

# Mobile Food Unit Resource Document

(This resource document will assist you in completing your drawn-to-scale plans)

Our Mission
"Protecting and promoting the optimal health and well-being of
Galveston County."

## MOBILE FOOD UNIT PLANS RESOURCE DOCUMENT

The Mobile Food Unit Resource Document was developed to provide valuable information when planning and submitting drawn-to-scale and to provide information for the unique service requirements that need to be met in order to obtain approval and receive the permit to operate your mobile food unit. This document does not establish the regulatory requirements and the recommendations contained herein are not to supplant the Texas Food Establishment Rules.

## Mobile Food Unit Premises

#### A. Overhead Protection

- 1. The mobile food unit must be equipped with overhead protection to cover all the food preparation, cooking and storage areas. Acceptable overhead protection are roofs, or other permanent structures, canopies, awnings, or attached umbrellas for units such as food carts.
- 2. Mobile food units that have a self-service component shall provide additional protection of these individual food dispensing containers (example: single serve condiments, lidded dispensing containers, etc.)

#### B. Floors

- 1. Floor and floor coverings of all food preparation, food storage, and utensil washing areas shall be constructed of smooth, durable material such as linoleum or plastic, vinyl impregnated wood and shall be maintained in good repair.
- 2. Floor and wall junctures shall be coved and sealed (coving is the floor material found at the base of walls) and closed to no larger than 1 mm (one thirty-second inch) on floors in mobile food units in which cleaning methods other than water flushing are used for cleaning purposes.
- 3. Exposed utility service lines shall be installed so they do not obstruct or prevent cleaning of the floors.

### C. Walls and Ceilings

- 1. Walls, including non-supporting partitions, wall coverings and ceilings of food preparation areas, food storage areas, equipment washing and utensil washing areas shall be smooth, non-absorbent, and easily cleanable.
- 2. Studs, joists, and rafters may not be exposed on walls and ceilings in areas subject to moisture.
- 3. Utility service lines and pipes may not be unnecessarily exposed at walls and ceilings.
- 4. Exposed utility service lines and pipes shall be installed so they do not obstruct or prevent cleaning of the walls or ceilings.

#### D. Exterior Walls & Outer Openings

- 1. Exterior walls and roofs of a mobile food unit shall effectively protect the establishment from the weather and the entry of insects, rodents, and other animals.
- 2. Outer openings of a food establishment shall be protected against the entry of insects and rodents by:
  - a. Filling or closing holes and other gaps along floors, walls, and ceilings; and
  - b. Closed, tight-fitting windows; and
  - c. Solid, self-closing, tight-fitting doors.
- 3. If the windows or doors of a mobile food unit are kept open for ventilation or other purposes, the openings shall be protected against the entry of insects and rodents by:
  - a. 16 mesh to 25.4mm (16 mesh to 1 inch) screens; or
  - b. Properly designed and installed air curtains to control flying insects; or
  - c. Other effective means.

## E. Lighting

- 1. At least 50-foot candles (540 lux) of light shall be provided to all working surfaces and at least 20-foot candles of light shall be provided at all other surfaces and equipment in food preparation, utensil washing, and hand washing areas.
- 2. At least 10-foot candles (108 lux) at a distance of 30 inches above the floor in all other areas.
- 3. Light bulbs shall be shielded, coated, or otherwise shatter-resistant in areas where there is exposed food; clean equipment, utensils, and linens; or unwrapped single-service and single-use articles.

#### F. Ventilation and Fire Protection

1. Ventilation and fire protection shall be installed and operated in accordance with local regulations.

### G. Handwashing Facilities

- 1. A handwashing sink is not required if the ONLY food items offered are commercially prepackaged foods that are dispensed in their original containers.
- 2. At least one (1) handwashing sink must be located on all mobile food units.
- 3. Handwashing sinks shall be conveniently located for use by all employees.
- 4. Handwashing sinks shall be equipped to provide potable water at a minimum temperature of at least 100°F through a mixing valve or combination faucet.

## H. Toilet and Handwashing Facilities

- 1. Toilet and handwashing facilities shall be always accessible to employees.
- 2. Mobile Food Units stationed in a set location must provide a letter (example letter included in Mobile Food Unit Plan Review Forms) verifying access to proper toilet facilities. These toilet facilities shall be conveniently located for the employees

### I. Garbage

- 1. There shall be enough non-absorbent, easily cleanable containers to hold all garbage and refuse that accumulates.
- 2. A facility shall be provided and used for washing all garbage containers. This facility shall be provided with hot water and detergent.
- 3. Grease must be disposed of properly and shall not be dumped on the ground.
- 4. The location of the final disposal for garbage, grease and other waste shall be identified to the Health District.

## MOBILE FOOD UNIT EQUIPMENT

### A. Food Contact Surfaces

1. Surfaces shall be smooth, easily cleanable, free of rust, dents or pitting and durable under the conditions to which they will be exposed.

## B. Cooking and Reheating Equipment

- 1. Cooking and reheating equipment shall be installed and used in accordance with the manufacturer's instructions and shall meet all fire safety code requirements.
- 2. The reheating equipment used on the mobile food unit must be capable of heating all TCS foods (Foods that need time and temperature control for safety—known as TCS foods—include milk and dairy products, eggs, meat (beef, pork, and lamb), poultry, fish, shellfish and crustaceans, baked potatoes, tofu or other soy protein, sprouts and sprout seeds, sliced melons, cut tomatoes, cut leafy greens, etc.) to their required reheating temperature.
- 3. If the proper temperature cannot be attained with the equipment on the mobile food unit, then cooking and reheating must occur at the commissary.

### C. Hot Holding Equipment

1. Hot holding equipment must be capable of maintaining TCS foods at 135°F or above.

#### D. Cold Holding Equipment

- 1. Refrigeration shall be operational and maintain an internal product temperature of 41°F or below.
- 2. Each refrigerator must have a numerically scaled thermometer to measure the air temperature of the unit.
- 3. If ice is used to cold hold TCS foods at 41°F or below, it must come from an approved source and be protected from contamination.
- 4. Ice used for cooling foods or maintaining food temperatures may not be used for human consumption.

#### E. Counters/Shelves

1. All food contact surfaces shall be safe, corrosion resistant, nonabsorbent, smooth, easily cleanable, and durable.

### F. Ware Washing Facilities

- 1. A three-compartment sink shall be used for washing, rinsing, and sanitizing or utensils and equipment.
- 2. Sinks shall be large enough to permit the complete immersion of the utensils and equipment.
- 3. Each sink shall be supplied with hot and cold potable running water under pressure tempered by a mixing valve or combination faucet.
- 4. Each sink shall have drain stoppers in good working condition.
- 5. Drainboards or easily moveable dish-tables of adequate size for the proper handling of soiled utensils prior to washing and for cleaned utensils following sanitation shall be provided at the three-compartment sink.

## WATER SUPPLY, CAPACITY AND WASTEWATER DISPOSAL

#### A. Water

- 1. Water must come from an approved public water source or an approved water well.
- 2. The potable water system shall be installed to preclude the possibility of backflow.
- 3. Water system shall be of sufficient capacity to furnish enough hot and cold water under pressure for food preparation, cleaning and sanitizing and hand washing.
- 4. Water inlet shall be capped when not being used to fill the tank.
- 5. The system shall be enclosed and sloped to permit complete drainage of the tank.

## B. Liquid Waste Retention and Disposal

- 1. Liquid waste resulting from the operation of the mobile food unit shall be stored in permanently installed retention tanks that are at least 15% larger than the water supply tanks.
- 2. Liquid waste at no time shall be discharged while the unit is in motion.
- 3. Liquid waste shall be disposed of in approved wastewater disposal system at the approved servicing area.
- 4. Liquid waste may not be dumped onto the ground, into waterways, or into storm drains.
- 5. Liquid waste retention tank shall be thoroughly flushed and drained during the servicing operations.
- 6. All connections to the liquid waste retention tank shall be of a different size or type than those used to supply potable water to the mobile food unit. These connections shall be lower than the potable water inlet.



# Plan Review Application and Mobile Food Unit Permitting

Instructions for Completing and Submitting Plans, Planning Documents and the Mobile Food Unit Review Form

(These instructions are NOT for the permitting of Fixed Food Establishments or Temporary Food Operations)

## **Our Mission**

"Protecting and promoting the optimal health and well-being of Galveston County."

Finding: 409-936-2411 Fax: 409-938-2271

www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

**Congratulations** on your decision to own and / or operate a Mobile Food Unit or MFU in Galveston County! Whether it includes plans to open a new MFU, to remodel and/or renovate an existing MFU, or to purchase a currently permitted MFU, we are here to assist you.

According to the Texas Food Establishment Rules (TFER), a MFU is a vehicle mounted, self or otherwise propelled, self-contained food service operation, designed to be readily moveable (including, but not limited to catering trucks, trailers, push carts, and roadside vendors) and used to store, prepare, display, serve or sell food. MFUs must always retain their mobility. A MFU does not mean a stand or a booth. A roadside vendor and pushcart may be licensed as MFUs.

**COMPLIMENTARY ADVISORIES**: Feel free to request an advisory for an existing MFU that you have in mind prior to signing a lease or contract to get a general idea of what may be required to follow the Texas Food Establishment Rules (TFER). You can call us at 409-938-2319 or 409-938-2251.

Our staff looks forward to working with you to help ensure that your MFU will be designed, constructed, and operated in compliance with the current version of the Texas Food Establishment Rules (TFER) and the Food Establishment Policy approved by the Galveston County United Board of Health. You can download these from our website at <a href="www.gchd.org">www.gchd.org</a> under Public Health Services, click on Consumer Health Services, then click on Food Service Establishments and go to "Texas Food Establishment Rules" and "Food Service Establishment Policy" or the Health District can provide you a copy if you so wish.

This document should lead you Step-by-Step to obtain a MFU permit. Please feel free to ask any questions regarding this process or this document throughout the review and permitting process. We will do our best to make it as easy as possible for you, while staying in compliance with all rules and policies. You may contact the Health District at 409-938-2411 or 409-938-2251.

#### **Important Points to Remember:**

- 1. <u>Please read</u> this entire document prior to submitting plans.
- 2. A <u>set of plans and specifications</u> must be submitted to the Health District prior to constructing a new MFU, making renovations to an existing MFU or remodeling of an operating MFU.
- 3. A <u>Menu Analysis</u> is a critical part of the plan review process. The type of food and / or beverage, method of preparation, and service style will influence the types of equipment required. A proposed menu or list of products is required along with your plans for review.
- 4. Depending on current plan review workload, it may take a <u>minimum of forty (40) business days</u> for the Health District to complete. This does not include the time allotted for <u>you</u> to submit additional planning materials and the necessary inspections. Plans and planning documents shall be approved by the Health District prior to starting construction, remodeling and/or renovations.

Fax: 409-938-2271

www.gchd.org



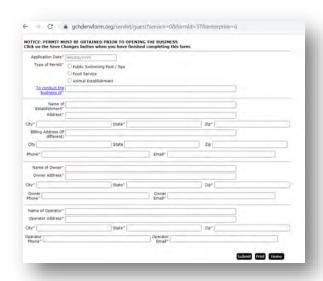
Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

5. Your cooperation and prompt submittal of completed planning materials will assist our plan reviewer in completing the review of your plans in a timely manner.

## Step1: Please Complete and Submit a "Food Service Permit Application" Form

Any person desiring to operate a MFU must make written application for a permit on the form provided.

The "food service permit application" is located at <a href="https://www.gchd.org/public-health-services/environmental-health-services-/consumer-health-services/food-service-establishments">https://www.gchd.org/public-health-services-/consumer-health-services/food-service-establishments</a>, please complete this application and hit the "submit" button.



Once we receive your application, a Health District representative will contact you to go over a few questions. In addition, the Health District representative will email you three (3) very important documents that you need to read carefully.

