KNOX COUNTY HEALTH DEPARTMENT

**305 S 5TH Street Vincennes, Indiana 47591**

**Phone: (812) 885-8403 Madeline Moon Health Inspector**

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**CRITERIA FOR NEWLY CONSTRUCTED MOBILE FOOD UNITS**

1. **Equipment:** 
   * *Warewashing:*A 3-compartment stainless steel sink with an integral drain board on each end. This sink is required for any non-disposable utensils or pans used in the food unit. Each compartment should be large enough to submerge the largest piece of equipment and shall have rounded internal angles and be free of sharp corners or crevices.
   * *Hand Sinks:* Hand sinks are required in all mobile units.

1. **Sanitizing:** 
   * At the 3-compartment warewashing sink: An approved chemical sanitizer and pH test kit should be utilized.
2. **Floors:** 
   * The floor must be smooth, nonabsorbent and easily cleanable. Carpeting, wood, linoleum, and cardboard flooring are not allowed in the mobile unit.
3. **Walls and ceilings:** 
   * Provide non-perforated, light colored, smooth, washable walls and ceilings. Utility lines, service lines, and pipes shall not be unnecessarily exposed (Should be enclosed inside of the walls and ceilings).

1. **Storage:**

* Provide an adequate amount of approved, easily cleanable metal shelving. Do not use wood shelving in the unit. All shelves must be at least 6" above the floor.

1. **Pest Control:** 
   * All openings to the outside, including serving openings and entrance doors must be screened or kept closed. Screening must be at least 16mesh/inch.

1. **Plumbing:** 
   * *Hot and cold running water under pressure is required.*
   * Rooftop installations of water tanks are prohibited.
   * *Fresh Water Tank*- The fresh water tank is recommended to be at least 30 gallons, constructed of a food grade material (NSF or equal). The fresh water tank should be located where it can be accessed for measuring and servicing. The fresh water tank must be sloped to an outlet that allows complete drainage of the tank.
     + - Fresh water inlet valve must be ¾ inch in diameter or less and have access to the exterior of the mobile unit. The fresh water inlet must be protected from contamination and be of a size and type that will prevent its use for any other purpose.
       - The fresh water tank vent, if provided, must terminate in a downward direction and be provided with a protective filter or screened if the termination is in an interior space.
   * *Waste Water Tank***-** The waste water tank must be at least 15% larger than the fresh water tank. The waste water tank must be permanently installed. The drain outlet must be larger than any other piping in the waste water system, at least 1 inch in diameter or more, and equipped with a shut- off valve.
   * The water pump must activate automatically or be equipped with a pressure switch installed in the water supply system. Gravity systems are not acceptable.

1. **Commissary Agreement:** 
   * All mobile food units must meet minimum requirements pertaining to water and food source, sewage and solid waste disposal, cleaning and servicing facilities and renewal of supplies for mobile unit upkeep and must operate from a commissary that is **revisited daily**.
     + - The commissary must be a licensed retail food establishment.
       - In order to meet these requirements, a mobile unit operator may choose to make agreements with one or more providers as long as each meets the minimum requirements.

**Mobile Unit Check List**

In order to be in compliance with all applicable sections of the Indiana State Department of Health Retail Food Establishment Sanitation Requirements 410 IAC 7-24 use the following as a guideline.

**Administrative:**

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|  | Submit a detailed floor plan of the unit |
|  | Submit a menu listing all foods and beverages to be served and source of food |
|  | A pre-opening inspection of the unit is required |
|  | Show proof of certified food handler—if applicable. |
|  | Provide a commissary agreement |
|  | Fees for plan review and annual Mobile permit application must be paid prior to review or permit issuance. |

**Food and Water Sources:**

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|  | No homemade or home canned foods or foods that have been stored in a home are allowed. |
|  | All foods must be prepared on site or in a licensed establishment (commissary) and properly transported. |
|  | Food and water, including ice, must come from approved sources. |
|  | Drinking water hoses must be made of food grade material and stamped as such. |

**Food Preparation and Handling:**

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|  | All potentially hazardous foods must be thawed, cooked, cooled and reheated to the proper temperatures. Keep cold foods 41°F or below, keep hot foods 135°F or above. |
|  | Leftovers must be reheated to 165°F within 2 hours. |
|  | Accurate probe type thermometer must be used and available at all times. |
|  | Mechanical refrigeration capable of keeping potentially hazardous foods 41°F or below is required. Refrigeration must have an accurate thermometer. |

