

# Pickaway County Public Health

110 Island Road, Suite C, Circleville, OH 43113

Phone 740-477-9667 | Fax 740-474-5523 | Clinical Health Fax 740-420-6102



**PICKAWAY COUNTY  
PUBLIC HEALTH**

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## MOBILE FOOD SERVICE OPERATION PLANNING GUIDE

The Ohio Administrative Code 3717-1-01 (51) defines a MOBILE FOOD SERVICE OPERATION as on "that is operated from a movable vehicle, portable structure, or watercraft and that routinely changes location. It does not remain at any one location for more than forty (40) consecutive days" and includes those mobile operations that "serve only frozen desserts; beverages, nuts, popcorn, candy, or similar confections; bakery products identified in section 911.01 of the Revised Code; or any combination of these items."

There are various types of mobile food service operations which may consist of a recreational style vehicle; truck; trailer; or an accumulation of commercial style F.S.O. equipment, fixtures, and utensils housed under a covering that can be easily assembled and disassembled in a unit and transported by truck or trailer to another location.

The Ohio Administrative Code requires the approval of plans and specifications before any construction or alteration work is started. Each mobile food service operator, or their agent, is responsible for submitting all the necessary plans and specifications.

### THE PICKAWAY COUNTY GENERAL HEALTH DISTRICT REQUIRES PLANS AND SPECIFICATIONS FOR:

1. Items listed under OAC 3717-1-09; and
2. Information listed thereafter in the following handout.

Approval of plans required. No person, firm, association, organization, corporation, or government shall construct, install, provide, equip, or extensively alter a food service/establishment until the plans have been submitted to and approved in writing by the licensor or its authorized representative. When plans are submitted to the board of health, its authorized representative, or the department, they shall be acted upon within thirty (30) days after date of receipt.

The following is a list of items needed for your plan review:

1. **Submit a diagram showing the layout of the operation** (must be posted on back of license when issued). The facility layout and specifications shall be legible, drawn reasonably to scale, and shall include:
  - a) A list of all equipment with make and model numbers (NSF or commercially approved.) **Domestic style equipment is not acceptable.**
  - b) Surface finishes of walls, ceiling, floors and counter tops must be smooth and easily cleanable.
  - c) Lighting- Must be shielded or shatterproof.
  - d) The total area to be used for the operation, including square footage and outside areas.
  - e) Entrances, exits and service windows
  - f) The locations of potable and wastewater connections.

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- g) The locations and size of potable and wastewater holding tanks.
  - h) The location and size of the hot water heater.
  - i) The location and size of the exhaust hood with grease filters. An exhaust hood is required over all grills/griddles and deep fat fryers.
2. Submit a proposed menu.
- a) List of all menu items including food and drinks.
  - b) Must be posted on back of license when issued.
3. Lighting
- a) Provide at least ten foot-candles of light at a distance of thirty inches from the floor in dry food storage areas, and other rooms and areas during cleaning.
  - b) Provide at least twenty foot-candles of light at consumer self-service areas; inside equipment such as reach-in and under-counter coolers; and, at a distance of thirty inches above the floor, in areas used for handwashing, ware washing, or equipment and utensil storage, and in toilet rooms.
  - c) Provide at least fifty foot-candles of light on all food preparation surfaces.
  - d) Shielding or shatter-proof bulbs shall be provided for all artificial lighting fixtures located over, adjacent to, or within food storage, preparation, service (except in dining areas and packaged food storage areas) and display facilities, and facilities where utensils and equipment are cleaned and stored.
4. Plumbing Requirements
- a) A food grade hose (white) must be hooked to an approved water source.
  - b) An appropriate back flow device must be used for a mobile unit that has water supplied, under constant pressure, is an ASSE 1012 or ASSE 1024.
  - c) Location, number and types of plumbing fixtures, including water-supply facilities shall also be included on the diagram.
  - d) All sinks and equipment used for preparation, processing, or storage of food shall have drains that are indirectly connected and safe wasted to a portable holding tank or waste system. All other equipment, such as utensil washing sinks and dishwashers, shall be directly connected and properly trapped and vented.
5. Physical Facilities materials for construction and repair
- A) Indoor Areas - surface characteristics**
- Materials for indoor floor, wall, and ceiling surfaces under conditions of normal use shall be:
- a) Smooth, durable, and easily cleanable for areas where food service activities are conducted
  - b) Nonabsorbent for areas subject to moisture such as food preparation areas, ware washing areas, and mobile food service operation servicing areas.
  - c) Nonfood contact surfaces shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance.
- B) Outdoor Areas - surface characteristics**
- a) The outdoor areas for tent assemblies" shall be surfaced with concrete, asphalt, or gravel or other materials that have been effectively treated to minimize dust, facilitate maintenance, and prevent muddy conditions and graded to drain.
  - b) Exterior surfaces of mobile food service operations shall be of weather-resistant materials.
  - c) Each mobile unit shall have conspicuously displayed on its exterior the name of operation, the city of origin, and complete telephone number with lettering at least 3 inches high and 1 inch wide (OAC 3701-21-02 (H)).

