

Monongalia County Health Department

453 Van Voorhis Road
Phone 304-598-5100 Fax 304-598-5199
Morgantown, WV 26505-3408
www.monchd.org

**PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES**
Phone: 304-598-5131 Fax: 304-598-5122

MOBILE FOOD UNIT/CART PLAN REVIEW PROCESS

Please follow the steps outlined below and contact our office at (304) 598-5131 if you have questions.

1. Download the plan review and application forms from our web site.

The plan review form must be completed in accordance with the 2005 FDA Food Code that was adopted by the WV legislature. HTML and PDF versions of the Food Code are available via the Internet at:

<http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2005/default.htm>

Printed copies are available through **National Technical Information Service (NTIS) at:**

1-800-553-NTIS (6847) or (703) 605-6000.

2. Please allow 30 days for the review process of existing or remodeled facilities and 45 days for new construction. Every attempt will be made to complete the plan review in a timely manner on a first come, first serve basis. Submit the plan review and application forms, with payment of the following fees to the Monongalia County Health Department:

- a. \$100.00 for an initial plan review process - additional time will be charged at a fee of \$50.00 per hour.
- b. The appropriate Mobile Food Unit/Cart permit fee as stated on the application for Environmental Health Permits/Services
- c. \$125.00 for the mandatory Food Service Managers' Course. This course is required of one individual for every permitted facility. An individual may only represent one facility.

3. After you receive your approval letter, contact your Health Department representative for the pre-opening inspection.

Our staff hopes that this checklist will guide you through the mobile food unit plan review process. If you have questions, please contact the Environmental Health Business Office at (304) 598-5131.



General Requirements for Mobile Food Units

DEFINITIONS OF TERMS

- **Mobile Food Unit (MFU):** An enclosed trailer, van, pushcart, recreation vehicle or similar enclosed mobile facility that is transported from site to site for the purpose of dispensing food to the public.
- **Mobile food service establishment:** Any mobile unit in which food or drink is prepared for sale or for service to the public with or without charge.
- **Potentially hazardous food:** A food that consists in whole or in part of milk or milk products, eggs meat, poultry, fish, shellfish, edible crustacean, whipped butter, or whipped margarine, heat-treated plant foods, raw seed sprouts, cut melons, garlic in oil mixtures that are not modified (acidified) or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.

GUIDELINES--DESIGN AND CONSTRUCTION

- A **MFU Plan Review packet must be submitted along with the appropriate fees to the Monongalia County Health Department for approval at least 30 days prior to the beginning of any construction of a new MFU, or major renovation of an existing permitted MFU.**
- Submit an accurate drawing of the interior of the proposed MFU which must include the location and description of all food service equipment, cut-sheets for all food service equipment, the finish materials used on the walls, floor, and ceiling, and the proposed menu. ***All food service equipment must be NSF approved or equivalent.***
- If your proposed MFU will handle and/or sell open food products, you must have a **permitted commissary** to utilize. A commissary will be used for obtaining potable water, disposal of gray water, cleaning and sanitizing of the unit, and storage of additional equipment, bulk food, dry goods, utensils, and paper products. The commissary may be permitted by any jurisdiction within West Virginia, or the neighboring states; however, the commissary must be within reasonable proximity to the site of the proposed MFU operation. A private residence is **not approved** as a commissary.
- **Safe water and adequate wastewater facilities** shall be provided in all mobile units. The system shall be of sufficient capacity to furnish enough hot and cold water for food preparation, utensil cleaning and hand washing. Liquid waste generated by the operation of the mobile food unit shall be stored in a permanently installed retention tank that is at least 15 per cent larger than the potable water supply tank.
- A **hand washing sink** with hot and cold running water, hand soap and paper towels must be provided in each MFU.
- Mobile units shall be equipped with a **water heater** that will provide sufficient amounts of hot water to hand lavatories and utensil washing facilities.
- **Utensil washing** facilities consisting of a plumbed three compartment sink with drainboard area is required for all mobile units. The preparation of non-potentially hazardous food meeting the definition of limited-menu foods will be exempted from this requirement as long as a plumbed in hand sink equipped with hot and cold running water is provided and dispensing utensils are limited to one or two utensils such as a tongs, fork, spoon or scoop.

- **Mechanical ventilation** consisting of a metal hood with removable metal grease collecting filters shall be provided over all cooking equipment if the unit contains a fryer, grill, charbroiler, stove, etc producing smoke, steam or grease vapors.
- **Mobile units shall be completely enclosed.** Protective screens or movable windows shall be provided for customer service windows and openings. Floor, walls, and ceiling in the MFU must be covered with materials that are nonabsorbent, smooth and easily cleanable.
- **The lighting** in the MFU shall be shielded to protect against broken glass contaminating the food or food contact surfaces.
- **Food preparation and storage equipment** must be in good repair and easily cleanable.

GUIDELINES-- HANDLING AND OPERATIONS

- Menu items for a MFU shall be reviewed on an individual basis depending upon the facilities provided on-board the MFU.
- All foods must be prepared in the MFU or at your permitted commissary and be secured from an approved source. This includes all meat, milk, eggs, ice or foods dispensed from the mobile unit. **No foods may be prepared in a private home and dispensed from the mobile unit.**
- Potentially hazardous foods must be stored cold below 41° F or held hot above 135° F. All foods shall be initially cooked to the following temperatures:
 - Hamburger(ground meats) 155° F
 - Fish and Seafood 145° F
 - Pork and pork products 155° F
 - Poultry 165° F
- Meats and other potentially hazardous foods must be thawed under refrigeration or under potable running water of 70° F or below, or as a part of the cooking process.
- Adequate refrigeration must be provided to maintain product temperatures. A thermometer must be provided in each refrigeration unit.
- A metal-stem thermometer must be available in each mobile food service establishment. This thermometer must be used to check the internal temperature of potentially hazardous foods. The thermometer must have a temperature range from 0° to 220° Fahrenheit.
- All mobile food service employees shall wear nets, caps, hats or other effective hair covering to restrain their hair. Employees must practice good personal hygiene. All employees must wash hands thoroughly before beginning work and frequently throughout their work shift.
- All food preparation areas and food contact surfaces of equipment shall be cleaned and sanitized on a regular basis using a sanitizing solution of 1 tsp. of household bleach to 1 gal. of water. Wet wiping cloths must be stored in a sanitizing solution when not in use.
- Only single service articles shall be provided to the consumer. Single service items must be dispensed from the original container or from an approved dispensing device. Single service items must be protected from contamination during storage.
- All utensils used for the dispensing of potentially hazardous food must be stored cleaned and dried, in the product or in a running water dipper-well after each use. Utensils stored in the product shall be cleaned and sanitized every two (2) hours, or whenever there is an interruption of operation or slack time.

MOBILE FOOD UNIT/CART PLAN REVIEW APPLICATION



Date: _____ NEW CONVERSION CHANGE OF OWNERSHIP

Name of Unit/Cart: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Commissary Name: _____

Physical Address: _____

Telephone: _____

Applicant's Name: _____

Mailing Address: _____

Telephone: _____

Title (owner, manager, architect, etc.): _____

Hours of Operation: Mon _____ Tues _____ Wed _____ Thurs _____
 Fri _____ Sat _____ Sun _____

Maximum Meals to be Served: Breakfast _____ Lunch _____ Dinner _____
(approximate number)

1. Provide a diagram of the unit/cart drawn to a minimum scale of 1/4 inch = 1 foot. Show the location of all food equipment clearly labeled on the diagram with its common name - cooler, propane grill/burner, hand sink, two or three bowl sink, etc. All heating and cooling including refrigeration equipment must be commercial - no home type equipment is permitted. Coolers are not required to be commercial as they may only be used for beverages and items that are not potentially hazardous food (PHF). Provide food equipment make, model numbers and certification or classification for sanitation by an ANSI accredited certification program.
2. A three-compartment sink may be required based upon the menu.
3. Include and provide locations of the cart/unit in relation to alleys, streets, parking areas and location of outside dumpsters or trash receptacles.

PLEASE CHECK/ANSWER THE FOLLOWING QUESTIONS - USE NA IF NOT APPLICABLE

FOOD PREPARATION REVIEW

All food employees must be trained in food safety by obtaining a [Permanent](#) or [Temporary](#) Food Worker's permit from our health department. Please provide a list and dates of completion or copies of their cards. As a separately permitted entity, someone must attend OR test out of our Food Manager's Training.

1. Provide the menu including condiments, beverages and ice. State whether items are commercially prepared, prepackaged or prepared from raw ingredients. Indicate items prepared on site as OS and those prepared in the commissary as C.

Produce must be washed in the commissary or purchased in RTE form UNLESS a food prep sink is provided or use of the two/three bowl sink is approved.

2. Explain how and where food is prepared if use of a separate prep sink is typically required.

3. Will disposable gloves, utensils and/or food grade paper be used to prevent handling of RTE foods? YES () NO () NA ()

4. Please briefly describe your policy to exclude or restrict food workers who are sick or have infected cuts and lesions.

Ingredients for cold ready-to-eat (RTE) foods such as tuna, mayonnaise and eggs for salads and sandwiches must be pre-chilled before being mixed and/or assembled.

5. Describe the procedure used for minimizing the length of time PHF will be kept in the temperature danger zone (41°F - 140°F) during preparation.

FOOD SUPPLIES

State all food sources - distributor, wholesaler, retailer, facility, Farmers Market (provide location).

COLD STORAGE

Adequate and approved units are required to store refrigerated foods at 41°F or less AND to keep foods frozen as applicable.

1. Does each refrigerator/freezer have a thermometer? YES () NO () NA ()

Number of refrigeration units: _____ Number of freezer units: _____

2. Will raw meats, poultry and seafood be stored in the same refrigerators and/or freezers with cooked/ready-to-eat foods? YES () NO () NA () If YES, how will cross-contamination be prevented?

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. For other, indicate where thawing will take place. * **Thick = more than an inch; Thin = one inch or less**

Thawing Method	* THICK FROZEN FOODS	* THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F(21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

COOKING

1. Is a temperature chart provided for determining the final cooking temperature of PHF? YES () NO () NA () If NO, how is the final temperature determined?

2. Will thermometers be used to measure final cooking/reheating temperatures of PHF? YES () NO () NA () If NO, how will the final temperature be measured?

3. List type of thermometer(s) and foods they will be used for: _____

HOT/COLD HOLDING

1. How will the food temperatures be maintained during transportation between the commissary and unit/cart location?

2. How will hot PHF maintain 135°F or above during holding for service?

3. How will cold PHF maintain 41°F or below during holding for service?

REHEATING

1. List any PHF that is reheated on site. _____

2. How will PHF be rapidly reheated within 2 hours to 165°F for 15 seconds?

INSECT AND RODENT CONTROL

1 Will all outside doors be self-closing and rodent proof? YES () NO () NA ()

2. Do all openings have a minimum #16 mesh screening? YES () NO () NA ()

If NO, will air curtains be used? YES () NO () NA () If YES, where?

3. Will electrocution devices be used? YES () NO () NA () If YES, state type and location. _____

GARBAGE AND REFUSE

- 1. Is there any area to store returnable damaged goods? YES () NO () NA ()
- 2. Do all waste containers have lids? YES () NO () NA ()
- 3. Is location clear of unnecessary brush, litter, boxes and other harborage?
YES () NO () NA ()

WATER SUPPLY

- 1. Is water supply public () or private () ?
If private, has source been approved? YES () NO () PENDING ()
If private, please attach copy of written approval and/or permit.
 - 2. State capacity of water storage tank. _____
 - 3. How is water heated or stored for handwashing and cleaning/sanitizing? State size and recovery rate of hot water tank if provided. _____
 - 4. Is ice made at the commissary (), on premises () or purchased commercially () ?
Describe provision for ice scoop storage if used: _____
-

SEWAGE DISPOSAL

- 1. State capacity of wastewater storage tank: _____
- 2. Where is the wastewater tank emptied? _____

HANDWASHING/TOILET FACILITIES

- 1. Is a handwashing sink provided with a mixing valve or combination faucet producing hot and cold water under pressure? YES () NO ()
- 2. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES () NO ()
- 3. Are cleanser and disposable towels available at all handwashing sinks? YES () NO ()
- 4. Are handwashing signs posted at all hand washing areas including public areas?
YES () NO () NA ()

WAREWASHING FACILITIES

- 1. How will cooking equipment, cutting boards, counter tops and other food contact surfaces be cleaned and sanitized? _____

- 2. Does the unit/cart have sinks for dishwashing? YES () NO () If NO, skip to #5.
If YES, check one: Two compartment sink () Three compartment sink ()
Describe the dishwashing process of your two or three bowl sink. _____

- 3. Does the largest pot/pan fit into each compartment of the dishwashing sink? YES () NO ()
If NO, what is the procedure for manual cleaning and sanitizing? _____

- 4. Are drain boards on both ends of the dishwashing sink? YES () NO () If NO, where are dirty items placed and where are items air dried? _____

WAREWASHING FACILITIES

5. Indicate type(s) of sanitizer used along with water temperature and concentration.

Sanitizer test kits or papers must be provided.

Chlorine ()	Water Temperature _____	Concentration _____
Iodine ()	Water Temperature _____	Concentration _____
Quaternary ammonium ()	Water Temperature _____	Concentration _____
Hot water ()	Water Temperature _____	Concentration _____
Other ()	Water Temperature _____	Concentration _____

DRY GOODS and FOOD STORAGE

Appropriate storage space must be provided based upon menu and total number of meals.

1. Indicate storage locations for food/beverages, utensils, cookware, paper products, etc.

2. How will dry goods be stored off the floor? _____

3. All food containers must be of safe and approved material. Indicate each type of food container, type of material and the manufacturer. _____

SMALL EQUIPMENT REQUIREMENTS

Please specify the number and types of each of the following:

Slicers _____

Cutting boards _____

Can openers _____

Mixers _____

Floor mats _____

Other _____

FINISH SCHEDULE

Indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

Walls _____




Floors _____

Coving _____

Ceiling _____

PLUMBING CONNECTIONS

Please check the appropriate column for the type of plumbing connection provided OR mark NA as appropriate.

* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without affecting the flow of sewage/waste water through it. An integral trap is one built directly into the fixture, e.g..a toilet fixture. A -trap provides a liquid seal in the shape of the letter . Full -traps are prohibited.

	AIR GAP	AIR BREAK	* INTEGRAL TRAP	* "P" TRAP	* VACUUM BREAKER	CONDENSATE PUMP
18. Toilets						
19. Urinals						
20. Dishwasher						
21. Garbage grinder						
22. Ice machines						
23. Ice storage bin						
24. Sinks a. Mop b. Janitor c. Handwash d. 3 Compartment e. 2 Compartment f. 1 Compartment g. Water Station						
25. Steam tables						
26. Dipper wells						
27. Refrigeration condensate/ drain lines						
28. Hose connection						
29. Potato peeler						
30. Beverage Dispenser w/ Carbonator						
31. Other _____						

GENERAL

Insecticides and rodenticides must be applied by a professional certified pest applicator.

1. What methods are used for the control and extinction of insects and rodents?

All containers of toxics including sanitizing spray bottles must be clearly labeled. All toxics including cleaners, sanitizers, personal medications and first aid kits must be stored away from food, equipment, utensils, linens and paper products.

2. Where are toxic items stored? _____

3. Location of clean linen (wiping/dish cloths, hot pads/mitts) storage: _____

4. Location of dirty linen storage: _____

5. Where and how are linens cleaned? _____

6. Describe storage location for employees personal belongings. _____

7. Is an exhaust hood or ventilation system installed? YES () NO ()

If YES, how is it cleaned? _____

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 final approval.

Signature(s) _____
owner(s) or responsible representative(s)

Date: _____

Approval of these plans and specifications by this 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 establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Monongalia County Health Department

453 Van Voorhis Road
Morgantown, WV 26505-3408

www.monchd.org

**PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES**

Phone: 304-598-5131
Fax: 304-598-5122

Application for a Temporary Food Establishment (TFE) Permit

TFE Name/Operator: _____ Non-profit organization? Yes No

Name of Event: _____

Event Location: _____

Event Date(s): _____

Operation Type: PHF = Potentially Hazardous Foods – foods that require temperature control for safety

- No PHF Menu features no PHF's or only pre-packaged PHF's sold.
- Limited Menu features 1 or 2 PHF's. On-site preparation or off-site preparation and transport. All raw meats and seafood in ready-to-cook form. Same day preparation only (no cooking and cooling on-site.)
- Full Menu features several PHF's. Includes on-site preparation of raw meats, seafood, produce, and fruits. Includes next day preparation.

TFE Type:
 Tent Mobile Food Unit Permanent Structure Other _____

Water and Sewer:
 Water Source: _____ Wastewater Disposal: _____

How will you (if applicable):
 Hold PHF's at 41F or below or 135F or above: _____
 Maintain above temperatures during transport: _____
 Wash and sanitize utensils: _____

Menu

List all foods that you will be serving. If a food is pre-packaged write that in the "Prepared Where?" section.

Key: RTE = Ready to Eat RTC = Ready to Cook PHF = Potentially Hazardous Food

Food	Ingredients	Prepared Where?	RTE?	RTC?	PHF?

Employee Log

List all employees that will be working at the event

Name	Duties	Date(s)	Time In	Time Out

TFE Setup Sketch

Use this area to make a drawing of the setup of your TFE. Be sure to show the locations of hot and cold holding units, utensil washing station, hand washing station, food prep areas, cooking areas, and food storage areas. Please give as many details as possible; this will help with the approval process. Drawing does not need to be to scale.

Tip: Use the checklist below to help you make sure that your setup is complete.

- | | |
|--|---|
| <p>1. Tent or other weatherproof structure <input type="checkbox"/></p> <p style="padding-left: 20px;">a. Washable floor (parking lot, sidewalk, deck, etc) <input type="checkbox"/></p> <p>3. Sneeze Shield or barrier at grill/food holding/food prep areas that are exposed to customer traffic <input type="checkbox"/></p> <p>5. Proper waste water disposal <input type="checkbox"/></p> <p>6. Utensil Washing:</p> <p style="padding-left: 20px;">a. 3-basin method: Wash-Rinse-Sanitize-Air Dry <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Space for air drying <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Means of heating water <input type="checkbox"/></p> <p style="padding-left: 20px;">d. If utensil sink used, bucket for wastewater <input type="checkbox"/></p> <p>8. Food Storage:</p> <p style="padding-left: 20px;">a. All foods stored off of the ground <input type="checkbox"/></p> <p style="padding-left: 20px;">b. RTE foods protected from contamination <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Raw meats stored separate from produce and RTE foods <input type="checkbox"/></p> <p style="padding-left: 20px;">d. No open condiment bottles at customer areas <input type="checkbox"/></p> <p style="padding-left: 20px;">e. Separate storage area for chemicals <input type="checkbox"/></p> <p>10. Food Preparation:</p> <p style="padding-left: 20px;">a. Prep areas and utensils clean <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Separate prep areas for raw meats and RTE foods <input type="checkbox"/></p> <p style="padding-left: 20px;">c. All food prep is under the tent (exception: covered grill) <input type="checkbox"/></p> | <p>2. Fly Protection (not required but recommended):</p> <p style="padding-left: 20px;">a. Screened on 3 sides <u>or</u> <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Fly fans <input type="checkbox"/></p> <p>4. Water Supply:</p> <p style="padding-left: 20px;">a. Potable water in clean containers <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Drinking water grade hose /w backflow preventer <input type="checkbox"/></p> <p>7. Hand Washing Station:</p> <p style="padding-left: 20px;">a. Water under pressure <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Soap and single use towels <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Bucket for wastewater <input type="checkbox"/></p> <p style="padding-left: 20px;">d. Used for hand washing only <input type="checkbox"/></p> <p>9. PHF's:</p> <p style="padding-left: 20px;">a. Cold Holding (41F or below) <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Hot Holding (135F or above) <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Above temperatures maintained during transport <input type="checkbox"/></p> <p style="padding-left: 20px;">d. Proper cooking and/or reheating <input type="checkbox"/></p> <p style="padding-left: 20px;">e. Food temperature thermometer available (0-220F stem-type) <input type="checkbox"/></p> <p>11. Sanitary Supplies:</p> <p style="padding-left: 20px;">a. Gloves <input type="checkbox"/></p> <p style="padding-left: 20px;">b. Sanitizer <input type="checkbox"/></p> <p style="padding-left: 20px;">c. Hair restraints <input type="checkbox"/></p> |
|--|---|

I hereby certify that this application is true and complete to the best of my knowledge. I agree to inform the Health Department if there are any changes to the menu, equipment, or set-up listed in this application.

Applicant Signature _____ Date _____ Phone # _____

Applicant Name and Address _____

Health Department Use Only

Date Received: _____ Fee Paid: _____ Reviewed by: _____ Approved Denied

Permit #: _____ Comments: _____