



Public Health
Prevent. Promote. Protect.
Panhandle Health District

Panhandle Health District

Healthy People in Healthy Communities



MOBILE FOOD ESTABLISHMENT PLAN REVIEW

New Mobile Remodel

MOBILE FOOD ESTABLISHMENT INFORMATION

Establishment Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Owner: _____

Person-In-Charge of Mobile: _____

Title: _____ Phone #: _____

Certified Food Protection Manager (attach certificate): _____

COMMISSARY – COMPLETE THIS SECTION IF A COMMISSARY WILL BE USED

A commissary is a place where food, containers or supplies are stored, prepared, or packaged for transit, sale, or service at other locations. A commissary cannot be a private home.

*Note: Any food preparation, storage, cleaning, or sanitizing that does not take place in the mobile unit, must take place at an approved commissary that meets the requirements of the Idaho Food Code. A signed, commissary agreement form must be submitted with the application. The Health District is required to inspect the commissary as part of the routine inspection for the mobile unit. The license should be kept in the commissary itself and a copy of the license should be kept in the mobile unit.

Address of Commissary: _____

City: _____ State: _____ Zip Code: _____

Person-In-Charge of Commissary: _____

Phone #: _____ Email Address: _____

Type of Mobile Food Establishment:

- Self-Sufficient Vehicle or Trailer (Full-Service)
- Vehicle or Trailer that is not Self-Sufficient (Limited-Service)

A mobile food establishment is a food establishment selling or serving food for human consumption from any vehicle or other temporary or itinerant station and includes any movable food service establishment, truck, van, trailer, pushcart, bicycle, watercraft, or other movable food service with or without wheels, including hand-carried, portable containers in or on which food or beverage is transported, stored, or prepared for retail sale or given away at temporary locations.

*Mobile food establishments shall be equipped with a freshwater tank, wastewater tank, and meet requirements outlined in sections 5-3 and 5-4 in the [Idaho Food Code \(IFC\)](#).

Hayden –
Kootenai County
8500 N. Atlas Rd.
Hayden, ID
83835
208.415.5220

Sandpoint –
Bonner County
2101 W. Pine St.
Sandpoint, ID
83864
208.265.6384

Kellogg –
Shoshone County
35 Wildcat Way
Kellogg, ID
83837
208.783.0707

Bonnors Ferry –
Boundary County
7402 Caribou St.
Bonnors Ferry, ID 83805
208.267.5558

St. Maries –
Benewah County
137 N. 8th St.
St. Maries, ID
83861
208.245.4556

TOILET USE AGREEMENT FOR MOBILE FOOD ESTABLISHMENT

TOILET FACILITIES - At least 1 toilet shall be available for use by employees of a food establishment (IFC 5-203.12).

*Toilet agreement not required if there is a public access restroom available during hours of operation.

SANITARY TOILET FACILITY INFORMATION

Owner Name:

Owner Street Address:

City:

State:

Zip Code:

Toilet Facility Address:

City:

State:

Zip Code:

I agree to allow the employees and consumers of this Mobile Food Service Unit to use my sanitary toilet facilities at the location listed above during the operational hours of the Mobile Food Service Unit.

Owner Signature:

Date:

II. WATER SUPPLY & WASTEWATER DISPOSAL

1. What is the size of the water supply tank?

GALLONS

2. What is the capacity for hot water?

GALLONS

3. What is your potable water source?

Municipal

Private Well

Public Water Source (specify the type):

If operating during winter months, how will water pipes be protected from freezing during cold weather?

The water source and system shall be of sufficient capacity to meet the PEAK water demands of the mobile food establishment. (IFC 5-103.11)

Water under pressure shall be provided to all fixtures, equipment, and non-food equipment that are required to use water. (IFC 5-103.12)

HOSE, CONSTRUCTION, AND IDENTIFICATION – A hose used for conveying drinking water from a water tank shall be safe, durable, corrosion resistant, and non-absorbent, resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition. It should be finished with a smooth interior surface and be clearly identified as to its use. It should be **food-grade** approved as water is considered “food”.

WATER TANK – A water tank, pump, and hoses shall be flushed and sanitized before being placed in service, after construction, repair, modification, and periods of non-use. (See guidelines.)

