

# Pickaway County Public Health

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**PICKAWAY COUNTY  
PUBLIC HEALTH**  
*We Care.*

## MOBILE FOOD SERVICE PLAN REVIEW QUESTIONNAIRE

Name of Facility	
Owner's Name	
Physical Address	
Mailing Address	
Phone Number	
Fax Number	

Please complete and return this application along with a layout drawing of the entire mobile unit detailing the location of all the equipment. The application must be returned at least 10 days prior to beginning operation.

Menu: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Food source: \_\_\_\_\_

2. Water Supply: Public\_\_\_ Private\_\_\_ Holding Tank\_\_\_

a. Private water systems must have been tested for bacteriological contamination before providing water to a licensed facility.

b. If using a potable water holding tank, what is the capacity? \_\_\_\_\_

c. If using an onsite source of water, is the water hose specified "food grade"? \_\_\_\_\_

d. Is there either an ASSE 1012 or ASSE 1024 backflow preventor on the water line? \_\_\_\_\_

3. Sewage Disposal Site: \_\_\_\_\_

a. What is the capacity of the wastewater holding tank? \_\_\_\_\_

**Note: A sewage holding tank shall be 15% larger in capacity than the water supply tank.**

4. Is the mobile unit enclosed? \_\_\_\_\_

a. If no, how will the food be protected from possible contamination? \_\_\_\_\_

5. Describe the following coverings in the facility:

Floor:	
Wall:	
Ceiling:	

Note: **Floor and wall junctures must be sealed and covered.**

6. What cooking equipment will be used? \_\_\_\_\_  
\_\_\_\_\_

- 7. Is a stem thermometer available for monitoring cooking temperature? \_\_\_\_\_
- 8. Will any cooking be done outside the mobile unit? \_\_\_\_\_
- 9. Will a hood ventilation system be installed? \_\_\_\_\_
- 10. Will food be held hot prior to service? \_\_\_\_\_

a. List hot holding equipment: \_\_\_\_\_

**Note: Crock Pot is prohibited to use for cooking or hot holding.**

- 11. How many cubic feet of refrigeration is provided? \_\_\_\_\_
- 12. How many cubic feet of freezer space is provided? \_\_\_\_\_
- 13. Are thermometers available in all refrigerator or freezer? \_\_\_\_\_
- 14. How are you providing hot water? \_\_\_\_\_
- 15. Do you have a 3-compartment sink for dish washing? \_\_\_\_\_

a. What type of sanitizer and test strips is going to be used? \_\_\_\_\_

b. Are drain boards provided for the 3-compartment sink? \_\_\_\_\_

- 16. Is a separate hand washing sink provided with both hot and cold running water? \_\_\_\_\_
- 17. How will bare hand contact be avoided preparing ready-to-eat foods? \_\_\_\_\_
- 18. What types of hair restraints will be used in the facility? \_\_\_\_\_
- 19. Are all lights in the facility provided with protective coverings or shatterproof bulbs? \_\_\_\_\_
- 20. What methods and precautions will be taken to avoid contamination and cross-contamination of food products? \_\_\_\_\_  
\_\_\_\_\_

21. How is the trash disposed of? \_\_\_\_\_

22. What type of material is used on the following surfaces:

Prep/Work Tables	Counter Tops
Dry Storage Shelves	Refrig./Freezer Shelves

23. Do you operate from commissary or base of operations? \_\_\_\_\_

a. If yes, where is the commissary located? \_\_\_\_\_

**Note: Please attach an agreement from the owner of commissary facility.**

24. Is the outside of the mobile properly labeled with the name, city of origin, and telephone number at least 3 inches high and 1 inch wide? \_\_\_\_\_

**\*Please attach the layout of the mobile unit, detailing the location of all the equipments both inside and outside of the unit.**