

**MOBILE FOOD ESTABLISHMENT  
PLAN REVIEW APPLICATION**

Date received: (Board of Health Office use only) \_\_\_\_\_.

**Type of Vehicle**

\_\_\_\_\_ Occupied / Walk-on                      \_\_\_\_\_ Unoccupied / Canteen Truck  
\_\_\_\_\_ Push-cart

**Risk Level**

- Risk Level 1  
non potentially hazardous foods (PHF's)
  
- Risk Level 2  
PHF's - pre-packaged
  
- Risk Level 3  
PHF's - food preparation on site

**Name of Establishment:**

\_\_\_\_\_

Establishment Address:

\_\_\_\_\_

Establishment Phone Number:

**Name of Owner:**

\_\_\_\_\_

Owner Mailing Address:

\_\_\_\_\_

Owner Phone Number:

**Applicant Name** (if other than owner):    **Applicant Title** (manager, chef, etc.)

\_\_\_\_\_

Applicant Mailing Address:

\_\_\_\_\_

Applicant Phone Number:

Maximum Meals to be Served per day \_\_\_\_\_ (approximate number)

Will seats be provided to customers? \_\_\_\_\_ Number of seats: \_\_\_\_\_

**Please enclose the following documents:**

\_\_\_\_\_ A copy of a current Food Managers Certification from a Massachusetts approved program for at least one individual over the age of 18, who will be a full time equivalent on-site manager or supervisor in the proposed establishment.

\_\_\_\_\_ A copy of a current Allergen Certification (for establishments selling food intended for immediate consumption on or off the premises) from a Massachusetts approved program for at least one individual over the age of 18, who works in the capacity of the PIC.

\_\_\_\_\_ A copy of a current Choke Safe Certification (for establishments serving food with 25 seats or more) The law requires one certified individual on duty during all hours of operation. (multiple certifications may be required)

\_\_\_\_\_ Proposed Menu (include dessert and beverage) (Retail establishments without menus, provide a list of foods sold by category, ex. bottled beverages, grocery item, packaged potentially hazardous foods)

\_\_\_\_\_ Floor plans (that are a minimum of 11 x 14 inches in size) accurately drawn to a minimum scale of ¼ inch = 1 foot showing each area where food or beverages are stored, prepared, or served. Identify all floor mounted and table top equipment, sinks, water heaters, generators, pumps, water tanks, hoses.

\_\_\_\_\_ Food Equipment Schedule – A numbered list of each major piece of equipment proposed for use in the food establishment that includes a brief description, make and model numbers.

\_\_\_\_\_ Manufacturers specification of “cut” sheers for each piece of equipment shown on the plan. Note: All food handling equipment must be of durable construction, made of food grade materials, and certified for sanitary design by an ANSI accredited certification program, typically National Sanitation Foundation (NSF), or by Underwriters Laboratory (UL).

\_\_\_\_\_ If requested by this office, include overlay drawings for the plumbing details including location, size, and type of wastes (direct or indirect), floor drains, floor sinks, backflow prevention devices, potable and non-potable water lines, waste water lines, hot water generating equipment, hot water boosters, grease containment/capture systems and gas supply lines.

\_\_\_\_\_ If requested by this office, include overlay drawings for the electrical details including location of electrical supply panels and generator.

\_\_\_\_\_ A copy of Hazard Analysis Critical Control Point (HACCP) Plan, if applicable, describing policies, procedures, employee training, documentation, etc. to ensure safe handling of high risk foods or processes as described in the 1999 FDA Food Code and/or 105 CMR 590.000. Please read below.

- \_\_\_\_\_ Copy of Hawkers and Peddlers License
- \_\_\_\_\_ Completed Commissary Agreement
- \_\_\_\_\_ Completed Toilet Facility Agreement
- \_\_\_\_\_ Completed Site Location Form

## HACCP and Variance Requirements

Specialized Processes present a significant health risk if not conducted under strict operational procedures. HACCP plans and modified HACCP plans are implemented to eliminate or significantly reduce targeted hazards that may contribute to foodborne illness.

### **SPECIALIZED PROCESSES REQUIRING A HACCP PLAN AND BOARD OF HEALTH VARIANCE**

- Using food additives or adding components such as vinegar as a method of food preservation or to render a food so that it is not potentially hazardous (**ex. acidified sushi rice**)
- Packing food using reduced Oxygen Packaging (ROP) except where a barrier to Clostridium botulinum in addition to refrigeration exists (**ex. cryovac, cook chill, sous vied**)
- Custom processing animals in a food establishment that are for personal use as food as not for sale or service in a food establishment. (**ex. deer hunters**)
- Custom processing of aquatic animals for sale (**ex. frogs**)
- Smoking or Curing food as a method of food preservation rather than flavor enhancement.