- 1. Plan Review Application and Mobile Food Unit Permitting (this document)
- 2. Mobile Food Unit Resource Document
- 3. Mobile Food Unit Plan Review Forms

## **Step 2: Plan Reviewer Introduction**

The plan reviewer assigned your food establishment will contact you to introduce themselves and provide you with all their contact information.

Fax: 409-938-2271 www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

## **Step 3: Plans and Additional Planning Documents**

Prior to drawing your MFU plans, please read the "Mobile Food Unit Resource Document" for important information that needs to be included with your drawn-to-scale plans.



Plans <u>drawn-to-scale</u> must be submitted. Plans may be drawn by an architect or hand drawn. Please only submit the plans requested below. Other plans such as mechanical, electrical, plumbing, etc. need not be submitted unless specifically requested.

The following plans must be submitted:

- Floor Plans that show the layout, how the equipment will be arranged in the MFU, including food preparation areas, storage areas, service areas, and dining areas. Plans must also include a list of the type and model of the proposed equipment. The total square footage of the establishment must be included.
- **Lighting Plan** that complies with Texas Food Establishment Rules Section 228.177 lighting intensity. Refer to "Food Establishment Plans Resource Document".

Additional Planning Documents that we need you to submit:

- A menu or list of ALL food and beverage items to be served
- A description of your operation describing how you will operate (description of operation is typically completed by owner or operator)

Page **4** of **12** 

• A "Mobile Food Unit Review Forms" packet (see below)

Fax: 409-938-2271 www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568



## **Step 4: Submitting Planning Documents**

- Plans and planning documents (floor plans, lighting plans, Mobile Food Unit Plan Review Forms, menu, description of operation and other documents requested must be submitted to the Galveston County Health District, Consumer Health Services Division).
- Submittal methods:
  - Mail to Galveston County Health District, Consumer Health Services Division, PO Box 939, La Marque, Texas 77568
  - o In Person: 9850-D Emmett F. Lowry Expressway, Texas City, Texas 77591
  - o Fax: 409-938-2271
  - Scan/Email Application to: environmental@gchd.org

Note: Please contact and/or submit plans to applicable city or county departments and state agencies, as required (building departments, county engineering, plumbing, electrical, fire marshal, zoning, etc.).

## **Helpful Telephone Numbers**

City of Bayou Vista, Building Inspector	(409) 935-8348
City of Clear Lake Shores, Building Department	(281) 334-2799 x209
City of Dickinson, Building Permits and Inspections	(281) 337-6230
City of Friendswood, Building Inspections	(281) 996-3201
City of Galveston, Building Department	(409) 797-3660
City of Hitchcock, Building Department	(409) 986-5591
City of Jamaica Beach, Building Department	(409) 737-1142
City of Kemah, Building Inspections	(281) 334-1611
City of La Marque, Development Services	(409) 938-9204
City of League City, Building Department	(281) 554-1429
City of Santa Fe, Building Inspection	
City of Texas City, Building Inspections	(409) 643-5946
City of Tiki Island, Building Inspection	(409) 935-1427
County of Galveston, Engineering Department	
Texas Commission on Environmental Quality, Septic Systems	

409-938-2271

www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

Texas Commission on Environmental Quality, Water Wells	(713) 767-3650
Texas Department of State Health Services, Ice Manufacturer	(512) 834-6670

## Step 5: We Will Contact You

Once we receive all required plans and other planning documents, you will be notified by your plan reviewer as to whether your submission is complete. If we have received all the required planning documents, the plan reviewer will schedule an appointment with you to conduct the plan review meeting. We will do our best to get you scheduled for a plan review meeting as soon as possible.

## **Step 6: The Plan Review Meeting**

- Persons designated to attend this meeting must be aware of construction plans, MFU operations, procedures and, including, but not limited to, food preparation processes.
- The meetings will be held at 9850-D Emmett F. Lowry Expressway, Texas City, Texas 77591.
- The meeting will be held at the pre-scheduled appointed time with the plan reviewer. The plan review meetings usually last approximately two (2) hours.
- Floor plans and other planning documents submitted for the MFU will be reviewed.
- A "Risk Assessment" form will be completed by the plan reviewer at this time. This form, composed of questions regarding food service operations and procedures, is used to determine the risk level of your MFU. MFUs are categorized as low, medium, or high. The risk level determines the cost of your annual health permit and determines the frequencies of inspections.

## **Step 7: Plan Review Fees and Payment Options**

- The plan review fee must be paid at the time of the plan review meeting. The fee is based on the size or square footage of your establishment.
- See fee schedule for current pricing or ask your plan reviewer https://www.gchd.org/home/showpublisheddocument/10851/637685044909430000
- We accept cash, checks, money orders or credit cards (Visa, Mastercard or Discover)
- You will receive a receipt showing the payment of your permit.

## **Step 8: Approval of Plans**

- At the conclusion of the plan review meeting, you will be informed as to whether your plans are:
  - Approved means you are free to begin construction.
  - **Pending Approval** means you will need to modify your plans, provide the plan reviewer with additional information as to what is required for the approval of your plans.
  - Please Remember No construction or renovations shall begin until all plans and planning materials have received final approval.
  - Please Remember If you should need to modify your approved plans, please contact, and discuss these modifications with your plan reviewer.
  - Following the approval of your plan, please feel free to contact your plan reviewer. If you cannot reach your plan reviewer, please call 409-938-2411 or 409-938-2251.

Page **6** of **12** 

Phone: 409-938-2411 Fax: 409-938-2271

www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

• APPROVED PLANS ARE VALID FOR A PERIOD OF ONE YEAR FROM THE APPROVED DATE. CONSTRUCTION SHALL COMMENCE WITHIN THE ONE YEAR PERIOD. IF FOR ANY REASON CONSTRUCTION DOES NOT COMMENCE IN THAT ONE YEAR PERIOD, PLEASE CONTACT THE HEALTH DISTRICT TO DISCUSS AN EXTENSION.

