

Clarke County
100 N Buckmarsh St
Berryville, VA 22611
(540) 955-1033

Frederick/Winchester
107 N Kent St, Ste 201
Winchester, VA 22601
(540) 722-3480

Page County
75 Court Lane
Luray, VA 22835
(540) 743-6528

Shenandoah County
494 N Main St, Ste 100
Woodstock, VA 22664
(540) 459-3733

Warren County
465 W 15th St, Ste 200
Front Royal, VA 22630
(540) 635-3159

Mobile Food Establishment Plan Review

The Virginia Food Regulations require submission of “plans and specifications for review and approval” prior to the “construction, conversion, remodeling or change of type or operation” of a Mobile Food Establishment (12VAC5-421-3600). This Plan Review packet is intended to help you through the plan review process and to assure that your food establishment meets the requirements before issuing a permit.

This packet consists of the following information:

- Mobile Food Establishment Plan Review Worksheet
- Food Establishment Permit Application
- ANSI-CFP Accredited Food Protection Manager Courses
- Commissary/Commercial Kitchen Agreement

Plan Review Process Overview

- Review the documents listed below and complete the Plan Review Worksheet and the Permit Application.
- Submit documents, Plan Review Worksheet and Permit Application along with payment for the Plan Review Fee (\$40) and Permit Application Fee (\$40) to your local Health Department.
- An Environmental Health Specialist (EHS) will review your documents and work with you to identify any necessary changes and ensure your establishment complies with regulations. During this phase, a walkthrough of the facility may be conducted to provide feedback.
- Once the Plan Review is completed and all required documentation provided, the EHS will conduct a final inspection and a Permit can be issued.

Documents You'll Need

- Full menu
- Complete plans of the unit and commissary, if applicable, drawn to scale, including placement of all equipment
- List of all equipment necessary for the operation of the unit
- Cut sheets, manufacturer's specifications or photos of the unit and all equipment
- A description of the construction materials of the unit, including surface finishes for floors, walls, ceilings, and countertops (as applicable)
- Information relating to your base of operation, service dates, and prospective location
- Letter of agreement for proposed commissary or service area that is signed by the owner of the facility (see attached agreement). Proper wastewater disposal and potable water source is required for all mobile food establishments.
- Applicant is responsible for obtaining any required approvals from other agencies, such as zoning/planning, business license, fire department inspection, and the Department of Motor Vehicle registration/license as applicable.

Additional Agencies To Contact

Clarke County

Building: 540-955-5112
Business License: 540-955-5108
Zoning: 540-955-5132

Warren County

Building: 540-636-9973
Business License-
Town: 540-635-7799
County: 540-635-2651
Electric Department: 540-635-3027
Fire Department: 540-636-3830
Planning & Zoning-
Town: 540-635-4236
County: 540-636-3354
Public works: 540-635-7819

Frederick County

Building: 540-665-5650
Business License: 540-665-5681
Fire Marshall: 540-665-6350
Virginia ABC: 540-465-8903
Zoning: 540-665-5651

Shenandoah County

Business License-
Edinburg: 540-984-8521
New Market: 540-740-3432
Strasburg: 540-465-9197
Woodstock: 540-459-3621
Fire Marshall: 540-459-6167
Toms Brook-Maurertown Sanitary
District: 540-459-9784
Zoning: 540-459-6190

Page County

Building Office: 540-743-6674
Business License & Zoning-
Page County: 540-743-6674
Town of Luray: 540-743-5511
Town of Shenandoah: 540-652-8164
Town of Stanley: 540-778-3454

City of Winchester

Rouss City Hall: 540-667-1815
Business License: Ext. 1445
Zoning & Inspections: Ext. 1419
Building Officials: Ext. 1419
Fire Marshall: 540-662-2298

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Application for a Department of Health Food Establishment Permit

