



AMARILLO AREA PUBLIC HEALTH DISTRICT

Cities of Amarillo, Canyon, the Villages of Timbercreek Canyon, Lake Tanglewood, Palisades, the Town of Bishop Hills, and Potter and Randall County
 CITY OF AMARILLO, P. O. Box 1971, Amarillo, TX, 79105-1971
 Email: ehealth@amarillo.gov

Mobile Food Unit (MFU) Plan Review Guide

<p><u>Establishment Contact Information:</u></p> <p>Name: _____</p> <p>Physical Address: _____</p> <p>Mailing Address: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>	<p><u>Owners Contact Information:</u></p> <p>Name: _____</p> <p>Physical Address: _____</p> <p>Mailing Address: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>
<p><u>Establishment Details:</u></p>	
<p>Total Square Footage _____</p>	
<p>Number of Staff:</p>	<p>Day Shift: _____ Night Shift: _____</p>
<p>Hours of Operation:</p>	<p>Sunday: _____ Monday: _____</p> <p>Tuesday: _____ Wednesday: _____</p> <p>Thursday: _____ Friday: _____</p> <p>Saturday: _____</p>
<p>Vehicle License # _____</p>	
<p>Vehicle Description _____</p>	
<p>Stand Alone Mobile Food Unit <input type="checkbox"/></p>	<p>Mobile Food Unit/Commissary <input type="checkbox"/></p>

Comments:

Please include the following documents and information:

Plans/Application submittal dates to the following authorities:

_____ Developmental Services

_____ Projected Date for Start of Project

_____ Projected Date for Completion of Project

Supplemental Information Needed:

Proposed Menu (including seasonal, off-site and banquet menus)

Equipment schedule (list of all equipment including all permanent fixtures) **OR**

Manufacturer specification sheets for each piece of equipment shown on the plan; ****Note**** only NSF certified or equivalent commercial equipment is allowed within the Amarillo city limits

Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system (if applicable)) **Note**** Site plan does NOT have to be drawn to-scale but MUST show dimensions.

Plan drawn to scale of entire food establishment showing location of equipment, plumbing, electrical services, mechanical ventilation and fire suppression systems

Format of Plans and Specifications included:

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with a sneeze guard/shield.
3. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding TCS foods.
4. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
5. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
6. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
7. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required.

8. Include and provide specifications for:
- a) Entrances, exits, loading/unloading areas and docks;
 - b) Complete finish schedules for each room including floors, walls, ceilings and covered juncture bases;
 - c) Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections,
 - d) Lighting schedule with protectors;
 1. At least 110 lux (10 foot candles) at a distance of 30 inches above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 2. A least 220 lux (20 foot candles):
 - a. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 - b. Inside equipment such as reach-in and under-counter refrigerators;
 - c. At a distance of 30 inches above the floor in areas used for hand washing, warewashing, equipment and utensils storage and in toilet rooms; and
 3. At least 540 lux (50 food candles) at a surface where a food employee is working with food, utensils or equipment such as knives, slicers, grinders or saws where employee safety is a factor.
 - e) Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by NSF or an equivalent accreditation program.
 - f) Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;
 - g) Ventilation schedule for each room;
 - h) A mop sink or curbed cleaning facility with facilities for hanging wet mops;
 - i) Garbage can washing area/facility;
 - j) Area for storing toxic chemicals;
 - k) Dressing rooms, locker areas, employee rest areas, and/or coat rack for employees personal items as required

Food Preparation Review

Check categories of Time/Temperature Control for Safety (TCS) to be handled, prepared and served.

Category:

1. Thin meats, poultry, fish, egg
(Hamburger; sliced meats; fillets) Yes No
 2. Thick meats, whole poultry
(Roast beef; whole turkey, chickens, hams) Yes No
 3. Cold processed foods
(Salads, sandwiches, vegetables) Yes No
 4. Hot processed foods
(Soups, stews, rice/noodles, casseroles) Yes No
 5. Bakery goods
(Pies, custards, cream fillings & toppings) Yes No
 6. Other: Yes No
-

Food Supplies:

Where will you obtain all food supplies from and how will they be transported to the unit?

1. What are the projected frequencies of delivers for:

Frozen Foods: _____ Refrigerated Foods: _____ Dry Storage: _____

2. Provide information on the amount of space (in cubic feet) allocated for:

Frozen Storage: _____ Refrigerated Storage: _____ Dry Storage: _____

3. How will dry goods be stored off the floor? _____

Cold Storage: NA

1. Does the establishment have an adequate and approved commercial refrigerator and freezer available to store cold foods below 41°F, and to maintain frozen foods frozen? Yes No NA
 2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezer with cooked ready-to-eat foods? Yes No
 3. Does each refrigerator/freezer have a thermometer? Yes No NA
- Number of refrigeration units: _____ Number of freezer units: _____
4. Is there a bulk ice machine available? Yes No

Thawing Frozen TCS Foods: NA

Please indicate by checking the appropriate boxes how frozen TCS foods in each category will be thawed. More than one method may apply.

