

MOBILE FOOD UNIT PLAN REVIEW GUIDANCE DOCUMENT

To Be Completed by the Owner/Operator and Submitted to the
Northeast Texas Public Health District (NET Health)
Environmental Health Department
with Application

(FAILURE TO DO SO MAY RESULT IN DELAYS)

Date: _____ New Construction Major Remodel Change of Service Change of Ownership

CONTACT INFORMATION:

Name of Establishment:	
Registered Address:	
Applicant's Name and Title:	
Phone #:	Email Address:

ENSURE TO INCLUDE:

Detailed Proposed Menu

- o including seasonal, off-site catering, and banquet menus

Equipment Schedule (ALL)

- o **ANSI Equipment Schedule i.e.** equipment certified or classified for sanitation by an ANSI accredited certification program such as NSF, UL-EPH, ETL-Sanitation, BISSC/ETL-Verified
 - PROVIDE manufacturer's name and model numbers
- o **NON-ANSI Equipment Schedule** (Subject to NET Health Approval)
 - PROVIDE manufacturer's name, model numbers, and manufacturer's specification sheets

Site Plan

- o showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, grease interceptor, well, septic system, etc.).

Floor Plan of Mobile Food Unit

- o showing location of equipment, plumbing, electrical services and mechanical ventilation
- o professionally drawn-to scale 1/4" renderings on an 11" x 17" paper minimum. (Refer to NET Health District Order 2016-1 page 19)

Elevation Plan (all sides, front, back, top views of mobile food unit)

Lighting Plan

Finish Schedule

Plumbing Plan

FOOD MANAGER KNOWLEDGE – facility has (*check all that apply*):

- A designated person in charge that is a Certified Food Manager (CFM) and that can demonstrate knowledge of food-borne disease prevention, application of food safety principles, and the requirements of the REGULATIONS will be available during all hours of operation
- A written Employee Health policy that excludes or restricts food workers who are ill or have infected cuts or lesions;
- A written policy for reporting imminent health hazards to a regulatory authority.
- A written policy for employees to follow when cleaning up a contamination event.
- Consumer advisory on menu to notify customers that specific animal based foods (such as meat, poultry, fish, shellfish or eggs) when served raw or undercooked are not processed to eliminate pathogens.

GENERAL INFORMATION DOCUMENT

Northeast Texas Public Health District Website

www.healthyeasttx.org

MENU INFORMATION: (Use a separate sheet if needed)

Attach a menu that includes all food and beverage items. Describe how items are stored, prepared and served. No home preparation is allowed.

CENTRAL PREPARATION FACILITY: (Reference: Texas Food Establishment Rules §228.2(15) & §228.221 (b))

A separate plan review application must be submitted. Location where the unit is stored, cleaned and serviced:

DRY STORAGE – see *Dry Storage Space Calculator on NET Health Website (www.healthyeasttx.org)*

Dry Storage space (square feet): _____ Number of Shelving Units: _____

Type of Service Ware: Disposable Reusable Both N/A

Returnable/damaged goods storage – state location if applicable: _____

COLD STORAGE – see *Refrigerated Space Calculator on NET Health Website (www.healthyeasttx.org)*

Check box if all non-TCS foods / beverages only

Refrigerated Storage space (square feet): _____ Number of Refrigeration Units: _____

Frozen Storage space (square feet): _____ Number of Freezer Units: _____

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods:

Yes No

If yes, how will cross-contamination be prevented? _____

FOOD PREPARATION:

Will all produce be washed on-site prior to use? Yes No N/A

If no, will pre-washed and packaged produce be used? Yes No N/A

Does the operator have HACCP plans for the following special processes? **(Please submit separate Variance Request Form (VRF))**