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C) **Handwashing Facilities in mobile unit**

- a. One compartment sink with running hot and cold water under pressure.
- b. Hand soap
- c. Single service paper towels in towel dispenser.
- d. Hand sanitizers may not be used in place of washing hands.

D) **Utensil Washing Facilities**

- a. Three compartment sinks with running hot and cold water under pressure for Wash, Rinse, and Sanitize.
- b. Dish soap
- c. Sanitizer (iodine, Chlorine @50-100ppm, Quat-Ammonia @ 200ppm)
- d. Test strips for sanitizer being used.
- e. Wastewater to be disposed of in proper drain or holding tank.
- f. Store wiping cloths in a sanitizer solution at recommended concentrations.

E) **Food Sources**

- a. All foods must be obtained from sources that comply with applicable laws relating to food safety.
- b. All foods must be prepared on site, and not brought from home, with the exclusion of home baked items, jam, jellies, candy, or fruit butters. They must be properly labeled. (See 3717-1-03.5 of the Ohio Administrative Code)
- c. Do not use leftover perishable food items. All food must be prepared at the mobile unit, and **no preparation may be conducted at home.**

F) **Food Preparation & Handling**

- a. Thawing - 4 acceptable ways to thaw foods.
  - i. Refrigeration
  - ii. Cooking
  - iii. Microwave
  - iv. Running water
- b. No bare hand contact with ready to eat foods. Use suitable utensils such as deli paper, spatulas, tongs, single-use gloves, or dispensing equipment
- c. No jewelry shall be worn on hands or wrists.
- d. Keep fingernails trimmed and maintained.
- e. Unless wearing gloves, fingernail polish and artificial nails may not be worn.
- f. Hair restraints shall be worn in the form of ball caps or hair nets (hair nets must be used in covering facial hair)

G) **Utensils must be stored:**

- a. Handle upright
- b. Clean and dry
- c. In running water

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- d. In a container of water that is maintained at least 135°F.
- e. Food must be prepared on tables that are smooth, easily cleanable, free of difficult-to-clean internal corners and crevices, and free of breaks, open seams, cracks, chips, pits, and similar imperfections.
- f. Provide a metal stem thermometer scale 0° - 220°F must be obtained and used for checking hot and cold food temperatures.
- g. No eating of food, smoking, or chewing of tobacco is permitted in food prep areas.
- h. Use of pesticides is prohibited during preparation and serving.
- l) Ice scoops may be stored in only with handles outside of ice, in ice intended for human consumption.
- m) Raw fruits and vegetables shall be thoroughly washed before being cooked or served.

## 9) Holding Food - Frozen, Hot and Cold

### a) Cold (below 41°F)

- 1) Thermometers must be placed in all refrigerated units to register 41°F or below.
- 2) Store all raw foods in refrigerator approved for food storage. Keep all raw meats stored separately and below ready-to-eat foods.
- 3) Ice used as a cooling medium **cannot** be used for human consumption.

### b) Hot (above 135°F)

- 1) Roasters and crock pots may be used only for holding food **not cooking**.
- 2) Use one non-breakable stem type thermometer to register at least 135°F.

### c) Frozen (below 0°F)

- 1) Thermometers must be placed in all freezer units to register 0°F or below.

## 10) Food & Utensil Storage

- a) All food products and utensils must be stored a minimum of 6 inches off the ground.
- b) Keep all food products and utensils covered and protected from dust, insects, etc.
- c) Use only washable containers for food storage.
- d) Secure CO2 tanks.

## 11) Heating, Ventilating, and Air Conditioning Systems

- a) Heating, ventilating, and air conditioning systems shall be designed and installed so that make-up air intake and exhaust vents do not cause contamination of food, food contact surfaces, equipment or utensils.
- b) If necessary to keep rooms free of excessive heat, steam condensation, vapors, obnoxious odors, smoke, and fumes, mechanical ventilation of sufficient capacity shall be provided.

## 12) Garbage

- a) Trash containers that are leak proof, durable, cleanable, insect and rodent proof and that have tight fitting lids are required in all mobiles.

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- b) Trash cans are to be covered at all times and dumped in approved dumpsters.
- c) Overnight storage of garbage on mobiles is prohibited.

