



## Environmental Health Department

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Community Health Services  
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Environmental Health Services  
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Family Planning Services  
751-8150 FAX 751-8151  
Home Health Services  
751-6800 FAX 751-6807  
WIC Services  
751-8170 FAX 751-8171  
Animal Shelter  
752-1310 FAX 752-1546

# ***Flathead City-County Health Department***

## **Mobile Food Service Plan Review Form**



Establishment Name (DBA):	_____
Owner Name (Co. / LLC):	_____
Storage Address:	_____
Physical City, State & Zip:	_____
Telephone & Fax:	_____
E-mail Address:	_____
Mailing Address:	_____
Mailing City, State & Zip:	_____

FCCHD use only	
Date:	_____
Amount Paid:	_____
Payment Method:	_____
Receipt #:	_____
Received by:	_____



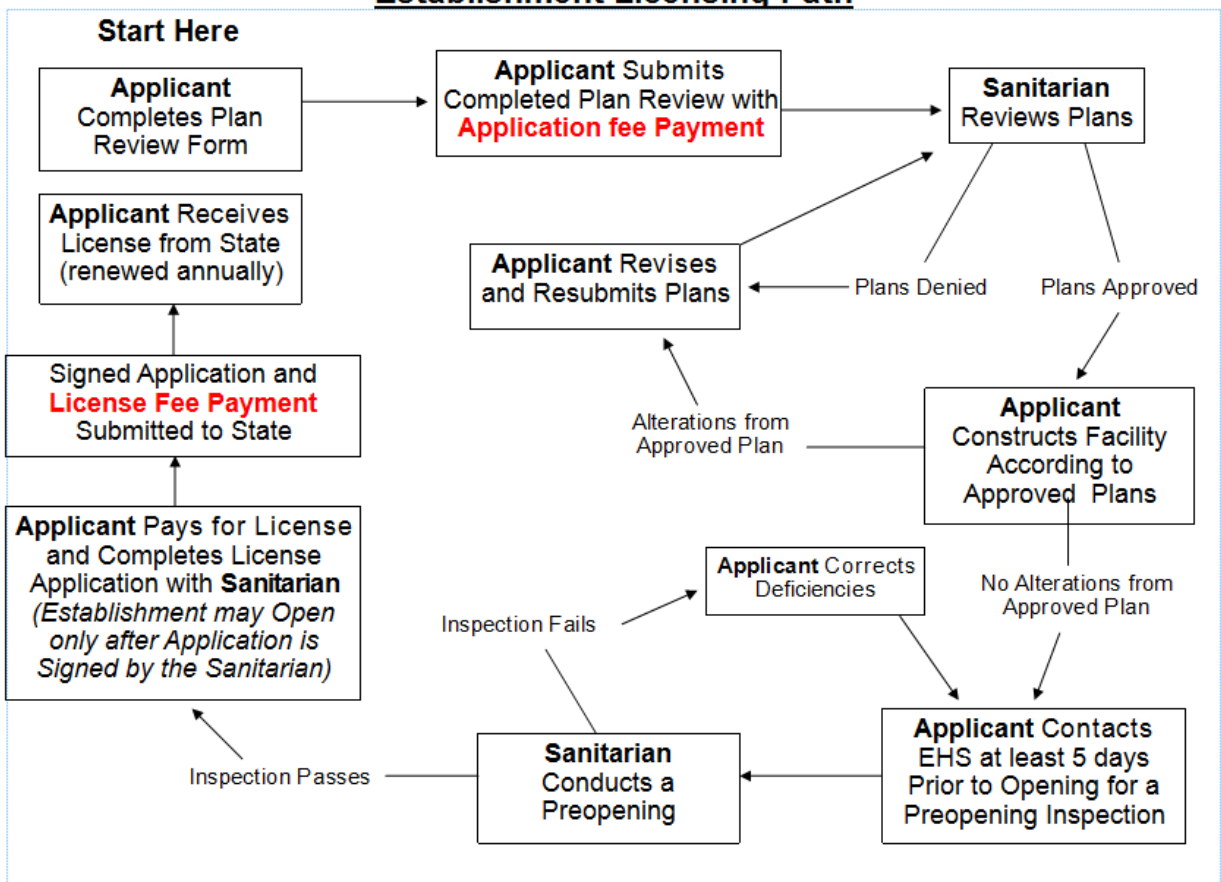
## Fee Schedule

Base Fee Descriptions (Enter 1 in the applicable "Qty." column per description)	Fee Amt.	Qty.	Total <i>(multiply across)</i>
<b>Higher Risk (Category 4 &amp; 5) Plan Review Application Fee</b> <ul style="list-style-type: none"> <li>• Performs special processing* (waiver and HACCP fees also apply),</li> <li>• Serves primarily high risk population (elderly, kids under 5, immune suppressed),</li> <li>• Cools large batches of hot (cooked/heated) food (i.e. pots of soup, roasts, etc.),</li> <li>• Cools multiple different hot (cooked/heated) foods (i.e. leftovers, etc.),</li> <li>• Uses raw animal foods (i.e. uncooked eggs, meat, fish, poultry, etc.) in the operation AND processes/prepares (cut, chop, dice, shred, etc.) more than 2 ready-to-eat foods on site</li> </ul> <p>Examples: hospital kitchens, school kitchens, most full-service restaurants, most deli's, some meat departments</p>	\$490.00		
<b>Moderate Risk (Category 3) Plan Review Application Fee</b> <ul style="list-style-type: none"> <li>• No special processing*,</li> <li>• Not serving primarily high risk population (see above),</li> <li>• Little or no cooling of hot (cooked/heated) foods,</li> <li>• Prepares raw animal foods (see above),</li> <li>• Uses raw animal foods (see above) in the operation AND processes/prepares (see above) 2 or fewer ready-to-eat foods on site</li> </ul> <p>Examples: hamburger shops, scratch bakeries, some meat departments</p>	\$420.00		
<b>Lower Risk (Category 1 &amp; 2) Plan Review Application Fee</b> <ul style="list-style-type: none"> <li>• No special processing (see above),</li> <li>• Not serving primarily high risk population,</li> <li>• No raw animal foods (see above),</li> </ul> <p>Examples: convenience stores, espresso shops, non-scratch bakeries, sandwich shops, fast food pizza, produce departments</p>	\$315.00		
