

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.**

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

3. 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? _____

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

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

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

7. 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).

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

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

10. 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?

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

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

13. 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

15. Provide complete plans of the unit drawn to scale, including placement of all equipment.

16. 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.

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

18. 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.

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

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

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

Type: _____ Concentration: _____

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

23. 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.

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

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

26. 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.

Commissary or Base of Operation Authorization Form

Annual Renewal Required YEAR: _____

This serves to notify the Carroll County Health Department that:

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	<input type="checkbox"/> Public <input type="checkbox"/> Private	Sewage Disposal	<input type="checkbox"/> Public <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Potable (drinking) water for filling water tanks. <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Sanitary disposal of waste water and grease. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. A three compartment sink for sanitizing utensils. <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Disposal of garbage and refuse. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Hot and cold potable water under pressure for cleaning. <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Storage of vehicle/cart. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 _____