MOBILE FOOD UNIT PLAN REVIEW APPLICATION

***Completion of this form does not constitute authorization to operate a mobile food unit.***

***All mobile food units must be inspected and permitted prior to operation.***

Plan Review Fee (EACH): $175

Purpose of Application:
- New Construction
- Major Remodel
- Change of Service
- Change of Ownership
- Advance Consultation
- Other ________

Type of Application: (Check all that apply and provide the following information.)

<table>
<thead>
<tr>
<th>UNIT TYPE</th>
<th># OF UNIT(S)</th>
<th>PROCESS TYPE (*DEFINITIONS BELOW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-TCS Pushcart (non-perishable)</td>
<td>□ 1</td>
<td></td>
</tr>
<tr>
<td>TCS Pushcart (perishable)</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>Ice Cream Truck</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>Snow Cone Truck</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>Roadside Vendor</td>
<td>□ 1</td>
<td></td>
</tr>
<tr>
<td>Full Service Mobile Truck</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>Limited Service Mobile Truck</td>
<td>□ 1</td>
<td></td>
</tr>
</tbody>
</table>

*Process Type Definitions:
- **Process 1** – Vending or service of food and beverages with or without preparation and involves no cooking
  
  (General Steps: Receive ⇒ Store ⇒ Prepare ⇒ Hold ⇒ Serve)

- **Process 2** – Food preparation for same day service
  
  (General Steps: Receive ⇒ Store ⇒ Prepare ⇒ Cook ⇒ Hold ⇒ Serve)

- **Process 3** – Complex food preparation
  
  (General Steps: Receive ⇒ Store ⇒ Prepare ⇒ Cook ⇒ Cool ⇒ Hold ⇒ Serve)

Establishment and Owner Information:

<table>
<thead>
<tr>
<th>Name of Establishment:</th>
<th>Unit #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit License Plate (if applicable):</td>
<td>VIN (if applicable):</td>
</tr>
<tr>
<td>Registered Address:</td>
<td></td>
</tr>
<tr>
<td>Web Address:</td>
<td></td>
</tr>
<tr>
<td>Social Media Affiliations (Facebook, Twitter, Instagram, etc.):</td>
<td></td>
</tr>
</tbody>
</table>

Name of Owner:

Owner’s Mailing Address:

Owner’s Telephone #:

Alternate #:

Owner’s Email Address (Required):

Applicant Information: □ Same as above

Applicant’s Name:

Title (owner, manager, contractor, etc.):

Applicant’s Tel #:

Alt #:

Applicant Email:

Projected Date for Start of Project:

Projected Date for Completion of Project:

Documentation required to be submitted with this application: (Not applicable for requested advance consultation)

- □ Floor Plan with All Required Contents of the Mobile Food Unit Floor Plan Guidance Document.
- □ Supplemental Information Specified in the Mobile Food Unit Plan Review General Information Document

OFFICE USE ONLY:

Date Received:___________    Pmt. Method:________  Adv. Consult Fee($50): _____ Amt. Owed: $____  Amendment Fee: $20 ___

Master File #: ___________ Inventory #: ____ Program Element: ________ Location Code: ______ District: ______


Floor Plan Rec’d:___ Rev. Floor Plan Req.:____ Floor Plan Approved: ___ Issued to Inspector:___ Date Issued to Inspector:____

NET Health E-002 (05-17)
MOBILE FOOD GUIDANCE DOCUMENT

To Be Completed by the Owner/Operator and Submitted to the
Northeast Texas Public Health District (NET Health)
Environmental Health Department Plan Review Application

ENSURE TO INCLUDE:

☐ Detailed Proposed Menu (Including Seasonal Menus)
☐ Floor Plan Design and Diagrams of Mobile Food Unit clear drawn-to-scale ¼” renderings on an 11” x 17” paper minimum.
   Equipment Schedule (ALL equipment installed in Mobile Food Unit needs to be identified)
   NON-ANSI Equipment (Subject to NET Health Approval) manufacturer’s name, model numbers, and manufacturer’s specification sheets may be requested.
☐ Lighting Plan – Types of fixture, intensity and confirmation the bulb is properly shielded
☐ Central Preparation Facility Site Plan
   Plan must show the location of storage and preparation area in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, grease interceptor, well, servicing area, septic system, parking etc.).
☐ Elevation Plan (all sides, front, back, top views of mobile food unit) are preferred to locate utility hook-ups, generators, propane tanks, serving windows, etc. around the vehicle