Additional Fee Descriptions	Fee Amt.	Qty. <i>(enter #)</i>	Total <i>(multiply across)</i>
Non-municipal Services (Well / Septic) Review	\$100.00		
Small Retail Annual License Fee (2 or fewer working staff)	\$85.00	**	**
Large Retail Annual License Fee (3 or more working staff)	\$115.00	**	**
Waiver Review (special processes* or any request to deviate from rule requirements)	\$100.00		
HACCP Review Fee (for special processes*)	\$450.00		
<b>Total:</b>	--	--	

\*Special processing includes Reduced Oxygen Packaging (vacuum sealing, canning, etc.), Fermentation, Acidification, Sous Vide, Smoking (to extend shelf-life), Curing, Processes designed to either render a TCS food non-TCS or extend the shelf-life of a product, etc.

\*\*License fees are paid after the plan review is approved

## Establishment Licensing Path



S:\EH\FOOD & CONSUMER\PlanReview\FoodPathRevised.pub

Figure 1.

## Food Establishment Plan Review Form

*This form must to be completed, submitted with the application fee and approved by Flathead City-County Health Department prior to operating. Please complete the entire form – if any blank or question is left unanswered (not applicable may be an acceptable answer in some cases), the plan review may be considered incomplete and immediately denied.*

### Guidelines for an Efficient Review Process

Your application will be reviewed in the order it is received by the inspector to whom the application is assigned. In order to make the review process as fast as possible, ensure the following:

- Complete the application entirely – do not leave any question blank (check “NA” if not applicable)
- Ensure answers are legible (neat and large enough writing to read)
- Complete the application that reflects how the facility will look and operate at the time of opening
- Submit the application as early as possible (ideally, allow 3-4 weeks before intended operation date)
- Be available if contacted by the reviewer during the review process and respond to contact quickly
- Do not start construction or remodel before getting approval of plans
- Check-in with other agencies (building, fire, zoning, etc.) during the review process
  - Find out if you are in a city or county jurisdiction – State building and fire codes apply to facilities in County jurisdictional areas
- Read the frequently asked questions (FAQ) sheet on the Department web-site

