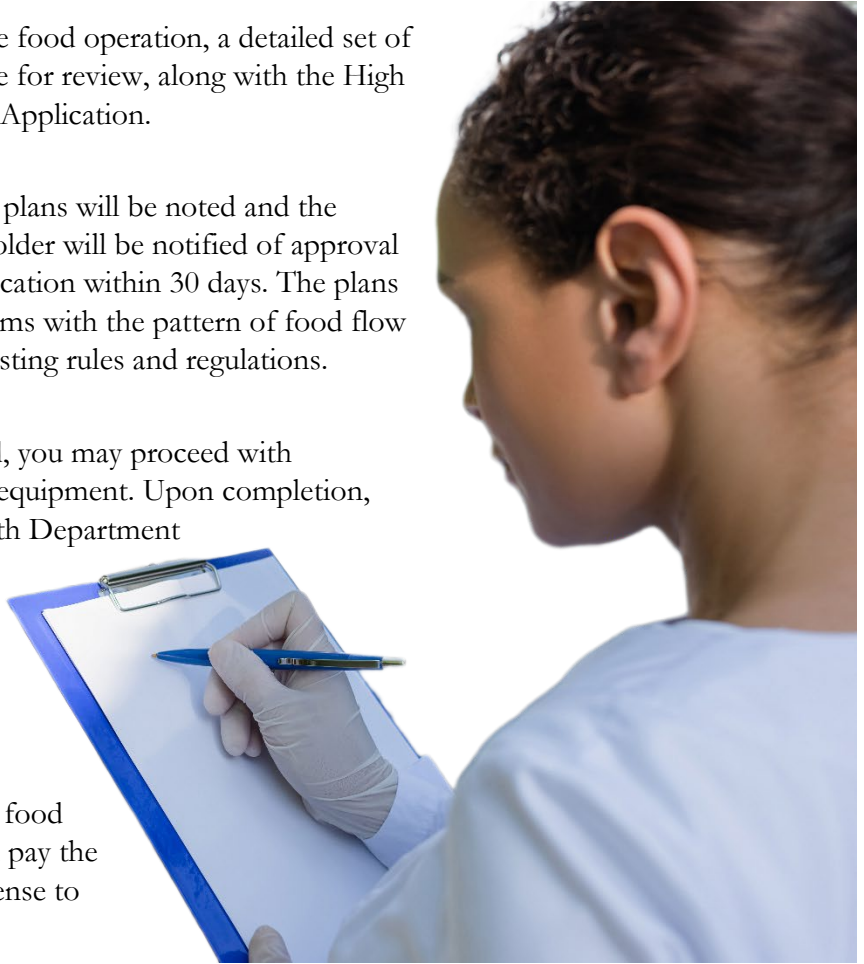


City of Middletown Health Department HIGH RISK MOBILE *Plan Review Application & Guidelines*



Licensing Process for High Risk Mobile

- ✓ Prior to construction of a new mobile food operation, a detailed set of plans must be submitted to this office for review, along with the High Risk Mobile FSO/RFE Plan Review Application.
- ✓ The receipt date of a complete set of plans will be noted and the plans will be reviewed. The license holder will be notified of approval or disapproval of the submitted application within 30 days. The plans are reviewed to ensure against problems with the pattern of food flow and to ensure compliance with all existing rules and regulations.
- ✓ Once your plans have been approved, you may proceed with construction or purchase of the unit equipment. Upon completion, contact the City of Middletown Health Department to schedule an inspection. The mobile unit must be completely set up and fully operational for the inspection.
- ✓ Once approved, submit the included application for a license to conduct a food service/retail food establishment and pay the license fee amount to obtain your license to operate.



This information is intended to be a brief outline of some of the requirements needed for a mobile food service operation. It is in no way to be construed as being all the requirements needed to operate a mobile foodservice operation. The local health department, Chapter 3717 of the Ohio Revised Code, and Chapter 3717-1 of the Ohio Administrative Code should be consulted to assure that all applicable criteria have been addressed.

