

# Mobile Food Unit Requirements

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## **What is a Mobile Food Unit?**

A Mobile Food Unit is a vehicle-mounted food establishment designed and operated to be readily movable, e.g., mobile truck moving from location to location continuously. The unit shall not have permanent connections to water, wastewater, or electricity. This term includes trailer-mounted kitchens. All Mobile food units shall meet the requirements set forth in the Illinois food service sanitation code.

## **Do all Mobile Food Units have to have a Food Safety License?**

Yes. All Food Establishments operating in Bureau, Putnam, or Marshall County must have a valid Food Safety License issued by the appropriate County Health Department you will be operating in. Each county has its own regulations. When you travel to another county be sure to contact the county health department.

## **What regulations apply to Mobile Food Units?**

- FDA Food Code
- Illinois Food Code
- County Food Sanitation Ordinances
- Any other applicable local or state ordinances or codes, including City or Township ordinances, Zoning Codes, Plumbing Code, Fire Code, etc.

## **How is Risk Level determined?**

The risk level is determined during the plan review process and is based on menu, population served, and food processing procedures. There are three risk levels — Category I, Category II, and Category III.

# What are general requirements for a Mobile Food Unit?

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## General

- All Mobile Food Units are required to operate in conjunction with a licensed commissary. The Mobile Food Unit must return to the commissary daily for all cleaning and servicing operations including the filling of the water tank and emptying of the wastewater tank. If the licensed commissary is not under the same ownership as the Mobile Food Unit, a Commissary Agreement must be submitted with the plan review application. If the commissary is located outside of Bureau, Putnam, or Marshall County, a copy of the current food license and most recent inspection report must be submitted.
- A Mobile Food Unit Itinerary and Operating Schedule must be provided and updated as needed.
- Mobile Food Units must have a source of power to operate cooking equipment, pumps, and refrigeration units.
- Only single use articles such as to-go containers, paper plates, and plastic utensils may be provided for use by the consumer.
- All food must be from an approved source.
- Category I facilities shall have a CFPM on site at all times food is being served. Category II facilities shall have one CFPM on staff who oversees proper sanitation methods. All other employees in a category I or II must have ANSI approved Food Handler Training
- All required CFPM must complete additional Allergen Awareness Training.

# How is a Food Safety License obtained for a Mobile Food Unit?

## Step One – Initial Inquiry

- Contact environmental health for a plan review application packet.

## Step Two – Submit Plans

***The following items must be submitted before your plans will be evaluated:***

- A completed Plan Review Application.
- A labeled, scale drawing of your Mobile Food Unit showing the location of major appliances, sinks, etc.
- A copy of your proposed menu including a list of items which will be prepared at the commissary and a list of items which will be prepared on the Mobile Food Unit. Consumer advisory shall be on menu with notation of any raw or undercooked food options.
- Mobile Food Unit itinerary and operating schedule
- Commissary Agreement (if applicable)
- Copies of the Commissary's current food license and most recent inspection report. (if applicable)
- Restroom Agreement (if applicable)
- Plan Review Fee for Bureau County: \$250. Plan Review Fee Putnam & Marshall Counties: \$100. Payable by check, cash, money order, or credit or debit card. In addition, there is an annual license fee.

## Annual License Fees

	Bureau	Putnam	Marshall
Category I	\$300	\$150	\$200
Category II	\$200	\$100	\$125
Category III	\$100	\$50	\$75

**New establishments licensed February - December will pay prorated fees.**

**Late fees will be assessed on late renewal applications as follows:**

**First 15 days late = \$100.00,**

**The following day until the end of the month = \$200.00**

**After the first day of the second month = license revocation and referral to the State's Attorney.**

### Step Three – Review Process

- The plans will be reviewed **ONLY** after all the above required documents and fees have been submitted.
- An incomplete Plan Review Application Packet will be returned. This will delay the approval process.

### Step Four – Approval Process

- Changes to your plans or additional information may be required prior to plan approval.
- Any changes to the submitted plans must be pre-approved by this department before construction begins.
- You must notify this department for approval should a change be made during construction.

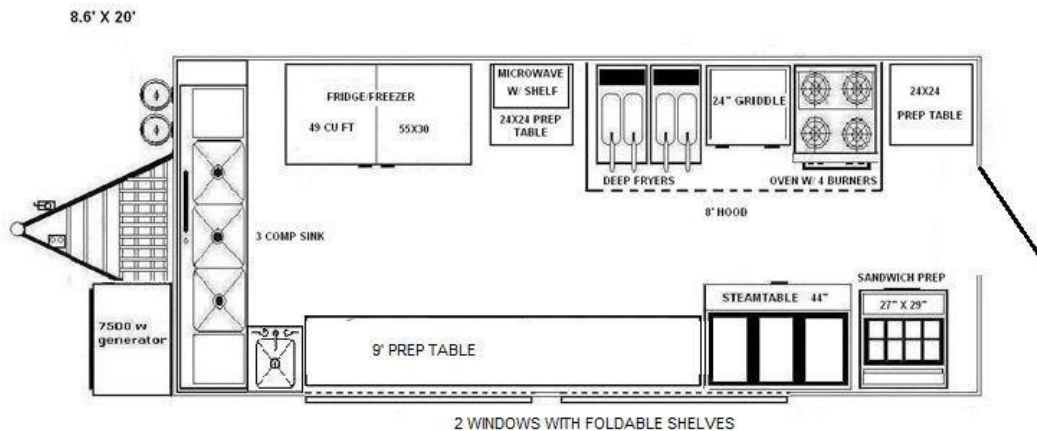
### Step Five – Preliminary Inspection and Final Approval

- After your plans have been approved and work has begun, contact the Environmental Health Office to schedule a preliminary inspection (optional). A preliminary inspection report will be provided to you at this inspection. Items that require correction will be noted.
- When the Mobile Food Unit is finished, and all equipment is in place and operational, a pre-open inspection can be scheduled. All equipment must be on and functioning properly during this inspection. If the establishment meets code and no major corrections are needed, final approval to operate will be given.
- License fees must be paid prior to final approval to operate.

# SAMPLE

## Mobile Food Unit Floor Plan

Please include (at minimum): Major appliances, sinks, prep areas, coolers, service windows.



# Mobile Food Unit Plan Review Application

The undersigned hereby makes application for a permit to operate a Mobile Food Unit in the County of:

**BUREAU** \_\_\_\_\_ **PUTNAM** \_\_\_\_\_ **MARSHALL** \_\_\_\_\_

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## Mobile Food Unit

Vehicle Name (DBA): \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Main Contact Phone Number: \_\_\_\_\_

Main Contact Person: \_\_\_\_\_

## Licensee (Owner)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**Send mailings to:** \_\_\_\_\_

Commissary \_\_\_\_\_  Licensee (Owner) \_\_\_\_\_

**Will the Mobile Food Unit operate seasonally?** (8 months or fewer)

\_\_\_\_\_  Yes \_\_\_\_\_  No

If **YES**, please provide the dates of operation: \_\_\_\_\_

**Where will the Mobile Food Unit be stored when not in operation?**

\_\_\_\_\_

# Commissary Information:

Mobile Food Units must operate from a licensed commissary and **report at least daily** to the commissary for all supplies and for all cleaning and servicing operations.

**If the commissary is not located in Bureau, Putnam, or Marshall County, a copy of the commissary's Food License and most recent inspection must be submitted with this application.**

Commissary Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

The owner of the commissary is the same as the owner of the Mobile Food Unit. \_\_\_\_\_

The owner of the commissary is **DIFFERENT** than the owner of the Mobile Food Unit. \_\_\_\_\_

**If the owners of the Mobile Food Unit and commissary are not the same, a commissary agreement must be submitted along with a copy of the commissary's Food License and most recent inspection.**

**Please list the times that the Mobile Food Unit will be at the commissary:**

	Time(s)
<b>Sunday</b>	
<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	
<b>Saturday</b>	

