

Wayne County Environmental Health

MOBILE FOOD UNIT APPLICATION CHECKLIST



Plans are reviewed using North Carolina's "Rules Governing the Sanitation of Food Service Establishments", 15A NCAC 18A.2600.

Please use the checklist below to confirm that all requirements are met to obtain a MFU permit.

***If you do not own the restaurant/commissary you plan to work out of, then a Pushcart/MFU Agreement Form must be submitted to Wayne County Environmental Health and have been approved by this department prior to submitting the application.**

Incomplete applications will be returned to the applicant and will delay processing.

Checklist:

- Your commissary form will be given to a field inspector to evaluate if it can support your mobile food unit. A commissary must have at least one shelf in the refrigerator, freezer and dry storage area for your use. These areas must be clean, labeled and free of restaurant storage. Evaluation will be delayed if the storage area is not addressed.
- Food equipment layout drawn to scale, such as $\frac{1}{4}$ " = 1 ft. It is recommended that a professional draw the food equipment layout, plumbing schematic and electrical schematic.
- Remember to label *both* the Food Equipment Layout and Manufacturer Specification Sheets with MFU name.
- Checks must be made payable to *Wayne County Environmental Health Department*.

Permitting and schedule notifications:

- Mobile Food Units (MFU) must work in conjunction with a permitted restaurant or commissary within Wayne County and must report *daily* to the facility for supplies, cleaning and servicing of the unit.
- Operators must provide a list to Wayne County Environmental Health of all locations the MFU will operate on a routine basis. If the MFU travels to other counties, the operator must notify that county prior to operation. This list must be kept current or the permit could be suspended.

Storage:

- Adequate storage areas must be established and provided at the commissary prior to permitting. Storage of all extra supplies must be kept at the restaurant or commissary rather than in your personal homes or vehicles.

Water Supply:

- All units must have a potable water system under pressure. The system shall furnish hot and cold water for all food preparation, utensil cleaning and handwashing.
- Your unit's potable water tanks must be filled with a potable water hose at the restaurant or commissary using a clean and protected fresh water connection. **If the restaurant and/or commissary uses well water as its water source, a sample must be taken prior to issuance of the permit.**
- The fresh water inlet on the MFU must be located above the sewage outlet connection, have a different connection and size than the sewage disposal connection, and it must be kept capped for protection unless being used.

Sewage Disposal:

- Your unit's sewage storage or gray water tanks must be at least 15% larger than the potable water tanks.
- The tank(s) must be emptied and thoroughly flushed at the restaurant or commissary at an established dump station connected to a properly sized and approved on-site disposal system or sanitary sewer system.

Generator:

- A generator is required in order to maintain refrigeration at proper temperature during travel regardless of the distance traveled.
- The generator will be tested to ensure it is powerful enough by having all electrical equipment running at the same time. Equipment may include lighting, water pump, hood fan, cooking and hot holding equipment, air conditioning, refrigeration, etc.

Garbage Disposal:

- All garbage and other solid wastes shall be stored and disposed of in an approved manner.

Equipment and Interior:

- All equipment and utensils must be NSF/ANSI approved commercial equipment or equivalent to NSF/ANSI standards and be approved by Wayne County Environmental Health Department with the exception of toasters, mixers, microwave ovens, water heaters, and hoods.
- Manufacturer specification sheets for commercial equipment must be provided.
- All cooking equipment must be located within the enclosed unit.

- All utensils, tables, sinks, cabinets and shelves must be clean and in good repair. All surfaces must be smooth, not readily corrodible and have no open cracks or joints that will collect food particles and debris.
- Shelves, tables and counters cannot be covered with paper, cardboard or other absorbent material.
- Hot and cold holding, as well as cooking equipment, must be provided as needed.
- All floors, walls and ceilings shall be smooth, non-absorbent and easily cleanable (cold holding units equipped with a thermometer).
- Lighting must be effectively shielded.

Sinks:

- At least a single-compartment commercial sink with rounded corners, backsplash protection and hot/cold water is required for utensil washing. Drainboards shall be provided as specified in Section 4-301.13 of the North Carolina Food Code Manual as amended by Rule .2654 to accommodate all soiled and cleaned items that accumulate during operation. This sink must be of sufficient size to submerge, wash, rinse and sanitize your largest utensils or pots. Domestic sinks are not approved for this use.
- A separate handwashing sink is required with hot (min. 100 degrees F) and cold water provided through a combination faucet. Soap and single-service towels are required.