### Required Documentation

<i>Verified? Office use only</i>	<i>#</i>	<i>Item</i>
	1	Menu (Please list all food and/or drinks that will be served);
	2	Signed Commissary Agreement Form – must be signed by the applicant and by the owner/manager of the commissary;
	3	Temporary hand wash station description or diagram (if applicable) – see Water Supply;
	4	Copies of current ANSI (i.e. Servsafe) food safety manager certifications (if applicable) – see Food Employees section;
	5	Site and floor plans with the following specifications:
	a	The plan must be to scale (¼ inch = 1 foot is recommended);
	b	The plan shall show the location of all equipment including, but not limited to: refrigerators, freezers, hand wash station, work tables, trash containers, and storage areas. All equipment must be labeled or numbered with a key,
	6	Copies of pertinent licenses (if applicable – i.e. manufacturers licenses, etc.)

**A) Operation:**

Verified? <i>Office use only</i>	#	Item (explain in detail)	Y	N	NA
	1	What is your desired opening date? _____			
	2	Mobile food service must operate as required in the regulatory definition of a mobile food service unit. The regulation states that mobile food service units must move for servicing periodically and continuously. Waste water dumping receipts may be required to be maintained in order to show compliance. Do you understand and intend to comply with this restriction?	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Mobile food service operations that are not fully self-contained and are dependent on a commissary for food preparation or for equipment (dish/utensil) washing may have restrictions on how far away from their commissary they can operate. Do you understand and intend to comply with this restriction, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	
	4	Mobile food service operations that have no mobility restrictions on them as described by #2 (above) can operate throughout the State of Montana. However, permission from property owners, including acquiring local business permits, may apply – check with local municipalities for details. Do you understand this requirement?			

**B) Physical Setup**

Verified? <i>Office use only</i>	#	Item (explain in detail)	Y	N	NA
	1	Are floors in food preparation and storage areas smooth, durable, non-absorbent and easily cleanable? List the type of flooring present in each area of the facility: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Is there coving (baseboard) in food preparation and storage areas? Describe the type of coving present in each area of the facility: _____	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Are wall surfaces in food preparation and storage areas smooth, durable, non-absorbent and easily cleanable? List the type of surfaces present in each area of the facility: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	4	Are ceilings and attached equipment surfaces designed to be easily cleanable? Describe the type of ceiling material present in each area of the facility: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

**C) Water Supply:**

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Are food service operations limited to offering only prepackaged food items including prepackaged samples? (If yes, skip ahead to Section "E")	<input type="checkbox"/>	<input type="checkbox"/>	
	2	If not limited to prepackaged food items, where will fresh water be acquired?  <i>Provide a commissary agreement form signed by yourself and the owner/manager of the commissary location.</i>			
	3	What is the capacity of the water supply (size of the fresh water tank)? _____ gallons			

**D) Wastewater Disposal**

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Are food service operations limited to offering only prepackaged food items including prepackaged samples? (If yes, skip ahead to Section "E")	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Wastewater, including water from hand washing must be disposed of in an approved manner. Dumping wastewater on the ground is prohibited. Describe how waste-water will be collected and how/where it will be disposed.  <i>Provide a commissary agreement form signed by yourself and the owner/manager of the commissary location.</i>			
	3	Waste-water collection tanks must be 15% larger than fresh water supply tanks. What is the capacity of the wastewater collection system (waste water tank size)? _____ gallons			

**E) Equipment**

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Are time-temperature control for safety (TCS) or potentially hazardous food (PHF) items used on site? These items include any items that requires refrigeration such as meats (either raw or cooked), dairy, eggs, condiments, cut produce (lettuce, tomatoes, etc.) and items such as salsa or relish (if the bottle says "keep refrigerated" or "refrigerate after opening"). If no, skip to "E3" List all TCS/PHF foods (beverages) or ingredients:  _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Will mechanical refrigeration be provided on-site? NOTE: the using ice chests for refrigerated items will limit operation to events that are less than four hours long.	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Will any food be held hot for service? Please list all foods that will be held hot and how this will be accomplished (including what equipment will be used and the holding temperatures):  _____	<input type="checkbox"/>	<input type="checkbox"/>	

