



Island County Public Health

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

Mobile Food Plan Review Checklist

Mobile Food Unit 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 at least 30 days prior to desired operational date. 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.

X	ITEM	DESCRIPTION	OFFICE USE ONLY
1	*Application	Provide a completed Island County Health Department annual permit application.	
2	Questionnaire	Provide completed questionnaire regarding construction, operational plan & procedures, and general food safety knowledge assessment.	
3	Food Sources and Menu	Provide a list of suppliers where foods will be purchased from. Provide a detailed menu or a list of all the food and beverages you will be serving. Include condiments, baked goods, specials, seasonal items, etc.	
4	Food Process Flows	Provide completed food process flow from receiving/purchase to end service to consumer. Identify control points to control foodborne illness risk factors. Identify which food preparation steps will occur at the commissary and which will occur in the mobile food unit.	
5	Plans and Photos	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.). Plumbing plans must show location and sizing of water and waste tanks. Submit photos of interior of the unit showing all equipment installed. Submit photos of the exterior of all four sides of the unit.	
6	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.	
7	Finish Schedule	Provide completed Finish Schedule form. Applicant should explain what materials will be used for all floors, walls, ceilings, counter tops, and cabinets.	
8	Itinerary & Operations	Provide completed Itinerary & Operations Form.	
9	Commissary & Servicing Area Agreement	Provide completed Commissary & Servicing Area Agreement forms with a food service establishment permitted in Island County.	
10	Water & Wastewater	Provide completed water source and wastewater disposal form.	
11	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.	
12	Fee	Include plan review application fee of \$103.	

* Secondary Permit Approval by Reciprocity – submit application, copy of current primary mobile permit, copy of plan review approval, most recent inspection report, and all Commissary and/or Servicing Area agreements.

**Island County Public Health**

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

1. Mobile Food Application

Application must be completed in full and submitted with the initial \$103 fee. Plan review fees will be invoiced at a rate of \$77/hour with applicable permit fees invoiced based on the assigned permit in accordance with the current [Island County Fee Schedule](#).

PERMIT/APPLICATION TYPE (Check applicable box) TYPE 1 (Limited Handling, No Cook) TYPE 2 (Same Day Service, No Cooling) TYPE 3 (Complex Preparation, Cooling) Secondary Permit Approval by Reciprocity**ESTABLISHMENT INFORMATION**

Name:

Site Address:

City:

State:

Zip:

Unified Business Identifier (UBI):

MAILING ADDRESS

Name:

Address:

City:

State:

Zip:

OWNER INFORMATION

Name:

Phone:

Address:

E-mail:

City:

State:

Zip:

CONTACT INFORMATION (if different than owner)

Name:

Phone:

Address:

E-mail:

City:

State:

Zip:

COMMISSARY INFORMATION

Name:

County/Permit #:

Address:

E-mail:

City:

State:

Zip:

I understand I cannot open this food establishment until I have received written approval from Island County Public Health, obtained all annual operating permits/license, and have been inspected/approved by all applicable jurisdictions.

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 adopted regulations of Island County Food Code ([Chapter 8.10D.040](#)).

Signature:

Date:

Print Name:



Island County Public Health

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

2. Mobile Food Questionnaire

Mobile Food Unit Name: _____

I. Construction

1. Have you (Permit Holder) read the Mobile Food Unit Guidance document?
 Yes No
2. Has the mobile food unit been approved by Washington State Labor & Industries? (may not apply to some types of carts)
 Yes No Not Applicable
3. Is your mobile food unit readily moveable?
 Yes No

If no, please explain how mobile food unit will be rendered non-moveable.

4. Does the mobile food unit have attached floor, walls, and ceiling?
 Yes No
5. Are all the surfaces (floors, walls, ceilings, countertops, etc.) on the mobile food unit smooth, easily cleanable, and non-absorbent?
 Yes No
6. Is all equipment (refrigeration, cooking, hot holding, sinks, appliances, etc.) commercial grade and designed to NSF or equivalent sanitation standards?
 Yes No
7. Will hot and cold holding equipment be powered during transit?
 Yes No Not Applicable

If yes, please explain what design will be used to power equipment during transit?

8. Does the mobile food unit have a plumbed hand washing sink, water tank, and wastewater tank 15% larger than the water tank?
 Yes No
9. Does the mobile food unit have a plumbed three compartment sink with two integral drain boards?
 Yes No

If yes, are the compartments of the sink large enough to submerge and wash all equipment.

