**Maryland Mobile Food Establishment Plan Review Worksheet**

Mobile food establishments must comply with the applicable requirements in the Maryland Food Regulations. These regulations may be obtained at: <http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.15.03>

 Applicant is responsible for obtaining any required approvals from other agencies, such as zoning/planning, business license, building, city or county authorities, and the Motor Vehicle Administration registration/license as applicable.

Please complete the questions on this worksheet in their entirety **that apply to your type of mobile food establishment**. Be as specific as possible. Incomplete responses will delay the review process.

Date: \_\_\_\_\_\_\_\_\_\_

Mobile Food Establishment Type: [ ] Mobile unit [ ] Pushcart [ ]

[ ] Vending Truck (Pre-Packaged Non-Potentially Hazardous Foods)

[ ] Vending Truck (Pre-Packaged Potentially Hazardous Foods)

Is Unit: [ ] New [ ] Remodeled

Requesting Reciprocity: [ ] Yes [ ]  No

Proposed Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner/Operator:

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected Food Operation Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Months of Operation (i.e. May – Sept.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner/Operator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: If proposed commissary or base of operations is on private well and septic system, obtain written well and septic approval for use from Local Health Department (LHD) and/or Local Water and Septic Division. The LHD and/or Local Water and Septic Division will evaluate the proposed commissary or base of operation dump site to ensure the design of the septic system can handle the proposed volume and strength of the waste water from your unit. This will be based on your menu and an evaluation of the potential daily volume of wastewater generated. Additionally, if on a private well, a potable water test result must be submitted with this application.**

1. What is the source of potable (drinking) water for use on the unit? Describe methods of filling and refilling potable (drinking) water tanks. **Note: If the water is from a private source, water sample results must be submitted for approval.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the size of the potable (drinking) water storage tank?

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1. Is a potable (drinking) water food grade water hose available for filling potable (drinking) water

tank?

 [ ]  Yes [ ] No

 If Yes, where will this hose be stored? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How will your water supply hose, water pipes and water storage tank(s) be disinfected? Describe the method and frequency of disinfection.

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1. How will wastewater be removed from the unit? Describe how waste water will be transported from the unit to the approved wastewater disposal location.

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1. What is the size of your wastewater storage tank? **Note:** The waste water tank must be sized larger than potable water tank.

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1. Obtain written agreement, signed by owner, of the proposed commissary for discharging liquid or solid wastes (see attached Commissary or Base of Operations Authorization Form).

1. List all menu items (including all beverages and condiments), attach a menu if needed. Additionally, provide a Hazard Analysis Critical Control Point Plan (HACCP).

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1. List sources for all foods. All food items must come from approved sources.

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1. How will you prevent cross contamination of equipment and between raw and ready to eat (RTE) foods during operation with the limited space available on the Mobile Food Unit?

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1. Identify where all food items will be prepared (including foods requiring advance preparation).

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1. Describe how foods will be transported to and from the unit.

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1. Indicate construction materials (quarry tile, stainless steel, plastic covered wall board, linoleum, etc.) that will be used in the unit in the following areas (as applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| **Floor**  | **Walls**  | **Ceiling**  | **Countertops**  |
|            |   |   |   |

1. Provide complete plans of the unit drawn to scale, including placement of all equipment.
2. List all equipment on unit (i.e. refrigerators, freezers, grills, stoves, fryers, etc.) Provide cut sheets, manufacturer’s specifications or photos of the unit and all equipment.

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1. What is the power source for the mobile unit? Mobile units must operate independently and remain capable of being mobile at all times.

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1. How will the water for handwashing achieve and be maintained at a minimum of 1000 F on the unit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: ALL HANDSINKS MUST BE SUPPLIED WITH HAND SOAP, PAPER TOWELS, AND A WASTE RECEPTACLE AT ALL TIMES.**

1. Describe methods of preventing no bare hand contact of ready-to eat foods (i.e. utensils, gloves, etc.).

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1. Describe ware washing procedures. How and where will dishes and utensils be washed, rinsed, and sanitized?

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1. What type of chemical sanitizer will be used? At what concentration? Proper test strips must be available.

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Concentration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe how garbage will be stored and where it will be disposed. Additionally, if applicable, describe where cooking grease will be stored and disposed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What method(s) of insect and rodent control will be used in your unit? Please note that all pesticide application must be conducted in accordance with Maryland Department of Agriculture - COMAR 15.05.01 – Pesticide Use Control.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For push carts, describe the type of overhead protection provided for the unit (i.e. awnings, umbrellas).

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1. Describe how the mobile unit will be cleaned. Where? How? Frequency?

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1. No person who has a communicable disease, infected wound or boil, or is experiencing diarrhea, vomiting, or persistent coughing or sneezing is allowed to work on a mobile unit.

 ***NOTE: ANNUAL PERMIT WILL NOT BE ISSUED UNTIL THE FINAL PLAN REVIEW INSPECTION IS CONDUCTED SHOWING SUBSTANTIAL COMPLIANCE IS COMPLETED.***

|  |
| --- |
| Annual Renewal Required YEAR: \_\_\_\_\_\_\_\_  |

**Commissary or Base of Operation Authorization Form**

**This serves to notify the Carroll County Health Departmentthat:**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the owner/operator of the food facility noted below, will allow my facility to serve as a commissary for the mobile food establishment noted below. I understand that as a commissary for the mobile food establishment, I must allow the mobile food establishment to return for servicing on a daily basis. I understand that by signing this form my facility will be inspected periodically by the local health department to ensure the requirements are met.**

**Attach a copy of the Food Service Facility License to this application**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Commissary or Base of Operation |   |  |  |
| Address of Commissary or Base of Operation  |   |  |  |
| Name of Owner/Licensee |   |  |  |
| Days/Hours of Operation  |   |  |  |
| Day Phone  |   | E-mail Address  |  |
| Water Supply  | \_\_Public \_\_Private  | Sewage Disposal  | \_\_Public \_\_\_Private  |
| Name of Mobile Food Establishment  |  |   |  |
| Name of Mobile Food Establishment Owner/Operator  |  |   |  |

**The following services are provided for the Mobile Food Establishment by my Carroll County Health Department regulated food facility serving as commissary. *Note: If you answer ‘No’ to any of the below please explain.***

|  |  |
| --- | --- |
| 1. Adequate space for storage for food, utensils, and other supplies. Storage area shall be separated from the food facility’s food, utensils, and other items. Storage areas for the mobile establishment will be clearly marked. ( ) Yes ( ) No | 5. A food preparation area for mobile food establishment that conducts food preparation**.** Food preparation area shall be separated from that of food facility or preparation will be completed at alternate time of day. If Yes, describe.  ( ) Yes ( ) No |
| 2. Potable (drinking) water for filling water tanks.  ( ) Yes ( ) No | 6. Sanitary disposal of waste water and grease.  ( ) Yes ( ) No |
| 3. A three compartment sink for sanitizing utensils. ( ) Yes ( ) No | 7. Disposal of garbage and refuse.  ( ) Yes ( ) No |
| 4. Hot and cold potable water under pressure for cleaning.  ( ) Yes ( ) No | 8. Storage of vehicle/cart.  ( ) Yes ( ) No |

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Signature of Commissary Operator Print Name Date

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (owner or operator) of the mobile food establishment noted above agree to use this food facility as a commissary for servicing on a daily basis. I will use the commissary for the requirements noted above. If I do not use the commissary, my Carroll County Health Department food-service license may be revoked, and I must stop operating until I obtain another commissary and provide a new commissary authorization document to the Carroll County Health Department.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Mobile Food Establishment Owner/Licensee Print Name Date