Mobile Food Service/Retail Food Establishment Plan Review Application

Butler County Health Department 301 South Third Street Hamilton, OH 45011 (513) 863-1770

BOH@butlercountyohio.org

Food Service staff available for questions work days 8AM – 9AM

Date:	
Name of M	Mobile:
Business A	Address:
Contact Pe	erson:
Phone Nur	mber:
Email:	
food service applicable	ving information is required to properly review your application for a mobile ce/retail food establishment license in Butler County, Ohio. Ensure all information is provided (sections that do not apply may be marked N/A):
1.	Provide detailed menu of food and drinks to be offered.
2.	Provide floor plan drawn to scale including all equipment, plumbing fixtures, and locations of the fresh water tank and waste water tank.
3.	Provide list of equipment with manufacturer, make and model number (All equipment must be commercial grade and approved by a recognized food equipment testing agency, such as NSF).
4.	Provide the size of the three compartment sink basins, include length, width, and depth of the sink basins, and the length and width of the drainboards or dedicated space for air drying.
5.	Provide the size of the largest piece of equipment; all equipment must be able to be immersed in the sinks of the three compartment sink.

6.	Provide method of lighting. Ensure proper light intensity is met on all surfaces a minimum of 50 foot-candles is required in areas of use of knives, slicers, grinders, or saws where safety is a factor.
7.	Provide method of light shielding or shatter-resistant lighting.
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8.	Provide information of surface finishes/materials for the floors, walls, and ceilings.
9.	Provide size of the fresh water tank.
10.	Provide size of the fresh water inlet.
11.	Provide size and type of sewage tank (wastewater tank).
12.	Provide backflow prevention device and state location on mobile unit.
13.	Provide approved water supply – list source.

14.	Provide type and capacity of the water heater. The hot water temperature must reach a minimum of 100° F at handwashing sinks and minimum of 110° F at the wash compartment of the three compartment sink.
15.	Provide procedure for grease removal and site of grease disposal.
16.	Provide make and model number of the mobile unit; provide Ohio license number and VIN number.
17.	Provide required information on outside of mobile unit – name, city and phone number with area code. The name and city of origin shall be displayed with individual lettering measuring at least three inches high and one inch wide.
18.	Provide storage site of mobile – address.
19.	Provide method of insect control (ex. size of window screen).
20.	Provide list of food suppliers. All food must be from an approved source.
21.	Provide method of cooking foods.

22.	Provide method of hold holding of foods – must maintain 135° F or above.
23.	Provide method of cold holding – mechanical refrigeration is required and must maintain 41° F or below at all times.
24.	Provide sources of ice.
25.	Provide information on storage of foods – must be at least 6" off the floor and protected from contamination.
26.	Provide information on storage of foods at the end of the day – foods must be stored on mobile unit or used by end of the day. Only prepackaged non-time/temperature controlled for safety foods may be re-served if the packages have not been opened and the food is in sound condition.
27.	Provide type of serving utensils and storage.
28.	Provide type of hair restraint.

29.	Provide glove usage procedure during operation.
30.	Provide type of sanitizer used at the three compartment sink. Ensure test strips specific to the sanitizer being used are available.
31.	Provide list of condiments and state how condiments will be stored, offered for customers, and held cold.
32.	Provide list of raw foods and explain how separation will be maintained during storage, preparation, cooking, and holding of these foods.
33.	Explain preparation, holding, cooling, and reheating procedures of all time/temperature controlled for safety foods.
34.	Explain preparation of raw fruit and vegetables.
35.	Describe areas of food preparation (ex. tables, counters, etc).

<i>3</i> 6.	may only stay in one location for 40 days. It will be required to be moved to another location every 40 days.
37.	Provide name, address, and license number of supporting licensed FSO/RFE.

38. Provide copy of Level one food handling training certification. Level one certification or higher is highly recommended but not required.

Please submit the above information for review to the Butler County Health Department. Additional information may be required.