



## **Washington County Health Department**

806 Martinsburg Rd. Suite 100 – Salem, IN 47167

--- [www.in.gov/localhealth/washingtoncounty](http://www.in.gov/localhealth/washingtoncounty) ---

Phone: (812)883-5603 Ext. 3 Fax: (812)883-5017

# Mobile Food Unit

## Information and Application



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

### 1. Find a Commissary<sup>1</sup>

- All mobile food service units must have an **approved, licensed** commissary meeting Sewer & Utility grease trap requirements. (410 IAC 7-24 )(Section 113)
- All mobile food service units must complete a Commissary Agreement with their commissary annually.
- Unit shall return to commissary to be serviced after each day's use.
- There will be no food service operations (water supply, food preparation, food storage, utensil, or unit cleaning) in conjunction with a private residence or other living quarters. (Section 119,423).
- Food service operation are to be done at the approved commissary or mobile unit ONLY.

### 2. Complete Application

- The health department needs completed application as well as a full and complete menu of items that will be served on the mobile food unit.
- Please submit all completed paper work from this packet to WCHD for review.
- It may take up to **15 business days** to review and approve.
- If any information changes, you must notify the health department ASAP.

### 3. Request Opening Inspection

- The mobile unit must meet all requirements of the Indiana food code Title 410 IAC 7-24 BEFORE they request an opening inspection.
- A final inspection of the food truck is needed by Health Department before operation can begin.

### 4. Receive Permit

- A permit is required for operation.
- The permit shall be attained within 30 days of the opening inspection.
- Food Permit shall be conspicuously displayed on the mobile unit and is not transferable.
- Must be renewed yearly.

### 5. Obtain a Certified Food Employee

- Within 6 months of starting new mobile food service, the owner/operator shall obtain an accredited food handler manager's certification to demonstrate knowledge of food safety principles and practices. (Section 118).
- The owner or operator shall have a person-in-charge<sup>2</sup> present at the mobile unit during all hours of operation. This person shall demonstrate to the regulatory authority knowledge of foodborne disease prevention, application of the HACCP principles, and requirements of 410 IAC 7-24 (Section 117, 118).]

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#### References:

1. "Commissary" means a registered catering establishment, restaurant, or any retail food establishment in which food, food containers, or food supplies are: (1) kept; (2) handled; (3) prepared; (4) packaged; or (5) stored; from which meals are catered and mobile retail food establishments or pushcarts are serviced. (410 IAC 7-24-16 Sec. 16.)
2. "Person-in-charge" means the individual present at a retail food establishment who is responsible for the operation at the time of inspection. (410 IAC 7-24-16 Sec. 16.)



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### Appendix A

## **Requirements for Mobile Food Units**

### **Equipment**

- Three Compartment sink
  - Three compartment sink is required for mobile units if they are cooking food within unit and for those for complex menu operations. (Section 269)
  - Three (3) compartments shall be provided for manually washing, rinsing, and sanitizing equipment and utensils. Sink compartments shall be large enough to accommodate immersion of the largest equipment and utensils. If equipment or utensils are too large for the mobile unit ware-washing three (3) compartment sink then the commissary must be able to accommodate or alternative container must be utilized. (Section 270)
  - Three Compartment sink shall be equipped with drain boards and be self-draining (Section 288).
  - Drain boards, utensil racks, or tables large enough to accommodate all soiled and cleaned items that may accumulate during hours of operation shall be provided for necessary utensil holding before cleaning and after sanitizing (Section 289).
- Hand Sink
  - Hand sinks are required if all products are not prepackaged.
  - Hand washing sink must have hot water of at least 100° F. (Section 342)
- Refrigeration
  - It is required to have adequate mechanical refrigeration units to maintain 41°F or lower for storage of potentially hazardous food. (Section 259, 187)
  - A thermometer is required to be placed in the refrigeration in order to monitor temperature. (Section 256)
- Hot holding/Reheating
  - If holding hot food, it is required have adequate mechanical hot holding units to maintain 135 °F. (Section 259, 187)
  - Residential grade crock pots are prohibited. Commercial grade warmers/steamers are allowed provided that they have a temperature gauge on the unit.
- Sanitizer
  - Sanitizer for food contact surfaces and ware washing must be available. (Section 294, 303, 443)
  - Test strips for the all sanitizing solutions in use must be available. (Section 291)
- Food product thermometers
  - Food product thermometers shall be provided and readily accessible for use in ensuring attainment and maintenance of food temperatures. (Section 257)
  - Thermometers must be durable and accurate. (Section 253, 254)