Establishment Information					
Printed on permit	Establishment	Owner*	Applicant		
	Specific location, mobile unit etc. where product will be sold or distributed. (e.g. "Main Street Grill")	Association, corporation, individual, partnership, or other legal entity. (e.g. "MSG Partners, LLC")	Person directly responsible for establishment, local point of contact. (e.g. "John Doe – Manager")		
Name:					
Address: <small>Indicate your preferred billing address.</small>	<input type="checkbox"/> Billing Address	<input type="checkbox"/> Billing Address	<input type="checkbox"/> Billing Address		
Phone:					
Mobile:					
Email:					
Owner is: <input type="checkbox"/> **Association <input type="checkbox"/> **Corporation <input type="checkbox"/> **Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____					
<small>**Attach a list (names, titles & addresses) of the persons comprising legal ownership including owners & officers; local resident agent if applicable</small>					
Name/title/contact info of Applicant's immediate supervisor (e.g. regional supervisor, district manager, etc.) if applicable:					
Establishment Type		Application Type		Dates & Times of Operation	
<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Renewal Permit # _____ <small>(Can be found on Invoice or Permit)</small>	Sun.	<input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal Dates:
<input type="checkbox"/>	Mobile Unit			Mon.	
<input type="checkbox"/>	Adult Home	<input type="checkbox"/>	Change of Ownership***	Tue.	Total Seating
<input type="checkbox"/>	School	<input type="checkbox"/>	New Establishment***	Wed.	Indoor: Outdoor:
<input type="checkbox"/>	Concessions	<input type="checkbox"/>	Remodel***	Thu.	Smoking
<input type="checkbox"/>	Other:	<small>***An additional plan review packet must be completed for new construction, remodels, and some changes of ownership</small>		Fri.	<input type="checkbox"/> Prohibited <input type="checkbox"/> Allowed
				Sat.	<input type="checkbox"/> Allowed w/ Restrictions

<p>Health Department Use Only</p> <p>Amount Paid \$ _____ Receipt # _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Credit Card _____ <input type="checkbox"/> Check # _____</p> <p>EHD: <input type="checkbox"/> Entered <input type="checkbox"/> Scanned <input type="checkbox"/> Payment OSS: _____</p>	<p style="text-align: center;"><i>Date Rec'd</i></p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------

Water & Waste Disposal		
*Water sample required prior to permit issuance	Water	Sewer
Public (Name)	<input type="checkbox"/>	<input type="checkbox"/>
Private (Type)	* <input type="checkbox"/>	<input type="checkbox"/>
Trash Disposal		

Food Preparation	
Does the establishment:	
1. Prepare, offer for sale, or serve “potentially hazardous food” (food that requires temperature control for safety – e.g. meats, cheeses, soups, pasta, cooked vegetables, sliced fruit, etc.)? a. Only to order upon a consumer’s request? b. In advance quantities? c. Using time as the public health control (i.e. not temperature controlled)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Prepare food as specified under (2) of this section for service solely to a “highly susceptible population” (i.e., the elderly, children, or those with weakened immune systems)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does not prepare, but offers for sale only prepackaged food that is not potentially hazardous?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Prepares only food that is not potentially hazardous?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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: _____

Plan Review Worksheet

Mobile Food Establishments shall comply with the applicable requirements in the Virginia Food Regulations (12 VAC 5-421). These regulations may be obtained at <https://www.vdh.virginia.gov/environmental-health/food-safety-in-virginia/food-regulations/>

Establishment Information			
Printed on permit	Establishment <small>Specific truck, trailer, etc. where product will be sold or distributed. (e.g. "JD's Tacos & Burritos")</small>	Owner* <small>Association, corporation, individual, partnership, or other legal entity. (e.g. "JT&B Partners, LLC" or "John Doe")</small>	Applicant <small>Person directly responsible for establishment, local point of contact. (e.g. "Bob Smith – Manager")</small>
Name:			
Address:			
Phone:			
Mobile:			
Email:			
Owner is: <input type="checkbox"/> *Association <input type="checkbox"/> *Corporation <input type="checkbox"/> Individual <input type="checkbox"/> *Partnership <input type="checkbox"/> *Other: _____			
<small>*Attach a list (names, titles & addresses) of the persons comprising legal ownership including owners & officers; local resident agent if applicable</small>			
Name/title/contact info of Applicant's immediate supervisor (e.g. regional supervisor, district manager, etc.) if applicable:			
Application Date:		Operation Start Date:	
Establishment type:	<input type="checkbox"/> Mobile Unit <input type="checkbox"/> Vending Truck	<input type="checkbox"/> Pushcart <input type="checkbox"/> Other:	Unit is: <input type="checkbox"/> New Unit <input type="checkbox"/> Remodeled
Certified Food Protection Manager (CFPM) Information			
CFPM Name:		Certification Exam:	
Certification Number:		Expiration Date:	

Please complete the questions on this worksheet that apply to your type of Mobile Food Establishment. Be as specific as possible.

NOTE: If mobile unit is vending only prepackaged non-time/temperature control for safety (TCS) foods a permit is not required; however, an application with description of proposed operation is needed. If vending TCS foods, an application and permit is required.

If you have questions about whether prepackaged foods proposed are TCS or not please contact your local health department.

Water – Potable and Waste

1. What is the source of potable (drinking) water for use on the unit? Describe how water will be transported to the unit (NOTE: If proposed water source is a private well, water sample test results must be submitted to the Health Department for approval).

