

Morgan County Health Department

180 S. Main St., Ste. 252, Martinsville, IN 46151

Phone: 765-342-6621

Fax: 765-342-1062

Mobile Unit/Caterer Food Establishment Plan Review Packet

To prospective food establishment owner:

This application is required to be submitted, along with all accompanying required paperwork, prior to beginning renovation, construction or operation of a new Food Establishment. Please feel free to call our office with any questions. If you are acquiring an established business, please call the Health Department to determine which items will be required for submittal prior to a pre-opening inspection. Please note that **Food Establishment Permits are not transferable** between locations or owners.

Items Required for Submittal:

- Complete menu listing any and all proposed food items
- List of distributors and suppliers
- Copy of an approved Foodhandlers Certificate
- Set of properly completed plans and specifications
- Plan Review Application
- Signed Commissary Agreement Form
- Mobile Route Schedule (Location of stop, time, day and duration of stop)

We recommend that construction or renovation of the establishment begins only after plan approval has been gained from the Health Department. Allowing time for the plan review (max 30 days) may save a great deal of time and trouble, as required changes may be expensive and/or time-consuming.

Once construction or renovation is completed, and before opening, you must call the Morgan County Health Department to schedule a pre-opening inspection (please allow one week notice for appointment). Once approval has been gained for opening, you must obtain your Food Establishment Permit from the Health Department.

Should you have any questions, please contact the Morgan County Health Department at 765-342-6621.

Plan Review Application for Mobile Food Establishment or Caterer

Morgan County Health Department
180 S. Main St., Ste. 252, Martinsville, IN 46151
765-342-6621, Fax 765-342-1062

Please answer all questions completely to avoid delays. If something is not applicable to your place of business, mark N/A.

Business Name: _____

Establishment Name/DBA: _____

Establishment Address: _____

Establishment Phone/Fax/Email: _____

Owner Name & Address: _____

Owner Phone/Fax/Email: _____

Name & Phone Number of Contact Person for Plan Review Questions: _____

Projected start date: _____ Projected completion date: _____

Checklist for Submittals:

_____ Copy of intended menu

_____ Blue prints (proposed layout, mechanical schematics, construction materials, finishing schedule, list of equipment)

_____ List of distributors/suppliers and phone numbers for each

_____ Copy of Certified Foodhandler Certificate

_____ Completed Plan Review Application for Morgan County

1. Name and Title of **Certified Foodhandler Manager** and Date of Certificate Expiration (*410 IAC 7-22*)- This requires a **5-year certification**, not a 3-year certification. Please check that you have the proper certification prior to submitting the paperwork.

Note: All Section numbers below refer to 410 IAC 7-24, ISDH Retail Food Establishment Sanitation Requirements.

2. How will employees be trained in food safety? (*Section 119*): _____

3. How many meals do you plan to serve? Total _____

Breakfast _____ Lunch _____ Dinner _____

The following questions refer to food handling and food safety practices in your establishment. Please answer all questions completely to avoid delays. If something is not applicable to your place of business, mark N/A.

Food Sources:

4. Will there be any home-prepared, home-canned, or donated food items? (*Section 142*)
Yes _____ No _____

5. What is the procedure for receiving food shipments? (temperatures checked and containers inspected) (*Section 166*) _____

6. How often will you be receiving shipments of the following:

Fresh _____ Frozen _____ Dry _____

7. Is your facility required to have pasteurized products? (*Section 153*) Yes _____ No _____

8. Do you intend to make low-acid or acidified foods and intend your products to be shelf-stable?

*Yes _____ No _____

*If yes, have you passed the Better Process and Control School Exam? (*Section 143*)

Yes** _____ No _____

**Include a copy of the certification

9. Do you intend to make “Reduced Oxygen Packaged (ROP)” foods? (Sections 73, 195)

Yes* _____ No _____ *If yes, list the ROP foods: _____

Food Preparation:

10. What foods will you prepare more than a day in advance? List the foods:

11. What procedures will be used to avoid bare-hand food contact with ready-to-eat foods?

(Section 171) _____

12. What type of date-marking system will be in place for ready-to-eat potentially hazardous foods? (Section 191)

13. What procedures will be used to ensure that potentially hazardous foods spend as little time as possible in the temperature danger zone (41-135° F) during preparation?

14. What types of foods will need to be thawed prior to cooking? List them in the chart below with the thawing process that will be used. (Section 199)

PROCESS	TYPES OF FOOD
Refrigeration	
Running water < 70° F	
Microwave as part of the cooking process	
Cook from frozen	
Other (describe)	

15. What types of food will need to be cooled? List them in the chart below with the cooling method that will be used. (Section 189, 190)

PROCESS	TYPES OF FOOD
Shallow pans under refrigeration	
Ice water bath	
Reduced volume (sectioning roasts)	
Ice paddles	
Rapid chill devices (blast freezer)	
Other (describe)	

16. Will all produce be washed prior to cutting or use? (Section 175) Yes _____ No* _____

*If no, why? _____

17. Where will all produce be washed prior to use? _____

18. How will you ensure that foods are reheated to 165° F? (Section 188)

19. Is all food prepared and cooked within the facility? (grilling and/or smoking outdoors*)
(Section 203) Yes _____ No _____

** Please note that if any preparation and/or grilling takes place outside the unit, the outdoor area must also be provided with proper handwashing facilities. The prep area must also be properly covered to prevent contamination. An adequate water supply must be available at the mobile unit for any subsequent cleaning that may be required of the outdoor area.*

Hot and Cold Holding:

20. Will “Time as a Public Health Control” be used for potentially hazardous hot or cold foods?
(Section 193) Yes* _____ No _____

**These procedures must be submitted and approved before use.*

21. Will raw animal foods be offered to the public in an undercooked form? (sushi, rare hamburgers, eggs over easy, classic Caesar dressing) Yes* _____ No _____

**If yes, attach your consumer advisory statement. (Section 196)*

22. Who will be responsible for taking food temperatures and when will they be taken? (cooking, cooling, reheating, etc.) (Section 119) _____

23. How will you prevent cross-contamination between raw and ready-to-eat foods in refrigeration units? (Section 173) _____

24. How would you store different types of raw meats and seafood in the same unit to prevent cross-contamination? (Section 173) _____

Food and Utensil Storage

25. Will food and food-contact items be stored in a protected manner, (at least six inches above the floor, away from splash, dust or contamination, and away from unshielded plumbing)?
(Sections 177 & 239) Yes _____ No _____

Sanitizing

26. Who will ensure proper sanitizer levels and use? (Section 119) _____

27. What type of chemical sanitizer(s)* will the establishment use? (Section 294) _____

**Note: Chlorine or quaternary ammonium must include manufacturer's directions for concentration on food contact surfaces.*

28. Will the establishment have test kits for all types of chemical sanitizers? (Section 291)
Yes _____ No _____

29. How will cooking equipment, countertops, cutting boards and other food contact surfaces that cannot be submerged in a sink or put through a dishwasher be sanitized? (Section 303)

Poisonous or Toxic Materials and Personal Care Items

30. Where will poisonous or toxic materials be stored (including those for retail sale)?
(Section 439)

31. How will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments", and that they are applied in a safe manner? (Section 119)

32. Will all spray bottles be clearly labeled? (Section 438) Yes _____ No _____

33. Where will first aid supplies be stored? (Section 421) _____

Miscellaneous

34. How will linens be laundered? (Section 423) _____

35. Do you have a written employee health policy? (Section 120-123) Yes* _____ No _____
*Provide a copy of this policy.

Warewashing/Dishwashing

36. Dishwashing methods (Section 269) Three-compartment sink _____ Dish machine _____

37. Sanitizing method for three-compartment sink: Hot water _____ Chemical _____

38. Sanitizing method for dish machine: Hot water _____ Chemical _____
(Sections 258 & 303)

39. Can the largest piece of equipment be submerged in the three-compartment sink?
(Section 270) Yes _____ No _____

40. Does the facility plan to use alternative manual warewashing equipment? (Section 270)
Yes _____ No _____ *If yes, submit your procedure for review.

41. Does your facility have enough drainboards/utensil racks/carts for the air drying of
equipment and utensils for the three-compartment sink and/or dish machine? (Section 289)

Yes _____ No _____ Describe: _____

Water Supply

42. Is the water supply public _____ or private* _____?

*Has the private water source been tested? (Section 327) Yes _____ No _____

If yes, when was the last test? _____ Provide a copy of the test results.

Have you completed the Indiana Dept. of Environmental Management Drinking Water
Branch's "New System Questionnaire"? Yes _____ No _____
(<https://secure.in.gov/idem/5157.htm>) or 317-234-7435.

43. What is the recovery time, volume, and capacity of the hot water heater? (Section 329)

Waste Water/Sewage Disposal

44. What type of backflow prevention devices are in use on your mobile unit? (Sections 334-339)

45. Where do you dispose of gray water and trash? (Storm sewers are not allowed for gray water disposal.) (Section 373)

46. Is the sewage disposal system public _____ or private* _____?
If private, has the waste water treatment system been approved by the Indiana State Dept. of Health or the Morgan Co. Health Dept.? (Section 376) Yes _____ No _____
*Include a copy of the approval.