Food Protection:

- Food, drink, utensils and equipment must not be exposed to insects, dust and other sources of contamination.
- Protection against flies and other insects must be provided by screening or by effective use of fans.
- All foods shall be obtained from approved sources and handled in a sanitary manner.
- All potentially hazardous foods must be maintained at or below 45 degrees F (ideal 41 degrees F) or at or above 135 degrees F.
- An accurate (+/-2 degrees F) metal stem thermometer must be provided to check food temperatures. A suitable small-diameter probe thermometer that is designed to measure the temperature of thin foods (such as meat patties) may be required.
- No bare hand contact with ready-to-eat (RTE) items is allowed.

Raw/Undercooked Food:

- Code now allows the service of raw and undercooked food. Eggs cooked to order and rare hamburgers are examples of food served rare or undercooked. However, additional documentation and proper notice to the public must be posted for this option.

Employees:

- Employees shall be clean and wear clean outer clothing and effective hair restraints. No tobacco should be used in any form while in the foodservice area.
- If not already certified, a person in charge (PIC) on-site must demonstrate knowledge of food safety by passing a test as a certified food protection manager within 210 days of issuance of the permit.

Disease and Illness:

- No person who has a communicable or infectious disease that can be transmitted by foods, or who is a carrier of organisms that cause a disease, or who has a boil, infected wound, or an acute respiratory infection with cough and nasal discharge, shall work in a mobile food unit in any capacity in which there is a likelihood of such person contaminating food or food-contact surfaces, with disease-causing organisms or transmitting the illness to other persons. An employee health policy must be in place for all employees.

If you have any questions contact:

**Wayne County Environmental Health
134 N. John Street
Goldsboro, NC 27530**

919-731-1174

**N.C. Department of Environment and Natural Resources
Division of Environmental Health
Plan Review Unit**

Food Establishment Plan Review Application

Type of Construction: **NEW** _____ **REMODEL** _____

Name of Establishment: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Phone (if available): _____ - _____ - _____ Fax: _____ - _____ - _____

.....

Owner or Owner's Representative: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

.....

Applicant: _____

Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

E-mail Address: _____

Title (owner, manager, architect, etc.): _____

I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature: _____
(Owner or Responsible Representative)

Hours of Operation:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Projected number of meals to be served: Breakfast _____ Lunch _____ Dinner _____

Number of seats: _____ Facility total square feet: _____

Projected start date of construction: _____ Projected completion date: _____

TYPE OF FOOD SERVICE:

Restaurant

Sit-down meals

Food Stand

Take-out meals

Drink Stand

Catering

Commissary

Single-service (disposable):

Plates Glassware Silverware

Meat Market

Multi-use (reusable):

Plates Glassware Silverware

Other (explain): _____

Plates Glassware Silverware

CHECK ALL THAT APPLY

COLD STORAGE

Provide the method used to determine cold storage requirements: _____

Provide total square-feet of space dedicated to walk-in cold storage:

a) Walk-in Refrigeration storage _____

b) Walk-in freezer storage _____

Provide total square-feet of space dedicated to reach-in cold storage:

a) Reach-in refrigeration storage _____

b) Reach-in freezer storage _____

Number of refrigeration units: _____

Number of freezer units: _____

THAWING

Indicate by checking the appropriate boxes how potentially hazardous food (PHF) in each category will be thawed. If "Other" is checked indicate type of food: _____

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration				
Running Water less than 70 ⁰ F (21 ⁰ C)				
Cooked Frozen				
Microwave				

HOLDING

How will hot potentially hazardous food (PHF) be maintained at 140⁰F (60⁰C) or above during holding for service? Indicate type and number of hot holding units.

How will cold potentially hazardous food (PHF) be maintained at 45⁰ F (7⁰C) or below during holding for service? Indicate type and number of cold holding units.

List any food that will be held between 45⁰F (7⁰C) and 140⁰F (60⁰C) for any of the following that apply, and indicate how long the food will be held in each category.