FOOD MANAGER KNOWLEDGE – Policies required by permitting “opening” inspection:

☐ A designated person in charge that is a Certified Food Manager (CFM) and that can demonstrate knowledge of food-borne disease prevention, application of food safety principles, and the requirements of the food code will be available during all hours of operation
☐ A written Employee Health Policy that excludes or restricts food workers who are ill or have infected cuts or lesions;
☐ A written policy for reporting imminent health hazards to a regulatory authority.
☐ A written policy for employees to follow when cleaning up a contamination event.
☐ Consumer advisory on menu to notify customers that specific animal based foods (such as meat, poultry, fish, shellfish or eggs) when served raw or undercooked are not processed to eliminate pathogens. Applicable when raw proteins are served undercooked.

MENU INFORMATION: (Use a separate sheet if needed)

In addition to the complete menu provided, describe what foods will prepared on the MFU. Describe how items are stored, prepared and served.

CENTRAL PREPARATION FACILITY: (Reference: Texas Food Establishment Rules §228.2(15) & §228.221(b))

Please give a description of the type of advance food preparation that will occur at the central preparation/commissary facility used by the mobile food unit. (ie portioning foods, cutting vegetables, or pre-cooked sauces).

NOTE: A separate plan review application must be submitted for a central preparation facility owned by the mobile food unit operator. Otherwise a Central Preparation/Commissary Facility Agreement will need to be completed and submitted for use of a central preparation/commissary facility owned by someone other than the mobile food unit operator.

DRY STORAGE ON MFU:

Number of Cabinets (not sink cabinets): _______________ Number of Shelving Units: _______________

Will you have single service items? ☐ Disposable Only ☐ N/A

Returnable/damaged goods storage – state location if applicable: ____________________________________________________________

Location designated for chemicals or non-food related items (such as tools for the engine, gasoline, etc.)

_______________________________________________

_______________________________________________

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COLD STORAGE ON MFU:

☐ Check box if all non-TCS foods/beverages only

Refrigerated Storage space (square feet): ________________  Number of Refrigeration Units: ________________

Frozen Storage space (square feet): ________________  Number of Freezer Units: ________________

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods:  ☐ Yes  ☐ No

If yes, how will cross-contamination be protected?

__________________________________________________________________________________________________________________

________________________________________________________

FOOD PREPARATION:

Will all produce be washed on-board the mobile food unit prior to use?  ☐ Yes  ☐ No  ☐ N/A

If no, will pre-washed and packaged produce be used?  ☐ Yes  ☐ No  ☐ N/A

Time Only As A Public Health Control for Specific Menu Items?  ☐ Yes  ☐ No  ☐ N/A

If yes, please list the items this policy will be used for: ________________________________________________________________

Does the operator have HACCP plans to use any of the following special processes?

(Please submit separate Variance Request Form (VRF))

Smoking Food - Preservation .....................................................  ☐ Yes  ☐ No  ☐ N/A

Sushi .................................................................  ☐ Yes  ☐ No  ☐ N/A

Curing Food .................................................................  ☐ Yes  ☐ No  ☐ N/A

Food Additives/ Adding Components - Preservation ...........................................  ☐ Yes  ☐ No  ☐ N/A

Live Molluscan Shellfish Tank .............................................................  ☐ Yes  ☐ No  ☐ N/A

Custom Processing Animals .............................................................  ☐ Yes  ☐ No  ☐ N/A

Reduce Oxygen Packaging / Sous Vide ...........................................  ☐ Yes  ☐ No  ☐ N/A

Sprouting Seeds / Beans .................................................................  ☐ Yes  ☐ No  ☐ N/A

Other Food/Beverage Special Processes ...........................................  ☐ Yes  ☐ No  ☐ N/A

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD: (Use additional blank paper if needed)

