

# MOBILE FSO/RFE

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## PLAN REVIEW APPLICATION AND GUIDELINES



**Warren County  
Health District**

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**Public Health**  
Prevent. Promote. Protect.

Warren County Health District  
416 S. East Street  
Lebanon, Ohio, 45036  
(513) 695-1220  
[www.warrenchd.com](http://www.warrenchd.com)

*Working to build healthy communities every day*

# MOBILE FOOD SERVICE OPERATION/MOBILE RETAIL FOOD ESTABLISHMENT PLAN REVIEW GUIDELINES

A mobile unit is defined as a food service operation or a retail food establishment that is operated from a movable vehicle, portable structure, or watercraft and that routinely changes location.

Mobile food service units may not remain at any one location for more than forty (40) consecutive days.

All food preparation and handling must take place within approved mobile unit.

WCHD does not enforce zoning, electrical, fire, building or other regulations. Check with local municipalities for local regulations.

A fact sheet regarding Food Truck Safety from the National Fire Protection Association can be found at [www.nfpa.org](http://www.nfpa.org) or by clicking [here](#).

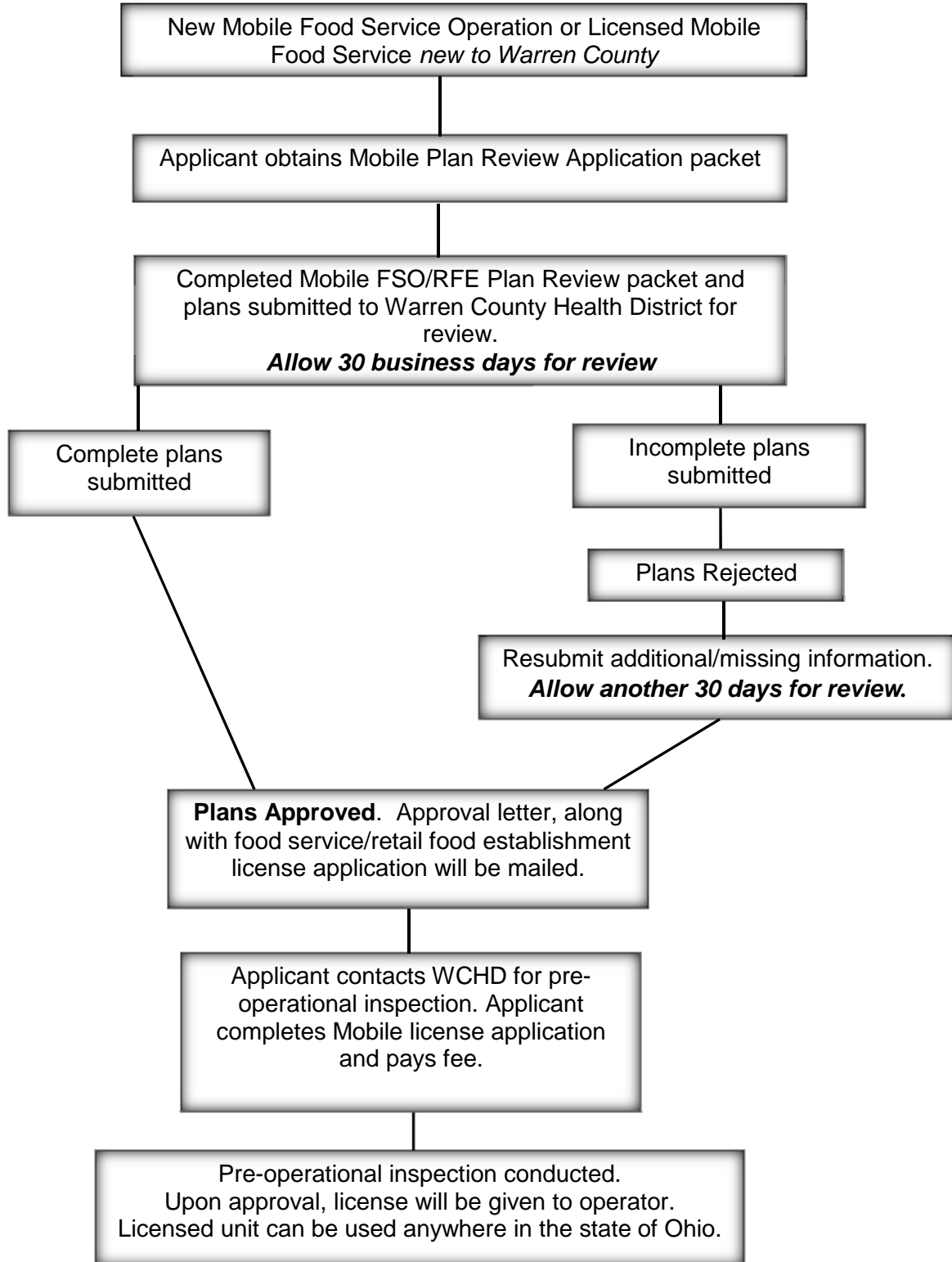
New language added to the 2017 Ohio Fire Code (OFC) put basic safety measures into place for mobile food trucks. You can find information regarding these regulations at <https://www.com.ohio.gov> or by clicking [here](#).

