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“Working towards a healthy and safe Putnam County”

NEW MOBILE UNIT PLAN REVIEW APPLICATION

This application must be completed and submitted to PCHD for review PRIOR to operating a mobile unit. The state of Ohio allows 30 days to review this mobile plan before licensing. Remember that you must contact PCHD if you make any equipment or menu changes after your mobile unit is approved.

Name of mobile _____

Address of mobile storage location _____

Name of Owner/Operator _____

Address of Owner _____

Primary Contact Person _____

Contact Person email _____

Contact Person phone # _____

Please identify what type of mobile you are operating:

- Knock-down/Pop-up mobile
- Push/Pull Cart
- Self-sufficient Vehicle or Trailer
- Vehicle or Trailer that is not Self-Sufficient

Please list the Ohio communities in which you will operate your mobile unit.

***Some cities may have additional operating permits and requirements.** Please contact local communities for details and guidance. For example, to set up in front of a business, you may need an additional license or permit.

As of September 1, 2024 Ohio Administrative Code 3701-21-25(K)(4) requires high risk mobile food service operations initially licensed after this date to have at least one Person-In-Charge per license holder at each event that has obtained PIC certification.

Link to Person-In-Charge Certification

<https://www.statefoodsafety.com/food-handler/ohio-level-one-certification>

List the names of the Person(s) in Charge preparing food during hours of operation and submit a *copy of PIC certificate for each person.*

Identify all sources for food items, including your ice supplier

List all of the food and beverage items that you will be preparing and serving

Describe how you will monitor food temperatures

Specify which sanitizer you will be using- you *must* have the corresponding sanitizer test strips on hand

Please confirm whether any of the following activities will be conducted by the mobile unit.
If you answer yes, please describe how the activity will be done.

Thawing food **YES** **NO**

Slicing produce **YES** **NO**

Cooling and reheating food **YES** **NO**

Serving raw or undercooked food **YES** **NO**

Frying food **YES** **NO**

Storing food at a location other than the mobile unit **YES** **NO**

Address of storage location _____

FSO/RFE license information _____

ODA registration information _____

Surface Finish Materials

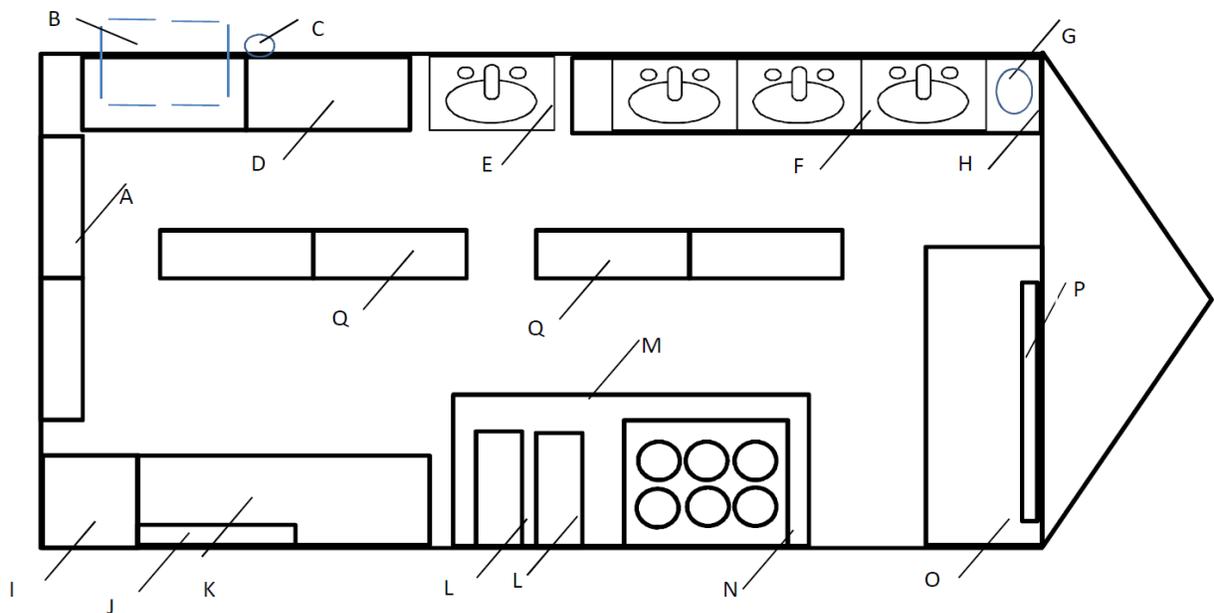
All surfaces must be smooth and easily cleanable. List the material used in your mobile.