**Please mark the activities that will take place at the commissary.**

Dish or equipment washing .....	<input type="checkbox"/> Yes .....	<input type="checkbox"/> No	Storing dry goods .....	<input type="checkbox"/> Yes .....	<input type="checkbox"/> No
Dumping wastewater .....	<input type="checkbox"/> Yes .....	<input type="checkbox"/> No	Preparation of food .....	<input type="checkbox"/> Yes .....	<input type="checkbox"/> No
Receiving potable water .....	<input type="checkbox"/> Yes .....	<input type="checkbox"/> No	Cooking/Reheating food ....	<input type="checkbox"/> Yes .....	<input type="checkbox"/> No
Washing the outside of the vehicle	<input type="checkbox"/> Yes .....	<input type="checkbox"/> No	Cooling of food .....	<input type="checkbox"/> Yes .....	<input type="checkbox"/> No
Storing food, ice and/or drinks.....	<input type="checkbox"/> Yes .....	<input type="checkbox"/> No	Throwing away of garbage..	<input type="checkbox"/> Yes.....	<input type="checkbox"/> No

**Is the water supply of the commissary:**

Public Name of District (as shown on bill) \_\_\_\_\_

Well                      NCPWS# \_\_\_\_\_

**Is the sewage disposal at the commissary:**

Public Name of District (as shown on bill) \_\_\_\_\_

Septic System

# Unless otherwise indicated, all questions apply to the Mobile Food Unit ONLY

## I. General

Projected opening date \_\_\_\_\_

Is there seating on the Mobile Food Unit? \_\_\_\_\_ o Yes \_\_\_\_\_ o No

Number of staff (*maximum per shift*) \_\_\_\_\_

Total square feet of Mobile Food Unit \_\_\_\_\_

What is the power source of the Mobile Food Unit? \_\_\_\_\_

Is the Mobile Food Unit a \_\_\_\_\_ o Truck \_\_\_\_\_ o Trailer \_\_\_\_\_ o Other

Will a highly susceptible population (elderly, young children, and/or immuno-compromised people) be served as the primary consumers? \_\_\_\_\_ o Yes \_\_\_\_\_ o No

Will only single-service articles (paper plates, plastic utensils, to-go boxes, etc.) be provided for use by the consumer? \_\_\_\_\_ o Yes \_\_\_\_\_ o No

## II. Food

Are all food supplies from inspected and approved sources? \_\_\_\_\_ o Yes \_\_\_\_\_ o No

Will all shellfish tags and invoices be maintained for 90 days? \_\_\_\_\_ o Yes \_\_\_\_\_ o No \_\_\_\_\_ o N/A

Will game animals be prepared or sold? \_\_\_\_\_ o Yes. \_\_\_\_\_ o No

Will sushi or sushi rice be made in the Mobile Food Unit? \_\_\_\_\_ o Yes \_\_\_\_\_ o No

Will juicing occur at the Mobile Food Unit? \_\_\_\_\_ o Yes \_\_\_\_\_ o No

## Storage:

Is adequate and approved freezer and refrigeration available to store frozen foods, frozen and refrigerated foods at 41°F and below? \_\_\_\_\_ o Yes \_\_\_\_\_ o No

Does each refrigerator have a thermometer? \_\_\_\_\_ o Yes \_\_\_\_\_ o No

Will raw meats, poultry (including eggs) and seafood be stored in the same refrigerators and freezers with cooked and/or ready-to-eat foods? \_\_\_\_\_ o Yes \_\_\_\_\_ o No. \_\_\_\_\_ o N/A

Will dry goods and single use items be stored at least 6 inches off the floor? \_\_\_\_\_ o Yes \_\_\_\_\_ o No

Is appropriate storage space provided for, based upon menu, meals, and frequency of deliveries? \_\_\_\_\_ o Yes \_\_\_\_\_ o No

Number of refrigeration units: Number of freezer units: \_\_\_\_\_

How will cross-contamination be prevented during storage? \_\_\_\_\_

**Preparation:**

List all foods prepared more than 12 hours in advance of service (examples: coleslaw, sauces, dressings, potato salad, tuna salad, etc.):

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Will all produce be washed prior to use? ..... oYes.....o No.....o N/A

**If YES**, where?..... o Commissary..... o Mobile Food Unit

Will disposable gloves and/or utensils be used to prevent bare hand contact with ready-to-eat foods?..... o Yes.....o No.....o N/A

**All potentially hazardous foods which have been prepared or opened and will be held under refrigeration for more than 24 hours must be date marked to ensure the product is not held longer than 7 days, including the date of preparation.**

Describe the date marking procedures that will be utilized:

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Describe the procedure used for minimizing the length of time potentially hazardous foods will be kept in the temperature danger zone (41°F – 135°F) during preparation: -

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**Thawing:**

Food must be thawed using one of the following methods. Next to the thawing method, list which food items will be thawed using that method.

- Check here if no foods will be thawed.
- Check here if all thawing will occur at the commissary.

Thawing Method:	Food Items:
Refrigeration	
Under Running Water Less than 70°F	
Microwave (as part of the cooking process)	
Cooked from Frozen State	
Other (describe)	

**Cooking:**

- Check here if all cooking of foods will occur at the commissary.

Will food thermometers be used to measure the final cooking and reheating temperatures?

.....  Yes..... No..... N/A

Will a consumer advisory be posted or added to the menu for all foods which are raw or under cooked?.....  Yes..... No..... N/A

List all potentially hazardous foods which will routinely be served raw or under cooked such as sushi, steak tartar, oysters, hollandaise or béarnaise sauce, Caesar dressing, meringue, or egg-fortified beverages:

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List all equipment that will be used for cooking:

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**Hot and Cold Holding:**

List the equipment that will be used to maintain a temperature of 135°F or above for all potentially hazardous foods being hot held during service:

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List the equipment that will be used to maintain a temperature of 41°F or below for all potentially hazardous foods being cold held during service:

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If you will be using ice, as a supplement, for keeping food cold (such as condiments) how will the food be stored in the ice? Describe the procedure to maintain ice levels:

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**Cooling:**

All potentially hazardous foods must be cooled from 135°F to 70°F within 2 hours and to 41°F within another 4 hours. List the food items that will be cooled next to the cooling method to be used.

Check here if no foods will be cooled.

Check here if all cooling will occur at the commissary

<b>Cooling Method:</b>	<b>Food Items:</b>
Shallow Pans	
Ice Baths	
Reduce Volume or Size of Food (smaller portions or containers)	
Rapid Chill	
Other (describe)	

**Reheating:**

Check here if all reheating will occur at the commissary.

List the equipment that will be used to rapidly reheat food to a temperature of 165°F within 2 hours for hot holding: -

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### III. Personnel

Will all employees receive ANSI approved Food Handler Training? ..... o Yes.....o No

Is there a written policy to exclude or restrict food workers who are sick or have infected lesions? ..... o Yes.....o No

Are there written procedures available onsite for the clean-up of vomit and diarrhea? ..... o Yes.....o No

Are lockers provided for employees' personal belongings?..... o Yes.....o No

**If NO**, where will personal belongings be stored? .....

Will employees be required to use effective hair restraints?..... oYes.....o No.....o N/A

**Certified Food Protection Managers: List all ANSI approved Certified Food Protection Managers (Provide additional proof of Allergen Training for all required CFPM):**

#### Certified Food Protection Manager

Name	Certification #	Expiration Date

#### Food Handler Certification

Name	Certification #	Expiration Date

## IV. Structure

### Floors, Walls, and Ceilings:

Are all floors constructed of a smooth, durable, easily cleanable material?..... Yes.....No Are all walls and ceilings smooth, non-absorbent, and easily cleanable?..... Yes.....No

Are all light fixtures, vent covers, wall-mounted fans, decorative materials, and similar equipment attached to walls and ceilings, easily cleanable?..... Yes.....No

Is there adequate lighting in all areas of the kitchen, ware washing areas, restrooms, and storage areas? ..... Yes.....No

Are shields provided for all lighting in food storage, preparation, service, and display units; as well as areas where utensils and equipment are cleaned and stored?... Yes.....No

### Sinks:

Do all sinks have hot and cold running water?..... Yes.....No

Is there a food preparation sink? ..... Yes.....No.....N/A

Is there a hand washing sink in each food preparation and ware washing area?.....Yes.....No

Do all hand washing sinks have a mixing valve or combination faucet? ..... Yes.....No

Is soap available at all hand sinks? ..... Yes.....No

Are paper towels or air dryers available at all hand sinks?..... Yes.....No

Are waste receptacles provided at each hand sink? ..... Yes.....No

Is there a mop sink? ..... Yes.....No

Is there a three-compartment sink?..... Yes.....No

Does the largest pot and pan fit into each compartment of the three-compartment sink? ..... Yes.....No.....N/A

Are there drain boards on both ends of the three-compartment sink? ..... Yes.....No

Is there a dish machine?..... Yes.....No

### Plumbing:

**All plumbing, including repairs, must be completed by a licensed plumber.**

Plumber Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Is the hot water generator sufficient for the needs of the establishment? ..... Yes.....No

Is there a water treatment device?..... Yes.....No

Are there backflow prevention devices located where they are required? ..... Yes.....No

### Water Supply:

Where will water for the Mobile Food Unit be obtained? \_\_\_\_\_

What type of food grade hose is used to fill the water storage tank? \_\_\_\_\_

What is the size of the water storage tank? \_\_\_\_\_

Will the water inlet be capped at all times except while being filled?..... Yes.....No

### Sewage Disposal:

Where will waste water from the Mobile Food Unit be disposed? \_\_\_\_\_

How will waste water from the Mobile Food Unit be disposed? \_\_\_\_\_

What is the size of the wastewater storage tank? \_\_\_\_\_

Is the wastewater storage tank drainage connection located lower than the water inlet connection? ..... Yes.....No

Are grease traps provided? ..... Yes.....No

**If YES, where are they located?** \_\_\_\_\_

**Hoods:**

How is the ventilation hood system cleaned? \_\_\_\_\_  
Include how often it is cleaned. \_\_\_\_\_

**Restrooms:**

Is a restroom available on the Mobile Food Unit? ..... oYes.....oNo

*If YES,* Does the restroom have a hand sink with hot and cold running water, soap, and paper towels?  
..... o Yes..... oNo

*If NO,* Will the Mobile Food Unit be at the same location for more than 2 hours before returning to the commissary? \* .... o Yes..... o No

*\*If the Mobile Food Unit will be at the same location for more than 2 hours, a **Mobile Food Unit Restroom Agreement** must be signed for **EACH** location where the Mobile Food Unit will be operating.*

**Pest Control:**

How will the service window be protected from pests?  
o #16 mesh screening..... o Air curtain .....o Solid sliding window .....o Other  
Will all outside doors be self-closing and rodent proof?..... o Yes.....o No  
Are screen doors provided on all entrances left open to the outside?..... o Yes.....o No.....o N/A

**Garbage and Refuse:**

Do all garbage containers, located inside, have lids?..... oYes.....o No  
Where will garbage generated by the Mobile Food Unit be discarded? \_\_\_\_\_

**V. Miscellaneous**

**Laundry:**

Where will clean linen be stored?  
Where will dirty linen be stored?

**Sanitizing:** (PPM = parts per million)

How will food contact surfaces be sanitized ?  
o Chlorine ..... o Quat ..... o Other .....

How will utensils and equipment be sanitized?  
o **dish machine** ..... o **3-compartment sink**.....  
o Chlorine ..... o Quat ..... o Hot Water ..... °F

How will cooking equipment, cutting boards, counter tops, and other food contact surfaces which cannot be submerged in sinks or put through the dish machine be sanitized? \_\_\_\_\_

Will test strips be provided to measure the concentration strength? ..... oYes.....oNo

**Toxics:**

Are insecticides/rodenticides/herbicides stored separately from cleaning and sanitizing agents?... o Yes... o No  
Are all toxics for used on the premises or for retail sale (this includes personal medication), stored away from food preparation and storage areas?..... oYes.....oNo  
Are all containers of toxics including spray bottles clearly labeled? ..... oYes.....oNo

# Classification of Establishments

The Health Department shall assess the relative risks of causing foodborne illness. This classification shall result in the facility being placed into a risk category as it relates to food safety. These "risk" categories are not meant to imply that any given establishment is less safe than others. The following criteria will be utilized within Bureau, Marshall, & Putnam Counties.

