



MOBILE PLAN REVIEW
Monroe County Health Department
Food Protection Program
119 West 7th St Bloomington, IN 47404
812-349-2896

Be advised: A Mobile Unit means any Retail Food Establishment without a fixed location which is capable of being readily moved intact from location to location that is wheeled, on skids, mounted on a vehicle, a marine vessel, pushcart or trailer.

Please complete the following, as is applicable to the Mobile Retail Food Establishment.

Owner/Corporation Information:

Name: _____

Contact Person: _____

Owner Mailing Address:

Owner Telephone #: _____

Owner Email Address: _____

Mobile Unit Information:

Mobile Unit Name: _____

Operator of Unit : _____ Operator Telephone #: _____

Mobile Unit Mailing Address: _____

Establishment Email Address: _____

Hours of Operation: _____ Days of Operation: _____

Commissary Name : _____

Commissary Address : _____

Contents and Specifications for Facility and Operating Plans as required in Section 110 of 410 IAC 7-24:

Please check items submitted for review:

1. Intended menu: (what do you intend to serve?) _____
2. Signed Commissary Agreement: _____
3. Detailed floor plan of mobile unit and materials used for construction: _____
4. Plan Review Fee of \$150: _____. All fees (including permit fees) must be paid in full prior to the start of operation.

(Signature of Applicant): _____ (Relationship to Project): _____ (Date Signed): _____

Plan Review Fee \$150: _____ Receipt #: _____ Staff Initials: _____ Date: _____

****Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans.****

**Monroe County Health Department – Food Protection Program
MOBILE PLAN REVIEW QUESTIONNAIRE**

1. Please answer the following questions to the best of your ability both thoroughly and thoughtfully.
2. If you have any questions regarding this application please contact the foods decision of the health department at 812-349-2896
3. This questionnaire may not be a complete list of requirements set by this department
4. The sanitation requirements noted in this document are specified under the http://www.in.gov/isdh/files/410_iac_7-24.pdf. Please use the code as it pertains to the section numbers referenced at the end of each question.

I as the responsible party for this organization/application certify that I have submitted plans/applications to the authorities below on the following dates as required: (fill in date next to the office when filed, if an authority does not apply you may write n/a, however if it is discovered at any time during the plan review process that plans did indeed need to be submitted to said authority this department reserves the right to delay the moving forward of the permitting process until compliance is met with all parties.)

Monroe County Offices:

Planning (812-349-3423) _____

Building (812-349-2580) _____

City of Bloomington Offices:

Fire (812-332-9763) _____

Dept. of Economic and Sustainable

Development (812-349-3418) _____

Signature of Responsible party: _____

For your Information: The City of Bloomington requires an "Itinerant Merchant" License in order to sell food within the City limits.

Please contact the office of Economic and Sustainable Development at 812-349-3418 for more information. You will be required to provide a copy of your Mobile Food License in order to obtain your Itinerant Merchant License.

MOBILE UNIT INFORMATION

Be advised, the following procedures/questions should be considered before any further planning or 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. If any questions do not apply to your operation, please indicate with an N/A. Do not leave the question blank.

How many meals do you plan to serve? Breakfast: _____ Lunch: _____ Dinner: _____

What is the total square feet of the mobile unit: _____?

FOOD SAFETY EDUCATION:

1. Who will be your Certified Food Manager and what is their title? (Title 410 IAC 7-22)

2. How will all employees be trained in proper food safety? (sect. 119)

FOOD:

3. Please list food and beverages sold:

4. Please provide a list of all planned food vendors. (*sect. 142*) (*Where you will be purchasing your food ingredients*)

5. What is the procedure for receiving food shipments? (*sect. 166*) How are temperatures checked and containers inspected for damage?

6. What is the anticipated frequency of food purchases for: Frozen _____ Fresh _____ Dry _____?

FOOD PREPARATION:

7. If foods are prepared more than a day in advance, please list them out.

8. 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.*)?