Floor	Ceiling	Wall	Base Coving	Counter	Cabinets/Shelving

Square footage of mobile: _____

Layout of Mobile Unit

Please follow this example and include hot water tank, all equipment, chemical storage, etc.



- | | |
|---|--|
| A. Exit Door | I. Dry storage shelving |
| B. Holding Tank | J. Service Window |
| C. Backflow Prevention Device | K. Stainless Steel Table with Shelving |
| D. Fridge/Freezer Combo | L. Fryer |
| E. Handwashing Sink | M. Hood Ventilation System |
| F. Three Compartment Sink with drain-boards | N. Stove |
| G. Hot Water Tank | O. Prep Top Cooler |
| H. Chemical storage under sink | P. Shelving |
| | Q. LED Lights |

Draw the layout for your mobile unit here:

Water Supply

Materials that are used to construct a mobile food service operation holding tank shall be:

- Safe, Durable, corrosion-resistant, and non-absorbent
- Finished to have a smooth, easily cleanable surface;
- Constructed of materials that meet NSF standard 61 or the equivalent

Mobile holding tanks (gray water tank) shall be:

- A water tank and its inlet and outlet shall be sloped to drain
- A water tank inlet shall be positioned so that it is protected from contamination such as waste discharge, road dust, oil, or grease.
- The water tank inlet shall be three-fourths inch in inner diameter or less and be provided with a hose connection of a size or type that will prevent its use for any other service.
- Sized 15% larger in capacity than the fresh water supply tank
- Liquid wastes from the mobile holding tank shall be removed at an approved waste servicing area or by a sewage transport vehicle in such a way that a public health hazard or nuisance is not created. For example, you may **not** empty the mobile holding tank in the storm sewer or on the ground.

Hoses used for conveying drinking water to the mobile water tank shall be:

- Safe, durable, corrosion-resistant, and non-absorbent
- Finished with a smooth interior surface
- Constructed of materials that meet N.S.F. standard 61 or the equivalent**

NO GARDEN HOSES ALLOWED. A separate hose must be provided to empty the gray water tank.

1. Does the mobile unit have a fresh water holding tank? YES NO
If no, your mobile will be required to be hooked up to a constant supply of fresh water to operate.
2. What is the capacity and location of the fresh water holding tank?
Capacity of fresh water tank: _____

Location of fresh water tank: _____
3. What is the capacity and location of the gray water tank (tank to hold dirty/used water)?
Capacity of gray water tank: _____
NOTE: It MUST be at least 15% larger than your fresh water tank

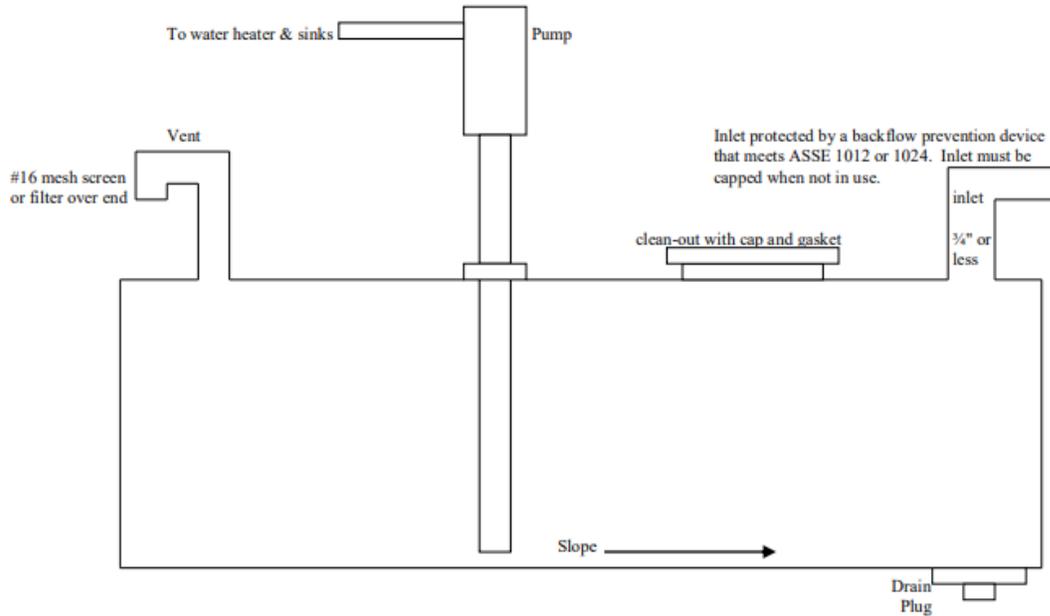
Location of gray water tank: _____
NOTE: Gray water tank may be a blue boy
4. Hot water tank
Type of hot water tank: _____ Capacity of hot water tank: _____

Location of hot water tank: _____
5. Specify the type of backflow prevention valve, such as ASSE-1012 or ASSE-1024 that will be used: _____
6. Identify the source of your potable water supply: _____

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Mobile Unit Water Tank Diagram

Typical Tank Layout



**** 3717-1-05.2 (K) - System flushing and disinfection** - Each year prior to use your mobile unit's water system should be disinfected with 200ppm strength bleach solution as required under 3701-28-17 of the Administrative Code. Use the following table to mix the strength of the bleach solution to be used.

Gallons of water	5.25% strength bleach	6.0% strength bleach
5	1/3 cup	1/4 cup
10	2/3 cup	1/2 cup
15	1 cup	3/4 cup
20	1 1/3 cups	1 cup
25	1 2/3 cups	1 1/4 cups

Bleach water should be circulated through all parts of the system including the hose, the entire inside of the water tank, the water heater (heater need not be on) and the faucets. Allow to stand in plumbing 8hrs. This is a strong concentration of bleach; please take care to wear protective clothing, gloves and goggles. Do not mix bleach with any other chemicals. Do not use scented bleach. Flush with potable water after disinfecting.

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3717-1-3.5(D)(6) Written Notification of Major Food Allergens as Ingredients in Unpackaged Foods

“ The license holder will notify consumers by written notification of the presence of major food allergens as an ingredient in unpackaged food items that are served or sold to the consumer.”

This rule applies to all licensed food service operations (FSO’s) and retail food establishments (RFE’s) that offer **unpackaged foods, including temporary and mobile FSO’s and RFE’s.**

Below is the statement that should be listed on a menu, table tent, placard or display board that informs the consumer of major food allergens that are present as ingredients in unpackaged foods.



“The following major food allergens are used as ingredients: Milk, Egg, Fish, Crustacean Shellfish, Tree Nuts, Peanuts, Wheat, Soy and Sesame. Please notify a food employee for more information about these ingredients. “



Written notification can be provided in many forms such as: physical or electronic means, including, but not limited to, brochures, deli case or menu notifications, label statements, table tents, placards or other effective written me

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Ohio Administrative Code 3701-21 Revisions that affect Mobile Units

New definition for “Mobile Catering FSO’s”

“Mobile Catering food service operation means an operation that prepares food in a licensed high risk mobile food service operation or prepares food in a risk level IV food service operation or risk level IV retail food establishment serving at a function or event for a charge determined on a per-function or per-event basis. The charge is contracted for on the basis of the entire function or event and not on the basis of an individual meal or serving.”

This will allow mobile FSO’s to operate as caterers (*charge a fee based on an event rather than individual sales*).

Identification

Your mobile unit must be clearly identified when it is in use. The following items must be visible at all times when operating:

- Name of operation
- City of origin
- Zip code
- Phone number

Lettering is required to be a minimum of 3” high by 1” wide

Operation

Prior to the operation of a mobile unit in our jurisdiction, the following steps must be completed:

1. Fill out this application including the equipment list, surface finish materials list, layout for the mobile unit and a copy of the Person-In-Charge certificate from the food preparer of the mobile unit.
2. Once the mobile plan review has been approved, PCHD will call to schedule a pre-licensing inspection. When the appointment is made, you will receive instructions so that you have everything you need for the inspection.
3. Pay current mobile license fee to PCHD by cash, check or money order. You can drop off the fee at our office or mail in your payment. PLEASE DO NOT MAIL CASH.

