



**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 a process specific menu list OR a process specific menu list OR a 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. Restroom Agreements and Commissary Visit Logs may also be required.	
	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.