## **Step 9: The Construction Inspection**

- An inspection of the MFU will be conducted once construction, renovations and/or remodeling has been completed and all equipment has been installed. The purpose of this inspection is to ensure that the MFU has been constructed in accordance with the approved plans. This includes the arrangement of the equipment, the types of construction materials used, and to ensure that the MFU complies with the Texas Food Establishment Rules.
- For this inspection:
  - Construction must be complete
  - o General cleaning of the construction dust and any debris must be complete
  - Paints and glues must be dry
  - o All refrigerator units must be operational and at a temperature of 41°F or below
- This inspection is typically conducted with the builder or contractor; however, it may also be conducted with the owner or a designated representative.
- We will ask you to:
  - o Schedule an appointment at least 3 5 business days in advance.
  - o Correct any deficiencies that were discovered during this inspection.
- An inspection report will be drafted to document any deficiencies observed during the construction inspection on a Health District inspection report form. The report will be issued to the contractor, owner, or the designated representative. Deficiencies listed on the report must be corrected prior to any follow up inspection or the pre-opening inspection.

## **Step 10: The Pre-Opening Operation Inspection**

- A pre-opening operation inspection will be conducted following the construction inspection.
- The purpose of this inspection is to confirm if construction related deficiencies listed on the construction inspection report have been completed or corrected.
- If applicable, the remaining construction violations and any other non-construction related requirements will be listed on a pre-opening inspection report.
- The inspection should be scheduled at least 3 5 business days in advance.
- A pre-opening inspection report will document any deficiencies observed during the pre-opening
  inspection. The report will be issued to the contractor, owner, or owner's designated representative.
  Deficiencies listed on the report must be corrected prior to the final inspection and prior to the
  issuance of the food establishment permit.

Fax: 409-938-2271

www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

#### Note:

- No foods or utensils should be stored in the MFU until after the final inspection has been conducted and the MFU permit has been issued.
- No food preparation training dates should be scheduled until the final inspection has been conducted.
- No opening date should be advertised until after the final inspection has been conducted.

# Step 11: Prior to the final inspection being conducted, the following must be complete:

- Outdoor garbage container(s) must be provided.
- Soap and paper towels or hand drying devices must be provided at each handwashing station.
- Waste receptacle must be provided and must be located at each handwashing station.
- Handwashing signage must be provided at each handwashing station used by employees.
- Sink stoppers must be provided for the 3-compartment ware wash sink (if applicable).
- A chemical test kit must be available (i.e. chlorine test strips, quaternary ammonium strips/QAC test strips, etc.) (The Health District sells chlorine test strips kits for \$6.00 at their Texas City Offices.)
- A metal stem thermometer or a digital thermometer (preferably both) must be available with a range from 0°F to 220°F.
- Alcohol prep pads must be available to clean the stem and/or digital thermometer stems.
- A thermometer must be in a conspicuous area of each refrigerator/cooler used to store Time and Temperature Controlled or TCS foods.
- First aid kit must be provided.
- Written Vomit/Diarrhea cleanup procedures must be provided (attached at the bottom of this document)
- Proof of a Certified Food Manager must be provided

## Step 12: The Final Inspection

# Please note: No opening date must be advertised until after the final inspection has been conducted.

- The purpose of this inspection is to confirm that the violations listed on the pre-opening
  inspection report have been corrected and that general cleaning and sanitization of all surfaces
  have been completed. Your establishment must follow the Texas Food Establishment Rule.
- Once all these items are confirmed, the MFU permit application is approved.
- If the establishment is found to be not in compliance, a follow-up inspection will be scheduled and conducted.
- A final inspection report will be issued to the contractor and the owner or owner's designated representative. If there are remaining violations, they will be listed on the report along with a "corrected by time" and/or a follow up inspection.
- An appointment must be made at least 2 3 business days in advance.

Phone: 409-938-2411 Fax: 409-938-2271

www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

## **Step 13: MFU Operating Permit Fees**

- See fee schedule for current pricing or ask your plan reviewer https://www.gchd.org/home/showpublisheddocument/10851/637685044909430000
- The permit fee is based on your MFU's risk and must be paid in full prior to operating your food establishment.
- Fees must be paid during normal business hours: Monday Friday, 8:00 am to 5:00 pm excluding holidays.
- We accept cash, checks, money orders or credit cards (Visa, Mastercard or Discover)
- Fees can be paid in person at our offices located at 9850-D Emmett F. Lowry Expressway, Texas City 77591.
- Fees can be mailed to:

**Consumer Health Services** 

PO Box 939

La Marque, Texas 77568

- Fees can be paid over the phone with a credit card by calling 409-938-2411 or 409-938-2251. A 2% convenience fee will be added.
- You will receive a receipt showing the payment of your permit.
- You will be provided your MFU Operating Permit.

## Step 14: Additional Information for the Owner / Operator

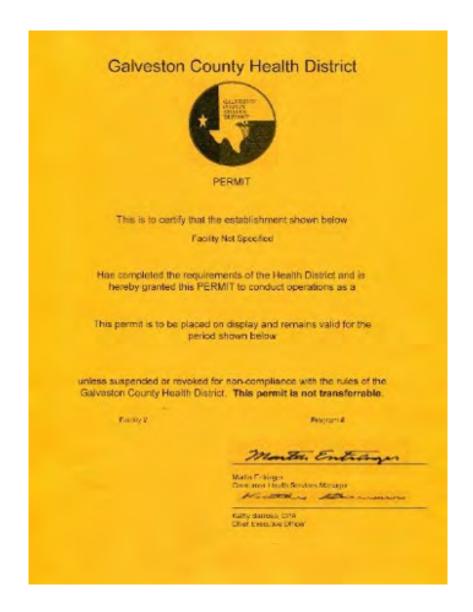
- The Galveston County Health District MFU Permit must be posted in a location in the MFU that is conspicuous to customers.
- The Certified Food Protection Manager certificate from an accredited course must be posted in
  a location in the establishment that is conspicuous to customers. The Certified Food Protection
  Manager must be an employee with supervisory or management responsibilities and has the
  authority to direct and control food preparation and food service. This certified manager must
  be present during all hours of operation.
- The MFU must maintain on their premises a certificate of completion of the food handler training course for each employee (within 30 days of employee's hire date).
- The permit holder must post a copy of the most recent inspection report in an area that is conspicuous to the customer or must post a sign in a location of the MFU that is conspicuous to the customer stating that the report is available upon request.
- All Galveston County Health District inspection scores are reported in the Galveston County Daily News and are available on the Health District website at <a href="https://www.gchd.org/restaurantscores.">www.gchd.org/restaurantscores</a>.
- You will receive a copy of these brochures,
  - a. Food Safety Tips
  - b. You Are The Health Inspector

