

Mobile Unit/Caterer Plan Review Application Packet

Mobile Unit Plan Review Application Fee: **\$150.00**

This packet of information will aid you in meeting food permit requirements for your mobile unit. Please allow enough time for a detailed plan review, as last-minute changes can be costly.

This application is required to be submitted, along with all accompanying required paperwork, prior to permitting a new Mobile Unit or Caterer. Please feel free to call or email our office with any questions.

If you are acquiring an established business, please call the Health Department to determine which items will be required for submittal prior to a pre-opening inspection. Please note that Mobile Unit/Caterer **Food Establishment Permits are not transferable** between locations or owners.

Please submit the following completed information:

- Plan Review Application
- Copy of all possible menu items
- List of distributors and suppliers
- Copy of Certified Food Protection Manager certificate, if required
- Set of properly completed plans and specifications
- Copy of the Indiana Retail Merchant Certificate
- A Commissary Agreement

You will be contacted by phone, email, or letter to inform you of any changes in the establishment that need to be made to bring the facility into compliance with the Retail Food Establishment Sanitation Requirements, Title 410 IAC 7-26. It is advisable that construction of the establishment begins only after the plans have been received and approved by our department.

Upon completion of construction, please call the Morgan County Health Department to schedule a pre-opening inspection. This inspection will confirm that the establishment was designed according to the approved plans. Please allow **at least one week** prior to opening your establishment for this inspection.

If you have any questions or concerns, please call the Morgan County Health Department at (765) 342-6621 or email ehs@morgancounty.in.gov.

Updated November 2025

Morgan County Health Department Plan Review Application

Please answer all of the following questions completely.

Legal Business Name/Entity:		
Establishment Name/DBA:		
Establishment Address:	Telephone Number:	
Email:		
Owner Name and Address:	Telephone Number:	
Email:		
Architect/Engineer Name and Address:	Telephone Number:	
Name, email, & number of person to contact for plan review questions:		
Projected Start Date:	Projected Completion Date:	
Contents and Specifications for Facility and Operating Plans: (Check what has been submitted)	Included	
	Yes	No
Plan Review Application		
Copy of the proposed menu (include all possible food & beverages)		
Mobile unit floor plan (include all plumbing fixtures and equipment)		
Commissary Agreement Form		
List of distributors and suppliers and their phone numbers		
Copy of Certified Food Protection Manager certificate (if required)		
Copy of Indiana Retail Merchant Certificate		

Who (name and job title) will be your Certified Food Protection Manager? (IC 16-42-5.2)

How will employees be trained in food safety? (Sec. 136 of Title 410 IAC 7-26)

The following procedures/questions should be considered before any further planning/construction begins or continues to ensure that special consideration is given to these standard sanitary operating procedures (SSOP's). Please indicate (by either checking or completing the answers) whether or not a section applies to your operation. All section numbers can be found in the Indiana State Retail Food Establishment Sanitation Requirements Title 410 IAC 7-26.

https://morgancounty.in.gov/egov/documents/1747145230_5186.pdf

FOOD

1. Will there be any home prepared, canned, or donated food items? (Sec. 155) Yes ____ No ____

2. What is the procedure for receiving food shipments (temperatures checked and containers inspected for damage)? (Sec. 162)

3. Is there adequate shelving to store all food and single-use service items at least 6" above the floor? (Sec. 189 & 328) Yes ____ No ____

4. Is your facility required to have pasteurized products? (Required only if you serve a highly susceptible population.) (Sec. 225) Yes ____ No ____ N/A ____

5. Do you intend to make low-acid or acidified foods to be shelf stable? Yes ____ No ____

a. If so, have you passed the Better Process and Control School exam? (Sec. 156)

Yes ____ No ____ *Note: Include a copy of your certification.

6. Do you intend to make "Reduced Oxygen Packaged (ROP)" foods? (Sec. 97, 218)

Yes ____ No ____ If yes, list out the ROP foods _____

FOOD PREPARATION

7. List foods that are prepared a day or more in advance of service. _____

8. Describe your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked or heat-treated (breads, raw fruits and vegetables, sandwich toppings)? (Sec. 173)

9. Describe your date marking system for Time and Temperature Control for Safety (TCS) ready-to-eat foods. (Sec. 214, 215)

10. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled to ensure foods spend as little time as possible in the temperature danger zone? (Sec. 211) Yes ____ *No ____

* If no, why not? _____

11. Provide a list of the types of food that will need to be thawed before cooking and the process that will be used to thaw the food (frozen meat, fish, french fries). (Sec. 210, 210(b))

PROCESS	TYPES OF FOOD
Refrigeration	
Running water less than 70°F	
Microwave as part of the cooking process	
Cook from frozen	
Other (describe)	

