



## MOBILE UNIT PLAN REVIEW APPLICATION



The Virginia Food Regulations require the submission of plans for review and approval prior to: “the construction of a food establishment; the conversion of an existing structure for use as a food establishment; or the remodeling of a food establishment...” (12VAC5-421-3600). There is a **non-refundable fee** of \$40.00 for the foodservice plan review application.

The purpose for the review and approval of plans prior to new construction or remodeling is:

(1) To ensure compliance with the *Commonwealth of Virginia Board of Health Food Regulations*, (2) to prevent misunderstanding by the operator as to what is required, (3) to prevent errors and identify potential problems that may later result in additional cost to the operator.

**The following is a checklist of information that must be submitted for plan review (Check items submitted):**

1. Application for a Foodservice Plan Review - \$40 fee.
2. Set of floor plans, drawn to scale, of the entire establishment that shows the layout of the rooms (including storage rooms), and the proposed location of the lights, plumbing, and all fixed equipment. In addition, the proposed location of all kitchen equipment. Plans should include electrical, mechanical, and plumbing schedule for new construction/expansion.
3. Equipment list and manufacturer specification sheets for each piece of equipment shown on the plans.
4. Proposed menu.
5. Certified Food Protection Manager Credentials (National Restaurant Association [ServSafe], National Registry of Food Safety Professionals [NRFSP], 360 Training, Above Training/StateFoodSafety, & Prometric Inc.)
6. Service Area Letter.
7. Commissary Use Agreement Letter, if applicable.

Chickahominy District Health Departments:

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

Goochland Health Department  
P.O. Box 178  
Goochland, VA 23063  
(804) 556-5843

Hanover Health Department  
12312 Washington Highway  
Ashland, VA 23005  
(804) 365-4313

New Kent Health Department  
12025 Courthouse Circle, POB 86  
New Kent, VA 23124  
(804) 966-9640

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

New       Remodel       Conversion

**Food Establishment Information**

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

Establishment Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Establishment Phone Number: \_\_\_\_\_

Establishment Fax Number: \_\_\_\_\_

**Owner Information**

Legal Owner Type:  Corporation     Individual     Partnership     Other \_\_\_\_\_

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

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Owner Email: \_\_\_\_\_

**Food Establishment Contact**

Direct all correspondence to:  Establishment Address     Owner Address     Additional Contact

Additional Contact Number: \_\_\_\_\_

Additional Contact Full Address: \_\_\_\_\_

Additional Contact Phone Number: \_\_\_\_\_

Additional Contact Email: \_\_\_\_\_

Is the information complete? (Check items submitted)

Floor plan

Menu

Equipment lists

Equipment specification sheets

Plumbing diagram

Other (specify) \_\_\_\_\_

I have submitted plans to the following departments (Check items):

- Fire Marshal       Other (specify)\_\_\_\_\_

A. Source of water for the mobile unit. (Submit the attached the service area use letter or commissary use agreement letter). **Applicable Code Section: 12VAC5-421-2050**

Source location: \_\_\_\_\_

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

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

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

Source: public: \_\_\_\_\_ private: \_\_\_\_\_

B. Wastewater disposal site (Submit the attached service area use letter or commissary use agreement letter). **Applicable Code Section: 12VAC5-421-2550**

Source location: \_\_\_\_\_

Address \_\_\_\_\_

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

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

Source: public: \_\_\_\_\_ private: \_\_\_\_\_

C. Food storage/preparation, if applicable (Submit the attached commissary use agreement letter).

Location: \_\_\_\_\_

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

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

Owner name: \_\_\_\_\_

D. Grease disposal site, if applicable (Submit the attached service area use letter or commissary use agreement letter).

Locations: \_\_\_\_\_

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

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

Owner name: \_\_\_\_\_

**\*The unit, all operations, and all equipment must be integral to and be within or attached to the unit.**

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

\*Food storage/prep facilities (commissaries) must meet all applicable restaurant regulations.

\*Separate storage areas (storage shelving, refrigeration) must be provided for your food and single service items.

The following questions enable the food service establishment owner and the health department ascertain the acceptability of the facility plans. Check the appropriate boxes where needed.

