

## Chickahominy Health District

### MOBILE UNIT PLAN REVIEW PROCESS

1. **Before** purchasing a new unit or remodeling an existing unit, submit all applicable documents to the Health Department:
  - a. Mobile unit permit application and plan review document with appropriate fees (**all applicants**). Keep copies for your records.  
Permit application = \$40.00  
Plan Review = \$40.00
  - b. Menu (**all applicants**)
  - c. Equipment layout drawn to scale (**new or remodeled** units only)
  - d. Equipment specification sheets (**new or remodeled** units only)
  - e. Commissary (Food storage/Prep Facility, if other than mobile unit) Plan Review (**new or remodeled** food storage/prep servicing area only)
  - f. Commissary Use Letter from owner of food storage/prep servicing area (**if owner different from applicant**)
  - g. Copies of certificates from Food Safety Classes if taken by Manager
  - h. Statement that applicant has contacted local jurisdiction and is in compliance with all local ordinances.
2. These documents will be reviewed by the Health Department. Following the review, you will be contacted regarding any questions or changes that need to be made.
3. Following plan approval, you may purchase or build your unit/commissary or begin remodeling.
4. Contact the Health Department when you are ready for an inspection. An inspection must be made **prior** to the issuance of a permit.

Charles City Health Department  
7501 Adkins Road  
Charles City, VA 23030  
804-829-2490

Goochland Health Department  
1800 Sandy Hook Road, Suite100  
Goochland, VA 23063  
804-556-5843

Hanover Health Department  
12312 Washington Hwy.  
Ashland, VA 23005  
804-365-4343

New Kent Health Department  
12007 Courthouse Circle  
New Kent, VA 23124  
804-966-9640

Business Name: \_\_\_\_\_  
 Unit Name: \_\_\_\_\_  
 Owner/Applicant: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Days/Hours of Operation: \_\_\_\_\_  
 Operation Location: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**COMMISSARY AND/OR SERVICING AREA(S)**

1. Source of water for mobile unit (must be from an approved source)

Source location: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Owner name: \_\_\_\_\_  
 Source: public \_\_\_\_\_ private \_\_\_\_\_

**If private: Please provide recent (within last six months) water sample results of private well water.**

2. Wastewater disposal site (must be in an approved sewage disposal system)

Disposal site: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Owner name: \_\_\_\_\_

3. Food storage/preparation

Location: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Owner name: \_\_\_\_\_

\*Overhead protection over loading areas is required where food is transferred to the mobile unit.

\*Food storage/prep facilities must meet all applicable restaurant regulations.  
\*A food storage/prep facility Plan Review must be completed when a new facility is developed.

**\*A letter from the owner of an existing facility verifying your use of the facility must accompany the permit application. Separate storage areas (shelving, refrigeration) must be provided for your food, single service items, etc.**

4. Where will the unit operate. Please list selling locations:

\_\_\_\_\_

**Please contact the locality in which the unit will operate to ensure local zoning requirements are met.**

5. Days and times of operations: \_\_\_\_\_

6. How will employees be trained in safe food handling? \_\_\_\_\_

\_\_\_\_\_

7. Please provide a copy of the company's employee health policy. How will employees be trained on the requirements in the policy? \_\_\_\_\_

\_\_\_\_\_

### **MOBILE UNIT CONSTRUCTION AND EQUIPMENT**

1. Walls, floors, and ceilings shall be smooth, nonabsorbent and easily cleanable. Cove base is required. Describe materials:

Walls: \_\_\_\_\_

Floor: \_\_\_\_\_

Ceiling: \_\_\_\_\_

Coving: \_\_\_\_\_

2. Outer openings shall be protected against the entry of insects and rodents (screens, self closures, mechanical air curtain). Describe methods:

Windows: \_\_\_\_\_

Service window: \_\_\_\_\_

Doors: \_\_\_\_\_

3. Equipment shall be constructed of approved materials, be easily cleanable and in good repair. Design, construction installation should meet NSF standards or equivalent.

4. Food contact surfaces shall be smooth, nonabsorbent and easily cleanable. Approved material, free of open seams, cracks, chips, pits, etc. shall be used. Describe materials:  
 Counter tops: \_\_\_\_\_  
 Cutting Boards: \_\_\_\_\_  
 Containers: \_\_\_\_\_
5. Nonfood contact surfaces shall be smooth, cleanable, nonabsorbent and in good repair. No wood surfaces allowed. Describe materials:  
 Counters: \_\_\_\_\_  
 Shelves: \_\_\_\_\_  
 Cabinets: \_\_\_\_\_
6. A hand wash sink shall be provided. Hot and cold water under pressure through a mixing faucet shall be provided. Splash guards may be required depending on location of sink (note this on plans).
7. A three compartment sink shall be provided. Compartments shall be large enough to accommodate the largest item to be cleaned. A slanting drainboard on each end of sink or dish racks shall be provided (note this on plans).
8. A permanently installed potable water tank shall be provided. This tank shall be constructed of approved materials and large enough to supply an adequate amount of water for the operation. The water inlet shall be capped when not in use and located to protect against wastewater discharge, road dust, oil, etc.  
 Size of tank: \_\_\_\_\_
9. A permanently installed wastewater tank shall be provided. This tank shall be 15% larger than the potable water tank. The hose connection shall be located lower than the potable water inlet.  
 Size of tank: \_\_\_\_\_
10. A water heater shall be provided. It shall have an adequate size and recovery rate to furnish a continuous supply of hot water during hours of operation.  
 Size of water heater: \_\_\_\_\_
11. Adequate lighting and ventilation shall be provided (at least 50 footcandles of light). Lights shall have protective covers.