Yes No

10. Does the mobile food unit have a plumbed food preparation sink?
 Yes No Not Applicable
11. Has the hot water sizing calculation sheet been completed to verify that the hot water heater is capable of meeting hot water demands during peak operations?
 Yes No
12. Do all doors and service windows have a tight-fitting seal to protect food during transport? (may not apply to some types of carts)
 Yes No Not Applicable
13. Do all service windows have tight-fitting screens or self-closing mechanisms to prevent pest entry during active operations? (may not apply to some types of carts)
 Yes No Not Applicable
14. Will any foods be made available for consumer self-service and/or be exposed to consumers during the preparation/service process?
 Yes No

If yes, please explain what design will be used to protect food from consumer contamination?

II. Operational Plan & Procedures

1. Are you or the designated Person in Charge (PIC) a Certified Food Protection Manager ?
 Yes No Not Applicable
2. Will you be using a Commissary and/or Servicing Area to support mobile food unit operations?
 Yes No
3. Will the mobile food unit operate at a stationary (more than one hour) location for extended periods of time?
 Yes No

If yes, answer questions 4-7. If no, skip questions 4-7.

4. Will a source of electricity be provided to power the mobile food unit when at the stationary location?
 Yes No
5. Will a direct connection for potable water be provided for the mobile food unit when at the stationary location?
 Yes No
6. Will a direct connection for wastewater disposal to an approved sanitary sewer or septic system be provided for the mobile food unit when at the stationary location?
 Yes No
7. Will employees always have access to a restroom when in operation at the stationary location?
 Yes No
8. Will the mobile food unit be connected to electricity overnight?
 Yes No
9. What location will the mobile food unit be stored when not in operation?

10. What locations will foods, utensils, dishware, containers, chemicals, etc. be stored when not in operation?

11. How will the menu be displayed during operation?

12. Do you have written standard operational procedures for the following? (Check all that apply)

<input type="checkbox"/> Hand Washing	<input type="checkbox"/> Employee Illness
<input type="checkbox"/> Glove and Utensil Use	<input type="checkbox"/> Purchasing/Receiving
<input type="checkbox"/> Allergen Control	<input type="checkbox"/> Cold Storage/Holding
<input type="checkbox"/> Produce Washing	<input type="checkbox"/> Cross Contamination Prevention
<input type="checkbox"/> Proper Thawing	<input type="checkbox"/> Cooking/Reheating
<input type="checkbox"/> Hot Holding	<input type="checkbox"/> Cooling
<input type="checkbox"/> Date Marking	<input type="checkbox"/> Cleaning & Sanitizing
<input type="checkbox"/> Specialized Processes	<input type="checkbox"/> Proper Thermometer Use
<input type="checkbox"/> Time Without Temperature Control	<input type="checkbox"/> Vomit and Diarrheal Event Clean Up

13. Do you actively monitor or complete any of the following? (Check all that apply)

<input type="checkbox"/> Receiving/Transport Temperatures	<input type="checkbox"/> Cold Storage/Holding Temperatures
<input type="checkbox"/> Cooking/Reheating Temperatures	<input type="checkbox"/> Hot Holding Temperatures
<input type="checkbox"/> Cooling Time and Temperatures	<input type="checkbox"/> Thermometer Calibration
<input type="checkbox"/> Employee Reportable Illness	<input type="checkbox"/> Consumer Illness Complaints
<input type="checkbox"/> Food Safety Self Inspection (Internal or Third Party)	

III. General Food Safety Knowledge Assessment

1. What five symptoms of foodborne illness are food handlers required to report to the Person in Charge?

2. What action is taken if a food handler notifies the Person in charge of a reportable illness?

3. When, how, and where are food handlers required to wash their hands?

4. When are food handlers required to wear single use disposable Gloves? What methods can food handlers use to minimize hand contact with ready to eat foods?

5. What are some examples of Time Temperature Control for Safety (TCS) foods used in your operations?

6. What is the temperature danger zone? What is the maximum cold holding temperature for TCS foods? What is the minimum hot holding temperature for TCS foods?

7. What is the minimum internal cooking temperature for the following raw animal foods: Fish/Seafood? Whole Meats? Ground Meats? Chicken?

8. What time and temperatures controls are required as part of the two-stage cooling process? What are some examples of approved cooling methods?

9. What time and temperature controls are required when reheating prepared TCS foods for hot holding?

10. What methods can food handlers use to prevent cross contamination when storing and preparing TCS foods?

11. What steps are required to properly clean and sanitize food contact surfaces and equipment? How often are food contact surfaces and equipment required to be cleaned and sanitized during continuous use?

12. What is required on a menu when a raw animal foods are offered or served raw or undercooked?

13. What are some examples of critical control points used in your operations?

14. What are some examples of corrective actions taken if an above critical control point is not met?



Island County Public Health

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

3. Mobile Food Source & Menu

Mobile Food Unit Name: _____

Food Sources

List all food and beverage suppliers you use. List all commonly used suppliers, description of foods supplied, and procurement method frequency (Delivery or Self-Transport).

SAMPLE SUPPLIER LIST

Supplier Name	Location	Food	Method
Seattle Foods	Seattle, WA	Packaged Frozen Foods, Dry Ingredients, Paper Goods, and Smallware.	Delivery twice per month
Island Bakery	Oak Harbor, WA	Bread	Pick up twice per week
Island Meats	Coupeville, WA	Fish, Seafood, Meat, Poultry	Pick up as needed
Island Produce	Langley, WA	Fresh Fruits & Vegetables	Delivery once a week

SUPPLIER LIST

Menus

Provide copies of your menus. Include all food and beverages you will serve. 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, online menus, fresh sheets, menu boards, etc. 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 foods of animal origin that are offered raw, undercooked, or cooked to the customer's specification. These menu items require a disclosure to identify menu items and a reminder statement to advise the consumer of an increased risk of foodborne illness.

Refer to the below example menu with consumer advisory. (Menu items will also be used in process flow examples in section 4)

SAMPLE MENU

ABC MOBILE FOODS

Breakfast	
Oatmeal or Fruit Cup	\$2.00
Breakfast Sandwich w/ Sausage or Bacon	\$3.00
Breakfast Plate (Eggs any style*, Potatoes, Sausage or Bacon, &Toast)	\$5.00

Fresh Salads	
Fresh Fruit Salad	\$3.00
Chicken Caesar Salad*	\$4.00
Fresh Chef's Salad (Choice of Greens, Veggies, Turkey or Ham, & Dressing)	\$5.00

Lunch	
Club Sandwich	\$4.00
Chicken Salad Sandwich	\$5.00
Ribeye Steak Sandwich	\$6.00
Lobster Macaroni & Cheese	\$8.00

Sides	
Potato Chips	\$3.00
Potato Salad	\$4.00
French Fries	\$4.00
Macaroni & Cheese	\$5.00

Dinner	
Build Your Own Burger* w/side	\$4.00
Grilled or Fried Chicken w/ side	\$5.00
Fish and Chips	\$6.00
Lobster Tail & Ribeye Steak*	\$8.00

Sides	
Coffee	\$2.00
Can of Soda or Juice	\$2.00
Iced Tea	\$3.00
Fresh Lemonade	\$3.00

**Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs might increase your risk of foodborne illness.*



Food Process Flows (Preparation Steps) and Control Measures

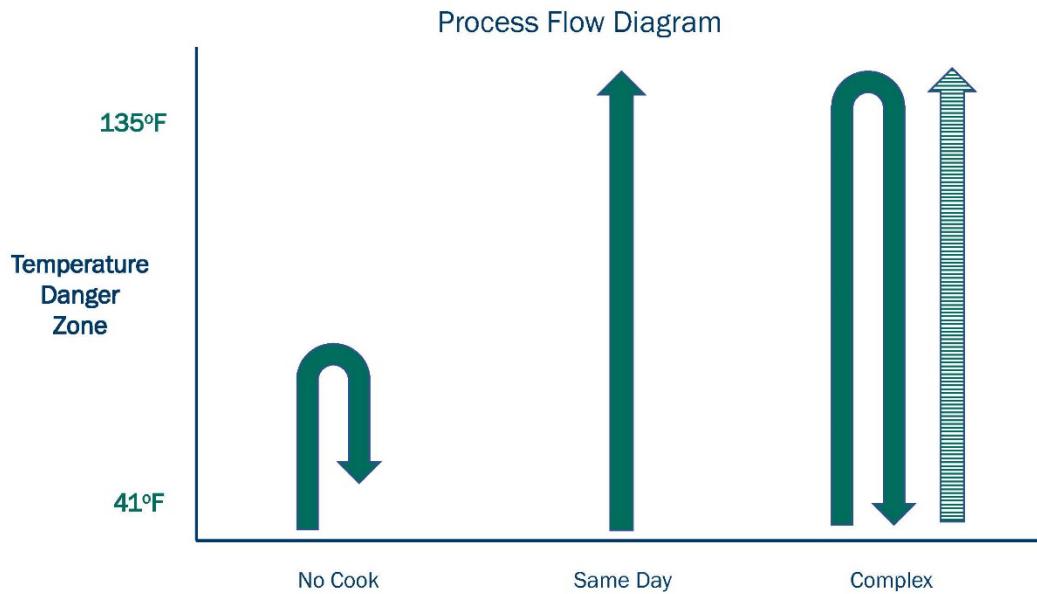
The flow of food in a retail or food service establishment is the path that food follows from receiving through service or sale to the consumer. Several activities or stages make up the flow of food and are called operational steps. Examples of operational steps include receiving, storing, preparing, cooking, cooling, reheating, holding, assembling, packaging, serving, and selling.

Most food items produced can be categorized into one of three processes or preparation steps based on the number of times the food passes through the temperature danger zone between 41 °F to 135 °F.

Process 1 – Food Preparation with no Cook Step (No Cook) – Foods in this process do not ordinarily enter the temperature danger zone because no cook step is required.

Process 2 – Food Preparation for Same Day Service (Same Day) – Foods in this process normally enter the danger zone as part of the cook process prior to serving.

Process 3 – Food Preparation for Same Day Service (Complex) – Foods in this process normally enter the danger zone more than once as part of cook process and cooling. Re-heating for hot holding may also occur with these foods.



The three food processes or preparation steps are not intended to be all inclusive. Some steps may not be applicable to all food items and some food items may be created by combining foods produced from different processes. The process flows are meant to show common steps where Control Measures can be implemented to prevent, eliminate, or reduce food safety hazards during preparation.

Categorizing menu items in a process specific list is known as the Process Approach to food safety. The process approach helps evaluate risks and determine control measures that are needed for a food establishment.

Process Specific Menu List using the Process Approach

1. Place all menu items in one of the three process approach categories.

Note: Process flow charts with preparation steps for each menu item may also be submitted.

SAMPLE PROCESS SPECIFIC MENU LIST

Mobile Food Unit Name: ABC Mobile Foods

Process 1 – No Cook

Menu Items: Fruit Cup, Toast, Fresh Fruit Salad, Fresh Chef's Salad, Potato Chips, Potato Salad, Burger & Sandwich Garnishes (Lettuce, Tomato, Cheese, Pickles), Canned Beverages, Fresh Lemonade.

Process 2 – Same Day Service

Menu Items: Breakfast Sandwich, Eggs, Sausage, Bacon, Club Sandwich, Ribeye Steak Sandwich, French Fries, Burgers, Grilled and Fried Chicken, Fish, Lobster Tail, Coffee, Iced Tea.

Process 3 – Complex

Menu Items: Chicken Caesar Salad, Lobster Macaroni and Cheese, Macaroni and Cheese.



Island County Public Health

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

4. Mobile Food Process Flows

PROCESS SPECIFIC MENU LIST

Mobile Food Unit Name: _____

Process 1 – No Cook

Menu Items:

Process 2 – Same Day Service

Menu Items:

Process 3 – Complex

Menu Items:



Island County Public Health

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

5. Mobile Food Plans & Photos

Submission of the following plans* is required. (Preferred drawn to scale $\frac{1}{4}$ " to 1')

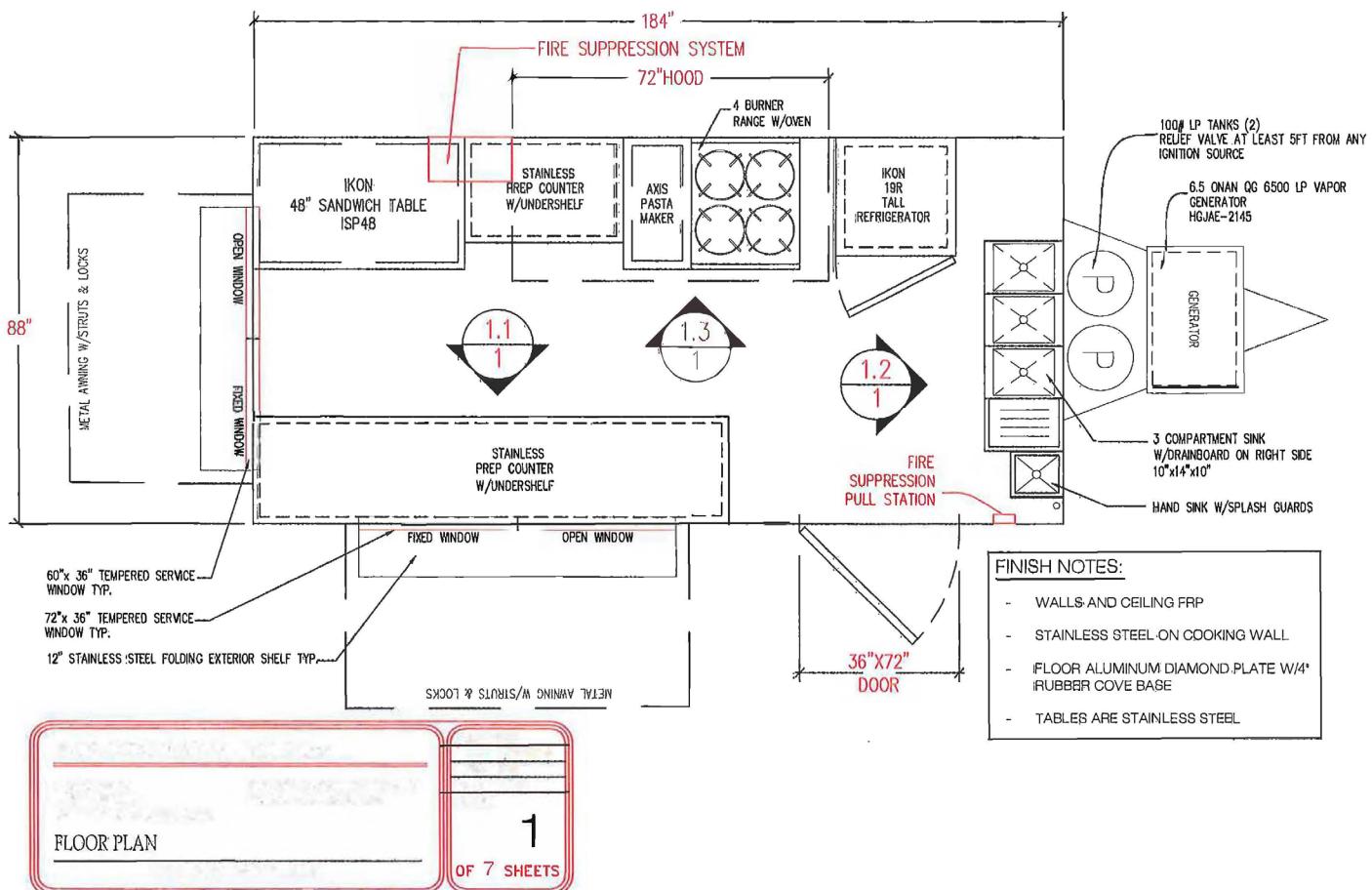
1. Floor Plans - Location of all equipment (Refrigeration, Cooking, Food Preparation, Hoods, Sinks, Doors, Windows, Generators, etc.) with labels that correspond with submitted equipment list.
2. Plumbing Plans - Locations and sizing of all water and wastewater systems (Water tank, waste water tank, plumbing fixtures, etc.). Completed hot water sizing calculation sheet based on type of water heater used (Tank or Tankless).

Submission of the following plans* is recommended. Photos will be required for if not submitted.

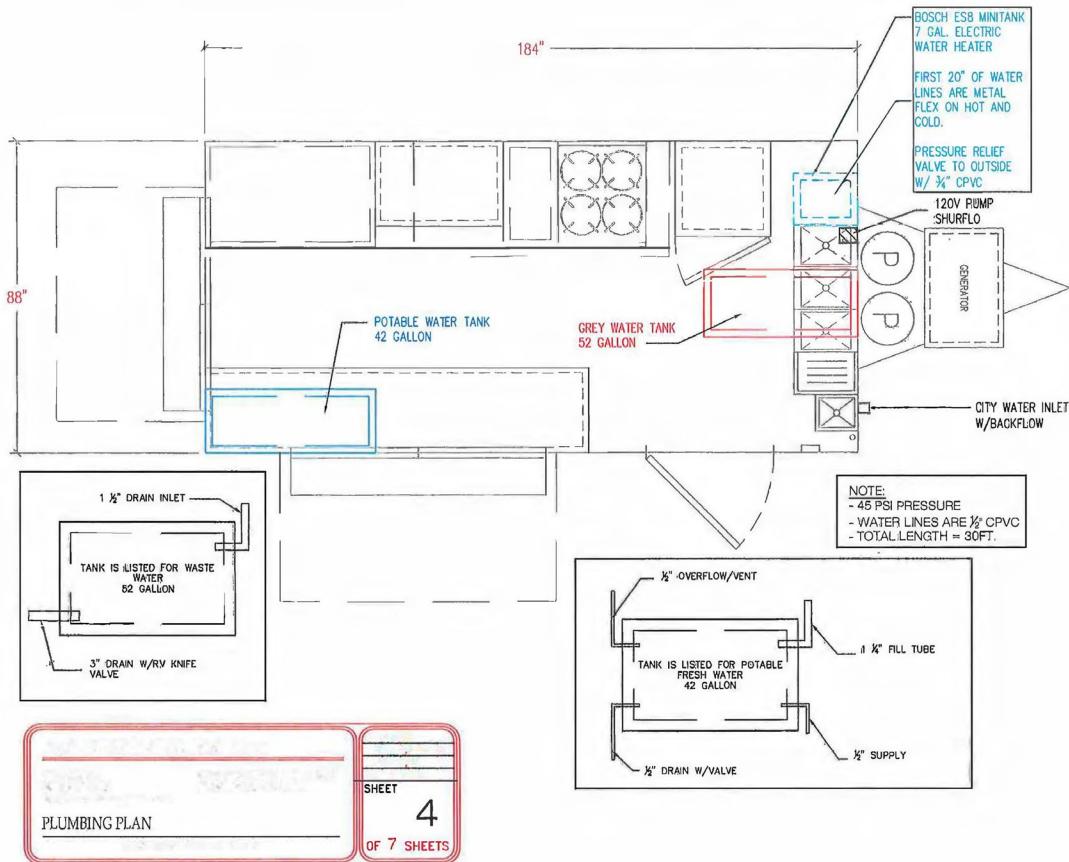
1. Equipment Elevations - Side views showing all installed equipment.

Plans preferred drawn to scale at $\frac{1}{4}$ " to 1'.

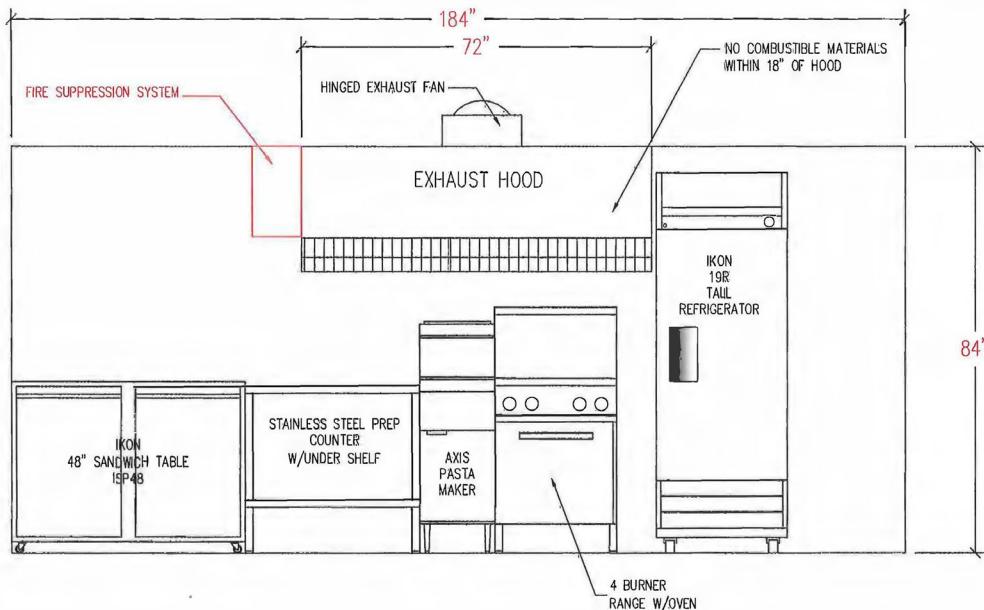
Sample #1 – Floor Plan



Sample # 2 – Plumbing Plan



Sample #3 – Equipment Elevation





Island County Public Health

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

6. Mobile Food Equipment List

If not included in professionally drawn plans, list all food service equipment including make, model number, and quantity. Submit an equipment specification sheet with corresponding identification number included on the top right corner of the specification sheet. Equipment examples include but are not limited to refrigerators, sinks, stoves, ovens, steam tables, blenders, ice machines, ventilation hoods, hot water heaters, countertop appliances, etc. If a make and model number cannot be found, a picture of the equipment is required. All equipment ID numbers must correspond to location on floor plan.

Sample Equipment List

ID #	Equipment Description	Make	Model	Qty.
1	Hand Wash Sink	Regency	600HS172EFW4	1
2	Three Compartment Sink	Regency	600S321824X	1
3	Hot Water Heater	AO Smith	DEL-30	1
4	Single Door Reach in Refrigerator	Beverage Air	RB27HC-1S	2
5	Sandwich Prep Table	Beverage Air	SPED72HC-30M-2	1
6	Two Door Reach in Freezer	Beverage Air	FB49HC-1S	1
7	Convection Oven	Vulcan	VC5E	1
8	Fryer	Frymaster	GF14	3
9	Hood	CaptiveAire	ND-2	1
10	Coffee Maker	Bunn	53100.0000	1
11	Blender	Waring	CB15	2

Equipment Sanitation Standards

Equipment must be commercial grade and meet American National Standards Institutes (ANSI) standards or equivalent.

Sample Sanitation Certification Marks

The below agencies are accredited by ANSI as a Certification Body (ISO/IEC 17065)



Mobile Food Unit Name: _____

Equipment List



Island County Public Health

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

7. Mobile Food Finish Schedule

Mobile Food Unit Name: _____

If not included in professionally drawn plans, provide the materials used for all floors, walls, coving, counters, shelving, and ceilings.

- Floors, walls, ceilings, counters, shelving, must be designed, constructed, and installed so that they are smooth and easily cleanable (free of unnecessary ledges, projections, and crevices).
- Wet zones must be designed, constructed, and installed so that they are smooth, easily cleanable (free of unnecessary ledges, projections, and crevices), and nonabsorbent.
- Coving must be installed at all wall/floor junctions.
- Lighting must be protected.
- Overhead protection must be provided at the site of operation for all food handling activities in non-enclosed mobile units.

Sample Finish Schedule

Item	Finish
Floors	Diamond Plate
Walls	Fiberglass Reinforced Plastic (FRP) Paneling
Walls (Hood Area)	Stainless Steel
Coving	Rubber base coving
Ceiling	Fiberglass Reinforced Plastic (FRP) Paneling
Counters	Stainless Steel
Shelves	Aluminum wire rack shelves, Aluminum dunnage rack
Lighting	Shatterproof Bulbs

Finish Schedule

**Island County Public Health**

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

8. Mobile Food Operations**Mobile Food Unit Name:** _____

Provide the days, hours, and location(s) that the mobile food unit will be in operation. Operations at a special event require a minimum notice of 14 days.

Fixed Operational Dates and Locations

Day	Time	Location (Address, City, Zip)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Variable Operational Dates and Locations

Submit a route sheet or operational schedule monthly by e-mail to foodsafety@islandcountywa.gov and provide a link to social media advertisement of operations (check all that apply).

	Social Media Platform	Social Media Information (Website URL, Name, etc)
	Example: Facebook	Facebook.com/ICPubHealth
	Website	
	Instagram	
	Twitter	
	Facebook	
	Other:	
	Other:	
	Other:	

Note: This form will be required to be submitted annually during permit/license renewal.

**Island County Public Health**

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

9. Commissary Agreement

Mobile Unit Name: _____

Mobile food units are required to use a commissary for various food preparation or Servicing Area activities. "Commissary" means an approved food establishment where food is stored, prepared, portioned, or packaged for service elsewhere. This agreement signifies that both parties agree to vendor's use of facilities for services listed below. Vendor may not use a different Commissary without prior approval; the agreement must be renewed with every renewal or reissuance of a permit and is not transferable. This agreement is independent of any other agreements made between the Commissary and the vendor.

Food Establishment Name: _____ Operator/Owner: _____

Mailing Address: _____

Phone Number: _____ E-Mail: _____

Commissary Kitchen Name: _____ Operator/Owner: _____

Commissary Address: _____ Permit/License Number: _____

Phone Number: _____ E-Mail: _____

I own both the business requiring and the business providing Commissary services. (If checked, **STOP**. *Sign bottom of form and submit)

My estimated times of use of the Commissary are:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date/Time							

I am to use this Commissary for the following (check all that applies):

Storage Preparation Ware washing Other: _____

I will also use the Commissary as a Mobile Food Unit Servicing Area (check all that applies):

Potable Water Waste Disposal Mobile Unit Cleaning Other: _____

*I, the Commissary user, contest the above information is true to the best of my knowledge and understand my food establishment license/permit is allied to my use of the listed Commissary and shall be renewed in accordance with my license/permit.

Commissary User's Signature Date

Commissary User's Printed Name

I, the Commissary kitchen owner, agree to allow the Commissary user to use the Commissary kitchen for the activities as indicated above and to allow open access to the Commissary kitchen during agreed operating times:

Commissary Owner's Signature Date

Commissary Owner's Printed Name

If you would like to include any additional information, please note it on back of this sheet.

Note: This form will be required to be submitted annually during permit/license renewal.

Office Use Only	
EHS Approval:	Date:
Comments:	

**Island County Public Health**

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

9. Servicing Area Agreement

Mobile Unit Name: _____

Mobile food establishments may request approval to use a Servicing Area for support activities. "Servicing Area" means an operating base location to which a mobile food unit or transportation vehicle returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food. This agreement signifies that both parties agree to vendor's use of facilities for services listed below. Vendor may not use a Servicing Area without prior approval; the agreement must be renewed with every renewal or reissuance of a permit and is not transferable. This agreement is independent of any other agreements made between the Servicing Area owner and the vendor.

Food Establishment Name: _____ Operator/Owner: _____

Mailing Address: _____

Phone Number: _____ E-Mail: _____

Business Name or Parcel Number: _____ Operator/Owner: _____

Mailing Address: _____

Phone Number: _____ E-Mail: _____

I own both the business requiring and the business or land used as a Servicing Area. (If checked, **STOP**. *Sign bottom of form and submit)

My estimated times of use of the Servicing Area are:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I am to use this Servicing Area for the following (check all that applies):

Potable Water Waste Disposal Mobile Unit Cleaning Other: _____

*I, the Servicing Area user, contest the above information is true to the best of my knowledge and understand my food establishment license/permit is allied to my use of the listed Servicing Area and shall be renewed in accordance with my license/permit.

Servicing Area User's Signature Date

Servicing Area User's Printed Name

I, the Servicing Area operator/owner, agree to allow the Servicing Area user to use the Servicing Area for the activities as indicated above and to allow open access to the Servicing Area during agreed operating times:

Servicing Area Owner's Signature Date

Servicing Area Owner's Printed Name

If you would like to include any additional information, please note it on back of this sheet.

Note: This form will be required to be submitted annually during permit/license renewal

Office Use Only	
EHS Approval:	Date:
Comments:	



Island County Public Health

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

9. Commissary & Servicing Area Log

Mobile Unit Name: _____

Commissary Name or Servicing Area Location : _____

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.

**Island County Public Health**

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

9. Restroom Agreement

Mobile Unit Name: _____

Mobile food units must provide restroom facilities for employees within 500 feet of the mobile food unit if at a stationary location for more than one hour. A restroom agreement is required for each location of stationary operation.

Food Establishment Name: _____ Operator/Owner: _____

Mailing Address: _____

Phone Number: _____ E-Mail: _____

Restroom Accessibility Information:

Business Name: _____ Operator/Owner: _____

Mailing Address: _____

Phone Number: _____ E-Mail: _____

Business hours of operation are:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date/Time							

The restroom has:

- Hot and cold water mixable to a minimum of 100°F
- Stocked hand soap dispenser
- Stocked paper towel dispenser
- Sign or poster to remind employees to wash hands
- Access for customers if seating is provided
- Availability during all hours of food service

I attest that I am the owner of the above business and I agree to allow access to restrooms during hours of operation indicated above.

Business Owner's Signature

Date

Business Owner's Printed Name

I, the mobile food unit permit holder understand that I am required to maintain restroom access for employees within 500 feet of the mobile food unit if at a stationary location for more than one hour.

Mobile Food Owner's Signature

Date

Mobile Food Owner's Printed Name

Note: This form will be required to be submitted annually during permit/license renewal.

Office Use Only	
EHS Approval:	Date:
Comments:	



Island County Public Health

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

10. Mobile Food Water & Wastewater

Mobile Food Unit Name: _____

This form will be required to be submitted for each commissary and/or servicing area used by the mobile food unit.

Location Name:	Location Contact Name:
Site Address:	Parcel Number:
Mailing Address:	Email:

Water System

Water system name:			
Water system type:	Group A	Group B	Municipal
	Other:		

Septic System

Septic system as-built (Attach Copy):	Septic system Feasibility Study* (Attach Copy):
Existing Use Approval (Describe):	

Operational Information

# of Employees per shift:	Estimated Water Use (gal/day):
Seating capacity:	Type of Dishwashing:

OFFICE USE ONLY

* A feasibility study done by a licensed septic designer is required for approval. A feasibility study will look to see if the proposed menu is within the limits of the current septic systems design.

Note: This form will be required to be submitted annually during permit/license renewal.



Island County Public Health

Environmental Health – Food Safety Program
PO Box 5000 Coupeville, WA 98239-5000
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

11. Mobile Food Cleaning Schedule

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...

Sample Cleaning Schedule

Equipment	Frequency	Location	Process
Example: Deep Fryers	Weekly	Commissary	<ol style="list-style-type: none">1. Empty oil at commissary2. Wash, rinse and sanitize the equipment3. Refill with fresh oil4. Fasten the tight-fitting lid for transport.
Example: Refrigerators	Daily	Commissary	<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.

Mobile Food Unit Name: _____

Equipment	Frequency	Location	Process

Mobile Food Unit Name: _____

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 watertank 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.

Fill the tank to resume food service.