**Floors: Applicable Code Section(s): 12VAC5-421-2810; 12VAC5-421-2830**

Yes    No    N/A   Are floor materials smooth, durable, impervious, and easily cleanable?

Yes    No    N/A   Is the floor wall juncture coved?

List materials used on floors: \_\_\_\_\_

**Walls and Ceilings: Applicable Code Section(s): 12VAC5-421-2810; 12VAC5-421-2870; 12VAC5-421-2880**

Yes    No    N/A   Are walls and constructed of smooth, durable, and easily cleanable materials?

Yes    No    N/A   In areas subject to moisture, are the walls and ceilings constructed of nonabsorbent materials?

Yes    No    N/A   Are the ceiling and walls constructed so that no beams or piping are exposed?

List materials used on the walls: \_\_\_\_\_

List materials used on the ceiling: \_\_\_\_\_

**Handwashing Facilities: Applicable Code Section(s): 12VAC5-421-2190; 12VAC5-421-2230; 12VAC5-421-3020; 12VAC5-421-3030; 12VAC5-421-3045**

Yes    No    N/A   Are handwashing sinks provided in the unit? Splash guards may be required depending on the location of the sink.

Yes    No    N/A   Is each handwashing sink equipped to provide water at a temperature of at least 100° F through a mixing valve or combination faucet?

Yes    No    N/A   Is handwashing signage posted at each handwashing sink?

Yes    No    N/A   Is each handwashing sink equipped with adequate handwashing soap and disposable towels or approved hand drying device?

**Plumbing: Applicable Code Section(s): 12VAC5-421-2120; 12VAC5-421-2360; 12VAC5-421-2370; 12VAC5-421-2400; 12VAC5-421-2410; 12VAC5-421-2420 12VAC5-421-2440; 12VAC5-421-2500**

Yes    No    N/A   Is there a permanently installed potable water tank on the unit?  
Size of the potable water tank: \_\_\_\_\_

Yes    No    N/A   Is the potable water tank constructed of safe, smooth, durable, corrosion resistant, nonabsorbent, and easily cleanable materials?

Yes    No    N/A   Is the potable water tank enclosed from the filling inlet to the discharge outlet and sloped to an outlet that allows complete drainage of the tank?

Yes    No    N/A   Is the potable water tank inlet provided with a cover to provide protection when not in use?

Yes    No    N/A   Is the potable water tank vent covered with 16 mesh to 1-inch screening when the vent is in a protected area or covered with a protective filter when the vent is in area that is not protected?

Yes    No    N/A   Is the potable water tank sloped to drain?

Yes    No    N/A   Is there a food grade hose provided to fill the potable water tank?

Yes    No    N/A   Is there a permanently installed wastewater tank on the unit?  
Size of the wastewater tank: \_\_\_\_\_ (must be at least 15% larger than the potable water tank)

Yes    No    N/A   Is the sewage holding tank equipped with a shut off valve?

Yes    No    N/A   Is there a permanently installed water heater, large enough to meet peak demands, on the mobile unit?  
Size of the hot water heater: \_\_\_\_\_

**Lighting: Applicable Code Section(s): 12VAC5-421-2890; 12VAC5-421-3080**

- Yes    No    N/A   Will the lighting sources provided over all food preparation areas be at least 50-foot candles (540 lux) of intensity?
- Yes    No    N/A   Will the lighting sources provided in utensil washing, hand washing, and toilet room areas be at least 20-foot candles (220 lux) of intensity?
- Yes    No    N/A   Will the lighting sources provided in all food storage areas, be at least 10-foot candles (110 lux) of intensity?
- Yes    No    N/A   Will light bulbs in food preparation and storage area be properly shielded or otherwise shatter-resistant?

**Ventilation: Applicable Code Section(s): 12VAC5-421-1170; 12VAC5-421-1210; 12VAC5-421-3090**

- Yes    No    N/A   Are ventilation hood systems and other devices sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings?
- Yes    No    N/A   Are exhaust ventilation hood systems, including component parts, designed to prevent grease or condensation from contaminating food preparation, storage and warewashing areas?
- Yes    No    N/A   Are ventilation hood system filters designed to be readily removable for cleaning and replacement and if not, designed to be cleaned in place?

