

Mobile Food Trucks

File Checklist: New applications

The following is a checklist that will need to be completed and emailed to our food inspector. Yalonda.burris@co.greene.in.us

We will contact you for payment after the completed application is returned. Please answer all questions asked before the application can be considered. If you have not been contacted after your completed application has been submitted, please feel free to give us a call to ensure we received your information: 812-384-4496 (ext: 413)

- Permit Application
- Commissary or Service Area agreement signed by commissary/service area owner. Renewed each year
- If commissary **not** from Greene County a copy of last inspection within 6 months. Renewed each year
- Copy of Safe Serve (**Food Managers Certificate**)
- Copy of the establishment's employee sick policy
- Copy of menu
- Plan review application completed
- Floor plan drawing of mobile



Greene County Health Department

217 East Spring Street, Suite 1

Bloomfield, IN 47424

(812) 384-4496 Phone

(812) 384-2037 Fax

www.co.greene.in.us/health

Mobile Food Establishment

If you serve food to the public, you are required by State law to have an approval from the local health department prior to operating. It does not matter if the food is sold or given away, you must be permitted. A mobile food establishment is any movable restaurant, truck, van, trailer, cart, bicycle, watercraft or other movable unit including hand carried, portable containers in or on which food or beverages is transported, stored or prepared for retail sale or given away at temporary locations.

The Greene County Health Department offers temporary, seasonal and annual approval/permitting. A **temporary** food establishment operates for not more than 14 consecutive days in conjunction with a single event or celebration. A **seasonal** food establishment operates during specific months of the year, usually weather related, as designated by the operator on the application. An **annual** food establishment operates on a routine schedule year-round. Approval/Permitting requires an inspection.

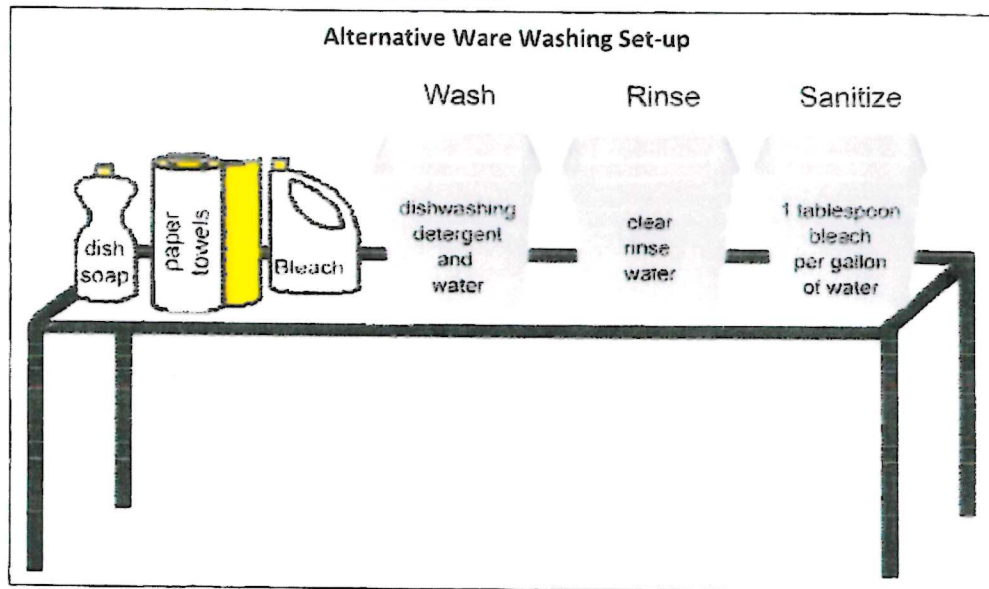
Inspection Instructions

1. Please contact the Greene County Health Department (GCHD) to schedule your Inspection and permit appointment. Inspection appointments are scheduled Monday through Friday from 9:00AM to 3:00PM. **Come early; allow for time to complete the set-up of your unit prior to the scheduled appointment.**
2. The Greene County Health Department's parking lot is located at the back of the Annex Building.
3. Park your mobile unit and begin preparing for your inspection.
4. Set up your unit. This includes but is not limited to:
 - power-up all hot holding and cold holding equipment,
 - display clean serving utensils,
 - set-up overhead protection equipment (umbrellas, canopies, etc.),
 - activate handwashing equipment and related supplies (including warm water)
 - display trash receptacles, and
 - thermometers.
5. Place water in all equipment that drains or produces condensation. Bring extra water so your holding tank can be assessed for leakage.

