



## FOOD SAFETY PROGRAM

# Mobile Unit Plan Review Packet

This plan review packet is designed to guide you through the plan review process and help you submit accurate and complete plans for Asotin County Health District (ACHD) to review. A copy of the Washington State Retail Food Code, Chapter 246-215 WAC can be found on this link [WAC 246-215](#):

APPLICANT INFORMATION		
Name of Food Establishment (FE):		
Site Address:		
City:	State:	Zip Code:
Owner Name:		
Mailing Address:		Phone:
City:	State:	Zip Code:
Plan Review Contact Name/Company:		
Phone:	Cell"	Email:
Billing to be sent to:		
Mailing Address:		Phone:
City:	State:	Zip Code:
Email Address:		

### Type of plan review:

- New establishment **OR**
- Existing establishment adding mobile unit operation out of permitted kitchen under same ownership

Will any specialized processes (e.g. vacuum packaging, sous vide, curing, smoking, custom meat processing, acidifying food, growing sprouts, molluscan shellfish tank) be done in the food establishment?

Yes  No

Will any customer seating be provided?  Yes  No

What is the estimated opening date?

Who will be the manager/person in charge?

**Before beginning construction, the following must be submitted to ACHD for review and approval:**

√	Item	Description
	<b>Menu/Food Preparation steps</b>	Provide a detailed menu of all the food and drinks you will be serving. Provide food preparation steps for all menu items. If using a commissary, explain what food preparation activities will be occurring at the commissary kitchen and what activities will be done at the food service location. <ul style="list-style-type: none"> <li>• All foods must come from an approved source.</li> <li>• No home prepared items allowed.</li> </ul> <b>Any changes to the menu must be submitted and approved by ACHD for prior approval.</b>
	<b>Floor Plan – Mobile Unit</b>	Provide a complete floor plan of your food establishment. Show the location of all equipment (sinks, refrigeration, countertop appliances etc), <ul style="list-style-type: none"> <li>• A plumbing plan must be included showing all indirect drainage.</li> </ul> <b>Any changes to the floor plan submitted, must be pre-approved by ACHD</b>
	<b>Equipment List-Mobile Unit</b>	Provide make and model numbers of all equipment (including countertop appliances). All food equipment must be commercial grade, (NSF or equivalent).
	<b>Finish and Lighting Schedule</b>	Provide the materials used for all floors, walls, ceilings, counter tops and shelves. <ul style="list-style-type: none"> <li>• Finish surfaces must be smooth, easily cleanable, and non-absorbent in all food preparation; food storage, ware washing areas, and bathrooms.</li> <li>• Grout and concrete must be smooth and sealed to make water resistant and cleanable.</li> </ul> Provide list of all light fixtures used in the food establishment. Lighting over any food preparation; food storage, and ware washing areas must be shielded, covered, or shatterproof.
	<b>Cleaning Schedule</b>	<b>Provide the dumpster size and location, including its distance from the building. Provide the disposal company name and the frequency of pick-up.</b> Describe the garbage enclosure material and floor surface, (i.e. is the dumpster located on concrete or asphalt, is it sloped to drain or does it have a drain to sewer).
	<b>Clean Up Response Plan</b>	Provide a policy and procedure for effective clean-up of vomit & diarrhea in the food establishment
	<b>Employee Health Policy</b>	Provide a policy and procedure for food employee illness reporting to ensure steps are taken to preclude transmission of foodborne illness or communicable diseases.
	<b>L&amp;I Approval</b>	A copy of the approved Labor and Industries License must be provided to ACHD prior to the pre-operational inspection, or the L&I approved sticker affixed to mobile unit at time of the pre-operational inspection.
<b>Commissary / Servicing Area</b>		
	<b>Mobile Unit Water Source/Wastewater Disposal</b>	Source and location for sourcing potable water:  Location for wastewater disposal to sewer:
	<b>Commissary Kitchen Agreement (if applicable)</b>	if you are not using your own commissary, a written and signed commissary agreement must be provided. The commissary agreement must include a list of all services provided by the commissary, such as restroom use, dry goods storage, use of refrigerator space (including the number of cubic feet of refrigeration space allocated to you), etc.
	<b>Floor Plan – Commissary</b>	Provide a floor plan of your food establishment. Show the location of all equipment (sinks, refrigeration, countertop appliances etc), <ul style="list-style-type: none"> <li>• A plumbing plan must be included showing all indirect drainage.</li> </ul> <b>Any changes to the floor plan submitted, must be pre-approved by ACHD</b>
	<b>Equipment List - Commissary</b>	Provide make and model numbers of all equipment (including countertop appliances). All food equipment must be commercial grade, (NSF or equivalent).

Plan review for projects that require a permit or approval from ACHD will be billed at the standard hourly rate, including time spent reviewing the project at the pre-application phase, to be paid at the time of plan submittal. Additional time spent reviewing plans and conducting pre-occupancy inspections is billed at the standard hourly rate

- **Plan review and pre-occupancy inspections for projects that begin construction without written ACHD approval is charged at 1.5 times the standard hourly rate.**
- **Plan review submittals must be submitted to ACHD at least 14 days before the projected date of opening or the permit fee will be one and a half times the original permit fee. Applications submitted less than three days before the projected date of opening will not be processed due to the time needed to review the application.**

Review of submittals begins only after all required documentation and fees have been received.

<b>SIGNATURES</b>	
<p>By signing this form, you attest to the accuracy of the information provided, affirm that you will comply with Chapter 246-215 WAC, and will allow ACHD access to the establishment and its records as specified in Chapter 246-215 WAC. You agree to notify ACHD in advance of changes in menu, equipment, operation, or ownership.</p> <p><b>You will receive written notification to proceed with construction when your plan review has been approved by ACHD.</b></p>	
Signature of applicant:	Date:
Printed name:	Phone:

## Plan Review Guidelines for Mobile Units

**What is a Mobile Unit?** It is a unit that is readily moveable such as a push cart, van, or trailer that is intended to operate in different locations. There is limited space and the foods are usually prepared and immediately served like hot dogs and hamburgers. Dependent upon the equipment, fresh water capacity, hours of operation, number of employees, and type of unit, a mobile can operate with a commissary or be fully self-contained, except that push carts must have a commissary kitchen.

**Before beginning operation,** a permit must be obtained from Asotin County Health District (ACHD). To receive a permit, a plan review application and checklist packet must be submitted to ACHD for review and approval. If you will be using an existing permitted kitchen for a commissary, the equipment and preparation/storage areas must be adequate for both businesses. Ensure that documents have been provided to and approved by any other applicable agency, e.g. Labor and Industries.

**Menu and food prep sheet(s)** must include all foods and beverages that will be prepared and served, along with a description of all food preparation steps and an estimate of the maximum number of meals served per day. Any future changes in the menu or equipment must be pre-approved by the Health District.

### All plans must include:

- Name and address of mobile food unit business.
- Commissary kitchen name and address (if different).
- Name and phone number of contact person.
- A copy of the floor plan for the commissary kitchen, including all food preparation, dishwashing, food storage, utility room and restrooms
- Equipment layout including make and model numbers.
- A signed commissary agreement with the establishment owner, when using an existing facility.
- Structural plans of the mobile unit including specifications of the on-board plumbing.
- Cleaning schedule for mobile food unit (push carts must be returned daily to the commissary for cleaning).
- Source name and address of potable water supply for the mobile unit.
- Location name and address of wastewater disposal site for the mobile unit.
- Cleaning schedule for fresh water tank on the mobile unit – how frequently and describe cleaning and sanitizing procedure.
- Cleaning schedule for gray water tank to prevent building up of soaps and other debris – how frequently and describe cleaning procedure.
- Proposed itinerary or sites to be served.
- Restrooms for food workers must be available within 200 feet of any site if at any one location for more than one hour. Restroom accessibility must match mobile unit hours of operation; a commissary agreement may be required.
- If customer seating is provided by mobile unit operator for onsite consumption of foods/beverages at service site, restrooms must be conveniently located and accessible for customers to use during the mobile unit hours of operation
- You will receive written notification to proceed with construction when your plan review has been approved by the Health District.

**Plans for mobile unit must include:**

- Structural design showing all equipment and sinks. Plans must be drawn to scale.
- Finished materials list.
- Potable water supply system layout. A minimum holding tank capacity of five gallons for hand washing is required. Additional potable water capacity will be required if any food preparation, utensil washing, sanitizing or facility cleaning occurs on the mobile unit. Food grade hoses must be used to fill potable water supply tanks.
- Waste disposal system layout. The minimum holding tank capacity must be at least 15% greater than the potable water supply tank.
- If the unit is intended to operate year-round, ensure that the plumbing is designed for freezing temperatures.
- Equipment layout including make and model numbers.

