



Mobile Food Operation Information Packet

Packet Contents:

1. Layout Diagram & Requirements
2. Equipment List, Finishes, Lighting plan
(Sinks, Equipment, Lighting, Ventilation, Surface Finishes)
3. Wastewater Holding Tank Type and Capacity
4. Water Heater Location and Size
5. Back Flow Prevention Make and Model
6. Complete Menu
7. Plan Review & Licensure Fees

Ottawa County Health Department
Phone: 419-734-6800 Fax: 419-734-6888
1856 E. Perry St. Port Clinton OH 43452

Mobile Food Operation Information Packet

The information contained within this booklet will aid you in the development of your new Mobile Food Operation.

To begin the development process, the following steps must be followed:

Step 1: A layout of your unit and equipment list must be submitted to and approved by our department before any operations. Our department is allotted up to 30 days to review and either approve or disapprove the layout specifications, thus it is necessary to submit this information quickly. The completed plan review application and fee must be submitted at the same time you submit your layout packet.

Step 2: Once the plan review is approved and an approval letter has been received. Please contact the department to schedule a pre-opening inspection when you are ready to operate. During the pre-opening inspection, a sanitarian will verify that equipment is operating properly and that plans are accurate.

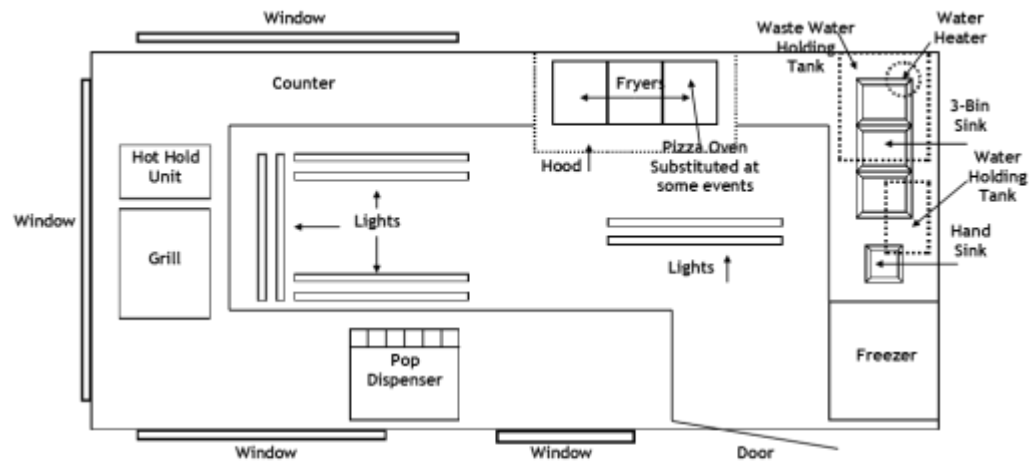
Please read the information contained in this booklet carefully. Most areas of layout specifications and other pertinent information and phone numbers are covered. However, if you have any questions, please contact our department and we will be happy to guide you through the development process.

Plan Submission Contents

A proper set of plans must include the following:

1. Exact placement of all equipment within the unit (sinks, coolers, freezers, cooking equipment, etc.)
2. The finishes that will be installed on all floors, walls, and ceilings. Example: Floor= Quarry Tile, Walls= Laminate Panels, etc.
3. The number and exact locations of lighting fixtures.
4. A listing of all food service equipment with the make and model numbers.
5. Scale of the diagram
6. A complete list (menu) of all foods to be prepared and served.
7. Location of all windows and doors.
8. Holding tank and water heater specifications and locations.

Example of a proper set of food facility plans:



MENU

Gyros	Hot Dogs
Chicken Nuggets	Cheese Sticks
Pizza	Fr. Fries
Bratwurst	Egg Rolls
Tenderloin	Chicken
Subs	Sloppy Joes
Fried Vegetables	Funnel Cakes
Corn Dogs	Soft Drinks/Coffee

UNIT

Floor:	Linoleum
Walls/Ceiling:	Metal
Color:	White
Holding Tank:	10 Gal
Water Heater:	5 Gal
Backflow Device:	ASSE 1012
License Plate:	RCT-1990

Requirements

Equipment: All food service equipment (Refrigeration, Freezers, Stove, Ovens, etc.) must be commercial—grade. Commercial— grade equipment is usually stamped with an NSF (National Sanitation Foundation) label. Equipment List must include make and model # of each individual piece of equipment.

Lighting: Lighting must be of proper intensities and properly shielded to protect against food contamination from glass during breakage.

Intensities

Preparation & Cooking	50 Foot-candles
Dishwashing & Handwashing	20 Foot-candles
Inside Equipment	20 Foot-candles
Dry Storage	10 Foot-candles

Finishes: Floors, walls, and ceiling must be constructed of smooth, durable, and cleanable materials. The chart provides an outline of acceptable surface finishes. This list is not all inclusive; thus please contact our department with questions on other finishes that may meet proper requirements.

Examples

Floors	Walls	Ceilings
Quarry Tiles	Prep/Washing: Marlite Tiles	Stainless Steel
Vinyl Tiles	Prep/Washing: Ceramic Tiles	
Solid Vinyl	Prep/Washing: Stainless Steel	
	Cooking: Stainless Steel	

Holding Tanks, Backflow Devices and Hot Water: A holding tank of adequate capacity must be provided for wastewater disposal. A backflow prevention device must be installed on the water supply line, ASSE 1012 or ASSE 1024 required. A water heater is required for a constant supply of hot water. Hand sinks minimum temperature requirements are 100F. Three-compartment sink minimum temperature requirements are 110F.

Identification: A sign or lettering must be provided on the unit to indicate: Name of Operation, City, State, Zip Code and Telephone Number. Lettering must be a minimum of 3” (inches) in height.

Other requirements: A fully charged fire extinguisher must be provided for fire protection. A proper sanitizer is required for use in the three-compartment sink and for sanitizing equipment and food contact surfaces. Mobile units must provide sanitizer test tape for testing sanitizer(s) strength. A functional probe thermometer must be provided for testing food temperatures (0-220F). Gloves or other barriers must be worn when handling all ready-to-eat foods. Hats or hairnets must be worn during operations.

2021 Fee Schedules

In order for the plans to be reviewed, the owner/operator must FIRST submit a “Food Service Plan Review Application,” attached below.

2021 License Fees- Mobile Food

CLASS	LOCAL FEE	STATE FEE	TOTAL FEE
Mobile	\$74.46	\$28.00	\$102.46

Note. Plan review fees are not applicable for Mobile Food Operations



2021 Food Service Operation/Retail Food Establishment Plan Review Application

Operation Name _____

Address _____

Phone _____

Owner/Operator _____

Address _____

Phone _____

Retail Food Establishment _____

Risk Factor _____

Food Service Operation _____

Size of Facility _____ ft²

CLASS	PLAN REVIEW FEES
1	\$200.00
2	\$200.00
3	\$300.00
4	\$300.00
Expedited Review	\$1,000.00

NOTICE TO APPLICANT: Any food service which requires Ottawa County Health Department approval shall pay a plan review fee. This fee shall be separate from the license fee. The application will be processed when the fee and all required information are submitted. The plan review fee does not guarantee the approval of the food service. Approval must be granted by the Ottawa County Health Department. Once the review is completed, you will be notified in writing of the results.

Applicant Signature

Date

Date Paid _____

Receipt No. _____