- Smoking Food - Preservation Yes No N/A
- Curing Food Yes No N/A
- Food Additives/ Adding Components - Preservation Yes No N/A
- Live Molluscan Shellfish Tank..... Yes No N/A
- Custom Processing Animals Yes No N/A
- Reduce Oxygen Packaging / Sous Vide Yes No N/A
- Sprouting Seeds / Beans Yes No N/A
- Other Food/Beverage Special Processes Yes No N/A

Will the facility be serving food primarily to a highly susceptible population (elderly or children)? Yes No

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD: (Use additional blank paper if needed)

Check box if all non-TCS foods / beverages only

Will this process occur onboard the mobile food unit? : Yes No

If answered "Yes", specify Thawing method(s) – check all that apply:

Refrigeration Running Water Microwave Other (describe) _____

COOKING / REHEATING: (Use additional blank paper if needed)

Check box if all non-TCS foods / beverages only

Will this process occur onboard the mobile food unit? : Yes No

If answered "Yes", list equipment(s) to be used

List cooking equipment: 1) _____
2) _____
3) _____

Type of ventilation hoods for equipment: Type I w/suppression Type II

HOT HOLDING: (Use additional blank paper if needed)

Check box if all non-TCS foods / beverages only

How will hot PHF/TCS foods be maintained at 135°F or above during holding prior to service?

List type and quantity of hot holding equipment:

1) _____
2) _____
3) _____

COOLING: (Use additional blank paper if needed)

Check box if all non-TCS foods / beverages only

Will this process occur onboard the mobile food unit? : Yes No

How will hot PHF/TCS foods be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours, then 70°F to 41°F in 4 hours)?

Check all cooling methods to be used: shallow pans ice baths ice paddle

reduced volumes blast chiller refrigerators

walk-in refrigerator other: _____

List foods that will be subject to cooling:

1) _____
2) _____
3) _____
4) _____
5) _____

After cooling the food(s), please check all that apply: reworked into another product held over and reheated

donated discarded other: _____

SINKS – indicate quantity of each SEE PLANS NOT APPLICABLE

Location	4-Comp Sinks	3-Comp Sinks	Single Prep Sinks	Double Prep Sinks	Wall-Hung Hand Sinks	Built In Hand Sinks	Dump Sinks
Food Preparation Areas							
Ware Washing							
Restrooms							
Bars							

DISHWASHING FACILITIES: NOT APPLICABLE

How will cooking utensils and service ware be washed? (***REQUIRED**)

Equipment	Indicate Quantity or N/A	Sanitizing Method
*3-compartment sink w/drainboards	_____	<input type="checkbox"/> Hot Water <input type="checkbox"/> Chemical (<input type="checkbox"/> Chlorine <input type="checkbox"/> Quat)
4-compartment sink w/drainboards	_____	<input type="checkbox"/> Hot Water <input type="checkbox"/> Chemical (<input type="checkbox"/> Chlorine <input type="checkbox"/> Quat)
Dishmachine	_____	<input type="checkbox"/> Hot Water <input type="checkbox"/> Chemical (<input type="checkbox"/> Chlorine <input type="checkbox"/> Quat)
Other (describe):	_____	

SANITIZATION: (Use a separate sheet if needed) NOT APPLICABLE

1. Describe how the potable water system will be cleaned and sanitized.

2. What type of sanitizing agent will you use to sanitize the potable water tank?

chlorine quaternary ammonia iodine

INSECT AND RODENT CONTROL:

* Flanges and/or plate covers and/or escutcheons and/or other approved and effective means required around piping.

Area	Air Curtain	Screening/Weather-Stripping	Self-Closure	Dock Boots	
Service Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
Service Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A

Name of Contracted Pest Control Company: _____

FINISH SCHEDULE: complete ONLY if not otherwise provided in plans SEE PLANS

Indicate which materials (quarry tile, stainless steel, FRP, etc.) will be used in the following areas:

Location	Floor	Wall	Ceiling	Base Covering	
Food Preparation Areas	_____	_____	_____	_____	<input type="checkbox"/> N/A
Storage Areas	_____	_____	_____	_____	<input type="checkbox"/> N/A
Hand/Dump Sinks	_____	_____	_____	_____	<input type="checkbox"/> N/A
Ware Washing	_____	_____	_____	_____	<input type="checkbox"/> N/A

* No unnecessarily exposed conduits, piping, framing, and/or other items/parts of the mobile food unit allowed.

