

Food Cart Mobile Unit Plan Review Application

Food Protection Bureau
788 East Woodoak Lane
Murray, Utah 84107
Phone: (385) 468-3845
FAX: (385) 468-3845



07/17

Establishment Name _____	Contact Person _____
Operating Address _____	Contact Phone () _____ - _____
City _____ Zip _____	Contact Fax () _____ - _____
Owner Name _____	Contact Email _____
Owner Phone () _____ - _____	Architect/Designer _____
Home Address _____	Phone () _____ - _____
Owner Email _____	

Date Plans Submitted ____ / ____ / ____

Projected Completion Date ____ / ____ / ____

Mobile Type: Food Cart Truck Trailer Business License City: _____

The following information is required to be submitted prior to review of plans. Plans will not be accepted or reviewed until all items are submitted:

- ❖ Proposed Menu, listing all foods served
- ❖ Completed Risk & Operational Assessments
- ❖ Dimensional Floor Plan (top & side views with all equipment shown)
- ❖ Floor, wall, ceiling finish materials schedule

Fee Schedule: Cart, Truck, Trailer.....\$520.00

***The plan review fee includes up to 2 construction inspections and 1 pre-opening inspection. Additional follow-up inspections may generate a fee of \$100.00 each.**

****Please Note: Prior to commencing food service operations, the owner/operator must apply for a separate food service permit and pass a final inspection.****

*****Note: 48 hour notice is required for all construction and pre-opening inspections.**

Date ____ / ____ / ____	<i>Office Use Only</i>	Plan Review Fee: \$ _____
Received By: _____	<input type="checkbox"/> Alert in CDP	Invoice # _____
Assigned To: _____	Est. # _____	Check # _____

Risk Assessment Worksheet



Food Protection Bureau 01/14 cart
 788 East Woodoak Lane Murray, Utah 84107
 Phone: (385) 468-3845 Fax: (385) 468-3845 www.slcohealth.org

Establishment Name	Owner Name
Establishment Address	Owner Phone () - -

If you need help completing this form, please call the Bureau of Food Protection duty officer at 801-313-6620.

MENU: Please check each category of food that is prepared or used as an ingredient in preparation.

<input type="checkbox"/> Raw Ground Beef Patties (hamburgers)	<input type="checkbox"/> Raw Chicken (fried, roasted, whole, pieces)
<input type="checkbox"/> Other raw chopped or shredded beef dishes (stew meat, taco meat)	<input type="checkbox"/> Other raw chopped, shredded, ground chicken dishes (chicken salad, enchilada)
<input type="checkbox"/> Raw Beef steak (carne asada, cabeza)	<input type="checkbox"/> Raw Turkey (whole roasted, pieces, or ground)
<input type="checkbox"/> Eggs or cooked egg dishes (soufflé, omelet, quiche, pasteurized eggs)	<input type="checkbox"/> Pre-cooked meats (cold cuts, pre-cooked chicken, beef, canned fish, hot dogs, pastrami, pepperoni)
<input type="checkbox"/> Raw Ground, chopped, or shredded pork dishes (i.e.: chourizo, al pastor, carnitas)	<input type="checkbox"/> Game birds or animals (duck, pheasant, elk, venison, etc.)
<input type="checkbox"/> Raw Pork chops, tenderloins, roast	<input type="checkbox"/> Sashimi (sushi), ceviche or other raw fish dish
<input type="checkbox"/> Tongue, tripe (menudo), heart, liver	<input type="checkbox"/> Raw comminuted (chopped & formed) fish patties
<input type="checkbox"/> Gyro meat or Raw lamb	<input type="checkbox"/> Raw fish fillets
<input type="checkbox"/> Cheeses (soft cheeses, feta, spreads, cottage cheese)	<input type="checkbox"/> Raw Shellfish or crustacean (lobster, shrimp, clams, oysters, mussels, etc.)
<input type="checkbox"/> Stuffed meat (pork loin, turkey)	<input type="checkbox"/> Beans (refried, baked) Rice, Pasta
<input type="checkbox"/> Potato salad, pasta salad, other prepared salads or dressings	<input type="checkbox"/> Cooked vegetables (cooked salsa, potatoes, greens)
<input type="checkbox"/> Milk, cream, custard, ice cream, tofu	<input type="checkbox"/> Soup, meat sauces, chile verde
<input type="checkbox"/> Combined Garlic and oil mixture stored together	<input type="checkbox"/> Fresh salsa, cut tomatoes, melon, seed sprouts

OPERATIONS: Please check each process or operation that is used at the establishment for potentially hazardous foods (PHF).

