



IREDELL COUNTY ENVIRONMENTAL HEALTH
Food Protection and Facilities
MOBLE FOOD ESTABLISHMENT PLAN REVIEW CHECKLIST

Plans must include:

1. An aerial view floor plan accurately drawn to scale showing equipment and
2. A cross section view showing plumbing lines, water tanks, water heaters, electrical lines and panels

Plans MUST be submitted along with the following items:

1. A thoroughly complete MFU Plan Review Application
2. Proposed menu
3. Manufacturer specifications sheets for each piece of equipment (corresponding to site plan), including water heater and power inverter.
*All equipment with exception of microwaves, mixers, and pop-up toasters must be NSF listed, UL classified for sanitation (EPH), ANSI, CE (European) or must be constructed to meet NSF standards. Push Carts must also meet this requirement.
4. A \$250.00 Plan Review Fee

Plans and specifications should include:

1. Location of all food service equipment with each piece of equipment numbered, with a corresponding (numbered) spec sheet. If specification sheets include more than one piece of equipment, identify which is the relevant item.
2. Location of refrigeration and hot holding equipment, prep tables, shelving, wall mounted shelves, hood
3. Location of dishwashing facilities, including air drying shelves and racks
4. Separate food preparation sinks (when menu dictates) labeled & located to prevent cross-contamination of raw & ready to eat foods.
5. Hand washing sinks
6. Location of customer self-service areas
7. Toilet facilities, if applicable
8. Finish schedule for all surfaces including floors, walls, ceilings, and coved juncture bases.
9. Plumbing schedule to include:
 - a. Potable water supply lines
 - b. Waste water lines
 - c. Hot water generating equipment
10. Electrical layout and location of electrical panels, outlets and generator

REQUIREMENTS CAN BE FOUND AT:

NC Food Code Manual: <http://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf>

.2600 Rules for Food Establishments: <http://ehs.ncpublichealth.com/docs/rules/294306-26-2600.pdf>

Detach this page for your reference

IT IS HIGHLY RECOMMENDED YOU SPEAK WITH AN INSPECTOR BEFORE SUBMITTING THIS APPLICATION. PLEASE CALL BETWEEN 8-9AM.

**LP gas connections are required to be inspected by a certified inspector, please contact the North Carolina Dept. of agriculture and customer services at <http://www.ncagr.gov/standard/LP> to schedule an appointment. **

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office

349 North Center Street
Statesville, NC 28677
704-878-5305 x 3456 (phone)
704-871-3483 (fax)



Mooresville Office

610 East Center Avenue
 Mooresville, NC 28115
704-660-3625 (phone)
704-662-3239 (fax)

PLAN REVIEW APPLICATION FOR MOBILE FOOD UNIT / PUSHCART

*****DO NOT LEAVE ANY BLANK SPACES. WRITE N/A IF NON-APPLICABLE. *****
ANY CHANGE IN OWNERSHIP REQUIRES A NEW PERMIT--PERMITS ARE NOT TRANSFERRABLE

Date of application: _____
Name of business: _____
Name of Owner: _____
Mailing Address: Street or PO Box: _____
City: _____ State: _____ Zip Code: _____
Telephone (____) _____
E-mail address _____
Emergency Phone Number (____) _____

Food Truck/tralier's VIN number _____ License plate number _____
Proposed opening date? _____
Proposed location(s) of service set up? _____
Applicant (if different than Owner) _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (s): _____ Email: _____

Establishment is owned by: Association _____ Corporation _____ Individual _____
Partnership _____ Other Legal Entity _____

Attach names, titles and addresses of persons comprising the legal ownership including the owners and officers and the local resident agent if one is required based on the type of legal ownership.

TYPE OF FOOD SERVICE:

Mobile Food Unit

Push Cart

Hours of Operation:

Sun	Mon	Tue	Wed	Thur	Fri	Sat

Projected number of meals served between trips to commissary:

Breakfast: _____ Lunch: _____ Dinner: _____

Estimated travel time from commissary to operating/serving sites: _____

How will food temperatures be maintained during transit? _____

COMMISSARY INFORMATION:

*If food commissary is on a septic system or a well, approval must be granted from the Health Department *prior* to submission of this application. Please contact the Onsite Water Protection Environmental Health Specialist in the appropriate office.

Where exactly will the following food and supplies be stored in the Commissary?

Cold foods? _____

Frozen foods? _____

For the following, fill out based on the amount of dedicated storage space for your cold and frozen foods

Reach-in refrigerator storage: _____ ft³ Reach-in freezer storage: _____ ft³

Walk-in refrigerator storage: _____ ft³ Walk-in freezer storage: _____ ft³

Dry goods? _____

Paper products? _____

Chemical storage? _____

Equipment storage (utensils, pot, pans, etc.)? _____

What time(s) of day will you be at the Commissary servicing your unit / preparing food? _____

Will the restaurant order food for you? _____ If NO, where will you purchase food? _____

What is the proposed frequency of deliveries? _____

Indicate any specialized processes that will take place. Check all that apply:

- Reduced Oxygen Packaging (i.e. vacuum packaging, sous vide, cook-chill)
- Smoking Acidification (sushi rice, chow chow, etc.)
- Curing Sprouting Seeds or Beans Other

Explain checked processes: (Attach HACCP Plan)

Are you requesting a variance per Food Code 3-502.11? Yes * No

*If yes, attach Variance application to this form.

Will any food additives be used? (Sulfites, food dyes, etc.) Yes* No

*If yes, please explain: _____

Will any meats be par cooked? Yes* No

*If yes, please attach SOP for process to this form.

Will any meats, seafood, shellfish, poultry or eggs be served or sold raw or undercooked? Yes* No

*If yes, please indicate which items: _____

Will sushi or sashimi be served? Yes * No

*If yes, indicate supplier of fish: _____

* How will parasites be destroyed? (per Food Code 3-402.11): _____

Will any foods be packaged for retail sale (i.e. grab-n-go sandwiches, soups, salads, etc)? Yes* No

*If yes, please indicate which items: _____

Will foods be hot held at commissary? Yes* No

*If yes, please list items. _____

COOLING AT COMMISSARY: Indicate by placing an X in the appropriate boxes how cooked food will be cooled to 41°F (7°C) within 6 hours. If "Other" is checked indicate type of food.

Cooling Process	Meat	Seafood	Poultry	Sauces	Soups	Cut Vegetables	Other _____
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THAWING AT COMMISSARY: Indicate by placing an X in the appropriate boxes how food in each category will be thawed. If "Other", indicate type of food.

Thawing Process	Meat	Seafood	Poultry	Other _____	Other _____	Other _____
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running water (less than 70°F (21°C))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOOD HANDLING PROCEDURES AT COMMISSARY

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.

Explain the handling procedures for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where (prep table, sink, counter, etc.) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)

Ready-to-eat Foods _____

Meat _____

Poultry _____

Produce _____

Will ice be: Obtained from commissary Purchased from _____

DISHWASHING FACILITIES at Commissary:

Hand Dishwashing:

Three Compartment sink is required with bays large enough to accommodate largest utensil

1. Number of sink compartments: __ Size of sink compartments (inches): Length: _____ Width _____
Length of drain boards (inches): Right: _____ Left: _____

2. What type of sanitizer will be used? Chlorine Iodine Quaternary Ammonium
 Hot Water Other (specify) _____

Mechanical Dishwashing:

1. Will a dish machine be used? Yes No

Dish machine manufacturer and model: _____

2. Type of sanitization: Hot water (180°F) Chemical

General:

1. Describe how cooking equipment, cutting boards, slicers, counter tops & other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned & sanitized: _____

2. How will in-use sanitizer be held? Buckets with towel Spray bottles Other _____

3. Type of sanitizer used: Chlorine Quaternary Ammonium

4. Describe location & type (drain boards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

5. Square feet of air drying space: _____ ft²

Will food containers and utensils be washed on the Mobile Food Unit? Yes* No

*If yes, a 3-compartment sink will be required on the unit. Describe the sink and procedures for washing these items under the Mobile Food Unit information section below.

WATER SUPPLY & SEWAGE

Is water supply: Municipal* Well** If Well: Number of Connections: _____

Describe how potable water tanks will be filled: _____

*Municipal Water Supply: City of Statesville Town of Mooresville Energy United
 Town of Troutman Iredell County Water Aqua America West Iredell Water
 Other _____

Is sewer: Municipal Septic**

Describe how waste water will be disposed: _____

**If food commissary is on a septic system or a well, approval must be granted from the Health Department prior to submission of this application. Please contact the Onsite Water Protection Environmental Health Specialist in the appropriate office.

**Have applications been submitted to Health Dept. for well and septic approval? Yes No

MOBILE FOOD UNIT INFORMATION:

Total Square Footage of unit: _____

Size of potable water tank: _____ gallons

Total amount of potable water stored on unit = (tank-type water heater + potable water tank): _____ gallons

Size of waste water tank: _____ gallons (*note, waste tank must be at least 15% larger than total amount of potable water in water heater and potable water tank)

WATER HEATER:

Tankless (recommended) :

a. Manufacturer and model: _____

b. Water heater recovery rate in gallons per minute (GPM) _____

Storage Tank type:

a. Manufacturer and model: _____

b. Storage capacity: _____ gallons

c. Water heater recovery rate in gallons per hour (GPH): _____

What type of in-use sanitizer will be used? Chlorine Quaternary Ammonium
 Hot Water Other (specify) _____

HOT HOLDING: Indicate foods that will be hot held on unit _____

COLD HOLDING: Indicate foods that will be cold held on unit _____

What type of containers will be used to store cut vegetables, sauces, dry goods, etc. _____

Cubic-feet of REACH-in and prep table cold storage on Mobile Food Unit:

Reach-in refrigerator storage: _____ ft³ Prep table storage: _____ ft³

Reach-in freezer storage: _____ ft³

THAWING ON UNIT: Indicate by placing an X in the appropriate boxes how food in each category will be thawed. If "Other", indicate type of food.

