



MOBILE PLAN REVIEW
Monroe County Health Department
Food Protection Program
119 West 7th St Bloomington, IN 47404
812-349-2896

MOBILE means any retail food establishment without a fixed location which is capable of being readily moved intact from location to location that is wheeled, on skids, mounted on a vehicle, a marine vessel, pushcart or trailer.

PLAN REVIEW FEE \$150 payable to: Monroe County Health Department upon submission of this plan review for approval

RECEIPT NUMBER _____ (Staff Initials) _____

Mobile Unit Name: _____

Owner: _____ Operator of Unit: _____

Contact Person Telephone # _____ Email _____

Owner Address: _____

Hours of Operation: _____ Days of Operation: _____

Commissary Name/address (if applicable): _____

Contents and Specifications for Facility and Operating Plans as required in Section 110 of 410 IAC 7-24:

(Please check items submitted for review)

- Intended menu (What do you intend to serve?) List Source of Food, ice, beverages
- Detailed floor plan of mobile unit and materials used for construction of cart
- Commissary Agreement (if applicable)
- Name of Certified Food Manager and Certificate Number/Expiration date: _____

(Note: ServSafe **FOOD HANDLER** Certification does not meet Indiana requirements)

Note: Other information that may be required by the regulatory authority for the proper review of the proposed construction, conversion or modification, and procedures for operating a mobile retail food establishment.

(Signature of Applicant) _____

(Relationship to Project) _____

(Date Signed) _____

NOTE: THE CITY OF BLOOMINGTON REQUIRES AN "ITINERANT MERCHANT" LICENSE IN ORDER TO SELL FOOD WITHIN THE CITY LIMITS.

CONTACT THE DEPARTMENT OF ECONOMIC AND SUSTAINABLE DEVELOPMENT AT 349-3418. A COPY OF YOUR MOBILE FOOD PERMIT IS REQUIRED IN ORDER TO PROCESS THE ITINERANT MERCHANT LICENSE.



Monroe County Health Department – Food Protection Program PLAN REVIEW QUESTIONNAIRE

1. Please answer the following questions.

Return this completed questionnaire along with your proposed menu, floor plan and **initial deposit of \$150** to our office at: 119 West 7th Street, Bloomington, IN 47404.

2. If you have any questions please call (812) 349-2837.

3. This questionnaire is designed as a guideline only. It is not a complete list of requirements.

4. The sanitation requirements noted in this document are specified under the http://www.in.gov/isdh/files/410_iac_7-24.pdf. Please use the code as it pertains to the section numbers referenced at the end of each question.

Name of the mobile unit:

Name of Owner: _____

Contact Person's name and phone number: _____

Contact email: _____

I have submitted plans/applications to the authorities listed below on the following dates:

Monroe County Offices:

Planning (349-3423) _____

Building (349-2580) _____

City of Bloomington Offices:

Fire (332-9763) _____

Department of Economic and Sustainable
Development (349-3418) _____

1. Who will be your certified food protection manager and what is their title?

2. How will employees be trained in food safety?

3. Please list food and beverages sold:

4. Where are food/beverages purchased?

5. If food is prepared offsite, please list the name and location of commissary.

6. If foods are prepared a day or more in advanced, please list them out.

7. What will be your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked or heat treated (*such as, sushi, lettuce, buns, etc.*)?

8. Will all produce be washed prior to use? Yes ___ No ___ NA ___
If no why? _____

9. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone (*41°F-135°F*) during preparation.

10. Provide a list of the types of food that will need to be thawed before cooking and the process that will be used to thaw the food. (*e.g. frozen meat*)

TYPES OF FOOD	PROCESS

11. Provide a list of the types of food that will need to be cooled and the process that will be used to cool each of these foods. (*e.g. leftovers*).

TYPES OF FOOD	PROCESS

12. What procedures will be in place to ensure that foods are reheated to 165°F or above?

13. Will "Time as a Public Health Control" be used for potentially hazardous food(s) (either hot or cold)?
Yes ___ No ___ NA ___ *Note: These procedures must be submitted and approved before their use.*

14. Will raw animal food(s) will be offered to the public in an undercooked form (sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc.)? Yes ___ No ___ NA ___ if so, please attach your consumer advisory statement.

15. Who will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken (cooking, cooling, reheating, and hot holding)?

16. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in a refrigeration unit(s) (i.e. walk in coolers, under the counter coolers).

17. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in a refrigeration unit(s) (i.e. walk in coolers, under the counter coolers).

18. Describe the storage of different types of raw meat and seafood in the same unit, and how cross-contamination will be prevented.

19. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used?

