



**IREDELL COUNTY ENVIRONMENTAL HEALTH**  
Food Protection and Facilities  
**MOBLE FOOD ESTABLISHMENT PLAN REVIEW CHECKLIST**

Plans must include:

1. an aerial view floor plan accurately drawn to scale showing equipment and
2. A cross section view showing plumbing lines, water tanks, water heaters, electrical lines and panels

Plans **MUST** be submitted along with the following items:

1. A thoroughly complete MFU Plan Review Application
2. Proposed menu
3. Manufacturer specifications sheets for each piece of equipment, including water heater, power generator and power inverter.  
\*All equipment must be NSF listed, UL classified (exceptions are microwaves, mixers, pop-up toasters) for sanitation (EPH), ANSI, CE (European) or must be constructed to meet NSF standards.
4. Push Carts are equipment and must meet requirement in item 3.
5. A \$250.00 Plan Review Fee

Plans and specifications should include:

1. Location of all food service equipment with each piece of equipment numbered, with a corresponding (numbered) spec sheet. If specification sheets include more than one piece of equipment, identify the relevant item.
2. Location of refrigeration and hot holding equipment, prep tables, shelving, wall mounted shelves, hood
3. Location of dishwashing facilities, including air drying shelves and racks
4. Separate food preparation sinks (when menu dictates) labeled & located to prevent cross-contamination of raw & ready to eat foods.
5. Hand washing sinks
6. Location of customer self-service areas
7. Toilet facilities, if applicable
8. Finish schedule for all surfaces including floors, walls, ceilings, and coved juncture bases.
9. Plumbing schedule to include:
  - a. Potable water supply lines
  - b. Waste water lines
  - c. Hot water generating equipment
10. Electrical layout and location of electrical panels, outlets and generator.

**IMPORTANT!!!**

**NEVER purchase a Mobile Food Unit or Pushcart and assume it will be permitted by any local health department, as is. NEVER assume a Mobile Food Unit or and Pushcart previously permitted in another State or County in NC are compliant with the NC Food Code Manuel.**

REQUIREMENTS CAN BE FOUND AT:

NC Food Code Manual: <http://ehs.ncpublichealth.com/faf/docs/foodprot/NC-FoodCodeManual-2009-FINAL.pdf>

.2600 Rules for Food Establishments : <http://ehs.ncpublichealth.com/docs/rules/294306-26-2600.pdf>

\*\*LP gas connections are required to be inspected by a certified inspector. To schedule an appointment contact the North Carolina Dept. of agriculture and customer services at <http://www.ncagr.gov/standard/LP> \* \*

IT IS HIGHLY RECOMMENDED YOU SPEAK WITH AN INSPECTOR BEFORE SUBMITTING THIS APPLICATION. PLEASE CALL BETWEEN 8-9AM.

**\*Detach this page for your reference\***

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office  
349 North Center Street  
Statesville, NC 28677  
704-878-5305 x 3456 (phone)  
704-871-3483 (fax)



Mooresville Office  
610 East Center Avenue  
 Mooresville, NC 28115  
704-660-3625 (phone)  
704-662-3239 (fax)

# PLAN REVIEW APPLICATION FOR MOBILE FOOD UNIT / PUSH CART

\*\*\*DO NOT LEAVE ANY BLANK SPACES. WRITE N/A IF NON-APPLICABLE. \*\*\*  
CHANGE IN OWNERSHIP REQUIRES A NEW PERMIT--PERMITS ARE NOT TRANSFERRABLE

Type of Food Service:  Mobile Food Unit  Push Cart (attach spec sheet)

Name of Business: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Email \_\_\_\_\_ Proposed opening date? \_\_\_\_\_

Food Truck/trailer's VIN number \_\_\_\_\_ License plate number \_\_\_\_\_

Proposed location(s) of service set up \_\_\_\_\_

### Hours of Operation:

Sun	Mon	Tue	Wed	Thur	Fri	Sat

Projected number of meals served between trips to commissary: \_\_\_\_\_

Estimated travel time from commissary to operating/serving sites: \_\_\_\_\_

How will food temperatures be maintained below 41°F or less during transit from commissary? Explain equipment, use of power inverter and procedures: \_\_\_\_\_

## MOBLE FOOD UNIT INFORMATION (PUSH CARTS skip to page 4)

Total Square Footage of unit: \_\_\_\_\_ Size of potable water tank: \_\_\_\_\_ gallons

Total amount of potable water stored on unit = (tank-type water heater + potable water tank): \_\_\_\_\_ gallons

Size of wastewater tank: \_\_\_\_\_ gallons (\*note: waste tank must be at least 15% larger than total amount of potable water in water heater and potable water tank)