9. Describe your date marking system for potentially hazardous and ready-to-eat foods. (*sect. 191*)

10. Where will all produce be washed prior to use? (*sect. 175*) _____

11. 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.

HOT AND COLD HOLDING:

12. Will "Time as a Public Health Control" be used for potentially hazardous food(s) either hot or cold? (*sect. 193*)
Yes _____ No _____ N/A _____ ***If yes, these procedures must be submitted and approved by Monroe County Health Department before their use inside your Retail Food Establishment.***

13. Will raw animal food(s) be offered to the public in an undercooked form? (*sect. 196*) Yes _____ No _____ N/A _____
If yes, you must attach your consumer advisory statement for Monroe County Health Department to review.

14. Who will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken (cooking, cooling, reheating, and hot holding)? (*sect. 119*) (Line cook, kitchen manager, etc.)

15. 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*). (*sect. 173*)

16. Describe the storage of different types of raw meat and seafood in the same unit, and how cross-contamination will be prevented. (sect. 173) _____

17. Provide a list of the types of food that will need to be thawed before cooking and the process that will be used to thaw the food. (E.g. frozen meat) (sect. 199)

<u>TYPES OF FOOD</u>	<u>PROCESS</u>

18. 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). (sects. 189 & 190)

<u>TYPES OF FOOD</u>	<u>PROCESS</u>

19. What procedures will be in place to ensure that foods are reheated to 165°F or above? (sect. 188)

SANITIZATION:

20. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? (sect. 119)

21. What type of chemical sanitizer(s) will the facility use? (sect. 294) _____

22. Will the facility have test kits on site for all types of chemical sanitizers? (sect. 291) Yes _____ No _____

23. Can the largest piece of equipment be submerged into the 3 compartment sink? Yes _____ No _____ N/a _____

24. 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? (sect. 303)

POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS:

25. Where will poisonous or toxic materials be stored (including the ones for retail sale)? (sect. 439)

26. What system will you use for labeling all spray bottles?

27. Where will first aid supplies be stored? (sect. 421) _____

28. Will the mobile unit use a hand sanitizer? (sect. 131) Yes _____ No _____ If so, what brand? _____

WATER SUPPLY:

29. Is the water supply public? (_____) or private (_____)? If public, skip question #30.

29a. If private, has the source been tested? (sect. 327) Yes _____ No _____

29b. If yes, when was the last test _____ and did you send us a copy of the lab results? Yes _____ No _____
If **Monroe County Health Department** does not have a copy of your latest lab results please attach them to this application.

PLUMBING:

30. How many hand sinks will be provided? _____ Where is the hand sink located in the mobile unit? _____

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

32. What type of backflow devices are in use on your mobile unit? _____

33. How large is the holding tank for wastewater? _____

34. Where do you dispose of greywater/trash? (Storm sewers are not allowed for gray water disposal)

35. Is your water supply hose made from food grade material? (sect. 364): Yes _____ No _____ N/A _____

EQUIPMENT:

36. Will all of the equipment meet the design and construction for the American National Standards Institute (ANSI) standards or meet section 205? Yes _____ No _____

37. Will the utensils and food storage containers be made from food-grade materials? (sect. 205) Yes _____ No _____

38. Will any pieces of used equipment be utilized? (sect. 106) Yes _____ No _____ N/A _____

38a. If yes, please list equipment types, be sure to indicate used equipment on the plans provided:

39. Is the ventilation hood system sufficient for the needs of the facility? (sect. 307) Yes _____ No _____ N/A _____

39a. Has the hood been approved by the Monroe County Building Department and/or the City of Bloomington Fire Department? Yes _____ No _____

40. Will all of 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, and hot food 135°F)? Yes _____ No _____ N/A _____

41. What systems does your facility have in place to ensure consistent temperature monitoring and what corrective action measures do you have in place? _____

