



# Plan Review Application For Mobile Food Establishments

A PLAN REVIEW IS REQUIRED TO BE REVIEWED AND APPROVED PRIOR TO BEGINNING REMODELING OR CONSTRUCTION OF A MOBILE FOOD ESTABLISHMENT.

## Enclosed:

- Application Guidelines
- Contact information for other agencies
- Fee Schedule
- Process Flow Chart
- Food Establishment Plan Review Application
- Commissary Kitchen Agreement

If you have questions concerning temporary events, food safety, or need further assistance please contact:

*Environmental Health Services*  
123 South 27<sup>th</sup> Street, Billings MT 59101  
Phone: 406-256-2770  
Fax: 406-256-2767  
[www.riverstonehealth.org](http://www.riverstonehealth.org)

## Plan Review Requirements

Thank you for your inquiry regarding requirements for a new or remodeled mobile food establishment in Yellowstone County. **The plan review process must be completed prior to operation.**

**Mobile Food Establishment (MFE)** is a retail food establishment that serves or sells food from a motor vehicle, a non-motorized cart, a boat, or other movable vehicle that periodically or continuously changes locations. (MFE's require a servicing area if not self-sufficient.)

**Servicing Area** is an operating base location to which a mobile food establishment or transportation vehicle returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.

**Steps to complete Plan Review process:**

1. Obtain the **Plan Review Application** and **Plan Guide** from RiverStone Health.
2. Contact the agency below prior to operation:

Agency	Phone #
Business Licensing	657-8364

3. Complete plan review application with the following information:
  - A Plan Review Application signed and completed by persons familiar with the design and operation of the facility.
  - Menu
  - A floor plan of the facility showing each piece of equipment. Each piece of equipment is to be clearly labeled on the plan. Specification sheets may be provided.
  - A plumbing layout showing water to each plumbed fixture as well as how wastewater is conveyed from sinks and equipment. The plan must indicate which fixtures are indirectly connected to waste.
  - A schedule of interior finishes showing floor, base, wall and ceiling.
  - HACCP or Special Processes information, if applicable

\*All plan review applications must be complete with the above requirements or plans will not be reviewed.

4. Submit the **Plan Review Application** to RiverStone Health. To make the review process as timely as possible, ensure the following:
- Submit application, plan, and supporting documents to RiverStone Health.
  - Do not start construction or remodeling prior to getting an approval letter.
  - Respond promptly to questions from review staff.
  - Answer questions in the **Plan Review Application** to the best of your knowledge. If a question is not applicable, write N/A.
  - Submit required fee. Plan review fees are payable to RiverStone Health.

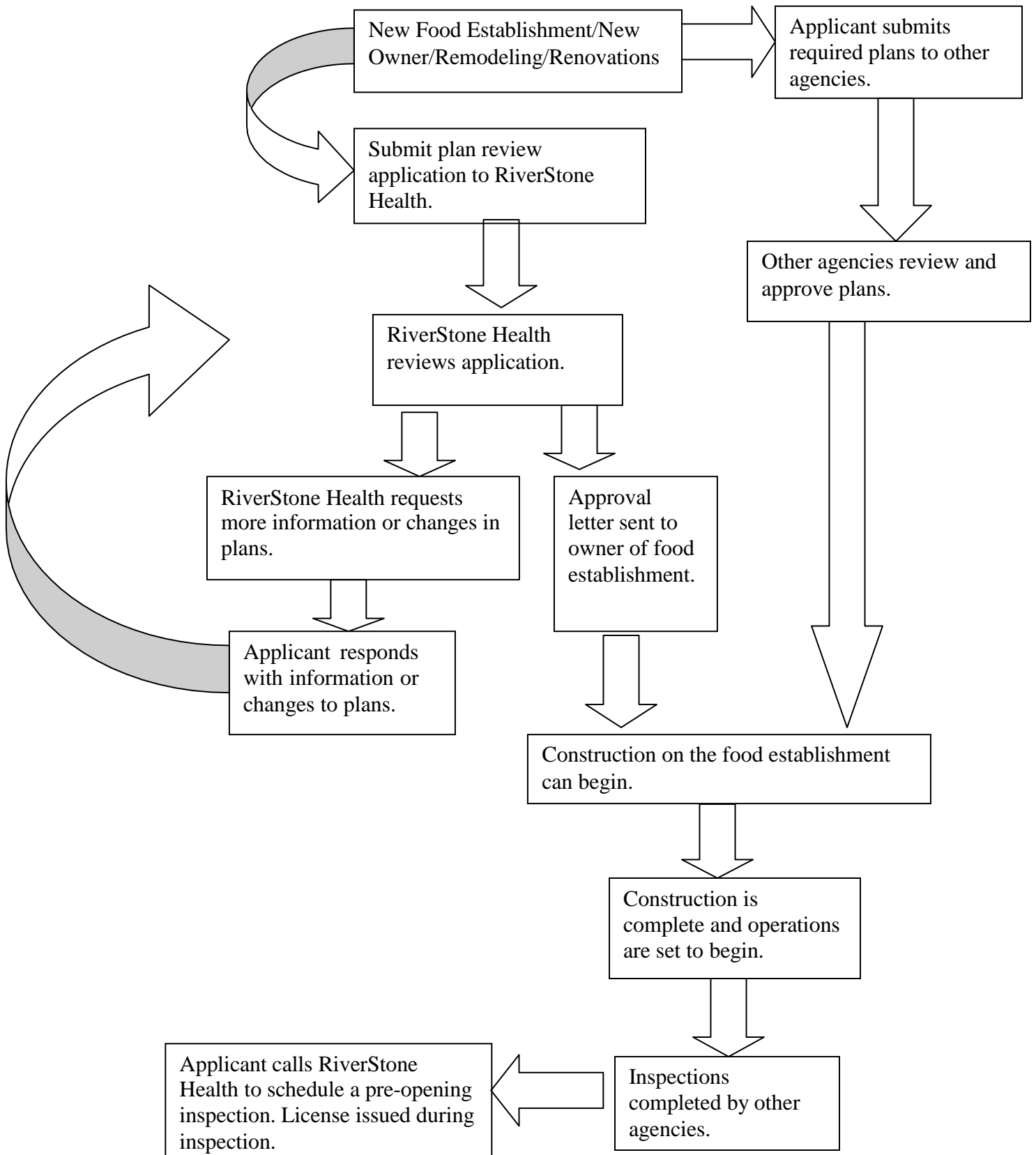
<b>Plan Review Fees</b>	
Pushcart	\$ 90
Small (2 or fewer employees)	\$ 180
Large (3 or more employees)	\$ 250

5. Once approved and construction is complete, a pre-opening inspection is required and should be scheduled 10 days *prior to opening* your food service to the public. At pre-opening inspection you will need to have a check ready and payable to the Montana Department of Public Health and Human Services (MDPHHS) for your Food Purveyor License. The fee for license is \$85.00 for establishments with two (2) or fewer employees and \$115.00 for three (3) or more employees working at any one given time.

To access an electronic copy of the Food Service Establishment Rule or Food Manufacturing Rule go to <http://www.dphhs.mt.gov/publichealth/FCSS.aspx>.

For additional information, please contact RiverStone Health 256-2770.

## Plan Review - Process Flow Chart



# Mobile Food Establishment Plan Review Application

## MOBILE FOOD ESTABLISHMENT INFORMATION

Name of Business/ Establishment: \_\_\_\_\_

Address Mobile Unit will be Stored: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

## HOURS OF OPERATION (Please check all that apply.)

Sun \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ Sat \_\_\_

For seasonal operations check all that apply:

Jan \_\_\_ Feb \_\_\_ Mar \_\_\_ Apr \_\_\_ May \_\_\_ Jun \_\_\_

Jul \_\_\_ Aug \_\_\_ Sept \_\_\_ Oct \_\_\_ Nov \_\_\_ Dec \_\_\_

Do you plan to attend any Temporary Events in the coming year (ex. Strawberry Fest, Montana Fair)?

If so, please list the events:

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

## TYPE OF MOBILE FOOD UNIT

Motor vehicle

Pushcart

Trailer

Other movable unit: \_\_\_\_\_

Number of Staff \_\_\_\_\_ Maximum Per Shift \_\_\_\_\_

## FOOD PREPARATION

Indicate which types of food will be handled, prepared and served.

- Thin meats, poultry, fish, eggs (*hamburger, sliced meats, fillets*)
- Thick meats, whole poultry (roast beef, whole turkey, chickens, hams)
- Cold processed foods (salads, sandwiches, vegetables)
- Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)
- Bakery goods (pies, custards, cream fillings & toppings)
- Other \_\_\_\_\_

## FOOD SUPPLIES

1. List suppliers you will be purchasing food from (ex. Sysco, Costco)

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## FOOD STORAGE

### DRY STORAGE:

1. What will be used to store food off of the floor?
2. Please provide the approximate amount of space in cubic feet (L x W x H) allocated for:

Dry storage:

Refrigerated Storage:

Frozen Storage:

### COLD STORAGE:

1. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?  Yes  No

If yes, how will cross-contamination be prevented?

