

MOBILE FSO/RFE PLAN REVIEW APPLICATION AND GUIDELINES



LICENSING PROCESS FOR A MOBILE FSO/RFE

1. Prior to construction of a new mobile food operation, a detailed set of plans must be submitted to this office for review along with the Mobile FSO/RFE Plan Review Application.
2. The receipt date of a complete set of plans will be noted and the plans will be reviewed and the license holder will be notified of an approval or disapproval within 30 days. The plans are reviewed to ensure against problems with the pattern of food flow and to ensure compliance with all existing rules and regulations.
3. Upon the completion of the mobile food unit, contact the City of Middletown Health Department for an inspection. The mobile unit must be completely set up and all equipment must be on and operational at the time of the inspection.
4. Submit a completed Application for a License to Conduct a Food Service/Retail Food Establishment and the appropriate fee amount to obtain your mobile license.



This information is intended to be a brief outline of some of the requirements needed for a mobile food service operation. It is in no way to be construed as being all the requirements needed to operate a mobile foodservice operation. The local health department, Chapter 3717 of the Ohio Revised Code, and Chapter 3717-1 of the Ohio Administrative Code should be consulted to assure that all applicable criteria have been addressed.

GUIDELINES FOR LICENSING A MOBILE FSO/RFE

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan, accurately drawn to scale. This is to allow for ease in reading plans.
2. Include the proposed menu and projected meal volume for the food operation.
3. Each piece of equipment must be clearly labeled on the plan with its common name.
4. All equipment (i.e. coolers, freezers, grills, griddles, ranges, etc.) must be commercial grade **NSF** approved. Homestyle equipment is **not** permitted.
5. All interior surfaces must be smooth and easily cleanable.
6. A three (3) compartment sink to wash, rinse and sanitize all food contact equipment is needed. The basins of the sink must be large enough to accommodate the largest piece of equipment that must be washed, rinsed and sanitized.
7. A separate hand sink with hot and cold running water under pressure must be provided and stocked with soap and paper towels.
8. The mobile must be equipped with a fresh water holding tank or water under pressure by some means that supplies water to the three (3) compartment sink and hand sink. Note that if fresh water holding tank is not used, your mobile can only set up at events where there will be potable water hook-ups under pressure. A NSF -61 food grade hose will be required.
9. Fresh water tank inlet shall be $\frac{3}{4}$ inch in inner diameter or less. Water connections must be made to the unit and inside the unit with food grade hoses only (NSF 61). An A.S.S.E. No. 1024 or No. 1012 backflow protection device must be installed on the exterior unit on the water supply inlet. Waste water holding tank shall be sloped to a drain that is one inch in inner diameter or greater and equipped with a shut off valve. Waste water hoses must be clearly marked as such and can never be used to supply potable water to the unit.
10. The mobile must be equipped with a water heater or other water warming device that supplies hot water to the 3 compartment sink and the hand sink.
11. The mobile must be equipped with a waste water holding tank 15-20% larger than the fresh water holding tank. A portable waste water holding tank is not permitted due to lack of proper seal.
12. Water for the fresh water holding tank must come from a municipal source and all waste water must be disposed of in a public sewer not in a storm sewer or on the ground.
13. All foods to be held hot, must be held at 135 degrees Fahrenheit or higher and all foods to be held cold must be held at 41 degrees Fahrenheit or less.
14. All foods on display (e.g. condiments, single service portions, etc.) must be protected from contamination with lids and or screening, or by using single service packets.
15. All foods must come from approved sources. Foods must be purchased from a retail food store and prepared and stored in the mobile unit. **No food can be prepared in the home for sale on the mobile.** (No home canned products can be used).
16. Each operator of a mobile food service/mobile retail operation must conspicuously display the name of the operation, the **city of origin**, and the **area code** and **telephone number** on the exterior of the mobile. The name and city of origin of the food service operation shall be displayed with individual lettering measuring **at least three inches high and one inch wide**.

Contact the City of Middletown City Zoning Department at 425-7922 regarding approved Setup locations within the City of Middletown.

Mobile units may not remain at any one location for more than 40 consecutive days.

Below are examples of logos of certified Testing agencies.
Equipment that have these labels are approved for Food Service Operations and Retail Food Establishments.








Bakery Equipment Certification

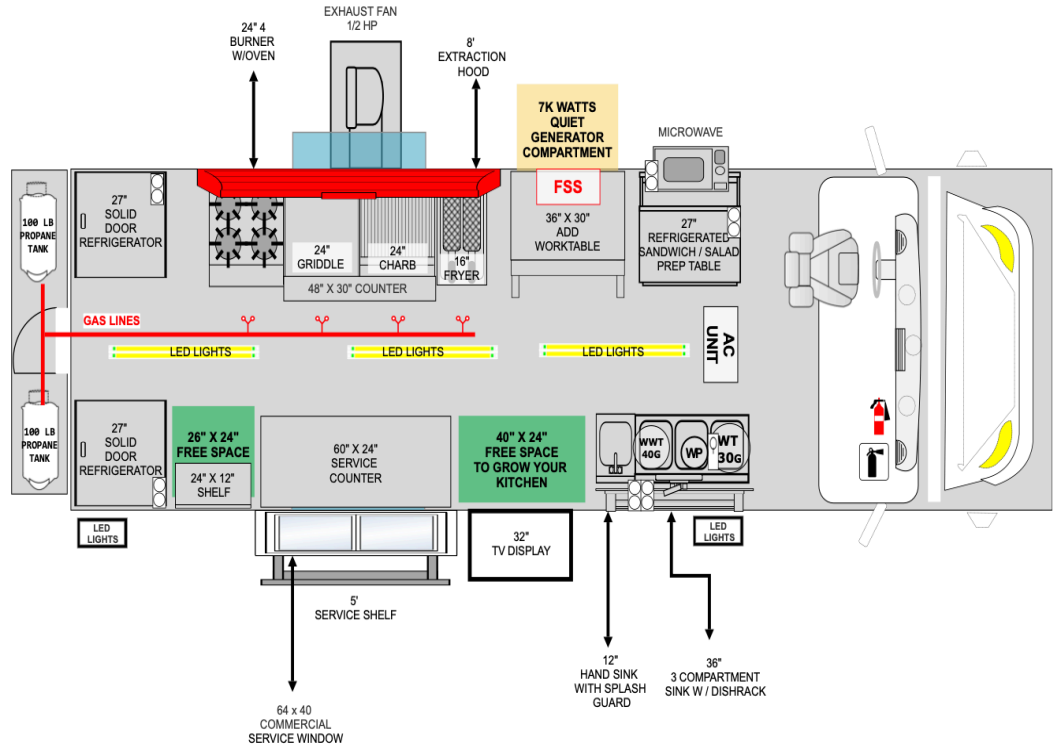


EXAMPLE OF MOBILE LAYOUT

18' DELUXE FOOD TRUCK
KITCHEN SIZE: 18' L x 86.5" W x 76" H

LEGEND/KEY

SYMBOL	DESCRIPTION
	GAS VALVE
	WASTE WATER TANK: 40 GAL. UNDERCOUNTER INSTALLED
	FRESH WATER TANK: 30 GAL. UNDERCOUNTER INSTALLED
	WATER PUMP UNDERCOUNTER INSTALLED
	2.5 GAL. WATER HEATER UNDERCOUNTER INSTALLED



MOBILE FSO/RFE PLAN REVIEW APPLICATION

No Plan Review fee

License fee: 123.00

Date: _____

Type: FSO _____ RFE _____

Category: Concession Trailer _____ Tent Mobile _____ Push Cart _____

Establishment Information:

Name of Operation: _____

Name of Owner: _____

Address of Owner: _____

Telephone: _____ Email: _____

License Plate # of Unit: _____

Applicant/Owner Information:

Applicant Name _____

Mailing Address _____

Phone: _____ Email: _____

Complete Menu (Attached if necessary):

Plans Attached Yes _____ No _____

Plans to include layout of mobile unit/tent set-up (include all equipment)
(see page with mobile layout example)

QUESTIONNAIRE

Please answer all questions completely.

1. Provide the size of the three compartment sink basins and drain boards or counter area near the sinks: length, width, and depth of sinks.

2. Provide the size of the largest piece of equipment; all equipment must be able to be immersed in the sinks of the three compartment sink.

3. List all equipment Make and Model Numbers of equipment

4. Ensure proper light intensity is met on all surfaces; a minimum of 50 foot candles is required in areas of use of knives, slicers, grinders, or saws where safety is a factor.

5. Provide method of light shielding or shatter-resistant lighting.

6. Provide information of surface finishes/materials for the floors, walls, and ceilings.

7. Provide size of the fresh water tank. _____

8. Provide size of the fresh water inlet. _____

9. Provide size and type of sewage tank (wastewater tank). _____

10. Provide backflow prevention device and state location on mobile unit. _____

11. Provide approved water supply – list source. _____

12. Provide type and capacity of the water heater. The hot water temperature must reach a minimum of 100° F at handwashing sinks and minimum of 100° F at the wash compartment of the three-compartment sink.

13. Provide procedure for grease removal and site of grease disposal.

14. Provide make and model number of the mobile unit; provide Ohio license number and VIN number.

15. Provide storage site of mobile – address.

16. Provide method of insect control (ex. size of window screen).

17. Provide list of food suppliers. All food must be from an approved source.

18. Provide method of cooking foods.

19. Provide method of holding of foods- must maintain 135° F or above.

20. Provide method of cold holding – mechanical refrigeration is required and must maintain 41° F or below at all times.

21. Provide sources of ice (if applicable).

22. Provide information on storage of foods – must be at least 6” off the floor and protected from contamination.

23. Provide type of serving utensils and storage.

24. Provide type of hair restraint.

25. Provide glove usage procedure during operation.
Latex gloves are not permitted to be used. Provide Nitrile, Polyethylene or vinyl gloves.

26. Provide type of sanitizer used at the three-compartment sink. Ensure test strips specific to the sanitizer being used are available.

27. Provide list of condiments and state how condiments will be stored, offered for customers, and held cold.

28. Provide list of raw foods and explain how separation will be maintained during storage, preparation, cooking and holding of these foods.

29. Explain preparation, holding, cooling and reheating procedures of all time/temperature controlled for safety foods.

30. Explain preparation of raw fruit and vegetables.

31. Describe areas of food preparation (ex. tables, counters, etc.).

32. Describe location of use (ex. festivals, community events, etc.). A mobile unit may only stay in one location for 40 days. It will be required to be moved to another location every 40 days.

33. Provide name, address, and license number of supporting licensed FSO/RFE if applicable.

34. A tent will be required over all serving areas and open cooking areas. Fire proof tent required over cooking areas.
Do you have a Tent? Yes _____ No _____

35. Is the name of the operation, the **city of origin**, and the **area code** and **telephone number** on the exterior of the mobile? **Yes**____ **No** _____
The name and city of origin of the food service operation shall be displayed with individual lettering measuring **at least three inches high and one inch wide**.

36. A written employee health policy must be provided and submitted. The Person in Charge must ensure that employees and conditional employees are informed in a verifiable manner of their responsibilities to report to the person in charge information about their health as it relates to diseases that are transmissible in food.
(Please attached your employee health policy)

Employee health policy attached? **YES NO** (Please circle)
Employee health policy written in a verifiable manner **YES NO** (Please circle)

37. A written procedure for employees to follow when responding to vomiting or diarrheal events must be provided.
(Please attached procedure)

Written Body fluid procedure attached? **YES NO** (Please circle)

36. Level One Food Certification **Yes No** (Please circle)

Application for a License to Conduct a: (check only one)

- Food Service Operation
 Retail Food Establishment

Instructions:

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application
3. Make a check or money order payable to: **City of Middletown**
4. Return check and signed application to:

**City of Middletown Health Department
 One Donham Plaza
 Middletown, OH 45042**

* There is a mandatory penalty fee of 25% of the renewal fee operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address		Email	
City		State	Zip
Phone #	Fax #		Check if applicable <input type="checkbox"/> Catering <input type="checkbox"/> Seasonal
Name of individual certified in food protection (if any) and their certificate number (use back for additional names)			

Mailing Address for annual renewal if different than above:

Name of parent company or owner		Phone #	
Address		Email	
City		State	Zip
I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:			
Signature			

Licenser to complete below:

Category			
License fee	+ Late Fee	+ State Amount	= Total amount due

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Audit No.	License no.
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As per AGR 1269 (Rev. 5/13) Ohio Department of Agriculture
 As per HEA 5319 (Rev. 5/13) Ohio Department of Health