



***Blackford County Health Department***

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## BLACKFORD COUNTY MOBILE UNIT GUIDELINES

Compliance with all applicable sections of the ***Indiana State Department of Health Retail Food Establishment Sanitation Requirements 410 IAC 7-24*** is required. Use the following as a guideline.

### **Administrative:**

- List of events attending in Blackford County
- Submit a menu listing all foods and beverages to be served and source of food
- A pre-opening inspection of the unit is required
- Show proof of certified food handler-if applicable
- Provide a commissary agreement (if required)
- Fees: \$100.00 for annual Mobile Food License **EACH** Fiscal Year
- Fees: \$50.00 per **EACH** Event

### **Food and Water Sources:**

- No homemade or home canned foods or foods that have been stored in a home are allowed.
- All foods must be prepared on site or in a licensed establishment (commissary) and properly transported.
- Food and water, including ice, must come from approved sources.
- Drinking water hoses must be made of food grade material and stamped as such.

### **Food Preparation and Handling:**

- All potentially hazardous foods must be thawed, cooked, cooled, and reheated to the proper temperatures. Keep cold foods 41° F or below, keep hot foods 135° F or above.
- Leftovers must be reheated to 165° F within 2 hours.
- Accurate probe type thermometer available and always used.
- Mechanical refrigeration capable of keeping potentially hazardous food 41° F or below is required. Refrigeration must have an accurate thermometer.

### **Food Protection:**

- No bare hand contact with ready to eat foods (hot dogs, buns, lettuce, cheese, snow cones).
- Food products must be protected from contamination (dirt, chemicals, and people) at all times.
- All food, equipment and single use items must be stored at least 6" off the ground.
- Condiments must be properly handled, stored, displayed, and served.
- Chemicals must be stored separately from food, equipment, and single service items.
- Overhead protection may be required over food service, preparation, storage, ware washing and hand washing areas. State or local fire codes may apply.

### **Utensils/Dishware:**

- Only single service/use eating and drinking utensils can be used for serving food and drinks.
- Single service/use items must be protected from contamination.

### **Ice Use:**

- Ice, which is to be consumed must come from an approved source, be properly labeled, and protected from contamination.
- Ice, being used as refrigeration, must constantly drain in a proper area (not on the ground).

### **Hand Washing Facilities:**

- A convenient and accessible Hand Washing Sink must be fully stocked, available, and always used.
- Hand washing station must have warm running water, soap, and individual paper towels.
- If food preparation takes place outside of the main unit, a separate hand washing facility must be provided at that location.

### **Dishwashing Facilities:**

- Each unit should have a three (3) bay sink\* available to wash, rinse, and sanitize all utensils, dishware, and equipment. (\*If unit is not equipped with a 3 bay sink and items are taken off the premises for washing, they must be properly cleaned and sanitized in a licensed food establishment that serves as your commissary).
- Proper sanitizer and test kit must be provided AND used in each unit.
- Wiping cloths must be stored in sanitizer solution when not in use.

### **Water and Wastewater Facilities:**

- A proper backflow/back-siphonage prevention device must protect all water lines to each unit.
- A sufficient supply of drinking water must be supplied for all purposes (hand washing, dishwashing, sanitizing, and food preparation) via freshwater tank or potable water faucet.
- All hoses must be food grade drinking water safe, and all connections must be at least 6 inches off the ground.
- All liquid waste holding tanks must be available and sized 15% larger than the fresh water holding tank. All waste/gray water must be disposed of in accordance with all applicable laws.
- Provide name of facility where gray water will be disposed: \_\_\_\_\_
- DO NOT dump waste/gray water on the ground!

### **Hygiene and Personal Cleanliness:**

- NO SMOKING, eating, or drinking is permitted in any food preparation or service area.
- Clothing must be kept clean and not used to wipe hands.
- All food handlers must wear proper and effective hair restraints and beard guards.
- Proper hand washing must be done whenever hands become contaminated.

### **Insect Control, Trash, Lighting, and Facility Surfaces:**

- All garbage and trash must be kept in non-absorbent, leak proof, washable receptacles with lids. Lids must be kept in place when unit is not in operation to control flying insects.
- Adequate lighting must be provided and kept properly shielded.
- Grills or other cooking devices set up outside of the licensed mobile unit be on concrete or asphalt. Alternate flooring such as plywood, rolled roofing material, linoleum must be used when set up on grass, gravel, or dirt.

**You must meet all the requirements to obtain/maintain your food license**

## MOBILE UNIT MENU

Food Item	Source	How Stored	Prepared	Served

**COMMISSARY AGREEMENT (IF REQUIRED)**

Name of Mobile or pushcart unit: \_\_\_\_\_

Name of Operator and phone number: \_\_\_\_\_

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

Street Address of Owner: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Title 140 IAC 7-24-113 of Indiana State Department of Health Retail Food Establishment Sanitation Requirement States that "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**. In order to meet these requirements, a mobile unit operator may choose to make agreements with one or more provider as long as each meets the minimum requirements.

This form is to verify to the Blackford County Health Department that an agreement exists between the mobile unit operator and the provider, and that the provider's facility is in compliance with the applicable requirements of the regulations.

**I hereby certify that an agreement exists between:**

**(Name of Mobile Unit) \_\_\_\_\_ and  
(Name of Facility) \_\_\_\_\_ to use my facility during the  
stated time period of \_\_\_\_\_ and that my facility is in compliance  
with the regulations of 410 IAC 7-24-113 and will remain in compliance for the indicated time period.**

**Please indicate what services are being allowed by your facility: (Example: ware washing, storage, food prep, wastewater disposal)**

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

**Signed:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Facility Address/Phone Number:** \_\_\_\_\_

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

\_\_\_\_\_