Thomas Jefferson HEALTH DISTRICT Serving: Albemarle Charlottesville Fluvanna Greene Louisa Nelson

Environmental Health Division

Location	Phone	Fax
C'ville/Alb	434-972-6219	434-972-4310
Fluvanna	434-591-1965	434-591-1966
Greene	434-985-2262	434-985-4822
Louisa	540-967-3707	540-967-3706
Nelson	434-263-4297	434-263-4304

Mobile Unit Plan Review Application

The Virginia Food Regulations require the submission plans for review and approval prior to: "the construction of, the conversion of, or the remodeling of a Mobile Food establishment to include mobile food establishments of all types (mobile units, pushcarts, and vending trucks)".

This Mobile Food Establishment Plan Review packet is intended to help you through the plan review process and to assure that your mobile unit or pushcart meets the requirements. This document is a companion to the Mobile Food Establishment guidelines and should be completed as part of the plan review process and subsequent foodservice permit issue. A good review of plans helps to avoid future problems. By listing and locating equipment on floor plans and diagramming specifications for electrical, mechanical and plumbing systems, potential problems can be spotted while still on paper and modifications made BEFORE costly purchases, installation and construction.

This packet consists of the following information:

- Mobile Food Establishment Plan Review Application
- Sample Commissary Facility Agreement Document
- Sample Service Area Agreement Document

Please complete the attached documents and submit with the required plan review and permit application fees to the Environmental Health office at the local health department office. Approval from the local health department must be obtained prior to operation of your unit and should be considered prior to construction or purchasing a unit.

The following need to be submitted with your completed application and fees to expedite review and approval or your permit request:

1. Full menu—***Note: the available equipment may dictate restrictions on the type of food prepared.***
2. Complete plans of the unit and commissary, if applicable, drawn to scale, including placement of all equipment. (Plan review is conducted by the local health department within 15 business days of receipt.)
3. List of all equipment necessary for the operation of the unit.
4. Cut sheets, manufacturer's specifications or photos of the unit and all equipment.
5. A description of the construction materials used on the unit, including surface finishes for floors, walls, ceilings and countertops (as applicable).
6. Information relating to your base of operation, including approximate dates of use.
7. Service dates and location (area where you will be operating the unit) for the next month (to allow for in operation inspection).

8. Letter of agreement for proposed Commissary (pushcarts) or Service area (mobile units) that is signed by owner of facility (see attached sample document). Wastewater disposal is required for all mobile food establishments unless your unit is serving only prepackaged foods and bottled/canned drinks. **Note: The local health department will evaluate the proposed dump site to ensure the design of the septic system can handle the proposed volume and strength of the waste water from your pushcart or mobile unit. This will be based on your menu and an evaluation of the potential daily volume of wastewater**
9. Applicant is responsible for obtaining any required approvals from other agencies, such as zoning/planning, business license, building, city or county authorities and the Department of Motor Vehicle registration/license as applicable.

Note: If mobile unit is vending only prepackaged non-potentially hazardous foods a permit is not required; however, an application with description of proposed operation is needed. If vending potentially hazardous foods, an application and permit is required.

If you have questions about whether prepackaged foods proposed are potentially hazardous or not please contact one of our Food Protection Team at 434-972-4319.

Mobile Unit Plan Review Application

Mobile food establishments shall comply with the applicable requirements in the Virginia Food Regulations. These regulations may be obtained at http://www.vdh.virginia.gov/EnvironmentalHealth/Food/Regulations or a copy can be purchased from this Department for $6.00.

Please complete the questions on this form **that apply to your type of mobile food establishment.** Be as specific as possible.

Date: _____

Is Unit: New___ Remodeled____

Mobile Food Establishment Type: Mobile unit_____ Pushcart ____ Vending Truck_____

Proposed Business Name: _____

Owner:

Name_____

Mailing Address _____

Phone:_____ Cell Phone:_____ Fax: _____

E-mail:_____

Projected Food Operation Start Date:_____

Approximate Months of Operation:_____

☐ If proposed commissary or service area is on private well and septic system, obtain written well and septic approval for use from local health department. The local health department will evaluate the proposed commissary or service area dump site to ensure the design of the septic system can handle the proposed volume and strength of the waste water from your unit. This will be based on your menu and an evaluation of the potential daily volume of wastewater.

1. What is the source of potable (drinking) water for use on the unit? Describe how water will be transported to the unit and how the water system is constructed.

_____

_____

_____

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

_____

3. Is the water tank inlet three-fourths inch (19.1 mm) in inner diameter or less?

   ( ) Yes ( ) No

4. Is a potable water (food grade) water hose available for filling potable water tank?

   ( ) Yes ( ) No

   Where will this hose be stored? _____

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

_____

_____

6. Is the water tank inlet provided with a host connection of a size or type that will prevent its use for any other service?

   ( ) Yes ( ) No

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

_____

_____

_____

_____

8. What is the size of your wastewater storage tank? **Note:** waste water tank must be sized a minimum of 15% larger than potable water tank.

_____

9. Obtain written agreement, signed by owner, of proposed commissary (for push carts) or service area (for mobile units) for discharging liquid or solid wastes (see attached example document).

10. List all menu items (including condiments).

11. Are all food supplies from inspected and approved sources?

( ) Yes ( ) No

12. List sources for all foods.

13. Describe how foods will be cooked and prepared.

14. List all equipment (refrigerators, freezers, grills, stoves, fryers, etc.).

15. How will foods being hot held for service be maintained at $\geq 135^0$ F on the unit?

16. How will cold foods be maintained at $\leq 41^0$ F on the unit?

_____

_____

17. What is the power source for the mobile unit?

_____

18. Describe how foods will be transported to and from the unit and how hot and /or cold holding temperatures will be maintained during transit.