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	4	Will food be cooked or reheated on-site? Please list all foods that will be cooked or reheated and how this will be accomplished (including what equipment will be used and the final cook or reheat temperatures):  _____	<input type="checkbox"/>	<input type="checkbox"/>	
	5	Will reusable utensils (spatulas, tongs, forks, spoons, ladles, etc.) be used on-site for activities such as cooking or serving? If utensils will be used on-site please describe how contamination of food (through occurrences such as prolonged use or accidentally dropping a utensil on the ground) will be prevented (include where and how items are stored):  _____  _____	<input type="checkbox"/>	<input type="checkbox"/>	

#### F) Operation Staff

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will only authorized individuals be allowed in food & beverage storage and food preparation areas?	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Food safety manager level training through an ANSI approved course is required of at least one person in all establishments that prepare or handle food. Establishments with a simple menu that does not include preparation or cooking can be exempted from this requirement. Does your menu qualify you for this exemption? If yes, please explain why your menu excludes you from this requirement:  _____	<input type="checkbox"/>	<input type="checkbox"/>	
	3	If your menu does not exempt you from the requirement to have a certified food safety manager, please name the person or people who are or will be certified. Include the date of their certification next to their name.  _____ <i>Attach a copy of each certificate for those that have already completed an approved course.</i>			
	4	Each employee, including yourself, is required to have basic food safety and sanitation training. This can be accomplished through a training course or by other in-house methods. Explain how food safety and sanitation information will be provided to people working in the kitchen (attach any written policy referenced)?  _____  _____			

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	5	<p>Every licensed operation is expected to have a policy requiring specific symptoms (vomiting, diarrhea, sore throat with a fever, jaundice and a lesion or wound with pus in it) or diagnosed illnesses (Norovirus, Hepatitis A, Shigella, Salmonella and Shiga Toxin-producing E.coli) to be reported to management. Do you have a policy that requires reporting of these symptoms and illnesses?</p> <p>If yes, please describe (attach any written policy referenced):</p> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6	<p>You must be able to show that every employee, including yourself, is aware of the illness policy described above. How will you ensure that each employee is aware of your illness policy? Describe:</p> <hr/>			
	7	<p>Food workers, including yourself if applicable, are expected to maintain a high level of personal hygiene. Please indicate how this will be ensured (attach any written policy referenced):</p> <hr/>			
	8	<p>Will smoking, applying makeup/hair spray, eating, drinking from an open top container, etc., be permitted in food preparation and storage areas?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
	9	<p>Food workers, including yourself, are expected to restrain hair (including facial hair) while working in the kitchen. Will hair/beard restraints be provided for food workers who need them?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
	10	<p>No bare hand contact is allowed with ready-to-eat food. How will this standard be maintained in your operation? Note: If gloves will be used to meet this requirement, then it must be understood that the use of gloves is not a substitute for hand washing with running water and soap when changing activities. In short, clean gloves should only be used on clean hands.</p> <hr/>			
	11	<p>Will hand sanitizer be used by workers, including yourself?</p> <p>Note: The use of hand sanitizer is not a substitute for hand washing with running water and soap, but can be used to enhance hand sanitization. If hand sanitizer is used, please describe how adequate hand washing will be maintained:</p> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>	
	12	<p>Will soap and hand drying facilities (single service towels in dispensers) be provided at each hand washing station?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<i>Verified?</i> <i>Office use only</i>	<b>#</b>	<i>Item (explain in detail)</i>	<b>Y</b>	<b>N</b>	<b>NA</b>
	13	Will hand washing reminder and instruction signs be available at each hand washing station? List ways that adequate and frequent hand washing be monitored and enforced?  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14	Are separate areas provided for personal belongings (coats, boots, umbrellas, purses, medications, etc.)? Describe the storage facilities for these articles:  _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

**G) Purchasing and Receiving**

<i>Verified?</i> <i>Office use only</i>	<b>#</b>	<i>Item (explain in detail)</i>	<b>Y</b>	<b>N</b>	<b>NA</b>
	1	Will all food (beverages) and ingredients, including ice, come from an approved/licensed source? Please list where food supplies will be acquired:  _____	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Fresh foods such as produce must be free of spoilage. Frozen food must be kept frozen until thawed for use. Refrigerated foods such as milk and eggs must be transported and received at 41°F or lower. Packaged foods must remain unadulterated with the packaging uncompromised until used. Describe how these standards will be maintained during transport (including any equipment that will be used):  _____			
	3	How will contamination of food and equipment (including dishes and utensils) be prevented during transport to and from the event?  _____			
	4	Describe the procedure that will be used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation and transportation.  _____			
	5	Will potentially hazardous foods (meats, fish, poultry, eggs, baked potatoes, milk, custards/creams, cooked vegetables, cut leafy greens, sliced tomatoes, etc.) be used? List all potentially hazardous foods or ingredients:  _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

## H) Storage

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Is there adequate storage to accommodate the food/beverage supply requirements for the projected number of customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Will food/beverage grade containers be used to store food products? Describe food items that will be stored and their the containers: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Describe where and how food containers will be stored: _____ _____			
	4	Will raw meats, poultry or seafood be stored in the same refrigeration unit(s) or ice chests with cooked ready-to-eat foods? If yes, please describe how cross-contamination will be prevented: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	Does each refrigerator, freezer and ice chest have an accurate thermometer, stored in a conspicuous location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	Is there any off site storage of food, dishes or equipment? If yes, please list the location and attach a signed commissary agreement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## I) Thawing & Preparation

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will frozen foods be thawed by approved methods? (no thawing at room temperature) Please describe how each type of frozen food will be thawed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Will food be prepared more than 12 hours in advance of service? If yes, please list the food items that will be prepared in advance: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	If the menu dictates, is there a separate food preparation sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Will produce be washed prior to use? If yes, where will it be washed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	Is there a procedure for minimizing the time potentially hazardous food will be in the temperature danger zone (41°F to 135°F) during preparation? If yes, please describe the procedure: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	Will ingredients for cold ready-to-eat foods such as pre-made salads (tuna, egg, potato) be pre-chilled before mixed or assembled? If yes, please describe how this will be accomplished: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## J) Cooking & Holding

<i>Verified? Office use only</i>	<i>#</i>	<i>Item (explain in detail)</i>	<i>Y</i>	<i>N</i>	<i>NA</i>
	1	Will a food product thermometer be used to measure final cooking/reheating temperatures for potentially hazardous foods? List each potentially hazardous food categories to be cooked and what time & temperature guidelines will be used for each:  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Will only approved equipment be used for cooking? List all cooking equipment:  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Is there adequate ventilation above cooking equipment to control heat and humidity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Is there any prepared cooked food that will be held at 135°F? If yes, list foods that will be kept in "hot holding":  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	Will only approved equipment be used for holding food above 135°F? NOTE: Home style crockpots are not allowed for hot holding. List all hot holding equipment:  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	Serving raw, rare or undercooked animal products such as raw shell eggs for hollandaise sauce or mayonnaise or serving partially cooked food such as a seared fish or a rare hamburger can increase the risk of foodborne illness for consumers. Will raw, rare or undercooked animal products be served to customers? If yes, list each raw or undercooked animal product that will be served:  _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7	A consumer advisory informing consumers of the increased risk of foodborne illness is required on the menu denoting each menu item that may be cooked to order or may contain raw or undercooked animal products. For example, "Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness." Is there a consumer advisory on the menu for these items? If yes, what does the consumer advisory say?  _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### K) Cooling and Reheating

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will potentially hazardous foods be cooled for delayed service? If yes, please describe in detail how this will be accomplished (list food types and cooling methods for each):  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Will any food be reheated for service? If yes, list food types to be reheated and the process of reheating each (include reheating temperature):  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### L) Service

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Is there a hand washing sink available to service personnel?	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Are single service dishes and utensils such as plastic spoons, plastic forks, plastic/paper cups and plastic/paper bowls used? If yes, describe how they will be protected from contamination (including how they are stored and protected until dispensed):  _____	<input type="checkbox"/>	<input type="checkbox"/>	