A sewage holding tank in a mobile food establishment shall be sized 15% larger in capacity than the water supply tank and be sloped to a drain that has an inner diameter of 25mm (1 inch) or greater, equipped with a shut-off valve. (IFC 5-401.11)

***APPLICANT SHOULD REVIEW MATERIAL, DESIGN, CONSTRUCTION, AND INSTALLATION STANDARDS FOR WATER TANKS AND SEWAGE DISPOSAL IN SECTIONS 5-3 & 5-4 OF THE IFC.**

5. What is the size of the wastewater retention tank?

GALLONS

6. Where will the wastewater be disposed?

III. HANDWASHING FACILITIES (IFC 5-202.12)

1. Does the handwashing sink provide water at a temperature of at least (100°F)? Yes No
2. Does the handwashing sink have a mixing valve? Yes No
3. If using a self-closing, metering faucet does it provide a flow of water for at least 15 seconds without reactivation? Yes No N/A
4. Will hand cleanser and disposable towels be available at the hand washing sink? Yes No
5. Is there a handwashing sign posted at the handwashing sink? Yes No

IV. DISHWASHING FACILITIES

1. Does the 3-compartment sink in the mobile unit comply with the following requirements:
 - a. Hot (110°F or above) and cold running water? Yes No
 - b. Sink basins are deep enough to submerge utensils and cookware at least halfway? Yes No
 - c. Sink equipped with drainboards on both ends? Yes No
2. What type of sanitizer will be used? (ICF 4-501.14)
 Chlorine Quaternary Ammonium High-Temp Rinse Other
3. Are test kits available for checking sanitizer concentration or high-temp rinse? Yes No

V. EMPLOYEE HEALTH

1. Is there a written policy on reporting, excluding, or restricting food workers who are sick or have infected cuts and lesions (IFC 2-201)?
 Yes No

Describe the policy or attach a separate document:

***Resource to get you started:** [FDA Employee Health and Personal Hygiene Handbook](#)

2. Is there a procedure for employees to follow when responding to a vomiting or diarrheal event (IFC 2-501.11)?
 Yes No

Describe the procedure or attach a separate document:

***Here is an example procedure that satisfies this requirement:** [IDHW Clean-up Procedures for Vomit and Diarrheal Accidents](#)

VI. FOOD PROTECTION

A full menu is required when submitting this application for approval.

Food shall be obtained from an approved source. Food prepared in a private home may not be used or offered for human consumption in a food establishment (IFC 3-201.11).

1. Are all food supplies from inspected and approved sources? Yes No

2. Will this mobile food establishment use a commissary? Yes No

3. Please confirm whether any of the following activities will be conducted by the mobile unit.

Thawing Food

Ware washing

Cooking Raw Animal Foods

Slicing Produce

Cooling or Reheating

Serving Raw or Undercooked Foods

Please describe the procedures for all selected activities or attach a separate document. If using a commissary, make a note of which activities will be conducted there:

4. Barehand contact with ready-to-eat foods is prohibited. Describe how disposable gloves, utensils, or tissue paper will be used to prevent barehand contact with ready-to-eat foods.

VII. COLD FOOD STORAGE

1. Will there be adequate freezer and refrigeration space to store frozen food frozen and refrigerated food at 41° F? Yes No

2. Will each freezer and refrigerator have a thermometer for monitoring air temperature (IFC 4-204.112)? Yes No

3. Are refrigeration units in good repair, easily cleanable, Yes No

with door gaskets sealing correctly?

VIII. DRY FOOD STORAGE

1. Shelving constructed to have a smooth and easily cleanable surface? Yes No
2. Will the mobile unit have adequate dry storage for this operation? Yes No
3. Will there be any food storage at a commissary? Yes No

IX. COOKING

1. Will you have readily available food temperature measuring devices to ensure cooking temperatures (IFC 4-302.12) Yes No
2. What types of cooking equipment will be used?

X. FLOORS, WALLS, CEILINGS & OVERHEAD PROTECTION

1. Are walls and ceilings constructed from smooth and easily cleanable, non-absorbent materials (IFC 6-101.11)? Yes No
2. Are all outer openings protected and sealed? Yes No
3. Is overhead protection provided and in good condition? Yes No

XI. GENERAL REQUIREMENTS

1. Will your mobile use a ventilation hood? Yes No N/A

Ventilation hood systems and devices shall be sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings (IFC 4-30114).