12. Provide a list of the types of food that will need to be cooled after cooking and indicate the process that will be used to cool each of these foods (leftovers: gravy, soup, thick meats, pasta, beans). (Sec. 211, 212)

PROCESS	TYPES OF FOOD
Shallow pans under refrigeration	
Ice and water bath	
Portioning (quartering a large roast, soup, beans, pasta, etc.)	
Ice paddles	
Rapid chill devices (blast freezer)	
Other (describe)	

13. Will produce be washed on-site, purchased pre-washed, or a combination of both? (Sec. 179)

N/A ____ On-site ____ Purchased pre-washed ____ Combination ____

14. How will you ensure that foods are reheated to 165°F or above? (Sec. 206)

15. Is all food prepared and cooked within the commissary or mobile unit? (Grilling and smoking outdoors may require additional permits or approvals.) (Sec. 192, 480, 489) Yes ____ No ____

16. How will you notify consumers of major food allergens in unpackaged and packaged food?

(Sec 221, 222) _____

HOT AND COLD HOLDING

17. Will "Time as a Public Health Control" be used for TCS hot or cold food(s)? (Sec. 216)

*Yes ____ No ____

***Note: You must have written procedures and make them available to the inspector if using this option. These procedures must be followed to the letter in the Retail Food Establishment.**

18. Will raw animal food(s) be offered to the public in an undercooked form (steak, sushi, rare hamburgers, eggs over easy)? *Yes ____ No ____

***Note: If yes, attach your consumer advisory statement & be sure that asterisks are attached to all affected food items on the menu. (Sec. 223)**

19. Who will be assigned the responsibility of taking food temperatures, and at what points will temperatures be taken (during cooking, cooling, reheating, and hot holding)? (Sec. 136)

20. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in all refrigeration units (order of stacking from top to bottom). (Sec. 175)

21. Describe the storage of different types of raw meats (pork, chicken, fish, beef) and seafood in the same unit, and how cross-contamination will be prevented (order of stacking from top to bottom. (Sec. 175)

WAREWASHING/DISHWASHING

22. Dishwashing methods (Sec. 274, 318) (check one or both):

Three-compartment sink ____ Dish machine ____

23. If a three-compartment sink is used, which sanitizing method will you use:

Hot Water ____ OR Chemical ____

24. If a dish machine is used, which sanitizing method will you use: Hot water ____ Chemical ____

a. If hot water, do you have a booster heater? Yes ____ No ____

b. If hot water, what type of temperature measuring device will you provide to ensure proper sanitization temperatures are achieved? (Sec. 280, 316)

25. Can the largest piece of equipment be submerged into the three-compartment sink? (Sec. 314)

Yes ____ No ____

26. Does the facility plan to use alternative manual ware washing equipment? (Sec. 314) Yes ____ No ____

***Note: If yes, submit your procedure for review**

27. Describe the type of drain boards/utensil racks/carts used for the effective air drying of equipment and utensils. (Sec. 275)

SANITIZATION

28. How will you ensure the correct amount of sanitizer is used? (Sec. 136) _____

29. Will the Person in Charge ensure proper sanitizer amounts and usage? (Sec. 136) Yes ____ No ____

30. What type of chemical sanitizer(s) will the facility use? (Sec. 299) (*Chlorine and Quaternary Ammonium are most common*)

31. Will the facility have test kits on site for all types of chemical sanitizers? (Sec. 301) Yes ____ No ____

32. How will you wash, rinse and sanitize cutting boards, counter tops and other food contact surfaces which cannot be submerged in a sink or put through a dishwasher? (Sec. 313, 314, 315, 318)

WATER SUPPLY

33. Is the water supply: a public utility (____) or a private well (____)? *If public, skip question #35.*

34. If private, has the source been tested? (Sec. 339) Yes _____ No _____

a. If so, when was the last test _____ and did you send us a copy of the lab results?

Yes ____ No ____

b. Have you completed the Indiana Department of Environmental Management Drinking Water Branch's "New System Questionnaire"? Yes ____ No ____

35. What is the holding capacity for the fresh-water tank? _____ gal

***Note: The fresh-water tank must be made of food-grade materials.**

WASTE WATER/SEWAGE DISPOSAL

36. Is the sewage disposal system: a public utility (____) or private system (____)?

If public, skip question #37.