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## PLAN REVIEW PROCEDURE

1. A detailed set of plans must be submitted to this office for review along with Mobile Food Operation Plan Review Application prior to construction of a new mobile food operation.
2. The plans will be reviewed to ensure against problems with the pattern of food flow and to ensure compliance with all existing rules and regulations. A letter regarding the status of the plans will be sent thirty (30) days.
3. Once construction of the mobile unit has been completed, contact the Warren County Health District for an opening inspection. Criteria for licensing must include that the operation was constructed according to the approved plans and all equipment in the operation is the same as listed on the plans. The mobile food operation must be ready to operate at time of final inspection.
4. At the opening inspection, all violations observed will be cited on the food operation inspection report. "OK to issue license" will be noted on the inspection report if the number of violations is minimal. Any restrictions or conditions on a license limiting the types of food that may be prepared or served by the mobile food operation will be posted on the back of the license. The operator may obtain his/her license to operate upon completion of the Application for a License to Conduct a Food Service/Retail Food Establishment and submission of the required fee (contact inspector for fee amount).
5. Plans may be submitted electronically provided they are easily readable. Please email any information regarding plans to Tara Thornton at [tthornton@wcchd.com](mailto:tthornton@wcchd.com), or call (513) 695-1498 with any questions.

# MOBILE PLAN REVIEW PROCESS FLOW CHART



# CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

Provide plans that are a minimum of 11 X 14 inches in size including the layout of the mobile food service, accurately drawn to scale. This is to allow for ease in reading plans. The plans must include the following:

1. Each piece of equipment, clearly labeled on the plan with its common name;
2. Clearly designate location of all plumbing fixtures including:
  - a. Hand sink(s) with hot and cold water, accessible at all times;
  - b. 3 compartment sink large enough to accommodate 50% of largest piece of equipment;
  - c. Food prep sink required if any produce will require washing;
  - d. Fresh water tank that provides adequate amounts of hot and cold water;
  - e. Waste water tank at least 15% larger than freshwater tank;
3. Identify any auxiliary areas such as storage rooms or additional refrigerated trucks and their intended use. Indicate how food and food-related items (to-go items, linens, cups, straws, etc.) will be stored (i.e.-shelving, dunnage racks, etc.) in these areas. Indicate how and where all multi-use items, small wares, utensils, etc. will be staged for air drying and storage;
4. Complete finish schedule, including floors, walls, ceilings, and coved junctures bases;
5. Lighting schedule :
  - a. At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor and throughout the mobile unit;
  - b. At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor;
  - c. All lights must have protective shield;
6. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program. Accreditations accepted are NSF, UL Sanitation, ETL Sanitation, and CSA Sanitation;



7. Source of water supply and method/location of waste water disposal, including location and type of backflow protectors. ASSE 1012 or 1024 backflow preventers are required if hooking up to public water supply;
8. Location of garbage containers;
9. Location of toxic chemical storage. Toxic chemicals must be stored away from all food and food prep areas;
10. Location of employee storage area for personal belongings such as purses, jackets, etc;
11. If grease producing foods will be cooked in the unit, the unit must have a commercial hood exhausted to the exterior. Contact your local fire department for regulations regarding exhaust hoods.