- Does each refrigerator/freezer have a thermometer?  Yes  No
- Describe your date-marking process for refrigerated, ready-to-eat, potentially hazardous food prepared and held for more than 24 hours?

**THAWING FROZEN POTENTIALLY HAZARDOUS FOOD**

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply.

Thawing Method	Meat	Seafood	Poultry	Other
Refrigeration				
Running Water Less than 70°F				
Microwave (as part of Cooking process)				
Cooked from Frozen state				
Other (describe)				

**COOKING**

- What type of temperature device will be used to measure final cooking /reheating temperatures of food?
- Will any raw or undercooked animal products be served (e.g. rare steaks, hollandaise, or Caesar with raw eggs)?  Yes  No

If **yes**, how will customers be warned of their increased risk of foodborne illness by consuming these food items?

**HOT/COLD HOLDING**

1. How will hot potentially hazardous foods be maintained at 135 degrees F (60 degrees C) or above during hot holding for service? Indicate what foods will be held hot:
  
  
  
  
  
  
  
2. How will cold potentially hazardous foods be maintained at 41 degrees F (5 degrees C) or below during holding for service? Indicate what foods will be held cold:

**COOLING**

Please indicate by checking the appropriate boxes how PHFs will be cooled to 41 degrees F within 6 hours (135 to 70 degrees F in 2 hours and 70 to 41 degrees F in 4 hours).

<b>Cooling Method</b>	<b>Meat, Poultry, &amp; Seafood</b>	<b>Thin Soup/ Sauces/Gravy</b>	<b>Thick Soup/ Sauces/Gravy</b>	<b>Rice/ Pasta</b>
Shallow Pans				
Ice bath				
Volume or Size Reduction				
Rapid Chill				

**REHEATING**

1. How will time/temperature control for safety foods that have been previously cooked and cooled be reheated to 165 degrees F for hot holding within 2 hours?





7. Indicate any **specialized processes** that will take place:

- Curing                       Acidification(Sushi rice, etc)                       Smoking
- Cook Chill                       Reduced Oxygen Packaging (e.g.: Vacuum)                       Sous Vide
- Other \_\_\_\_\_

Description of specialized processes:

**EQUIPMENT REQUIREMENTS**

All flooring, walls, ceilings, cabinets/shelving and food contact surfaces must be smooth, non-absorbent, easily cleanable and durable. (The following are examples of acceptable materials: fiberglass reinforced panel, ceramic tile, stainless steel, laminate, aluminum, quarry tile, vinyl composition tile, sealed wood, and metal shelving)

1. Please indicate the materials that will be used in the following areas:

Floors:

Base coving:

Countertops:

Cabinets/shelves:

Walls:

Ceilings:

2. Equipment checklist:

# of	Plumbing Equipment	# of	Food Equipment
	Hand sink(s)		Refrigeration Unit(s)
	Food Preparation Sink(s)		Freezer Unit(s)
	3-Compartment Warewashing Sink		Grease Producing Unit(s)(Ex. Flat top grill, fryer)

**\*Ventilation Hood:** If mobile unit is enclosed and grease-laden vapor will be produced (i.e. cooking meats on a grill or deep frying), a commercial grade hood with removable baffle filters that can be cleaned, will need to be installed. (ARM 4-301.14)

## WAREWASHING EQUIPMENT

- Manual Warewashing                       Mechanical Warewashing

1. For Manual Warewashing

a.) Size of sink compartments (inches):

Width \_\_\_\_\_ Depth \_\_\_\_\_ Length \_\_\_\_\_

b.) What type of sanitizer will be used?

- Chlorine       Quaternary Ammonium       Iodine

2. For Mechanical Warewashing

a.) What type of dish machine will be used?

- Chemical Sanitizing (Chlorine)       High Temperature Sanitizing (Hot Water)

3. General Cleaning and Sanitizing

a.) Describe how cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher will be sanitized.

b.) Describe location and type of air drying space (drain boards, wall-mounted or overhead shelves, stationary, portable racks, etc.).