- ☐ Condiments must be properly handled, stored, displayed, and served.
- ☐ Chemicals must be stored separately from food, equipment, and single-service items.
- ☐ Overhead protection may be required over food service, preparation, storage, ware washing, and handwashing areas. State or local fire codes may apply.

Utensils/Dishware:

- ☐ Each unit should have a three (3) bay sink * available to wash, rinse and sanitize all utensils, dishware, and equipment. (*If the unit is not equipped with a 3-bay sink and items are taken off the premises for washing, they must be properly cleaned and sanitized in a licensed food establishment that serves as your commissary.)
- ☐ Proper sanitizer and test kit must be provided AND used in each unit.
- ☐ Wiping cloths must be stored in a sanitizer solution when not in use.
- ☐ All utensils including tongs, spatulas, spoons must be sanitized every 4 hours; and then, air-dried before use



Dishwashing Facilities:

- ☐ Proper sanitizer and test kit must be provided AND used in each unit.
- ☐ Wiping cloths must be stored in a sanitizer solution when not in use.

Water and Wastewater Facilities:

- ☐ A proper backflow/back-siphonage prevention device must protect all water lines to each unit.
- ☐ A sufficient supply of drinking water must be supplied for all purposes (handwashing, dishwashing, sanitizing, and food preparation) via a freshwater tank or potable water faucet.
- ☐ All hoses must be food grade-drinking water safe and all connections must be at least 6 inches off the ground.

6. The unit must be clean and in good condition. If equipment is missing, not operational or in good/clean condition your unit will not pass inspection.
7. Enter the Health Department. Bring all the required documents with you. Required documents listed below:
 - completed mobile food application;
 - mobile food unit operation schedule (locations, dates and times)
 - Driver's license
 - floor plan (sketch/layout or photo diagram of unit)
 - copy of menu
 - copy of **food protection managers** certification (ANSI accredited)
 - ***Employee Health & Hygiene Policy*** that includes instructions for handwashing, sick employee restriction, smoking, work attire, jewelry and artificial nails/nail polish
 - well water test record (for private wells only) *(if applicable)*
 - completed Commissary Affidavit and/or Commissary Agreement
 - copy of commissary inspection report if commissary is inspected by any county other than the Greene County Health Department *(if applicable)*; and
 - Payment (Cash, Credit Card or Money Order).



GREENE COUNTY
HEALTH DEPARTMENT

Mobile Food Retail Establishment Application

Permit Year: _____

Permit Fee: \$50.00

Late Fee: \$100.00

Temporary Food Establishment – means a retail food establishment that operates at a fixed location for a period of time not more than 14 consecutive days in conjunction with a single event or celebration.

Seasonal Establishment – means a retail food establishment that operates during specific months of the year, usually weather related, as designated by the operator.

Annual Establishment – means a retail food establishment that operates on a routine schedule year-round.

A late fee is added to temporary and seasonal applications received less than 10 business days prior to event or start of season. A late fee is added to annual applications (01/01-12/31) received after December 15th.

Please complete this application and return it with the appropriate permit fee to: **Greene County Health Department • 217 East Spring Street, Suite 1 • Bloomfield, IN 47424**

Event Information (if applicable)

Name of Event: _____

Location of Event: _____

Dates and Hours of Operation: _____

Event Coordinator Name: _____ Phone: _____

Event Coordinator's E-mail Address: _____

Establishment and Owner Information

Establishment Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Water Source: (✓ one) _____ Municipal _____ Private/Well Wastewater Disposal: (✓ one) _____ Municipal _____ Private/Septic

Type of Business/Ownership: (✓ one) ☐ Individual ☐ Partnership ☐ Corporation ☐ Nonprofit

Federal Tax ID Number: _____

Owner(s) Name/Organization Name: _____

Phone #: _____ Mobile #: _____

E-Mail Address: _____

Certified Food Protection Manager Name: _____ Expiration Date: _____

Please provide a copy of the food protection manager certificate with application.

