

Mobile Food Unit Plan Review Application

The North Carolina Rules Governing the sanitation of Food Service Establishments (15A NCAC 18A.2600) require that plans be submitted for approval **prior to** construction, renovation, modification or change of ownership by the local Health Department (Dare County Department of Health & Human Services' Environmental Health Services Unit).

There is a \$250.00 plan review fee associated with this application.

Type of Construction: NEW REMODEL CHANGE OF OWNERSHIP

Name of Mobile Food Unit: _____

Owner/Operator: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Counties of Operation (other than Dare): _____

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature of Owner or Responsible Representative: _____

Location of Operations:

Hours of Operation:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Will any undercooked foods be offered on the menu that will require a consumer advisory? List:

Will managers or supervisors have current Food Protection Manager Certification (such as ServSafe)?

It is required within 210 days of permit. Yes No

Does your food establishment have an Employee Health Policy? Yes No

Cold Storage:

Number of reach-in refrigerators: _____ Number of reach-in freezers: _____
Storage at commissary type & size (walk in, etc): _____

Hot Holding:

How will products be maintained at 135°F or above? Indicate types and number of holding units.

Cold Holding:

How will products be maintained at 41°F or below? Indicate types and number of holding units.

Dry Storage:

Where will dried goods be stored?

Food Handling Procedures:

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen and corresponding items on the plan where food will be handled.

Explain the handling procedures for the following categories of food. Describe the process from receiving to service.

- How the food will arrive (frozen, fresh, packages, source, etc.)
- Where will food be stored in commissary and on unit
- Where and how the food will be handled (washed, cut, marinated, breaded, prepped, cooked)
- When food will be handled (time of day, before/during event, etc.)

All raw proteins may use the same prep sink and table provided that areas are cleaned and sanitized between different proteins, as well as from raw proteins to ready to eat food.

Chart is on the following page

Type of Food	How it arrives	Food Stored	How food handled	When food handled
Ready to Eat (Edible w/out additional prep)				
Produce				
Poultry				
Meat				
Seafood				

Finish Schedule:

Area	Floor	Base	Walls	Ceiling
Unit				
Commissary Prep Area				
Food Storage				
Dry Storage				
Other				

Water Supply from Commissary:

Is water supply: Municipal Well (sample required)

Will ice: Be taken from commissary Purchased off site

Wastewater and Potable Water Holding Equipment on Unit:

Capacity (gallons) and construction material of permanently mounted wastewater holding tank; this tank must be 15% larger than the potable water tank:

Capacity (gallons) and construction material of potable water holding tank:

How is the potable water dispensed into the holding tank?

Where and how will wastewater be discharged?

Water Heater Specifications (Type, manufacturer, model #, storage capacity, etc.):

Warewashing Equipment

Manual Warewashing:

Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____

What type of sanitizer will be used?

Chlorine: Iodine: Quaternary Ammonium: Hot Water: Other (specify):

Mechanical Warewashing:

Will a Warewashing machine at the commissary be used? Yes No

Machine manufacturer and model: _____

Handwashing:

Indicate number and location of handwashing sinks:

Refuse and Recyclables:

Where will all solid waste generated be stored? _____

Where will solid waste be disposed of at the end of the day? _____

Where will recyclables be disposed of? (Cooking grease, glass, etc.)

Insect and Dust Control:

How is protection provided for all doors and windows on the unit? Check all that apply.

Self-closing door Fly fan/Air curtain Screening Other if other, specify: _____

Poisonous and Toxic Materials:

Indicate location of poisonous and/or toxic materials (chemicals, sanitizers, etc.) storage:

Submittal Checklist:

_____ Complete set of plans drawn to scale including the placement of:

- all food service equipment in the unit
- storage (unit and in commissary)
- food service and prep areas (unit and commissary)
- trash can wash/service sink facilities (commissary)
- hand sinks and prep sinks (unit and commissary)
- potable water tanks (unit)
- wastewater tanks (unit)
- hot water heater (unit)

_____ Site plan locating exterior equipment including:

- dumpsters (commissary)
- grease retention tank (commissary)
- proposed connections to waste water (unit and commissary)
- proposed connections to potable water (unit and commissary)

_____ Specifications on all equipment (must be approved for commercial use)

_____ Proposed menu

_____ Agreement letter with permitted establishment that allows unit to complete access to use commissary on daily basis for storage, prep, water, wastewater, trash, dishwashing, or any other services which may be applicable.

_____ Completed Mobile Food Unit Plan Review Application

The plan review process will begin once all information has been received.

If you have any questions, contact Environmental Health Services Staff at 252.475.5080.

Commissary Form Pushcart/Mobile Food Unit

Step One: To be completed by the pushcart/mobile food unit operator

New Application/New Commissary

Change of Commissary

Pushcart/Mobile Food Unit Name: _____

Applicant Name: _____ Phone: _____

Step Two: To be completed by the restaurant permittee or operator

The commissary must have adequate and separate space that is labeled for products in refrigerator, freezer, dry storage, and any other place where pushcart/mobile food unit shall store their products.

As the permittee or operator of the restaurant facility noted below, I agree to serve as a commissary for the Mobile Food Unit/Pushcart named above. I understand that as a commissary for the Mobile Food Unit/Pushcart, I must allow the Mobile Food Unit/Pushcart to return for servicing on a daily basis. I agree to allow the following:

Provide an exterior wastewater collection system for the unit to dispose of their wastewater in an approved manner.

Provide an exterior approved connection to a potable water supply with backflow preventer.

Use of designated refrigerated and dry storage area for food storage. Areas must be labeled.

Allow use of the following equipment: walk in cooler/refrigerators, prep tables, cooking equipment, prep sink, warewashing equipment.

Allow for access to commissary so that unit can operate fully and use any of the aforementioned services of the commissary.

Proposed Commissary: _____

Name of Restaurant Permittee (Print): _____

Address: _____

City: _____ Zip: _____

Signature: _____ Date: _____



County of Dare

Department of Health & Human Services

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