Guidelines for licensing a Mobile FSO/RFE

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan, accurately drawn to scale. Include a light plan
2. Include the proposed menu and projected meal volume for the food operation.
3. Each piece of equipment must be clearly labeled on the plan with its common name.
4. All equipment (*i.e. coolers, freezers, grills, griddles, ranges, etc.*) must be commercial grade NSF approved. Homestyle equipment is not permitted.
5. All interior surfaces must be smooth and easily cleanable.
6. A three (3) compartment sink to wash, rinse and sanitize all food contact equipment is required. The basins of the sink must be large enough to accommodate the largest piece of equipment that must be washed, rinsed and sanitized.
7. A separate hand sink with hot and cold running water under pressure is required and must be stocked with soap and paper towels.
8. The mobile must be equipped with a fresh water holding tank or water under pressure by some means that supplies water to the three (3) compartment sink and hand sink. **Note that if fresh water holding tank is not used, your mobile can only set up at events where there will be potable water hook-ups under pressure. A NSF -61 food grade hose will be required.*
9. Fresh water tank inlet shall be $\frac{3}{4}$ inch in inner diameter or less.
 - a) Water connections must be made to the unit and inside the unit with food grade hoses only (NSF 61).
 - b) An A.S.S.E. No. 1024 or No. 1012 backflow protection device must be installed on the exterior unit on the water supply inlet.
 - c) Waste water holding tank shall be sloped to a drain that is one inch in inner diameter or greater and equipped with a shut off valve.
 - i. Waste water hoses must be clearly marked as such and can never be used to supply potable water to the unit.
10. The mobile must be equipped with a water heater that supplies hot water to the 3 compartment sink and the hand sink.
11. The mobile must be equipped with a waste water holding tank 15-20% larger than the fresh water holding tank. A portable waste water holding tank is not permitted due to lack of proper seal.
12. Water for the fresh water holding tank must come from a municipal source and all waste water must be disposed of in a public sewer not in a storm sewer or on the ground.
13. All foods to be held hot, must be held at 135 degrees Fahrenheit or higher and all foods to be held cold must be held at 41 degrees Fahrenheit or less.
14. All foods on display (*e.g. condiments, single service portions, etc.*) must be protected from contamination with lids and or screening, or by using single service packets.

High Risk Mobile Plan Review Application

No Plan Review Fee				
Date				
Type	<input type="checkbox"/> Food Service Operation		<input type="checkbox"/> Retail Food Establishment	
Category	<input type="checkbox"/> Concession Trailer		<input type="checkbox"/> Tent Mobile	<input type="checkbox"/> Push Cart
	<input type="checkbox"/> Vehicle -Mobile Truck			
Establishment Information				
Name of Operation				
Operation Owner				
Address of Owner				
Telephone Number			Email:	
License Plate # of Mobile				
Applicant/Owner Information				
Applicant Name				
Mailing Address				
Telephone Number			Email:	
Required Documentation				
<i>*Items below must be submitted with application</i>				
<input type="checkbox"/> *One complete set of drawings of the Mobile layout (include support vehicle)				
<input type="checkbox"/> *Make and model numbers of all equipment				
<input type="checkbox"/> *Include lighting plan				
<input type="checkbox"/> *A complete menu including all food sources				
<input type="checkbox"/> *Bodily fluid cleanup procedure				
<input type="checkbox"/> *Employee Health Policy				
<input type="checkbox"/> *Pest control plan				
<input type="checkbox"/> * Copies of communications with the Ohio Department of Agriculture (ODA) or possession of an ODA registration demonstrating the ability to store or prepare food in facility other than the mobile unit. For questions regarding registration, please reach out to ODA's Division of Food Safety at (614)728-6250				
<input type="checkbox"/> Person-in-Charge Certification (There must be at least one certified person-in-charge per license holder at each individual event) maybe submitted prior to licensing.				

High Risk Mobile Questionnaire

<i>Answer all questions completely</i>			
Provide the size of the three compartments sink basins and drain boards or counter area near the sinks. Must include length, width and depth of sinks.			
Provide the size of the largest piece of equipment; or will it fit in your sink, all equipment must be able to be immersed in the sinks of the three - compartment sink.			
List all equipment Make/Manufacturer and Model Numbers.			
Ensure proper light intensity is met on all surfaces; a minimum of 50ft candles is required in areas of use of knives, slicers, grinders, or saws where safety is a factor.	I have verified that all lighting requirements listed to the left are met. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe the method of light shielding or shatter-resistant lighting used or in place.			
Describe all surface finishes/materials for the floors, walls and ceilings.	Floors	Walls	Ceilings
Provide the size of the fresh water tank in gallons			
Provide size and type of sewage tank (<i>wastewater tank</i>). Sewage tank must be a closed container 15-20% larger than water tank.			
Provide backflow prevention device information and include location of device.	<input type="checkbox"/> ASE 1024 <input type="checkbox"/> ASE 1012		
Provide type and capacity of the water heater (<i>The hot water temperature must reach a minimum of 85° F at handwashing sinks and minimum of 110° F at the wash compartment of the three-compartment sink.</i>)	Type	Capacity/Size	Name & Manufacturer
Provide approved water supply (<i>list source of water</i>)			
What type of water hose will be used to connect to potable water supply? Provide water hose specification with NSF standard 61.			
How and where will grease be disposed? Provide name and address of facility.			

How and where will waste water be disposed? Provide name and address of facility.			
Provide make and model of the mobile unit; provide Ohio license number and VIN number	Make & Model	Ohio License Number	VIN Number
Provide storage site with address for your mobile.			
Provide method of insect control (<i>ex. size of window screen, fans etc.</i>).			
Will any food be prepared and stored off the mobile? If you answer yes, that facility must be licensed by the Ohio Department of Agriculture (ODA).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List all food and drink intended for preparation or service. If additional space is required please include a separate sheet of paper. <i>Please note that any modifications to the menu must be formally submitted and approved by the city of Middletown Health Department</i>			
Provide a full list of food providers.			
Provide method of cooking menu items.			
Detail your method of holding of foods. (<i>Must maintain 135° F or above.</i>)			
Describe method of cold holding foods. (<i>Must be 41° F or below at all times.</i>)			
Explain how foods be rapidly reheated to 165° F for 15 seconds (<i>if applicable</i>).			

Explain how frozen food will be thawed.	
Explain how hot foods will be cooled. Specify what equipment will be used solely for this <i>purpose (if applicable)</i> .	
What ice will be used and what is the source of the ice <i>(if applicable)</i> ?	
Provide information on storage of foods. All foods must be at least 6” off the floor and protected from contamination.	
Provide type of serving utensils and storage.	
Provide type of hair restraints that will be used.	
Provide glove usage procedure during operation. Latex gloves are not permitted to be used.	
Provide type of sanitizer used at the three-compartment sink. Ensure test strips specific to the sanitizer being used are available.	
Provide list of condiments and state how condiments will be stored, offered for customers and held cold.	
Provide list of raw foods and explain how separation will be maintained during storage, preparation, cooking and holding of these foods. What method will the mobile unit use to handle the rinsing and washing of raw vegetables and meats <i>(This may include the installation of a prep sink)</i> .	
Describe areas of food preparation (ex. tables, counters, etc.).	

