



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

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

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

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

Date: _____

New Remodel Conversion

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
- Equipment lists
- Plumbing diagram
- Menu
- Equipment specification sheets
- 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).

Location: _____

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 to 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 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 material?

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

List materials used on 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 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 the 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 allowed 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 an 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 ware washing 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-component sink with the drain holders 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?

FOR OFFICIAL USE:

Plans Review Received By: _____ Date: _____

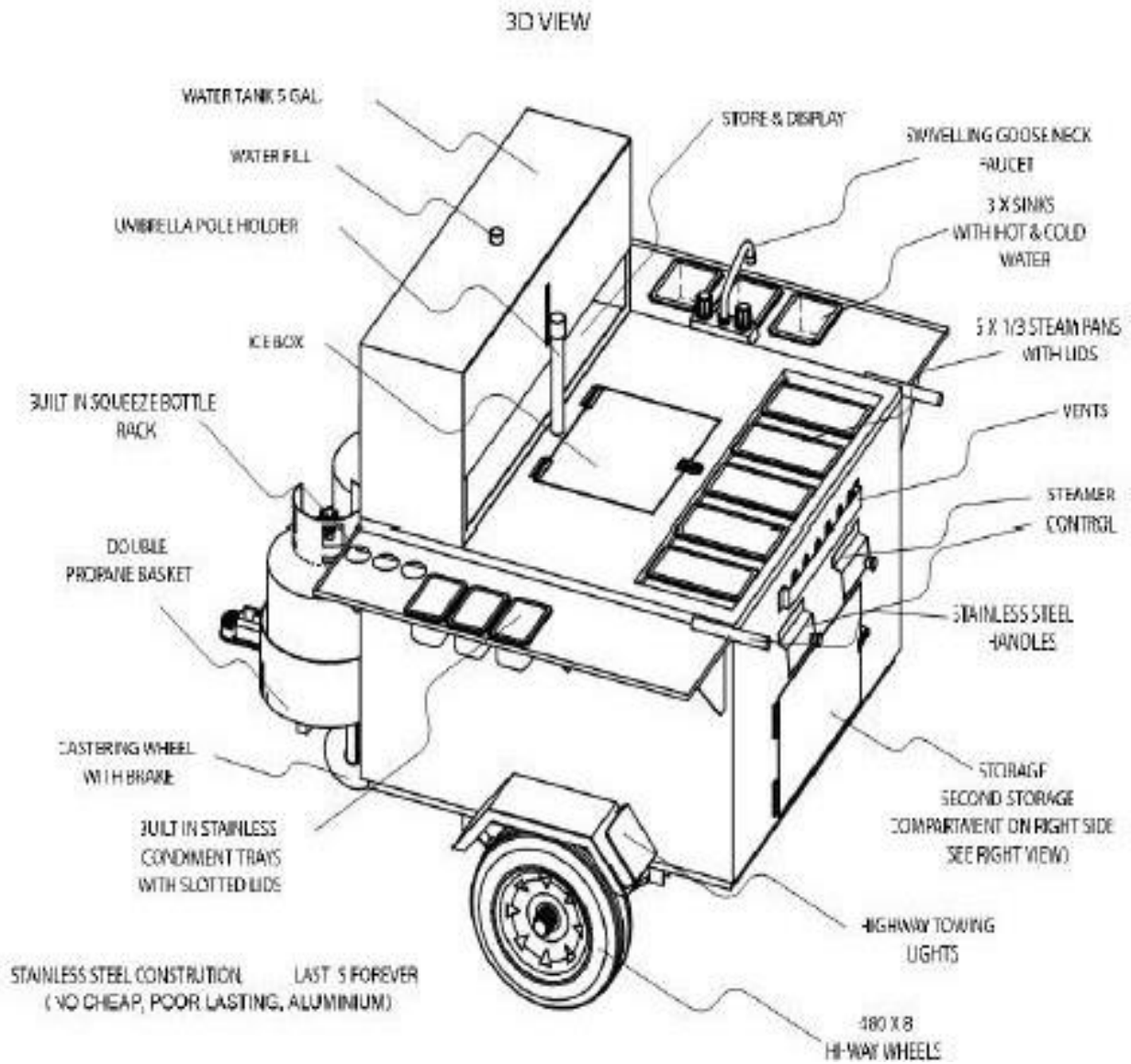
Floor Plans Received By: _____ Date: _____

EHS Staff:

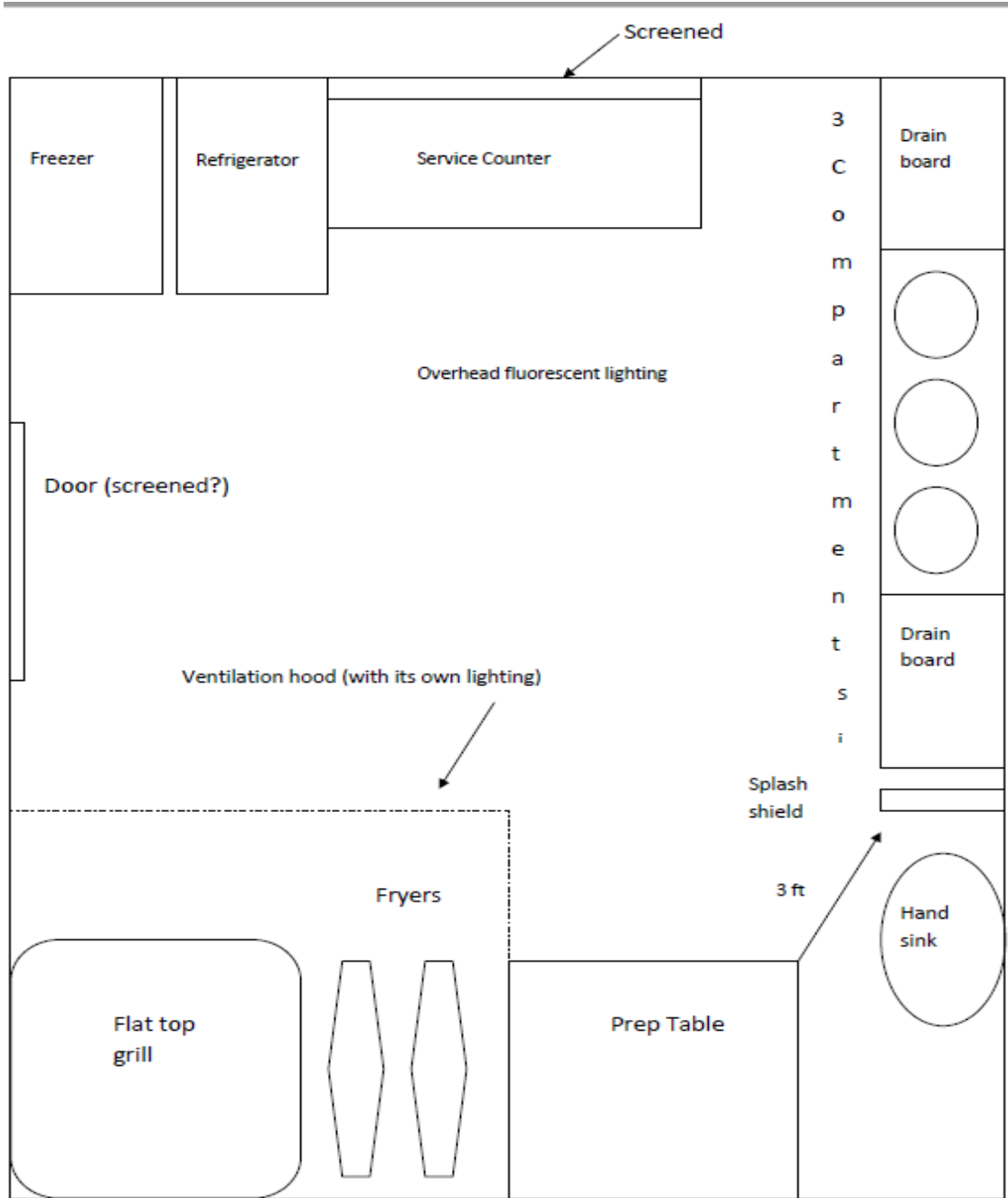
Plans Review Received By: _____ Date: _____

Plan Review Approved By: _____ Date: _____

Generic Diagram of a Pushcart



Generic Diagram of a Mobile Unit



GENERIC MOBILE UNIT LAYOUT (SAMPLE)



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 Gray Water: _____
Grease Disposal: _____

Disposal of Solid Wastes: _____
Unit Storage: _____

VIN Number: _____

Name of the Service Area: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Owner of Service Area: _____

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: _____ Equipment Cleaning/Sanitizing: _____
Storage: _____
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