Hamilton County Public Health, Division of Environmental Health

Plan Review Application
Mobile Food Operation

Mobile Name	Owner Name
Business Address	Owner Address
Business City, State, Zip	Owner City, State Zip
Business Phone Number	Email address
If out of state, the first place (address or event) you plan to operate:	

Type of Construction - New or Renovation. New includes new mobile food operations and changing of ownership of an existing mobile operation. Renovations includes significantly changing the design or menu of an exsiting mobile.

Indicate construction type by circling either New or Renovation:	New	Renovation

Type of Operation - Food Service Operation or Retail Food Establishment. Food Service Operations generally prepare unpackaged food for service to customers. Retail Food Establishments sell prepackaged foods or bulk foods generally consumed off-site of food operation.

Indicate operation type by circling either Food Service Operation or Retail Food Establishment:	Food Service Operation	Retail Food Establishment

I understand that approval of these plans and specifications by Hamilton County Public Health does not indicate compliance with any other code, law, or regulation that may be required for construction.	*Initial*
I understand that licensure of this mobile operation does not indicate compliance with any local zoning or vendor laws. Contact local governments where you plan to operate for additional requirements.	*Initial*
I understand that my menu cannot be altered without approval by HCPH. Please contact HCPH before serving any other types of food.	*Initial*
I understand that I shall have my mobile inspected by a local fire authority and given approval for operation.	*Initial*
I understand that I have to move my mobile food service at least once every 40 days.	*Initial*
I understand that this mobile license only covers one mobile food operation and that I shall carry the original license with me at all times.	*Initial*
I understand that any Health District (be it city, combined, or county) may inspect my mobile food operation if I operate in their jurisdiction.	*Initial*
Include copies of an Employee Health Policy and Bodily Fluid Cleanup Plan. Have employees read and sign the health policy. Ensure facility is able to cleanup after an incident involving bodily fluid.	*Initial*
Include certificate of food handler/person-in-charge training. There are a variety of options available to complete this requirement, including online courses. Contact the HCPH office at (513) 946-7847 or visit our website for more information on food safety class offerings.	*Initial*

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from Hamilton County General Health District (dba Hamilton County Public Health) may nullify final approval.

Owner/Operator/Representative Name	Owner/Operator/Representative Signature	Date

Menu and Layout

Please provide a menu of what you intend to serve. Note: All food served on a mobile food operation needs to be produced by the mobile food operation or needs to come from an approved source (such as a licened food service or commissary):

Please provide a drawing of the layout of the mobile food operation, either attached or below. The drawing shall include the locations of equipment, tables, and sinks:

Plumbing, Water, and Construction

1. Will the facility require electric service to operate? If yes, ensure to have a power source available at all times.	Yes	No
2. Will the mobile need water for operation? If No, Skip to 11.	Yes	No
3. Where will the mobile get its water from (municipal, bottled, well, etc…)?		
4. If utilizing municipal or well water, will the facility use food grade hoses to fill/hook-up (NSF Std 61-G)	Yes	No

5. Fill out the below chart with information as it pertains to the facility. It is important to note that all plumbing fixtures require backflow prevention (i.e. an air gap, indirect drain, or approved backflow prevention device):

Sink/Plumbing Fixture Type	*Quantity/NA*	*Sink/Plumbing Fixture Type*	*Quantity/NA*
Hand Sink		Ice Bin	
3 - Compartment Sink (see "4. Grease Trap")		Dipper Well	
Food Preparation Sink		Steam Table	
Beverage Dispenser/Soda Machine/Soda Gun		Spray Arms	
Ice Machine			

6. How will the facility dispose of the wastewater (dump station, through sanitary sewer at home, through septic system at home, etc.)?

7. What type of backflow device will be used on the plumbing system?

8. What will be the size of your water tank?

9. What will be the size of your wastewater holding tank?

10. How often will the water system be disinfected?

11. Fill out the below chart with the types of building materials used in the various areas. Note: use caulk/sealant in the appropriate areas (i.e. high splash - silicone caulk; behind hood/grills - high temperature caulk); ensure all floor-wall junctures have a minimum of 4 inch cove base molding. See "Approved Finishes" below for more information.

Floor	Wall	Ceiling

Approved Finishes

Floor	*Wall*	*Ceiling*
Quarry tile, poured seamless, sealed concrete, vinyl composition tile	*Stainless Steel, Aluminum, Ceramic Tile, Fiberglass Reinforced Plastic (FRP), epoxy painted drywall, filled block with epoxy paint or glazed surface*	*Plastic Coated or metal clad fiberboard, dry wall epoxy glazed surface, plastic laminate*