<u>Thawing Method</u>	<u>Thick Frozen Foods</u> <small>(More than 1")</small>	<u>Thin Frozen Foods</u> <small>(1" or less)</small>
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>
Running water less than 70°F	<input type="checkbox"/>	<input type="checkbox"/>
Microwave _(Part of cooking process)	<input type="checkbox"/>	<input type="checkbox"/>
Cooked from a frozen state	<input type="checkbox"/>	<input type="checkbox"/>
Other _(Describe)	_____	_____

Cooking: NA

1. Will food product thermometers be used to measure final cooking/reheating temperatures of TCS foods? Yes No NA
 2. What type of thermometer will be used? _____
 3. List all types of cooking equipment: _____
-

Hot/Cold Holding: NA

1. How will hot TCS foods be maintained at 135°F or above during holding for service? Indicate type and number of hot holding units: _____
 2. How will cold TCS foods be maintained at 41°F or below during holding for service? _____
-

Cooling: NA

Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F within 6 hours (135°F - 70°F within 2 hours and 70°F - 41°F within 4 hours).

Cooling Method	Thick Meats	Thin Meats	Thick Liquids	Thin Liquids	Rice/Noodles
Shallow Pans	<input type="checkbox"/>				
Ice Baths	<input type="checkbox"/>				
Reduce Size	<input type="checkbox"/>				
Rapid Chill	<input type="checkbox"/>				

Other_(Describe) _____

Reheating: NA

1. How will TCS foods that are cooked, cooled and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds? Indicate type and number of units used for reheating foods. _____
 2. How will foods be rapidly reheated to 165°F within 2 hours? _____
-

Preparation:

1. Please list categories of foods prepared more than 12 hours in advance of service: _____
 2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? Yes No
 3. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized? _____
-

Chemical Type: _____ Concentration: _____ Test Kit Available? Yes No

4. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salad and be pre-chilled before being mixed and/or assembled? Yes No NA
5. Will all produce be washed on-site prior to use? Yes No NA
6. Describe the planned location for washing produce? _____

7. Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F-135°F) during preparation. _____

8. Will specialized processing methods such as vacuum packaging of food items or curing of meats be conducted on-site? Yes No
 If yes, attach a copy of HACCP plan for each process. **Please initial if read:** _____
9. Will the facility be serving food to a highly susceptible population? Yes No

Finish Schedule:

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, vinyl coated ceiling panels, etc.) will be used in the following areas. **NOTE** No utility service lines and/or pipes may be unnecessarily exposed****

<u>Location</u>	<u>Floor</u>	<u>Coving</u>	<u>Walls</u>	<u>Ceiling</u>
Mobile Food Unit				
Toilet Rooms <small>If applicable</small>				
** If additional room is needed place an asterisk in the chart above and explain on an additional sheet**				

Insect & Rodent Control:

1. Will all outside doors be tight-fitting and self-closing? Yes No
2. Will fly screens be provided on all entrances are left open? Yes No
3. Will all pipes & electrical conduit chases be sealed? Yes No
4. Will area around the building be free from unnecessary litter? Yes No
5. Will air curtains be used? Yes No

Garbage & Refuse:

Inside

1. Do all containers have lids? Yes No
2. Will refuse be stored inside? Yes No
3. Is there an area designated for garbage can or floor mat cleaning? Yes No NA

Outside

4. Will a dumpster be used? Contractor: _____ Yes No
5. Describe the location and surface where all dumpsters/compactors/grease storage receptacle will be stored: _____
-
6. Describe the location to store returnable or damaged goods? _____

Plumbing Connections: (Connection to the sewer line)(By selecting an a box you are indicating you have this equipment installed)

Equipment		Air Gap	Air Break	Vacuum Breaker	Condensate Pump	Direct Connection
1. Ice Machines	NA <input type="checkbox"/>	<input type="checkbox"/>				
2. Ice Storage Bins	NA <input type="checkbox"/>	<input type="checkbox"/>				
3. Sinks						
a. Mop	NA <input type="checkbox"/>	<input type="checkbox"/>				
b. Handwashing		<input type="checkbox"/>				
c. 3 Compartment		<input type="checkbox"/>				
d. 2 Compartment	NA <input type="checkbox"/>	<input type="checkbox"/>				
e. 1 Compartment	NA <input type="checkbox"/>	<input type="checkbox"/>				
4. Steam Tables	NA <input type="checkbox"/>	<input type="checkbox"/>				
5. Other: _____		<input type="checkbox"/>				

Water Supply:

- Is the water supply public or private? Public (Municipal) Private Well
- If private, has source been approved? Yes No
- Is ice made on premises or purchased commercially? On Premise Purchased NA
- Is hot water, at least 100°F, available at all hand washing facilities? **Please initial if read:** _____
- What is the capacity of the water heater? _____
- Is the MFU's potable water tank made of a safe, durable, corrosion-resistant, non-absorbent material, finished to have a smooth, easily cleanable surface and labeled "Potable Water"? Tank size: _____ Yes No
- Is the potable water tank inlet ¾ "or less in diameter? Yes No
- Is there a food grade hose available and it is labeled "Potable Water"? Yes No
- Where will you obtain your potable water from? _____