## WATER SUPPLY

All mobile units must be equipped with an adequate supply of hot and cold potable water under pressure and obtained from an approved source. The wastewater tank must be 15% larger in capacity than the water supply tank and must have an indirect waste connection.

1. Is water supply:  Public       Private

2. Is sewer:  Public  Private (If private, please attach copy of written approval and/or permit.)

3. Please provide water tank specification below:

Tank	Length (inches)	Width (inches)	Depth (inches)	Size (gallons)
Potable Water Tank				
Wastewater Tank				

4. Please describe the procedures that will be used;

a.) To fill the potable water tank and the location it will be filled:

b.) To empty the waste water tank and the location it will be emptied:

c.) How will potable water hose and waste water hoses be stored to prevent contamination?

\*Only food-grade hoses may be used to fill or transfer potable water to or within a mobile unit or pushcart.

## CLEANING

1. How will the unit and floors be cleaned?

2. If wet mopping will be done please describe how grey water from mopping will be disposed of. (ex. Utility sink at Servicing Area)

**INSECT AND RODENT CONTROL**

1. How is protection provided on all outside doors?
 

<input type="checkbox"/> Self-closing door	<input type="checkbox"/> Screen Door
<input type="checkbox"/> Air Curtain	<input type="checkbox"/> Other (Describe) _____
  
2. How is protection provided on windows (Screens, etc.)?
  
3. If **pushcart**, how will overhead protection be provided? (Examples of acceptable overhead protection are; roofs, canopies, awnings, table-type umbrellas. Canopies and awnings are not suitable over frying or grilling operations that generate airborne grease.)

**PLUMBING CONNECTIONS**

**(Please be advised that an indirect connection, through an air gap or air break, is required for backflow prevention on all ware-washing and food prep sink. Water supply system must be installed to preclude the backflow of contaminant into potable water supply.)**

Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Air Gap	Air Break	Vacuum Breaker	Other, describe
Food Prep/ Ware Washing Sinks				
Refrigeration Condensate Drain Line				
Hose Connection				

**EMPLOYEE ACCOMMODATIONS**

1. Describe storage facilities for employees' personal belongings: (i.e., purse, coats, umbrellas, etc.)
  
2. Please describe how toilet facilities will be accessed during hours of operations: (i.e. at servicing areas and designated toilet facilities along mobile vending route)

## **POISONOUS OR TOXIC MATERIALS**

1. Are insecticides/rodenticides stored separately from cleaning and sanitizing agents that are used for dish washing and cleaning food contact surfaces?

Yes       No

2. Are all toxic chemicals; for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas?

Yes       No

3. Are all containers of toxic chemicals; including spray bottles clearly labeled?

Yes       No

## **POWER SOURCE**

1. What power source will be used to maintain hot and cold holding units at proper temperatures during transit?

2. If electric hook-ups are not available at events in which the mobile attends, how will the mobile unit be adequately supplied with power?

## **PICTURES**

Please attach pictures of the following items if applicable:

- Exterior of the unit
- Interior of the unit
- Indirect plumbing on food prep and/or 3-compartment sinks
- Ventilation/Hood System

\*If pictures are not feasible please draw out the floor plan on the following page.

## **FLOOR PLAN/ LAYOUT**

Please use this space to draw out the floor plan of unit indicating where all equipment will be placed including plumbing fixtures with drain types, potable water and waste water tanks.

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name (Owner or Responsible Representative):** \_\_\_\_\_

# SERVICING AREA AGREEMENT

Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

MOBILE FOOD ESTABLISHMENT (MFE) NAME: \_\_\_\_\_

OWNER(S) NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

## TO BE COMPLETED BY SERVICING AREA OWNER/OPERATOR

The below listed facility will be providing the following services to the above mentioned business owner/operator on a  DAILY BASIS  WEEKLY BASIS

OTHER, EXPLAIN: \_\_\_\_\_

Approved Potable Water Source

Food Preparation Area

Waste Water Disposal

Food Storage Area

Cleaning Area for MFE

Utensil Washing Area

Overnight Storage of MFE

Equipment and Utensil Storage Area

Overnight Refrigeration

Prepackaged Foods for Retail Sale

SERVICING AREA NAME: \_\_\_\_\_

OWNER/MANAGER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

LICENSE ISSUED BY: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

(ATTACH COPY OF LICENSE ISSUED BY REGULATORY AGENCY)

I give permission to the above listed Mobile Food Establishment Operator to use my establishment located at the above address.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_