Phone: 409-938-2411 Fax: 409-938-2271

www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568



Congratulations! You are finished

Fax: 409-938-2271

www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

#### **Clean-up Procedures for Vomit/Fecal Events**

A food establishment shall have procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food service establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter. Note: Effective cleaning of vomitus and/or fecal matter accidents in a food service establishment should be handled differently from routine cleaning/sanitizing procedures. Vomiting and diarrheal accidents should be cleaned up using the following recommended steps:

- ➤ Minimize the risk of disease transmission through the prompt removal of ill employees, customers, and others from areas of food preparation, service, and storage.
  - o Exclude all employees that are experiencing symptoms of vomiting and/or diarrhea and follow the employee health policy of when to restrict/exclude an ill food employee.
- > Segregate the area and cover the vomit/fecal matter with single use disposable towels to prevent aerosolization.
- ➤ Mix a chlorine bleach solution that is stronger than the chlorine solution used for general sanitizing [the Centers for Disease Control and Prevention recommends 1000-5000 ppm or 5-25 tablespoons of regular household bleach (5.25%) per gallon of water.
  - o Note: some quaternary ammonia sanitizers are effective for Norovirus (see the reference section of this document for a link to find a list of EPA listed sanitizers).
- ➤ Wear disposable gloves during cleaning. To help prevent the spread of disease, it is highly recommended that a disposable mask and/or cover gown, (or apron), and shoe covers be worn when cleaning liquid matter.
- Ensure the affected area is adequately ventilated (the chlorine bleach solution can become an irritant when inhaled for some individuals and can become an irritant on skin as well).
- ➤ Soak/wipe up the vomit and/or fecal matter with towels and dispose of them into a plastic garbage bag.
- ➤ Apply the bleach solution onto the contaminated surface area and allow it to remain wet on the affected surface area for at least 10 minutes. Allow the area to air dry. Dispose of any remaining sanitizer solution once the accident has been cleaned up.
- ➤ Discard all gloves, masks, and cover gowns (or aprons) in a plastic bag and dispose of the bag immediately.

Fax: 409-938-2271

www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

- Take measures to dispose of and/or clean and disinfect the tools and equipment used to clean up the vomit and/or fecal matter.
- > PROPERLY WASH YOUR HANDS AND IF POSSIBLE, TAKE A SHOWER AND CHANGE YOUR CLOTHES.
- > Discard any food that may have been exposed in the affected area.
- ➤ Document the information of the person(s) who was ill. Information such as: name, address, age, and travel history (itinerary of last few days), and a 3-day food consumption history should be included.
- ➤ An incident report of actions that were taken as a result of an individual being sick should be completed. Include information such as: the location of the incident, the time and date, and procedures of the cleanup process. Keep the information on file by the business for at least a year.

NOTE: the information may be useful for the health department's investigation. References: FDA 2013 Food Code

http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.ht m Center for Disease Control: Preventing Norovirus Infection (2 links)

http://www.cdc.gov/norovirus/preventing-infection.html

http://www.cdc.gov/norovirus/downloads/foodhandlers.pdf Environmental Protection Agency - Selected EPA-Registered Disinfectants http://www.epa.gov/oppad001/chemregindex.htm



# Mobile Food Unit Plan Review Forms

(This application is not for the permitting of fixed food establishments or for temporary food operations)

## **Our Mission**

"Protecting and promoting the optimal health and well-being of Galveston County"

Ron Schultz 2021

Phone: 409-938-2411 Fax: 409-938-2271

www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

Application for Permitting of a Mobile Food Unit

Mobile Food Unit Information				
Mobile Food Unit Operation Name (Doir	ng Business As):			
Business Street Address:				
City:				
State:	Zip Code:			
Ownership Information (Should	be the person that we will send f	uture bills to be paid for permit renewals)		
Business Owner:		Cell Phone:		
Street Address:		Alternate Phone:		
City:		Email:		
State:	Zip Code:	Fax (if applicable):		
Operator Information (Inform	ation on the person who will drive	the mobile food unit or tow the trailer)		
Name of Operator:		Cell Phone:		
Texas Driver's License Number:		Expiration Date:		
Address:		City:		
State:	Zip Code:			
		ail food establishment at which food is prepared,		
	d, fresh water and ice are supplied			
Business Name of Commissary:		Commissary Owner Name:		
Street Address:		Cell Phone:		
City:		Email:		
State:	Zip Code:			

Phone: 409-938-2411 Fax: 409-938-2271

www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

Please m	ark the m	ost appr	ropriate	e boxes	below	v:							
□ Mobile	Food Truck	□ Mobile	Food Tr	ailer □ I	Mobile F	ood Pus	hcart						
□ Remode	el/Renovatio	n (Existing	g Mobile	Food Ur	iit)								
Change of	Ownership (	Existing N	obile Fo	od Unit)	□yes	□no (	Change	of C	Ownership –	Effective	e Date	e:	
Date plann	ed to start (	constructi	ion/rem	odel/ren	ovation)	):			Date	of plann	ed op	ening:	
If remodel	yes, briefly	describe s	cope of	project:									
Mobile F	ood Unit I	Descript	ion										
License P	late Numbe	r:	М	ake:			Mod	el:			Color:		
Year:			Fu	el Sourc	e (for Co	ooking):					# of	gas cylinders	:
Potable V	Vater Tank I	Holding Ca	pacity (i	n gallons	s):		Liqui	d Wa	aste Tank H	olding Ca	pacit	y (in gallons):	
External	Power Source	ce (i.e., ge	nerator)	:			Tota	l Squ	are Footage	of Mobi	le Fo	od Unit:	
				Da	vs and	l Hours	of O	per	ation				
	. 63 -										<u> </u>	Friday	Tail
Days (Ma Operation	rk (X) Days of )	Sun	iday	Monday		Tuesday		Wednesday		Thurs	Thursday		Saturday
Hours													
Fo	r Seasona	l Opera	tions, p	olease i	mark (	X) in th	e box	kes '	for all mo	nths th	at y	ou will be o	open
January	February	March	April	May	June	July	Aug	ust	Septembe	r Octo	ber	November	December
						1	1						

Phone: 409-938-2411 Fax: 409-938-2271

www.gchd.org

Area



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

Ceiling

<u>FINISH SCHEDULE</u>: Please use common names for material types and colors The Health District recommends light colors in food prep areas.

Coving

Wall

- Floor (examples: vinyl composite tile, linoleum, vinyl impregnated wood, etc.)
- Coving (examples: vinyl cove)
- Walls (examples: Fiberglass Reinforced Panels (FRP), epoxy paint, stainless steel, etc.)
- Ceiling (examples: Vinyl coated tiles, painted gypsum board, etc.)
- Color (examples: Walls, ceiling, must be a light color)

Floor

Food Prep	Material									
Areas										
	Color Name									
Ware washin	g Material									
Area										
	Color Name									
Dry Food	Material									
Storage										
	Color Name									
FLOORS										
1. Will f	loors be smooth,	durable, and ea	asily clean	able in ar	eas where fo	od ope	rations are	conducte	d? □ Yes	$\square$ No
2. Will f	loor materials be	non-absorbent	in the fol	lowing ar	eas:					
	a. Food Prepara	ition				□Yes	□No	$\square$ NA		
	b. Ware Washir					□Yes	□No	$\square$ NA		
		t to spray clean	ing or flus	shing		□Yes	□No	$\square$ NA		
	utility lines and/or		_	_	allow for p	oper cl			□Yes	□No
	the floor and wall						_	ch?	□Yes	□No
	ine noor and wan j	arretares be ee	vea ana s	carea to	no Breater th	uii 1, 51	_ 0, 0, 1, 1, 1			
CEILINGS										
CEILINGS										
1. Will o	ceilings be smooth	durable and	oacily clos	nablo in	aroac whoro	food or	orations a	ro conduct	-od2□Voc	. □ No
	ceiling materials be					ioou op	Jerations a	i e conduct	.eu: 🗆 res	o 🗆 NO
	a. Food Prepara		□Yes		□NA					
	b. Ware Washir		□Yes	□No	□NA					
		-								
	c. Areas subject		□Yes	□No	□NA					
2 4611	cleaning o	_	Haral San accord		II - · · · <b>6</b> - · · · ·			□v		
	utility lines and/or							□Yes	□No	
	ceilings be designe		-		afters ae exp	osed in	areas that		-	oisture
such	as in food prepara	ition areas, wa	re washin	g areas				□Yes□	∃No	
WALLS										
4 \4/:11.	ام ملخم مصم مما مالمين	ممامسيا	ماند ما مماند	سممانماما					12 🗆 V	□ Na
	walls be smooth, d		•			oa opei	rations are	conducted	i? □ Yes	⊔ NO
	wall materials be r		in the follo	owing are						
	a. Food Prepara					□No	□NA			
	b. Ware Washir	-				□No	□NA			
	•	t to spray clean	-	_		□No	$\square$ NA			
	utility lines and/or						_	$\square$ Yes	□No	
	walls be designed		-							sture such
as in	food preparation	areas, walk in r	efrigerato	rs, ware	washing area	s and t	oilet room	s? □Yes □	□No	

Phone: 409-938-2411 Fax: 409-938-2271

www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

VENTIL	ATION				
1.	Will ventilation hoods be sized to allow 2" overhang on all sides of the cookin	g equipm	ent? □Ye	s 🗆 No [	□NA
2.	Will filters or other grease extraction equipment be designed to be movable				
3.	Will grease troughs be provided? □Yes □No □NA		Ü		
4.	Will ventilation hood systems and devices be sufficient in numbers and capacitation	ity to pre	vent greas	se or cond	ensation
	from collecting on walls and ceilings?   Yes   NO   NA	, р. с	. c g. cac	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PLUMB	ING				
1.	Will the plumbing be installed in accordance with plumbing code?	□Yes	□No		
2.	Will all water supplied equipment be installed to prevent back flows?	□Yes	□No	□NA	
3.	Will indirect waste lines be used where needed?	□Yes	□No		
4.	Will the generation and distribution of hot water be sufficient to meet the peak hot water demands throughout the Mobile Food Unit.	□Yes	□No		
5.	Will water heater be installed? □Yes □No				
6.	Water Heater Capacity (in gallons, if applicable):				
7.	Is water fill hose potable water quality hose? $\square$ Yes $\square$ No				
8.	Is water tank Inlet ¾ inch diameter or less? ☐ Yes ☐ No				
9.	Is fill hose and freshwater tank labeled as "POTABLE WATER"? $\Box$ Yes	$\square$ No			
10	. Is wastewater tank outlet one inch or greater in diameter? $\hfill \square$ Yes	□No			
HANDV	ASHING FACILITIES				, , , , , , , , , , , , , , , , , , , ,
1.	Will hand washing facilities be located to allow convenient use by employees in food preparation areas?		□Yes	□No	$\square$ NA
2.	Will hand washing facilities be equipped to provide water at a temperature o  Least 38° Celsius (100°F) through a mixing valve or combination fau		□Yes	□No	□NA
3.	Will self-closing, slow-closing, motion, or metering faucets provide a flow of variate the faucet.	water	□Yes	□No	□NA
TOILET	FACILITIES (A Mobile Food Unit does not need to be equipped with a toilet fac	ility)			
1.	Will toilet facilities outside of the Mobile Food Unit be provided, conveniently during all hours of operation?	y located	and acces	sible to en	nployees
2.	Did you complete the toilet facility availability letter (attached to this applicated Section 1) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability letter (attached to this applicated Section 2) Did you complete the toilet facility availability availabili	tion), sign	it and hav	ve it notar	ized?
WAREV	VASHING FACILITIES: (If applicable)				
1.	Will the ware wash sink have at least 3 compartments? ☐Yes ☐No ☐N	Α			
2.	Will the ware wash sink be provided with drain boards? ☐Yes ☐No ☐N  If no, please explain:				
3.	Will the ware wash sink and drain boards be self-draining? \(\sigma\) Yes \(\sigma\) No \(\sigma\)				
4.	Will there be sufficient equipment to hold utensils before cleaning and after s		? □Yes I	$\neg$ No $\neg$ N	NΑ
5.	Will the ware wash sink compartments be large enough to fully immerse the	_		o	
	Utensil or pan used at the establishment?				
LIGHTI	IG:				
1.	Will at least 50-foot candles be provided at all working surfaces?			□Yes	□No
2.	Will at least 20-foot candles be provided inside equipment such as a reach-in □Yes □No	and unde	r counter		
3.	Will at least 20-foot candles measured at a distance of 30" above the floor be	provided	l in areas ι	used for:	