Sewage Disposal:

- Is the waste water holding tank leak proof and sized at least 15% larger in capacity than the total fresh water capacity (potable water tank and water heater)? Tank size: _____ Yes No
- Is the waste water holding tank slopped to a drain that is at least 1" in diameter, equipped with a shut-off valve and labeled "Waste Water"? Yes No
- Is there a vent on the waste water tank plumbed up and outside of the unit with a minimum pipe diameter of 1^{1/2}"? Yes No
- Is a grease trap provided on the unit? Yes No
- Who is the manufacture of the grease trap? _____
- What is the size of the grease trap? _____

7. Describe the cleaning and maintenance schedule: _____

8. If a grease trap is not provided on the unit, where will you be disposing of your waste water? **All**
wastewater must be disposed of through a grease trap. _____

Fire Safety:

1. Are vent hoods being used? Yes No

2. If vent hoods are being used, describe how they will be maintained: _____

3. Is the vent hood equipped with an automatic extinguishing system? ***Must be present if grease laden vapors are produced when cooking** Yes No NA

4. Does the vent hood have a bi-annual inspection tag? Yes No NA

5. Is there at least one 2A:10B:C sized fire extinguisher with an annual inspection tag on the unit? Yes No

6. If cooking with solid fuels, vegetable oils, animal oils and fats: Is there class K portable extinguisher with an annual inspection tag available? Yes No NA

7. Are compressed gas containers, such as propane cylinders, secured outside of the passenger area? Yes No NA

8. Are portable generators stored away from compressed gas containers? Yes No

General:

1. Explain the policy to exclude or restrict food workers who are sick or have infected cuts and lesions: _____

2. Are all toxic items used on the premise or for retail sale stored away from food preparation and storage areas? Yes No

3. Are all containers of toxic items clearly labeled? Yes No

4. Will linens be laundered on site? Yes No NA

5. If no, how will linens be cleaned? _____

6. Location of clean & dirty linen storage: _____

7. Are all containers used for food made of a food grade material? Yes No

8. Will a Certified Food Manager be obtained and registered with the Health Department within 60 days of opening? Yes No

9. Will all required employees obtain a Food Handler certification within 60 days of hire/opening? Yes No

10. Is the MFU readily movable? Yes No

11. A letter of permission to be parked on private property must be obtained from the owner and kept on the mobile unit during operation hours: **Please initial if read:** _____

12. Does the MFU have access to a generator or electricity at all times? Yes No
13. Are all electrical outlets equipped with GFCI? If yes, please indicate how: Yes No
- Breaker Box Individual Outlets

Warewashing Facilities:

1. Does the largest dish/utensil fit into each compartment of the 3 compartment sink? Yes No
2. If no, what is the procedure for manual cleaning and sanitizing? _____

3. Are there drain boards on both ends of the 3 compartment sink? Yes No
4. If no, is there a sufficient area for placement of clean and dirty dishes? Yes No
5. What type of sanitizer is going to be used?
 Chlorine Quat. Iodine Hot Water(170°F +) Other:
6. Are test papers and/or kits available for checking sanitizer concentration? Yes No

Hand washing/Toilet Facilities:

1. Is there a separate handwashing sink available in the mobile unit? Yes No
2. Are hand washing sinks designated with a sign? Yes No
3. Hot water of at least 100°F must be available at all hand washing facilities **Please initial if read:** _____
4. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes No NA
5. Is hand soap available at all hand washing sinks? Yes No
6. Are hand drying facilities (paper towels, heated hand drying devices, etc.) available at all hand washing sinks? Yes No
7. Are covered waste receptacles available in toilet room? Yes No NA
8. Are all toilet room doors self-closing? Yes No NA
9. Are English hand washing signs in each toilet rooms? Yes No NA

Servicing Area & Operation:

1. If the MFU reports to a commissary, where is it located at? _____ NA
2. Does the commissary have overhead protection for supplying, cleaning and servicing? Yes No
3. If the MFU is "stand alone", where is your servicing center located at? _____
4. Does the servicing area have a separate location for flushing and drainage of liquid wastes? **MFU must discharge into a grease interceptor if not equipped.** Yes No

5. Is the surface of the servicing area constructed of a smooth, nonabsorbent material, such as concrete or machine-laid asphalt and maintained in good repair, kept clean and graded to drain? Yes No
6. Is the potable water servicing equipment installed in the servicing area according to the Plumbing Code and handled in a way that protects the water and equipment from contamination? Yes No
7. Where will the MFU be stored while not in operation? **MFU shall not be parked or operated from a private residence**
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Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from City of Amarillo Developmental Services Office may nullify final approval.

Applicants Information

Name: _____

Phone number: _____

Email: _____

Date: _____

Signature: _____

Owner(s) or responsible representative(s)

If a Food Establishment is unable to make a scheduled opening inspection, you must notify the Environmental Health Department at ehhealth@amarillo.gov or by calling your inspector at least 24 hours in advance, or a \$103.00 re-inspection fee will be assessed. **Please initial if read:** _____

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required by federal, state or local government. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.