

BROWN COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
Public Health Division - Environmental Health Unit



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Mobile Food Establishment Operational Plan

New mobile food establishments are evaluated on an individual basis. The following written operational procedures must be completed. **Incomplete plans will not be reviewed.**

Business Name _____ E-mail _____

Contact Name _____ Phone Number _____

Service Base Address _____ City _____ State _____ Zip Code _____

Hours at the service base _____

Hours of mobile food establishment operation _____

Address of mobile overnight storage _____ City _____ State _____ Zip Code _____

Planned Mobile Establishment Vending Location(s)*

Specific Location(s) Available Restroom(s)

*Itinerary logs must be kept up to date at service base.

1. Provide a complete menu.

2. Identify the name and location where food will be purchased. (This must be from an approved source such as a grocery store or wholesale food distributor.)

3. Describe food preparation activities to be conducted at the service base.
(e.g., washing/chopping vegetables, cooking raw animal products, prepackaging food, etc.)

4. Do you have a separate, freestanding, air gapped food preparation sink (required for washing fruits and vegetables)? Yes No

5. Check [✓] food service activities conducted on the mobile unit.

- | | |
|---|--|
| <input type="checkbox"/> Cold hold and assemble/serve | <input type="checkbox"/> Forming |
| <input type="checkbox"/> Hot hold and assemble/serve | <input type="checkbox"/> Chopping |
| <input type="checkbox"/> Reheating | <input type="checkbox"/> Dicing |
| <input type="checkbox"/> Cooking/Baking | <input type="checkbox"/> Slicing |
| <input type="checkbox"/> Cooling cooked hot foods | <input type="checkbox"/> Cutting |
| <input type="checkbox"/> Boiling | <input type="checkbox"/> Washing produce |
| <input type="checkbox"/> Blanching | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mixing | |

Describe [✓] items and food handling activities to be conducted on the mobile unit.

6. Do you have storage for drink ice? Yes No If "yes" describe _____
(NSF ice bins or freezer storage are required. Coolers or ice bins without drains are not approved.)

7. Non-hand operated hand wash sink with mechanical heated water is required

Describe the hand wash sink:

- | | | |
|--|--------------------------------------|---|
| Does the sink have pressurized water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the pump operated by? | <input type="checkbox"/> Electricity | <input type="checkbox"/> Battery <input type="checkbox"/> Generator |
| Does the sink have gravity fed water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the sink easily accessible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the sink have non-hand operated faucet handles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the sink have tempered water (85°F to 110°F)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe how water is heated (e.g., water heater) _____

8. Describe the freshwater tank:

Size: _____ gallons

Durable, food grade material? Yes No

Is the tank water level easily viewable? Yes No

Is the tank equipped with a threaded tap inlet for flushing and sanitizing? Yes No

How will the freshwater tank be filled?

Removable tank

Food grade hose

9. Describe the wastewater tank:

Size: _____ gallons

Durable, smooth material? Yes No

Discharge connection with tight closing valve consisting of a minimum of 1 ½ inch half-union attachment for gravity draining? Yes No

How will the wastewater tank be disposed to the utility/mop sink?

Removable tank

Separate hose labeled wastewater only

Is the wastewater tank maintained in sanitary conditions? Yes No

10. Will you wash and sanitize utensils and equipment on the mobile food establishment? Yes No

If yes, please describe:

If no, how will utensils be washed and sanitize?

11. Describe how the mobile food establishment food contact surfaces will be cleaned and sanitized during use.

12. Describe how dishes/utensils will be cleaned and sanitized after use.

13. Describe ventilation system for mobile food establishment (e.g. hood , screened windows, etc.)

14. How are outer openings being protected?

Screen door? Yes No

Screened pass-through window? Yes No

Size of pass-through window for food transfer (If applicable) _____

15. Do you plan to keep leftover food? Yes No

If yes, specify how you will maintain proper temperatures for potentially hazardous foods?

16. Describe materials used for the interior of the mobile food establishment (materials used must be smooth, nonabsorbent, easily cleanable, durable and commercial grade such as tile, stainless steel, or glass board)

Floors:

Walls:

Ceiling:

Is equipment properly spaced and sealed for ease of cleaning? Yes No

Is the lighting shielded? Yes No Not Applicable

17. For your service base are you renting kitchen space from a licensed restaurant or other type of commercial kitchen? Yes No

If you answered "yes" a signed copy of your "*Service Base Sharing Agreement*" must be submitted with this plan.

Is this agreement attached? Yes No Not Applicable

18. If your proposed service base is not currently licensed by Brown County Health Department, equipment layout of the service base must be submitted with this plan. Have you attached the service base layout? Yes No Not Applicable

19. Equipment layout plans of the mobile unit are mandatory. Have you attached the mobile unit layout? Yes No

20. Are propane tanks securely attached to the exterior of the mobile unit? Yes No

21. List all equipment and utensils that will be used on the mobile unit. Attach applicable equipment specification sheets, make/model, etc. (Must be ANSI/NSF certified)

22. Describe the equipment that will be used to transport (at proper temperature) potentially hazardous food to the vending site?

23. Will the food be transported? Hot Cold

Completed plans submitted to Brown County Public Health will be reviewed within 30 days of receipt. Incomplete plans will extend the plan review process.

Owner Printed Name

Owner Signature

Date