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