How will time controlled for safety foods be kept during the transportation of the mobile unit between events?	
Explained the method by which power or electric will be supplied to the mobile unit to ensure continuous cold for food items.	
What type of thermometer will you be using for monitoring food temperatures?	
Will you have any outside serving or cooking areas? A tent will be required over all outside serving areas. There can be no open-air cooking areas without appropriate covering/protection. <i>if yes, please explain how protection of food and equipment will be accomplished as required</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
You understand that if your mobile unit does not move from a single location for more than 40 consecutive days, your mobile license will be revoked.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that your mobile unit cannot sell food or operate without being fully set up and functional (<i>ex. water and electricity on</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that each operator of a mobile food service/mobile retail operation must conspicuously display the name of the operation, the city of origin and the telephone number on the exterior of the mobile? The name and city of origin of the food service operation shall be displayed with individual lettering measuring at least three inches high and one inch wide? This must be completed prior to licensing.	<input type="checkbox"/> Yes <input type="checkbox"/> No
You are aware written allergen notification is required for allergens used in ingredients for unpackaged food items served or sold to the customer; milk, egg, fish, crustacean shellfish, tree nuts, peanuts, wheat, soybeans and sesame. Notification may be provided on menu, label statements, table tents, placards or by electronic means, or other effective written means. Allergen notification must be displayed at all times and provided to inspector during inspection.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Catering Services

**Answer all below questions if your Mobile will be providing catering services*

Will you be providing catering services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are the methods and locations for storing the catering equipment?	
Describe in detail how will you have the capacity to store any food and cold food in bulk? How will you ensure you have the capacity to store bulk quantities of dry/hot/cold foods?	
Do you possess the appropriate ODA registration to store, prepare food, or clean utensils in a location other than the mobile unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

High Risk Mobile Risk Level

Risk levels indicate the potential risk a facility presents to public health and the likelihood of a foodborne illness occurring. A High-Risk Mobile Level is:

A mobile operation that poses a higher potential risk to the public than low risk because of concerns associated with: proper receiving, holding, and cooking temperatures; proper cooling procedures; processing a raw food that has undergone parasite or bacterial load reduction procedures in order to sell or serve it as ready-to-eat; handling or preparing food using a procedure with several preparation steps that includes reheating of a product or ingredient of a product where multiple temperature controls are needed to preclude bacterial growth; offering as ready-to-eat a raw time/temperature controlled for safety meat, poultry product, fish, or shellfish; or a food with these raw time/temperature controlled for safety items as ingredients; or using time in lieu of temperature as a public health control for time/temperature controlled for safety food. Examples of High-Risk activities include, but are not limited to:

- ✓ Assembling or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled;
- ✓ Operating a heat treatment dispensing freezer;
- ✓ Reheating bulk quantities or individual portions of leftover time/temperature controlled for safety food;
- ✓ Heating a food from an intact, hermetically sealed package and holding it hot; or
- ✓ Operating as a mobile catering food service operation.

High Risk Mobile Licensing Fee

Risk Level	Local Fee	State Fee	Total Annual License Fee
High Risk Mobile	\$110.00	\$28.00	\$138.00

Application for a License to Conduct a: (check only one)

- ☐ Food Service Operation
☐ Retail Food Establishment

Instructions:

1. Complete the applicable section. (Make any corrections if necessary).
2. Sign and date the application
3. Make a check or money order payable to: **City of Middletown Health Department**
4. Return check and signed application to:

City of Middletown Health Department
One Donham Plaza
Middletown, OH 45042

** There is a mandatory penalty fee of 25% of the renewal fee operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).*

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address		Email	
City		State	Zip
Phone #	Fax #		Check if applicable <input type="checkbox"/> Catering <input type="checkbox"/> Seasonal
Name of individual certified in food protection (if any) and their certificate number (use back for additional names)			

Mailing Address for annual renewal if different than above:

Name of parent company or owner		Phone #	
Address		Email	
City		State	Zip
I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:			
Signature			

Licensors to complete below:

Category			
License fee	+ Late Fee	+ State Amount	= Total amount due

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Audit No.	License no.
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As per AGR 1269 (Rev. 5/13) Ohio Department of Agriculture-As per HEA 5319 (Rev. 5/13) Ohio Department of Health