# MOBILE FSO/RFE PLAN REVIEW APPLICATION

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

## **TYPE OF MOBILE UNIT**

Food Service Operation  *Majority of food is prepared and served from unit*

**OR**

Retail Food Establishment  *Majority of food served is prepackaged*

Category Type:      Concession                       Mobile Pushcart                       Tent (Tear-Down)

License plate (if applicable): \_\_\_\_\_

## **ESTABLISHMENT INFORMATION**

Food Facility Name: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## **APPLICANT/OWNER INFORMATION**

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
CITY STATE ZIP

Phone (best available): \_\_\_\_\_ Email: \_\_\_\_\_

## **CONSTRUCTION INFORMATION**

Total Square Footage of Unit: \_\_\_\_\_

## **MENU**

Menu is attached

List of all foods prepared:

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# PHYSICAL FACILITY

WATER SUPPLY	
What is the size of the fresh water holding tank?	gallons
Is the water tank constructed of food grade material (NSF Standard 61)? <i>Please ensure documentation of tank construction is included in plans.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Where is the source of the fresh water?	
How will you fill the tank? <i>Note: Only a food grade (NSF Standard 61) hose may be used</i>	
Is the tank large enough to accommodate the operation during peak business?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will the mobile unit have the ability to hook directly to a water source?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, what type of backflow preventer is installed?	ASSE 1012 <input type="checkbox"/> ASSE 1024 <input type="checkbox"/>
SEWAGE DISPOSAL	
What is the size of the waste water tank?	gallons
Is the waste water tank at least 15% larger than the fresh water tank (required)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the holding tank sloped to a drain that is one inch in inner diameter or greater and equipped with a shut-off valve (required)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Where will the waste water be disposed? <i>Note: If you are going to discard water at home, you must have a utility sink which discards water into an approved system.</i>	
PLUMBING FIXTURES	
QUANTITY	
<b>Hand sink(s)</b> <i>Note: Mechanical hand washing with hot and cold water is required in all mobile units.</i>	
Do all hand sinks have hot and cold running water (at least 100°F), soap, paper towels, a waste basket, and hand washing signage?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Ware washing sink(s)</b>	
Is the 3 compartment sink large enough to accommodate the largest piece of equipment (50 % submerged) within the unit?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are there drain boards for both dirty and cleaned dishes? <i>Adequate space must be available for proper air drying of dishes</i>	YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain:
<b>Food preparation sink(s), if required</b> <i>Food preparation sinks are required if any food/produce will be washed, soaked or thawed.</i>	
<b>Dump sink(s), if required</b> <i>A dump sink is required if beverages will be routinely emptied.</i>	

<b>INTERIOR FINISHES</b> <i>Note: Floor, wall, and ceiling surfaces in unit must be smooth and easily cleanable</i>	N/A <input type="checkbox"/> <i>Tent/tear-down mobiles see below</i>
What materials are used to construct the floors?	
What materials are used to construct the walls?	
What materials are used to construct the ceiling?	
<b>TENT/TEAR-DOWN MOBILES</b>	N/A <input type="checkbox"/>
What will be used as flooring? <i>Floor must be smooth and easily cleanable, specifically if set up on grassy areas.</i>	
How will food and single-use items be stored off of the ground?	
How will food be protected from contamination (weather/pests/insects)?	
<b>REFUSE / RECYCLABLES</b>	
Where will the garbage/recyclables be stored within the unit?	
Where will the garbage/recyclables be taken to be discarded?	
<b>EQUIPMENT</b>	
Are equipment make and model numbers and/or specification sheets attached and/or included in plans?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will all equipment approved by a certified testing agency, such as NSF, ETL Sanitation, UL Sanitation, etc.? <i>Note: Crock pots, freezers, refrigerators and other appliances labeled "household use only" are not permitted.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>CHEMICAL STORAGE AREA</b>	
Is there a separate, dedicated area for all chemicals and toxic materials?	YES <input type="checkbox"/> NO <input type="checkbox"/>
What kind of chemical sanitizer will be used for food and food contact surfaces? <i>Note: Appropriate test strips must be available for each sanitizer used to ensure effective concentration.</i>	<input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Iodine
<b>DRESSING ROOMS / EMPLOYEE BELONGINGS</b>	
Describe the storage facilities provided for employee's personal belongings and clothing.	