20. What type of chemical sanitizer(s) will the facility use?

21. Will the facility have test kits/papers on site for all types of chemical sanitizers? Yes ___ No ___ NA ___

22. Will all spray bottles be clearly labeled? Yes ___ No ___

23. Where will first aid supplies be stored?

24. Can the largest piece of equipment be submerged into the 3 compartment sink? Yes ___ No ___ NA ___

25. How will large equipment be sanitized? What will the frequency of cleaning be?

26. What is your water source? Public(___) Private well(___)

27. What is the recovery time, volume, and capacity of the hot water heater?

28. Are backflow prevention devices in use?
Yes____ No____ Type_____

29. Where is hand sink located in mobile unit? _____

30. Where do you dispose of gray water/trash? (Storm sewers are not allowed for gray water disposal)

31. How large is the holding tank for wastewater?

32. Please List Equipment for the following:

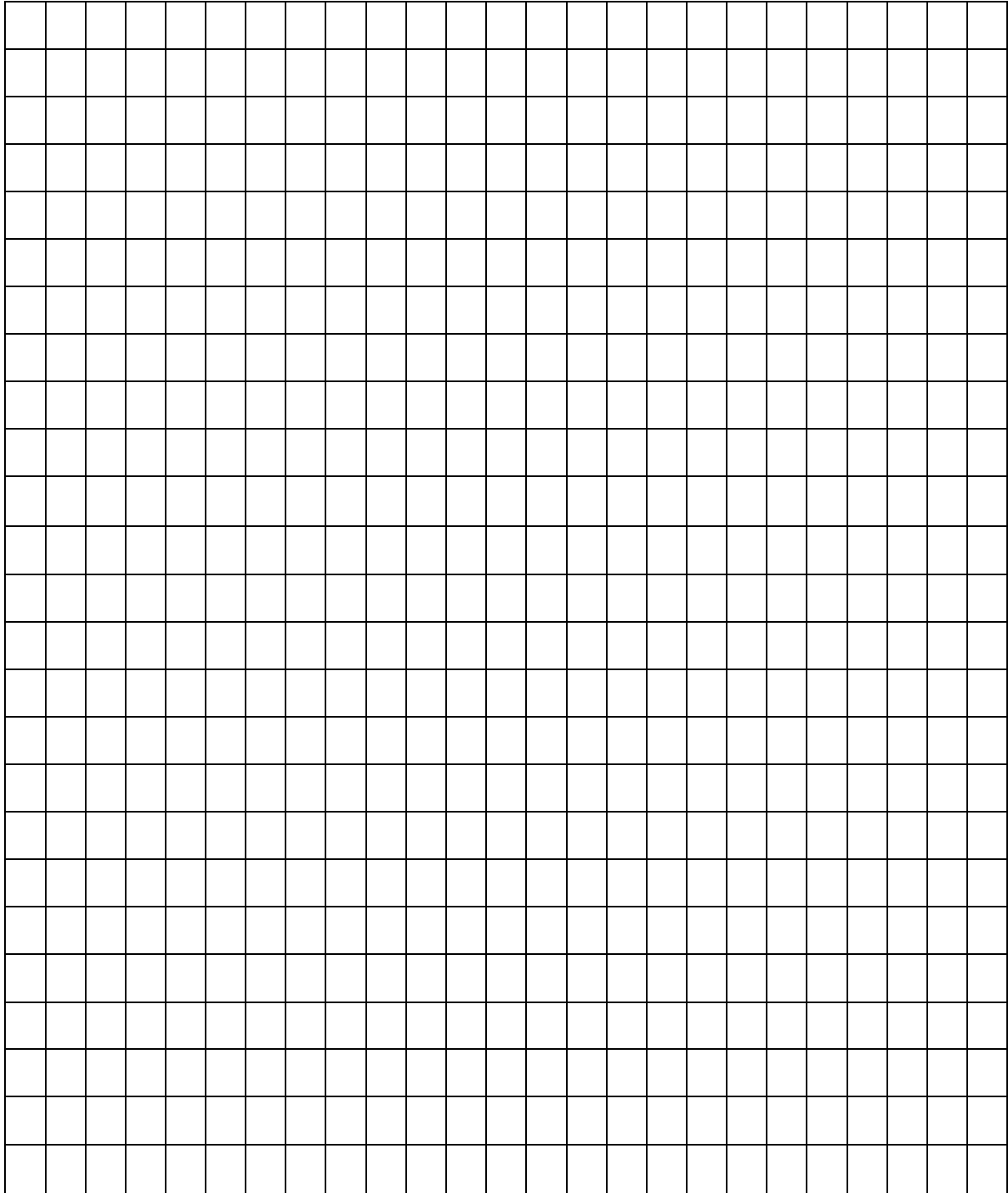
A.)Cold Holding:

B). Holding and/or cooking:

33. Location or events where mobile unit operates in Monroe County:

34. Mobile Route Schedule (if applicable): Please provided location of stop, time, and duration of stop.

MOBILE
FLOOR PLAN /DESIGN & EQUIPMENT LAYOUT





COMMISSARY AGREEMENT

Name of Mobile or pushcart unit _____
Name of operator/phone#: _____

Name of Owner: _____
Street Address of Owner: _____
City/State/Zip: _____
Phone Number: _____

Title 410 IAC 7-24-113 of the Indiana State Department of Health Retail Food Establishment Sanitation Requirement states that “*all mobile food units must meet minimum requirements pertaining to water and food source, sewage and solid waste disposal, cleaning and servicing facilities and renewal of supplies for mobile unit upkeep and **must operate from a commissary that is revisited daily.** In order to meet these requirements, a mobile unit operator may choose to make agreements with one or more provider as long as each meets the minimum requirements.*”

This form is to verify to the Monroe County Health Department that an agreement exists between the mobile unit operator and the provider and that the provider’s facility is in compliance with the applicable requirements of the regulations.

I hereby certify that an agreement exists between:

(Name of Mobile Unit) _____ and

(Name of Facility) _____

to use my facility during the stated time period of _____ and that my facility is in compliance with the regulations of 410 IAC 7-24-113 and will remain in compliance for the indicated time period.

***Please indicate what services are being allowed by your facility:
(Example: warewashing, storage, food prep, wastewater disposal)***

Signed: _____

Title: _____

Facility Address/Phone Number _____

Date: _____