**Insect and Rodent control: Applicable Code Section(s): 12VAC5-421-2930**

- Yes    No    N/A   Are all openings properly protected by tight-fitting windows and doors?
- Yes    No    N/A   Are all windows and doors properly protected by screens, self-closures, and/or mechanical air curtains?
- Yes    No    N/A   Have all holes or gaps along floors, walls, and ceilings been filled or closed?

**Storage Areas: Applicable Code Section(s): 12VAC5-421-610; 12VAC5-421-1450; 12VAC5-421-2000; 12VAC5-421-3340**

- Yes    No    N/A   Are there ample areas for refrigerated and dry storage of food supplies, paper goods, equipment, and utensils?
- Yes    No    N/A   Is all storage shelving installed a minimum of 6 inches above the floor and constructed of smooth, nonporous, and easily cleanable materials?

Yes    No    N/A   Is a separate storage area provided for poisonous and toxic materials (i.e. cleaning agents)?

**Equipment: Applicable Code Section(s): 12VAC5-421-1060; 12VAC5-421-1460  
12VAC5-421-1470; 12VAC5-421-1550**

Yes    No    N/A   Is all equipment NSF approved or equivalent?

Yes    No    N/A   Has a list of all in-place equipment and the manufacturers' specification sheets been submitted?

Yes    No    N/A   Is a 3-compartment sink with drainboards provided (for self-contained units)? Compartments must be large enough to accommodate the largest item to be cleaned.

Yes    No    N/A   Is all fixed equipment (equipment that is not easily removable) either spaced to allow for cleaning along the sides, behind, and above the equipment or spaced not more than 1/32 inch from adjoining equipment, walls, and ceilings?

Yes    No    N/A   Is all table-mounted equipment, that is not easily movable, installed to allow for cleaning of the equipment and areas underneath and around the equipment?

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**FOR OFFICIAL USE:**

Plans Review Received By: \_\_\_\_\_ Date: \_\_\_\_\_

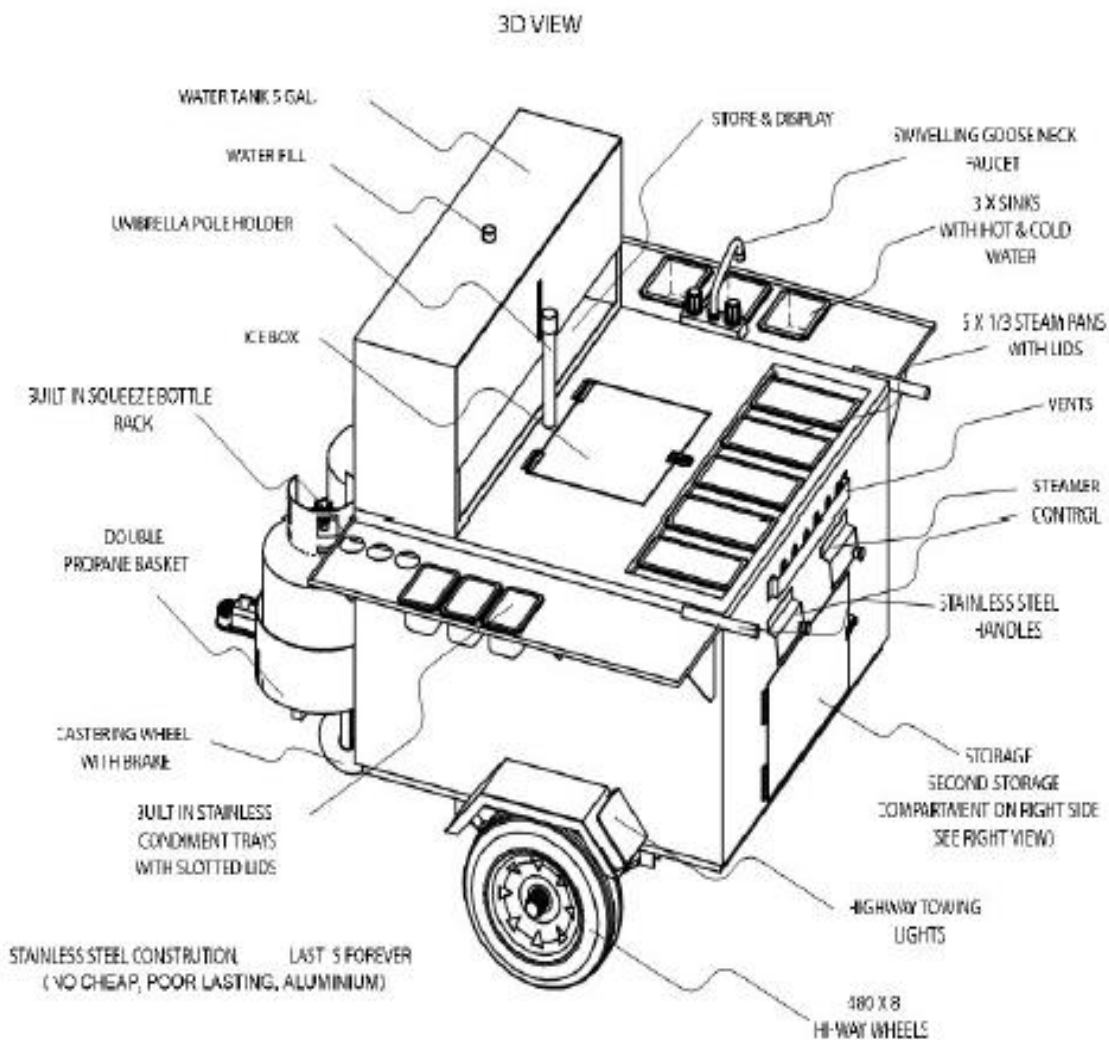
Floor Plans Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**EHS Staff:**

