



HIGH RISK MOBILE FOOD OPERATION PLAN REVIEW PACKET

(For all operators of Mobile Food Service Operations and Mobile Retail Food Establishments)



MOBILE FOOD OPERATION DEFINITION

“Mobile food operation” means a food operation that is operated from a movable vehicle, portable structure, or watercraft and that routinely changes location, except that if the operation remains at any one location for more than forty consecutive days, the operation is no longer a mobile food operation.

PLAN REVIEW SUBMISSION

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

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

PLAN REVIEW PROCESS

Step 1: Submit Plans

- All required documents shall be provided

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
- Consultation (if requested)

Step 3: Plan Approval

- Once your plan is approved, you can proceed with construction or purchase of the unit or equipment

Step 4: Pre-license Inspection(s)

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

Step 5: Pay for Food License

- After a successful pre-license inspection, you will fill out an application and pay for a food license
- Once payment has been processed your facility is approved to operate and the license will be sent in the mail

REQUIRED DOCUMENTATION (The review of plans cannot start without this documentation)

Place a checkmark in the box below to indicate that the required documentation have been included:

- 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
- Person-in-Charge Certification in Food Safety: Submit a copy of the certificate or provide proof that the class is scheduled.
- Copies of communication with the Ohio Department of Agriculture (ODA) or possession of an ODA registration demonstrating the ability to store or prepare food in a facility other than the mobile unit. (For questions regarding this registration, please reach out to the ODA’s Division of Food Safety at (614) 728-6250.)

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

MOBILE FOOD OPERATION PLAN REVIEW APPLICATION

Date: _____ Name of Mobile: _____ Name of Owner/Operator: _____

Address: _____

Telephone: _____

Email: _____

Type of Unit (check one):

- Self-Sufficient Vehicle or Trailer
 Vehicle or Trailer is not Self-Sufficient (ex. Restaurant supported)
 Pushcart
 Other (please specify) _____

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 1/4 inch = 1 foot.

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 confirm by marking the following boxes that the plans include each item or write not applicable (N/A) next to the box:

- | | |
|--|---|
| <input type="checkbox"/> Backflow preventer installed
<input type="checkbox"/> Plumbing plan
<input type="checkbox"/> Interior finish schedule
<input type="checkbox"/> Menu
<input checked="" type="checkbox"/> <u>Information on Mobile's Exterior:</u>
<input type="checkbox"/> Name of the operation
<input type="checkbox"/> City of origin (with individual lettering measuring at least three inches high and one inch wide)
<input type="checkbox"/> Area code and telephone number | <input checked="" type="checkbox"/> <u>Facility Floor Plan, drawn to scale, to include (if present):</u>
<input type="checkbox"/> Location of equipment
<input type="checkbox"/> Location of hand sinks
<input type="checkbox"/> Location of dump sinks
<input type="checkbox"/> Location of 3-compartment sink
<input type="checkbox"/> Location of preparation sink
<input type="checkbox"/> Location of dry goods, chemical storage, and personal belongings storage
<input type="checkbox"/> Lighting plan |
|--|---|

INTERIOR FINISHES

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

Please fill surfaces in boxes below:

Floors	Walls	Ceilings	Cove Base

LIGHTING SCHEDULE

Confirm by marking the following boxes that this facility meets the requirements of the Ohio Administrative Rules or write not applicable (N/A) next to the box:

- At least 110 lux (10 foot-candles) at 30 inches above the floor, in walk-in refrigeration units and dry food storage areas.
 At least 220 lux (20 foot-candles) where food is provided for consumer self-service such as buffets and salad bars, or where fresh produce or packaged foods are sold or offered for consumption. Also, in all areas used for handwashing, warewashing, equipment/utensil storage, and in restrooms.
 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.

EQUIPMENT REQUIREMENTS

Confirm by marking the following boxes that this facility meets the requirements of the Ohio Administrative Rules or write not applicable (N/A) next to the box:

- Per the Ohio Uniform Food Safety Code 3717-1-4.1 (KK), all equipment in the facility must be commercial grade and certified by a recognized testing agency:



(No household/residential equipment is permitted for use.)

- All facilities are required to have a sufficient number of handwashing sinks. Handwashing sinks are required in the following areas:
 1. Dishwashing area
 2. Food prep & cooking area
 3. Server station
 4. Any other location deemed necessary by the reviewer based on the type of activity in that location
 Hand sinks must be conveniently located and supplied with soap and disposable towels. Handsinks are to be used for hand washing only.

- 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 3 inches to prevent sewage back-up into the sink .
- A **3-compartment sink** is required in all facilities where the 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.
- The food facility is required to have sufficient capacity to keep food cold/hot (i.e. sufficient number of cold and hot holding units).
- 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.