This Certification is required for one onsite employee, unless exempt. [410 IAC 7-26]

Commissary or Base of Operation

If operating an out-of-county or out-of-state food establishment, please provide a copy of your 1) Food Establishment Permit, 2) copy of last inspection, 3) commissary kitchen agreement, and 4) commissary kitchen's food permit and last inspection with this application.

Name of Commissary: _____

Address: _____

City, State and Zip Code: _____

Phone #: _____ Fax #: _____

Water Source: (✓ one) _____ Municipal _____ Private/Well Wastewater Disposal: (✓ one) _____ Municipal _____ Private/Septic

CONTINUE ON BACK

Establishment Name: _____

Facility Information (✓ all that apply)

Type of Structure: _____ self-contained mobile unit _____ booth _____ tent _____ pushcart _____ inside building
_____ other (describe): _____

Power Source: _____ will plug into source _____ generator _____ not needed

Hand washing: _____ sink _____ thermos with spigot _____ urn _____ other (describe): _____

Dishwashing: _____ 3-compartment sinks _____ tubs/buckets _____ back at Commissary/Licensed Food Establishment

Potable Water Source: _____ Commissary/Licensed Food Establishment
_____ approved onsite water source
_____ bottled water

Wastewater Disposal: _____ Commissary/Licensed Food Establishment
_____ approved onsite sewage system or receptacles

Food Product Information

List all food and drinks to be served/sampled: _____

List food items that will be prepared at the Commissary/Licensed Food Establishment and brought to the event: _____

FOR SEASONAL OR TEMPORARY ONLY → Dates of operation: _____ / _____ / _____ thru _____ / _____ / _____

Applicant's Signature: _____ Date: _____

Notes:

- **Permit Fee is Non-Refundable and Permit is Non-Transferable.**
- **Annual food permits expire on December 31st.**
- **Types of Payment Accepted:**
 - **Cash**
 - **Money Order**
 - **Check (Business checks only; no personal checks.)**
 - **Debit/Credit Cards**

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217 E. Spring Street, Suite 1
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www.co.greene.in.us\health**

For Office Use	Paid by: (✓ one) <input type="checkbox"/> Cash <input type="checkbox"/> Business Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card		
	Date Fee Paid: _____ Processed by: _____		Permit #: _____
	Amount Paid: \$ _____ Receipt Book #: _____		



Greene County Health Department Local Commissary Agreement

217 E. Spring Street, Suite 1
Bloomfield, IN 47424
(812) 384-4496

Title 410 IAC 7-26 of the Indiana State Department of Health Retail Food Establishment Sanitation Requirement states that *"all mobile food units must meet minimum requirements of water and food source, sewage and solid waste disposal, cleaning and servicing facilities and renewal of supplies for mobile unit upkeep and **must operate from a commissary that is revisited daily.**"* In order to meet these requirements, a mobile unit operator may choose to make agreements with one or more providers as long as each meets the minimum requirements.

This form may be used for mobile unit operators, caterers, and temporary food vendors, or when a prospective food establishment will use a permitted facility as its base of operation. Please provide the following information, including signatures, and submit with your retail food permit to the Greene County Health Department. **This commissary agreement is valid for the current calendar year only.**

Commissaries located outside of Greene County require a copy of the establishments out of county/state permit attached to this form.

Date _____

I, _____ of _____
(Commissary Owner/Operator) (Licensed Establishment Name)

Located at _____
(Address of Establishment) (County) (State)

Do hereby give my permission to _____
(Mobile Unit / Pushcart / Caterer / Temporary Food Vendor)

To use my kitchen facilities to perform the following (check all that apply):

- ☐ Preparation of foods, such as vegetables or fruits, cutting meats, cooking, cooling, reheating.
- ☐ Dry Storage of foods, ☐ single-service items, ☐ cleaning agents, ☐ other equipment, ☐ vehicle/cart
- ☐ Cold Storage of food
- ☐ Servicing and cleaning of equipment
- ☐ Ware washing
- ☐ Filling water tanks
- ☐ Dumping wastewater
- ☐ Other: _____

Commissary Water Supply? ☐ Municipal ☐ Well

Commissary Sanitary Sewer Service? ☐ Municipal ☐ Septic (on site wastewater system)

My kitchen facilities are in compliance with the regulations of Title 410 IAC 7-26.

