

Mississippi State Department of Health

Food Establishment Plan Review Application for Enclosed Mobile Units

Date: _____ Planned Opening Date: _____

UNIT INFORMATION

Unit/Establishment Name: _____

Address where Unit will be stored when not in service: _____

Check all that apply:

New Construction _____ Remodel _____ Change of Ownership _____

If you are taking ownership of an existing unit, what is the name of that unit? _____

Owner's Contact Number(s): _____

Owner's Email address: _____

When will your unit be in operation? (Circle all that apply):

Year-Round Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Hours of Operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____

Fri _____ Sat _____

Please enclose the following:

____ A completed and signed Application for Food Facility Permit

____ A menu or list of planned food items

____ A floorplan drawing of the facility showing the placement of all food related areas and major equipment, entrances and exits, sink compartments, restrooms, and mop/garbage cleaning areas. Please label all sinks and major equipments. This can be simple and hand drawn.

____ A copy of the food safety manager certification for the Person-In-Charge. A certified food safety manager must be onsite during all hours of operation. A list of accredited manager certification programs can be found here:

<https://anabpd.ansi.org/Accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing?menuID=8&prgID=8&statusID=4>

*please note, manager certification is not required for Risk Level 1 facilities

Basic standard requirements for a mobile food permit (may vary slightly depending on your operation):

- () 1. At least one dedicated hand sink in the mobile unit.
- () 2. A 3 compartment sink onboard the unit is required at least for incidental utensil washing even if a warewashing sink is available at the base of operations/servicing area.
- () 3. Access to a mop sink somewhere.
- () 4. Convenient access to a restroom during all hours of operation.
- () 5. All kitchen surfaces must be smooth and non-absorbent to allow for easy cleaning.
- () 6. A food safety manager certificate for someone that will be working in the facility. (Not required for Risk Level 1 facilities)
- () 7. Adequate ventilation is required for cooktop surfaces and fryers. Please check with the local fire department for any detailed requirements.
- () 8. Policy generally requires mobile units to operate from a non-residential base of operations/servicing area. This is a permanent space where you can access anything that can't be done on your mobile unit such as filling your water tank, emptying your wastewater tank, access to a mop sink, extra storage space, warewashing, food prep, or restroom access. Many of our permitted mobile units work out access agreements with existing businesses or churches for this purpose. I am attaching a servicing area agreement form.
- () 9. A water heater.
- () 10. Your wastewater tank must be at least 15% larger than your fresh water tank.
- () 11. A fully enclosed prep space.

What is the Name and Location of your Servicing Area? (Also complete the Servicing Area Agreement)

Name: _____

Address: _____

All food prep, produce washing and dish washing must take place on the unit or in your approved commissary. All goods, food, wares must be stored on the unit at all times even when you are not in service or in your approved commissary. None of these items can be stored in your home. No cooking or food prep can be done in a private residence such as your home.

A mobile unit may only offer a limited menu of food to reduce the risk of cross contamination and to reduce the amount of cold storage space needed.

General Unit Questions

1. What is the size of the freshwater tank?
2. What is the size of the wastewater tank? (It must be 15% larger in volume than the freshwater tank)
3. Where will you fill and dump the freshwater and gray water tanks?
4. Do you have sliding screens or windows to close when you are not waiting on customers?
5. What material is covering the floor of the unit?
6. What material is covering the walls of the unit?
7. What material is covering the ceiling in the unit?
8. Are there baseboards in the unit? If so, of what material are they made?
9. Are all kitchen area surfaces sealed/non-absorbent and smooth to allow easy cleaning? Including floors, walls, ceilings, tables, counters, shelving, and cabinetry? (No raw exposed wood or unfinished/unsealed tile, tin or drywall)
10. What restroom will you use? The restroom must be open and available to you during your hours of operation.
11. What type of sanitizer is used at the 3 compartment sink? (Please mark all that apply)
 - (a) Chlorine
 - (b) Quaternary ammonium
 - (c) Other _____
12. Are test papers/kits available for checking sanitizer concentration? YES / NO
13. Is ice made on site () or purchased commercially ()?
 - Please describe provision for ice scoop storage _____
 - If purchased commercially, please name the supplier _____
 -
14. What is the capacity of the hot water generator or the rate of delivery for tankless water heater? _____

Food Handling

PROCEDURE	YES	NO	IF YES, where will procedure take place	
			UNIT	COMMISSARY
Washing fruits and vegetables				
Thawing frozen foods				
Food prep: chopping, par-cooking, marinating, etc				
Cooking food				
Cooling food				
Reheating food				
Cold holding (refrigeration)				
Hot holding (steam table, etc...)				

15. If you marked “yes” to thawing, how will you thaw frozen foods?

16. If you marked “yes” to cooling, explain your cooling process:

17. If you marked “yes” to reheating, explain your reheating process:

18. What will you do with left over foods?

19. Which companies will you be using to supply the refrigerated, frozen and dry goods?

20. Number of refrigerators _____ and freezers _____.

Do each of these have a thermometer inside the unit? YES NO

21. Will raw meats, poultry and seafood be stored in the same refrigerator and/or freezers with ready-to-eat/cooked foods?

YES NO If yes, how will cross contamination be prevented?

22. Is there a written sick worker/employee health policy to exclude or restrict food workers who are sick or have infected cuts or lesions? Everyone on staff needs to be familiar with the specific illness symptoms that would exclude them from working with food until the symptom has passed. The five symptoms are vomiting, diarrhea, jaundice, sore throat with fever, and unprotected cuts/lesions. Additionally, staff may not work with food if they are diagnosed with norovirus, hepatitis A, shigella, shiga toxin producing escherichia coli, or salmonella.

YES / NO Note: we can provide an example if you do not already have a plan in place. Please check here if you would like one: _____

23. Will you have written procedures in place that explain how to handle/clean a vomitus or diarrheal event in the facility? YES / NO

24. Where will you be disposing of your garbage? _____

A. Will you have access to a used grease container? YES / NO/ NA

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature(s) _____

_____ owner(s) or responsible representative(s)

Date _____

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law, or regulation that may be required (federal, state, or local). It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.