

MOBILE FOOD ESTABLISHMENT PLAN REVIEW

☐ New Mobile ☐ Remodel

MOBILE FOOD ESTABLISHMENT INFORMATION

Establishment Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Owner: _____ Vehicle VIN#: _____

Person-In-Charge of Mobile: _____

Title: _____ Phone #: _____

Certified Food Protection Manager (attach certificate): ☐ Email: _____

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 \(IFC\)](#).

Instructions:

- A Mobile Food Unit License Application must be completed and submitted to Public Health District (PHD) for review at least 30 calendar days before the planned opening date. (IFC 8-302.11)
- Properly prepared plans and specifications shall be submitted to PHD for review before construction of a mobile food establishment or remodeling of an existing establishment or change in type of a food establishment or food operations. Approval of the plans and specifications is required PRIOR to the start of construction or remodel. (IFC 8-201.11)
- Plans and specifications should include intended menu, proposed layout, and an operational plan.
- Licensing fees are due at the time of application, or plan review (whichever comes first).
- Once a plan review has been conducted and approval granted, you must notify the Health Department at least 15 days before anticipated opening to request a Preoperational Inspection. (IFC 8-203.10)

Office Use Only

File # _____ EHS _____ Clerical _____

Fee \$ _____ Receipt # _____ Date _____

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

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

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

I. OPERATIONS

Which months do you plan on operating (mark all that apply):

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun
☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Which days do you plan on operating (mark all that apply):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Hours of operation (indicate AM/PM):

Event List

Name of Event	Location	Dates of Operation

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: _____

Person-In-Charge of Commissary:

Phone #: _____ Email Address: _____

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

☐ 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.

- | | | |
|--|---|---|
| <input type="checkbox"/> Thawing Food | <input type="checkbox"/> Ware washing | <input type="checkbox"/> Cooking Raw Animal Foods |
| <input type="checkbox"/> Slicing Produce | <input type="checkbox"/> Cooling or Reheating | <input type="checkbox"/> 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, with door gaskets sealing correctly? ☐ Yes ☐ No

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 4-301.14).

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:

Approval of the plans and specifications does not constitute endorsement or acceptance of the completed establishment, structure, or equipment installation. Any changes or deviations from these approved plans must be submitted in writing and approved by the Health District.

Applications may be submitted to any PHD office by mail, in-person, or by email to: EHApplications@phd1.idaho.gov
Applications will not be processed until all requisite fees are received.

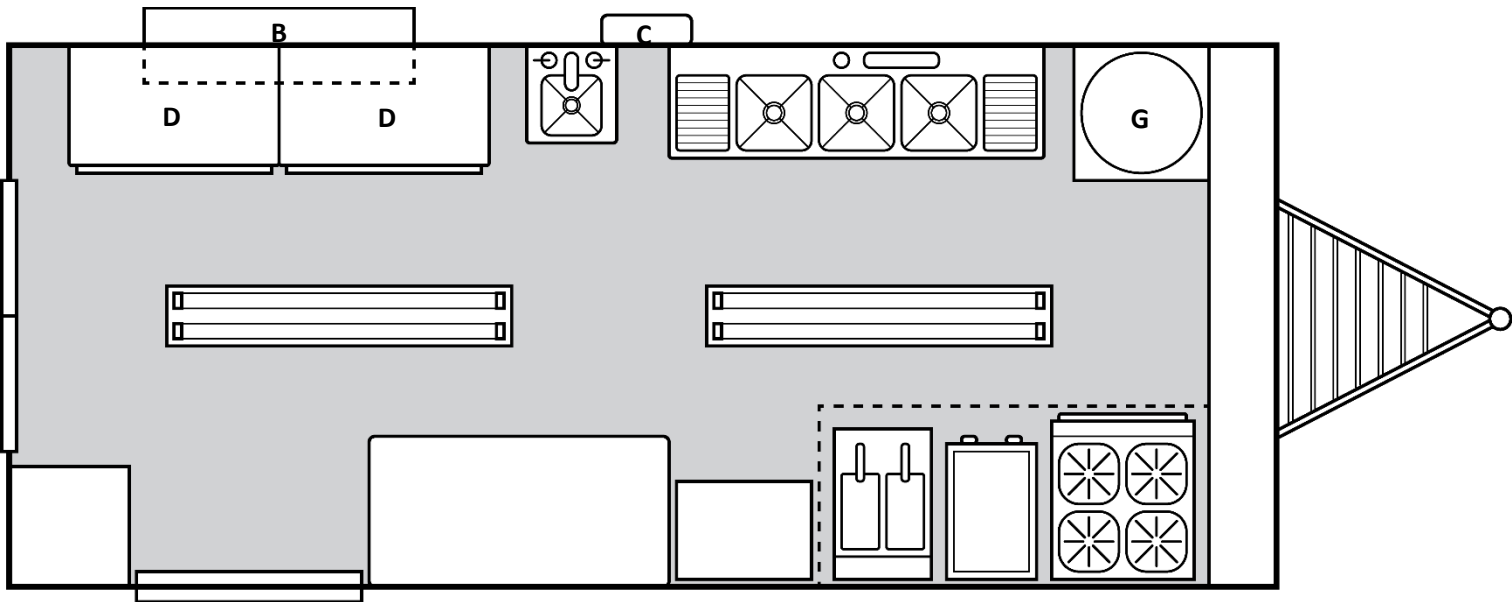
I have read and understand and agree to comply with the above listed requirements and accept responsibility for any changes needed when not in compliance.

Signed: _____

Firm/Company: _____

Date: _____

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:



Panhandle Health District

Healthy People in Healthy Communities

SHARED FOOD FACILITY/COMMISSARY AGREEMENT

This form is to be submitted with proposals for a Mobile or Temporary / Intermittent Food Facility Permit. The State of Idaho Food Code requires that foods sold or given away to the public be prepared and stored in an approved facility. In addition, the mobile and temporary food units used in the sale of those foods must be serviced and, sometimes, stored at an approved facility.

THIS FORM IS TO BE COMPLETED BY THE OWNER (OR MANAGER) OF THE APPROVED FOOD FACILITY where these operations will take place for the business applying for a permit. No other facility may be used by this business for these operations without the written approval of Panhandle Health District I.

Name of Business applying for permit: _____

Name of Approved Food Facility/Commissary: _____

Address: _____
(City, state, zip)

Phone: _____ Commissary License #: _____
(Approved/licensed facility)

Operations to take place:

- ☐ Food Preparation
- ☐ Food/Utensil storage (Designated and labeled area for exclusive use)
- ☐ Vehicle/Cart Storage
- ☐ Washing of utensils and equipment
- ☐ Other: _____

As the owner of the above approved food facility, I have given my permission for the business known as:

_____ to use my facility for the operations indicated, and

know that I am ultimately responsible for the maintenance and sanitation of the food facility.

Owner of Approved Facility/Commissary (please print): _____

Signature of Approved Facility/Commissary Owner/Manager: _____

Date: _____