2. What is the size of the fresh water storage tank (gallons)?

3. Is the water tank inlet $\frac{3}{4}$ " (19.1 mm) or less in inner diameter? Yes
 No

4. A potable (food grade) water hose is required for filling the potable water tank. Where will this hose be stored?

5. How will your water supply hose, water pipes, and water storage tank(s) be disinfected?

6. How will wastewater be removed from the unit? Describe how wastewater will be transported from the unit to the approved wastewater disposal location.

7. What is the size of your wastewater storage tank (gallons)? (NOTE: wastewater tank must be a minimum of 15% larger than potable water tank)

8. What approved site will you use to dispose of the wastewater? Provide a written agreement with owner of the proposed site.

Food And Equipment

1. Attach a proposed menu including all food, condiments, and drinks.

2. List the sources for all foods:

3. Check all of the food processes to be conducted on the Mobile Food Unit:

- Cold Hold: 41°F or less (thermometer needed in all cold hold units)
- Hot Hold: 135°F or above
- Cooking: meat products cooked from raw to required temperature
- Ambient Cooling: ambient temperature to 40°F
- 2-stage Cooling: 135°F to 70°F within 2 hours and to 41°F in a total of 6 hours
- Reheat for Hot Hold: previously cooled TCS foods to 165°F within 2 hours
- Specialized Process: i.e. reduced oxygen packaging, non-continuous cooking

4. What is the power source for the unit?

5. List all equipment (refrigerators, freezers, grills, etc.) or attach manufacturer's list of equipment:

6. Describe how foods will be transported to and from the unit and how temperatures will be maintained during transit:

7. A food thermometer must be provided in the unit. How often will it be calibrated?

Preventing Contamination

1. What type of handwashing system will be used on the unit, and how will handwashing water reach and maintain at least 100°F?

Handwashing cleanser and hand drying supplies must be available at each handwashing sink at all times.

2. How will you prevent the handling of ready-to-eat foods with bare hands (gloves, tongs, etc.)?

3. How and where will dishes and utensils be washed, rinsed and sanitized? (NOTE: 3-compartment sink basins must be able to accommodate the largest piece of equipment/food contact surface)

4. What type of chemical sanitizer will be used, and at what concentration? (Test strips must be provided.)

5. Describe how garbage will be stored during operation and where it will be disposed of.

6. Where and how will the entire unit be cleaned?

Unit Materials

Indicate which construction materials (quarry tile, stainless steel, linoleum, etc.) will be used in the unit in the following areas, as applicable.

Floor:

Walls:

Ceiling:

Counters:

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Commissary/Commercial Kitchen Agreement

Facility Name	Owner																								
Phone:	Email:																								
Address:	City:			State:		Zip:																			
<p>The following services will be provided at my commissary:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Wash, rinse and sanitize facilities</td> <td style="width: 33%;"><input type="checkbox"/> Cooking equipment</td> <td style="width: 33%;">For Mobile Units:</td> </tr> <tr> <td><input type="checkbox"/> Toilet and handwashing facilities</td> <td><input type="checkbox"/> Garbage disposal</td> <td><input type="checkbox"/> Potable water source</td> </tr> <tr> <td><input type="checkbox"/> Facilities to prepare or package food</td> <td><input type="checkbox"/> Equipment/utensil storage</td> <td><input type="checkbox"/> Wastewater disposal</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Cold hold storage</td> <td><input type="checkbox"/> Electrical hook-up</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Dry storage</td> <td><input type="checkbox"/> Parking</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Chemical storage</td> <td></td> </tr> </table>								<input type="checkbox"/> Wash, rinse and sanitize facilities	<input type="checkbox"/> Cooking equipment	For Mobile Units:	<input type="checkbox"/> Toilet and handwashing facilities	<input type="checkbox"/> Garbage disposal	<input type="checkbox"/> Potable water source	<input type="checkbox"/> Facilities to prepare or package food	<input type="checkbox"/> Equipment/utensil storage	<input type="checkbox"/> Wastewater disposal		<input type="checkbox"/> Cold hold storage	<input type="checkbox"/> Electrical hook-up		<input type="checkbox"/> Dry storage	<input type="checkbox"/> Parking		<input type="checkbox"/> Chemical storage	
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	<input type="checkbox"/> Dry storage	<input type="checkbox"/> Parking																							
	<input type="checkbox"/> Chemical storage																								
Commissary Operating Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat																		

Please attach a layout of the kitchen identifying how the operator will use it.