# FOOD HANDLING PROCESSES QUESTIONNAIRE

FOOD SOURCE	
<p>Will all food be purchased from approved sources?</p> <p><i>Approved sources are those processors inspected by a federal food safety regulatory authority (or equivalent), a cottage food production operation (properly labeled), or another licensed food service operation or retail food establishment.</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
<p>Where will food be stored when mobile is not in use?</p> <p><i>Any commissaries must be licensed and/or inspected.</i></p>	
FOOD HANDLING	
<p>How will bare hand contact of ready-to-eat foods be prevented?</p>	
<p>Will produce be processed (washed, cut, and handled) in the unit?</p> <p><i>If yes, a food prep sink must be included in unit. If no, all produce must be purchased pre-washed.</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
EMPLOYEE HEALTH*	
<p>Is copy of employee health policy attached?</p> <p><i>A written employee health policy is required. Plan must detail how the facility complies with rule 3717-1-02.1 of the Administrative Code. Plan must be acknowledged by each employee in a verifiable manner.</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
<p>Is copy of vomitus cleanup policy attached?</p> <p><i>Written procedures for employees to follow when responding to vomiting or diarrheal events that involve discharge onto surfaces in the facility. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter.</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
<p>Are test strips with the appropriate range available for chemical sanitizer used in vomitus cleanup policy?</p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>

*Note: Sample policies are included.*



## PLAN SUBMISSION CHECKLIST

*The following must be submitted to our office for approval of a mobile food service operation. Failure to provide required information will result in the plans being rejected.*

- Completed Mobile Plan Review Application
- Proposed menu or list of foods to be served
- Mobile unit floor plan. The floor plans must be drawn reasonably to scale and must include:
  - Square footage of unit
  - Doors, serving windows
  - Location and layout of all proposed pieces of equipment
  - Location of 3-compartment sink, hand sink, prep sinks (if applicable)
  - Location of freshwater tank and wastewater tank
  - Location and type of backflow preventer (if applicable)
  - Location of dry storage and chemical storage
  - Designated area for storage of employee belongings
- Any exterior storage areas or locations where food or equipment will be stored
- Lighting schedule showing the location of all overhead lighting
- Finish schedule of floors, walls and ceilings in all areas
- Manufacturer's make and model of all equipment (all equipment must be commercial-grade, NSF, ETL Sanitation, UL Sanitation, etc.)
- Identification on outside of mobile unit in 3" tall (minimum) lettering, indicating company name, city, state, zip code and phone number

## FINAL INSPECTION CHECKLIST

*The following must be completed and/or available for review during the prelicensing inspection. Failure to provide required information may result in a delay in opening.*

### Construction

- The unit is constructed according to the approved plans
- Unit name (in 3" tall minimum lettering), city, state, zip code and phone number is visible on unit

### Equipment

- All equipment is commercial grade, and has been approved by the Board of Health
- All equipment is correctly installed and working properly
- All refrigeration is holding 41°F or below, and all refrigerators have working thermometers
- Food thermometer is available. Small-diameter probe required if thin meats are being cooked
- Gloves and/or utensils to prevent bare hand contact
- All surfaces have been cleaned & sanitized and are ready to use
- Backflow preventer (if required) is installed and accessible for inspection

### Sinks

- All sinks are secured and sealed to wall
- Hot water is available at all sinks
- All hand sinks are properly stocked with soap, paper towels, garbage can, and signage

### Chemicals

- Sanitizer on site, with appropriate test strips
- All chemicals properly labeled and stored

### Administrative

- Signed application and payment for license fee has been submitted
- Signed copies of employee health policy and copy of vomitus cleanup procedure on site.



# Employee Health Policy Agreement

## Reporting: Symptoms of Illness

I agree to report to the manager when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, or exposed body part (such as boils and infected wounds, however small)

The person in charge shall **restrict\*** the duties of a food employee that has any of the symptoms listed above, and **exclude\*\*** the food employee if the facility serves a primarily high-risk population (hospitals, nursing homes, child care centers).

