

MOBILE FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

New Mobile – i.e. – Existing mobiles from other states that have not been licensed in Idaho or purchased new.

Remodel – i.e. – A mobile that served only ice cream but now will cook food.

MOBILE FOOD ESTABLISHMENT INFORMATION

Establishment Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Owner: _____

Email Address: _____

Person-In-Charge of Mobile: _____

Title: _____

Phone #: _____

Certified Food Protection Manager (attach certificate): _____

COMMISSARY – COMPLETE THIS SECTION IF A COMMISSARY WILL BE USED

A commissary is a place where food, containers or supplies are stored, prepared, or packaged for transit, sale, or service at other locations. A commissary cannot be a private home.

*Note: Any food preparation, storage, cleaning, or sanitizing that does not take place in the mobile unit, must take place at an approved commissary that meets the requirements of the Idaho Food Code. A signed, commissary agreement form must be submitted with the application. Eastern Idaho Public Health is required to inspect the commissary as part of the routine inspection for the mobile unit. The license should be kept in the commissary itself and a copy of the license should be kept in the mobile unit. The form is at the end of this document which is to be filled out and signed by the owner of the approved food facility.

Address of Commissary: _____

City: _____

State: _____

Zip Code: _____

Person-In-Charge of Commissary: _____

Phone #: _____

Email Address: _____

EIPH Use Only

Risk Category: Medium _____ High _____

Date Paid: _____ Amount Paid: _____ Receipt #: _____ Received by: _____

Dates and Time Spent: _____

Notes: _____

Plan Review Completed (Approval Letter Date): _____

EHS: _____

Type of Mobile Food Establishment:

- Self-Sufficient Vehicle or Trailer (Full-Service)
- Vehicle or Trailer that is not Self-Sufficient (Limited-Service)

A mobile food establishment is a food establishment selling or serving food for human consumption from any vehicle or other temporary or itinerant station and includes any movable food service establishment, truck, van, trailer, pushcart, bicycle, watercraft, or other movable food service with or without wheels, including hand-carried, portable containers in or on which food or beverage is transported, stored, or prepared for retail sale or given away at temporary locations.

*Mobile food establishments shall be equipped with a freshwater tank, wastewater tank, and meet requirements outlined in sections 5-3 and 5-4 in the [Idaho Food Code \(IFC\)](#).

Instructions:

- A Mobile Food Unit License Application must be completed and submitted to Eastern Idaho Public Health before the planned opening date. (IFC 8-302.11)
- Properly prepared plans and specifications shall be submitted to PHD for review before construction of a mobile food establishment or remodeling of an existing establishment or change in type of a food establishment or food operations. Approval of the plans and specifications is required PRIOR to the start of construction or remodel. (IFC 8-201.11)
- Plans and specifications should include intended menu, proposed layout, and an operational plan. (IFC 8-201.12)
- Plan Review fee is due at the time of application submittal. (IFC 8-201.12)
- Once a plan review has been conducted and approval granted, you must notify the Health Department prior to opening to request a Preoperational Inspection. (IFC 8-203.10)

I. OPERATIONS

Which months do you plan on operating (mark all that apply):

- Jan
- Feb
- Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec

Which days do you plan on operating (mark all that apply):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Hours of operation (indicate AM/PM):

Where do you plan to set up the mobile unit?

- Address: 1. _____
2. _____
3. _____

Do you plan to set up the mobile unit for any event? (i.e., Farmer’s Market, 4th of July, etc.)

Event List

Name of Event	Location	Dates of Operation

II. WATER SUPPLY & WASTEWATER DISPOSAL

1. What is the size of the water supply tank?	GALLONS		
2. What is the capacity for hot water? (IFC 5-103.11)	GALLONS		
3. What is your potable water source?		Planned	Verified
<input type="checkbox"/> Municipal			
<input type="checkbox"/> Private Well (Annual bacteria and nitrate sample collected, IFC 5-102.13)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Water Source (specify the type IFC 5-102.11):			

If operating during winter months, how will water pipes be protected from freezing during cold weather?

The water source and system shall be of sufficient capacity to meet the PEAK water demands of the mobile food establishment. (IFC 5-103.11)

Water under pressure shall be provided to all fixtures, equipment, and non-food equipment that are required to use water. (IFC 5-103.12)

HOSE, CONSTRUCTION, AND IDENTIFICATION – A hose used for conveying drinking water from a water tank shall be safe, durable, corrosion resistant, and non-absorbent, resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition. It should be finished with a smooth interior surface and be clearly identified as to its use. It should be **food-grade** approved as water is considered “food”. (IFC 5-201.11)

WATER TANK – A water tank, pump, and hoses shall be flushed and sanitized before being placed in service, after construction, repair, modification, and periods of non-use. (See guidelines.)

