



HOCKING COUNTY HEALTH DEPARTMENT

350 State Route 664 North ~ Logan, Ohio 43138
Phone 740-385-3030 Fax 740-385-2252

MOBILE FOOD SERVICE PLAN REVIEW QUESTIONNAIRE

Name of Facility	
Owner's Name	
Physical Address	
Mailing Address	
Phone Number	
Fax Number	

Please complete and return this application along with a layout drawing of the entire mobile unit detailing the location of all the equipment. The application must be returned at least 10 days prior to beginning operation.

Menu:

1. Food source: _____
2. Water Supply: Public____ Private____ Holding Tank____
 - a. Private water systems must have been tested for bacteriological contamination before providing water to a licensed facility.
 - b. If using a potable water holding tank, what is the capacity? _____
 - c. If using an onsite source of water, is the water hose specified "food grade"? _____
 - d. Is there either an ASSE 1012 or ASSE 1024 backflow preventor on the water line? _____
3. Sewage Disposal Site: _____
 - a. What is the capacity of the wastewater holding tank? _____
Note: A sewage holding tank shall be 15% larger in capacity than the water supply tank.
4. Is the mobile unit enclosed? _____
 - a. If no, how will the food be protected from possible contamination? _____
5. Describe the following coverings in the facility:

Floor:	
Wall:	
Ceiling:	

Note: **Floor and wall junctures must be sealed and coved.**

6. What cooking equipment will be used?

7. Is a stem thermometer available for monitoring cooking temperature? _____
8. Will any cooking be done outside the mobile unit? _____
9. Will a hood ventilation system be installed? _____
10. Will food be held hot prior to service? _____

a. List hot holding equipment: _____

Note: Crock Pot is prohibited to use for cooking or hot holding.

11. How many cubic feet of refrigeration is provided? _____
12. How many cubic feet of freezer space is provided? _____
13. Are thermometers available in all refrigerator or freezer? _____
14. How are you providing hot water? _____
15. Do you have a 3-compartment sink for dish washing? _____
 - a. What type of sanitizer and test strips is going to be used? _____
 - b. Are drain boards provided for the 3-compartment sink? _____
16. Is a separate hand washing sink provided with both hot and cold running water? _____
17. How will bare hand contact be avoided preparing ready-to-eat foods? _____
18. What types of hair restraints will be used in the facility? _____
19. Are all lights in the facility provided with protective coverings or shatterproof bulbs? _____
20. What methods and precautions will be taken to avoid contamination and cross-contamination of food products? _____
21. How is the trash disposed of? _____

22. What type of material is used on the following surfaces:

Prep/Work Tables	Counter Tops
Dry Storage Shelves	Refrig./Freezer Shelves

23. Do you operate from commissary or base of operations? _____
 - a. If yes, where is the commissary located? _____

Note: Please attach an agreement from the owner of commissary facility.

24. Is the outside of the mobile properly labeled with the name, city of origin, and telephone number at least 3 inches high and 1 inch wide? _____

***Please attach the layout of the mobile unit, detailing the location of all the equipments both inside and outside of the unit.**