Whenever your mobile unit is operating after being approved, you must always post the original mobile license with the PCHD-approved drawing. There are no exceptions to this rule. The 3 handouts at the end of this mobile plan review should also be kept in your new mobile at all times (vomit/diarrhea cleanup procedure, choking poster, employee health policy).

Statement from the applicant

I hereby certify that the above information is correct. I fully understand that making any changes to the above information without prior permission from PCHD may prevent my application from being approved.

Signature(s)

Printed Name(s)

Date of Submission

Approval of these plans and specifications by PCHD does not indicate compliance with any other federal, state or local code, law, or regulation that may be required. Furthermore, it does not constitute endorsement or acceptance of the completed mobile unit structure or equipment. A pre-operation inspection of the mobile unit with equipment in place and fully operational will be necessary to determine if the mobile unit complies with governing local and state laws.

***Licensor to complete below**

PCHD Representative

Date

Restrictions

Permit Effective Date

Date of denial of application

Reasons for denying the application



Department of Health

Bureau of Environmental Health
and Radiation Protection

"To protect and improve the health of all Ohioans"

Food Safety
Program

Clean-up Guidance for Vomit/Fecal Accidents in Food Service Operations

The 2016 Ohio Uniform Food Safety Code requires that all food service operations and retail food establishments have written procedures for employees to follow when responding to vomiting and diarrheal events. Information from this document can help develop written procedures for a facility.

Note: Effective cleaning of vomitus and fecal matter in a food service operation or retail food establishment should be handled differently from routine cleaning procedures.

It is recommended that written procedures for cleaning up vomiting and diarrheal accidents include the following steps:

1. Segregate the area. It is recommended that all surfaces within a twenty-five foot radius of the vomit or diarrhea accident be segregated and properly cleaned and disinfected.
2. Wear disposable gloves during cleaning. To help prevent the spread of disease, it is recommended that a disposable mask and/or cover gown (apron) be worn when cleaning liquid matter.
3. Wipe up the matter with towels and dispose into a plastic garbage bag.
4. Use a U.S. Environmental Protection Agency (EPA) registered disinfectant effective against *Norovirus* (Norwalk-like virus) following label directions or mix a chlorine bleach solution that is stronger than the chlorine solution used for general cleaning [CDC recommends 1000-5000 ppm or 2.5-12.5 fluid ounces of household bleach (5.25%) per gallon of water].
5. Apply the disinfectant or bleach solution and allow it to remain wet in the affected area for at least 10 minutes. Allow to air dry. Dispose of any remaining disinfection solution once the accident has been cleaned up.
6. Discard gloves, mask, and cover gown (or apron) in a plastic bag.
7. Take measures to dispose of and/or clean and disinfect the tools and equipment used to clean up vomit and fecal matter.
8. Properly wash hands.
9. Discard any food that may have been exposed.
10. *Food contact surfaces that have been disinfected must be washed, rinsed, and sanitized prior to use to remove disinfectant residue and prevent contamination of food.*
11. Discard all garbage bags in the dumpster or waste receptacle. If any of the waste appears to contain blood, refer to the Ohio EPA guidelines for disposal of infectious waste (https://epa.ohio.gov/portals/34/document/guidance/gd_75.pdf).
12. Minimize the risk of disease transmission through the prompt removal of ill employees, customers and others from areas of food preparation, service, and storage.

Additional Resources:

CDC Preventing Norovirus Infection:
<http://www.cdc.gov/norovirus/preventing-infection.html>.

U.S. EPA Registered Hospital Disinfectants Effective against Norovirus (Norwalk-like virus):
https://www.epa.gov/sites/production/files/2017-07/documents/20171207.listg_.pdf

Ohio Uniform Food Safety Code:
<http://codes.ohio.gov/oac/3717-1>

Ohio Department of Health Food Safety Program:
<https://odh.ohio.gov/wps/portal/gov/odh/knownour-programs/food-safety-program/welcome/>

Ohio Department of Agriculture Division of Food Safety:
<https://agri.ohio.gov/wps/portal/gov/odas/divisions/food-safety>

