Mobile Unit Operating Procedures

The applicant for a mobile unit food establishment permit must submit information to DOH Sanitation Branch for review. Procedures for the operation must be approved prior to the issuance of a food permit.

<table>
<thead>
<tr>
<th>Name of Mobile Food Establishment:</th>
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<tbody>
<tr>
<td>Owner Name:</td>
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<tr>
<td>Mailing Address:</td>
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<tr>
<td>Phone:</td>
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<tr>
<td>Email:</td>
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<tr>
<td>Address or Location of Vending Site(s):</td>
</tr>
<tr>
<td>Days and Hours of Operation:</td>
</tr>
<tr>
<td>Support Kitchen Name:</td>
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<tr>
<td>Support Kitchen Address:</td>
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</table>

❖ Any change to this form, menu, support kitchen, or mobile unit requires approval by DOH Sanitation Branch.

❖ A copy of the approved operational procedures must be kept on the mobile unit and be available upon request.

Owner/authorized agent signature: ___________________________ Date: ______________

Owner/authorized agent print name: ___________________________

For Office Use Only:

Procedures Reviewed By ___________________________ Date Approved ______________
Written procedures must include information from the questions below. You may use this form or submit your own. Please attach additional sheets if needed. If a question does not apply, mark the section as “Not applicable”

1. **MENU:** List all foods to be offered to the public, including packaged and unpackaged food as well as beverages, or provide copy of menu.

2. List the foods prepared at the support kitchen and describe the preparation done. *(Food cannot be stored or prepared at a home kitchen.)*

3. Describe how you will transport food to be served from support kitchen (or other approved sources) to mobile unit.

4. Describe how food will be stored on the mobile unit and how it will be maintained at proper holding temperatures.
   a. How will food be held cold?
   b. How will food be held hot?
   c. Will food be stored using the “4-hour rule?” Circle: YES NO
      If so, submit Time as Public Health Control written procedures.

For Office Use Only:
TPHC Written Procedures Reviewed By _________________________
Date Approved ________________
5. Will you be cooking on the mobile unit? Circle: YES NO
   a. If yes, provide a list of items cooked on the mobile unit.
   b. Describe how raw foods will be held cold on the mobile unit.
   c. Describe how raw foods will be separated from ready-to-eat food.

6. Describe what you will do with leftover cooked food and remaining uncooked food.

7. Describe how and where dirty equipment and utensils will be cleaned.

8. WATER SOURCE/STORAGE:
   a. What is the capacity of your clean water tank? ___________ gallons
   b. How will water be stored on board (i.e. water jugs, holding tank)?
   c. Describe how and where the potable water supply tank will be filled.
   d. Provide a description of your hose used to fill the water supply tank.
   \textit{(Food grade hoses are required to fill water supply tanks.)}
e. If your mobile unit can connect directly to a potable water source, can it be disconnected quickly? **Note: It can only be attached during filling.

Circle: Yes  No  If yes, initial here ______ acknowledging hose will be disconnected except during filling tank.

9. WASTE WATER STORAGE/DISPOSAL:

a. What is the capacity of your waste water tank? ___________ gallons
   Note: Waste water tanks must be 15% larger than water supply tanks.

b. How will waste water be stored?

c. Describe how and where the waste water tank will be emptied and disposed of.

d. If your mobile unit is capable of discharging directly into a City or State approved wastewater system (sewer, approved individual wastewater system), can the waste plumbing connection be quickly disconnected and capped to prevent discharge?

Circle: Yes  No  Not Applicable

10. If your mobile unit utilizes electricity at its vending site, the connection must be able to quickly disconnect (no permanent electrical connection allowed). If mobile unit refrigeration relies on electricity overnight, describe how you will protect this connection.

11. Where will you dispose of your garbage? ________________________________________

12. Where will you use the restroom?

   Location: ______________________________________________________
   Hours restroom is available for use: _______________________________