A sewage holding tank in a mobile food establishment shall be sized 15% larger in capacity than the water supply tank and be sloped to a drain that has an inner diameter of 25mm (1 inch) or greater, equipped with a shut-off valve. (IFC 5-401.11)

***APPLICANT SHOULD REVIEW MATERIAL, DESIGN, CONSTRUCTION, AND INSTALLATION STANDARDS FOR WATER TANKS AND SEWAGE DISPOSAL IN SECTIONS 5-3 & 5-4 OF THE IFC.**

5. What is the size of the wastewater retention tank?	GALLONS _____		
6. Where will the wastewater be disposed?			

III. HANDWASHING FACILITIES (IFC 5-202.12)

		Planned	Verified
1. Provide water at a temperature of at least 100°F at the handwashing sink. (IFC 5-202.12)		<input type="checkbox"/>	<input type="checkbox"/>
2. Provide the handwashing sink with a mixing valve. (IFC 5-202.12)		<input type="checkbox"/>	<input type="checkbox"/>
3. If using a self-closing, metering faucet does it provide a flow of water for at least 15 seconds without reactivation? (IFC 5-202.12)	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
4. Provide hand cleanser and hand drying provision at the hand washing sink. (IFC 6-301.11)		<input type="checkbox"/>	<input type="checkbox"/>
5. Post a handwashing sign at the handwashing sink. (IFC 6-301.14)		<input type="checkbox"/>	<input type="checkbox"/>

IV. DISHWASHING FACILITIES (IFC 4-301.12)

- | | Planned | Verified |
|--|--------------------------|--------------------------|
| 1. The 3-compartment sink must comply with the following requirements: | | |
| a. Hot (110°F or above) and cold running water (IFC 4-501.19). | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Sink basins are deep enough to submerge utensils and cookware at least halfway. (IFC 4-402.11) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Properly designed drainboards/tables/racks for soiled and clean dishes. (IFC 4-301.13) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. What type of sanitizer will be used? (ICF 4-501.14) | | |
| <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> High-Temp Rinse <input type="checkbox"/> Other | | |
| 3. Are test kits available for checking sanitizer concentration or high-temp rinse (IFC 4-302.14) | <input type="checkbox"/> | <input type="checkbox"/> |

V. EMPLOYEE HEALTH

- | | Planned | Verified |
|--|--------------------------|--------------------------|
| 1. Provide a policy on reporting, excluding, or restricting food workers who are sick or have infected cuts and lesions (IFC 2-201)? | <input type="checkbox"/> | <input type="checkbox"/> |

Describe the policy or attach a separate document:

***Resource to get you started:** [FDA Employee Health and Personal Hygiene Handbook](#)

- | | | |
|---|--------------------------|--------------------------|
| 2. Provide a procedure for employees to follow when responding to a vomiting or diarrheal event (IFC 2-501.11)? | Planned | Verified |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Describe the procedure or attach a separate document:

***Here is an example procedure that satisfies this requirement:** [IDHW Clean-up Procedures for Vomit and Diarrheal Accidents](#)

VI. FOOD PROTECTION

A full menu is required when submitting this plan review application for approval (IFC 8-201.12).

Food shall be obtained from an approved source. Food prepared in a private home may not be used or offered for human consumption in a food establishment (IFC 3-201.11).

- | | Planned | Verified |
|---|---|---|
| 1. Are all food supplies from inspected and approved sources? (IFC 3.201.11) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will this mobile food establishment use a commissary (check one)? | Yes ____ | No ____ |
| 3. Please confirm whether any of the following activities will be conducted by the mobile unit. | | |
| <input type="checkbox"/> Thawing Food | <input type="checkbox"/> Ware washing | <input type="checkbox"/> Cooking Raw Animal Foods |
| <input type="checkbox"/> Slicing Produce | <input type="checkbox"/> Cooling or Reheating | <input type="checkbox"/> Serving Raw or Undercooked Foods |

Please describe the procedures for all selected activities or attach a separate document. If using a commissary, make a note of which activities will be conducted there:

-
4. Barehand contact with ready-to-eat foods is prohibited. Describe how disposable gloves, utensils, or tissue paper will be used to prevent barehand contact with ready-to-eat foods. (IFC 3.301.11)

VII. COLD FOOD STORAGE

- | | Planned | Verified |
|--|--------------------------|--------------------------|
| 1. Provide adequate freezer and refrigeration space to store frozen and refrigerated food at or below 41°F. (IFC 3.501.19) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Each freezer/refrigerator will have a thermometer for monitoring air temperature. (IFC 4-204.112) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Refrigeration units are in good repair, easily cleanable, with gaskets sealing correctly? (IFC 4-204.12) | <input type="checkbox"/> | <input type="checkbox"/> |

VIII. DRY FOOD STORAGE

- | | Planned | Verified |
|---|--------------------------|--------------------------|
| 1. Shelving constructed to have a smooth and easily cleanable surface. (IFC 3-305.11) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The mobile unit will have adequate dry storage for this operation. (IFC3-305.12) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will there be any food storage at a commissary? | <input type="checkbox"/> | <input type="checkbox"/> |

IX. HOT FOOD STORAGE

- | | Planned | Verified |
|--|--------------------------|--------------------------|
| 1. Provide adequate space for keeping food above 135°F. (IFC 3-501.16) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are hot holding units in good repair and easily cleanable? (IFC 4-204.12) | <input type="checkbox"/> | <input type="checkbox"/> |

X. COOKING

Planned Verified

1. Will you have readily available food temperature measuring devices to ensure cooking temperatures? (IFC 4-302.12)
2. What types of cooking equipment will be used? Please provide cut sheets or equipment specifications (NSF/UL listing).

XI. FLOORS, WALLS, CEILINGS & OVERHEAD PROTECTION

Planned Verified

1. Walls and ceilings will be constructed from smooth and easily cleanable, non-absorbent materials (IFC 6-101.11)?
2. Outer openings are protected and sealed. (IFC 6-202.15)

XII. GENERAL REQUIREMENTS

Planned Verified

1. Will your mobile use a ventilation hood? N/A
- Ventilation hood systems and devices shall be sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings (IFC 4-301.14).
2. How will the hood system be cleaned? (IFC 4-202.18)
- *Check with local fire department to determine what will be required for your mobile unit.**

Planned Verified

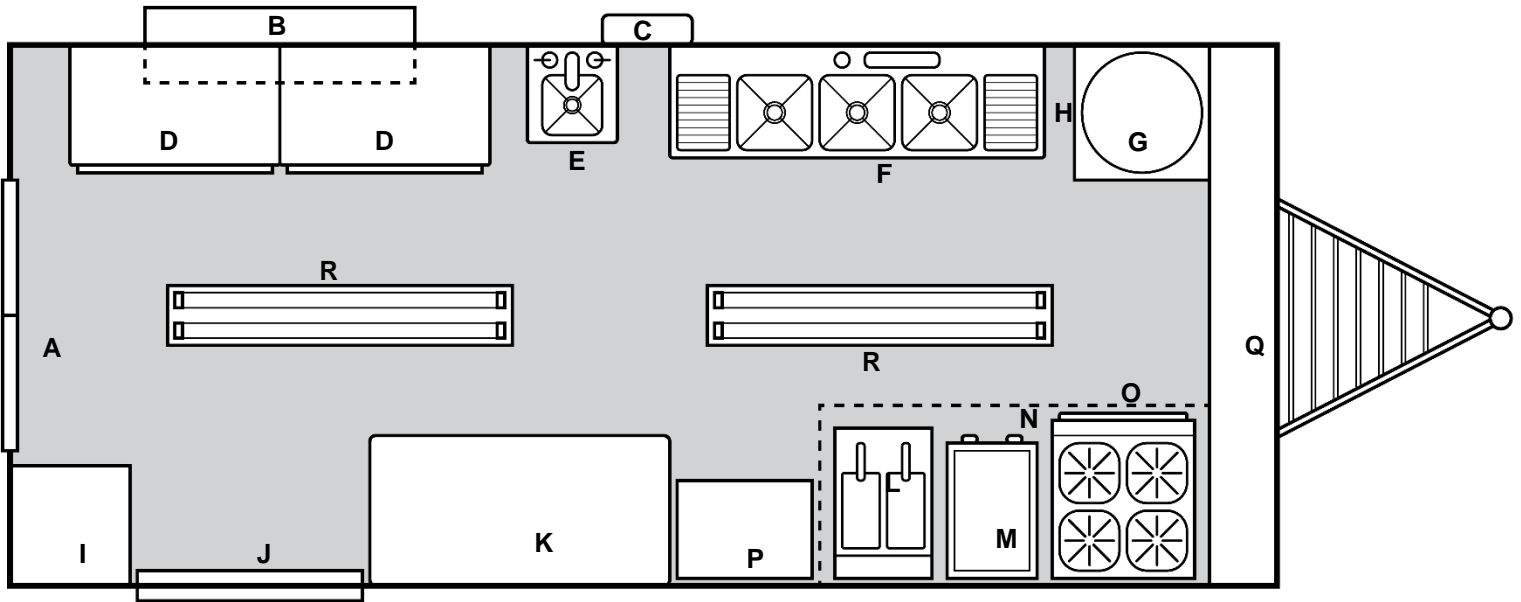
3. All lighting is shatterproof or have a protective covering. (IFC 6-202.11)
4. Wall mounted equipment pieces (ware washing/hand sink) will be properly sealed to the wall. (IFC 6-201.17)
5. All food storage containers are constructed of food grade materials to store bulk food products. (IFC 7-203.11)
6. The establishment will have a system in place to eliminate the presence of pests (IFC 6-501.111).

Describe how pests will be controlled:

7. Where will toilet facilities be located for use by food workers? (IFC 5-203.12)

8. Describe how, where, and when garbage containers will be emptied. (IFC 5-501.13)

Example layout of a mobile unit:



- | | |
|---|--|
| A. Exit Door | J. Service Window |
| B. Holding Tank | K. Stainless Steel Table with Shelving |
| C. Backflow Prevention Device | L. Fryer |
| D. Fridge and Freezer Combo | M. Griddle |
| E. Handwashing Sink | N. Hood Ventilation System |
| F. Three Compartment Sink with Drain-boards | O. Stove |
| G. Hot Water Tank | P. Prep Top Cooler |
| H. Chemical storage under sink | Q. Shelving |
| I. Dry storage shelving | R. LED Lights |

Please draw the layout for your mobile unit on a separate page: