



Facility name: _____

This checklist will help you prepare a complete plan review packet. Submit the completed plan review packet and checklist with the required application fee. Incomplete plan review packets will not be accepted. Make a copy of this plan review packet for your records prior to submittal. Plan review fees are non-refundable.

<input checked="" type="checkbox"/>		ITEM	DESCRIPTION	Office Use Only
	1	Application	Provide a completed Snohomish County Health Department annual permit application.	
	2	Questionnaire and Operating Procedures	Provide completed Questionnaire and Operating Procedures form.	
	3	Equipment List	Provide completed Equipment List form including the make and model numbers for all equipment. This includes all sinks, refrigeration, countertop appliances, cooking & hot holding equipment. Only commercial grade equipment that meets National Sanitation Foundation (NSF) standards or equivalent will be accepted.	
	4	Finish Schedule	Provide completed Finish Schedule form. Applicant should explain what materials will be used for all floors, walls, ceilings, counter tops, and cabinets.	
	5	Itinerary & Advertisement	Provide completed Itinerary & Advertisement Form.	
	6	Commissary Agreement	Provide completed Commissary Agreement form with a permitted food service establishment. Hours of operation of the commissary must be the same as the mobile unit's hours of operation, or the mobile unit's operator and his/her employees must have keyed access to the commissary.	
	7	Servicing Area Agreement	Provide completed Servicing Area Agreement form with a food service establishment permitted in Snohomish County.	
	8	Source of Water & On-Board Plumbing Specifications	Provide completed Source of Water & On-Board Plumbing form.	
	9	Cleaning Schedule	Provide completed Cleaning Schedule form. Include a detailed description for how you will maintain cleanliness of the mobile food unit and all equipment.	
	10	Food Sources	Provide a list of all food and beverage suppliers. Food must be obtained from sources that comply with applicable local, state, and federal regulations.	
	11	Sale Site Agreement	Provide completed Sales Site Agreement form(s) only if mobile unit will be serving from a single site longer than 1 hour. Sales sites must have a restroom with a plumbed handwashing sink and be within 500 feet of the mobile food unit, without crossing any major streets or intersections. Portable toilets do not meet this requirement. Multiple agreement letters may be needed.	
	12	Menu	Provide a detailed menu or a list of all the food and beverages you will be serving. Include condiments, baked goods, specials, and seasonal items. Only the listed menu items (or foods with similar preparation steps) may be served.	
	13	Food Preparation Steps	Provide completed Food Preparation Steps form. Include a description of how each menu item will be prepared. Identify which food preparation steps occur at the commissary and which food preparation steps occur onboard the mobile food unit.	
	14	Floor Plan	Provide a floor plan of the entire mobile food unit. The floor plan must show the location of all equipment (sinks, refrigeration, cooking, hoods, blenders, countertop appliances, etc.). The floor plan must be scaled no smaller than ¼ inch equals 1 foot.	
	15	Business License	Provide a copy of your Washington State Department of Revenue issued business license.	
	16	Fee	Include Application Fee.	



Mobile Food Unit Plan Review Application

Application must be completed in full and submitted with the correct fee.

Reviewed by _____ SCHD Initials

TYPE OF PLAN REVIEW (Check applicable box)

<input type="checkbox"/> \$1100 General Plan Review (PE 5672)	New Mobile Food Unit. Includes preoperational inspection.
<input type="checkbox"/> NO FEE Mobile Food Unit by Reciprocity (PE 56AN)	Mobile food units which are already permitted in another Washington State County and have all required documentation.
<input type="checkbox"/> \$305 Alteration to Existing Establishment or Revision of Approved Plan (PE 5685)	Changing your commissary or revising your approved plan. Includes preoperational inspection.

ESTABLISHMENT INFORMATION

Name: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Unified Business Identifier (UBI): _____

Vehicle Identification Number (VIN): _____

License Plate Number: _____

MAILING ADDRESS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

OWNER INFORMATION (should match business license)

Name: _____ Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

CONTACT INFORMATION (if different than owner)

Name: _____ Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

I understand I cannot open this food establishment until I have received written approval from the Snohomish County Health Department, obtained all annual operating permits, and have been inspected and approved by all applicable city, county and state agencies.

Signature of the owner or an officer of the legal ownership affirms the accuracy of the information provided in this application and that the permitted facility will be operated in compliance with the rules of the Washington State Retail Food Code (WAC 246-215).

Signature: _____ **Date:** _____

Print Name: _____

Facility name: _____

Acknowledgements

1. Have you read the Mobile Unit Requirements document?
 Yes No
2. I understand all refrigerators, sinks, and food equipment must be commercial grade (National Sanitation Foundation (NSF) standards or equivalent)?
 Yes No
3. I understand the mobile food unit must return to its approved commissary kitchen daily.
 Yes No
4. Have you submitted all items from the application checklist?
 Yes No
5. Have you submitted a Sales Site Agreement for each sales site where you will operate for at least 1 hour?
 Yes No
6. Do your Food Preparation Steps include which foods you prepare in the mobile unit and which foods you prepare in the commissary kitchen?
 Yes No
7. Have you submitted interior and exterior pictures of the mobile unit? (Recommended)
 Yes No

Operations

8. Will your mobile food unit operate at a fixed sales site for 1 hour or longer? If yes, please complete the Sales Site Agreement form for each proposed sales site.
 Yes No
9. During transport, all mechanical hot- and cold-holding equipment must run to maintain food temperature. How are hot- and cold-holding equipment powered during transit? *Please note: Some options may require approval from Washington State Labor and Industries (L&I).*
 Truck engine or battery Propane Generator Other _____
10. Where will you store the mobile unit overnight?

11. Will the mobile unit be connected to electricity overnight?

Yes No

12. Where will you store “to-go” containers, eating utensils, napkins, cups and other single service items?

a. Commissary:

b. Mobile Food Unit:

13. Where will you wash utensils?

Mobile Commissary Both

14. Where will you store clean dishes and utensils?

a. Commissary:

b. Mobile Food Unit:

15. How many sets of utensils will you have? _____

16. How often will you wash utensils? _____

17. Explain where chemicals will be stored onboard the mobile food unit?

18. Where will you dispose of trash? Check all that apply.

Commissary Sales Site County Dump Site

Set-Up/Display?

19. How will you display your menu? Check all that apply.

Menu display Sandwich board Paper menu

20. Do you plan to serve any raw or undercooked animal foods that will require a consumer advisory? (I.e. “over-easy” eggs, sushi)?

Yes No

21. If you answered yes to question 20, how will you display a consumer advisory on your menu?
(Required)

22. How will condiments be served? Check all that apply.

- Squeeze bottles
- Single-service packages
- Bulk (must be protected by sneeze guard, no refrigeration)
- Other _____

23. Will you provide seating? If yes, customers must have access to a plumbed restroom within 500 feet of the mobile food unit.

- Yes
- No

Construction

24. Does the mobile unit have attached floor, walls and ceiling? Open air trailers, units without walls and tents are not allowed.

- Yes
- No

25. Are all the surfaces (floors, walls, ceilings, countertops) on the mobile unit smooth, easily cleanable, and non-absorbent? Raw wood is not allowed.

- Yes
- No

26. Is all equipment permanently attached or mounted to the cart, truck or trailer? Detached equipment is not allowed.

- Yes
- No

27. Are all refrigeration, countertop appliances, sinks, cooking & hot holding equipment commercial grade (NSF standard or equivalent)? Please note: *Domestic freezers may be allowed.*

- Yes
- No

28. Is a vertical partition or a horizontal separation provided between the handwash sinks and all food preparation and dishwashing areas? (required)

- Yes
- No

Questions 29-35 for Mobile Trucks or Trailers Only

29. Does your mobile food unit have approval from Washington Labor & Industries (L&I)? If you haven't received approval yet, you must have it prior to the preoperational inspection.

- Yes
- No

30. Is a 3-compartment sink installed on the truck or trailer?

Yes No

31. Are drainboards attached to both ends of the 3-compartment sink?

Yes No

32. Are the compartments of the 3-compartment sink large enough to submerge and wash all equipment? If no, what equipment does not fit and how will it be washed?

Yes No

33. Does the faucet reach all compartments of the 3-compartment sink?

Yes No

34. Can you completely fill one compartment of the 3-compartment sink with hot water (110°F) without the water temperature dropping below 100°F at the hand sink(s)?

Yes No

35. Do all outside doors provide a tight-fitting seal to protect food during transport?

Yes No

Questions 36-42 for Mobile Carts Only

36. Is your menu limited to commercially pre-cooked items?

Yes No

37. Is a sneeze guard included on your mobile cart floor plan?

Yes No

38. If sneeze guard is vertical, is it at least 60 inches tall when measured from the ground?

Yes No

39. How do you transport the cart from the commissary kitchen to the sales site?

40. How do you keep the cart clean during transport?

41. How do you keep food and single-service items protected from contamination during transport?

42. Is your mobile cart readily movable?

Yes No

If no, please explain:

Facility name: _____

List **all food service equipment**, including make and model numbers. Examples include, but are not limited to refrigerators, sinks, stoves, ovens, steam tables, blenders, ice machines, ventilation hoods, and all countertop appliances. If make and model number cannot be found, a picture of the equipment is required. **The item numbers on this list must be the same as the item numbers for the equipment on the floor plan.**

Equipment must be commercial grade and meet American National Standards Institutes (ANSI) standards (NSF, ETL Sanitation or UL EPH listed). "Commercial", "Professional", and "Business" labels do not meet this requirement.

Sample Equipment List

# On floor plan	Kind of equipment	Make	Model #
1	2 Door upright refrigerator	True	T-49-HC
2	Ice machine	Manitowoc	IYT0300A
3	Rice cooker	Avantco	RW92
4	3-compartment dish wash sink (with 2 drainboards)	Advanced Tabco	FC-3-2030-20RL

# On Floor Plan	Kind of Equipment	Make	Model #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Extra space is provided on the next page if needed.

Facility name: _____

Provide the materials used for all floors, walls, coving, and ceilings.

- All bare wood surfaces (doors, trim, counters, shelves, cabinets, etc.) must be painted or sealed.
- Floors must be constructed of light colored, smooth, easily cleanable, non-absorbent material.
- Coving must be installed at all wall/floor junctions.
- Walls must be constructed of light colored, smooth, easily cleanable, non-absorbent materials. Provide Fiber Reinforced Plastic (FRP), laminate plastic, tile, or similar waterproof material on wall surfaces behind sinks, food preparation areas, and areas exposed to moisture.
- Ceilings must be constructed of light colored, smooth, easily cleanable, non-absorbent materials.
- All lighting over food preparation, handling and storage areas must have covers or shatterproof bulbs.
- For mobile carts, overhead protection must be provided at the site of operation for all food handling activities.

Sample finish schedule

Floors	<i>Diamond Plate</i>
Coving	<i>Stainless Steel</i>
Walls	<i>FRP</i>
Ceiling	<i>Stainless Steel</i>
Counters	<i>Stainless Steel</i>
Shelving	<i>Refrigerators and dry storage: stainless steel wire shelves</i>
Lighting	<i>All lights have covers</i>
Overhead Protection (Mobile Carts Only)	<i>Umbrella</i>

Finish schedule

Included on floor plans

Floors	
Coving	
Walls	
Ceiling	
Counters	
Shelving	
Lighting	
Overhead Protection (Mobile Carts Only)	

Facility name: _____

Itinerary and Advertisement

Social Media and Marketing	How do we find you?
Example: Instagram	Example: @SnoCo's Sno-Cones
<input type="checkbox"/> Twitter	
<input type="checkbox"/> Facebook	
<input type="checkbox"/> Instagram	
<input type="checkbox"/> Street Food Finder	
<input type="checkbox"/> Website URL	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	

Operating Plans

1. Do you intend to operate year-round?

Yes No

If no, explain:

2. Proposed days of operation:

- Monday Friday
- Tuesday Saturday
- Wednesday Sunday
- Thursday

3. Proposed hours of operation:

4. Proposed hours at the commissary:

Acknowledgments

5. I understand the employees of the mobile food unit must have access to a plumbed restroom if at any one location for more than one hour.

Yes No

6. I understand the plumbed restroom must be within 500 feet of the sales site and must be stocked with soap, paper towels, and hot water.

Yes No

7. I will send updated social media and marketing information to the Snohomish County Health Department annually or as changes occur.

Yes No



- I own **both** the business requiring and the business providing commissary services.
- This agreement between the commissary owner and the vendor signifies that both parties agree to the vendor's **access to and use of** the services identified below. The Snohomish County Health Department will not recognize any transfer of this agreement to food service facilities or persons not specifically identified in this agreement

Food Service Establishment requiring commissary support to qualify for a permit to operate

Name of Establishment:	
Owner of Establishment:	
Mailing address:	
Phone number(s):	
Email address:	
Business days & hours:	

The following services will be provided by the commissary:

Approved water supply (if yes, attach water/sewer form to application)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Handwashing sink	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved wastewater disposal (if yes, attach water/sewer form to application)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food preparation sink for vegetables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Garbage disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food preparation sink for raw meats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dry storage for food and single service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved 3-compartment sink	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refrigeration space _____cubic feet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved restroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Freezer space _____cubic feet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Entrance key for after-hours access	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ice in pounds per day _____lbs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Power Supply	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fryer Oil Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Walk-in Refrigerator/Blast Chiller	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Commissary sewage system	<input type="checkbox"/> Water/sewer form attached	
Commissary water system	<input type="checkbox"/> Water/sewer form attached	
Is this commissary connected to a septic system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a grease trap required by sewer district or building department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Commissary Agreement

I verify the information provided in this agreement is accurate and we are responsible to comply with the Washington State Food Code (WAC246-215) and will allow access for inspection during business hours for either business.

Commissary name:	
Commissary address:	
Business hours:	
Commissary owner's name:	
Commissary phone:	

Printed Name of Commissary Owner

Signature of Commissary Owner

Date

Printed Name of Food Service Establishment Owner

Signature of Food Service Establishment Owner

Date

FOR MOBILE FOOD UNITS

Washington State Retail Food Code Requirement (WAC 246-215-09126.4): The PERSON IN CHARGE shall document presence at the COMMISSARY on a log, maintain records for one year, and shall make the records available for inspection by the REGULATORY AUTHORITY upon request.

Please read through the following statements and initial to indicate your agreement:

_____ I, the mobile food unit operator, acknowledge that I will be required to maintain logs detailing when I visit my commissary, how often, and for how long.

_____ I, the mobile food unit operator, acknowledge that I will maintain the logs for a minimum of 1 year.

_____ I, the mobile food unit operator, acknowledge that the commissary logs may only be filled out and stored ON-BOARD the mobile food unit.

Fill out the following section if you will obtain fresh water or dispose of wastewater at a site other than your commissary.

Facility name: _____

Facility location: _____

This agreement between the servicing area owner and the vendor signifies that both parties agree to the access to and use of the services identified below. Snohomish County Health Department will not recognize any transfer of this agreement to food service facilities or persons not specifically identified in this agreement.

This section must be completed by the person in charge of the proposed servicing area.

Services provided (select all that apply):

- discharging liquid waste solid waste disposal
 refilling fresh water tanks vehicle/equipment cleaning

Is the facility connected to a septic system? Yes No

Is a grease trap required by sewer district or building department? Yes No

Servicing Area Sewage system Sewer bill or availability letter attached

Servicing Area Water system Water bill or availability letter attached

I, the servicing area provider, understand that this mobile food unit will be disposing of wastewater that may contain fats, oils, and greases. The mobile food unit is allowed to dispose of wastewater using our facilities.

I, the servicing area provider, understand that this mobile food unit will be filling their fresh water tanks using our facilities. The fresh water is from an approved public water system and the water connection area will be kept sanitary at all times.

Printed name of servicing area operator

Signature of servicing area operator

Date

Phone

Email address

Disposal. Liquid waste shall be emptied from the retention tank to an approved sewage disposal system every time the fresh water is filled. Wastewater must be removed so that a public health hazard or nuisance is not created. Dumping wastewater onto the ground, storm drainage, carwash facility, or other non-approved sanitary sewage system is not allowed. Written records of disposal (including date, location of disposal, and quantity emptied) should be maintained onboard for at least 6 months.



Facility name: _____

1. What size is the freshwater tank _____ gallons¹?

2. Where and how will you fill the freshwater tank²?

- Commissary Sales Site Servicing Area

How:

3. What size is the wastewater tank _____ gallons¹ (must be at least 15% larger than the freshwater tank)?

4. Where and how will you empty the wastewater tank³?

- Commissary Servicing Area Pre-approved wastewater dump site

How:

5. What size is the handwash sink?

_____ long, by _____ wide, by _____ deep

6. Are hot (minimum of 100F) and cold water available at the handwash sink?

- Yes No

7. What is the mechanical water pump's make and model number? _____

8. Can the mechanical water pump pressurize the hot and cold water systems to 20 psi⁴?

- Yes No

9. Water at the hand sink must be available on demand, without needing to turn power on between washing. Does the water pump turn on and off automatically?

- Yes No

10. The water heater must meet **hot water capacity**⁵ requirements. What is hot water heater's size, make and model number?

11. What size are the compartments of the 3-compartment sink?

_____ long, by _____ wide, by _____ deep

12. How many gallons of water does it take to fill up one compartment of the 3-compartment sink?

REFERENCE SECTION

Water tank sizing¹

The freshwater tank must be large enough to hold all water needed for an operation cycle (from time of fill of fresh water to disposal of wastewater). The following must be considered when sizing the needs for fresh water. Note: This list is cumulative and shall be added to determine max usage.

Handwashing sink(s). If unwrapped food is handled onboard, enough water must be available to allow for each food worker onboard to wash routinely and as required by code.

- o Allow for at least 1 gallon per food worker per hour of operation cycle.
- o Allow 2 gallons per food worker per hour with on-demand (rather than batched) raw meat prep.

Three compartment sinks. If TCS are prepared onboard, enough water must be available to fill two of the sinks to submerge on-board utensils every 4 hours. Operators that prepare (such as mix, cut, form) raw meat on-board will need to have one additional warewashing for batch operations or every 4 hours for on-demand raw meat preparation.

- o Operators that do not prepare raw meat and are able to maintain sufficient equipment to batch wash or use a commissary for warewashing may be considered for 1 full wash at end of day.
- o Operators using a commissary or servicing area for warewashing may be approved to batch utensils.

Produce prep sink. Self-contained mobiles and other units must purchase ready-to-eat fruits and vegetables or provide a dedicated sink for produce washing. Allow for 15 gallons per hour for continuous produce preparation; can be batched to once per day. Sink must be indirectly drained to the waste stream if the mobile food unit is permanently connected to water supply.

Meat prep sink. Self-contained mobiles marinating or preparing (mixing, cutting, or forming) raw meat in a sink basin will provide a sink dedicated for meat prep. Allow for 15 gallons per hour, batched to once per day or less frequent procedure if possible. Sink must be indirectly drained to the waste stream if the mobile food unit is permanently connected to water supply.

Additional fixtures. When other fixtures such as toilets, drink machines, running water dipper wells, or ice makers are provided, the water supply shall be sized to include the manufacturer specification for each figure.

Water source²

Fresh drinking water must be from an approved public water connection. Hoses used to fill onboard tanks must be food grade. Domestic/home sources of water and garden hoses are not permitted.

Wastewater collection and disposal³

Wastewater tank sizing. The wastewater tank must be sized at least 15% larger than the freshwater tank. This tank size does not include water requirements for ice machines, espresso units, and other fixtures that use water consumed as an ingredient.

Disposal. Liquid waste shall be emptied from the retention tank to an approved sewage disposal system every time the fresh water is filled. Wastewater must be removed so that a public health hazard or nuisance is not created. Dumping wastewater onto the ground, storm drainage, carwash facility, or other non-approved sanitary sewage system is not allowed. Written records of disposal (including date, location of disposal, and quantity emptied) must be maintained onboard for at least 6 months.

Water pressure⁴

Water under pressure must be provided to all fixtures and equipment required to use water (WAC 246-215-05140). Water pressure of at least 20 PSI is required for sufficient handwashing and to ensure basic performance within the mobile food unit. Additionally, equipment such as ice makers, water heaters, water softeners, water filters, refrigerators often have elevated water pressure demand as listed in manufacturer specifications.

A performance measure for water pressure at the handwashing sink is to fully open the taps and fill a 32-ounce container with warm water. The container should fill within 15 seconds.

Hot water capacity⁵

Wash water for dishwashing must be 110°F. One 3-compartment sink basin must be able to be filled at 110°F and still allow for at least 1 gpm of warm water at the handwashing sink within the recovery rate listed for the hot water heater.

Mobile Food Unit Name: _____

Directions: While filling out your cleaning schedule, you must include all cooking equipment, countertop appliances, permanent internal and external fixtures and specialty equipment. Specify the frequency of cleaning, how each item will be cleaned, and where each item will be cleaned. For additional guidance regarding Washington State Department of Health requirements for specific equipment, please read the reference section at the bottom of the document. The Cleaning Schedule must follow manufacturer's guidelines for any specialty equipment.

ITEMS TO INCLUDE IN YOUR CLEANING SCHEDULE (NOT COMPREHENSIVE)	
Specialty Equipment	Hood Vent, Water System Flushing, Refrigeration Unit Coils, Fans, Deep Fat Fryers, etc...
Cooking Equipment	Grill, Flat top, Deep Fat Fryer, Stove, Oven, etc...
Countertop Appliances	Steam Table, Blender, Espresso Machine, Rice Cooker, Mixers, etc...
Cold Holding Equipment	Preparation Cooler, Freezer, etc...
Internal Fixtures	Floors, Walls, Ceilings, Countertops, Shelving, Cupboards, 3-Compartment sink, Behind cooking equipment, etc...
External Fixtures	Windows, Doors, Service Counter, etc...
Miscellaneous	Wiping Cloths, In-Use Utensils, Cutting Boards, Floor Mats, Trash Removal, etc...

Proposed Cleaning Schedule

Equipment	Frequency	Location	Process
<i>Example: Deep Fryers</i>	<i>Weekly</i>	<i>Commissary</i>	<ol style="list-style-type: none"> 1. Empty oil at commissary 2. Wash, rinse and sanitize the equipment 3. Refill with fresh oil 4. Fasten the tight-fitting lid for transport.
<i>Example: Refrigerators</i>	<i>Daily</i>	<i>Commissary</i>	<ol style="list-style-type: none"> 1. Empty food preparation cooler and relocate all items to commissary refrigeration. 2. Wash the cooler top and reach-in section with warm, soapy water. 3. Rinse the top and reach-in with a wet wiping cloth. 4. Sanitize the cooler with bleach water at 100ppm.

Equipment	Frequency	Location	Process

Equipment	Frequency	Location	Process

REFERENCE SECTION

Dishwashing. Like all food establishments, all utensils used to prepare Time/Temperature Control for Safety food must be washed, rinsed, and sanitized every 4 hours of use or after each use with raw meat. Due to space and water limitations, most mobile operators bulk wash their utensils at the commissary location. Self-contained mobiles that do not use a commissary will need to address the potential increase in water usage.

Food Contact Equipment. Pieces of equipment used for food preparation such as blenders, slicers, large cutting boards, large bowls, and mixers require frequent washing when used with Time/Temperature Control for Safety food. In addition to needing a dedicated food prep area, the pieces of equipment will require a full sanitizing cycle every four hours of use, and will be considered in the water capacity requirements

Specialty Equipment. This equipment may have unique cleaning schedules. Cleaning methods and frequency should follow the manufacturer's guidelines.

Floors, walls, ceilings, non-food contact surfaces, and exterior of mobile. Mobile food units are required to keep the working environment clean and clear of excessive debris, grease, noxious fumes, and dirt. Floors, walls and ceilings must be thoroughly cleaned at least monthly.

Unlike food establishments with dedicated plumbing, recycling, and garbage units, mobiles must have partnerships with other locations to properly wash their units and dispose of garbage and surface water. All equipment needed for cleaning the mobile must be maintained away from food and food contact surfaces on the mobile unless they are stored at an approved commissary or servicing location.

Hood filters and other pieces of equipment. Operators that need to clean hood filters, grease traps, or other grease-laden equipment will need to have a plan for cleanout following the manufacturer recommendations for cleaning frequency with a method of disposal for the wastewater. (Note: domestic or Type II hood filters do not need a specialized cleaning protocol.)

Cleaning of Exhaust Hood should follow cleaning schedule as outlined in NFPA 96:

Monthly	Solid Fuel Cooking appliances
Quarterly	High volume/24-hour
Semi-Annually	Moderate/routine volume operations
Annually	Low volume/seasonal operations

Cleaning protocol may indicate a service provider if cleaning records are maintained.

Deep fat Frying. Deep frying in grease or oil generates additional equipment needs for the mobile operator. In addition to a Type 1 hood over the entire cooking surface, the presence of fats, oils and grease require a standard operating procedure for handling grease in a mobile unit. While most grease-generating food facilities have access to high pressure or high temperature hoses to clean floor and wall surfaces, the mobile operator will need to have alternate plans to maintain a clean trailer. For self-sufficient mobiles, a 20-pound grease collection unit between the 3-compartment sink and the wastewater tank or alternative cleaning procedure should be required. In addition, an SOP indicating cleaning frequency, procedures, and location must be provided.

Water system flushing. The fresh water tank will be flushed and sanitized according to manufacturer suggested specifications and at least annually or after usage disruptions of 14 days or more.

General water system flushing guidelines (provided for basic understanding, follow manufacturer directions):

1. Drain the fresh water tank, hot water tank, and all water lines.
2. Determine the size of your water system—add the size of fresh water tank, the size of hot water tank storage, and 2-3 gallons for the water lines servicing your mobile unit.
3. Mix food grade chlorine bleach with water prior to adding to the fresh water tank. For pressurized systems, add the bleach water solution to the food grade hose before connecting to the approved water supply.

Fresh Water Size	Amount of Chlorine Bleach	Mix with water
40 gallons	1 cup	4 gallons
50 gallons	1.25 cup	5 gallons
60 gallons	1.5 cup	6 gallons

4. Continue to fill the tank with fresh water.
5. Open all faucets (hot and cold) and run the water until the smell of chlorine bleach is noted. Turn off the faucets.
6. Allow the system to sit for at least 4 hours or overnight.
7. Drain and rinse the water lines with fresh water until the smell of chlorine bleach is not noted.
8. Fill the tank to resume food service.

Facility name: _____

List all food and beverage suppliers you will be using for which foods, ingredients and other needed supplies. Please look at the example provided and complete the blank table below, listing each supplier, and the products you plan to purchase from each one. The list does not have to be fully exhaustive or specific, but rather a general overview of your sources for foods such as meats, dairy, produce, dry goods or commercially prepared foods and food-contact utensils.

This list is provided as an example only and for the convenience of the user. This should not be taken as an endorsement by the Snohomish County Health Department. This is not a complete list of available suppliers.

Example Food Source List:

Name of supplier	Products Received
Charlie's Produce	Fresh Fruits, Fresh Vegetables
US Foods Chef Store	Coffee Syrups, Frozen Produce, Dairy Products, Bottled Sodas
Costco Wholesale	Raw meats, eggs
Sysco	Canned goods, commercially prepared dressings, flour
Restaurant Depot	Takeout boxes, silverware
Pacific Seafood	All seafood on menu

Your Food Source List

Name of Supplier	Products Received

Facility name: _____

A Sales Site Agreement is required for each location a mobile unit will visit for more than 1 hour. The sales site owner agrees to provide the mobile unit operator use of the services specified below. Changing or canceling this agreement will result in closure of the mobile unit. This agreement is not transferable.

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

Equipment/Service	Yes	No	
Restroom access.....	<input type="checkbox"/>	<input type="checkbox"/>	*
Restroom is within 500 feet of the mobile unit	<input type="checkbox"/>	<input type="checkbox"/>	* *Minimum requirement
Restroom hand sink has hot and cold running water	<input type="checkbox"/>	<input type="checkbox"/>	*
Restroom hand sink is stocked with soap and paper towel dispensers ..	<input type="checkbox"/>	<input type="checkbox"/>	*
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 for customers at sales site location.....	<input type="checkbox"/>	<input type="checkbox"/>	
Overnight storage of mobile unit.....	<input type="checkbox"/>	<input type="checkbox"/>	
Use of restroom requires a key.....	<input type="checkbox"/>	<input type="checkbox"/>	
Electricity is provided.....	<input type="checkbox"/>	<input type="checkbox"/>	

Mobile Unit

Mobile Unit Name _____

Hours of Operation _____

I own both the mobile unit and the sales site.

Sales Site

Sales Site Name _____

Sales Site Address _____

City _____ State _____ Zip _____ Parcel Number _____

Hours of Operation _____

Phone _____ Email _____

Sales Site Owner Name (please print) _____

Sales Site Owner Signature _____ Date _____

If you have more than 1 sales site, make additional copies of this agreement.

Provide copies of your menus. Include all food and beverages you will serve. If the facility is a grocery store serving only fruits, vegetables or commercially prepackaged food, a list of goods sold may be submitted in place of the menu. Be sure to include specials and seasonal items. **Only food and beverages listed may be served. Submit copies of all breakfast, dinner, lunch, bar/lounge, happy hour, kids, catering, and online menus, fresh sheets, table tops or menu boards.** If a menu board will be used, provide photographs of the menu showing all food and beverages listed. All menu items must be readable in photographs.

A **consumer advisory** is required for all food of animal origin that is offered raw, undercooked or cooked to the customer's specification. Be sure all menu items requiring a consumer advisory are clearly identified and remind the patron that consuming these foods may result in foodborne illness.

The menu, food preparation steps, and the mode of operation may be restricted to protect public health (WAC 246-215).

Sample Menu

AAA #1 Drive In

Breakfast

Pancakes.....	\$2.00
Eggs*, hash browns, bacon, toast.....	\$3.00
Oatmeal.....	\$2.00

Lunch

Ham sandwich.....	\$3.00
Pho soup*.....	\$3.00
Rib eye steak*.....	\$10.00

Dinner

Prime rib*.....	\$10.00
Shrimp pasta.....	\$10.00
Deluxe cheeseburger*.....	\$10.00
Chicken salad.....	\$10.00

Salads

Mixed greens.....	\$3.00
Romaine.....	\$3.00
Caesar*.....	\$3.00

Beverages

Fountain beverages	
Large.....	\$3.00
Medium.....	\$2.00
Small.....	\$1.00
Coffee.....	\$1.00
Tea.....	\$1.00

* These menu items are served raw, undercooked or cooked to your specification.
Consuming raw or undercooked food may increase your risk of foodborne illness.

