



<i>Office Use</i>			
Case #	Date	Initial	_____
Amt _____	Check # _____	Code _____	Receipt # _____
<input type="checkbox"/> Status Updated			

NEW MOBILE FOOD UNIT – PLAN REVIEW PACKET

New mobile food units must submit this packet and accompanying documents to the Yakima Health District (YHD). Please submit at least **30 days** prior to opening, building, etc. to ensure plans are adequate, or to allow for modifications that may be required.

When ready for opening, call the YHD help desk to schedule a pre-opening inspection for at least **7 days prior to opening date**. Please allow YHD 7-10 business days for the pre-opening inspection to be scheduled.

Operating without approval from the Yakima Health District may result in revocation of permit.

Applicant Information:

Owner Information (if different):

Applicant Name:	Owner Name:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:

ESTABLISHMENT INFORMATION:

Business Name:	Previous Name (if applicable):	
Unified Business Identification (UBI):		
Establishment Phone Number:	Establishment Email:	
License Plate Number:	VIN:	L&I Tag Number:
Primary Language(s) Spoken in Establishment:		
Proposed Opening Date:		

Enclose the Following Documents:

- Food and Beverage License Application
- Commissary Agreement Form or Commissary Exemption Application
- Servicing Area Agreement Form (if applicable)
- Itinerary
- Proposed Menu
- Food Flows for Each Distinct Menu Item
- Floor Plan of Mobile Unit
- Photos of Mobile Unit (interior, exterior, and L&I tag)
- Floor Plan of Commissary Kitchen
- Equipment Specification List
- Vomit & Diarrhea Cleanup Procedure
- Sick Food Worker Policy
- Copies of Food Protection Manager Certificate (if applicable) and Food Worker Card

FOOD PREPARATION, STORAGE, AND SERVICE

Note: Time/Temperature Control for Safety Food (TCS) refers to foods that must be kept under time or temperature control to prevent spoilage, microorganism growth, or toxin formation. *WAC 246-215-01115(127)*

Please answer the following questions by marking Yes/No or filling in the blank.		Yes	No
1. Has the Washington State Department of Labor and Industries inspected and approved the unit?		<input type="checkbox"/>	<input type="checkbox"/>
2. Has the local fire authority inspected and approved the unit?		<input type="checkbox"/>	<input type="checkbox"/>
3. How many meals will be served each day?			
Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____ Sunday: _____			
4. Where will the unit be parked overnight?			
5. How many employees will work on board the unit? _____			
6. Do any menu items contain raw or undercooked animal products?		<input type="checkbox"/>	<input type="checkbox"/>
6a. If yes, is a consumer advisory listed on the menu and linked to each item?		<input type="checkbox"/>	<input type="checkbox"/>
7. Where will food supplies be sourced? List all suppliers:			
8. Will raw meats, poultry, and/or seafood be kept in refrigeration?		<input type="checkbox"/>	<input type="checkbox"/>
8a. If yes, will products be properly separated to prevent cross-contamination?		<input type="checkbox"/>	<input type="checkbox"/>
9. Does each refrigerator have a thermometer?		<input type="checkbox"/>	<input type="checkbox"/>
10. Does each hot case have a thermometer?		<input type="checkbox"/>	<input type="checkbox"/>
11. Will a thermometer be used to measure holding, cooking, and reheating temperatures of TCS food products?		<input type="checkbox"/>	<input type="checkbox"/>
11a. If yes, what type? _____			
12. Will disposable gloves, utensils, and/or food-grade paper be used to prevent bare-hand contact with ready-to-eat foods?		<input type="checkbox"/>	<input type="checkbox"/>
13. Will any TCS foods be hot held at 135°F or higher during food service?		<input type="checkbox"/>	<input type="checkbox"/>
14. Will any TCS foods be cold held at 41°F or below during food service?		<input type="checkbox"/>	<input type="checkbox"/>