Describe how potable water tanks will be filled: \_\_\_\_\_

Describe how and where waste water will be disposed: \_\_\_\_\_

**Demonstration to Regulatory Authority may be required when wastewater cannot be disposed at outdoor can wash facility at commissary. NO waste is to be dumped on the ground**

**WATER HEATER Type:**

- Tankless (recommended) GPM output \_\_\_\_\_  
 Storage Tank GPH output \_\_\_\_\_ holding capacity in gallons \_\_\_\_\_

Water Heater Manufacturer and model: \_\_\_\_\_

POWER Generator model \_\_\_\_\_ Wattage Output: \_\_\_\_\_

Tools or appliance	AMPS	×	VOLTS	=	WATTS

Total \_\_\_\_\_

Will the unit be air conditioned? \_\_\_\_\_

FINISH SCHEDULE OF UNIT				
Indicate surface materials (stainless steel, aluminum, FRP, tile, etc.)				
Floor		Ceiling		<b>ALL FOOD STORAGE UNITS,                      SHELVING, ETC. MUST BE NSF/                      ANSI APPROVED FOR                      COMMERCIAL USE or                      EQUALIVALENT.                      WOOD IS NOT APPROVED</b>
Walls		Built in Cabinetry		

**CLEANING AND SANITIZING**

Will utensils and small wares be washed, rinsed and sanitized on the unit? \_\_\_\_\_ If yes, a 3-compartment sink is required.

What type of in-use sanitizer will be used?  Chlorine  Quaternary Ammonium  Other (specify) \_\_\_\_\_

How will surfaces and appliances inside the mobile food unit be cleaned? \_\_\_\_\_

**SAFE FOOD HANDELING PROCEEDURES**

COLD HOLDING: Indicate foods that will be cold held on unit: \_\_\_\_\_

Reach-in refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>    Prep table storage: \_\_\_\_\_ ft<sup>3</sup>    Reach-in freezer storage: \_\_\_\_\_ ft<sup>3</sup>

Will ice be:  Obtained from commissary  Purchased from \_\_\_\_\_

HOT HOLDING: Indicate foods that will be hot held at or above 135°F on unit: \_\_\_\_\_

Equipment used to hold hot foods: \_\_\_\_\_

**COMMISSARY INFORMATION (for MOBILE FOOD UNITS and PUSH CARTS)**

**\*If food commissary is on a septic system or a well, approval must be granted from the Health Department prior to submission of this application. Please contact the Onsite Water Protection Environmental Health Specialist in the appropriate office.**

Where exactly will the following food and supplies be stored in the Commissary?

Cold foods? \_\_\_\_\_

Frozen foods? \_\_\_\_\_

For the following, fill out based on the amount of dedicated storage space for your cold and frozen foods

Reach-in refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>      Reach-in freezer storage: \_\_\_\_\_ ft<sup>3</sup>

Walk-in refrigerator storage: \_\_\_\_\_ ft<sup>3</sup>      Walk-in freezer storage: \_\_\_\_\_ ft<sup>3</sup>

Dry goods? \_\_\_\_\_

Paper products? \_\_\_\_\_

Chemical storage? \_\_\_\_\_

Equipment storage (utensils, pots, pans, etc.)? \_\_\_\_\_

What time(s) of day will you be at the Commissary servicing your unit / preparing food? \_\_\_\_\_

Will the restaurant order food for you? \_\_\_\_\_ If NO, where will you purchase food? \_\_\_\_\_

What is the proposed frequency of deliveries? \_\_\_\_\_

Will any meats be par cooked? Yes\* No

\*If yes, please attach SOP for process to this form.

Will any meats, seafood, shellfish, poultry or eggs be served or sold raw or undercooked? Yes\* No

\*If yes, please indicate which items: \_\_\_\_\_

Will foods be hot held at commissary? Yes\* No

\*If yes, please list items. \_\_\_\_\_

**COOLING AT COMMISSARY:** Indicate by placing an X in the appropriate boxes how cooked food will be cooled to 41°F (7°C) within 6 hours. If "Other" is checked indicate type of food.

Cooling Process	Meat	Seafood	Poultry	Sauces	Soups	Cut Vegetables	Other _____
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOOD HANDLING PROCEDURES:**

Explain the following with as much detail as possible. How the food will arrive (frozen, fresh, packaged, etc.) Where food will be handled (prep table, sink, counter) and describe processing (washed, cut, marinated, breaded, cooked, etc.)

