



VIGO COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
147 OAK STREET • TERRE HAUTE, INDIANA 47807
PHONE (812) 462-3281

MOBILE PLAN REVIEW APPLICATION
\$150.00 FEE – INCLUDES 2 PRE-OPENING INSPECTIONS
EACH ADDITIONAL PRE-OPENING INSPECTION \$25/EACH

Establishment Name: _____

Address/Location: _____

Phone: _____

Vehicle Identification Number _____

OWNER	LOCAL CONTACT
Name _____	Name _____
Address _____	Address _____
City, State _____	City, State _____
Zip _____ Phone# _____	Zip _____ Phone# _____
E-Mail _____	E-Mail _____

Please submit the following items:

1. **Intended Menu**
2. **Drawing of the floor plan**
3. **Copy of Certified Food Handler Certificate**
4. **Written Employee Health Policy**

Circle months of operation:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

1. Will there be cooking/food preparation outside of the mobile unit? (Explain)

FOOD PREPARATION REVIEW

2. Describe the process in which potentially hazardous food will be thawed?

3. Cooling potentially hazardous food: Foods must be cooled from 135°F to 70°F in 2 hours or less and within a total of 6 hours all potentially hazardous food shall be cooled from 135°F to 41°F or less.

List the food and describe the process in which foods will be cooled:

4. List the foods that will be prepared a day or more in advance.

5. Will all food be prepared on the unit? ____ Yes ____ No

If no please explain: _____

6. Will there be any home prepared, canned, or donated food items? ____ Yes ____ No

7. Where will potentially hazardous food be stored when the stand is not in operation?

8. Describe how cross-contamination of raw meats and ready to eat food will be prevented in refrigeration unit(s)

9. How will employees avoid bare-hand contact with ready-to-eat foods? (check all that apply)

_____ Disposable gloves

_____ Suitable utensils

_____ Deli tissue

Other _____

10. Date Marking: When potentially hazardous food is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation or opening, a date marking system must be utilized that does not exceed 7 days.

- Will establishment have food items that must be date marked? ____ Yes ____ No

If yes, describe the date marking system that will be used.

11. Where will poisonous or toxic materials be stored and how will they be labeled?

DISHWASHING

12. What is the largest item that will have to be washed in a sink?

13. How will cooking equipment, cutting boards, counter tops and other food contact surfaces be sanitized?

14. What type of sanitizer and sanitizer test strips will be used?

GENERAL

15. Will hot and cold-water fixtures be provided at every sink? ____ Yes ____ No

16. Where will personal belongings be stored?

17. Will all utensils and food storage containers be made from food-grade quality materials?
____ Yes ____ No

18. Will each refrigeration unit have a thermometer? ____ Yes ____ No

19. Will a probe thermometer be provided to measure the internal temperature of food?
____ Yes ____ No

20. How will food on display be protected from consumer contamination? _____

21. Is the water supply private (well water)? ____ Yes ____ No

If yes, has the source been tested? ____ Yes ____ No

When was the last test _____ A copy of lab results is required

How will sewage/ gray water be disposed of?

22. How big is the waste water tank (gallons)? _____

23. How big is the clean water tank (gallons)? _____

ROOM FINISH SCHEDULES

Describe the floor and wall materials in the unit

List the material that will be used to provide a smooth, rounded and cleanable surface

(Ex: vinyl tile, drywall, stainless steel)

INSECT AND RODENT CONTROL

26. Will the facility have a walk-up window? ____ Yes ____ No

If yes, describe how insects will be kept out (i.e. self-closer, air curtains, etc.)

27. Are open windows screened? ____ Yes ____ No

Request for inspection

A pre-opening inspection will be conducted when the applicant is ready to operate. At inspection, you must demonstrate compliance with the retail food establishment requirements. Please contact the Vigo County Health Department Food division at 812-462-3281 at least 3 days in advance to arrange for the inspection.

I hereby agree that the above information is correct and that I will comply with all applicable Retail Food Establishment Rules and Regulations.

Printed Name of Authorized Applicant

Signature of Authorized Applicant

Title

Date

Approval of these plan and specifications by the Vigo County Health Department does not indicate compliance with any other code, law or regulation that may be required federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). **A pre-opening inspection of the establishment will be necessary to determine if it complies with local and state laws governing food establishments.**

FOOD ESTABLISHMENT PLAN REVIEW PROCESS

New Food Establishment/Remodeling/Conversion

Obtain plan review application package.
Applicant contact the Vigo County Health Department
to conduct inspections.

Submit plans, menu, and SOP's. Review conducted by the
Vigo County Health Department. Also, obtain approval for any on-site water
supply or sewage disposal systems.

Provide additional information as requested

Plan Approval

CONSTRUCTION BEGINS

Revision to approved plans must be submitted
in writing and approved

Make appointment for pre-opening inspection

Operation Approval