Signature of Operator Date

Phone Number

Signature of Commissary Owner Date

Phone Number

**SERVICE AREA ONLY /NO COMMISSARY
FOR MOBILE FOOD ESTABLISHMENTS**

Mobile
Name _____

Owner of Mobile Truck _____

Address, City, State, zip code _____

This letter is to serve notice that the above-named mobile food truck **does not** have a commissary kitchen but a Service Area.

Therefore.

- All food that is sold to the public at any event that the above-named mobile attends, will be prepped and cooked on site in the approved inspected mobile truck. All leftover food from the event WILL NOT be held over in the mobile overnight.
- All foods held in a "Service Area" must abide by **(410 IAC 7-26 of the Indiana Food Code)** in that food shall be protected from contamination by storing the food as follows:
 - In a clean, dry location. Where it is not exposed to splash, dust, or other contamination.
 - At least six (6) inches above the floor.
 - In a manner to prevent overcrowding.
 - In packages, covered containers, or wrappings.
 - Food shall be stored in a location away from living quarters.
- The **ONLY** exception to this rule is when an event lasts for more than one (1) consecutive day; in which case someone must be onsite to ensure that power is not lost to the mobile.
- All mobiles must have a safe approved water source, whether it be from a municipal source onsite or brought in a holding tank from an approved inspected site. (Such as a commissary)
- All mobiles must dump grey water at an approved dump site. (i.e., campground, 4H fairgrounds or commissary kitchen etc.) **NOT** a private residence or storm drain system.
- If you have a commissary in another county, a copy of the last inspection within 6 months must accompany your application.

Failure to comply with the above may result in possible fines and you may no longer be able to vend in Greene County without a commissary.

I attest on this ____ day of _____ to the Greene County Health Department I shall abide by the instructions listed above while in operation.

Signature (Mobile Owner) _____ Date _____

Employee Health and Hygiene



Reporting agreement

The purpose of this agreement is to inform the employee of their responsibility to take appropriate steps of preclusion by accurately reporting current health conditions as it pertains to food-related illness and the transmission of foodborne illness.

The employee will report the following to the Person in Charge (PIC).

1. An onset of the following symptoms, including the date and location of onset

- a. Diarrhea
- b. Vomiting
- c. Jaundice
- d. Sore throat with fever
- e. Exposed/infected cuts, burns or wounds with pus

If the employee experiences these symptoms at work, he or she should stop working immediately, report the symptoms to the PIC and see a health practitioner.

If the employee experiences the symptoms at home, they should notify management and avoid working until the designated time has passed based on diagnosis.

2. A medical diagnosis, including:

- a. Norovirus
- b. Typhoid fever (*salmonella typhi*)
- c. Shigellosis (*shigella* spp.)
- d. *E. Coli* 0157:H7 or other Shiga toxin-producing *E. Coli* (STEC) infection
- e. Nontyphoidal *salmonella*
- f. Hepatitis A

If the employee is restricted from work, they are permitted to work in limited capacities (non-food handling, non-utensil handling).

If the employee is excluded from work, they are not permitted to work and cannot return until approval from a health practitioner is received.

- 3. Exposure to or suspicion of causing any confirmed disease outbreak of norovirus, typhoid fever, shigellosis, *E. Coli* 0157:H7, hepatitis A or other STEC infection.**
- 4. A household member diagnosed with norovirus, typhoid fever, shigellosis, hepatitis A or other STEC infection.**
- 5. A household member attending or working in a setting experiencing a confirmed disease outbreak of norovirus, typhoid fever, shigellosis, *E. Coli* 0157:H7, hepatitis A or other STEC infection.**

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement. I understand these safety procedures are in place to protect me, other employees, the establishment and consumers.

Name of PIC or Owner of

Establishment: _____ Date _____

Employee Signatures:

- _____
- _____
- _____
- _____
- _____
- _____

Source: [U.S Food and Drug Administration Employee Health and Personal Hygiene Handbook 2020](#)

Vomit and Diarrhea Cleanup Procedure



Overview

This procedure brings awareness to the updated requirement of having a written procedure to address vomit and diarrheal events in a retail food establishment. Proper planning and training on this procedure can lead to the establishment being cleaned and disinfected both quickly and correctly in the event of contamination, controlling the spread of Norovirus.

