



Hamilton County Mobile Food Establishment Plan Review

Please answer the following questions completely and turn in along with the other required application materials. If you have any questions, please call the Hamilton County Health Department at 317-776-8500 or email health@hamiltoncounty.in.gov.

Name of Business _____

Name of Manager/Contact Person _____

Date questionnaire was completed _____

A. Check categories of Potentially Hazardous Foods (PHFs) to be handled, prepared, and served.

- Thin meats (poultry, fish, eggs, hamburger, sliced meats, fillets)
- Thick meats (whole poultry, roast beef, chickens, hams)
- Cold processed foods (salads, sandwiches, vegetables)
- Hot processed foods (soups, stews, chowders, casseroles)
- Bakery goods (pies, custards, creams)
- Other (please list): _____

B. FOOD SUPPLIES

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

Where will the food supplies be obtained from? _____

2. What is the procedure for receiving food shipments?

a. Are temperatures checked and containers inspected for damage? Yes No

3. What happens to food shipments that are found to be unsatisfactory?

4. Where will food be stored between events?

C. COLD STORAGE

1. Is adequate and approved freezer and refrigeration available to store frozen foods at 0°F or below and refrigerated foods at 41°F or below? Yes No

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

a. If yes, how will cross-contamination be prevented?

3. When storing raw meats in the same unit, in what order (vertically) will the meats be stored?

4. Does each refrigeration unit have a thermometer? Yes No

a. Number of refrigeration units: _____

b. Number of freezer units: _____

5. Are light shields or shatter resistant bulbs provided in each refrigeration/freezer unit? Yes No

D. COOKING

1. Will food thermometers be used to check internal food temperatures? Yes No

2. Describe your method of calibrating food probe thermometers:

E. HOT/COLD HOLDING

1. How will hot PHFs be maintained at 135°F and above during holding for service?

a. Indicate type of hot holding units: _____

b. Indicate number of hot holding units: _____

2. How will cold PHFs be maintained at 41°F and below during holding for service?

a. Indicate type of cold holding units: _____

b. Indicate number of cold holding units: _____

F. PREPARATION

1. Please list categories of food prepared more than 12 hours in advance of service:

a. Indicate location where food preparation will take place: _____

2. Will disposable gloves, utensils or food grade paper be used to minimize handling of ready-to-eat foods?

Yes No

3. Will sanitizer spray bottles or buckets be used? Yes No Both

4. Will employees be instructed to wear aprons and hair restraints? Yes No

5. Is there an established policy to exclude or restrict food workers who are sick or may have infected cuts or lesions? Yes No

Please describe briefly:

Please submit a copy of your Employee Health Policy

6. Describe the procedure used for minimizing the amount of time PHFs will be kept in the temperature danger zone (41°F-135°F) during preparation and travel:

G. INSECT AND RODENT HARBORAGE

1. Are screen doors provided on all entrances left open to the outside? Yes No

2. Do all operable windows have a minimum #16 mesh screening? Yes No

H. WATER SUPPLY

1. Is water supply public or private ?

a. If private, has the source been approved/tested? Yes No Pending

3. Is ice made at your licensed commissary or purchased commercially ?

I. POWER SUPPLY

1. How will power/electricity be provided to the vehicle to run equipment including hot water heater, refrigerators, freezers, cooking, and hot holding equipment?

a. While at event or vending location? _____

b. During travel to event or location? _____

(If cold and hot holding equipment will not be operational during transit food temperatures must be maintained by another means. For example, in an insulated cooler with ice for cold foods.)

2. It is a requirement that equipment be kept running during an event and/or on location to ensure running of hot water, temperature control, etc. Have you planned for keeping generators or vehicles running or electricity to be connected at all times? Yes No

a. Indicate how: _____

J. SEWAGE DISPOSAL

1. What is your storage capacity for clean water? _____
2. What is your storage capacity for wastewater? _____
(Must be 15% greater than clean water storage)
3. Where are you obtaining clean water? _____
4. Where are you disposing of your wastewater? _____

K. DRY STORAGE

1. Is there adequate storage space for all menu items and meals served on the vehicle? Yes No
 a. If no, indicate where will it be stored? _____
2. Are dry goods stored 6 inches off the floor of the vehicle? Yes No

L. SINKS

1. Is a 3-compartment sink provided on vehicle? Yes No
2. Please check which type of sanitizer is to be used:
 - Chlorine 50-100 ppm
 - Iodine 12.5 ppm
 - Quaternary Ammonium 200 ppm-400ppm
3. Are test papers and/or kits available for checking sanitizer concentration? Yes No
4. Is a separate hand sink provided on vehicle? Yes No

(All hand sinks must be provided with soap and disposable towels.)

5. Is hot and cold running water under pressure available at each hand washing sink? Yes No

M. GENERAL

1. Are all containers of toxics including sanitizing spray bottles clearly labeled? Yes No
2. Are food grade containers/bags being used to store bulk food products? Yes No
 a. Are containers labeled with the contents? Yes No
3. Indicate all areas where exhaust hoods are installed: _____
4. How is equipment and food secured in the vehicle during transportation?

5. Where will vehicle and equipment cleaning take place?

As the owner of the aforementioned mobile food unit, I agree to follow the above terms of operation for servicing my unit. Deviating from these terms will result in the termination of my mobile food permit and the issuance of civil penalties.

Owner/Manager Signature

Date

*******SERVICING STATION ONLY*******

As the owner or representative of the servicing station location, I agree to allow the aforementioned business access to the location/facility to service the mobile food unit. The business has permission to use the facility for the operations indicated.

Name of servicing station: _____

Servicing station location: _____

Servicing Station Owner/Representative Signature

Date