<input type="checkbox"/> Cold Holding / Storage (refrigeration)	<input type="checkbox"/> Contact with raw meats
<input type="checkbox"/> Thawing of frozen food	<input type="checkbox"/> Produce washing
<input type="checkbox"/> Cooling hot food	<input checked="" type="checkbox"/> Transportation / Delivery of food
<input type="checkbox"/> Parasite destruction/record-keeping sushi or sashimi	<input type="checkbox"/> Hot Holding
<input type="checkbox"/> Cooking (grill, bake, fry, boil)	<input type="checkbox"/> Buffet Service
<input type="checkbox"/> Reheating (ex. Hot dog, soup, anything that has been cooled)	<input type="checkbox"/> Advance Preparation of PHF: 24 hours or more between preparation and service
<input type="checkbox"/> Time as a public health control (in lieu of temperature control)	<input type="checkbox"/> Highly Susceptible Population Served (young children, elderly, hospital patients)
<input type="checkbox"/> Buffet Service	<input type="checkbox"/> Partial cooking, ROP, HACCP or written plans

MEAL VOLUME: Please indicate anticipated average daily number of meals served

Completed by: _____ (Sign) _____ (Print) Date ____/____/____

<i>Office Use Only</i>		
Reviewed by EHS: _____	Risk Level: _____	Date ____/____/____



Food Protection Bureau
788 East Woodoak Lane
Murray, UT 84107
Phone: (385) 468-3845
Fax: (385) 468-3845
www.slcohealth.org

Food Cart, Truck, Trailer Plan Review Operational Assessment Form

Plans will not be accepted or processed unless accompanied by this completed Operational Assessment Form.

INTRODUCTION

This document is intended to assist Salt Lake Valley Health Department authorities responsible for the review of food cart, food truck and food trailer plans. This plan review helps to ensure that food carts, trucks and trailers are built according to current rules and regulations and helps prevent code violations by addressing potential layout and design issues prior to construction.

For more information about plan reviews, please visit the SLVHD [Food Cart, Mobile Unit, Shaved Ice Page](#) on our website at www.slvhealth.org.

FOOD OPERATIONS SHALL NOT BE CONDUCTED AT A PRIVATE HOME OR RESIDENCE. THIS INCLUDES ALL PARTS OF YOUR OPERATION SUCH AS FOOD PREPARATION, FOOD STORAGE, EQUIPMENT STORAGE, DISH WASHING, CART STORAGE, TRAILER STORAGE, AND TRUCK STORAGE. FAILURE TO COMPLY WITH THIS REQUIREMENT WILL RESULT IN IMMEDIATE CLOSURE, AND SUSPENSION OR REVOCATION OF YOUR FOOD SERVICE PERMIT.

Please provide all requested information on the following pages. If a particular line item is not applicable to your food establishment, please indicate with “N/A”.

*****Incomplete information will delay plan review approval.*****

WATER SUPPLY AND PLUMBING

1. What is the capacity of the fresh water tank? _____Gallons
(10 gallon minimum; or 30 gallon minimum if equipped with a 3-compartment sink)

2. What is the capacity of the waste water tank? _____Gallons
(must be 15% larger than fresh tank)

Please Note: Gravity feed water systems are not allowed and will not be approved. A commercially manufactured pump system must be used.

3. Explain how water will be heated to reach at least 100°F at the hand sink. *A commercially manufactured water heating system is required (instant heater, tank heater, etc.). Running copper tube through a gas burner is not allowed and will not be approved.*

4. Is this mobile unit equipped with a 3-compartment sink? Yes No

Note: If yes, minimum capacity of the fresh water tank must be at least 30 gallons. Water supplied to the 3-compartment sink must reach at least 110°F.

5. Where will you get fresh water for your mobile unit?

6. How will you transfer water from the source to the fresh water tank?

7. How will you rinse and sanitize the fresh water tank?

8. Where will you dispose of water from the waste water tank?

9. How will you flush the waste water tank?

10. How will you get waste water from the waste water tank to the sewer?

11. How will you prevent the plumbing system from freezing while operating during cold weather months?
Include procedures to completely drain all tanks, hoses and pump(s).