### M) Manufacturing (canning, bottling or packaging food on-site for off-site consumption)

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will food items be packaged on-site for off-site consumption (including grab and go items such as salads or sandwiches, bottle sauces, etc.)? If no, answer "NA" to the remaining questions in this section and skip ahead to section "O"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	List all food items that will be packaged on-site for off-site consumption (i.e. sandwiches, salsa, hot sauce, etc.).  _____ _____			
	3	Will packaging be done using reduce oxygen packaging (i.e. vacuum sealing, or canning)? <i>If, yes, a special process waiver and HACCP plan (with additional review fees) are required to be included with this application.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Will food items packaged on-site for off-site consumption have labels on each package that contains the <b>all</b> of following information: 1) A statement of identity (i.e. roast beef sandwich, 2) a quantity statement (i.e. average net weight or volume), 3) an ingredient list of all ingredients and sub-ingredients depicted in order of predominance by weight, 4) a "contains" statement for any of the big 8 allergens AND 5) manufacturer's information (i.e. business name and address)? <i>Include a sample label for each different food item that will be packaged on-site for off-site consumption.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**N) Dishes & Utensils**

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Is a 3-compartment sink available on the unit for dishwashing? If no, where will dishes and utensils be washed and sanitized? _____	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Describe how (what steps or process) dishes will be cleaned in the 3-compartment sink: _____			
	3	Do the largest pots and pans fit into the dishwasher and/or sink compartments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Is there space for drain boards in the dishwashing area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	Will any dishes, utensils or equipment be washed off site? If yes, list the location and attach a signed commissary agreement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**O) Cleaning & Sanitizing**

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will cooking equipment, cutting boards, counters and other food contact surfaces which cannot be submerged in sinks or fit into a dishwasher be cleaned and sanitized with an approved sanitizer? Name of sanitizer: _____ Active ingredient: _____ Concentration to be used: _____ parts per million (ppm)	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Will chemical test kits be available and used on-site for each type of sanitizer used (including the dishwashing sanitizer)?	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Will sanitizers and other cleaners/detergents be stored away from food storage, food preparation and dish/utensil washing areas? Describe where chemicals will be stored:	<input type="checkbox"/>	<input type="checkbox"/>	
	4	Are all cleaning chemical containers appropriately labeled?	<input type="checkbox"/>	<input type="checkbox"/>	
	5	Are soiled and clean linens and rags stored separately? Please describe linen storage: _____	<input type="checkbox"/>	<input type="checkbox"/>	
	6	Establishments must have a protocol for cleaning up vomit in food service and dining areas. The protocol should include a step by step procedure that addresses personal protective equipment as well as chemicals that will be used. The protocol must include a step that will sanitize affected areas with an EPA approved norovirus disinfectant. Is there a vomit clean-up protocol? Please describe or attach a copy of the protocol. Also, list the sanitizer to be used and include a copy or picture of the label showing that it is an EPA approved norovirus disinfectant. _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

**P) Restrooms**

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Staff must have access to a restroom near where the mobile unit operates. Do you understand and intend to comply with this requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Restrooms must be equipped with hand washing sinks that have hot and cold running water under pressure, soap, paper towels and a covered waste receptacle. They need to have, adequate ventilation and self-closing doors. Do you understand and intend to comply with this requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Will restroom be maintained in clean working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q) Pest Management**

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	What steps will be taken to control pests in the unit during operation?  _____  _____			

**R) Garbage & Refuse**

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will trash that is stored inside be kept only in leak-tight, securely covered waste containers?	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Do all inside garbage containers have lids? (Lids need to be used when garbage containers are not in active use).	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Will inside garbage containers be maintained to be clean and sanitary? If yes, please describe where they will be cleaned:  _____	<input type="checkbox"/>	<input type="checkbox"/>	
	4	How will solid waste (trash) be removed? Provide the frequency of removal, method of transport and where it will be disposed?  _____  _____			
	5	Will grease be stored on site? If yes, describe the storage receptacle and how grease will be disposed of:  _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approval of these plans and specifications by this Health 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 operation. A pre-opening inspection of the operation with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

A pre-opening inspection of the establishment is required to determine compliance with the local and state laws governing public accommodations before a license may be issued or validated by the health officer.

This application will expire within a year of the date submitted if not completed/licensed. The applicant will be required to resubmit a public accommodation application and all applicable fees.

**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 this approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Sanitarian Sign-Off: \_\_\_\_\_

Letter \_\_\_\_\_ Phone \_\_\_\_\_ Date of Approval \_\_\_\_\_

Denial Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_