Plans Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

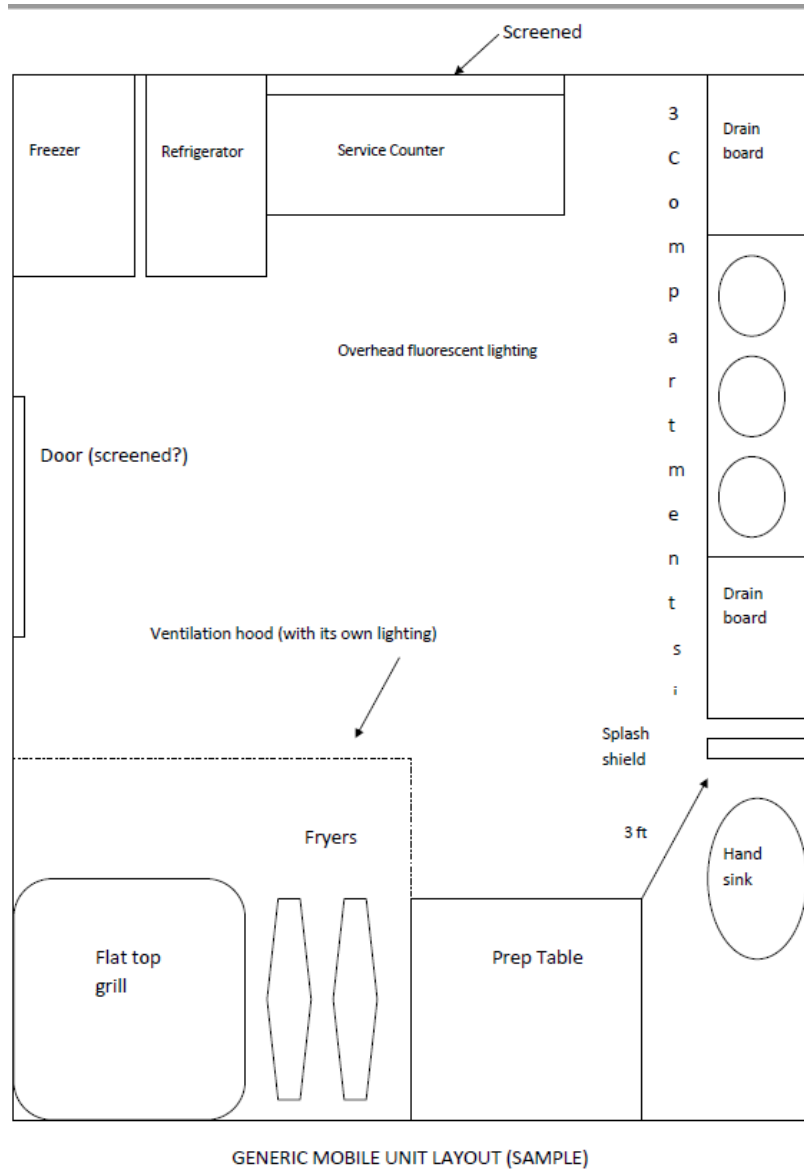
Plan Review Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