### **Ventilation**

- Exhaust ventilation hood systems, including components, such as hoods, fans, guards, and ducting, shall be adequate in size and number to prevent grease condensation on walls and ceilings and designed to prevent grease or condensation from draining or dripping onto the following: (1) Food. (2) Equipment. (3) Utensils. (4) Linens. (5) Single-service and single-use articles (Section 307, 306).
- Hood vents shall extend at least six (6) inches beyond the cooking surfaces below.
- A K Class fire extinguisher is required to be provided and easily accessible in the mobile unit.



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### **Plumbing**

- Adequately sized potable and non-potable water tanks are required.
- The tanks shall be of sufficient capacity to furnish enough hot and cold water for food preparation, utensil cleaning and sanitizing, and hand washing. The waste tank shall be at least fifteen percent (15%) larger capacity than the water supply tank (Section 372).
- Hoses for water must be food grade and have a quick connector.
- Both water hoses for potable water supply and waste non-potable lines shall be clearly and durably identified as to its use (Section 364).
- Hoses shall be properly sized for filling potable water and properly disposing waste water at commissary and properly stored to prevent contamination of the mobile unit.
- A mobile retail food establishment's water tank inlet shall be as follows: (1) Three-fourths ( $\frac{3}{4}$ ) inch in inner diameter or less. (2) Provided with a hose connection of a size or type that will prevent its use for any other service (Section 367).
- A water tank, pump, and hoses shall be flushed and sanitized before being placed in service after the following: (1) Construction. (2) Repair. (3) Modification. (4) Periods of nonuse (Section 368).

### **Floors, Walls, Ceilings, Doors**

- Walls, floors and ceilings shall be smooth, durable, non-absorbent, and easily cleanable (Section 399).
- Adequate fly, insect and rodent control, i.e., screening, air curtain. Doors shall be tight fitted (Section 413).

### **Other Requirements**

- All food products must be from an approved source and prepared in an approved, licensed facility. (Section 142)
- A Commissary Agreement must be completed and renewed yearly.
- All Cooking shall be inside enclosed mobile unit. If utilizing BBQ cooker, cooker shall be on mobile unit frame with permanent overhead cover to protect from elements.
- Light bulbs shall be shielded, coated, or otherwise shatter resistant to protect exposed food, clean equipment. The light intensity shall be at least seventy (70) foot-candles to allow for daily operation. (Section 410, 411)
- Grease trap maintenance log shall be on mobile unit for inspection review (Section 324).
- Food Permit shall be conspicuously displayed on the mobile unit and is not transferable. Must be renewed yearly.



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### Appendix B

## Requirements for PushCarts

### Menu

- Limited to non-potentially hazardous foods, pre-packaged foods, or manufactured precooked foods that require limited assembly.
  - Examples: manufactured hot dogs, manufactured tamales, lemon aide, popcorn, and shaved ice.
- The menu items must be commercially manufactured, processed, and packaged.
- No preparation, assembly, or cooking of raw animal foods. Foods may be reheated only.
- Self-service by customers of unpackaged food is not allowed.
- Potentially hazardous condiments or toppings that require temperature control are not allowed.
- Food must be maintained at proper temperatures.