15. Will any TCS foods be cooked in the establishment, then cooled?		<input type="checkbox"/>	<input type="checkbox"/>
Note: Cooling must take place in a commissary kitchen. Cooling is prohibited in the mobile unit.			
15a. If yes, list all foods that will be cooked, then cooled:			
16. Are all toxic & chemical products stored away from food preparation and storage areas?		<input type="checkbox"/>	<input type="checkbox"/>
17. Are all pesticides (insecticides, rodenticides) approved for food service use?		<input type="checkbox"/>	<input type="checkbox"/>
18. Will produce be washed on board the mobile unit?		<input type="checkbox"/>	<input type="checkbox"/>
19. How many food preparation sinks are available in the mobile unit? _____			
20. Will dishes be washed on board the mobile unit?		<input type="checkbox"/>	<input type="checkbox"/>
21. Is a 3-compartment warewashing sink available in the mobile unit?		<input type="checkbox"/>	<input type="checkbox"/>
22. How many handwashing sinks are available in the mobile unit? _____			
23. Will seating be available for customers? (tables, benches, etc)		<input type="checkbox"/>	<input type="checkbox"/>
23a. If seating will be available for customers, will restrooms be available within 200 feet for customer use?		<input type="checkbox"/>	<input type="checkbox"/>
23b. Will restrooms be available within 500 feet for employee use?		<input type="checkbox"/>	<input type="checkbox"/>
23c. Where will restroom facilities be located? _____			
24. How many gallons of water does the fresh water tank hold? _____			
25. Where will the fresh water tank be filled up? _____			
26. How many gallons of water does the gray water tank hold? _____			
<i>Note: Gray water tank must be at least 15% larger than fresh water tank</i>			
27. Where will the gray water tank be emptied? _____			
28. What is the source of power for the mobile unit during operation?			
<input type="checkbox"/> Electric Hookup <input type="checkbox"/> Propane <input type="checkbox"/> Generator – type: _____ <input type="checkbox"/> Other: _____			
29. How will garbage be collected and disposed of?			
30. What is the name of the garbage service provider? _____			

NOTE: if plumbing specifications, a finish schedule, a floor plan, or an equipment specification list is not available on file for the commissary, these will be required as well.

PLUMBING SPECIFICATIONS

In the table below, mark the type of backflow prevention used for each piece of equipment:

	AIR GAP OR AIR BREAK	DUAL CHECK VALVE	OTHER (SPECIFY)
3-COMPARTMENT SINK	<input type="checkbox"/>	<input type="checkbox"/>	
FOOD PREPARATION SINK	<input type="checkbox"/>	<input type="checkbox"/>	
ICE STORAGE BIN	<input type="checkbox"/>	<input type="checkbox"/>	
BEVERAGE DISPENSER	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	

FINISH SCHEDULE

Indicate which materials will be used in each of the following areas
(*FRP, sealed concrete, stainless steel, quarry tile, 4" plastic moulding, etc.*)

FLOOR	WALLS	CEILING	COUNTERS & SHELVES

FLOOR PLAN SPECIFICATIONS

Attach a scaled floor plan (minimum size: 8.5x11) including the following:

- All food equipment. Each piece of equipment must be clearly labeled on the plan with its common name or labeled with a number corresponding to the attached equipment list. (e.g. refrigerator, steam table, hot case, oven, fryer, etc.)
- Each sink:
 - Handwashing Sink
 - 3-compartment warewashing Sink
 - Food preparation Sink
- All backflow prevention
- Doors and windows
- Water tanks
- Power sources

EQUIPMENT SPECIFICATION LIST

List all food service equipment, including make and model numbers. Examples include, but are not limited to, refrigerators, sinks, stoves, ovens, steam tables, blenders, ice machines, and countertop appliances.

Check here if the equipment list is attached separately.

Equipment ID numbers must correspond to the marked location on the floor plan. All equipment must be commercial grade (ANSI/NSF certified or otherwise approved by YHD).

Example:

ID #	Type of Equipment	Make	Model #
1	<i>Refrigerator 8x8 Walk-In</i>	ACME	R-789WI
2	<i>3-compartment sink with drainboard</i>	ACME	S-3CWD

MENU AND FOOD FLOWS

- Attach a copy of the food establishment's menu, including all food and beverage items that will be served. Include any limited time or seasonal specials.
- For each distinct menu item, attach a food flow diagram.
 - Food flows are not required for variations of the same menu item (e.g. chicken burrito vs beef burrito), but cooking temperatures must be included for each type of meat that would be served.

What processes should be included?