☐ Check box if all items offered are Non-TCS foods/beverages only

Will this process occur onboard the mobile food unit?  ☐ Yes  ☐ No

If answered “Yes”, specify Thawing method(s) – check all that apply:

☐ Refrigeration  ☐ In Cooking Process  ☐ Microwave  ☐ Other (describe) ______________________________

COOKING/REHEATING: (Use additional blank paper if needed)

☐ Check box if all items offered are Non-TCS foods/beverages only

Will this process occur onboard the mobile food unit?  ☐ Yes  ☐ No

If answered “Yes”, List the equipment to be used:

1) ______________________________

2) ______________________________

3) ______________________________

Type of ventilation hoods for equipment:  ☐ Type I w/suppression  ☐ Type II

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HOT HOLDING: (Use additional blank paper if needed)

☐ Check box if all Non-TCS foods/beverages only

How will hot PHF/TCS foods be maintained at 135°F or above during holding prior to service?

List type and quantity of hot holding equipment:

1) 
2) 
3) 

COOLING: (Use additional blank paper if needed)

☐ Check box if all Non-TCS foods / beverages only

Will this process occur onboard the mobile food unit? ☐ Yes ☐ No

How will hot PHF/TCS foods be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours, then 70°F to 41°F in 4 hours)?

Check all cooling methods to be used:
☐ shallow pans ☐ ice baths ☐ ice paddle ☐ reduced volumes
☐ blast chiller ☐ refrigerators ☐ walk-in refrigerator ☐ other: ___________________________

List foods that will be subject to cooling:

1) 
2) 
3) 
4) 
5) 

After cooling the food(s), please check all that apply:
☐ reworked into another product ☐ held over and reheated ☐ donated ☐ discarded
☐ other: ____________________________

SINKS – indicate quantity of each  ☐ SEE PLANS  ☐ NOT APPLICABLE

<table>
<thead>
<tr>
<th>Location</th>
<th>4-Compartment Sinks</th>
<th>3-Compartment Sinks</th>
<th>Prep Sinks</th>
<th>Dump Sinks</th>
<th>Hand Sink(s)</th>
<th>Mop Sinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onboard the MFU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In CFP/Commissary Kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Commissary Restroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DISHWASHING FACILITIES: ☐ NOT APPLICABLE

The proper wash order is: (Pre-scrape, Detergent Wash (110F), Rinse, Sanitize, Air Dry)

How will cooking utensils and equipment be washed? (*REQUIRED)

Utensils and equipment washed onboard the mobile food unit will most likely be:

__________________________________________________________________________

Equipment and/or utensils that are planned to be washed at CFP/Commissary are:

__________________________________________________________________________

Indicate The Desired Sanitizing Method

☐ Hot Water. Submersed under 171F or above water

☐ Chlorine. Submersed in 50-100 parts per million (ppm) available chlorine for at least 30 seconds of contact time

☐ Quaternary Ammonium. Submersed in 200ppm for at least one minute of contact time; or

☐ Other (describe):____________________________
SANITIZATION: (Use a separate sheet if needed) □ NOT APPLICABLE

1. Describe how the potable water system will be cleaned and sanitized.

________________________________________________________________________________________________________
________________________________________________________________________________________________________

2. What type of sanitizing agent will you use to sanitize the potable water tank?
   □ chlorine     □ quaternary ammonia      □ iodine

INSECT AND RODENT CONTROL:
* Flanges, plate covers, escutcheons and/or other approved and effective means required around piping.

<table>
<thead>
<tr>
<th>Area</th>
<th>Air Curtain</th>
<th>Screening/Weather-Stripping</th>
<th>Self-Closure</th>
<th>Dock Boots</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Doors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Windows</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Contracted Pest Control Company: ________________________________

FINISH SCHEDULE: complete ONLY if not otherwise provided in plans □ SEE PLANS
Indicate which materials (quarry tile, stainless steel, FRP, etc.) will be used in the following areas:

<table>
<thead>
<tr>
<th>Location</th>
<th>Wall</th>
<th>Ceiling</th>
<th>Floor &amp; Base Covering</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Preparation Areas</td>
<td></td>
<td></td>
<td></td>
<td>□ N/A</td>
</tr>
<tr>
<td>Storage Areas</td>
<td></td>
<td></td>
<td></td>
<td>□ N/A</td>
</tr>
<tr>
<td>Hand/Dump Sinks</td>
<td></td>
<td></td>
<td></td>
<td>□ N/A</td>
</tr>
<tr>
<td>Ware Washing</td>
<td></td>
<td></td>
<td></td>
<td>□ N/A</td>
</tr>
</tbody>
</table>

* No unnecessarily exposed conduits, piping, framing, and/or other items/parts of the mobile food unit allowed.

LIGHTING SCHEDULE: complete ONLY if not otherwise provided in plans □ SEE PLANS

<table>
<thead>
<tr>
<th>Location</th>
<th>Fixture Type</th>
<th>Shielded</th>
<th>Illumination @ 30 inches</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIC/RIF/Under-Counter Units (Inside)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warewash / Handwash Areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment / Utensil Storage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Prep Areas Including Bars</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WATER SUPPLY/PLUMBING CONNECTIONS: □ NOT APPLICABLE

Potable (Fresh Water) Tank: Labeled “Potable Water Only” □ Yes □ No

#Gallon Capacity ________ Tank Type: ______________________

Inlet Type & Diameter (3/4” or less): __________________________ Type of solder/glue for tank used: ________________

Ice: □ Made on Premises (provide ice machine specifications) □ Purchased Commercially

Hot Water: Recovery capacity of hot water system ________________ KW/BTU _______ #Gallon Capacity

Backflow Protection: RPZ = Reduced Pressure Assembly (Zone); AVB = Atmospheric Vacuum Breaker

Hose Bibs □ RPZ □ AVB □ Other: ________________________________
Carbonator □ RPZ □ AVB □ Other: ________________________________
Other □ RPZ □ AVB □ Other: ________________________________

Where will the potable water come from to supply the fresh water system in the mobile unit? (Private – Residential well water is not approved) *The potable (fresh water) system requires the use of a food grade hose to fill the potable (fresh water) tank.

Water Supply: □ Public □ Private (provide PWS approval)

Name of the water utility: __________________________________________
WASTE WATER DISPOSAL: (Use a separate sheet if needed)  ☐ NOT APPLICABLE

Waste water Tank:  ☐ Labeled “Waste Water Only”  ☐ Yes  ☐ No
#Gallon Capacity _____________  Tank Type (RV Type Preferred): ______________________
Outlet Type & Diameter (1” diameter or greater): ______________________
When not at a food truck park, where would you dispose of the liquid waste generated by the mobile food unit?
________________________________________________________________________________________________________________________

LINENS / LAUNDRY SERVICE:

Location:
☐ Onsite (Provide details of procedure)
☐ Offsite – Professional Service Contract (Provide Name)
☐ N/A – ALL DISPOSABLE

EMPLOYEES' PERSONAL ITEMS STORAGE:

Describe Location and/or procedures to prevent contamination of food and/or food related/contact items and/or areas: (Use additional blank sheet if needed)
________________________________________________________________________________________________________________________

Approval of these plans and specifications by the Northeast Texas Public Health District (NET Health) does not indicate compliance with any other code, law or regulation that may be required by federal, state, or local agencies. It further does not constitute endorsement or acceptance of the completed establishment (structure, equipment, or operational plans).

A pre-opening inspection of the establishment with equipment installed and operational is required prior to commencing operations.

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Northeast Texas Public Health District (NET Health) may nullify final approval.

Signature: ______________________________  Date: ______________________  Title: ______________________

FOR OFFICE USE ONLY

MFR#__________________  Reviewed with Operator on (date): ____________________  ☐ Accepted  ☐ Not Accepted
Reviewer: ____________________  Reason for not accepting: _____________________________
☐ APPROVED – NO CONDITIONS  ☐ APPROVED – Conditional on stipulations noted on Preliminary Inspection Checklist / Plan Review Checklist  ☐ NOT APPROVED – Reason: _____________________________

NET Health E-002 (05-17)