### Equipment

- An attached handwashing sink is required if all products are not prepackaged.
  - Must have hot and cold plumbed water capable of reaching 100°F. (Section 342)
- Must have potable and non-potable water tanks of at least 5 gallons each.
  - The tanks shall be of sufficient capacity to furnish enough hot and cold water for food preparation, utensil cleaning and sanitizing, and hand washing. The waste tank shall be at least fifteen percent (15%) larger capacity than the water supply tank (Section 372).
- Must be provided with attached overhead cover. (i.e. attached umbrella)
- Cold holding (if required) shall be adequate. Non mechanical means of temperature control may be approved if the time products are held is limited and adequate temperatures are maintained. (Section 259, 187)
- Hot holding (if required) shall be done by mechanical means and must be adequate to maintain product temperature of 135°F for the duration of service. (Section 259, 187)
  - Steam tables with covered lids shall be used for hot holding. Other process of cooking or reheating are not allowed.
- If serving a reheated precooked food, food product thermometers shall be provided and readily accessible for use in ensuring attainment and maintenance of food temperatures. (Section 257)
- All equipment and the cart itself shall be smooth, durable, non-absorbent, and easily cleanable. (Section 399)

### Other Requirements

- Push carts must have an **approved, licensed** commissary
- A Commissary Agreement must be completed and renewed yearly.
- There will be no food service operations (water supply, food preparation, food storage, utensil, or unit cleaning) in conjunction with a private residence or other living quarters. (Section 119, 423).
- Grease trap maintenance log shall be on push cart for inspection review (Section 324).
- Food Permit shall be conspicuously displayed on the mobile unit and is not transferable. Must be renewed yearly.



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### Appendix C

## Annual Commissary Agreement

All Food Establishments must operate out of an approved and permitted facility. Many food operations such as Mobile Food Units and Caterers utilize commissaries that are not under their own ownership. This form shall be completed if you are not the owner of the commissary you will be using.

The commissary also must be able to meet your individual needs as a retail food operator. The commissary must have facilities for supply storage, equipment cleaning, food preparation and other servicing activities. Indicate which of the following services will be allowed for use at the commissary:

- |   |   |
|---|---|
| <input type="checkbox"/> 3- Compartment Sink                            | <input type="checkbox"/> Commercial Refrigeration Space |
| <input type="checkbox"/> Food Prep Sink                                 | <input type="checkbox"/> Freezer Space                  |
| <input type="checkbox"/> Dry Storage Space                              | <input type="checkbox"/> Ice Machine                    |
| <input type="checkbox"/> Key Accessibility to Commissary (if necessary) | <input type="checkbox"/> Cooking Equipment              |
| <input type="checkbox"/> Preparation Table/Equipment                    | <input type="checkbox"/> Mop Sink                       |
| <input type="checkbox"/> Off Street Parking for trucks/trailers         | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Hand Wash Sink                                 |   |

#### Commissary Information:

|                              |     |  |                |  |  |
|------------------------------|-----|--|----------------|--|--|
| Name of Business:            |     |  | Permit Number: |  |  |
| Address:                     |     |  | Owner:         |  |  |
| City:                        | St: | Zip:   | Phone Number:  |  |  |
| Email:                       |     | Do other vendors use this commissary and how many? |                |  |  |
| Business Hours of Operation: |     |  |                |  |  |

#### Mobile Unit/Caterer Information:

|                           |     |                 |                |  |  |
|---------------------------|-----|-----------------|----------------|--|--|
| Name of Business:         |     |                 | Permit Number: |  |  |
| Address:                  |     |                 | Owner:         |  |  |
| City:                     | St: | Zip:            | Phone Number:  |  |  |
| Email:                    |     | License Plate#: |                |  |  |
| Days/Times at Commissary: |     |                 |                |  |  |

(Commissary Owner – Printed Name and Title)

(Mobile Unit/Caterer – Printed Name and Title)

\_\_\_\_\_  
(Commissary Owner- Signature and Date)