Ready-to-eat Foods \_\_\_\_\_

Meat \_\_\_\_\_

Poultry \_\_\_\_\_

Produce \_\_\_\_\_

**DISHWASHING FACILITIES at Commissary:**

Will a mechanical dishwasher be used?  Yes  No

Three Compartment sink at commissary is required with bays large enough to accommodate largest utensil

What type of sanitizer will be used?  Chlorine  Quaternary Ammonium  Hot Water

**General Cleaning and Sanitizing:**

Describe how cooking equipment, cutting boards, counter tops & other food contact surfaces that cannot be submerged in sinks \_\_\_\_\_

Square feet and location of air-drying space: \_\_\_\_\_ ft<sup>2</sup>

**WATER SUPPLY & SEWAGE**

Is water supply:  Municipal\*  Well\*\*

If Well: Number of Connections:

\*Municipal Water Supply:  City of Statesville

Town of Mooresville  Energy United

Town of Troutman  Iredell County Water

Aqua America  West Iredell Water

Is sewer:  Municipal  Septic\*\*

**\*\*If food commissary is on a septic system or a well, approval must be granted from the Health Department prior to submission of this application. Please contact the Onsite Water Protection Environmental Health Specialist in the appropriate office.**

**\*\*Have applications been submitted to Health Dept. for well and septic approval?  Yes  No**

**I ATTEST THE FOLLOWING:**

- I HAVE SUBMITTED DRAWINGS OF THE PROPOSED MOBILE FOOD UNIT THE LOCATION OF EQUIPMENT IS SHOWN ON THE PLANS
- I HAVE SUBMITTED A NUMBERED EQUIPMENT LIST & RESPECTIVELY NUMBERED MANUFACTURER SPEC SHEETS FOR EACH PIECE OF EQUIPMENT (INCLUDING WATER HEATER)
- I HAVE SUBMITTED A PROPOSED MENU
- I HAVE PAID THE PLAN REVIEW FEE OF \$250.00

CONSTRUCTION OR RENOVATION MAY NOT BEGIN UNTIL PLANS HAVE BEEN APPROVED. I ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION, AND I UNDERSTAND THAT ANY DEVIATION WITHOUT PRIOR APPROVAL FROM THE IREDELL COUNTY HEALTH DEPARTMENT MAY NULLIFY PLAN APPROVAL.

*Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of \$50 to defray a portion of the costs of processing the refund.*

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

(Owner or Responsible Representative)

I am aware that I must contact the health department with any set-up location, or operating schedule changes or my permit may face suspension.

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

(Owner or Responsible Representative)

Intentionally left blank:

Please use this space for any additional notes you want to add.





**Public Health**  
Prevent. Promote. Protect.

Iredell County Health Department

# PERMISSION AGREEMENT FORM

*\*This form must be returned along with the application for a Pushcart/Mobile food unit to the office servicing your event:*

Name and address of the restaurant/food stand that is giving permission for the pushcart /mobile food unit to operate from their facility:

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Title 15A NCAC (North Carolina Administrative Code) 18A .2600 "Sanitation of Restaurants and Other Food handling Establishments" specifies in Section .2638 "General Requirements For Pushcarts and Mobile Food Units" that:

*"(f) [Pushcarts and mobile food units] shall operate in conjunction with a permitted restaurant and shall report at least daily to the restaurant for supplies, cleaning and servicing."*

Permission is given to \_\_\_\_\_ to operate a pushcart/mobile food unit in conjunction with my facility. I understand the applicable regulations require that the unit report daily to my establishment for supplies, cleaning, and servicing (including replenishing of any on-board water supply and disposal of all solid and liquid wastes). I agree to allow all supplies for the unit to be stored on my premises and understand that the State rules do not permit supplies for such facilities to be stored in any private residence. I understand that any sanitation deficiencies resulting at my restaurant, even if directly or indirectly related to the operation of the pushcart/mobile food unit, will be reflected in the sanitation grade of my restaurant. This agreement shall stay in effect as long as I am the restaurant owner/operator, unless rescinded by notifying the pushcart/mobile food unit owner and the Environmental Health Section of the Iredell County Health Department in writing.

*I, the commissary operator, can and will provide the necessary facilities for the above-mentioned unit at my permitted facility as checked below:*

Please note that everything in bold and underlined must be checked.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <u>Preparation of food</u>                   | <input type="checkbox"/> <u>utensil wash/can wash</u> | <input type="checkbox"/> <u>store refrigerated/frozen food</u> |
| <input type="checkbox"/> electrical hook ups                          | <input type="checkbox"/> <u>store dry goods</u>       | <input type="checkbox"/> <u>store supplies</u>                 |
| <input type="checkbox"/> <u>toilet &amp; handwashing</u>              | <input type="checkbox"/> overnight parking            | <input type="checkbox"/> <u>supply food products</u>           |
| <input type="checkbox"/> <u>waste tank sewage disposal facilities</u> |   | <input type="checkbox"/> <u>supply ice</u>                     |

Will the client have access to the building at all times? \_\_\_\_ YES \_\_\_\_ NO\*

\*if no, what will be the schedule for access? \_\_\_\_\_

Signature of Restaurant/Foodstand Owner \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ E-mail \_\_\_\_\_ Date \_\_\_\_\_