COOKING & HOT HOLDING

1. List all foods that will be cooked and where these foods will be cooked (mobile unit or commissary)

Food	Cooking Location	Food	Cooking Location

2. List all foods that will be held hot on the mobile unit.

3. How will hot foods be transported from the commissary to the vending site?

COLD HOLDING

1. How will cold foods be kept cold while at the mobile unit?

2. How will cold foods be transported from the commissary to the mobile unit?

3. How will raw meats be separated from ready-to-eat foods?

4. How will foods be kept cold at the commissary?

COOLING & REHEATING

1. Will leftover hot foods be saved for service the next day? Yes No

2. If yes: a. Where will you rapidly cool leftover hot foods?

b. How will you rapidly cool leftover foods

3. How will you reheat leftover foods to 165°F before placing them in a warmer for hot holding?

FOOD SUPPLIERS & COOKING LOCATION

List all foods that you intend to prepare or serve and the supplier for each food type (where you purchase the product). For each food that you prepare, a *Food Process Flow Chart* must be completed and submitted.

Food	Name of Supplier	Food	Name of Supplier
Tomatoes		Beverages	
Lettuce		Other:	
Peppers		Other:	
Cheese		Other:	
Salsa		Other:	
Beef steak		Other:	
Chicken		Other:	
Ground Beef		Other:	
Pork		Other:	
Carnitas		Other:	
Tripe		Other:	
Tongue		Other:	
Fish		Other:	
Lamb		Other:	
Hot dogs		Other:	
Beans		Other:	
Rice		Other:	

FOOD PROTECTION

1. Will the mobile unit be equipped with a self-service condiment bar? Yes No

2. If yes, how will food be protected from customer contamination?

PEST CONTROL

How will you protect food and single-service items from pests?

GARBAGE

How will garbage be controlled at the vending site?

Will a garbage can be provided for customer garbage? Yes No

Where will garbage be disposed of?

SELF CONTAINED & READILY MOVABLE

Is all equipment attached to or contained on the mobile unit while at the vending site? Yes No

Will ice chests be used at the mobile unit vending site? Yes No

If yes, where will ice chests be stored?

COMMISSARY

In the table below identify services to be provided by your commissary and those done by you at the mobile unit. Some activities may be done at both locations.

Services	Commissary	Mobile Unit	Comments
Storage of food & supplies	<input type="checkbox"/>	<input type="checkbox"/>	
Food cooking facilities	<input type="checkbox"/>	<input type="checkbox"/>	
Commercial refrigeration space	<input type="checkbox"/>	<input type="checkbox"/>	
Warewashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	
Garbage dumpster access	<input type="checkbox"/>	<input type="checkbox"/>	
Supply Food Products	<input type="checkbox"/>		
Supply potable water	<input type="checkbox"/>		
Overnight parking	<input type="checkbox"/>		
Food preparation tables	<input type="checkbox"/>		
Disposal of gray (waste) water	<input type="checkbox"/>		
Facilities for cleaning cart/truck	<input type="checkbox"/>		
Supply culinary ice	<input type="checkbox"/>		

DAILY OPERATIONS PLAN

Please submit a copy of your daily operations plan. This may be an outline or checklist that details every part of your operation including the steps you take at the commissary in the morning to prepare the cart or mobile unit, food preparation, transport to the vending site, set-up at the vending site, clean up and departure from the vending site, and clean up at the commissary at the end of the day.

A good approach to the plan is to imagine that you are leaving instructions to a new employee about how to operate the cart or mobile unit. Be as specific as possible. Developing this operations plan will help you to identify critical parts of your operation and avoid violations of the health regulation.

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 Salt Lake County Health Department may result in denial of the plan review and nullify final approval. I also understand that food operations shall not be conducted at a private home or residence, or in an unapproved location. This includes all parts of my operation such as food preparation, food storage, equipment storage, dish washing, cart storage, trailer storage, and truck storage. Failure to comply with this requirement will result in immediate closure, and suspension or revocation of my food service permit, as well as menu restrictions.

Signature _____

Owner or responsible representative

Printed Name: _____

Date: ____/____/____

Approval of these plans and specifications by the Salt Lake County Health Department does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the regulations governing food service establishments.