**Category I Food Establishment:** 1. Cooling of potentially hazardous food occurs as part of the food handling operations at the facility. 2. Potentially hazardous foods are prepared hot or cold and held hot or cold for more than 12 hours before serving. 3. Potentially hazardous foods which have been previously cooked and cooled are reheated. 4. Potentially hazardous foods are prepared for off-premises service and time-temperature requirements during transportation, holding and service are relevant. 5. Complex preparation of food, or extensive handling of raw ingredients with bare hand contact for ready-to-eat foods, occurs as part of the food handling operations at the facility. 6. Food packaging and/or other forms of reduced oxygen packaging are performed at the retail level. 7. Immunocompromised individuals are served, where these individuals comprise the majority of the consuming population.

**Category II Food Establishment:** 1. Hot and cold foods are not maintained at that temperature for more than 12 hours and are restricted to the same day service. 2. Preparing foods for service from raw ingredients uses only minimal assembly. 3. Foods that require complex preparation (whether canned, frozen, or fresh prepared) are obtained from approved food processing plants, (category I) food service establishment or retail food stores.

**Category III Food Establishment:** 1. Only pre-packaged foods are available or served in the facility, and any potentially hazardous foods available are commercially pre-packaged in an approved food processing plant. 2. Only limited preparation of non-potentially hazardous foods and beverages, such as snack foods and carbonated beverages, occurs at the facility. 3. Only beverages (alcoholic or non-alcoholic) are served at the facility.

The Health Department may reclassify a facility based upon its experience with the facility (e.g., inspection history, number and frequency of violations, etc.), if in the opinion of the Health Officer; a health hazard will not result from such reclassification.

***By signing, I certify that the above information is correct, and I fully understand the following:***

**•The plan review expires one year from the date of approval. If construction or remodeling is not started within that time, it may be necessary to resubmit for a new review of the plans.**

**•Any changes or alterations to plans must have prior approval by the Bureau, Putnam, or Marshall County Health Department.**

**•Approval of these plans by the Bureau/Putnam/ Marshall County Health Department does not indicate compliance with any other code, law, or regulation that may be required. It further does not constitute endorsement or acceptance of the completed establishment.**

**•A final inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Illinois Department of Public Health Food Service Sanitation Code, before operations can begin.**

\_\_\_\_\_  
***Owner Signature***

\_\_\_\_\_  
***Date***





# Base of Operation for Commissary

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

Owner's Name: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Phone Number: \_\_\_\_\_

Establishment Type (circle one) Mobile Unit or Pushcart

Your established is licensed as a Category (circle one) I II or III

County (circle one) Bureau Putnam or Marshall

**Illinois Food Service Sanitation Code states the following: Section 750.1550 Base of Operations: a) Mobile food units or pushcarts shall operate from a commissary or other fixed food service establishment and shall report at least daily to such location for all supplies and for all cleaning and servicing operations. b) The commissary or other fixed food service establishment used as a base of operation for mobile food units or pushcarts shall be constructed and operated in compliance with the requirements of this part.**

Licensed commissary: \_\_\_\_\_

Address: \_\_\_\_\_

Grants permission to \_\_\_\_\_,

to use our licensed facility as a base of operation.

Signature of mobile unit/pushcart \_\_\_\_\_ Date \_\_\_\_\_

Signature of licensed commissary \_\_\_\_\_ Date \_\_\_\_\_

Signature of BPMCHD Approval \_\_\_\_\_ Date \_\_\_\_\_

As mentioned on the previous form, the Illinois Food Service Sanitation Code requires a licensed commissary to be utilized. The next page is a commissary log. Each time the commissary is visited, the form must have the date, time, your signature, and the signature of the owner of the commissary that you have chosen to utilize. During your routine inspection, you will be expected to present this log to Bureau/Putnam/Marshall County Health Department personnel that the commissary that you use is being utilized correctly. Failure to produce the log during your inspection may affect licensure with this department. By signing below, you agree to utilize the commissary properly.

Date \_\_\_\_\_ Signature \_\_\_\_\_

# COMMISSARY LOG

DATE	TIME	MOBILE UNIT SIGNATURE	COMMISSARY SIGNATURE