**Equipment layout:**

- All equipment must be certified by an American National Standards Institute (ANSI)-accredited certification program (i.e. NSF). No home-style equipment is allowed.
- All equipment and supplies must be contained on the mobile unit when operating.
- Equipment must be designed to reach and maintain required food temperatures.
- Refrigeration requirements are based on your menu.
- Adequate refrigerated storage must be available for the separation of raw and ready-to-eat foods.
- Reheating equipment must be capable of reheating from 41° F to 165° F within one hour.
- Hand washing sink(s) must be large enough to accommodate washing of both hands together without contacting the faucet head or sink basin.
- A three-compartment sink must be on the mobile unit to properly wash utensils that are reused on the mobile unit or an adequate number of extra utensils must be available when utensils are washed at the commissary at the end of the day.
- Sufficient overhead cover must be provided to protect all equipment, food storage and food handling areas

**When considering use of an existing kitchen for a commissary:**

- All food equipment must be commercial grade, certified by an American National Standards Institute (ANSI)- accredited certification program, (i.e. NSF or equivalent).
- Equipment must be designed to reach and maintain required food temperatures.
- Refrigeration requirements are based on your menu. Cooling on mobile units is not allowed. Cooling in commissary kitchens must be approved by the Health District.
- Adequate refrigerated storage must be available for the separation of raw and ready-to-eat foods.
- One or more food preparation sinks, with an indirect waste drain, are required if produce is cleaned on site or if the ice bath method is used to cool liquid foods.
- A three-compartment sink is required for utensil washing. A mechanical dishwasher may be used in addition to the utensil sinks. Sinks must have adequate drain boards, racks, or tables large enough to accommodate all soiled and cleaned items that may accumulate during hours of operation.
- Hand washing sinks must be accessible to food preparation areas.
- Restroom(s) must be available to food employees while utilizing the commissary.
- A mop sink must be available in the building and may be used for dumping of gray water

**Application process**

- For new establishments, an application for plan review and checklist and permit application must be submitted to ACHD at least 14 days before the projected date of opening or the permit fee will be one and a half times the original permit fee.
- Applications submitted less than three days before the projected date of opening will not be processed due to the time needed to review the application.
- You will receive written notification to proceed with construction when your plan review has been approved by the Health District.

#### **Before you open**

- The Application for a Food Establishment permit, and the permit fee must be submitted and paid at least three business days prior to the scheduled pre-operational inspection.
- A pre-operational inspection of the commissary and mobile food unit must be conducted.
  - o Refrigeration equipment must be plugged in and all plumbing working properly when the mobile unit pre-operational inspection is conducted.
- Washington State Department of Labor & Industries written approval of the mobile unit must be submitted to the Health District or a Labor & Industries approval sticker affixed to the mobile unit.
- The designated business name must be posted on the mobile unit.

# Commissary Agreement

This agreement between the commissary owner and the establishment owner (herein referred to as vendor) signifies that both parties agree to use and allow the use of the commissary. This commissary agreement is not transferrable to other parties and becomes null and void upon change of ownership of either party. It is the vendor's responsibility to notify Asotin County Health District (ACHD) in advance of any proposed changes or modifications to the agreement. Modification or cancellation of this agreement by either party for any reason may result in the suspension of the vendor's operating permit issued by ACHD. This suspension is effective until a new agreement is provided in writing to ACHD and approved.

Applicant Information			
Vendor Name:			
Permit #:			
Mailing Address:			City:
State:	Zip:	Phone:	
Email:			Cell:
Days of week vendor uses commissary: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
Vendor hours of operation:			
Commissary Information			
Name of Commissary:			
Mailing Address:			City:
State:	Zip:	Phone:	
Email:			Cell:
Days of week commissary provides access to vendor: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
Hours of operation:			
Services provided by commissary			
<input type="checkbox"/> Potable Water	<input type="checkbox"/> Wastewater Disposal	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Dry Storage
<input type="checkbox"/> Bathroom Access	<input type="checkbox"/> Ice Machine <small>(indirectly drained)</small>	<input type="checkbox"/> Walk-in Refrigeration <small>Space, indicate ft provided</small>	
<input type="checkbox"/> Reach in Refrigeration	<input type="checkbox"/> Freezer Space, <small>indicate ft provided</small>	<input type="checkbox"/> Cooking Equipment	<input type="checkbox"/> Cart Storage Space
<input type="checkbox"/> Food Preparation Sink	<input type="checkbox"/> Mop Sink	<input type="checkbox"/> 3 Compartment Sink	<input type="checkbox"/> Food Preparation Space
<b><i>By signing this form, both parties understand that modification or cancellation of this agreement by either party for any reason may result in the suspension of the vendor's operating permit issued by ACHD</i></b>			
Signatures			
Signature of Commissary Owner:		Printed Name of Commissary Owner:	Date:
Signature of Vendor Owner:		Printed Name of Vendor Owner:	Date: