

Portage County Combined General Health District

999 East Main Street Ravenna, Ohio 44266 www.portagehealth.net



Portage County Health District 330-296-9919 Fax 330-297-3597 Portage County WIC 330-297-9422 Columbiana County WIC 330-424-7293

Rebecca Lehman, MPH, MPA, CHES, Health Commissioner

Portage County Mobile Food License Plan Review Application

* Licensing Fee is due pending approval * Please allow up to 30 days for plans to be reviewed once submitted

MOBILE FOOD OPERATIONS

A mobile unit is defined as a unit that is operated from a movable vehicle, portable structure or watercraft and that routinely changes location; it does not remain at any one location for more than forty (40) consecutive days. Ohio law requires that every person, who intends to prepare, serve, or sell food from a movable vehicle, portable structure or watercraft that routinely changes location, obtain a mobile food license. Every mobile unit must comply with the Ohio Administrative Code (OAC 3717-1).

It is important that all mobile food operators understand proper food handling procedures and sanitation. This is especially true for persons who have not worked in the food industry. For **high-risk mobiles**, Person in Charge Training is required. The mobile risk level will be determined based on the menu during the plan review.

License Process

• The application for a Mobile Food License must be completed for the health department wherein the operator stores and/or maintains the unit. A mobile license is valid throughout the State of Ohio. If the operator has more than one mobile unit, each unit shall be licensed separately.

To obtain an application for a license, the following must be completed and submitted to the Portage County Health District (PCHD):

- 1. Complete the "Portage County Mobile Food License Plan Review Application" packet.
- 2. Obtain approval from PCHD prior to building/purchasing unit.
- 3. Contact PCHD to schedule a pre-license inspection with the inspector assigned to the physical address where the business is located. The "Mobile Food Unit Checklist" can be used to ensure all the requirements are completed.
- 4. At the inspection, the mobile unit must be fully operational. Utilities and equipment must be connected and properly working.
- 5. Upon approval, complete the mobile license application provided by PCHD.
- 6. Submit license application and fee to office either in person or by trackable mail. The mobile will not be licensed until application and payment is received and the application processed.

Please consult with other governing agencies such as zoning, building, and fire departments for additional permitting that may be required.

A persor	n in charge must be on site during	all hours of operation. P	Please list your person(s) in charge:	
1.			_	
2.			_	

Please be advised that if all sections of this application are not complete, the application will be returned for you to provide the additional required information. Please contact PCHD if you need further clarification.



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MOBILE PLAN REVIEW APPLICATION

	New Facility Alteration: Change o	f Owner (Check One)	
	FSO RFE (Check C	one)	
Operation Name			
Address			
	State		
City/Village/Township			
Phone Number			
Contact Person (for pl	an review approval response)		
Name			
City	State	Zip	
Phone Number	E-mail Address		
Menu and So	urce		

Approved Food Sources:

- Grocery stores
- ODA Registered Home Bakeries
- ODA Approved Cottage Foods
- Prepared foods from a facility that holds an ODA Processing License
- Raw shell eggs from a Registered Egg Producer

- *Foods shall not be prepared at your home.
- *All raw fruits and vegetables must be thoroughly washed in potable water before being served, cut, or combined with other ingredients.

Below please list each individual food item and source (including ice) and transportation methods for all foods offered:

*Please be advised all food must be hauled inside an enclosed vehicle or trailer.

Food	Source	Food Transportation
Ex: Bagged Ice	Giant Eagle	Cambro, insulated bag

Continue on additional sheet if necessary.

Packaged foods must be labeled as follows:

- Common name of food
- Complete list of ingredients
- Flavor(s) or chemical preservatives
- Weight of contents
- Name and address of manufacturer, packer, or distributor

Equipment Specifications

All equipment shall be **commercial grade** (approved by NSF or equivalent) and must be pre-approved by the Licensor. Provide equipment specification sheets (or digital links to products) when available. Fill in chart below for all equipment. Provide sizes and photos as needed. Utilize additional sheets as needed.