**Food Protection:**

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|  | No bare hand contact with ready to eat foods (hot dogs, buns, lettuce, cheese, snow cones). |
|  | Food products must be protected from contamination (dirt, chemicals, and people) at all times. |
|  | All food, equipment, and single use items must be stored at least 6” off the ground. |
|  | Condiments must be properly handled, stored, displayed, and served. |
|  | Chemicals must be stored separately from food, equipment, and single service items. |
|  | Overhead protection may be required over food service, preparation, storage, warewashing, and handwashing areas. State or local fire codes may apply. |
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**Utensils/Dishware:**

 Each unit should have a three (3) bay sink \* available to wash, rinse and sanitize all utensils, dishware and equipment. (\*If unit is not equipped with a 3 bay sink and items are taken off the premises for washing, they must be properly cleaned and sanitized in a licensed food establishment that serves as your commissary.)

 Proper sanitizer and test kit must be provided AND used in each unit.

 Wiping cloths must be stored in sanitizer solution when not in use.

**Ice Use:**

 Ice, which is to be consumed, must come from an approved source, be properly labeled and protected from contamination.

 Ice, being used as refrigeration, must constantly drain in a proper area (not on the ground).

**Handwashing Facilities:**

 A convenient and accessible handwashing sink must be fully stocked, available, and used at all times.

 Handwashing station must have warm running water, soap, and individual paper towels.

 If food preparation takes place outside of the main unit, a separate handwashing facility must be provided at that location.

**Dishwashing Facilities:**

 Proper sanitizer and test kit must be provided AND used in each unit.

 Wiping cloths must be stored in sanitizer solution when not in use.

**Water and Wastewater Facilities:**

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|  | A proper backflow/back-siphonage prevention device must protect all water lines to each unit. |
|  | A sufficient supply of drinking water must be supplied for all purposes (handwashing, dishwashing, sanitizing and food preparation) via fresh water tank or potable water faucet. |
|  | All hoses must be food grade-drinking water safe and all connections must be at least 6 inches off the ground. |
|  | All liquid waste holding tanks must be available and sized 15% larger than the fresh water holding tank. All waste/gray water must be disposed of in accordance with all applicable laws. |
|  | Provide name of facility where gray water will be disposed |
|  | DO NOT dump waste water/gray water on the ground! |

**Hygiene and Personal Cleanliness:**

 NO SMOKING, eating or drinking is permitted in any food preparation or service area.

 Clothing must be kept clean and not used to wipe hands.

 All food handlers must wear proper and effective hair restraints.

 Proper handwashing must be done whenever hands become contaminated.

**Insect Control, Trash, Lighting and Facility Surfaces:**

 All garbage and trash must be kept in non-absorbent, leak proof, washable receptacles with lids.

Lids must be kept in place when unit is not in operation to control flying insects.

 Adequate lighting must be provided and kept properly shielded.

 Grills or other cooking devices set up outside of the licensed mobile unit must be on concrete or asphalt. Alternate flooring such as plywood, rolled roofing material, linoleum must be used when set up on grass, gravel or dirt.

 **Indoor/outdoor carpeting, tarps, and cardboard are NOT ALLOWED as flooring material!**

**You must meet all of the requirements to obtain your permit.**

**MOBILE**

**FLOOR PLAN /DESIGN & EQUIPMENT LAYOUT**

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**MOBILE UNIT MENU**

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| **FOOD ITEM** | **SOURCE** | **HOW STORED** | **PREPARED** | **SERVED** |
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# COMMISSARY AGREEMENT

**Name of Mobile or pushcart unit**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of operator/phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Street Address of Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title 410 IAC 7-24-113 of the Indiana State Department of Health Retail Food Establishment Sanitation

Requirement states that “*all mobile food units must meet minimum requirements pertaining to water and food source, sewage and solid waste disposal, cleaning and servicing facilities and renewal of supplies for mobile unit upkeep and* ***must operate from a commissary that is revisited daily.*** *In order to meet these requirements, a mobile unit operator may choose to make agreements with one or more provider as long as each meets the minimum requirements.*

This form is to verify to the Knox County Health Department that an agreement exists between the mobile unit operator and the provider and that the provider’s facility is in compliance with the applicable requirements of the regulations.

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| ***I hereby certify that an agreement exists between:***    ***(Name of Mobile Unit)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and***    ***(Name of Facility)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***    ***to use my facility during the stated time period of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that my facility is in compliance with the regulations of 410 IAC 7-24-113 and will remain in compliance for the indicated time period.***    ***Please indicate what services are being allowed by your facility:***  ***(Example: warewashing, storage, food prep, wastewater disposal)***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    ***Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***    ***Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Facility Address/Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |