



MOBILE FOOD OPERATION PLAN REVIEW PACKET



PLAN REVIEW SUBMISSION

This application is complete and accurate to the best of my knowledge. **By signing this document, I agree that I have read and understood this packet in its entirety and will submit all required documents. I understand that it may take up to 30 days for review and a license fee will be collected after the pre-license inspection.**

Signature of applicant: _____

Date: _____

Submit Plans To: Miami County Public Health
510 West Water Street Suite 130
Troy, Ohio 45373

Questions? Phone: 937-573-3504
Email: EH@miamicountyhealth.net



Dennis R. Propes, REHS, MPA
Health Commissioner

James S. Burkhardt, DO
Medical Director

Miami County Public Health
510 West Water Street Suite 130
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REQUIRED DOCUMENTATION

Required documentation includes (keep in mind some items may not apply to your mobile unit):

- ☐ One (1) complete set of drawings of the mobile layout with lighting plan (include support vehicles)
- ☐ Manufacturer's specification sheets for all equipment
- ☐ Menu including all food sources
- ☐ Backflow prevention device and waste/gray water disposal
- ☐ Cooling and Reheating procedures (if applicable)
- ☐ Bodily fluid clean-up procedure and kit*
- ☐ Signed employee illness policy*
- ☐ Pest control plan
- ☐ Fully completed plan review packet

*Items asterisked are not required prior to opening, but required upon initial inspection

AFTER APPROVAL

Upon plan approval, contact Miami County Public Health (MCPH) to schedule a pre-license inspection prior to operating. At the time of the pre-license inspection, the mobile unit must be fully operational. This means the utilities and equipment must be connected and properly working (keep in mind that an approvable backflow prevention device must be working as well).

Lastly, the operator's knowledge of food safety will be tested during inspection.

AFTER PRE-LICENSE INSPECTION

Submit completed application along with the payment of the license, \$158.00. Cash, credit cards, and checks are acceptable forms of payment. Make checks payable to Miami County Public Health.

Once that has been completed, the license will be issued upon completion of a satisfactory inspection. An inspection is conducted annually on the mobile unit once the licensing fee is submitted.

EQUIPMENT REQUIREMENTS

All equipment and plumbing fixtures must be approved for food service by an approved food service equipment-testing agency. The following are examples of symbols for some of the agencies/companies that are accepted to approve food service equipment:





Some operations will need both hot and cold holding equipment. If the operation is serving temperature controlled for safety (TCS) foods, it must at least have refrigeration equipment that can assure proper maintenance of temperatures. Each refrigerated unit must be provided with a numerically scaled thermometer (or recording thermometer) accurate to $\pm 3^{\circ}\text{F}$ located to measure the air temperature in the warmest part of the unit and located to be easily readable. A metal stem-type numerically scaled product thermometer, accurate to $\pm 2^{\circ}\text{F}$ shall be provided and used to assure proper cooking, holding, or refrigeration. These units must be sufficient to allow for storage of foods to prevent cross contamination.

If foods are to be held hot, then adequate hot holding equipment will be required in addition to the items in the preceding paragraphs. The number of the hot holding units will be determined by the size and scope of the operation. Each hot holding unit storing TCS foods shall be provided with a numerically scaled indicating thermometer or recording thermometer, accurate $\pm 3^{\circ}\text{F}$ located to measure the air at the coolest part of the unit and located to be easily readable.

All mobile units are required to have a sufficient number of sinks depending on the menu provided. The following sinks may be required:

1. Hand washing sink (used **ONLY** for handwashing)
2. Three bay sink
3. Food preparation sink
4. Dump sink

A food preparation sink is required for the washing/rinsing of produce or thawing food products. A food preparation sink must have an indirect drain with an air gap of at least 2-4 inches above the inlet to prevent backflow from a sewage system into equipment where food is processed.

A 3-compartment sink is required when washing of utensils/equipment occurs. The 3-compartment sink must have two (2) drain boards. Each compartment of the sink shall be large enough to submerge the largest utensil or piece of equipment completely.

Floors, walls, and ceilings in all food areas are required to be smooth and easily cleanable. Absorbent, rough, porous, or otherwise hard to clean surfaces are not approvable.

Mobiles are not covered by any plumbing code. All sinks must have all drains hooked up to the sewage holding tank or portable dolly. Ice bin drains should not be directly connected to the sewage holding tank to prevent possible contamination of ice in the event of sewage back up. A mop sink is not required in a mobile.

PLAN REVIEW PROCESS

Step 1: Submit Plans

- All required documents shall be supplied.

Step 2: Plan Review Process

- Within 30 days of submission, MCPH will review the plans and contact you with an approval or disapproval.
- Plans may require additional information or changes; changes must be implemented before approval.
- Mobile unit consultation (if requested).



Step 4: Plan Approval and Pre-license Inspection(s)

- The pre-license inspection is conducted to assess the mobile unit prior to opening
- The mobile unit must be fully operational upon inspection
- Additional changes to the facility may need to be implemented prior to issuance of the mobile food license

Step 5: Pay for Mobile Food License

- After a successful pre-license inspection, you will submit payment of the license, \$158.00, along with the completed application.
- Once payment has been processed your mobile unit is approved to operate and the license will be sent in the mail or given to the operator at the 30-day inspection.
- An inspection is conducted within 30 days of the license being issued. Ensure this inspection occurs when mobile unit is fully operational.

MOBILE FOOD OPERATION PLAN REVIEW APPLICATION

Date: _____

Mobile Information:

Name of Mobile: _____

Name of Owner/Operator: _____

Address: _____
(City) (State) (Zip Code)

Telephone: _____ Email: _____

Applicant/Owner Information:

Applicant's Name: _____

Title (Owner, Manager, Architect, etc): _____

Mailing Address: _____
(City) (State) (Zip Code)

Telephone: _____ Email: _____

Main Point of Contact for Plan Review Questions: _____

Type of Unit (check one):

- ☐ Self-Sufficient Vehicle or Trailer
- ☐ Vehicle or Trailer is not Self-Sufficient
- ☐ Pushcart

- ☐ Pre-packaged, Non-TCS Pushcart
- ☐ Other (please specify) _____



Days/Hours of Operation (fill out all that apply):

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS							

PLAN REVIEW COMPONENTS

Provide a drawing/layout of mobile unit that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot.

Include the proposed menu, with all food sources.

Show the proposed location and placement of all food equipment. Each piece of equipment must be clearly identified and referenced to the Equipment Schedule as applicable.

Please indicate that the following are included or indicate if not applicable (N/A):

- ☐ Backflow preventer installed
- ☐ EPA approval of water *{if applicable}*
- ☐ EPA approval of septic *{if applicable}*
- ☐ Lighting plan submitted
- ☐ Plumbing plan
- ☐ Interior finish schedule
- ☐ Menu submitted
 - ☐ Consumer advisory (raw and/or undercooked foods)
 - ☐ Cooling procedure
- ☐ Verifiable employee illness policy
- ☐ Pest Control Plan
- ☐ Bodily fluid cleanup procedure

- ☐ **Facility Floor Plan, *drawn to scale*, to include (if present):**
 - ☐ Location of equipment
 - ☐ Location of hand sinks
 - ☐ Location of dump sinks
 - ☐ Location of 3-compartment sink
 - ☐ Location of preparation sink
 - ☐ Location of dry goods, chemical storage, and personal belongings storage

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INTERIOR FINISHES

Location	Floors	Walls	Ceilings	Cove Base

Common Flooring Finishes: quarry tile, VCT, ceramic tile, poured seamless epoxy, sealed concrete

Common Wall Finishes: Fiberglass reinforced panels (FRP), stainless steel panels, ceramic tile

Common Ceiling Finishes: Plastic coated fiberboard, metal clad fiberboard

LIGHTING SCHEDULE

Lighting requirements for the facility are as follows:

At least 220 lux (20 foot-candles) in all areas used for handwashing, warewashing, and equipment/utensil storage.

At least 540 lux (50 foot-candles) at a surface where a food employee is working with food or working with utensils or equipment.

Shatterproof light bulbs or shields/protectors are required on fixtures installed in all food preparation and warewashing areas, and where exposed foods are stored in any applicable pieces of equipment with the purpose of display, serving, etc.

FOOD PREPARATION REVIEW

Answer all questions that pertain to your mobile unit or write N/A

List all food and beverage items to be prepared and/or served. Attach a separate sheet if necessary. (Note: Any changes to the menu must be submitted to and approved by the Miami County Public Health prior to their service):

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Identify the sources of all food items. Include the source of ice if used.

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Will any foods be prepared at and stored off the mobile unit? If so, will an Ohio Department of Agriculture (ODA) license be obtained to distribute to the mobile unit?

Describe how dry goods will be stored off the floor

If raw meats, poultry, and seafood will be stored in the same refrigerators/freezers as cooked and ready to eat foods, describe how cross contamination will be prevented

Describe how hot foods will be maintained at 135°F or above

Describe how cold foods will be maintained at 41°F or below

Describe how hot foods will be rapidly cooled to 41°F or below (attach procedure to this packet)

Describe how hot foods will be rapidly reheated to 165°F for 15 seconds within 2 hours or less



Describe how frozen foods will be thawed

What are the methods to which the mobile will handle the washing and prepping of raw vegetables and meats? (*This includes the installation of prep sink*)

Describe how bare hand contact with ready to eat foods will be prevented

Identify how, how often, and how much water will be provided. Specify the location, number, and volume of any potable water tanks to be used. Describe the procedures for cleaning and refilling the tanks.

Identify the location, source (public or private), and capacity of the hot water supply.

Describe the sanitizer(s) to be used in the mobile unit (include type, concentration, and availability of test kit)

What are the dimensions of the three-compartment sink? How will your largest pan, utensil, etc., fit into your three-compartment sink?



What type of backflow preventors will be used?

What type of water hose will be used to connect to a potable water supply? Provide water hose specifications with NSF Standards.

Describe how and where wastewater from handwashing and utensil washing will be collected, stored, and disposed of. Specify the volume and location of the wastewater collection vessels and the procedures for emptying the tanks.

Identify how, when, and where the garbage disposal containers will be emptied.

Describe how electricity, gas, propane, and other utilities will be provided to the mobile unit.

What type of thermometers are being used for monitoring food temperatures? Provide name, type, and manufacturer.

Describe how equipment and utensils are air dried, and the space in which you will be air drying.
(Do you have shelves/space to allow all items washed to air dry?)



I understand catering is prohibited from mobile food operations. Please acknowledge by initialing here:

GENERAL FACILITY CONSIDERATIONS

Are insecticides/pesticides/toxic chemicals (including medications) stored separately from cleaning/sanitizing agents as well as away from all foods, food preparation, food contact surfaces and multi-use item storage areas?

YES **NO** (Please circle)

Are hand drying facilities (paper towels, etc.) available at all handwashing sinks as well as instructions (signs/posters) as to how to properly wash hands?

YES **NO** (Please circle)

Is hot and cold running water under pressure available at each handwashing sink?

YES **NO** (Please circle)

Are there any food items being handled or prepared outside the kitchen?

YES **NO** (Please circle)

If yes, specify where and what foods _____