## **OPERATIONS**

1. A metal stem food thermometer shall be provided. It shall have a range of 0-220 degrees Fahrenheit in 2 degree increments.

2. An approved sanitizing agent shall be provided. Test strips shall be provided and used to monitor the concentration of a sanitizing solution.  
Sanitizing agent:\_\_\_\_\_
3. Thermometers shall be provided in each refrigerator and freezer.  
Thermometers will be located to be easily seen in the warmest part of the unit.
4. Soap and paper towels shall be provided at the hand sink.
5. Garbage cans with lids shall be provided. Garbage and trash shall be disposed of at an approved site.  
Disposal site:\_\_\_\_\_
6. The direct handling of ready-to-eat foods shall be prohibited. Gloves, utensils, Deli paper are to be used when handling ready-to-eat foods (any foods that can be directly consumed ). Describe your methods:\_\_\_\_\_
7. Foods are to be held hot at 135°F or above. Describe your methods of hot holding:\_\_\_\_\_
8. Foods are to be held cold at 41°F or below. Describe your methods of cold holding:\_\_\_\_\_
9. Condiments, coffee creamers, sugar, etc. shall be offered in individual wrapped portions or in pour type dispensers. Describe your method:\_\_\_\_\_
10. Single service items shall be individually wrapped or otherwise protected against contamination. Describe your method:\_\_\_\_\_
11. Foods on display shall be wrapped or protected by sneeze guards or other protective devices. Describe your methods:\_\_\_\_\_
12. Foods shall be rapidly reheated to 165°F. Describe your method:\_\_\_\_\_
13. If water from the unit is offered as drinking water, an FDA or NSF approved water hose must be used when filling the potable water tank. Bottled water would be a safer alternative. Which will you offer? \_\_\_\_\_
14. Attach drawing (to scale) showing equipment layout. Include all equipment, sinks, counters, etc. Describe construction and finish materials for all counters, equipment, shelving, etc. (ex. Stainless steel table, formica counters)

15. Provide specification sheets for equipment.

**FOOD PREPARATION AND STORAGE AREA (Commissary)**

1. List floor covering in all areas:
  - a. Storage\_\_\_\_\_
  - b. Prep\_\_\_\_\_
  - c. Restroom\_\_\_\_\_
  - d. Coved base is required
  
2. List wall covering/finish in all areas:
  - a. Storage\_\_\_\_\_
  - b. Prep\_\_\_\_\_
  - c. Restroom\_\_\_\_\_
  
3. List ceiling type in all areas:
  - d. Storage\_\_\_\_\_
  - e. Prep\_\_\_\_\_
  - f. Restroom\_\_\_\_\_
  
4. Hand sink available/convenient?\_\_\_\_\_
  - g. Hot and cold water through mixing faucets?\_\_\_\_\_
  - h. Soap and towels?\_\_\_\_\_
  
5. Three compartment sink available?\_\_\_\_\_
  - i. Hot and cold water through mixing faucets?\_\_\_\_\_
  - j. Compartments large enough to accommodate largest item needing cleaning?\_\_\_\_\_ -
  - k. Two slanting drainboards?\_\_\_\_\_
  
6. Mop sink available?\_\_\_\_\_
  - l. Provide method for hanging mops
  
7. Adequate lighting
  - m. 50 footcandles of light in prep areas?\_\_\_\_\_
  - n. 20 footcandles of light in restrooms?\_\_\_\_\_
  - o. 10 footcandles of light in storage?\_\_\_\_\_
  - p. Lights shielded?\_\_\_\_\_
  
8. Restroom
  - q. Self-closing door?\_\_\_\_\_
  - r. Mechanical ventilation?\_\_\_\_\_
  
9. Approved exhaust and fire suppression system over cooking equipment?\_\_\_\_\_

10. Method of garbage/trash disposal\_\_\_\_\_
11. Outer doors self-closing?\_\_\_\_\_
  - s. Windows screened?\_\_\_\_\_
  - t. Effective pest control?\_\_\_\_\_
12. Adequate storage area
  - u. Storage shelving material (no wood)\_\_\_\_\_
  - v. Shelving at least 6 inches from floor
13. Area provided for storage of cleaners/cleaning supplies?\_\_\_\_\_
14. Area provided for employee personal belongings?\_\_\_\_\_
15. Adequate freezers and refrigerators?\_\_\_\_\_
 

Thermometers in each unit?\_\_\_\_\_
16. Metal stem food thermometer (0-220°F) on site?\_\_\_\_\_
17. Sanitizer test strips on site?\_\_\_\_\_
18. Plumbing meets plumbing code?\_\_\_\_\_
  - w. Backflow prevention devices installed?\_\_\_\_\_
  - x. Indirect water lines where needed?\_\_\_\_\_
  - y. Sewer lines over prep/dishwash/storage areas?\_\_\_\_\_
  - z. Grease trap provided?\_\_\_\_\_
19. Attach drawing (to scale) showing equipment layout. Include all equipment, sinks, counters, etc. Describe construction and finish materials for all counters, equipment, shelving, etc. (ex. Stainless steel table, formica counters)
20. Provide specification sheets for new equipment.

Statement:

**I/We hereby certify that the information contained in this plan review application is correct and I/We fully understand that any deviation from the information provided without prior permission from this Health Department may nullify final approval.**

Signature(s) of owner(s) or responsible representative(s):

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

**\*Approval of these plans and specifications by this 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 and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**

**FOR OFFICIAL USE:**

Date received(s): \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_