## Reporting: Diagnosed Illnesses

I agree to report to the manager when I have been diagnosed with:

- |  |                      |
|--|----------------------|
| 1. Campylobacter   | 7. Hepatitis A       |
| 2. Cryptosporidium   | 8. Norovirus         |
| 3. Cyclospora  | 9. Salmonella spp.   |
| 4. Entamoeba histolytica                                       | 10. Salmonella typhi |
| 5. Enterohemorrhagic or Shiga toxin-producing Escherichia coli | 11. Shigella         |
| 6. Giardia   | 12. Vibrio cholerae  |
|  | 13. Yersinia         |

The person in charge shall **exclude\*\*** a food employee diagnosed with illnesses listed above and must report the diagnosis to the local health department.

## Reporting: Exposure of Illness

I agree to report to the manager when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.

## Restriction and Exclusion from Work

\*If you are **restricted** from work, your duties must be limited so that you do not work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles.

\*\*If you are **excluded** from work, you are not permitted to work or enter the food service operation as an employee.

## Returning to Work

If you were restricted or excluded from work due to any of the above listed **symptoms**, the person in charge may allow you to return to work once symptoms have subsided.

If you have been excluded after being diagnosed with one of the above listed **illnesses**, you will not be able to return to work until approval is granted from the local health department.

## Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work restrictions and/or exclusions that are given to me.

Employee Name (please print) \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_



## Clean-up Guidance for Vomit/Fecal Accidents in Food Service Operations

The 2016 Ohio Uniform Food Safety Code requires that all food service operations and retail food establishments have written procedures for employees to follow when responding to vomiting and diarrheal events. Information from this document can help develop written procedures for a facility.

**Note: Effective cleaning of vomitus and fecal matter in a food service operation or retail food establishment should be handled differently from routine cleaning procedures.**

It is recommended that written procedures for cleaning up vomiting and diarrheal accidents include the following steps:

1. Segregate the area. It is recommended that all surfaces within a twenty-five foot radius of the vomit or diarrhea accident be segregated and properly cleaned and disinfected.
2. Wear disposable gloves during cleaning. To help prevent the spread of disease, it is recommended that a disposable mask and/or cover gown (apron) be worn when cleaning liquid matter.
3. Wipe up the matter with towels and dispose into a plastic garbage bag.
4. Use a U.S. Environmental Protection Agency (EPA) registered disinfectant effective against *Norovirus* (Norwalk-like virus) following label directions or mix a chlorine bleach solution that is stronger than the chlorine solution used for general cleaning [CDC recommends 1000-5000 ppm or 2.5-12.5 fluid ounces of household bleach (5.25%) per gallon of water].
5. Apply the disinfectant or bleach solution and allow it to remain wet in the affected area for at least 10 minutes. Allow to air dry. Dispose of any remaining disinfection solution once the accident has been cleaned up.
6. Discard gloves, mask, and cover gown (or apron) in a plastic bag.
7. Take measures to dispose of and/or clean and disinfect the tools and equipment used to clean up vomit and fecal matter.
8. Properly wash hands.
9. Discard any food that may have been exposed.
10. *Food contact surfaces that have been disinfected must be **washed, rinsed, and sanitized prior to use** to remove disinfectant residue and prevent contamination of food.*
11. Discard all garbage bags in the dumpster or waste receptacle. If any of the waste appears to contain blood, refer to the Ohio EPA guidelines for disposal of infectious waste ([https://epa.ohio.gov/portals/34/document/guidance/gd\\_75.pdf](https://epa.ohio.gov/portals/34/document/guidance/gd_75.pdf)).
12. Minimize the risk of disease transmission through the prompt removal of ill employees, customers and others from areas of food preparation, service, and storage.

### Additional Resources:

CDC *Preventing Norovirus Infection*:  
<http://www.cdc.gov/norovirus/preventing-infection.html>.

U.S. EPA *Registered Hospital Disinfectants Effective against Norovirus (Norwalk-like virus)*:  
[https://www.epa.gov/sites/production/files/2017-07/documents/20171207.listg\\_.pdf](https://www.epa.gov/sites/production/files/2017-07/documents/20171207.listg_.pdf)

Ohio Uniform Food Safety Code:  
<http://codes.ohio.gov/oac/3717-1>

Ohio Department of Health Food Safety Program:  
<https://odh.ohio.gov/wps/portal/gov/odh/known-our-programs/food-safety-program/welcome/>

Ohio Department of Agriculture Division of Food Safety:  
<https://agri.ohio.gov/wps/portal/gov/oda/divisions/food-safety>