\_\_\_\_\_  
(Mobile Unit/Caterer – Signature and Date)

This agreement between the owner of the commissary and the operator of the mobile unit or caterer signifies that both parties agree to the allowed use of the commissary as specified. **Note that this agreement is not transferable. Must be renewed yearly. Should there be a change in ownership of either the commissary or mobile unit/caterer, or should there be any modification or cancellation of this agreement between parties, then the Washington County Retail Food Establishment Permit may be suspended. Agreement expires 12/31.**



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### Mobile Food Unit Food Preparation Flow Chart

Appendix D

List each menu item and check mark each food preparation step that will occur at the **commissary**:

| FOOD                  | thaw | cut/<br>assemble | cook/<br>bake | cool | cold<br>holding | reheat | hot<br>holding | portion/<br>package | storage |
|-----------------------|------|------------------|---------------|------|-----------------|--------|----------------|---------------------|---------|
| Example: Clam Chowder |      | ✓                | ✓             | ✓    | ✓               |        |                |                     |         |
| 1.                    |      |                  |               |      |                 |        |                |                     |         |
| 2.                    |      |                  |               |      |                 |        |                |                     |         |
| 3.                    |      |                  |               |      |                 |        |                |                     |         |
| 4.                    |      |                  |               |      |                 |        |                |                     |         |
| 5.                    |      |                  |               |      |                 |        |                |                     |         |
| 6.                    |      |                  |               |      |                 |        |                |                     |         |
| 7.                    |      |                  |               |      |                 |        |                |                     |         |
| 8.                    |      |                  |               |      |                 |        |                |                     |         |
| 9.                    |      |                  |               |      |                 |        |                |                     |         |
| 10.                   |      |                  |               |      |                 |        |                |                     |         |

List each menu item and check mark each food preparation step that will occur on the **mobile food unit**:

| FOOD                  | cold<br>holding | cook/<br>grill | reheat | hot<br>holding | assemble | other |
|-----------------------|-----------------|----------------|--------|----------------|----------|-------|
| Example: Clam Chowder |                 |                | ✓      | ✓              |          |       |
| 1.                    |                 |                |        |                |          |       |
| 2.                    |                 |                |        |                |          |       |
| 3.                    |                 |                |        |                |          |       |
| 4.                    |                 |                |        |                |          |       |
| 5.                    |                 |                |        |                |          |       |
| 6.                    |                 |                |        |                |          |       |
| 7.                    |                 |                |        |                |          |       |
| 8.                    |                 |                |        |                |          |       |
| 9.                    |                 |                |        |                |          |       |
| 10.                   |                 |                |        |                |          |       |



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### Appendix E

## Employee Health and Hygiene

The person in charge (PIC) is required to:

- Recognize symptoms of diseases that are transmitted by foods. Common symptoms of illnesses that can be easily spread by food include:
  - Diarrhea, Vomiting, Jaundice, Sore throat with fever, or Infected wounds or boils on the hands or arms.
- Notify employees of their reporting requirements regarding their health and activities. Employees must notify PIC when:
  - They experience any of the common symptoms that can be easily spread by food (listed above).
  - They are diagnosed as being ill as a result of any of the following pathogens (Big Five):
    - Norovirus, Hepatitis A virus, Shigella spp., Enterohemorrhagic or Shiga toxin-producing E. Coli, Salmonella typhi
  - They are exposed to or are suspected of causing a confirmed foodborne illness outbreak of any of the Big Five.
  - They live with a household member who has any of the Big Five, or if a household member works in or attends a setting where any of the Big Five have caused a confirmed outbreak.
- Exclude food employees from the unit with the following conditions:
  - Diagnosed as having an illness associated with a Big Five pathogen.
    - For employees diagnosed with one of the Big Five but experiencing no illness symptoms, consult the regulatory authority. Restriction is allowed under some circumstances.
  - Signs of jaundice (yellowing of skin and/or eyes), and onset occurred in the last 7 calendar days.
- Restrict food employees with the following conditions from working with exposed food, clean equipment, utensils, linens, unwrapped single service and single-use items, etc.:
  - Sore throat with fever
  - An uncovered lesion containing pus, such as a boil, or an uncovered infected wound.
- Notify the regulatory authority when an employee is diagnosed with any of the Big Five pathogens or is jaundiced.
- Reinstate affected food workers who are restricted or excluded.
  - Reinstatement will be performed in the following manner:
    - Any employee excluded due to jaundice or diagnosis with one of the Big Five will be reinstated per written medical documentation from a physician and approval from the regulatory authority.
    - Any employee excluded due to symptoms of vomiting or diarrhea will be reinstated after they have been symptom free for at least 24 hours, or after they have provided medical documentation that the symptom is from a noninfectious condition.
    - Any employee restricted or excluded due to illness with sore throat and fever will be reinstated when they have provided medical documentation that they have received antibiotic therapy for Streptococcus pyogenes infection for more than 24 hours, they have had at least one negative throat specimen culture for Streptococcus pyogenes, or it is otherwise determined by a health practitioner that they are free of Streptococcus pyogenes infection.
    - Any employee restricted due to an uncovered infected wound or pustular boil will be reinstated when the area is properly covered with one of the following:
      - On the hands or wrists, an impermeable cover such as a finger cot or stall with a single-use glove worn over the impermeable cover; on exposed portions of the arms, an impermeable cover; or on other parts of the body, a dry, durable, tight-fitting bandage.
- Assure that the following procedures are met:
  - Require all employees to review this procedure.
  - Monitor employees for visible or obvious symptoms.
  - Assure that all employees notify the PIC when required.
  - Assure that all food employees comply with exclusions or restrictions.
  - Maintain documents and record of exclusions and restrictions.
  - Contact the regulatory authority when required and if there are any questions.

**By initialing, I agree to comply with the above listed employee health requirements of the Indiana Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24 Food Code.**

**Initials:** \_\_\_\_\_





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# APPLICATION FOR FOOD PERMIT

Appendix F

### Establishment Type: **MOBILE FOOD SERVICE**

**Note: All fields must be completed.**

**Facility Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: IN Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

-----  
**Owner Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Which address should the PERMIT be mailed to:**

**Facility:** \_\_\_\_\_ **Owner:** \_\_\_\_\_

**Which address should FUTURE APPLICATIONS be mailed to:**

**Facility:** \_\_\_\_\_ **Owner:** \_\_\_\_\_

**Certified Food Safety Employee:** \_\_\_\_\_

**Manager Name:** \_\_\_\_\_ **Business Hours:** \_\_\_\_\_

**LOCATION OF COMMISSARY/ LICENSED FACILITY: (COPY OF PERMIT REQUIRED).**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Check appropriate box for: **MOBILE FOOD SERVICE ESTABLISHMENT****

|                            |                          |  |
|----------------------------|--------------------------|--|
| Annual Permit Fee: \$75.00 | <input type="checkbox"/> |  |
| Late Fee: \$50.00          | <input type="checkbox"/> |  |

**Amount of Fee Submitted: \$** \_\_\_\_\_

**Method of Payment:** Cash \_\_\_\_\_ Check \_\_\_\_\_

Cash and check payments are accepted by mail or in person at the WCHD. Credit and Debit card payments are assessed a convenience fee.

**Note: A late fee of \$50.00 will be charged** for all applications received after the expiration of your current permit.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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Appendix G

### Possible Commissaries

\*These commissaries are pre-approved by the Washington County Health Department. It is not limited to just this list. You can partner with other restaurants/commissaries, they will just have to be approved by the Health Department and Evansville Water and Sewer Department.

Company Name: \_\_\_\_\_

[illegible]

**IMPORTANT:** This form should be used to record the cleaning and maintenance of the grease interceptor.