I (*facility owner*), _____, agree to provide these accommodations to _____ and will notify the Health Department if there are changes to this agreement.

Owner Signature _____ Date: _____

Operator Signature _____ Date: _____

What is a commissary and what is the necessity for one?

A commissary is a base of operation for mobile food facilities (MFF). Commissaries are necessary because most MFF's are not equipped to be completely self-sustaining. Some of the issues are:

- 1) Cleaning and sanitizing of ware – to ensure a high standard of food safety, utensils must be washed, rinsed and sanitized.
- 2) Wastewater disposal – wastewater should only be disposed of in a sanitary way, usually in a sewage disposal system approved by the local health department.
- 3) Food storage – food may only be stored in a licensed and/or inspected food establishment. The Commonwealth of Virginia Board of Health Food Regulations does not allow food to be stored in private homes.
- 4) Fresh water source – only fixed food establishments that have a current operating license are approved as a source for fresh, potable water. In some cases, MFF's choose to purchase additional units of bottled water for their food preparation needs.

These are just some examples of why commissaries are necessary for MFF's. Depending on the design of the MFF, some these issues may or may not be applicable. Most MFF's are expected to report during days of operation to the commissary to ensure the issues listed above are being met.

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12VAC5-421-55: Certified Food Protection Manager

Requirements

- At least one employee with supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food protection manager, demonstrating proficiency of required knowledge and information through passing a test that is part of an accredited program.
- This section does not apply to food establishments that serve only non-temperature control for safety food and food establishments where food handling does not exceed reheating and/or cold holding of commercially processed and packaged ready-to-eat food.
- For purpose of enforcement, this section will take effect on July 1, 2018.

Certification

The following programs are recognized by the Virginia Department of Health:

<u>National Restaurant Association</u> https://servsafe.com ServSafe Food Protection Manager Certification Program	<u>National Registry of Food Safety Professionals</u> https://nrfsp.com Food Protection Manager Certification Program International Certified Food Safety Manager
<u>360training.com, Inc</u> https://360training.com/learn2serve Learn2Serve Food Protection Manager Certification Program	<u>Above Training/StateFoodSafety.com</u> https://statefoodsafety.com Certified Food Protection Manager Exam
<u>The Always Food Safe Company, LLC</u> https://alwaysfoodsafes.com	<u>AAA Food Handler</u> https://aaafoodhandler.com/food-manager-certification Food Manager Certification

Please provide Food Protection Manager Certification documentation with all applications for any renewal of a food facility, new establishment, or for temporary food establishments that do not fall under the exemptions above.

Inspections & Enforcement

Types of Inspections

- **Construction:** An inspection that will be completed when requested by the owner, involving the Environmental Health Specialist (EHS) evaluating the facility in respect to the original approved design. The EHS will specifically look at flow of operations, equipment requirements, design and construction, plumbing, etc.
- **Pre-opening:** An inspection required prior to opening a facility. The establishment must be “ready to open,” and will be evaluated as such. Proof of approval from the building department will need to be provided at this inspection.
- **Routine:** This is an unannounced inspection during which the EHS will evaluate foodborne illness risk factors and good retail practices to determine compliance with VDH regulations.
- **Risk-Based:** This is a specialized inspection during which the EHS will evaluate specific foodborne illness risk factors to determine compliance with critical sections of the VDH regulations.
- **Follow-up Inspection:** An inspection conducted for the purpose of re-inspecting items that were not in compliance at a previous inspection.
- **Complaint Inspection:** An inspection conducted in response to a complaint received by the local health department. All complaints are addressed with the person in charge.

Enforcement

- **Suspension of permit:** A permit holder shall immediately discontinue operations and notify the regulatory authority if an imminent health hazard exists: A hearing is not required to suspend a permit, but the opportunity must be given for a hearing after the suspension is in effect. An imminent public health risk includes but is not limited to:
 - Fire
 - Flood
 - Extended interruption of electrical or water services
 - Sewage back-up
 - Misuse of poisonous or toxic materials
 - Onset of an apparent foodborne illness outbreak
 - Gross unsanitary occurrence or condition
 - Other circumstances that may endanger the public
- **Revocation of permit to operate:** A Food establishment’s permit may be revoked due to flagrant or continuing violation of any of the requirements of the Virginia Food Regulations, 12VAC 4-421. Prior to revocation of the permit, the permit holder will be afforded an opportunity to appeal the Health Department’s decision. Whenever a revocation has become final, the holder of the revoked permit may submit an application for a new permit. However, prior to the issuance of a new permit the food establishment must meet all application provisions of the Virginia Food Regulations, 12VAC 4-421.