Equipment	Make	Model Number
Example: Prep cooler	True	425-917

Water Supply

Please indicate your approved water source Municipal Well water (approved by PCHD) Bacterial Request Form and Form Well water (approved by Ohio Enverted Street Street) Commercially bottled water from *If a hose is used to connect with the backflow prevention device (ASSI)	ee is required in advance for water vironmental Protection Agency) the water supply, it must be an ap	
Hand Washing Mobile units shall have at least one sink for Hand sinks shall have:	r handwashing only.	mana.
Hot water (at least 85°F)Cold water	Soap and paper towels must	
• Soap	be available at the hand	The Person of th
• Single use towels	washing station for easy	
Handwashing sign	access.	0
		1
Equipment and Utensil Washing		
Mobile units shall have a three-compartme 1. Wash with hot water (at least 2. Rinse with clear, clean water 3. Sanitize with an approved san 4. Air day	110°F) and approved detergent	
4. Air dry *Sinks must be large enough to wash	the largest piece of equipment or	utancil
Please indicate your approved chemic Chlorine at 50-100 ppm *Test strips that correspond with the strips must not be expired. *Wiping cloths must be stored in a de	ral sanitizer: ☐ Quaternary ammonia at 200 selected sanitizer are required for) ppm checking concentration. Test
Wastewater		
All liquid wastes must be properly dis disposal. Storm drains are not approve		or other approved method of
Please indicate your approved method	l of disposal:	
☐ Sanitary sewer		
☐ Designated dump station		
☐ OEPA Approved System		
☐ Blue Boy (wastewater contain	· ·	(2)
☐ Other	_	

* If a wastewater hose is used, it must be clearly distinguishable from the freshwater hose.

*Toilet facilities must be available on site of the event, during all hours of operation



Food Safety

	Cooking Temperatures -	 cooking foods to the 	wrong temperatures may	cause foodborne illness!
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Temperature	Foods
135°F	Commercially processed, ready to eat food that will be held hot; all foods that are
	held hot after meeting initial required cooking temperature
145°F	Whole seafood, beef, pork, lamb (steaks and chops), roasts (4 minutes), eggs that will
	be served immediately
155°F	Ground meat, seafood, or ostrich meat; injected, marinated, or tenderized meats; eggs
	that will be held hot for service
165°F	Poultry (chicken, turkey, duck, fowl), stuffing made with potentially hazardous (TCS)
	foods like meat stocks or broths, dishes made from previously cooked foods

^{*}A metal stem thermometer (range 0°F to 220°F) must be used to measure temperatures. A digital thermometer with a thin metal tip is required for foods such as thin hamburger patties and fish filets.

Please list all cooking/hot holding equipment below and the foods that will be prepared on each:

Equipment	Food	Cooking	Hot Holding
Ex: Grill, fryer	Hamburgers, hot dogs, chicken	X	

Cooling and Cold Holding

Cooling is a food processing technique that is used to reduce the temperature of a food from o	one
processing temperature to another or to a required storage temperature.	

Will you be cooling any foods (including the items listed above)? □Yes	\square No
If so, please indicate the foods and cooling method below:	

Method	Food(s)
Ice bath	
Ice wand	
Shallow pan	
Blast chiller	
Other	

- Initial temperature must be below 41°F or above 135°F
- Labeled with time removed from hot or cold holding.
- Discarded after 4 hours.
- A written procedure must be available which describes the Time in Lieu of Temperature (TILT) process

^{*}Cool all hot foods from 135° F to 70° F within 2 hours, then from 70° F to 41° F within 4 hours.

^{*} Foods may be held between 41° F and 135° F under the following conditions:

Holding	_
 Hammin	u

Cold HoldingThe following foods must be held **under mechanical refrigeration ONLY** at or below 41°F:

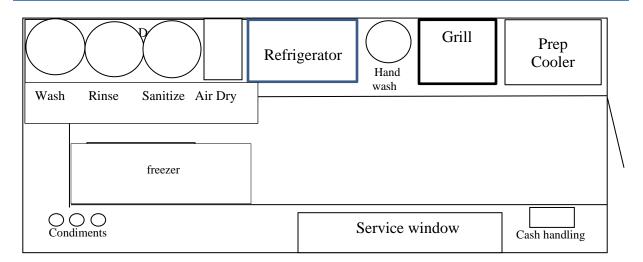
Meat	products	Cooked vegetables	Eggs				
 Potato 	o dishes	Dairy products	Sliced tomatoes				
	in rich plants	Raw sprouts	Cut leafy greens				
• Crean	n/custard	Sliced melons	Fish/shellfish				
Batter	<u>:</u>	TCS Foods not listed					
*Thermome	eters are required in	n all refrigeration equipment.					
Please list all	l cold holding equi	pment to be used:					
Unit Ma	aterials: F	loors/Walls/Ceil	ings/Lights				
Floors, walls,	and ceilings are nece	essary. The materials must be smo	ooth, impermeable, and easy to clean.				
Please indicat	e the materials of yo	our floors, walls and ceiling:					
Surface	Material(s) to be	used					
Floors							
Walls							
Ceilings							
* 11 foods ut	ancila and aquinma	at must be					
	ensils, and equipmend 6 inches off the gro						
	•		and vermin				
	 Protected from dirt, dust, precipitation, customers, insects, and vermin. *Facility must be clean and in good repair. No unnecessary items and litter are permitted. 						
		items must be stored away from f					
	•	•	nust be shatter resistant or shielded.				
			bags. All solid waste must be properly				
		r as needed during the event.					
Power Supp	ly (check all that	are applicable)					
□Gene	rator $\square 1$	10 electric(on site) \square 22	20 electric (on site)				
Will electrica	al service be availa	ble/required for the length of t	he event including overnight?				
□Yes	\square No						
What type of	fuel source will be	e needed for cooking of food?					
□ Propa		_					
How will foo	od be properly secu	ared and protected during an ov	vernight event?				

Handling and Hygiene

Only people in good health shall prepare or serve food. Please refer to the *PCHD Employee Health Policy Agreement* for further information (available at www.portagehealth.net).

- Hair restraints and clean clothes are required for all food handlers.
- Food handlers must wash hands frequently (including after smoking, eating, drinking, using the restroom, handling trash, cleaning, handling money and handling raw foods).
- Food handlers may not contact exposed ready-to-eat food with their bare hands but shall use suitable utensils such as tongs, spatulas, deli/bakery tissues or single use gloves (latex gloves are prohibited).
- Only food workers are allowed in the unit.
- Live animals are prohibited from the unit.
- Smoking and use of tobacco products are prohibited in and around the unit.

Floor Plan



A detailed drawing of your proposed food unit is **required**. Utilize the space below to draw your floor plan.

Note: Please keep all writing and information inside the box.

Mobile Food Unit Checklist

	f Mobile Unit: f Operator:	
Phone: _	::Email:	
equipmen	nate supply of hot and cold water under pressure is provided for handwashing and the cleaning of and utensils.	
An ASSE	E 1012 or ASSE 1024 backflow prevention device is installed on the potable (fresh) water supply in	let.
A holding provided.	g tank with lid for the collection and disposal of wastewater into a public sanitary sewage system is	
	ashing sink with hot (at least 85°F) and cold water is provided and supplied with soap, paper towels ting food employees must wash hands.	s, and
A three co	ompartment sink with hot (at least 110°F) and cold water large enough to accommodate the cleaning of equipment and utensils is provided.	g and
	cal sanitizer such as chlorine bleach or quaternary ammonia is provided.	
Test strips	s for use with sanitizer of choice are provided. Test strips are not expired.	
Finished 1	materials used on floors, walls, and ceilings are durable, smooth, and easily cleanable.	
Working candles.	surfaces, where foods are prepared and utensils are washed, are illuminated to a minimum of 50 foo	ot
Container	rs with tight fitting lids are provided for refuse disposal.	
recognize	-use equipment and utensils are durable, smooth, and easily cleanable, and meet standards of a ed food equipment testing agency (NSF or equivalent).	
Adequate	e natural or mechanical ventilation (such as vents, fans, or windows) are provided.	
	ically scaled thermometer is provided in the warmest part of each refrigerator. Cold time/ temperatud for safety foods must be maintained at or below 41°F.	ire
	ically scaled thermometer is provided in the coldest part of each hot hold unit. Hot time/ temperatured for safety foods must be maintained at or above 135°F.	e
	stem, numerically scaled (0-220°F) food thermometer is provided. A thin tip digital probe thermometer for checking thin foods.	eter is
	e service straws, knives, forks, and spoons, etc. are wrapped or are dispensed from a covered dispen	ser.
All food,	water or ice, that is processed, prepared, or served, is from an approved source.	
	that is stored, prepared, displayed and served is reasonably protected from contamination by using tensils, packaging, food shields, or other protective barriers.	
Disposabl	le (nonlatex) gloves are provided.	
Hair cove	erings are provided.	
A person handling,	in charge is present during operating hours. This person has knowledge of safe food preparation and	d

	Employees have signed "Employee Health Policy Agreements".
	A written vomit/fecal cleanup procedure is provided with proper equipment.
	There is a "Food Choking" poster in the unit.
	A "Time in Lieu of Temperature" procedure is written for foods held at room temperature.
	A push cart is covered with custom fitted tarp.
	Entire unit is completely mobile, and is hauled inside an enclosed, licensed vehicle or trailer.
	The name of the mobile unit, city of origin, and telephone number are displayed on the exterior of mobile unit, with individual letters measuring 3 inches high by 1 inch wide.
	Equipment is adequate for menu served.
	Drawing matches unit layout.
	Employees are in good health.
	Equipment utilized next to the unit is documented.
	License Plate #:
•	Menu:
	
	Notes:
	Backflow Preventer#:
	Name of Inspector: Date:

For access to food safety posters, visit our website at www.portagehealth.net and select the Food Safety tab.