



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
- Plan Guide
- Food Establishment Plan Review Application
- Commissary Kitchen Agreement

If you have questions or need further assistance, please contact:

Environmental Health Services

123 South 27th Street, Billings MT 59101

Phone: 406-256-2770

Fax: 406-256-2767

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 construction and 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 they are not self-sufficient.

Servicing Area is a licensed kitchen used as an operating base 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 restocking food and supplies.

Steps to complete Plan Review process:

1. Obtain the **Plan Review Application** and **Plan Guide** from RiverStone Health.
2. There are various codes that need to be considered during the review process including building, zoning, fire, and business licensing. Be sure to contact these departments prior to construction.

Agency	Phone #
Business Licensing	406-657-8364
Building Department	406-657-8270
Planning	406-657-8247
Fire Marshall	406-657-8422
Grease Interceptors	406-247-8517

3. The following must be submitted to our department:
 - The **Plan Review Application** signed and completed by someone familiar with the design and operation of the facility.
 - Complete 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.
 - 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 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.

Plan Review Fees	
Small (2 or fewer employees)	\$ 250
Large (3 or more employees)	\$ 350
Minor remodel, change of ownership	\$ 150

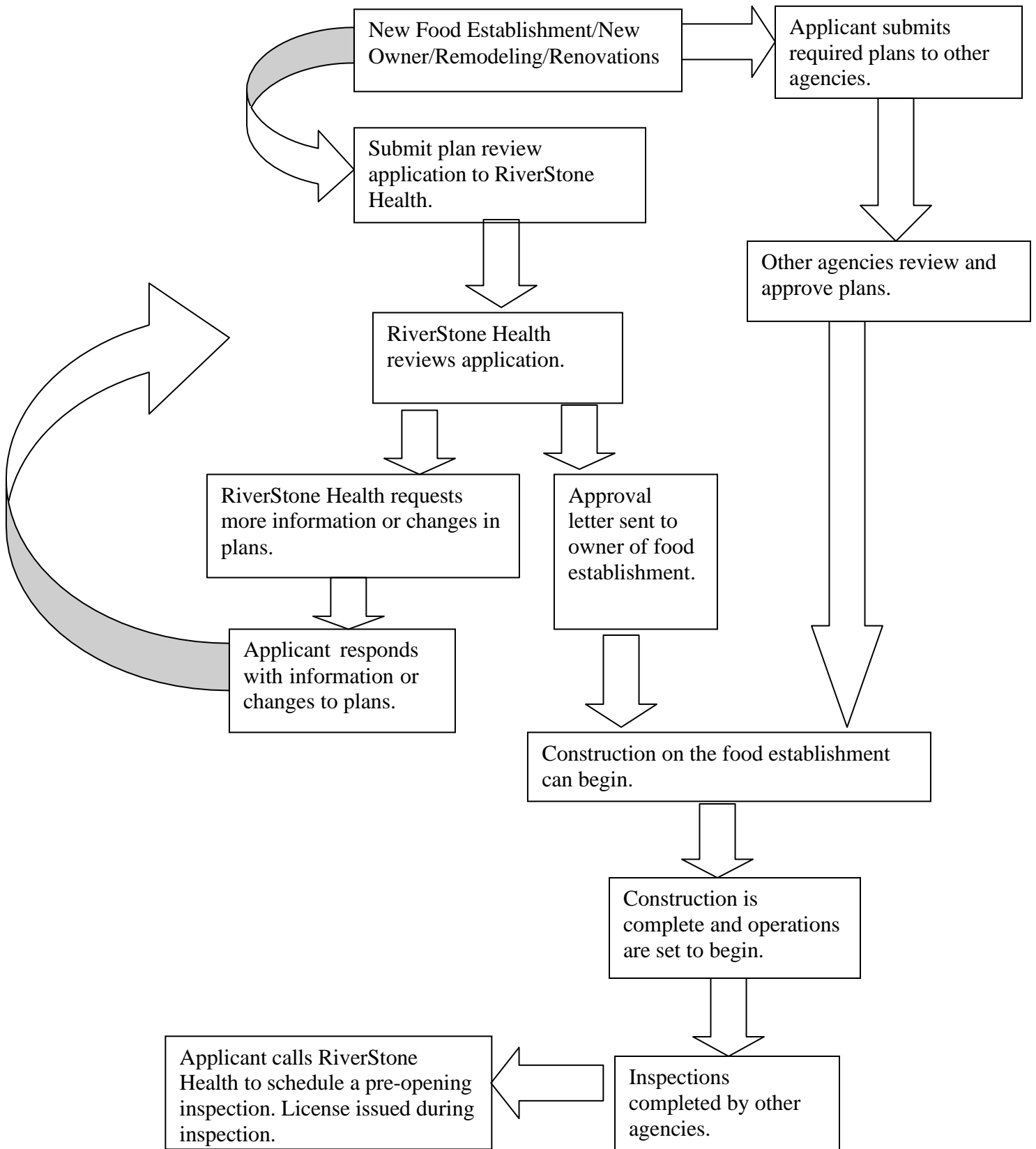
5. Once approved and construction is complete, a pre-opening inspection is required and should be scheduled 7 days prior to opening for food service. At the pre-opening inspection you will need to have the following:

- A check made payable to Montana Department of Public Health and Human Services (MDPHHS) for your Retail Food 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.
- Full power from a generator
- Hot and cold running water with no plumbing leaks
- All equipment must be on and functioning
 - Refrigeration units must be holding at 41F or below

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

For additional information, please contact RiverStone Health 406-256-2770.

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: _____

Name of Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone number(s): _____

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____

TYPE OF MOBILE FOOD UNIT

Motor vehicle

Pushcart

Trailer

Other portable 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)
- Frozen foods (ice cream or other frozen novelties)
- Other _____

FOOD SUPPLIES

List suppliers you will be purchasing food from (e.g. Sysco, Costco) _____

FOOD STORAGE

How will food and food contact items be stored off the floor? _____

COLD HOLDING

1. Please indicate below the type, manufacturer, and size of each cold holding unit. (Type e.g. prep cooler, reach-in cooler, freezer)

Type of unit	Manufacturer	Size of unit in cubic feet (L x W x H)

2. Does each refrigerator/freezer have a thermometer? Yes No

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

If yes, describe how cross-contamination will be prevented. _____

4. Describe your date-marking process for refrigerated, ready-to-eat, potentially hazardous food prepared and held for more than 24 hours. _____

THAWING FOOD

Please indicate how frozen Time/Temperature Control for Safety (TCS) foods will be thawed?
(Check all that apply)

- In a refrigerator Under running water less than 70°F Cooked from frozen
 In the microwave (as part of cooking process) Other _____

COOKING

1. Please list the type and manufacturer of cooking equipment (Type e.g. oven, fryer, microwave)

Type of unit	Manufacturer

***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)

2. Do you have a thermometer to measure the final cooking/reheating temperatures of food?
 Yes No

3. Will any raw or undercooked animal products be served? (e.g. steaks, hamburgers, or eggs cooked to order and sushi) Yes No

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

HOT HOLDING

Please indicate below the type & manufacturer of hot holding equipment and the food items that will be hot held. (Type e.g. steam table, crock pot, heat lamp)

Type of unit	Manufacturer	Food Item

COOLING

1. Please indicate by checking the appropriate boxes how TCS foods will be cooled from 135°F to 70°F degrees in 2 hours and 70°F to 41°F degrees in 4 hours.

Cooling Method	Meat, Poultry, & Seafood	Sauces/Gravy	Rice, Pasta, & Starches	Other
Shallow Pans				
Ice bath				
Volume Reduction				
Rapid Chill				
Other				

2. 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? Yes No

If no, how will ready-to-eat foods be cooled to 41 degrees F? _____

REHEATING

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

PREPARATION

1. Will a designated person-in-charge (PIC) be available during all hours of operation who can demonstrate knowledge of foodborne disease prevention and the requirements of food safety regulations?
 Yes No

List the training that the persons-in-charge (PIC) will receive: _____

Course _____ Expiration date _____

2. Is there a written policy that excludes or restricts food workers who are sick or have infected cuts or lesions? Yes No

Please describe: _____

3. What will be used in place of bare hands to handle ready-to-eat foods?
 Utensils, i.e. tongs, scoops Disposable gloves
 Food Grade Paper Other _____

4. Will produce be washed on site prior to use? Yes No

5. Is there a designated sink for washing produce? Yes No

If no, describe the procedure for cleaning and sanitizing multiple use sinks between uses: _____

6. 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.

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

Floors: _____

Countertops: _____

Cabinets/shelves: _____

Walls: _____

Ceilings: _____

PLUMBING & EQUIPMENT

1. Please indicate by checking the appropriate boxes which units will be installed in the mobile.

Hand sink 3-compartment sink Food Preparation sink

Other _____

2. Please indicate the size of the 3-compartment sink in inches. Please note that the 3-compartment sink must be large enough to submerge your largest equipment and utensils.

Width_____ Depth_____ Length_____

3. Describe how cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks will be cleaned and sanitized. _____

4. 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.

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 wastewater tank and the location it will be emptied: _____

 - c.) How will potable water and wastewater 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-

POWER SOURCE

List all items that are powered by electricity in the chart below to determine how large your generator must be. Power consumption can be found on appliance specification sheets. (Watts = Amps x Volts)

Appliance/Machine	Running Watts	Additional Starting Watts
	Total:	Highest Starting Watts:

EXAMPLE	Running Watts	Additional Starting Watts
Refrigerator	700	2200
AC Unit	1500	1800
Water Pump	50	100
Crock Pot	250	0
	Total: 2500	Highest Starting Watts: 2200

Total Running Watts + Highest Starting Watts = Total Watts Needed

Example: 2500 + 2200 = 4700

1. Based on the chart above how much power do you need? _____
2. Generator size, make and model _____

CLEANING

1. How and where will the unit and floors be cleaned? _____

2. If wet mopping is done, how will the gray water from mopping be disposed of? _____

3. If your cooking equipment produces grease, how will your grease be disposed of? _____

EMPLOYEE ACCOMMODATIONS

1. Describe storage facilities for employees' personal belongings: (i.e., purse, coats, etc.) _____

3. Please describe how toilet facilities will be accessed during hours of operations: _____

INSECT AND RODENT CONTROL

1. How is protection provided on all outside doors?

Self-closing door

Screen Door

Air Curtain

Other _____

2. How is protection provided on windows (Screens, etc.)? _____

3. If mobile unit is a **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.) _____

POISONOUS OR TOXIC MATERIALS

1. Are all toxic chemicals like insecticides/rodenticides or personal medications, stored away from food preparation and storage areas?

Yes

No

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

Yes

No

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): _____

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.

Plan Guide for Mobile Food Service Establishments

I. General Information

- A. Submit the Mobile Food Establishment Plan Review application and Plan Review fee.
- B. Include a scaled floor plan and equipment list.
- C. Include a copy of the proposed menu.
- D. Request a pre-operational inspection when the build-out or re-model of your mobile food unit is complete, and you are ready to begin operations.
- E. Licensure will be authorized upon successful completion of your pre-operational inspection. The fee for license is \$85 for establishments with 2 or fewer employees and \$115 for establishments with 3 or more employees working at any one given time.

II. Equipment Schedule and Layout

- A. Provide adequate space for cold/hot holding and preparation/service of foods.
- B. Provide a hand washing sink, supplied with hot/cold running water, a supply of hand soap and disposable towels.
- C. A 3-compartment sink is required in most mobile food units for dishwashing. The compartments of the sinks must be large enough to accommodate immersion of the largest piece of food preparation equipment that will be used.
- D. Drain boards must be provided on both sides of the 3-compartment sink and must be self-draining.
- E. Provide a food preparation sink for the frequent soaking, rinsing, cutting, or cleaning of raw ingredients or produce, if necessary.
- F. Shelving must be provided for storage of dry goods, single service items and chemicals.

PLEASE NOTE: If required cold holding, dry storage needs, or if your operations exceed the capacity of your mobile food unit; a licensed servicing area agreement will be required.

III. Plumbing

- A. Water system – must be an approved public water system, or a non-public water system that is constructed, maintained, and operated according to law.
- B. Sewage disposal – Liquid wastes removed from a mobile food unit at an approved waste servicing area or by a sewage transport vehicle.
- C. Toilet rooms shall be conveniently located and accessible to employees during all hours of operation. Mobile food units shall ensure that public restrooms are available for use along their chosen service route, and a restroom agreement will be required for mobile food units that intend to park in one location for an extended period of time (more than 72 hours).

- D. Cross-connections between potable and non-potable water supplies, chemical feed lines, or similar devices are prohibited.
- E. Equipment is not to be located under exposed sewer lines, non-potable water lines, or other potential sources of contamination.

IV. Finish Materials

- A. Floor finishes in your mobile food unit must be constructed of smooth, durable material, easily cleanable and coved where the walls meet the floor.
- B. Interior walls and ceilings must be light colored, smooth, nonabsorbent, and easily cleanable.
 - i. Wall example: stainless steel or FRP board
 - ii. Ceiling example: FRP board, painted steel or painted gypsum board
- C. All wood surfaces must be sealed or painted.
- D. Exterior surfaces of mobile food units shall be of weather-resistant materials.

V. Ventilation and Lighting

- A. Adequate lighting must be provided in all work areas (50 foot-candles)
- B. A minimum of 10 foot-candles of light must be provided in walk-in refrigeration or freezer units and dry storage areas.
- C. Protective light shields are required on light bulbs in food preparation, service, and storage areas including walk-in coolers/freezers.
- D. Unit must have sufficient ventilation to prevent excessive heat, steam, condensation, vapors, odors, smoke, and fumes.

VI. Refuse/Garbage

- A. All garbage containers used inside the mobile food unit must be nonabsorbent, washable, insect and rodent proof, and be kept covered when not in constant use.
- B. Containers stored outside shall have tight fitting lids and shall be kept covered and clean.

VII. Insect and Rodent Control

- A. Doors must be self-closing and protect from pest entry into the mobile food unit.
- B. Doors and windows that are left open for ventilation or other purposes must be supplied with screens constructed of no larger than 16 mesh to 1 inch.
- C. All pipes and electrical conduit must be sealed.
- D. All ventilation systems exhaust and intakes must be protected.
- E. Areas around the mobile food unit must be kept clear of unnecessary brush, boxes and other items.

These guidelines do not encompass all regulations that apply to food service establishments. Additional information may be required on an individual basis. For a complete set of regulations, please refer to the Montana Department of Public Health and Human Services.

<http://www.dphhs.mt.gov/publichealth/FCSS.aspx>

Mobile Food Establishment Requirement Guidelines for Plan Review

Mobile Food Establishment 1 - These units can serve pre-packaged time and temperature control for safety (TCS) foods. Preparation or assembly of food prohibited from taking place on the unit. Pushcart or truck/trailer.

Mobile Food Establishment 2 – These units are restricted to limited preparation like coffee/espresso, kettle corn, cotton candy, shaved ice, or scooped ice cream. Pushcart or truck/trailer.

Mobile Food Establishment 3 – These units are restricted to handling pre-cooked time and temperature control for safety (TCS) food products such as hot dogs. Pushcart or truck/trailer depending on the food sold.

Mobile Food Establishment 3a – These units are restricted to limited preparation like coffee/espresso, shaved ice or scooped ice cream, and may also handle pre-cooked time and temperature control for safety (TCS) food products such as re-heating frozen breakfast burritos. (Coffee Kiosk)

Mobile Food Establishment 4 – These units can serve approved food items for which equipment and supplies are available in the mobile unit. Fully enclosed self-contained food truck or trailer. No pushcarts.

Requirements	MFE 1	MFE 2	MFE 3/MFE 3a	MFE 4
Servicing Area	*	*	*	*
CFPM	No	No	No	Yes
Employee Health Policy	Yes	Yes	Yes	Yes
Preparation Allowed	No	No	No	Yes
Cooking Allowed	No	No	Reheating	Yes
Cold Holding Equipment	Yes	Yes	Yes**	Yes**
Hot Holding Equipment	Yes	No	Yes	Yes
Water Supply Required Hot and Cold	No	Yes	Yes	Yes
Fresh Water Holding Tank	No	Yes, 5/10 gallons depending	Yes, 5/10 gallons depending	Yes, 40 gallons
Wastewater Tank	No	Yes, sized 15% greater than fresh	Yes, sized 15% greater than fresh	Yes, sized 15% greater than fresh
3 Compartment Sink	No	Yes	Yes	Yes
Handwashing Sink Required	No	Yes	Yes	Yes
Ventilation Hood	No	No	No	Yes***
Examples	Pre-packaged potentially hazardous foods. Ex. Packaged ice cream	Coffee/espresso, kettle corn, shaved ice, or snow cones.	Hot dogs	Approved menu items.

*A servicing area may be required for such things as vehicle cleaning, discharging wastes, refilling water tanks and ice bins, and loading food/supplies.

**Portable coolers may only be used for ice or non-potentially hazardous foods.

***Mechanical exhaust hood shall be provided over all cooking equipment to remove smoke, steam, and grease-laden vapors.

Approved Tent Set-Up Working in Conjunction with a Mobile

Tent set-up that is an immediate extension may be used in conjunction with an approved mobile food establishment that meets all applicable requirements. The following food services activities may be **ALLOWED** in a tent set-up if approved by RiverStone Health:

- Barbecuing/Smoking
- Hot Holding (if no further preparation is needed)
- Holding Non-TCS foods
- Kettle corn

All food service allowed in a tent set-up shall be protected from contamination. Additional temporary hand washing stations may be required if accessibility is inadequate.

These food services activities are **NOT ALLOWED** in a tent set-up that's an immediate extension to a mobile food establishment:

- Cold Holding TCS foods
- Cutting, slicing, and washing food
- Washing utensils
- Cooking other than barbecuing or smoking
- Holding foods TCS and Non-TCS foods without protection
- Cooling or thawing
- Reheating

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

Employee Restroom Facilities

SERVICING AREA NAME: _____

OWNER/MANAGER: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

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.

NAME & TITLE: _____

SIGNATURE: _____ DATE: _____