

**ALLEGHENY COUNTY HEALTH DEPARTMENT
FOOD SAFETY PROGRAM**

**CONSTRUCTION PLAN REVIEW CHECKLIST
Mobile Food Unit**

INSTRUCTIONS: Complete all sections of the *Plan Review Checklist*. (Please Print!)
Check all that apply. If any section of the checklist is not applicable, mark "N/A" in question box.

Vehicle Name (dba if different than legal name of business)	Operator Phone Number	Operator Email Address
Name and Address of Fixed Food Facility / Commissary (* see below)	Zip Code	Allegheny County Township Borough or PGH City Ward**
Legal Name of Business (Corporate Name, i.e. LLC, LP, Corp., Inc. or individual name if sole proprietor)	Business phone	
Business Mailing Address	Zip Code	Business Fax
Contact Person / Title (i.e. Owner, Partner, Manager, Consultant)	Contact Person's Phone	Contact Person's Email

***If using and existing food facility, attach copy of Health Permit & documentation letter of agreement**

BUSINESS DESCRIPTION (Check one and attach photograph)

- Motorized vehicle License plate: _____ Current copy of State registration of vehicle
- Towed vehicle License plate: _____ Current copy of State registration of vehicle
- Push cart – must meet NSF/ANSI Standard 59 Indoor Outdoor
- Other Describe: _____

Proposed Menu (submit with plan) / Type of Mobile Food Unit: (see Page 7 for descriptions)

- MMF-4 (Tier 2 - Complex) MMF-3 (Tier 2 Semi-complex) MMF-2 (Tier 1 Prepackaged TCS & non-TCS) MMF-1 (Tier 1 Prepackaged non-TCS only)

Plan Review fee enclosed – (Make Check Payable to the **Treasurer of Allegheny County**)

- \$38.50/ Tier 1 mobile food unit (MFU) \$62.50/ Tier 2 mobile food unit (MFU) _____
- New commissary (fee based upon dedicated area -see fee schedule-Square feet _____) Fee: _____
- Using existing licensed food facility as commissary (minimum plan review fee required) **\$19.50**

- Copy of health permit attached Agreement letter attached ** If commissary is out of county, provide health permit and recent inspection report

TOTAL FEE: _____

FOOD EQUIPMENT (Provide information on all that applies. Attach a separate sheet if needed)

Submit an accurately scaled plan of the mobile vending unit showing placement of all food equipment from Equipment List to be used in the operation of mobile unit. The plans must be clear, concise, legible, to scale, and be of such size as to enable all information to be clearly shown. The overall interior dimensions must be shown. List the type, make and model number for all food service equipment and submit with manufacturer's cutsheet and specification. All equipment must be designed and constructed in accordance with the sanitation criteria set forth by the American National Standard Institute (ANSI).

Vehicle Equipment List (include how many)	Description		Commissary Equipment List (include how many)	
			The proposed commissary will be used for the following: <input type="checkbox"/> Food Storage or Preparation <input type="checkbox"/> Water <input type="checkbox"/> Supplies <input type="checkbox"/> Cleaning of equipment/utensils <input type="checkbox"/> Storage of vendor unit <input type="checkbox"/> Solid and liquid waste disposal <input type="checkbox"/> Repairs of vendor unit	
	Manufacturer	Model number		Make and Model number
SINKS			Dishwashing Machine	
3-compartment			3-compartment sink	
2-compartment			2-compartment sink	
Hand washing			Food preparation sink	
Food Prep			Hand washing sink	
Other			Utility sink	
REFRIGERATION				
Refrigerator				
Ice chest (if only packaged food)				
COOKING				
Grill				
Fryer				
Griddle				
Other				
HOT-HOLDING				
OTHER				
Work tables				

Please provide any notes, clarifying details, or information about additional pieces of equipment:

SANITATION AND FOOD SAFETY MANAGEMENT (✓)

Kitchen Utensils: Single Service Multi-use

Consumer tableware: Single Service (mobile food units to provide only single-service articles)

Method for sanitizing: Chlorine/bleach QAC Other (Specify): _____

At least 1 Certified Food Safety Manager will be present during hours of operation, preparation, service

At least 1 probe-type thermometer will be provided to monitor food temperatures (0°F – 220°F)

Source(s) of power: Electric generator - make: _____ model: _____

Propane Gas Other: _____

HANDWASHING FACILITIES (✓)

Hand washing facilities are provided in each food preparation, food dispensing and ware-washing area

Adequate supply of potable water (hot and cold) is provided. (Note: integral water system must have a pump to provide pressure and hot water heater to consistently provide water at 100°F or higher)

Hand washing sinks are installed to prevent splash from contaminating food and food zones.

VENTILATION

Location of ventilation system: Commissary Mobile unit

***Complete the following for mobile unit if ventilation system proposed:**

Type of fuel used for cooking (select all that apply): Propane Wood Charcoal

Type of ventilation system: Ventilator (updraft) Canopy

Size of hood: Length: _____ Width: _____ Overhang: _____

Distance from floor to bottom of hood: (canopy only) _____

Volume of air to be exhausted: _____ CFM (cubic feet per minute)

Source of fresh return/make-up air

Within hood Automatic louvered fan Passive louvered vent Other

• Explain: _____

Filters: No. _____ Design _____ Size _____

Ducts: No. _____ Length _____ Size _____

Please provide any notes or clarifying details required in reference to the mobile unit's ventilation system.