STORAGE: _____

DISPLAY: _____

SERVICE: _____

COOLING

Indicate by checking the appropriate boxes how potentially hazardous food (PHF) will be cooled to 45⁰F (7⁰C) within 6 hours. If "Other" is checked indicate type of food: _____

Cooling Process	Meat	Seafood	Poultry	Other
Shallow Pans				
Ice Baths				
Rapid Chill				

How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? _____

FOOD PREPARATION PROCEDURES

The food preparation procedures should include:

- Types of food prepared or handled
- Time of day food is prepared or handled
- Equipment used for preparation or handling

If your company has developed food preparation procedures, they should be submitted.

1. PRODUCE PREPARATION PROCEDURE

a. Will produce be washed, rinsed or otherwise handled prior to use? Yes _____ No _____

b. Is there a location used for washing or rinsing produce? Yes _____ No _____

c. Will it be used for other operations? Yes _____ No _____

Indicate location of produce washing or handling equipment and describe the procedure. Include time of day and frequency of produce preparation, and menu items that contain produce.

2. SEAFOOD PREPARATION PROCEDURE

a. Will seafood be washed, rinsed or otherwise handled prior to use? Yes _____ No _____

b. Is there a location used for washing or rinsing seafood? Yes _____ No _____

c. Will it be used for other operations? Yes _____ No _____

Indicate location of seafood washing or handling (cutting, marinating, shelling, shucking, etc.) equipment and describe the procedure. Include time of day and frequency of seafood preparation, and menu items that contain seafood.

3. POULTRY PREPARATION PROCEDURE

a. Will poultry be washed, rinsed or otherwise handled prior to use? Yes _____ No _____

b. Is there a location used for washing or rinsing poultry? Yes _____ No _____

c. Will it be used for other operations? Yes _____ No _____

Indicate location of poultry washing or handling (cutting, marinating, etc.) equipment and describe the procedure. Include time of day and frequency of poultry preparation, and menu items that contain poultry.

4. PORK and/or RED MEAT PREPARATION PROCEDURE

- a. Will meat be washed, rinsed or otherwise handled prior to use? Yes _____ No _____
- b. Is there a location used for washing or rinsing pork and/or red meat? Yes _____ No _____
- c. Will it be used for other operations? Yes _____ No _____

Indicate location of pork/red meat washing or handling (cutting, marinating, aging, etc.) equipment and describe the procedure. Include time of day and frequency of pork and/or red meat preparation, and menu items that contain pork/red meat.

DRY STORAGE

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time:

Provide total square feet of shelf space dedicated to dry storage: _____

Where will dry goods be stored? _____

FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (i.e., quarry tile, stainless steel, vinyl coated acoustic tile)

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Other				
Other				

WATER SUPPLY- SEWAGE

1. Is water supply: Municipal ____ Well ____ Is sewer: Municipal ____ Septic ____
2. Will ice: be made on premises ____ or purchased ____
3. Water heater make and model: _____
4. Water heater storage capacity: _____ gallons.
5. Water heater recovery rate (gallons per hour at 100°F temperature rise): _____ gallons per hour.
(See Water Heater Calculation Worksheet – Page 9 to calculate recovery rate needed)
6. Check the appropriate box for indicating equipment drains:

Plumbing Fixtures	Indirect Waste			Direct Waste
	Floor sink	Hub Drain	Floor Drain	
Dishwasher				
Garbage Grinder				
Ice Machine				
Ice Storage Bins				
Food Prep Sinks				
Utensil/Pot Wash Sinks				
Steam Tables				
Dipper Wells				
Refrigeration				
Potato Peeler				
Other				
Other				
Other				

DISHWASHING FACILITIES

a. Hand dishwashing

1. Number of sink compartments: _____
Size of sink compartments (inches): _____ Length: _____ Width: _____ Depth: _____
Length of drainboards (inches): _____ Right: _____ Left: _____
2. What type of sanitizer will be used?

Chlorine: _____ Iodine: _____ Quaternary Ammonium: _____ Hot Water: _____ Other (specify): _____

b. Mechanical dishwashing

1. Will a Dishmachine be used? Yes _____ No _____

Dishmachine manufacturer and model: _____

2. Type of sanitization: Hot water (180°F) _____ Chemical _____

c. General

1. Describe the procedure of how cooking equipment, cutting boards, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized?

2. Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space

Provide total square feet of air drying space: _____

HANDWASHING/TOILET FACILITIES

Is there a hand washing sink (with soap and hand-drying device) in each food preparation and warewashing area? Yes _____ No _____

EMPLOYEE AREA

Is space provided for employee's personal items? Yes _____ No _____
If so, describe location: _____

GARBAGE AND REFUSE

1. Will refuse be stored inside? Yes _____ No _____
If so, where _____

2. Provision for garbage disposal: Dumpster _____ Compactor _____
3. Provision for cleaning dumpster/compactor: On-site _____ Off-site _____
If off-site cleaning, provide name of cleaning contractor: _____
4. Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc.)

CLEANING FACILITIES

1. Specify location and size of area for washing of garbage cans and storage of mops:

2. Is a separate mop basin provided? Yes _____ No _____
If so, describe type and location: _____
3. Indicate location of cleaning chemical system and chemical storage:

INSECT AND RODENT

1. Are all outside doors self-closing with rodent-proof flashing? Yes _____ No _____
2. How is fly protection provided on all outside doors?
Self-closing door _____ Fly Fan _____ Screen Door _____
3. How is fly protection provided on windows?
Self-closing _____ Fly Fan _____ Screening _____
4. Indicate location of insecticide/rodenticide storage:

5. Location of clean linen storage:

6. Location of dirty linen storage:

WATER HEATER SIZING

Water Heater Calculation Worksheet					
Equipment	Quantity	Times	Size		GPH
One-Comp. Sink (See Note)		X	____ x ____ x ____	=	
Two-Comp. Sink (See Note)		X	____ x ____ x ____	=	
Three-Comp. Sink (See Note)		X	____ x ____ x ____	=	
Four-Comp. Sink (See Note)		X	____ x ____ x ____	=	
One-Comp. Prep Sink		X	5 GPH	=	
Two-Comp. Prep Sink		X	10 GPH	=	
Three-Comp. Prep Sink		X	15 GPH	=	
Three Comp. Bar Sink (See Note)		X	____ x ____ x ____	=	
Four Comp. Bar Sink (See Note)		X	____ x ____ x ____	=	
Hand Sink		X	5 GPH	=	
Pre-Rinse		X	45 GPH	=	
Can Wash		X	10 GPH	=	
Mop Sink		X	5 GPH	=	
Dishmachine		X	GPH = 70% of "Final Rinse Usage"	=	
Cloth Washer		X	15 GPH	=	
Hose Reel		X	5 GPH	=	
Other Equipment		X		=	
Other Equipment		X		=	
Gallons per hour (GPH) Recovery Rate needed (based on 100°F temperature rise)				Total	

Note: GPH Calculation for Sinks	GPH = (Sink size in cu. in.) x (7.5 gal./cu. ft.) x (# compartments x .75 capacity) 1,728 cu. in./cu. ft.
Short version for above	GPH = (Sink size in cu. in.) x (# compartments) x (.003255/cu. in.) Example: (24" x 24" x 14") x (3 compartments) x (.003255) = 79 GPH

Wayne County Environmental Health
301 North Herman Street, Box CC
Goldsboro, NC 27530
(919) 731-1174
wchd.fl@wayne.gov.com

Letter of Agreement for Commissary Use

Wayne County Health Department
Environmental Health Section

(919) 731-1174 (office)
(919) 705-1815 (fax)

***Attachment for permittee (copy of MFU/ Pushcart requirements/regulations)*

IN ACCORDANCE WITH THE RULES GOVERNING THE SANITATION OF FOOD
SERVICE ESTABLISHMENTS 15A NCAC 18A. 2670.

____ has my permission
(Operator of pushcart or mobile food unit and name of unit)
to use these premises of _____
(Name of food service establishment/commissary)
for establishing a commissary for their business. I understand
that by signing this document, I acknowledge that the operator
has the permission to use my permitted food service establishment
(commissary) for:

1. Must report to commissary daily.
2. Food preparation and storage (including refrigerated and frozen foods).
3. Storage of all food supplies.
4. Filling water storage tanks with potable water (from commissary).
5. For clean-up, maintenance and disposal of waste and wastewater.
6. If fryer will be used, as on your mobile food unit, you must dispose of wasted oil (used oil) in the container at your commissary. If your commissary does not have a container, then you must supply our office with an agreement (on letter head) from a waste disposal company.

Date ____/____/20____

Signature _____
Permittee/Owner

Signature _____
Restaurant Owner

Address of food service
establishment _____