### **OPERATION REQUIRING A MODIFIED HACCP PLAN AND BOARD OF HEALTH VARIANCE**

- Using time only, rather than time in conjunction with temperature, as a public health control for a working supply of potentially hazardous food before cooking, or for ready to eat potentially hazardous food before cooking, or ready to eat potentially hazardous food that is displayed or held for service for immediate consumption. (**ex. pizza other than cheese, calzones, hollandaise sauce**)

## **Food Handling Procedures**

**Note:** Each food service operation will have different considerations: i.e., Will foods need to be thawed prior to cooking? Will foods be cooked and immediately served, or will they be prepared in advance requiring cooling? Will food require reheating, hot holding, or cold holding prior to service? In addition, how frequently supplies will be delivered is an important factor in determining the amount of refrigerated, frozen, and dry food storage space required. High volume operations with extended hours of operation or those that prepare foods 'from scratch' may require increased equipment capacity and storage space.

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

### **FOOD SUPPLIES:**

**Note:** All food supplies must come from state or federally inspected, approved, and licensed food processors, manufacturers, and/or distributors. Foods may not be prepared, re-heated or assembled at home.

105 CMR 590.009(B)(7)

- Bulk foods shall be purchased from an approved source.
- Bulk PHF's with the exception of frozen desserts, must be sold or served as the same day as purchased.
- All hot food shall be sold or discarded by the end of the day.

Provide information on the TOTAL amount of space (in cubic feet) allocated for:

Frozen foods \_\_\_\_\_ Refrigerated foods \_\_\_\_\_

Dry goods \_\_\_\_\_

**COLD STORAGE:**

**Note:** Adequate and approved freezer and refrigeration must be available to store frozen foods at 0°F or below and refrigerated foods at 41°F or below. Each storage or display refrigerator and freezer holding Potentially Hazardous Food (PHF) must be equipped with a working and accurate thermometer.

105 CMR 590.009(B)(6)(c)

- Packaged foods may not be in direct contact with *un-drained* ice.
- Wrapped RTE foods (i.e. sandwiches, donuts) shall not be in direct contact with ice.

If raw meats, poultry, and seafood are stored in the same refrigerators with cooked/ready-to-eat foods, how will cross-contamination be prevented?

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**THAWING FROZEN POTENTIALLY HAZARDOUS FOOD (PHF):**

Please indicate how you plan to thaw the (PHF) items on your proposed menu. More than one method may apply. Also, indicate as appropriate, where thawing will take place.

THAWING METHOD	LARGE OR BULK FROZEN FOODS	PORTIONED FROZEN FOODS
Under Refrigeration		
Running Water, Less than 70°F		
Microwave (as part of cooking process)		
Cooked from frozen state		
Other (describe)		

**FOOD PREPARATION:**

Check categories of Potentially Hazardous Foods (PHFs) to be stored, re-heated, cooked assembled and/or served.

<b>CATEGORY</b>	<b>(YES) (NO)</b>
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	( ) ( )
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	( ) ( )
3. Cold processed foods (salads, sandwiches, vegetables)	( ) ( )
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	( ) ( )
5. Bakery goods (pies, custards, cream fillings & toppings)	( ) ( )
6. Other _____ _____	

Describe the procedures used for minimizing the length of time PHFs will be kept in the temperature danger zone (41°F - 140°F) during preparation.

\_\_\_\_\_

\_\_\_\_\_

Where raw meats, poultry, and seafood are prepared in the same work areas or using the same equipment as cooked/ready-to-eat foods, how will cross-contamination be prevented?

\_\_\_\_\_

\_\_\_\_\_

Is ice made on the premises? YES / NO or purchased commercially? YES / NO

Describe provision for ice scoop storage: \_\_\_\_\_

**COOKING:**

Food product thermometers must be used to measure final cooking/reheating temperatures. What type of temperature measuring device are you planning on using?

\_\_\_\_\_

\_\_\_\_\_

**Consumer Advisory Requirements**

Please refer to your submitted menu and list items that will/may be raw, undercooked (not cooked to the above listed minimum temperatures) or not otherwise processed to eliminate pathogens. Also list Ready-To-Eat foods that will/may contain raw or undercooked ingredients (ex. Caesar dressing, hollandaise sauce, burgers, eggs, drinks/desserts containing raw egg white)

Please note that these foods must be properly identified on your menu as raw or undercooked or as containing raw or undercooked ingredients, and the approved **Consumer Advisory** statement must be plainly printed on your menu(s) and/or menu board warning customers of the increased risk of illness with eating raw or undercooked animal foods.

Ex.:

\*Tuna Roll

California Roll

\* Grilled salmon

Cheese Pizza

Salad with your choice of grilled chicken or \*steak tips

**(1) identify menu items containing raw or undercooked animal proteins with asterisk (\*)**

**(2) define what the asterisk means**

\*These menu items are served raw or undercooked, or contain raw or undercooked ingredients

**(3) approved statement reminding consumers of the risks associated with raw or undercooked animal foods.**

\*Consuming raw or undercooked meats, poultry, seafood, shellfish, and eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.

**HOT/COLD HOLDING:**

How will hot PHFs be maintained at 140°F or above when on display or during holding for service? Indicate type and number of hot holding units.

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How will cold PHFs be maintained at 41°F or below when on display or during holding for service? Indicate type and number of hot holding units.

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**REHEATING:**

How will PHFs that are cooked and cooled be rapidly reheated so that all parts of the food reach a temperature of at least 165°F within two hours? Indicate type and number of units used for reheating foods.

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**SELF SERVICE:**

If there are any customer self service areas/stations, please describe how foods and utensils will be protected from contamination by the customer.

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105 CMR 590.009(B)(9)

- A sign shall be provided at consumer self service operations stating the use of bare hands by customers is prohibited by state law.

**EMPLOYEE CONSIDERATIONS:**

Number of Staff on vehicle (maximum per shift): \_\_\_\_\_

Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of Ready-To-Eat foods? YES / NO

Will food employees be trained in food sanitation practices? YES / NO  
Please describe method of training:

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Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?  
YES / NO  
Please describe briefly or submit policy:

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Describe storage facilities for employees' personal belongings (ex. purse, coats, boots, umbrellas, etc.) \_\_\_\_\_

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**HANDWASHING:**

**Note:** Handwashing sinks must be dedicated to that use only, and designated with signage, (ex. "Handwashing Only")

Are handwashing sinks conveniently located? YES / NO  
Do all handwashing sinks, have hot and cold water under pressure with a mixing valve or combination faucet? YES / NO

Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES / NO

Is hand soap available at all handwashing sinks? YES / NO

Are disposable paper towels or air blowers available at all handwashing sinks? YES / NO

**FOOD PREPARATION SINKS:**

If the menu dictates, is a food preparation sink present? YES / NO

**WAREWASHING FACILITIES:**

Where three compartment sinks are used for sanitizing pots, utensils, etc., does the largest pot or pan used fit into each compartment of the pot sink? YES / NO

Are there drain boards on both ends of the pot sink? YES / NO

What type of sanitizer is used in the sanitizing compartment?

- Chlorine
- Iodine
- Quaternary ammonium

Are test papers/kits available for checking sanitizer concentration? YES / NO

Where will the clean and sanitized items be stored?

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Please describe the procedure for manual cleaning and sanitizing of oversized or "clean-in-place" (CIP) equipment, slicers, mixers, etc. and any CIP dispensing equipment?

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**EQUIPMENT INSTALLATION:**

**Note:** Food service equipment must be located and installed in such a way as to facilitate ease of routine cleaning. Food preparation/work tables and sinks should be installed with back splashes and/or sealed to the wall, set-off the wall with adequate space between for cleaning, or movable. Heavy cooking equipment must either be installed leaving space for easy access for cleaning under and behind and between pieces of be mounted on casters and with "Quick-Disconnects" to utility lines to allow for movement.

**GENERATOR**

How many watts are required to effectively meet service demands? \_\_\_\_\_

What calculations were used to determine the total number of watts required?

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**FINISH SCHEDULE:**

**Note:** Materials selected for floors, walls, and ceilings must be durable and appropriate to the area and its intended use. For high moisture work areas or where there may be food splash, the surfaces must be non-absorbent, smooth, and easily cleanable. Installed materials must be tight fitting and properly sealed with no voids that might collect debris and/or harbor pests. Applicant must indicate which materials will be used in the following areas, i.e. sealed cement, quarry tile,

4" plastic covered molding, stainless steel, dry wall, Fiberglass Reinforced Polyester (FRP) vinyl faced panels, etc.