# Generic Diagram of a Push Cart





# Generic Diagram of a Mobile Unit





CHICKAHOMINY  
HEALTH DISTRICT



## CHICKAHOMINY HEALTH DISTRICT Service Area Use

\_\_\_\_\_ will report daily or as needed to the Service Area listed below for the following (please check all that apply):

Obtaining Potable Water: \_\_\_\_\_ Disposal of Solid Wastes: \_\_\_\_\_  
Disposal of Gray Water: \_\_\_\_\_ Unit Storage: \_\_\_\_\_  
Grease Disposal : \_\_\_\_\_

VIN Number: \_\_\_\_\_

Name of the Service Area: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Owner of Service Area: \_\_\_\_\_

Service Area Water System: Public \_\_\_\_\_ Private \_\_\_\_\_

\*\* If private, submit water sample test results taken within the last six weeks.

Service Area Gray Water Disposal System: Public \_\_\_\_\_ Private \_\_\_\_\_

Service Area Trash Collection: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Area Days/Hours of Operation: \_\_\_\_\_

Frequency of Use of Service Area: \_\_\_\_\_

We attest that this Service Area will not be used for any purpose other than its intended uses listed above unless the permitting agency is notified and approves of the intended changes.

\_\_\_\_\_  
Signature of Service Area Owner/Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Unit Owner/Operator

\_\_\_\_\_  
Date



## CHICKAHOMINY HEALTH DISTRICT Commissary Use

\_\_\_\_\_ has permission to use \_\_\_\_\_  
as a Commissary for (please check all that apply):

Food preparation: _____	Food Storage: _____
Equipment Storage: _____	Equipment Cleaning/Sanitizing: _____
Potable Water: _____	Gray Water Disposal: _____
Trash Disposal: _____	Unit Storage: _____

***\*\*This Commissary must be a permitted food establishment by the Virginia Department of Health. Please provide a copy of the food establishment permit.***

The following menu items will be prepared at the Commissary:

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

The following foods will be stored at the Commissary:

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

The following equipment will be stored at the Commissary:

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

***\*\* Catering/Mobile unit food and equipment must be stored separately from food and equipment of permitted facility.***

Service Area Water System:                      Public \_\_\_\_\_      Private \_\_\_\_\_

Service Area Gray Water Disposal System:    Public \_\_\_\_\_      Private \_\_\_\_\_

Service Area Trash Collection: \_\_\_\_\_      Phone: \_\_\_\_\_

Name of the Permitted Commissary: \_\_\_\_\_

Owner/Person in Charge of Commissary: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Health District in which Commissary located: \_\_\_\_\_

Daily Operating Hours of Commissary: \_\_\_\_\_

Days of Operation of Commissary: \_\_\_\_\_

Daily Operating Hour of Catering/ Mobile Units:  
\_\_\_\_\_

Days of Operation of Caterer/ Mobile Unit:  
\_\_\_\_\_

Days/Hours when Caterer/Mobile unit will use  
commissary: \_\_\_\_\_

We attest that this Commissary will not be used for any purpose other than its intended uses listed above unless the permitting agency is notified and approves of the intended changes.

\_\_\_\_\_  
Signature of Commissary Owner/Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Caterer/Mobile Unit Owner

\_\_\_\_\_  
Date