Food Operations

1. Will any food be stored off-site for use in the mobile? *All food stored off-site must be stored in a licensed commisary or other approved food operation.*	Yes	No
2. Will any food be produced or prepared off-site for use in the mobile? *All food produced outside of the mobile must be from a licensed food processing facility (ODA) or other approved food operation.*	Yes	No
3. Will this facility sell, serve, or handle any of the Big Nine Allergens (milk, eggs, wheat, soy, fish, shellfish, peanuts, tree nuts, sesame)? If "Yes", provide copy of **allergen statement.**	Yes	No
4. *Time/temperature controlled for safety (TCS) foods are foods that require either a limited time at room temperature or maintaining the food at a certain temperature to limit the growth of disease causing microorganisms or toxin formation. All TCS food being stored or held cold is required to be at or below a temperature of 41° F. All TCS food being held hot is required to be at or above 135° F.* Will this facility have TCS foods on-site? If "No", skip to Question 26.	Yes	No
5. Describe the methods that will be used to keep foods cold during storage or holding (i.e. reach-in coolers freezers, ice baths, etc..):		
6. Describe below the methods that will be used to keep foods hot during holding (i.e. steam tables, range, etc..):		
7. Will this facility use time, instead of temperature, as a control method to control microorganism growth and toxin formation? If "Yes", provide a copy of time procedure with application.	Yes	No
8. *Cooking of raw meats, eggs, poultry and seafood is required to destroy certain disease causing microorganisms.* Will this facility cook raw meats, eggs, poultry, or seafood?	Yes	No
9. Will this facility cook for service or sale any of the above listed raw meat products in a raw or undercooked form? If "Yes", provide copy of **consumer advisory** (either on menu or attached to application).	Yes	No
10. *Thawing is the process by which a TCS food is taken from a frozen state to a non-frozen state. Acceptable methods of thawing TCS foods are: storage of frozen foods under refrigeration (41° F or below), submerge foods under running water not to exceed 70° F, thaw in a microwave (as part of cooking process), or cooking foods from a frozen state directly.* Will this facility thaw TCS foods?	Yes	No
11. Which methods (as described above) will be used to thaw TCS foods (if no thawing will occur, write NA)?		
12. *All TCS foods shall be cooled from 135° F to 70° F within 2 hours and from 135° F to 41° F within 6 hours. Various methods can be used to cool TCS foods within the appropriate time period, such as: placing food in refrigeration, placing food in shallow pans under refrigeration, placing food in ice baths, using ice paddles/ice wands/ice sticks, or using a rapid chiller.* Will this facility cool TCS foods?	Yes	No
13. Describe what methods will be used to cool TCS foods (if no cooling will occur, write NA).		
14. *Reheating is the process by which previously cooled TCS foods are heated again for hot holding. Reheating does not include heating TCS foods which arrive at the facility in a precooked state or reheating for immediate service. Reheated TCS food shall be heated to a temperature of 165° F for 15 seconds within 2 hours.* Will this facility reheat TCS foods?	Yes	No
15. Describe what method(s) will be used to reheat TCS foods (if no reheating will occur, write NA).		

(Food Operations continued)

16. What type of temperature measuring device will be used to check internal temperatures of TCS foods (i.e. digital, stem type, thermocouple, etc…)?		
17. How often will the temperature measuring device be calibrated?		
18. Will this facility serve or prepare sushi? If "No", skip to Question 20.	Yes	No
19. Will this facility freeze meats on-site for parasite destruction? If "No", a "Letter of Guarantee" must be obtained from supplier(s) and kept on site for review during inspections.	Yes	No
20. Will this facility make acidified rice and store at room temperature? If "Yes", attach a copy of the HACCP plan to this worksheet.	Yes	No
21. Will this facility reduce oxygen package, sous vide, vacuum seal, or cook chill any products? If "Yes", attach a copy of the HACCP plan to this worksheet.	Yes	No
22. Will this facility bottle fresh, unpasteurized juice? *If bottled, contact the Ohio Department of Agriculture (ODA) for a bottling license. (614) 728-6250 ; foodsafety@agri.ohio.gov*	Yes	No
23. Will this facility make it's own yogurt, cheese, sour cream, or other cultured dairy product? If "Yes", a variance shall be obtained from the Ohio Department of Health (ODH) before operation.	Yes	No
24. Will this facility make it's own jerky to store at room temperature? If "Yes", a variance shall be obtained from the Ohio Department of Agriculture (ODA) before operation.	Yes	No
25. Where does this facility plan to obtain food from? *All food is required to come from an approved and inspected source - this could be an Ohio Department of Agriculture (ODA) licensed commissary or approved FSO/RFE. If using a commissary, provide copy of ODA license. If source is from a county other than Hamilton County, a Food Processing Facility registration is required from the ODA.*		
26. Describe how food will be kept hot/cold during transportation.		
27. Will produce be washed on-site prior to use or will produce be pre-washed?		
28. How will this facility prevent bare hand contact with ready-to-eat foods (i.e. disposable gloves, utensils, food grade paper, etc.)?		
29. What chemical sanitizer(s) will be used on food contact surfaces (bleach, quat, etc…)?		
30. All dishware, utensils, and equipment are required to air dry. Describe location where items will air dry.		

Licensor to complete below:			Initials/Date	
Jurisdiction	Plans Y / N	Menu Y / N	EH Policy Y / N	BF Policy Y / N
Restrictions				