### 13) **Insect, Rodent, and Animal Control**

- a) Openings to the outside shall be effectively protected against the entrance of rodents and insects by tight-fitting, self-closing doors, closed windows, screening, controlled air currents, or other means.
- b) Screen doors shall be self-closing, and screens for windows, doors, skylights, transoms, intake and exhaust air ducts, and other openings to the outside shall be tight-fitting and free of breaks. Screening material shall not be less than sixteen- mesh to the inch.

### 14) **Required Inspections**

- a) An inspection must be completed prior to the operation initial opening.
- b) One completed standard inspection must be completed prior to issuing the license each licensing year. Call the Health Department at 740-477-9667 ext. 225 to schedule this appointment.
- c) Post license in a visible, conspicuous place with drawing of unit and menu on the back of license.
- d) Clean and sanitize all equipment and mobile unit before each occurrence.

For a complete copy of the Ohio Food Rules (Chapter 3717-1 of Ohio Administrative Code) visit the Ohio Department of Health's website at [www.odh.ohio.gov/ru1es/final/f3717-1.aspx](http://www.odh.ohio.gov/ru1es/final/f3717-1.aspx). You may also pick up copies at The Pickaway County General Health District located at 110 Island Rd., Circleville, OH 43113.

Please feel free to contact The Pickaway County General Health District at 740-477-9667 ext. 225, Monday- Friday, 8:00am to 4:30pm with any questions you may have regarding this plan review.

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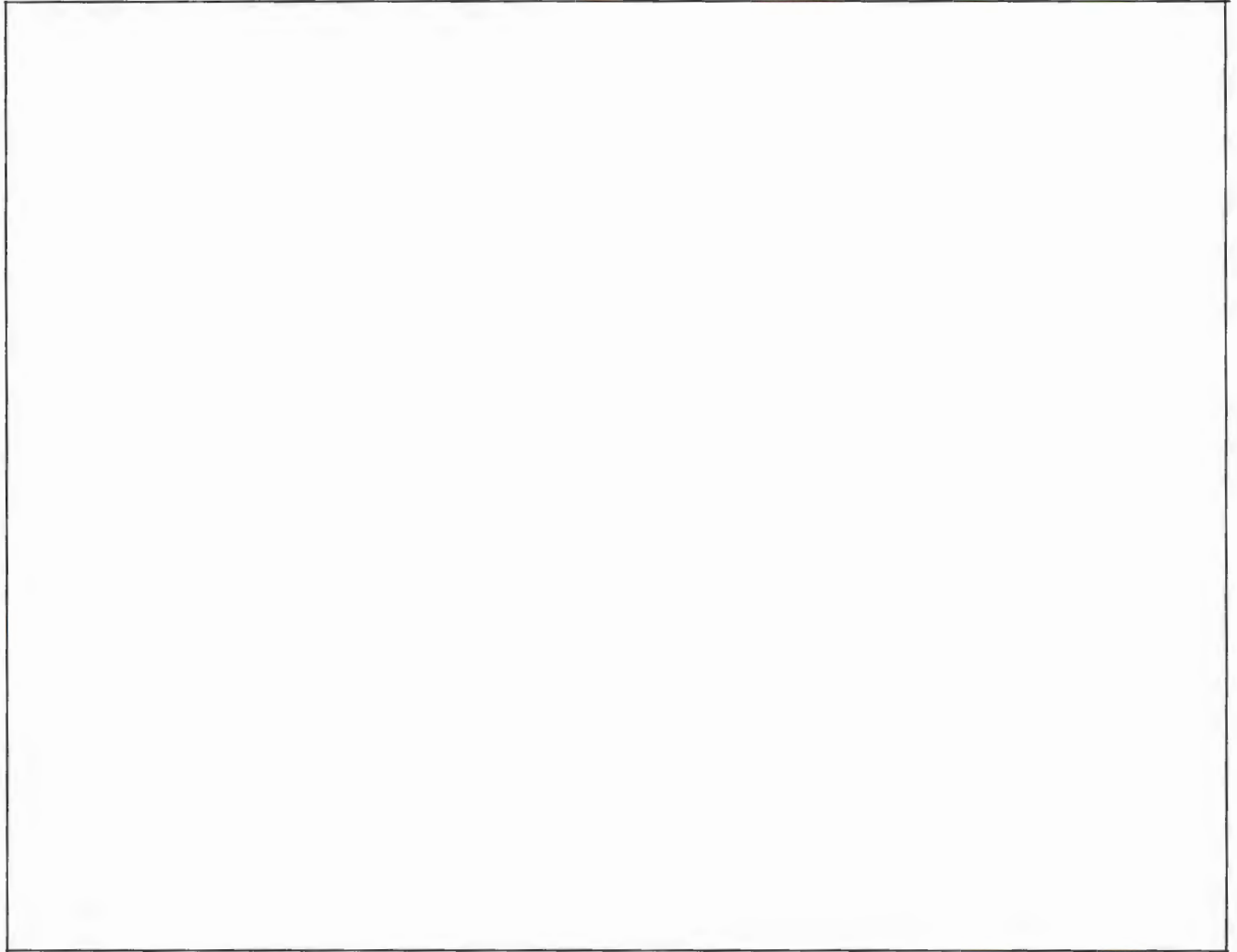
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Drawing