42. Please list equipment types for the hot and cold holding of foods; also during serving or transporting. (sect. 187)

43. What type of thermometer will be utilized to check temperature of cold holding equipment? (sect. 256)

INSECT AND RODENT HARBORAGE:

44. Will all outside doors be self-closing, when applicable, and rodent/insect proof? (sect. 413) Yes _____ No _____

45. Will screens be provided on any open windows/doors to the outside? (sect. 413) Yes _____ No _____

46. Will all pipes and electrical conduit chases be sealed (i.e. ventilation systems, exhaust and intake be protected)? (sect. 414) Yes _____ No _____

PERSONAL BELONGINGS:

47. Describe the storage location for employees' coats, purses, medicines and lunches. (sect. 418 & 422)

48. Where is the designated area for employees to eat, drink, and use tobacco? (sect. 136) _____

MISCELLANEOUS:

49. Location or events where Mobile Unit intends to operate in Monroe County:

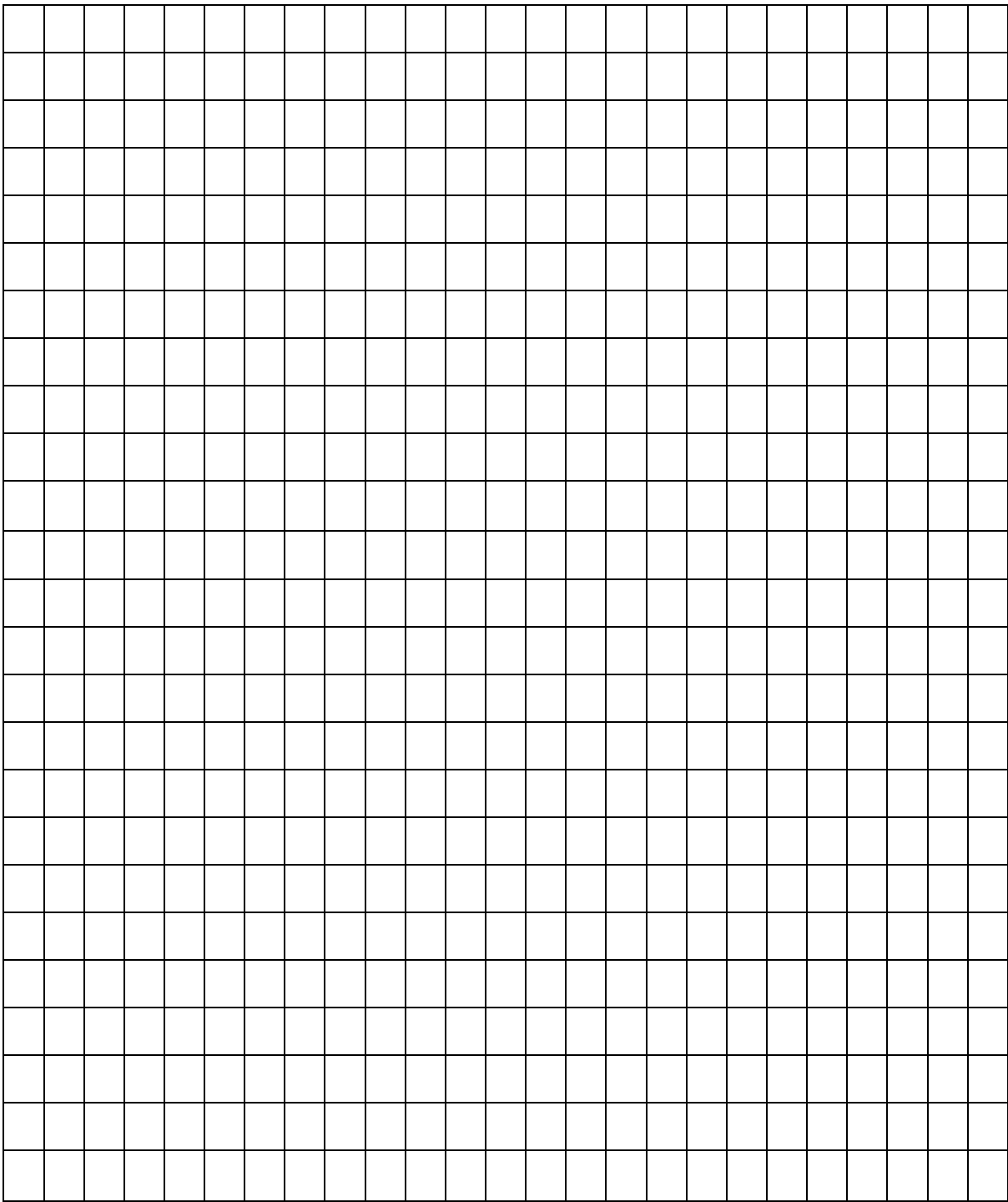
50. Mobile Route Schedule (if applicable): Please provide location of stop, time, and duration of stop.

