTION**

- 1. Is a sink with hot/cold running water under pressure available for hand washing? **YES / NO**
- 2. Are sinks with hot/cold running water under pressure available for washing and sanitizing utensils and equipment? **YES / NO**

3. What type of chemical sanitizing agent will be used?  Chlorine  Quats  Other \_\_\_\_\_

4. Is a sanitizing test kit available? **YES / NO**

5. Is a designated potable water hose available, sanitized prior to use and stored properly? **YES / NO**

6. Size of water supply tank: \_\_\_\_\_ gallons. Source of water: \_\_\_\_\_

7. Size of wastewater tank: \_\_\_\_\_ gallons (Note: shall be 15% larger than the water supply tank)

8. Is the water inlet of the water supply tank capped when not in use and located in such a manner that it will not be contaminated by waste discharge, dust, oil or grease? **YES / NO**

9. Is the wastewater tank connection lower than the water inlet connection? **YES / NO**

10. How and where will the wastewater be disposed? Mobile food units producing grease must dispose of the waste through a grease trap.

\_\_\_\_\_  
\_\_\_\_\_

**PEST CONTROL & GENERAL**

1. What methods of insect and rodent control will be used in your food unit? **NA**

\_\_\_\_\_  
\_\_\_\_\_

2. What type of overhead protection will be provided?  
 Ceilings  Awnings  Umbrellas  Other \_\_\_\_\_

3. Where and how will the mobile food unit be cleaned?

\_\_\_\_\_  
\_\_\_\_\_

**TRAINING:**

1. How will food employees be trained in good food safety practices, including allergen awareness, as it relates to their assigned duties? Check the appropriate box where applicable.

<b>Method of Training</b>	<input type="checkbox"/> In House Training	<input type="checkbox"/> Online	<input type="checkbox"/> Course
<b>Frequency</b>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-annually	<input type="checkbox"/> Yearly
<b>Training Record Maintained</b>	<input type="checkbox"/> Onsite	<input type="checkbox"/> Corporate offices	<input type="checkbox"/> Electronic

- 2. A written policy to exclude or restrict food workers who are sick or have infected cuts or lesions, is to be provided prior to opening the food service facility. Has the written policy been submitted? **YES / NO**
- 3. A written policy should be put in place for employees to follow when responding to a vomiting or diarrheal event in the food establishment? Has the written policy been submitted? **YES / NO**

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**Approval of these plans and specifications by the Chesapeake Health Department 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 mobile unit.**

**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 Chesapeake Health Department may nullify final approval.

Applicant's Signature: \_\_\_\_\_  
 Applicant's Name (printed): \_\_\_\_\_

Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

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**For Official Use: Items Submitted in Packet**

- \_\_\_ Plan review fee of \$40
- \_\_\_ Permit Application with \$40 fee
- \_\_\_ Proposed Menu
- \_\_\_ Commissary Agreement Letter
- \_\_\_ Manufacturer Specifications for equipment
- \_\_\_ Plans drawn to scale

Make checks payable to:  
 Chesapeake Health Department  
 748 Battlefield Boulevard, North  
 Chesapeake, VA 23320

Plans Reviewed and Approved EHS: \_\_\_\_\_  
 EHS: \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_