FOOD PREPARATION REVIEW *(If Space is Limited, Please Attach Your Answer to the Question)*

- 1) Thin meats, poultry, fish, eggs: (Hamburgers, sliced meats, fillets) **YES NO** (Please circle)
- 2) Thick meats, whole poultry: (Roast beef, turkey, chickens, hams) **YES NO** (Please circle)
- 3) Cold processed foods: (salads, sandwiches, vegetables) **YES NO** (Please circle)
- 4) Hot processed foods: (soups, stews, rice, pasta, casseroles) **YES NO** (Please circle)
- 5) Bakery goods: (pies, custards, cream fillings, & toppings) **YES NO** (Please circle)
- 6) Other (please describe):
- 7) List all food and drink items intended for preparation and/or service. If additional space is required, please include a separate sheet. (Please note that any modifications to the menu must be formally submitted and approved by the Miami County Public Health):

- 8) Identify the sources of all food items (Include the source of ice if used): _____

- 9) 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? _____

- 10) Are you intending to store food within a building that you own? _____

- 11) Are you planning to store any items outside the mobile unit during events or at the serving locations for food? _____

- 12) If food or equipment are stored outside the mobile unit, how will they be safeguarded against contamination and adverse weather conditions and the ground? _____

- 13) What are the methods for managing and storing single-use bulk utensils (i.e., baking trays, pots)? _____

- 14) Describe how dry goods will be stored off the floor: _____

- 15) 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: _____

- 16) Describe how hot foods will be maintained at 135°F or above: _____

- 17) Describe how cold foods will be maintained at 41°F or below: _____

- 18) Describe how warm foods will be rapidly cooled to 41°F or below (attach procedure to this packet): _____

- 19) Describe how hot foods will be rapidly reheated to 165°F for 15 seconds: _____

- 20) Describe how frozen foods will be thawed: _____

- 21) If cooling foods, what equipment will be solely designated for this purpose? _____

- 22) What equipment will the mobile unit use to handle the rinsing and preparation of raw produce and meats? (*This includes the installation of prep sink*): _____

- 23) Describe how bare hand contact with ready to eat foods will be prevented: _____

- 24) 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: _____

- 25) Please specify the location and source of the water utilized in the mobile unit, indicating whether it is sourced from the city water supply or a private well. _____

- 26) What is the capacity of the water heater for the hot water supply? _____

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

- 28) What are the dimensions of the three-compartment sink? _____

- 29) How will your largest pan, utensil, or food equipment fit into your three-compartment sink? _____

- 30) What type of backflow preventors will be used: _____

- 31) What type of water hose will be used to connect to a potable water supply? (Provide water hose specifications with NSF Standards): _____

- 32) Detail the method and location for collecting, storing, and disposing of wastewater. Include information about the volume and placement of wastewater collection containers, as well as the procedures for emptying the tanks: _____

- 33) Please specify the method, timing, and location for emptying the garbage disposal containers? _____

- 34) Explain the method by which power or electricity will be supplied to the mobile unit to ensure continuous cold storage for food items: _____

- 35) How will TCS foods be kept cold during the transportation of the mobile unit between events? _____

- 36) Will TCS open or prepared foods be stored more than seven days in cold holding? _____

- 37) How will you date label refrigerated TCS food? _____

- 38) If ice is being utilized, will it be purchased, or will you be producing your own ice? _____

- 39) Will food be stored long-term in a freezer that isn't situated on the mobile or in another trailer? _____

- 40) Will food be stored in a freezer that is not located on the mobile or in another trailer? _____

- 41) According to Ohio law, for your mobile operation to obtain licensing through MCPH, Miami County must be designated as its home base or the location where it is returned and serviced. Is Miami County the home base for your mobile operation? **Yes** **No**
- 42) Do you understand that if your food operation does not move from a single location for more than forty consecutive days, it loses its licensability as a mobile food operation? **Yes** **No**
- 43) What type of thermometers are being used for monitoring food temperatures? _____

- 44) 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?): _____

- 45) Will you be providing catering services? **Yes** **No** *(If yes, please fill out the catering plan review packet and answer below questions)*
- a. What are the methods and locations for storing the catering equipment? _____

- b. How will you have the capacity to store any food and cold food in bulk? How will you ensure you have the capacity to store bulk quantities of dry/hot/cold foods? _____

- c. Do you possess the appropriate ODA registration to store, prepare food, or clean utensils in a location other than the mobile unit?

- 46) What is the projected hourly meal volume at the busiest time of the facility operation? _____ **Orders** / _____ **Hour**
- 47) Do you understand that your mobile unit cannot sell food or operate without being fully set up and functional (ex. water and electricity on)? _____

- 48) Would you like a meeting on-site (if applicable)? **Yes** **No**

HIGH RISK MOBILE OPERATION RISK LEVEL

Risk levels indicate the potential risk a facility presents to public health and the likelihood of a foodborne illness occurring. A High Risk Mobile Level is:

A mobile operation that poses a higher potential risk to the public than low risk because of concerns associated with: proper receiving, holding, and cooking temperatures; proper cooling procedures; processing a raw food that has undergone parasite or bacterial load reduction procedures in order to sell or serve it as ready-to-eat; handling or preparing food using a procedure with several preparation steps that includes reheating of a product or ingredient of a product where multiple temperature controls are needed to preclude bacterial growth; offering as ready-to-eat a raw time/temperature controlled for safety meat, poultry product, fish, or shellfish; or a food with these raw time/temperature controlled for safety items as ingredients; or using time in lieu of temperature as a public health control for time/temperature controlled for safety food. Examples of High-Risk activities include, but are not limited to:

- Assembling or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled;
- Operating a heat treatment dispensing freezer;
- Reheating bulk quantities or individual portions of leftover time/temperature controlled for safety food;
- Heating a food from an intact, hermetically sealed package and holding it hot; or
- Operating as a mobile catering food service operation.

MCPH HIGH RISK MOBILE OPERATION LICENSE FEE

Local Fee	State Fee	Total Annual License Fee
\$145.00	\$28.00	\$173.00