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## PLAN REVIEW APPLICATION OF PROPOSED MOBILE FOOD SERVICE OPERATION

### OR MOBILE RETAIL FOOD ESTABLISHMENT

According to OAC 3701-21-03: Facility layout and equipment specifications are required to be submitted to the local health department for all new or extensively altered food service or food establishment operations. This office will act upon these specifications within 30 days of receipt and will indicate whether the plans are approved, disapproved, or need revised.

**Name of Proposed Facility:** \_\_\_\_\_

**Address of Facility:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Township:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_

\*\*\*\*\*  
**Name of Owner:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Township:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\*\*\*\*\*  
**Will This be a Retail Food Establishment \_\_\_\_\_ or a Food Service Operation \_\_\_\_\_?**

**Will this be a concession trailer \_\_\_\_\_ or a knock down unit \_\_\_\_\_?**

\*\*\*\*\*  
**Please list all counties that you intend on operating this mobile unit**

\*\*\*\*\*  
**Projected date of completion of project:** \_\_\_\_\_

Your application must comply with the ORC 3717-1-09. The facility layout and equipment specifications submitted for the approval of the licenser shall clearly confirm that the applicable provisions of Chapter 3717-1 of the Administrative Code can be met.

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## Plan Review Components:

The following must be submitted to our office for final approval of the plan review. Lack of complete information may result in delay in approval and/or opening of the mobile business.

- o **The Plan Review Packet:**
- o **Equipment list:** with equipment manufacturer's name and model numbers. Food equipment that is acceptable for use in a FSO or RFE shall be approved as specified under rule 3717-1- 04.1(KK) of the Administrative Code.

Manufacturer Name	Model Number

Menu:



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Please the following questions as they pertain to this facility

## Section Facility

Will meals be served <u>if yes</u> what type: __ Breakfast __ Lunch __ Dinner __ Catered
Will this be a seasonal operation (opened less than 6 months per year)? list the months that your facility will operate:

Section II: FOOD • Note: All food/food contact supplies/equipment must be from inspected and approved source

Approximately how often will you be receiving food deliveries? <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other
Where will the main dry food storage space(s) be located?
Where will the main paper goods storage space(s) be located
Total Number: Refrigeration units: _____ Freezer units: _____
Will any food be stored cold using methods other than in a refrigerator or a freezer such as stored on ice, in insulated coolers etc.? If yes, list types of foods and procedures on how these items will be stored:
Will raw meats/ poultry/seafood be stored in refrigerators with cooked/ready-to-eat foods?
Will raw meats/ poultry/seafood be stored in freezers with cooked/ready-to-eat foods?
Will your facility have fountain drinks, coffee, and beverage machines?
Will your facility be using ice? If yes: <input type="checkbox"/> Purchased commercially or <input type="checkbox"/> made on premises
Will your facility be delivering food items?
Types of foods to be washed prior to use/sale: <input type="checkbox"/> seafood, <input type="checkbox"/> pork/beef, <input type="checkbox"/> poultry, <input type="checkbox"/> produce. List where the items will be washed:
Will ingredients for cold ready-to-eat foods (i.e., tuna, mayonnaise, and eggs for salads) be pre-chilled before mixed/assembled?
Types of food prepared more than 12 hours in advance of service:
Other types of food preparation:

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Will your operation be cooking/receiving/heating or holding hot any food item? <i>If yes: Make sure all equipment is listed on your equipment list</i>
Will your operation be thawing food items for preparation or for sale? <i>If yes, check and how items will be thawed.</i> __ Refrigeration, __ Running water, __ Cooked frozen, __ Microwave, __ Other:
Will your operation be cooling and/or reheating any food items? If yes, check types of items to be cooled:  <input type="checkbox"/> Thick meats (roasts etc.) <input type="checkbox"/> Thin meats (steaks, chops, etc.) <input type="checkbox"/> Seafood: <input type="checkbox"/> Hot foods (Soups, gravies etc.) <input type="checkbox"/> Cold foods (Tuna/Potato Salads etc.) <input type="checkbox"/> Poultry <input type="checkbox"/> Baked goods (Cream pies, etc.)