FACILITY DETAILS		
Item	Commissary	Mobile
Water Supply	Source of water: <input type="checkbox"/> Municipal <input type="checkbox"/> Private Well <i>If Municipal, provide name of Water Authority:</i> _____ <i>If Private, please note that the system must be inspected and approved prior to issuance of a Health Permit. Contact the ACHD Public Drinking Water and Waste Management Program at (412) 578-8040.</i>	Location of source fixture : _____ Method of supply: _____ Water storage tank capacity: _____ gallons Hot water tank capacity: _____ gallons <input type="checkbox"/> Dedicated food grade hose provided
	Type of disposal: <input type="checkbox"/> Municipal <input type="checkbox"/> Private System <i>If Municipal, provide name of Sewage Authority:</i> _____ <i>If Private, please contact the Sewage Enforcement Officer at the Allegheny County Health Department's Public Drinking Water and Waste Management Program prior to construction at (412) 578-8040.</i>	Mobile Food unit wastewater storage method: _____ (Describe wastewater disposal method below) Capacity of waste tank: _____ gallons <i>(Waste must be stored in a permanently installed retention tank 15% larger than water supply tank)</i> Disposal location: _____ <i>(submit copy of contract if the location is other than commissary address)</i>
<i>If new construction, please include a copy of sewage approval.</i>		

Additional Commissary Details:

(Mobile food units shall report daily to commissary for all food and supplies and then again for all cleaning, servicing operations and waste disposal. Commissary must have current health permit)

Is commissary located in a building that is also used as a residence? YES NO
(commissary must be separate from kitchen or any room used as living or sleeping quarters)

Describe method for transferring wastewater from mobile food unit storage tank to sanitary sewer:

Describe method of disposal of solid waste (garbage) from the entire operation:

Describe method of disposal of waste cooking oil:

GENERAL PREMISES (✓)	Commissary	Mobile
Floors, walls and ceilings are smooth, non-absorbent and easily cleaned	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities with hand washing sinks are available and accessible	<input type="checkbox"/>	<input type="checkbox"/>
Adequate sneeze protection is provided	<input type="checkbox"/>	<input type="checkbox"/>
Adequate overhead coverage is provided	N/A	<input type="checkbox"/>
Adequate space is provided for storing personal belongings, separate from food operation	N/A	<input type="checkbox"/>
Sufficient, shielded lighting is provided	<input type="checkbox"/>	<input type="checkbox"/>
Doors, service windows, and other windows are protected against the entrance of pests (screens, air-tight, rodent-proof)	<input type="checkbox"/>	<input type="checkbox"/>
Water-tight garbage and refuse containers are provided and have lids	<input type="checkbox"/>	<input type="checkbox"/>
There is a safe means for cleaning and maintaining the mobile food unit while away from the commissary	<input type="checkbox"/>	<input type="checkbox"/>

Describe: _____

STORAGE (✓)

How will the temperature of food which requires temperature control for safety be maintained during transport? • Describe: _____
overnight? • Describe: _____

- Thermometers will be provided inside all refrigeration units
- There is an adequate storage area (shelving, cabinets, or other means) to keep all food, utensils, equipment, and single-service and single-use items off of the floor and ground
- All items can be protected and stored on mobile unit or at commissary

I CERTIFY THAT THE ABOVE INFORMATION CONTAINED IN THIS PLAN REVIEW CHECKLIST IS TRUE, ACCURATE AND COMPLETE. _____

Provide printed name, job title, and ink signature

Mail to: ACHD Food Safety Program, 2121 Noblestown Rd.,
Suite 210, Pittsburgh, PA 15205

Guidance -- Types of Mobile Food Units

The types of mobile food facilities are not all inclusive.
Select the type most nearly resembling the operation.

MFF – 4 (Tier 2 Complex Operation)

- Commissary Required
- Complex food preparation with TCS foods (**Store-Prepare-Cook-Cool-Reheat-Hot Hold-Serve**)
- **Examples of food offered:** full menu including gyros, macaroni and cheese, steak sandwiches, tacos

MFF – 3 (Tier 2 Semi-complex Operation)

- Commissary Required
- TCS foods
 - Food preparation with no cook step (**Store-Prepare-Serve**)
 - Preparation for same day service (**Store-Prepare-Cook-Serve**)
 - Reheating of commercially processed foods
 - **Examples of food offered:** hot dogs, grilled cheese sandwiches, salads,
- Non-TCS foods, unpackaged
 - **Examples of food offered:** shaved ice, kettle corn, roasted nuts

MFF – 2 (Tier 1 Pre-packaged w/ TCS food (requires time and temperature control for safety))

- TCS or Non-TCS, prepackaged
- Commercially processed packaged foods in original packaging (**Receive-Store-Hold**)
- **Examples of food offered:** packaged ice cream, single serving size packaged snacks, packaged milk, packaged frozen meats

MFF – 1 (Tier 1 Pre-packaged w/ no “TCS” food)

- Only non-TCS foods, prepackaged
- No preparation or assembly is required
- Only bottled or canned drinks; no fountains or other dispensers
- **Examples of food offered:** chips, canned soda, cookies, candy