MOBILE FINISH SCHEDULE (what the interior your Mobile Unit look like):

51. Please indicate which materials (i.e. quarry tile = QT, stainless steel=SS, Fiberglass reinforced panels= FRP etc.) will be used in the following areas. (sect. 402)

AREA	FLOOR	COVING	WALL	CEILING
KITCHEN				
SERVING LINE				
FOOD PREPARATION				
FOOD STORAGE				
OTHER STORAGE				
DISHWASHING				
OTHER				

MOBILE
FLOOR PLAN /DESIGN & EQUIPMENT LAYOUT





MONROE COUNTY HEALTH DEPARTMENT COMMISSARY KITCHEN AGREEMENT

Mobile/Facility Owner:

Mobile/Facility Name: _____ Hours of Operation: _____

Mobile/Facility Owner Name: *(please print)* _____

Mobile Owner Address: _____

Mobile/Facility Owner Signature: _____ Date: _____

☐ I own both the mobile unit and the commissary.

Commissary Kitchen:

Commissary Kitchen Name: _____

Commissary Kitchen Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Hours of Operation: _____

Commissary Kitchen Owner Name: *(please print)* _____

Commissary Kitchen Responsible Party Signature: _____ Date: _____

☐ Other mobile unit/food cart vendors also use this kitchen as a commissary. Number of vendors: _____

The following is available for use by the mobile unit operator:

Equipment/Service: (*Minimum Requirement)

	Yes	No	
*Potable water	<input type="checkbox"/>	<input type="checkbox"/>	
*Wastewater disposal	<input type="checkbox"/>	<input type="checkbox"/>	
*Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>	
*Restroom access	<input type="checkbox"/>	<input type="checkbox"/>	
*3-compartment sink with drain board space at each end	<input type="checkbox"/>	<input type="checkbox"/>	
*Mop sink	<input type="checkbox"/>	<input type="checkbox"/>	
*Hand sink	<input type="checkbox"/>	<input type="checkbox"/>	
Cooking equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigeration space	<input type="checkbox"/>	<input type="checkbox"/>	Number of cubic feet provided _____
Dry storage space	<input type="checkbox"/>	<input type="checkbox"/>	Number of cubic feet provided _____
Freezer space	<input type="checkbox"/>	<input type="checkbox"/>	Number of cubic feet provided _____
Ice machine access	<input type="checkbox"/>	<input type="checkbox"/>	
Overnight storage of mobile unit	<input type="checkbox"/>	<input type="checkbox"/>	
Food prep sink with drain board	<input type="checkbox"/>	<input type="checkbox"/>	
Access to the food establishment requires a key	<input type="checkbox"/>	<input type="checkbox"/>	

****The commissary kitchen owner agrees to provide the mobile unit operator use of the Retail Food Establishment as listed above.
Changing or canceling this agreement will result in closure of the Mobile/Facility. This agreement is not transferable.****