



Public Health

Idaho North Central District



Nez Perce County
215 10th Street
Lewiston, ID 83501
(208) 799-3100
Fax (208) 799-0349

Latah County
333 E Palouse River Drive
Moscow, ID 83843
(208) 882-7506
Fax (208) 882-3494

Clearwater County
105 115th Street
Orofino, ID 83544
(208) 476-7850
Fax (208) 476-7494

Idaho County
903 West Main
Grangeville, ID 83530
(208) 983-2842
Fax (208) 983-2845

Lewis County
132 N Hill Street
P O Box 277
Kamiah, ID 83536
(208) 935-2124
Fax (208) 935-0223

MOBILE PLAN REVIEW APPLICATION

The Mobile Food Unit Operational Guide is intended to help you setup and operate your mobile food unit in a sanitary and safe manner. By focusing on critical food safety practices, you will reduce the possibility of foodborne illness. While this guide provides some detailed information about operating a mobile food unit, it does not contain all the requirements for your unit. The rules and regulation can be found in the Idaho Food Code, IDAPA 16.02.19 at www.dahpublichealth.com. The 2013 FDA Model Food Code was adopted by reference. There is a \$100.00 plan review fee. This fee covers pre-opening inspection (s), facility plan review and associated letters, correspondence and meetings. The mobile permit fee of \$80.00 or \$100.00 is dependent on the proposal.

This includes any moveable food service establishment, truck, van trailer, pushcart, bicycle, watercraft, or other movable unit with or without wheels.

- Name of Applicant:** _____ **Phone #:** _____
- Name of Food Establishment** _____
- FULL SERVICE**
- LIMITED SERVICE** **Push Cart** **Truck/Van** **Other**
 - **Include Commissary Agreement**
- Fill out Food Permit Application. Please include menu of food items you wish to serve with the application.**
- MENU Provide a menu for review**
- Hours of operation** _____
- Location of operations** _____
- Location of storing of the unit** _____
- Name(s) of Person in Charge (PIC)** _____

A PIC must demonstrate knowledge: knowledge by one of the following: CFPM credentials, Passing the Idaho State food safety exam, answer questions related to operations or have no violations during inspections. List all employees.

- **CFPM Credentials Name** _____
Certified Food Protection Managers Certification (CFPM): A food establishment must have at least one (1) employee who has the authority to make food safety decisions and show proficiency of food safety by passing an approved exam. Certification is obtained by passing one of the six approved exams. The exams include 360training.com OR National Registry of Food Safety (NSF) Professionals OR Prometric (CFP AND NEHA SPONSORED) OR ServSafe OR AboveTraining.com (State Food Safety) OR Always Food Safe.

PLAN REVIEW

- 1. Floor plan: Include a floor plan that describes the unit. It may be in the form of a drawing, digital images or both.** Include electrical, plumbing, ventilation and lighting. Describe finish materials for floors, walls and ceiling.
- 2. Food Source: List where all food items and ice will be purchased. Where will you be getting your water for the mobile unit? (attachments may be submitted). All foods, water and ice must be from an approved source.**
- 3. A commissary is needed for support of a limited mobile unit for a base of operation to store supplies, clean utensils and dispose of waste. Provide a commissary agreement for the location of the commissary (available on-line). List what activities will occur in the commissary. A commissary may also be required for a FULL SERVICE unit depending on operations, menu and location.**
- 4. Describe how foods will be prepared and stored for your proposed operations? IE: raw or ready to eat, in the unit or in the commissary or both? In advance or on site. Equipment shall be capable of cooking and keeping food at proper temperatures.**
- 5. How do you plan to wash your hands? Must have water under pressure**
A handwashing sink shall be equipped to provide water at a temperature of at least 100F through a mixing valve or combination faucet.) Employee shall have convenient access to the hand sink. If food activities occur inside and outside the unit, two (2) sinks maybe required. Soap and paper towels are also required.
- 6. Water supply wastewater capacity & valves:** Wastewater tanks must be sized at a minimum of 15% LARGER than the potable water tank capacity. Clean-out valve must be located on the exterior of the unit; diameter of clean out must be 1” in diameter or larger and may not be the same size as clean water filling valve. A clean out valve must be located at height below clean water fill up valve. Food grade hoses must be used to fill tanks. Do you have a procedure to sanitize the fresh water tank?

7. Where will you disposal of wastewater? If the unit is served with continuous potable water how will you monitor overflow and timely disposal to prevent spillage?

8. How and where do you plan to wash and sanitize equipment and utensils (on-site or in commissary)?

9. How will you address the need for a toilet facility during hours of operation for employees?

10. Ventilation Hood Adequacy: Describe the ventilation devices that adequately address the greases, condensation and fumes from collecting on walls, ceiling and floor. Ventilation requirements are menu specific. The Uniform Building Code requirements are applied.

11. Garbage & Refuse: Describe garbage location, disposal, and storage between dumping's.

11. Other: Include other information that is relevant to your specific operation. Example: Overhead protection for a Pushcart.

I understand, and agree that the information provided is correct. Request for changes will be presented to Public Health – Idaho North Central District EHS prior to making changes. I agree to comply with the Idaho Food Code requirements and accept the responsibility to comply with the code.

Applicate Signature _____ Title _____ Date _____

This Section for Official Use Only

Application Date _____ Fee Paid _____ Date Paid _____

Environmental Health Specialist Reviewer: _____

Date Reviewed _____ Time _____

Follow up date _____ Time _____

Approved Date _____ Approved with Conditions/ Restrictions date _____