Cleanup response kit materials

- Safety signs/cones
- Eye protection
- Disposable gloves
- Disposable masks
- Disposable aprons
- Disposable bags
- Disposable shovels/scrapers
- Paper towels
- Spray bottles
- Disinfectant
- Sanitizing solution
- Absorbent powder/solidifier
- Mop with disposable mop head
- Mop bucket

Cleanup procedures

Before cleanup, use the **ABC** method.

- **A**sk all individuals within a 25-foot radius to remove themselves from the area and wash their hands immediately.
- **B**lock off the contaminated area, and if applicable, dispose of all uncovered food and single-use equipment within a 25-foot radius.
 - If multi-use equipment is contaminated, follow wash, rinse, disinfect and sanitize procedures.
- **C**lothe yourself in personal protective equipment prior to cleaning.

During cleanup:

- Cover the contaminated area with an absorbent powder or paper towels, soaking up the excessive soil.
- Remove the hardened powder or dampened paper towels and any solid matter, immediately placing them in a disposable bag.
 - Double bagging is recommended.
- Wash all contaminated surfaces with a soapy water solution, including all nearby surfaces and additional surface areas as necessary.
 - Minimize the spread of infectious material by working from the cleanest area towards the most contaminated area.
- Rinse the soapy water solution with clean water.
- Saturate all washed surfaces with an approved disinfectant.

- Avoid application via excessive force or focused stream to prevent aerosolizing any remaining viral particles.
- On floor surfaces, apply the disinfectant with a disposable towel or disposable mop head for the recommended amount of time (found on manufacturer's label), allowing surfaces to air dry.
- Saturate all dried, disinfected surfaces with an approved sanitizing solution.
 - Wash, rinse, disinfect and sanitize all surfaces as necessary.
 - Replace disposable towel or disposable mop head with each cleaning interval.

After cleanup:

- Remove all personal protective equipment and place in disposable bag. Avoid touching any surfaces that were disinfected and sanitized.
- Remove all waste from the facility according to local, state or federal regulations.
- Wash hands thoroughly before performing any other duties.
- Reopen the affected area after it dries.
- Remember, although it may not have been directly impacted, it is important to clean common areas with high potential for hand contact. This may include restrooms and drinking fountains. It is common for sick individuals to use these facilities following an incident.

Disinfecting solution requirements

Use registered antimicrobial products effective against norovirus as [recommended by the Environmental Protection Agency](#) (EPA). Always use the product according to manufacturer's specifications.

Sources: [Cleaning and Disinfecting with Bleach](#) (CDC, 2024), [Norovirus Response and Cleanup](#) (National Parks Service, 2023).





PLAN REVIEW QUESTIONNAIRE

Indiana State Department of Health
Food Protection Program

Instructions: 1. Please answer the following questions and return this form and the application to our office.

- 2. If you have any questions, please call (317) 233-7360.*
- 3. This questionnaire is not designed as a complete list of requirements but should be used as a guideline only.*
- 4. The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements (Title 410 IAC 7-26)*
- 5. Please use this rule as it pertains to section numbers referenced at the end of each question.*

Name of the facility and location: _____

Contact name and phone number: _____

It is recommended that you provide plans that are a maximum of 11 X 14 inches in size including the layout of the floor plan.

I have submitted plans/applications to the authorities listed below on the following dates:

Zoning _____ Plumbing _____ Septic _____

Planning _____ Electric _____ Fire _____

Building _____

Number of seats: _____ Total square feet of the facility: _____

Number of floors on which operations are conducted: _____

Maximum meals to be served: Breakfast _____ Lunch _____ Dinner _____
(approximate number)

Type of service: Sit down meals _____ Mobile vendor _____
(check all that apply) Take out _____ Other _____
Caterer _____

Whom (job title) will be your certified food handler? _____

How will employees be trained in food safety? _____

The following procedures/questions should be considered before any further planning/construction begins or continues to ensure that special consideration is given to these standard sanitary operating procedures (SSOP's). This section should be completed by the operator. Please indicate *(by either checking or completing the answers)* whether a section applies to your operation

FOOD

1. Please provide a list of all the planned food vendors. _____

2. What is the procedure for receiving food shipments? Are temperatures checked, and containers inspected for damage? _____

What is the anticipated frequency of food deliveries for: Frozen _____ Fresh _____
Dry _____

3. Is your facility required to have pasteurized products? Yes ___ No ___

4. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? If so, have you passed the Better Process and Control School exam? Yes ___ No ___ NA ___ *(Please include a copy of the certification)*

5. Do you intend to make reduced oxygen packaged foods? Yes ___ No ___
If yes, please list out the ROP foods. _____

FOOD PREPARATION

6. If food is prepared a day or more in advance, please list. _____

7. What will be your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked or heat treated *(such as sushi, lettuce, buns, etc.)*?

8. Describe your date marking system for potentially hazardous ready-to-eat foods.

9. Will all produce be washed prior to use? Yes ___ No ___ NA ___

If no, why? _____

10. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone (41° F-135° F) during preparation.

11. Provide a list of the types of food that will need to be thawed before cooking and the process that will be used to that the food. (e.g. frozen meats) (sect. 199)

PROCESS	TYPES OF FOOD
Refrigeration	
Running water less than 70 F	
Microwave as part of the cooking process	
Cook from frozen	
Other (describe)	

12. Provide a list of the types of food that will need to be cooled and the process that will be used to cool each of these foods (e.g. leftovers).

PROCESS	TYPES OF FOOD
Shallow pans under the refrigeration	
Ice and water bath	
Reduced volume (quartering or large roast)	
Ice paddles	
Rapid chill device (blast freezer)	
Other (describe)	

13. What procedures will be in place to ensure that foods are reheated to 165 ° F or above?

14. Will a buffet be served? Yes ___ No ___ NA ___ If yes, who will be responsible for ensuring that the buffet is protected from consumer contamination? _____

HOT AND COLD HOLDING

15. Will "Time as Public Health Control" be used for potentially hazardous food(s) (either hot or cold)?

Yes ___ No ___ NA ___ Note: These procedures must be submitted and approved before their use.

16. Will raw animal food(s) be offered to the public in an undercooked form (sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc.)? Yes ___ No ___ NA ___ If so, please attach your consumer advisory statement.

17. Whom (*line cook, kitchen manager, etc.*) will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken (*cooking, cooling, reheating, and hot holding*)?

18. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in a refrigeration unit(s) (*i.e. walk in coolers, under the counter coolers*).

19. Describe the storage of different types of raw meat and seafood in the same unit, and how cross-contamination will be prevented.

SANITIZATION

20. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used?

21. What type of chemical sanitizer(s) will the facility use? _____

22. Will the facility have test kits/papers on site for all types of chemical sanitizers?

Yes ___ No ___ NA ___

23. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in a sink or put through a dishwasher be sanitized?

POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS

24. Where will poisonous or toxic materials be stored (*including the ones for retail sale*)?

25. Will the facility use hand sanitizer? Yes ___ No ___ If so, what brand? _____

26. Will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and that they are applied in a safe manner? _____

27. Will all spray bottles be clearly labeled? Yes ___ No ___

28. Where will first aid supplies be stored? _____

MISCELLANEOUS

29. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters? Yes ___ No ___ NA ___

30. Has the facility registered or applied for a permit from the regulatory authority? Yes ___ No ___

(The rest of this page was intentionally left blank)

The following list of questions should be generally completed by the architect/contractor/engineer.

WAREWASHING/DISHWASHING

31. Dishwashing methods (*check one or both*): 3 Compartment Sink ____ Dish machine ____
32. If a 3-compartment sink is used, which sanitizing method will you use: Hot Water ____ Chemical ____
33. If a dish machine is used, which sanitizing method will you use: Hot Water ____ Chemical ____
- If hot water, do you have a booster heater? Yes ____ No ____ NA ____
- If hot water, how will you ensure that the unit is sanitizing the utensils? _____
34. Does your chemical dish machine have an alarm that indicates when more chemical sanitizer needs to be added? Yes ____ No ____
35. What type of alarm will be used to detect when the sanitizer is too low? Sound ____ Visual ____
36. Can the largest piece of equipment be submerged into the 3-compartment sink or dish machine? Yes ____ No ____ NA ____
37. Does the facility plan to use alternative manual ware washing equipment? Yes ____ No ____ NA ____
If yes, please submit your procedure for review.
38. Does your facility have enough drainboards/utensil racks/carts for the air drying of equipment and utensils for either the 3-compartment sink or the dish machine? Please describe below.

WATER SUPPLY

39. Is the water supply public (____) or private (____)? If public, skip question #40.
40. If private, has the source been tested? Yes ____ No ____
If so, when was the last test _____? Did you send us a copy of the lab results?
Yes ____ No ____

WASTE WATER/SEWAGE DISPOSAL

41. Is the sewage disposal system public (____) or private (____)? If public, skip question #42.
42. Has the waste treatment system been approved by the state or local septic inspector?
Yes ____ No ____

Please provide a copy of the approval.

PLUMBING

43. Are hot and cold-water fixtures provided at every sink? Yes ____ No ____

44. If a water supply hose is to be used for potable water, is it made from food-grade materials?
Yes ____ No ____

45. What is the recovery time, volume, and capacity of the hot water heater?

46. The following technical information is needed on the proposed plumbing. This section is best completed by a licensed plumber, or engineer. Fixture Water Supply Sewage Disposal

Fixture	Water Supply					Sewage Disposal		
	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Dishwasher								
Ice Machine(s)								
Mop/Service Sink								
3 Compartment Sink								
2 Compartment Sink								
1 Compartment Sink								
Hand Sink(s)								
Dipper Well								
Hose Connections								
Asian Wok/Stove								
Toilet(s)								
Kettle(s)								
Thermalizer								
Overhead Spray Hose								
Other Spray Hose(s)								
Other:								
Other:								
AVB=Atmospheric Vacuum Breaker				HB: Hose Bib Vacuum Breaker				
PVB=Pressure Vacuum Breaker				VDC: Vented Double Check Valve				

47. Has contact been made to the municipality to determine if a grease trap is required? Yes ___ No ___ NA ___

48. What would be the frequency of cleaning for the grease trap?

HANDWASHING/TOILET FACILITIES

49. Handwashing sinks are required in each food preparation and dishwashing area
How many hand sinks will be provided? _____

50. Are all toilet room doors self-closing where applicable? Yes ___ No ___

51. Are all toilet rooms equipped with adequate ventilation? Yes ___ No ___

ROOM FINISH SCHEDULE (What the interior of the facility will look like.)

52. Please indicate which materials (*i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.*) will be used in the following areas.

Area	Floor	Coving	Wall	Ceiling
Kitchen				
Consumer Self Service				
Serving Line				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Garbage Storage				
Mop/Service Sink Area				
Dishwashing				
Other				
Other				

PERSONAL BELONGINGS

53. Are separate dressing rooms/lockers provided? Yes ___ No ___ NA ___

54. Describe the storage location for employees' coats, purses, medicines and lunches.

55. Where is the designated area for employees to eat, drink, and use tobacco?

EQUIPMENT

56. Will all the equipment meet the design and construction for the American National Standards Institute (ANSI) standards. Yes ___ No ___

57. Will the utensils and food storage containers be made from food-grade quality materials.
Yes ___ No ___

58. Will any pieces of used equipment be utilized? Yes ___ No ___ NA ___

If so, please list equipment types:

59. Is the ventilation hood system sufficient for the needs of the facility? Yes ___ No ___ NA ___

60. Will all the equipment used for the storage of potentially hazardous foods be able to meet the minimum temperature requirements (*frozen food 0° F, cold food 41° F, hot food 135° F*)? Yes ___ No ___ NA ___

61. Please list equipment types for the hot and cold holding of foods; also during serving or transporting.

62. Will each refrigeration unit have a thermometer? Yes ___ No ___

63. What types of counter protective guards for food (sneeze guards) will be used for consumer self-service?

INSECT AND RODENT HARBORAGE

64. Will all outside doors be self-closing, when applicable, and rodent/insect proof? Yes ___ No ___

65. Will screens be provided on any open windows/doors to the outside? Yes ___ No ___

66. Will air curtains be installed (*made from either plastic or mechanical*); if so, where on outer openings?

67. Will all pipes and electrical conduit chases be sealed (*i.e. ventilation systems, exhaust and intake be protected*)? Yes ___ No ___

68. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions?

Yes ___ No ___

69. Do you plan to use a pest control service? Yes ___ No ___ Frequency _____

Company _____

REFUSE AND RECYCLABLES

70. Describe the surface (for refuse/recyclables) that the outside dumpster will be located on?

71. Where will recyclables be stored prior to pick up?

LIGHTING

72. What are the foot candles of light for the following areas?

Food prep areas _____

Dishwashing areas _____

Dry storage areas _____

Restrooms and walk-in refrigeration units _____