Fax: 409-938-2271



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

www.gc	hd.org								
	a.	Hand washing	□Yes	$\square$ No					
	b.	Ware washing	$\square$ Yes	$\square$ No					
	c.	<b>Equipment Storage</b>	$\square$ Yes	□No					
	d.	Utensil Storage		□No					
4.		east 10-foot candles measu			above the floor be	provide	d in:		
_	a.	Dry storage areas		□No 					
5.	_	t bulbs be shielded, coated						d food, clean	
	equipine	ent, utensils, linens, or unw	rappeu siii	gie sei vice o	i siligle-use itellis:	□ 1es	□NO		
GENERA	AL:								
1. Will d	lisposable	utensils/dishes be used?					□YES [	□NO	
		ed for bacterial growth cont	trol, instea	d of hot or co	old holding?		□YES [	□NO	
		ow will these times be docu							
3. Are sl	helves pro	vided for cleaning chemical	s separate	from food a	nd utensils?		□YES [	□NO	
4. Have	plans beer	n submitted to the Fire Mar	shal's offic	ce?			□YES [	□NO	
CARRA	OF AND O	UTDOOD CHADACTERISTIC							
GARBAG	GE AND O	UTDOOR CHARACTERISTICS	<b>&gt;</b> :						
1. Are	e garbage o	can washing facilities provid	ded at the	Servicing Are	a?	$\square$ YES	$\square$ NO		
2. Do	outside w	ater faucets have vacuum b	reakers?			$\square$ YES	$\square$ NO		
3. Are	e outdoor v	walking and driving areas co	overed wit	h concrete o	r asphalt				
		materials to minimize dust	, facilitate	cleaning and	prevent muddy	$\square$ YES	□NO		
	conditio	ns?							
	_	ENT CONTROL							
1. Wi	ll the oute	r openings be properly prot	:ected by u	ise of doors,	screens, or fans?		□YES	$\square$ NO	
2. Wi	ll all outer	doors be self-closing?					$\square$ YES	$\square$ NO	
3. Wi	ll the floor	rs, walls and ceilings be prop	erly finish	ed around d	ucts, pipes, and cal	oles?	□YES	□NO	
FOOD P	REPARATI								
						_	_		
		ultry, fish, eggs (Hamburger,			-	□YES	_		
		nole poultry (Roast beef, wh			ams, etc.)	∐YES	_		
		foods (Salads, sandwiches,	_			□YES	_		
		foods (Soups, stews, rice/no	_	-	s, casseroles, etc.)	□YES			
6. Other		Pies, custards, cream fillings	, toppings, 	. etc.)		□YES	□NO		
THAWI	NG (If appl	licable)	·						
Howere	II <b>f</b> oods bs	thousand Charle all that are	als.						
	ii toods be e refrigerat	thawed? Check all that app	oly der runnin	g water	☐ In a microwave	oven			
	_			_	at this mobile food				
COOK	ea monn th	e nozen state – ino	thawing is	periorinea	it tills mobile rood	unit.			
нот но	DLDING: (If	applicable)							
How wil	II foods be	held hot (135°F or above)?	? Check all	that apply.					
□Stean		☐ Crock Pot ☐ Roasting			drawer/cabinet				
□No ho	ot holding	performed at this facility							
COLD H	OLDING (I	f applicable)							
1. Do	you have	approved freezer(s) and ref	frigerator(s	s) available to	store frozen food	s and ref	rigerated fo	oods at 41F ar	nd

below?

 $\square$ YES  $\square$ NO

Phone: 409-938-2411 Fax: 409-938-2271

www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

2. 3.	Is there a bulk ice machine available? Will foods be stored on ice?	□YES □NO □YES □NO
FO	DD SUPPLIES:	
1. V	Vill all food come from approved sources?	□YES □NO
2. F	low many times per week are frozen food shipments delivered?	
	Refrigerated foods and Dry Goods	·
3. V	Vill fresh fruits or vegetables be washed or cut?	□YES □NO
EQ	JIPMENT	<del></del>
1.	Will there be sufficient storage space available for all non-potentially Hazardous products and dry goods such as single service items?	□YES □NO
2.	Will shelving be constructed from an approved material which is durable, easily cleanable and nonabsorbent?	□YES □NO
3.	Will shelving be constructed to meet the six-inch minimum floor clearance or sealed to the floor?	□YES □NO
4.	Will floor or wall mounted equipment be installed on 6" legs, sealed to floor or wall, or casters, or combination?	□YES □NO
5.	Will nonfood contact surfaces of equipment (i.e., surfaces exposed to food soiling or require frequent cleaning) be constructed of a corrosion resistant nonabsorbent, and smooth material?	□YES □NO
6.	Will equipment that is fixed be installed so that it is properly spaced and sealed, spaced to allow access for cleaning along sides, behind, and above equipment, spaced from adjoining equipment, walls, ceilings (Of not more than one thirty-second inch), or sealed to adjoining equipment or walls if the equipment is exposed to spillage	□YES □NO
7.	Will table-mounted equipment be installed to allow cleaning of the equipment and areas underneath by providing elevated legs with at least 4" clearance between the table and the equipment or sealed to the table.	□YES □NO ble
8.	Will cold or hot holding equipment used for potentially hazardous foods be equipped with at least one integral or permanently affixed temperature measuring device that is located to allow easy viewing of the device's temperature display?	□YES □NO
9.	Will a culinary sink(s) be provided?	□YES □NO