	Floors	Walls	Ceilings	Floor/Wall Joint
<b>Interior Surfaces</b>				

**INSECT AND RODENT CONTROL:**

105 CMR 590.009(B)(10)

Operators which cook or reheat unpackaged food for hot holding shall be fully enclosed unless equipped with air curtains to prevent contamination of food and food contact surfaces with environmental contaminants.

Will all outside doors be self-closing and rodent proof? YES / NO

Are screen doors provided on all entrances left open to the outside? YES / NO

Do all openable windows have minimum #16 mesh screening? YES / NO

Is the placement of electrocution devices identified on the plan? YES / NO / NA

Will air curtains be used? YES / NO /

Do you now have, or plan to have a contract with a pest control operator? YES / NO

If yes, please list their contact information: \_\_\_\_\_  
 \_\_\_\_\_

and, what will the frequency of inspections/treatments be? \_\_\_\_\_

**WATER SUPPLY:**

**Note:** It is essential that sufficient potable water, at appropriate temperatures, under pressure will be available at all times, including peak demand periods. Potable water must be obtained from your licensed commissary.

What is the capacity of the fresh water tank? \_\_\_\_\_  
 How will the tank be cleaned and sanitized? \_\_\_\_\_ At what frequency? \_\_\_\_\_

What is the capacity of the waste water tank? \_\_\_\_\_

Will the fresh tank or waste water tank need to be refilled/emptied during service hours?

What is the capacity and recovery rate of the hot water heater?  
 \_\_\_\_\_

Is the hot water generator sufficient for the needs of the establishment? **Provide/Attach calculations for necessary hot water.** See reference material provided in Part Two of this guide.

**PLUMBING CONNECTIONS:**

**Note:** The FDA Food Code plumbing requirements do not replace or supercede the State Plumbing Code; instead it highlights potential hazardous circumstances and particular types of equipment common to food service operations that, through improper design or installation, could result in contamination of either sanitary food vessels or of the potable water supply. See reference materials provided in Part Two of this guide. Please indicate below that the proposed equipment in your establishment will be properly installed.

Equipment	Code Requirement(s)	Confirmed by Operator (please initial)	Describe / Comments
Steam Jacketed Kettle	Backflow prevention device		
	Indirect Waste		
Steamer	Backflow prevention device		
	Indirect Waste		
Combi Oven	Backflow prevention device		
	Indirect Waste		
At all hose connections	Backflow prevention device		
Carbonated Beverage Dispenser	Carbonator backflow prevention device		
Refrigerator condensate / drain lines	Indirect Waste		
Ice Machine or Ice Storage Bins	Indirect Waste		
All Sinks	Air Gap		
Ice Cream Dipper Wells	Air Gap		
Other, Describe			

**TOXINS:**

All toxic chemicals for use on the premise or for retail sale (ex. pesticides, cleaners, sanitizers, solvents, personal medications, etc.) must be stored and/or displayed in a manner that eliminates the possibility of contamination of food items or single service disposables (ex. paper plates, cups, plastic ware, etc.) Please describe how you will do this.

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Are all containers of toxins, including sanitizing spray bottles, clearly labeled? YES / NO

Where will Material Safety Data Sheets (MSDS) be displayed?

**Truck Identification**

**105 CMR 590.009(B)(14)**

Identification provided on left and right side of vehicle? \_\_\_\_\_

Include: person or business name city and phone number  
no smaller than 3 inches

**VENTILATION:**

**Note:** Ventilation systems must be correctly designed, sized, and installed to both satisfy the Fire Code requirements and to meet the specific needs of the operation and equipment selected in order to properly control/remove heat, humidity, odors, smoke, and grease laden air. See reference material provided in Part Two of this guide. Indicate below all areas where exhaust hoods are installed.

LOCATION	FILTERS AND/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY	AIR MAKEUP CFM

How is ventilation hood system cleaned? Please indicate frequency of cleaning.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT:**

**I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Health Office may nullify final approval.**

Signature(s) of owner(s) or responsible representative(s) Date:

**Approval of these plans and specifications by the Health Office does not constitute endorsement of acceptance of the completed establishment (structure or equipment). A pre-operational inspection of the establishment with equipment in place and operational will be necessary to determine if the establishment complies with the local and state laws governing food establishments.**

**Approval of these plans and specifications by the Health Office does not indicate compliance with any other federal, state, or local code, law or regulation that may be required.**