2. How will the hood system be cleaned?

***Check with local fire department to determine what will be required for your mobile unit.**

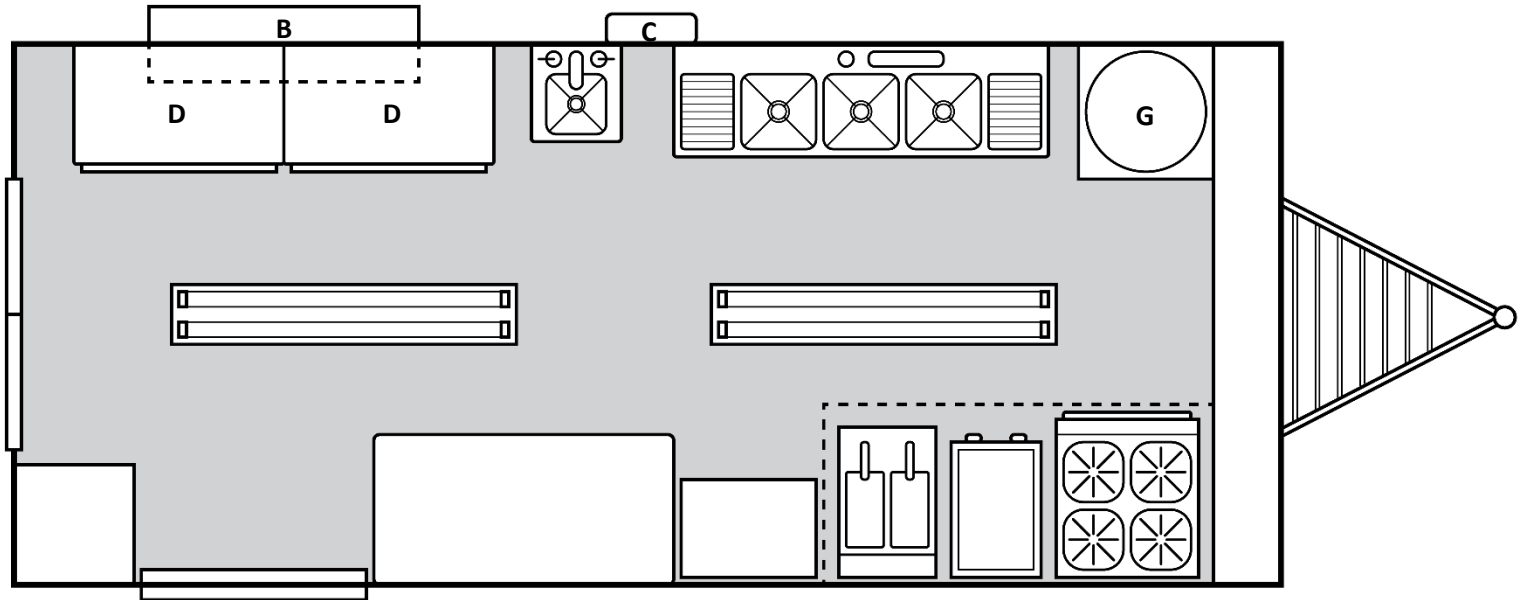
-
3. Is all lighting shatterproof or have a protective covering (IFC 6-202.11)? Yes No
4. Are all wall mounted equipment pieces (ware washing/hand sink) properly sealed to the wall? Yes No
5. Are food storage containers constructed of food grade materials to store bulk food products? Yes No
6. Will establishment have a system in place to eliminate the presence of pests (IFC 6-501.111)? Yes No

Describe how pests will be controlled:

-
7. Where will toilet facilities be located for use by food workers (toilet use agreement required)?

-
8. Describe how, where, and when garbage containers will be emptied:
-

Example layout of a mobile unit:



| | |
|---|--|
| A. Exit Door | J. Service Window |
| B. Holding Tank | K. Stainless Steel Table with Shelving |
| C. Backflow Prevention Device | L. Fryer |
| D. Fridge and Freezer Combo | M. Griddle |
| E. Handwashing Sink | N. Hood Ventilation System |
| F. Three Compartment Sink with Drain Boards | O. Stove |
| G. Hot Water Tank | P. Prep Top Cooler |
| H. Chemical Storage Under Sink | Q. Shelving |
| I. Dry Storage Shelving | R. LED Lights |

Please draw the layout for your mobile unit here or on a separate page:

Office Use Only

File # _____ EHS _____ Clerical _____

Fee \$ _____ Receipt # _____ Date _____