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FIRST AID FOR FOOD CHOKING

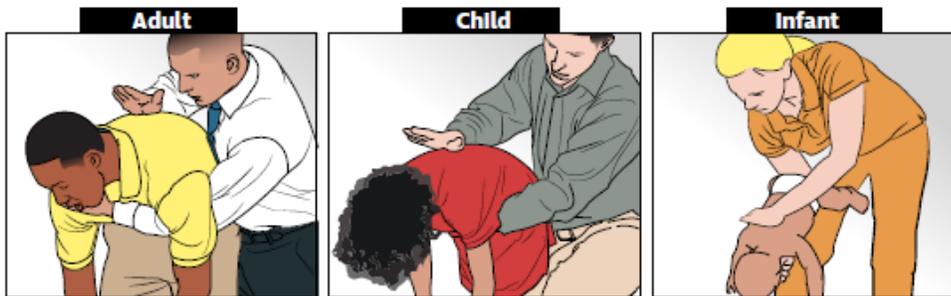
Victim Cannot Cough, Speak, or Breathe

Rescuer must act quickly. Choking is a life threatening condition. Call 911 immediately.

1

GIVE 5 BACK BLOWS

Back blows: stand behind the victim and place arm across their chest for support; bend the victim slightly at the waist; firmly strike the victim between shoulder blades with the heel of your hand.



2

GIVE 5 ABDOMINAL THRUSTS

Abdominal thrusts: stand behind the victim and wrap your arms around the victim's waist; place your fist thumb-side in against victim's abdomen below rib cage, slightly above the navel; grasp your fist with the other hand; press your fist forcefully with quick upward thrust into the victim's abdomen.



Repeat steps 1 and 2 until the object is forced out, the person can cough forcefully or breathe, or the person becomes unconscious.

If the person becomes unconscious, begin CPR starting with chest compressions. Each time you open the airway, look in the airway and remove the object if you see it.

Distributed by:

Ohio | Department of Health

246 N. High St., Columbus, Ohio 43215
or your local health department

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Employee Health Reporting Requirements

Ohio Administrative Code (OAC) Rule 3717-1-2.1 requires food employees and conditional employees (one who has been offered a job conditional on responses to subsequent medical questions designed to identify potential food employees who may be suffering from a disease which can be transmitted through food) to report to the person in charge information about their health as it relates to diseases that are transmissible through food. A food employee shall report the information in a manner that allows the person in charge to reduce the risk of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of a diagnosis without symptoms.

Current Illness

Employees are required by law to report any illness to the person in charge. If you are diagnosed with any of the following illnesses or experience any of the following symptoms, you must report it immediately to the person in charge if you:

1) Are diagnosed by a physician with any of the following:

- Norovirus
- Salmonella spp.
- Salmonella Typhi
- Shigella
- Hepatitis A
- Campylobacter
- Vibrio cholerae
- Cryptosporidium
- Cyclospora
- Giardia
- Yersinia
- Entamoeba histolytica
- Enterhemorrhagic or shiga toxin-producing Escherichia coli
- Covid 19

2) Have a symptom caused by illness, infection, or other source that is associated with an acute gastrointestinal illness such as:

- Diarrhea
- Vomiting
- Jaundice
- Sore throat with fever

OVER

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- 3) Have a lesion containing pus, such as a boil or infected wound that is open or draining, and is:
- On the hands or wrist, unless an impermeable cover such as a finger cot or stall protects the lesion and a single-use glove is worn over the impermeable cover;
 - On exposed portions of the arms, unless the lesion is protected by an impermeable cover, or
 - On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage.

Previous Illness/Exposure to Illness

Employees are required by law to report any:

- 1) Previous Illness, diagnosed by a health care provider, within the past 3 months due to Salmonella Typhi, without having received antibiotic therapy, as determined by a health care provider.
- 2) Exposure to, or is the suspected source of, a confirmed disease outbreak, because the food employee or conditional employee consumed or prepared food implicated in the outbreak, or consumed food at an event prepared by a person who is infected, or has been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household, and has a knowledge about, an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and has a knowledge about, an individual diagnosed with an illness caused by:
 - a. Norovirus within the past 48 hours of last exposure;
 - b. Enterohemorrhagic or Shiga toxin-producing Escherichia coli, or Shigella spp. within the past 3 days of the last exposure;
 - c. Salmonella Typhi within the past 14 days of the last exposure; or
 - d. Hepatitis A virus within the past 30 days of the last exposure.

Employee Printed Name: _____ Signature: _____ Date: _____

Person in Charge Printed Name: _____ Signature: _____ Date: _____