LIGHTING SCHEDULE: complete ONLY if not otherwise provided in plans SEE PLANS

<u>Location</u>	<u>Fixture Type</u>	<u>Shielded</u>	<u>Illumination @ 30 inches</u>
WIC / WIF / Dry Storage	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	10 FTC (FOOT CANDLES) <input type="checkbox"/> N/A
RIC/RIF/Under-Counter Units (Inside)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTC <input type="checkbox"/> N/A
Warewash / Handwash Areas	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTC <input type="checkbox"/> N/A
Equipment / Utensil Storage	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTC <input type="checkbox"/> N/A
Food Prep Areas Including Bars	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	50 FTC <input type="checkbox"/> N/A

WATER SUPPLY/PLUMBING CONNECTIONS: NOT APPLICABLE

Potable (Fresh Water) Tank: Labeled "Potable Water Only" Yes No

#Gallon Capacity _____ Tank Type: _____

Inlet Type & Diameter: _____ Type of solder/glue for tank used: _____

Ice: Made on Premises (provide ice machine specifications) Purchased Commercially

Hot Water: Recovery capacity of hot water system _____ KW/BTU _____ #Gallon Capacity

Backflow Protection: RPZ = Reduced Pressure Assembly (Zone); AVB = Atmospheric Vacuum Breaker

Hose Bibs RPZ AVB Other: _____

Carbonator RPZ AVB Other: _____

Chemical Dispensers RPZ AVB Other: _____

Other RPZ AVB Other: _____

Where will the potable water come from to supply the fresh water system in the mobile unit? (Private – Residential well water is not approved) *The potable (fresh water) system requires the use of a food grade hose to fill the potable (fresh water) tank.

Water Supply: Public Private (provide PWS approval)

WASTE WATER DISPOSAL: (Use a separate sheet if needed) NOT APPLICABLE

Waste water Tank: Labeled "Waste Water Only" Yes No

#Gallon Capacity _____ Tank Type (RV Type Preferred): _____

Outlet Type & Diameter: _____

When not at a food truck park, where would you dispose of the liquid waste generated by the mobile food unit?

LINENS / LAUNDRY SERVICE:

Location: Onsite (Provide details of procedure) Offsite – Professional Service Contract (Provide Name)

N/A – ALL DISPOSABLE

EMPLOYEES' PERSONAL ITEMS STORAGE:

Describe Location and/or procedures to prevent contamination of food and/or food related/contact items and/or areas: (Use additional blank sheet if needed) _____

Global Positioning System (GPS) CONTRACT (Required): *Mobile food unit owner is responsible for all applicable fees. Northeast Texas Public Health District – Environmental Health Department will be tracking the GPS units

Application submitted: Yes No Date Submitted: _____

Approval of these plans and specifications by the Northeast Texas Public Health District (NET Health) does not indicate compliance with any other code, law or regulation that may be required by federal, state, or local agencies. It further does not constitute endorsement or acceptance of the completed establishment (structure, equipment, or operational plans).

A pre-opening inspection of the establishment with equipment installed and operational is required prior to commencing operations.

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Northeast Texas Public Health District (NET Health) may nullify final approval.

Signature(s): _____

Title(s): _____ Date: _____

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MFR# _____ Reviewed with Operator on (date): _____ Accepted Not Accepted

Reviewer: _____ Reason for not accepting: _____

APPROVED – NO CONDITIONS APPROVED – Conditional on stipulations noted on Preliminary Inspection Checklist / Plan Review Checklist NOT APPROVED – Reason: _____