47. How large is the holding tank for wastewater? (Section 372) _____

Plumbing

48. Are hot- and cold-water fixtures provided at every sink? (Section 342) Yes _____ No _____

49. If a water supply hose is to be used for potable water, is it made from food-grade materials? (Section 364) Yes _____ No _____

Handwashing/Toilet Facilities

50. Where is the hand sink located in the mobile unit? _____

51. Will you have an exterior hand sink? _____

Personal Belongings

52. Are dressing rooms or lockers provided for employees? (Section 417) Yes _____ No _____

53. Describe the storage location for employees' coats, purses, medicines and personal foods.

(Section 418, 419, 422) _____

54. Where is the designated area for employees to eat and drink? (Section 136) _____

Equipment

55. Will all of the equipment meet the design and construction standards (durable, corrosion-resistant, nonabsorbent, smooth, easily cleanable)? (Section 205) Yes _____ No _____

56. Will all utensils and food storage containers be made from food-grade quality materials? (Section 205) Yes _____ No _____

57. Will you have a ventilation hood system? (Section 307) Yes* _____ No _____

*If yes, has the hood system been approved by a Fire Department Inspector?
Yes _____ No _____

58. Will all of the equipment used for the storage of potentially hazardous foods meet the minimum temperature requirements (freezers 0°F, refrigerators ≤41°F, hot holding ≥135°F)? (Sections 187, 197) Yes _____ No _____

59. Is there a sufficient amount of space in the equipment for the hot and cold holding of foods, and during service and transport? (Section 259) Yes _____ No _____

60. Will each piece of hot or cold holding equipment used for potentially hazardous foods have a thermometer? (Section 256) Yes _____ No _____

61. Will a probe thermometer be provided to measure the internal temperature of food? (Section 257) Yes _____ No _____

- A pre-open inspection is required prior to a new permit being issued.
- For more information, including requirements for the unit, and rules and regulations governing food service, please see our website at: www.morgancountyhealth.com .
- Food permits are not transferable** between locations, units or owners.
- Mobile Food Units & Caterers shall comply with all regulations set out in the Morgan County Retail Food Establishment Ordinance and the Indiana Retail Food Establishment Sanitation Requirements (410 IAC 7-24).
- Please **draw a layout** of the mobile unit below. A handwash sink, a 3-compartment sink, & a hot water heater for manual warewashing must be included.

Statement: I hereby certify that the above information is correct and I fully understand that any deviation from the above without permission from the Morgan County Health Department may nullify final approval.

Signature(s)

Date

Owner/Operator (printed)

Owner/Operator (signature)

Approval of these plans by the Morgan County Health Department does not indicate approval by or compliance with any other code, law or registration that may be required by federal, state or local entities. Further, approval of these plans by the Morgan County Health Department does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment will be required to determine whether it complies with local and state codes governing food establishments.

Office Use Only

Date reviewed: _____

Reviewer: _____

Office Use: Permit #: _____ Date Issued: _____ Staff Initials: _____
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 180 S. Main St., Ste. 252, Martinsville, IN 46151
 765-342-6621

Application for Mobile Food or Caterer Permit

Your permit will not be issued unless the form is filled out correctly and in its entirety.

Owner Information:

Name of Establishment: _____

Owner/Operator Name: _____

Address: _____

Phone: _____ Email: _____

Certified Food Handler Manager*: _____

Expiration Date: _____

**Provide a copy of the Food Handler Manager's Certificate*

Commissary Information* (Each mobile food unit or caterer must operate from an approved & licensed commissary and shall report at least daily to such location for all supplies, extra food storage, and cleaning & servicing operations.)

Name of Commissary: _____

Commissary Address: _____

Comm. Phone: _____ Comm. Email: _____

**Provide a copy of the Commissary Agreement*

(<https://www.morgancountyhealth.com/CommissaryAgreementForm.pdf>)

Expected Locations, Dates of Service, Hours of Service: _____

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Shared Food Facility / Commissary Agreement Form

Foods sold or given away to the public must be prepared and stored in an approved facility. In addition, the vehicles or carts used in the sale of those foods must be serviced at an approved facility each day they operate. This agreement means that the operator of the mobile food unit will have access to the commissary and its facilities at any time.

This form is to be completed by the owner of the approved facility/commissary where these food facility operations will take place for the business applying for a Food Establishment Permit.

Name of Business applying for Retail Food Establishment Permit: _____

Name of Approved Food Facility/Commissary: _____

Full Address of Commissary: _____

Commissary Phone: _____

Food License for Commissary issued by: _____

Operations to take place: Yes: ___ No ___

Food preparation to include cooking? Yes: ___ No ___

Food/Utensil storage including refrigeration & freezer space? Yes: ___ No ___

Vehicle/Cart storage? Yes: ___ No ___

Washing of utensils/equipment? Yes: ___ No ___

Restrooms available during all hours of food establishment operation? Yes: ___ No ___

Mop Water Disposal? Yes: ___ No ___

Other operations to take place in Commissary: _____

As the owner of the above approved food facility/commissary, I have given my permission for the business known as _____ to use my facility for the operations indicated, and know that I am ultimately responsible for the maintenance and sanitation of this food facility.

Name of owner of Approved Facility/Commissary: (please print): _____

Signature of Approved Facility/Commissary Owner/Manager: _____

Date: _____