www.gchd.org

Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568 409-938-2271

Description of Operation (Please describe your food operation in your own words)(Attach				
additional sheets, if necessary):				
<del></del>				

Phone: 409-938-2411 Fax: 409-938-2271 www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

#### **Signing the Application**

Signature of applicant:

This application along with my set of plans are complete and accurate to the best of my knowledge. By signing this application and submitting a set of plans, I am assuring the Health District that my mobile food unit will be constructed in accordance with these documents. Any changes to the original submittals shall be approved by my plan reviewer. Changes to these documents without plan reviewer approval may create unnecessary delays and may cost me additional money. The Health District does not have a grandfather clause for equipment. Facilities that change ownership are required to bring the facility up to current standards. Facilities that remodel and go through the plan review process are subject to facility updates to bring the facility up to current standards. I understand that incomplete plans may also delay the plan approval process. I am submitting along with this application, a complete set of plans and a menu. A plan review fee and a separate mobile food unit operating permit fee will be collected.

Date:

Printed Name:			
Signature of Plan Reviewer:		Date:	
Printed Name:			
Health District Use Only:			
PR#:	FA#:	_	
Plan Reviewer Name:		Date Initial Application Received:	
Plan Review Paid: yes	no		
Operating Permit Issued Date:			

Phone: 409-938-2411 Fax: 409-938-2271 www.gchd.org CALVESTON COUNTY HEALTH DISTRICT

Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

## Use of Central Preparation Facility / Commissary Agreement

All Mobile Food Units must operate out of an approved and permitted facility. Many food operations such as Mobile Food Units utilize commissaries that are not under their own ownership. This form shall be completed if you are not the owner of the commissary or if you will be sharing kitchen facilities with other vendors.

The Central Preparation Facility / Commissary must have facilities for supply storage, equipment cleaning, food preparation and other servicing activities. Minimum plumbing requirements for a Central Preparation Facility / Commissary include a 3-compartment sink, a mop sink for dumping wastewater, and a hand wash sink. Mobile Food Unit Plan/Permit approval is contingent upon thorough documentation of the servicing activities to be performed at the commissary.

<ul> <li>Indicate which of the following services will be allowed</li> <li>□ 3-Compartment Sink</li> <li>□ Food Prep Sink</li> <li>□ Dry Storage Space (Linear square feet)</li> <li>□ Restroom Access</li> <li>□ Key Accessibility to Commissary (If necessary)</li> <li>□ Preparation Table/Equipment</li> <li>□ Off Street Parking for trucks/trailers</li> </ul>	for use at the commissary:  Hand Wash Sink Commercial Refrigeration Space Freezer Space Ice Machine Cooking Equipment Mop Sink Other:	
Commissary Information:		
Commissary Name:	Permit Number:	
Address: City:	Zip:	
Owner/Contact Person:	Phone:	
Address: City:	Zip:	
Email:		
Do other vendors use this commissary? $\ \square$ Yes $\ \square$ No	If so, how many	
Mobile Food Unit:		
Mobile Food Unit Name:		
Vehicle Description: Model	Make:	
Vehicle Identification Number:	License Plate No.:	

Phone: 409-938-2411 Fax: 409-938-2271 www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

Owner:	Phone:
Email:	
Days/Time at Commissary:	
(Commissary Owner – Printed Name)	(Mobile Food Unit Owner– Printed Name)
(Commissary Owner – Signature & Date)	(Mobile Food Unit Owner– Signature & Date)

This agreement between the owner of the commissary and the operator of the mobile food unit signifies that both parties agree to the allowed use of the commissary as specified. Note that this agreement is not transferable. Should there be a change in ownership of either the commissary or mobile food unit or should there be any modification or cancelation of this agreement between parties, then the Galveston County Health District shall be notified.

Phone: 409-938-2411 Fax: 409-938-2271 www.gchd.org



Physical: 9850-D Emmett F. Lowry Expressway Texas City, Texas 77591 Mailing: PO Box 939 La Marque, Texas 77568

## **Mobile Food Unit Restroom Availability Letter**

(Complete all Parts of this Letter)

I.	
(First, Last Name of Person Signing Letter)	(Write "Owner or Manager")
of the following business	
	(Name of Business)
located at	give permission to:
(Address, City, Zip C	give permission to:
	OF
(Name of Mobile Food Unit Owner)	OF(Name of Mobile Food Unit)
500 feet of where the mobile food unit will o	located within my business. This restroom is located within operate at:  The restroom is available on the following days and
(Address where Mobile Food Unit will Operate)	
hours:	
PURPOSE OF INSPECTING THIS RESTROOM.	INSPECTOR HAS MY PERMISSION TO ENTER FOR THE THE RESTROOM SHALL BE MAINTAINED CLEAN AND RKING TOILET, TOILET PAPER, HAND SINK WITH HOT AND ELS OR HAND DRYER)
Signature of Business Owner or Manager:	Date:
Owner/Manager's Phone Number:	Owner's email:
•	rough the expiration date of the mobile food unit's permit. this document by any party will make this agreement null f the mobile food unit's permit.
THIS DOCUMENT IS REQUIRED TO BE POSTE	D IN PLAIN VIEW OF THE PUBLIC IN THE MOBILE FOOD UNIT

AT ALL TIMES