_____

_____

_____

19. What type of handwashing system will be used on the unit?

_____

_____

_____

20. How will handwashing water at least 100^0 F be achieved and maintained?

_____

_____

_____

21. Is handwashing cleanser available at handsink?

( ) Yes ( ) No

22. Is hand drying supplies (paper towels) available?

( ) Yes ( ) No

23. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods?

( ) Yes ( ) No

24. How and where will dishes and utensils be cleaned (washed, rinsed, sanitized)?

_____

_____

_____

25. What type of chemical sanitizer will be used? At what concentration?

Type: _____

Concentration: _____

26. Will sanitizer test strips be available?

( ) Yes ( ) No

27. Will a food thermometer be used to measure final cooking temperatures of potentially hazardous foods?

( ) Yes ( ) No

28. What type of temperature measuring device(s): _____

29. Will food thermometer be calibrated on a regular basis? How often?

( ) Yes ( ) No Frequency: _____

30. Will thermometers be available in each refrigeration/freezer unit?

( ) Yes ( ) No

31. Describe how garbage will be stored and where it will be thrown away.

_____

_____

_____

32. What method(s) of insect and rodent control will be used in your unit?

33. Describe the type of overhead protection provided for the unit (ceilings, awnings, umbrellas).

34. Where and how will the unit be cleaned?

35. Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions?

( ) Yes ( ) No

36. The Virginia Food regulations require a designated Person-In-Charge (PIC) who can demonstrate food safety knowledge and who can monitor food service employees/ procedures to prevent critical type violations (poor handwashing, improper food temperatures, inadequate cleaning and sanitizing, etc.). The PIC is also responsible for training employees on company health policies such as reporting certain diseases and symptoms to management. The PIC or their designee is required to be present at all times during hours of operation. How will this regulation be met?

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

Floor	Walls	Ceiling	Countertops

☐ Provide additional information, as requested.

☐ Contact the health department when unit is completed, all recommendations from plan review are completed and unit is ready to operate for final inspection and at least 30 days prior to operation. *Note: annual permit will not be issued until final inspection showing substantial compliance is completed.*

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Commissary Authorization (Sample for Push Cart)

Annual Renewal Required
YEAR: _____

This serves to notify the Thomas Jefferson Health District that:

I, the owner/operator of the food facility noted below, will allow my facility to serve as a commissary for the mobile food establishment noted below. I understand that as a commissary for the mobile food establishment, I must allow the mobile food establishment to return for servicing on a daily basis. I understand that by signing this form my facility will be inspected periodically by the local health department to ensure the requirements are met.

Name of Commissary			
Address of Commissary			
Name of Owner/Operator			
Days/Hours of Operation			
Day Phone		E-mail Address	
Commissary Water Supply	__Public __Private	Commissary Sewage Disposal	__Public ___Private
Name of Mobile Food Establishment			
Name of Mobile Food Establishment Owner/Operator			

The following services are provided for the Mobile Food Establishment by my Virginia Department of Health or VDACS regulated food facility serving as commissary:

1. Adequate space for storage for food, utensils, and other supplies. Storage area shall be separated from the food facility's food, utensils, and other items. Storage areas for the mobile establishment will be clearly marked.	5. A food preparation area for mobile food establishment that conducts food preparation. Food preparation area shall be separated from that of food facility or preparation will be completed at alternate time of day.
2. Potable water for filling water tanks.	6. Sanitary disposal or waste water and grease.
3. A three compartment sink for sanitizing utensils.	7. Disposal of garbage and refuse.
4. Hot and cold water under pressure for cleaning.	8. Storage of vehicle/cart.

_____

Signature of Commissary Operator Print Name Date

I, the owner or operator of the mobile food establishment noted above agree to use this food facility as a commissary for servicing on a daily basis. I will use the commissary for the requirements noted above. If I do not use the commissary, my Virginia Department of Health food-service permit may be revoked, and I must stop operating until I obtain another commissary and provide a new commissary authorization document to the Thomas Jefferson Health District.

_____

Signature of Mobile Food Establishment Owner/Operator Print Name Date

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Service Area Authorization (Sample for Mobile Unit)

Annual Renewal Required
YEAR: _____

This serves to notify the Thomas Jefferson Health District that:

I, the owner/operator of the facility noted below, will allow my facility to serve as a service area for the mobile food establishment noted below. I understand that as a service area for the mobile food establishment, I must allow the mobile unit to return for servicing on a daily basis (if needed). I understand that by signing this form, my facility will periodically be inspected by the local health department to ensure the requirements are met.

Name of Service Area			
Address Service Area			
Name of Owner/Operator			
Days/Hours of Operation			
Day Phone		E-mail Address	
Service Area Water Supply	___Public ___Private	Service Area Sewage Disposal	___Public ___Private
Name of Mobile Food Establishment			
Name of Mobile Food Establishment Owner/Operator			

The following services are provided for the Mobile Food Establishment by my facility.

1 Sanitary disposal of waste water and grease.	3. Disposal of garbage and refuse.
2. Potable water for filling water tanks.	4. Hot and cold water under pressure for cleaning.

Signature of Service Area Operator Print Name Date

I, the owner or operator of the mobile food establishment noted above, agree to use this facility as a service area for servicing on a daily basis (if needed). I will use the service area for the requirements noted above. If I do not use the service area, my Virginia Department of Health food-service permit may be revoked, and I must stop operating until I obtain another approved service area and provide a new service area authorization document to the Thomas Jefferson Health District.

Signature of Mobile Food Establishment Operator Print Name Date