37. Has the waste treatment system been approved by the Indiana State Department of Health or the Morgan County Health Department? (Sec. 385) **Note: Provide a copy of the approval.*

Yes ____ No ____

38. What is the holding capacity of the wastewater tank? _____ gal

***Note: The wastewater tank must be at least 15% larger in capacity than the fresh-water tank.**

PLUMBING

39. Are hot & cold-water fixtures provided at every sink? (Sec. 347) Yes ____ No ____

40. Are all handwash sinks capable of providing minimum 85°F water? (Sec. 347) Yes ____ No ____

41. If a water supply hose is to be used for potable water, is it made from food-grade materials? (Sec. 370) Yes ____ No ____ N/A ____

HANDWASHING/TOILET FACILITIES

42. Where is the hand sink located in the mobile unit? _____

a. Will each handwash sink have a waste receptacle for paper towels? (Sec. 433) Yes ____ No ____

b. Will you have handwashing signage at each handwash sink? (Sec. 432) Yes ____ No ____

43. Will you have an exterior hand sink/hand wash set-up, if required? Yes ____ No ____

PERSONAL BELONGINGS

44. Describe the storage location* for employees' coats, purses, phones, medicines, and personal foods. (Sec. 440, 472) **Note: This storage should be labeled clearly, away from food and items used for the mobile unit/catering.*

45. Where is the designated area for employees to eat, drink, and use tobacco? (Sec. 148)

EQUIPMENT

46. Will all of the equipment meet the design and construction standards (for example, it is durable, corrosion-resistant, nonabsorbent, smooth, and easily cleanable)? (Sec. 226) Yes ____ No ____

47. Will all food storage containers be made from food-grade quality materials? (Sec. 226)
Yes ____ No ____

48. Will a 1-compartment sink be used for food prep (thawing food or cleaning fruits and vegetables)? (Sec. 474) Yes ____ No ____

49. Will you have a ventilation hood system? (Sec. 276) (Please consult your town's Planning & Building department for more information.) Yes ____ No ____

50. Will all of the equipment used for the storage of TCS foods be able to meet the minimum temperature requirements (frozen food maintained frozen, cold food $\leq 41^{\circ}\text{F}$, hot food $\geq 135^{\circ}\text{F}$)? (Sec. 213, 208)
Yes ____ No ____

51. Is there sufficient amount of equipment for the hot and cold holding of foods? (Sec. 273)
Yes ____ No ____

52. Will each cold or hot holding equipment used for TCS foods have a thermometer? (Sec. 260)
Yes ____ No ____

53. Will a probe thermometer be provided to measure the internal temperature of food? (Sec. 279)
Yes ____ No ____

54. Will you have any self-service food items (donut case, grab-and-go items)? Yes ____ No ____

a. If yes, how will this food be protected from consumer contamination? (Sec. 193)

b. If yes, how will this food be labeled for self-service? (Sec. 221)

POISONOUS OR TOXIC MATERIALS

55. Where will poisonous or toxic materials (cleaning chemicals) be stored? (Sec. 457)

56. Will the employees use a hand sanitizer? (Sec. 144) Yes ____ No ____

*If yes, what brand? _____

57. How will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and that they are applied in a safe manner? (Sec. 136)

58. Will all chemical spray bottles be clearly labeled? (Sec. 456) Yes ____ No ____

59. Where will all first aid supplies be stored? (Sec. 471) _____

INSECT AND RODENT HARBORAGE

60. Will all outside doors be rodent/insect proof? (Sec. 421) Yes ____ No ____

61. Will tight-fitting screens be provided on any open windows/doors to the outside? (Sec. 421)
Yes ____ No ____

LIGHTING

62. Will lighting intensity in all areas be adequate for proper cleaning, viewing labels, and avoiding injury? (Sec. 436) Yes ____ No ____

MISCELLANEOUS

63. Will you have a tent or canopy set-up outside your mobile unit for food prep or service?

*Yes ____ No ____ ***Note: You must have a handwash set-up if food prep occurs outside mobile unit.**

64. Do you have a written employee health policy requiring employee verification of receipt of this policy? (Sec. 136-139) Yes ____ No ____ ***Note: Provide a copy of this policy.**

65. Do you have written procedures for employees to follow when responding to vomiting or diarrheal events? (Sec. 153) Yes ____ No ____ ***Note: Provide a copy of this policy.**

*Do you have a diarrhea and vomit clean-up kit available? Yes ____ No ____

SIGNATURES

Statement: I hereby certify that the above information is correct and I fully understand that any deviation from the above without permission from the Morgan County Health Department may nullify final approval. I also understand that under 410 IAC 7-26-488, my mobile unit shall return to the servicing area (commissary) at least once daily for any support activities.

Owner/Operator (print name)

Date

Owner/Operator (sign name)

Approval of these plans by the Morgan County Health Department does not indicate approval by or compliance with any other code, law, or registration that may be required by federal, state, or local entities. Further, approval of these plans by the Morgan County Health Department does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment will be required to determine whether it complies with local and state codes governing food establishments.

Office Use Only

Reviewer: _____

Date reviewed: _____

Plan Review Released? Yes ____ No ____