Thawing Process	Meat	Seafood	Poultry	Other _____	Other _____	Other _____
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running water (less than 70°F (21°C))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOOD HANDLING PROCEDURES ON UNIT

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.

Explain the handling procedures for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored to prevent cross-contamination of raw and ready to eat foods.?
- Where (prep table, sink, etc.) and how the food will be handled (washed, cut, marinated, breaded, cooked)

Ready-to-eat Foods _____

Meat _____

Poultry _____

Produce _____

FINISH SCHEDULE OF UNIT Indicate surface materials (stainless steel, aluminum, FRP, tile, etc.)	
Floor	
Walls	
Ceiling	
Base	
Pass Window	
Built in Cabinetry	
Dry Storage	

NOTE **ALL FOOD STORAGE UNITS, SHELVING, ETC. MUST BE NSF/ ANSI APPROVED FOR COMMERCIAL USE. WOOD IS NOT APPROVED******

DRY STORAGE ON MOBILE FOOD UNIT:

Square feet of dry storage space: in ft³ -----

Where will dry goods (including paper products) be stored on unit? -----

What type of shelving is provided in storage areas? -----

INSECT AND RODENT PREVENTION AND CONTROL:

How is pest protection provided on all outside doors?

Self-closing door Fly Fan Screen Door

How is pest protection provided on windows that open, including drive thru?

Self-closing Fly Fan Screens

Will any insect control devices (i.e. zapper) be installed? Yes* No

*If yes, please indicate location:

Location of insecticide/rodenticide storage:

I ATTEST THE FOLLOWING:

- I HAVE SUBMITTED DRAWINGS OF THE PROPOSED MOBILE FOOD UNIT THE LOCATION OF EQUIPMENT IS SHOWN ON THE PLANS
- I HAVE SUBMITTED A NUMBERED EQUIPMENT LIST & RESPECTIVELY NUMBERED MANUFACTURER SPEC SHEETS FOR EACH PIECE OF EQUIPMENT (INCLUDING WATER HEATER)
- I HAVE SUBMITTED A PROPOSED MENU
- I HAVE PAID THE PLAN REVIEW FEE OF \$250.00

CONSTRUCTION OR RENOVATION MAY NOT BEGIN UNTIL PLANS HAVE BEEN APPROVED. I ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION, AND I UNDERSTAND THAT ANY DEVIATION WITHOUT PRIOR APPROVAL FROM THE IREDELL COUNTY HEALTH DEPARTMENT MAY NULLIFY PLAN APPROVAL.

Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of \$50 to defray a portion of the costs of processing the refund.

Signature: _____ Date: _____

(Owner or Responsible Representative)

I am aware that I must contact the health department with any set-up location, or operating schedule changes or my permit may face suspension.

Signature: _____ Date: _____

(Owner or Responsible Representative)

Intentionally left blank:

Please use this space for any additional notes you want to add.



Public Health
Prevent. Promote. Protect.

Iredell County Health Department

PERMISSION AGREEMENT FORM

**This form must be returned along with the application for a Pushcart/Mobile food unit to the office servicing your event:*

Name and address of the restaurant/food stand that is giving permission for the pushcart /mobile food unit to operate from their facility:

Title 15A NCAC (North Carolina Administrative Code) 18A .2600 "Sanitation of Restaurants and Other Food handling Establishments" specifies in Section .2638 "General Requirements For Pushcarts and Mobile Food Units" that:

"(f) [Pushcarts and mobile food units] shall operate in conjunction with a permitted restaurant and shall report at least daily to the restaurant for supplies, cleaning and servicing."

Permission is given to _____ to operate a pushcart/mobile food unit in conjunction with my facility. I understand the applicable regulations require that the unit report daily to my establishment for supplies, cleaning, and servicing (including replenishing of any on-board water supply and disposal of all solid and liquid wastes). I agree to allow all supplies for the unit to be stored on my premises and understand that the State rules do not permit supplies for such facilities to be stored in any private residence. I understand that any sanitation deficiencies resulting at my restaurant, even if directly or indirectly related to the operation of the pushcart/mobile food unit, will be reflected in the sanitation grade of my restaurant. This agreement shall stay in effect as long as I am the restaurant owner/operator, unless rescinded by notifying the pushcart/mobile food unit owner and the Environmental Health Section of the Iredell County Health Department in writing.

I, the commissary operator, can and will provide the necessary facilities for the above-mentioned unit at my permitted facility as checked below:

Please note that everything in bold and underlined must be checked.

- Preparation of food utensil wash/can wash store refrigerated/frozen food
- electrical hook ups store dry goods store supplies
- toilet & handwashing overnight parking supply food products
- waste tank sewage disposal facilities

Will the client have access to the building at all times? ____ YES ____ NO*

*if no, what will be the schedule for access? _____

Signature of Restaurant/Foodstand Owner _____

Phone Number () _____ E-mail _____ Date _____