## Section III: Dishwash

Check @ all types of sinks your facility will have: <input type="checkbox"/> 3 compartment sinks, <input type="checkbox"/> 2 compartment sinks, <input type="checkbox"/> Food preparation sinks, <input type="checkbox"/> Hand wash sinks <input type="checkbox"/> Mop/utility sinks, <input type="checkbox"/> Ice cream scoop wells, <input type="checkbox"/> Other
Type(s) of sanitizer to be used in the 3-compartment/2 compartment sink: <input type="checkbox"/> Chlorine, <input type="checkbox"/> Quaternary Ammonium Compound, or <input type="checkbox"/> Iodine
Does the largest pot and pan fit into each compartment of the pot sink?
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 cleaned and sanitized? Please describe procedure:

## Section IV: Employees

Approximate number of staff per shift:
Where will employees' personal belongings (i.e., purse, coats, boots, umbrellas, lunches, etc.) be stored?
Will employees use disposable gloves/utensils/food grade paper to minimize bare-hand contact of ready-to-eat foods?
Is there an established written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?
Do all hand washing sinks have hot & cold or warm water?
Are hand-drying facilities (paper towels, continuous roll cloth type, air blower, etc.), soap dispensers, waste receptacles, and a sign instructing employees to wash hands available at all hand washing sinks (including restrooms)?

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## Section V: Solid Waste

(Inside): Will refuse be stored overnight or longer inside your facility?
(Outside): Is the area around premises clear of unnecessary brush, litter, boxes, etc.?
Name of company who will supply and empty the dumpster:
Will your facility generate cooking grease i.e., from deep fryers?
Location of waste cooking grease storage receptacle:
Name of company who will supply and empty the grease barrel/dumpster:
Is there an area to store recycled containers?

## Section VII: Maintenance

Where will mops, brooms, vacuums, etc. be stored?
Where will cleaning materials and toxicants be stored?
Where will clean linens be stored?
Where will dirty/soiled linens be stored until cleaned?

## Section VIII: Water and Sewage

What type of water supply will the proposed operation have?
Identify the location, source, and capacity of the hot water supply:
Describe how and where wastewater will be collected, stored, and disposed of. Specify the volume and location of collection vessels.

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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 approval from this office may nullify this approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner or Responsible Representative

## Your food license can be issued only when all the following have been completed:

<b>Submitted plans have been reviewed and approved. * (Office use:)</b>
<i>Date Received:</i> _____ <i>Date Paid For:</i> _____
<i>Date Reviewed:</i> _____ <i>Approval Date:</i> _____
<i>Disapproval Date:</i> _____ <i>Letter Sent:</i> _____
Plan review fee, if applicable, is paid to the Pickaway County General Health District.
All other applicable agencies have given their written approval. Copies of approvals need to be submitted or available for this office's verification.
Licensing application to operate a Mobile Food Service Operation or Retail Food Establishment has been signed and submitted to this office. Application will need to be approved by this office.
Appropriate licensing fee has been submitted to this office.
Your operation is complete and meets requirements of the Ohio Uniform Food Safety Code, Chapter 3717-1
This office has conducted a pre-licensing inspection(s) and verifies that your operation is in compliance with applicable regulations.

\*Approval of these plans and specifications by this office does not indicate compliance with any other code, law or regulation that may be required-federal, state, or local. It further does not constitute endorsement or acceptance of the completed operation (structure or equipment).

(Rev. 5/2016)

**Application for a License to Conduct a:** (check only one)  Food Service Operation

Retail Food Establishment

**Instructions:**

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to:
4. Return check and signed application by:

Return to: **PICKAWAY COUNTY GENERAL HEALTH DISTRICT**  
 110 Island Rd Rd Suite C  
 Circleville, OH 43113

\*There is a mandatory penalty fee of 25% of the renewal fee for operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address			E-mail
City		State	ZIP
Phone #	Fax (740)	Check if applicable <input type="checkbox"/> Catering <input type="checkbox"/> Seasonal	
Name of individual certified in food protection (if any) and their certificate number (use back for additional names)			

**Mailing address for annual renewal if different than above:**

Name of parent company or owner		Phone #	
Address			E-mail
City		State	ZIP

I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:

Signature		Date
-----------	--	------

**Licenser to complete below**

Category Mobile Food Service Operation Mobile			
License fee	+ Late fee	+ State amount	= Total amount due
\$	\$	\$	\$

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Audit no.	License no
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