Facility name: _____

Commissary

List each menu item and explain the order of food preparation steps:

FOOD	thaw	wash / rinse	cut / assemble	cook / bake	cool	cold holding	reheat	hot holding	portion / package	storage
Example: Clam Chowder			X	X	X	X				
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

Mobile Food Unit

List each menu item and explain the order of food preparation steps:

FOOD	cold holding	cook / grill	reheat	hot holding	assemble	other
Example: Clam Chowder			X	X		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Note: If your preparation procedures cannot fit in these charts, please list all the steps in preparing each menu item on a separate sheet.

d. Who will monitor and verify these procedures are being followed?

NOTE: If the mobile food unit does not have adequate space to prepare raw meats, all raw meat preparation must occur in the commissary kitchen.

3. Will you cook any raw meat onboard the mobile food unit that is greater than 1 inch thick? If yes, please answer the following questions. If no, please skip to question 4.

a. How will the meat be cooked?

b. Will you hot hold meat throughout the day?

Yes No

c. How will you hot hold meat throughout the day?

NA

d. What will you do with these leftover cooked meats at the end of the day?

Discard Cool

4. Will you prepare produce onboard the mobile food unit? Select all that apply.

Wash Slice Chop/Dice NA Other _____

5. Will any foods be reheated onboard the mobile food unit? If yes, explain what equipment will be used to reheat foods.

6. List all cold beverages and describe where they will be kept cold.

7. Where will you store refrigerated foods each night?

8. If you will make/assemble food upon order (i.e. sandwiches, tacos, hamburgers) with cold items (i.e. lettuce, tomato), a food preparation refrigerator must be installed. Will you make food to order?

Yes No

9. What will you do with leftover cooked or hot held foods each night?

Discard Cool at commissary Other



SNOHOMISH COUNTY HEALTH DEPARTMENT

Example Floor Plan

#	Item Name	Qty	Make	Model
1	Freezer	1	ACME	F-158Z4
2	Refrigerator 8x8 walk-in	1	ACME	R-789W1
3	Rice cooker	1	ACME	CR-943
4	Deep fryer	1	ACME	DF-876
5	Char-Broiler	1	ACME	CB-123
6	Gas range	1	GAPP	GR-332
7	Work table	4	ACME	CW-3323
8	3-compartment dish wash sink (with 2 drainboards)	1	ACME	EQ-4LOC
9	Dishwasher	1	GAPP	S-3CND
10	Shelving	5	ACME	DW-1234
11	Refrigerator sandwich prep	1	GAPP	EQ-3S
12	1-compartment produce food prep sink (with drainboard)	1	ACME	S-FPMD
13	Mop sink	1	ACME	S-MOP
14	Hot water heater	1	GAPP	HW-123G
15	Ice machine	1	ACME	IM-987
16	Soda pop fountain dispenser	1	ACME	SP-5000
17	Handwash sink w/ mount	4	ACME	S-HWM
18	Handwash sink	4	ACME	SP-5000
19	Porcelain	4	ACME	SP-5000
20	Handwash sink	4	ACME	SP-5000
21	Cash register	1	POS	CR-5692
22	Coffee maker	1	GAPP	CM-3745
23	Food ventilation	1	GAPP	EG-HV500
24	Food warmer	1	ACME	EG-HV1000
25	Refrigerator 2 door beverage cooler	1	GAPP	R-2008C
26	Shelving 12 stainless steel	5	ACME	ES-6TL
27	Employee storage	1	ACME	ES-6TL
28	1-compartment raw meat/seafood food prep sink (with drainboard)	1	ACME	S-FPMD

- One floor plan must be submitted with the name and address of establishment, contact person and phone number.
- Each plan must be drawn to scale (no smaller than 1/4" = 1') and show in detail the following:
 - Number, type and location of all sinks and drainboards.
 - Refrigeration and cooling equipment.
 - Food preparation and service areas.
 - Employee restrooms.
 - Customer restrooms (required if you have indoor or outdoor seating).
 - Dry goods storage area (show detail of shelving area and describe type of shelving).
 - Employee storage (required).
 - Service, bus or wait areas.
- All equipment must be labeled on the floor plan and correspond to the equipment list.

Facility Name: AAA #1 Drive In
Facility Address: 123 Main Street, Everett, WA 98201
Contact Person: J. D. Public
Contact Phone: (425) 339-5250

Scale 1/4" = 1'