- Receiving
- Storing
- Preparing
- Cooking
- Cooling
- Reheating
- Holding (hot or cold)
- Assembling
- Serving
- Discarding

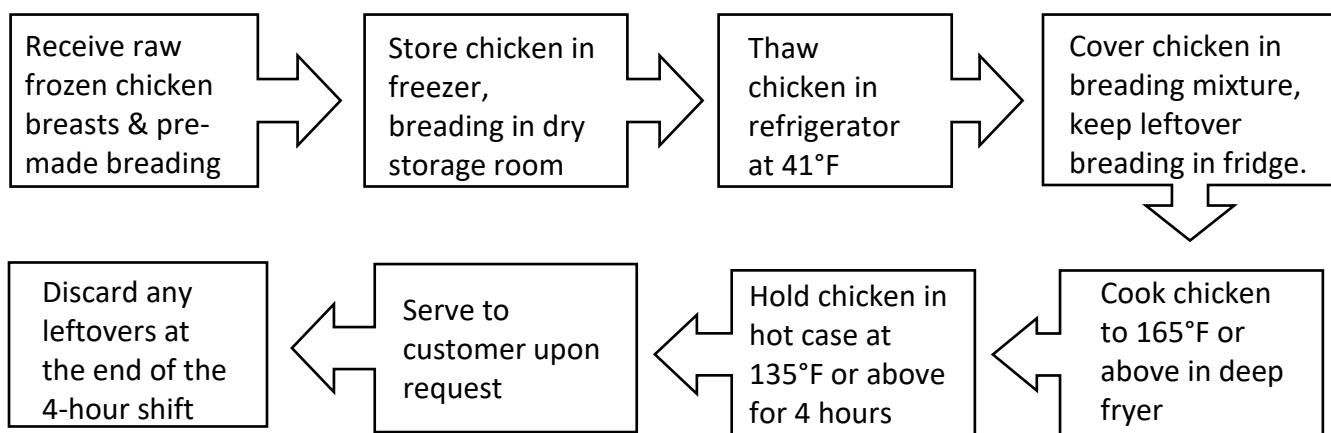
Temperatures to know

- Receiving: 45°F for eggs, 41°F for all other foods
- Cold storage/holding: 41°F or below
- Hot holding: 135°F or above
- Reheating: 165°F or above
- Cooking:
 - 165°F: Poultry
 - 158°F: Chopped or Ground Meats, Sausages
 - 145°F: Eggs, Seafood, Whole Cuts of Meat
 - 135°F: All other foods (vegetables, grains, rice)

Example: Fried Rice – Shrimp or Pork

1. Receive raw ground pork and raw shrimp (41°F or below), raw eggs (45°F or below), uncooked rice, frozen vegetables, and onions.
2. Store vegetables in freezer; rice and onions in dry storage; pork, shrimp, and eggs in walk-in.
3. Cook rice in rice cooker.
4. Cool rice in 2" pans in walk-in at 41°F or below until the next day.
5. Prepare shrimp by cutting off heads and deveining, return to walk-in. Chop onion.
6. Cook onion, frozen vegetables, eggs, and pork/shrimp to 165°F or higher.
7. Hot hold in steam table above 135°F for 6 hours.
8. Serve to customer upon request.
9. Discard leftovers at end of night.

Example: Fried Chicken



ACKNOWLEDGEMENT OF PERMIT CONDITIONS

Approval of these plans and specifications by the Yakima Health District does not indicate compliance with any other code, law, or regulation that may be required, federal, state, or local.

Once approved, a foodservice permit will be issued to the named business, location, and owner. **By law, this permit is NON-TRANSFERABLE.** Prior to sale or transfer of this business, the **seller** must notify the Yakima Health District to avoid future liability under this license agreement. The **new owner** must contact the Yakima Health District to apply for a permit in their name and abide by all reissuing and renewing requirements set forth by the District.

Approval of these plans does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operations is required to determine compliance with applicable laws, regulations, and policies governing food service establishments in Yakima County.

All persons or entities operating under this license are subject to all requirements imposed on this license agreement, including any delinquencies from past operations.

**IF ANY OF THE INFORMATION PROVIDED IN THIS APPLICATION CHANGES,
CONTACT THE YAKIMA HEALTH DISTRICT IMMEDIATELY.**

Signature

By signing, I hereby make application with the Yakima Health District and agree to comply with all laws, regulations, ordinances, policies, and amendments thereto, now in effect or which may be adopted by the Board of Health of the Yakima Health District or the Washington State Board of Health. I understand that issuance and retention of any permit is contingent upon satisfactory compliance with Yakima Health District requirements and adherence to WAC 246-215. All information provided, supplied by me, is true to the best of my knowledge.

Applicant Signature

Date