

APPLICATION FOR PLAN REVIEW

Please complete the following, as is applicable to the retail food establishment.

Owner/Corporation Information:

Name: _____
Contact Person: _____
Telephone Number: _____
Mailing Address: _____

Engineer/Architect Information:

Name: _____
Contact Person: _____
Telephone Number: _____
Mailing Address: _____

Establishment Information:

(Check one) ☐ New Construction ☐ Existing/Remodel Project #: _____
Establishment Name: _____
Contact Person: _____ Title: _____
Establishment Telephone #: _____ Contact Person Telephone #: _____
Establishment Mailing Address: _____
Establishment Street Address: _____
Projected Date for Start of Project: _____
Projected Date for Completion of Project: _____
Hours of Operation: _____ Days of Operation: _____

Contents and Specifications for Facility and Operating Plans as required in Section 110 of 410 IAC 7-24:

(Please check items submitted for review)

- ☐ Proposed menu (including seasonal, off-site and banquet menus).
- ☐ Anticipated volume of food to be stored, prepared, and sold or served.
- ☐ Proposed layout, mechanical schematics, construction materials, and finish schedules.
- ☐ Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications.
- ☐ Evidence that standard procedures that ensure compliance with ISDH Rule 410 IAC 7-24 are developed or are being developed.
- ☐ Plan review questionnaire completed and submitted to the regulatory authority.

Note:

Other information that may be required by the regulatory authority for the proper review of the proposed construction, conversion or modification, and procedures for operating a retail food establishment.

Additional Information:

Comments: Email: _____

(Signature of Applicant)

(Relationship to Project)

(Date Signed)

Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans and possibly delay construction.

FLOYD COUNTY HEALTH DEPARTMENT

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Mobile Food Unit Application

Requirements and guidelines for submitting a mobile food unit application for license.

Follow these steps when starting a new mobile operation or renovating an existing mobile operation:

1) Find a commissary kitchen, or base of operation.

Food sold or given away to the public must be prepared and stored in an approved facility. In addition, the vehicles or carts used in the sale of those foods must be serviced at an approved facility each day they operate. This commissary kitchen will be subject to approval.

2) Obtain & review applicable sanitary regulations

(Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24 "Indiana Food Code")

3) Complete the Mobile Retail Food Unit Plan Review.

Cost of permit review and pre-operational inspection are \$100 (in addition to permit fee). Submit plan review along with all the required documents listed under the requirements page of this form 30 days prior to permitting.

4) Call & request a Pre-Operational Inspection

The Plan Review packet must be submitted to the Health Department at least 30 days prior to opening (*It is to your advantage to request walkthrough or consultations prior to opening, so that any violations can be corrected while you or your contractor are finalizing construction*).

5) Pay for & Obtain your Mobile Permit

You will need to fill out the Application for a New or Remodeled Food Establishment in order to obtain your mobile permit.

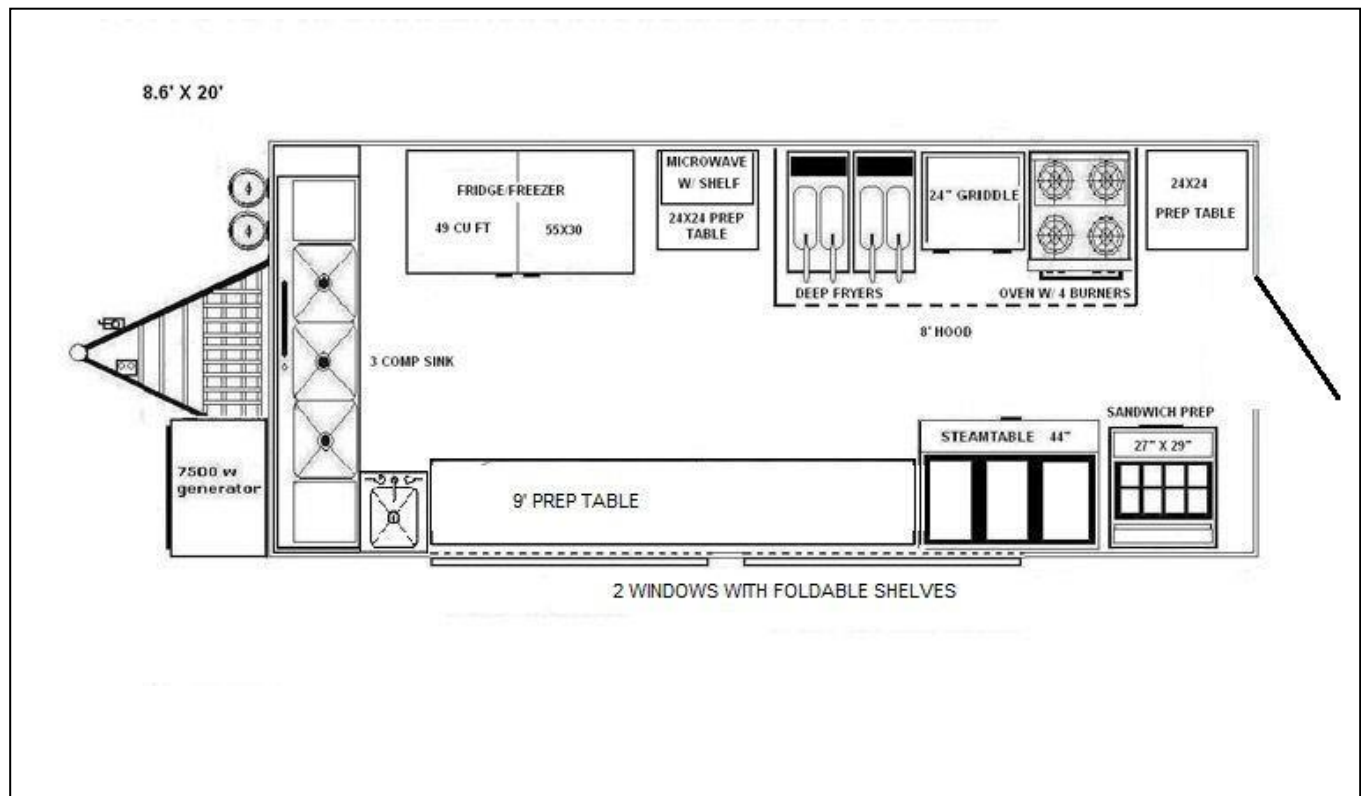
- Fees are due in full the day of the pre-op inspection payable by check, cash or money order.
- **Annual Mobile Permit = \$175** (*pro-rated permits will be issued pending on their application date. FCHD permits are renewed annually on July 1st*)

Note: If you are handling potentially hazardous foods, then your operation may be required to obtain and provide proof of a Certified Food Manager Certificate in accordance with 410 IAC 7-22 (Indiana Food Code). Your menu and processes will dictate this requirement.

Food Truck/Trailers/ Hot Dog Carts/Full Service Ice Cream Trucks

The following documents must be turned in with each application:

- ☐ Completed Mobile Retail Food Unit Plan Review (\$100)
- ☐ Detailed menu (including toppings, condiments etc..)
- ☐ Floor plan drawing (see examples below)
- ☐ Completed Commissary Agreement



Example floorplan of a food trailer

CRITERIA FOR NEWLY CONSTRUCTED MOBILE FOOD UNITS

1. SINKS

- **3 COMPARTMENT SINK:** A 3-compartment stainless steel sink with an integral drain board on each end.
- **HAND SINK:** Hand sinks are required if any open food or beverage is handled in the food unit.

2. SANITIZING At the 3-compartment utensil sink: *Wash, Rinse, and Sanitize*. Use approved chemical sanitizer and pH test kit: *Chlorine (liquid, non-scented, or tablet)* OR *Quaternary ammonium (liquid or tablet form)*

3. VENTILATION: Commercial mechanical exhaust ventilation shall be required at or above all ranges, griddles, deep fat fryers and similar equipment to remove grease, smoke, steam, vapors, heat or odors. *To be approved by Fire Marshal.*

4. LIGHTING: Provide a minimum of 70 footcandles of light within the mobile food unit. Provide completely shielded fixtures or provide shatterproof sleeves on fluorescent tubes.

5. FLOORS: The floor must be smooth, nonabsorbent and easily cleanable. Carpeting and unsealed wood are not allowed in the mobile unit.

6. WALLS AND CEILINGS: Provide non-perforated, light colored, smooth, washable walls and ceilings. Utility lines, service lines, and pipes shall not be unnecessarily exposed (should be enclosed inside of the walls and ceilings).

7. PLUMBING: Hot and cold running water under pressure is required.

- **Fresh Water Tank-** The fresh water tank shall be constructed of a food grade material (NSF or equal). The fresh water tank must be sloped to an outlet that allows complete drainage of the tank. The fresh water inlet must be protected from contamination and be of a size and type that will prevent its use for any other purpose.
- **Waste Water Tank** - The waste-water tank must be at least 15% larger than the fresh water tank. The waste-water tank must be permanently installed. The waste-water tank should be located where it can be accessed for measuring and servicing. If located inside of the unit, the drain outlet must have access to the outside of the unit.

8. ELECTRICAL: Generators or plug-in at site. Provide access to electrical outlet connection so that windows & doors are not held/kept open. All openings to the outside, including serving openings and entrance doors must be screened or kept closed.

9. COMMISARY: All mobile food units must meet minimum requirements pertaining to water and food source, sewage and solid waste disposal, cleaning and servicing facilities and renewal of supplies for mobile unit upkeep and must operate from a commissary ***that is revisited daily***. The commissary must be a licensed retail food establishment and *a copy of their permit and last inspection are required.*

10. EQUIPMENT: All commercial grade equipment must meet the NSF/ANSI/UL standards. Additional equipment (not on this list) is dependent on the type of menu being offered on the mobile unit.

****Additional equipment/requirements/processes (not on this list) may be required at the time of the inspection.***

MOBILE FOOD UNIT PLAN REVIEW WORKSHEET

Please be as specific as possible. You may use additional sheets if necessary.

1. Locations and approximate times the unit will stop to service its customers:

2. Anticipated numbers of meals/servings per day: _____

3. List the name(s) of the “person(s) in charge” who will be present during all hours of operation & how they will be trained in food safety:

4. List all menu items including condiments: (A sample copy of your menu should be attached)

5. Where will food (including ice) and supplies be sourced?

6. Detail what tasks will be performed at the commissary?

7. Detail what food preparation and cooking will be conducted on the mobile unit?

8. What foods are prepared in advance? Describe your date marking system.

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

10. Identify how ready-to-eat food will be protected from raw foods of animal origin during storage, transportation, and preparation by food workers, and cooking:

11. List the equipment and procedures that will be used to maintain temperatures of potentially hazardous foods:

12. Describe how foods requiring cooling will be rapidly cooled on the unit:

13. What are your procedures for any unsold cooked product?

14. What are your procedures for any cooked and uncooked product requiring overnight storage?

15. How will food temperatures be maintained in the unit?

16. Where will the potable water be obtained from and how will it be transported to unit?

17. What are the sizes of the potable water and waste-water storage tanks?

18. Describe your method(s) for providing water under pressure:

19. A hand washing facility shall be equipped to provide water having a temperature of at least one hundred (100) degrees Fahrenheit. How will you achieve this temperature and what type of equipment will be utilized?

20. How will waste-water be removed from the unit?

21. What is the power source for the unit? If electricity is required, how will the electrical supply be connected?

22. Describe how garbage will be stored and where it will be disposed of:

23. What methods of pest control will you use?

24. Mobile food units require cleaning at the completion of each day. Where will your unit be cleaned during days of operation?

25. Where will employees be allowed to eat, drink or smoke? Where will personal belongings be stored?

26. Do you have hand washing signage at each hand washing reminding staff to wash hands before returning to work? (section 432)

Yes___ No___

27. How will you notify customers of which 9 major allergen's are present in the facility? (section 222)

28. Do you have a clean-up procedure and supplies available for cleaning up vomit or diarrhea? (Section 153)

Yes___ No___

29. Do you have an Employee Illness Reporting Policy for staff to review and sign? (section 137a)

Yes___ No___

MOBILE COMMISSARY AGREEMENT

This form is to be submitted with an application for a Mobile Food License. Foods sold or given away to the public must be prepared and stored in an approved facility. In addition, the vehicles or carts used in the sale of those foods must be serviced at an approved facility each day they operate. This agreement means that the operator of the mobile food unit will have access to the commissary and its facilities at any time. Failure to report to the commissary at least once daily during days of operation will result in a civil penalty & license suspension. Any modifications made to this document in any way will void this agreement.

I have access to my own restaurant/commissary known as _____

Food License for Commissary issued by: _____ County Health Department.

Commissary Address: _____ Zip: _____

This part is to be completed by the owner of the approved facility/commissary where these food facility operations will take place for the business applying for a license.

Name of Business applying for Mobile Permit: _____

Name of Approved Food Facility/Commissary: _____

Commissary Address: _____ Zip: _____

Commissary Phone: _____ Different commissary this year? _____

Food License for Commissary issued by: _____ County Health Department.

Operations to take place (place X for yes or no):

Yes: ___ No___ Food preparation? Yes: ___ No___ Cooking facilities available for use?

Yes: ___ No___ Overnight food storage including refrigeration & freezer space?

Yes: ___ No___ Vehicle/Cart storage? Yes: ___ No___ Washing of utensils/equipment?

Yes: ___ No___ Waste Water Disposal? Yes: ___ No___ Trash and Grease dumpster access?

As the owner of the above approved food facility/commissary, I have given my permission for the business

known as _____ to use my facility for the operations indicated, and know that I am ultimately responsible for the maintenance and sanitation of this food facility.

Name of owner of Approved Facility/Commissary: (please print): _____

Signature of Approved Facility/Commissary Owner/Manager: _____

Date: _____