



**BOSTON INSPECTIONAL SERVICES DEPARTMENT
DIVISION OF HEALTH INSPECTIONS
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MOBILE FOOD ESTABLISHMENT PLAN REVIEW (105 CMR 590.011)

NAME OF ESTABLISHMENT _____ LOCATION _____

BASE OF OPERATION _____
(ESTABLISHMENT) (ADDRESS)

MOBILE KITCHEN ___ CANTEEN TRUCK ___ ICE CREAM TRUCK ___ TRAILER ___ PUSHCART ___ OTHER ___

BUSINESS OWNER _____ HOME ADDRESS _____

NEW ___ REMODELED ___ TEL. NO. _____

BREAKFAST ___ LUNCH ___ DINNER ___ EST. MEALS ___ DAYS & HOURS OF OPERATION _____

CONSTRUCTION START DATE _____ BUSINESS OPENING DATE _____

PERMIT ISSUES

STATE SANITARY CODE (105 CMR 590.) PROVIDED YES ___ NO ___ PENDING ___

CERTIFIED FOOD MANAGER REQUIRED (590.003 B) YES ___ NO ___

ZONING/OCCUPANCY APPROVAL (BUILDING DEPT.) YES ___ NO ___ N/A ___

FIRE DEPT. APPROVAL YES ___ NO ___ N/A ___

HAWKERS & PEDDLERS LICENSE YES ___ NO ___ N/A ___

PUBLIC WORKS APPROVAL YES ___ NO ___ N/A ___

DIVISION OF MARINE FISHERIES APPROVAL YES ___ NO ___ N/A ___

MENU PROVIDED FC 8-201.12 YES ___ NO ___ N/A ___

CONSUMER ADVISORIES DEVELOPED FC 3-603.11 (FOR RAW AND UNDERCOOKED FOOD) YES ___ NO ___ N/A ___

COOK & SERVE ___ COOK & HOT HOLD ___ COOK, HOT HOLD, COOL, REHEAT ___ N/A ___

PHYSICAL FACILITIES

NAME, ADDRESS, PHONE # ON MOBILE UNIT (MIN. 3" LETTERING) YES ___ NO ___

WINDOWS & DOORS SCREENED FC 6-202.15 YES ___ NO ___ N/A ___

SNEEZE GUARDS AND OVERHEAD PROTECTION PROVIDED YES ___ NO ___ N/A ___

TYPE OF FINISH FLOOR MATERIAL FOOD PREP. AREA FC 6-201.11 QUARRY TILE ___ CERAMIC TILE ___ VCT TILE ___ OTHER ___

TYPE OF FINISH WALL MATERIAL FOOD PREP. AREA FC 6-201.11 STAINLESS STEEL ___ CERAMIC TILE ___ FRP ___ SHEETROCK ___

TYPE OF FINISH CEILING MATERIAL FOOD PREP. AREA FC 6-201. SHEETROCK ___ VINYL FACED ___ FRP ___ METAL ___

LIGHT FIXTURES SHIELDED FOOD PREP. AREA FC 6-202.11 YES ___ NO ___ N/A ___

EMPLOYEE TOILET FACILITIES PROVIDED FC 5-203.11 YES ___ NO ___ LOCATION _____

EXHAUST AND VENT SYSTEM APPROVED FC 6-304.11& (FIRE DEPT.) YES ___ NO ___ N/A ___

TYPE OF RUBBISH AND GREASE CONTAINER(S) FC5-501.13-.17 COMPACTER ___ DUMPSTER ___ VERMIN PROOF BARRELS ___

TYPE OF SURFACE LOCATED ON FC 5-501.115 CONCRETE ___ ASPHALT ___ OTHER _____

PLUMBING, HAND, WAREWASH AND WATER FACILITIES

SEPARATE HAND WASH SINK PROVIDED FC 5-203.11

YES ___ NO ___ N/A ___

COMBINATION FAUCET/MIXING VALVE (MIN 110°F)

YES ___ NO ___

SIZE OF HOLDING TANK FOR POTABLE WATER _____

TANK MADE OF SAFE/FOOD GRADE MATERIALS

YES ___ NO ___

SIZE OF WASTE HOLDING TANK _____

DRAIN PROVIDED FOR WASTE TANK

YES ___ NO ___

FOOD PREP SINK PROVIDED FC 3-302.15

YES ___ NO ___ N/A ___

POT SINK PROVIDED WITH DRAIN BOARDS FC 4-301.12
(THREE (3) COMPARTMENTS REQUIRED)

YES ___ NO ___ N/A ___

KITCHEN FACILITIES/EQUIPMENT

NATIONAL SANITATION FOUNDATION APPROVED FC 4-205.10 &
FC 201

YES ___ NO ___

INSULATED CONTAINERS PROVIDED
(MECHANICAL REFRIGERATOR REQUIRED BY JULY 1 2005 FOR RTE FOODS)

YES ___ NO ___ N/A ___

REFRIGERATOR UNIT PROVIDED
VOLUME REQUIRED= # OF MEALS x .085 FC4-301.11

_____ N/A ___
TOTAL (FT³) (HOW MANY)

41° F FOR NEW EQUIPMENT FC 3-501.16

YES ___ NO ___ N/A ___

FREEZER UNIT PROVIDED

_____ N/A ___
TOTAL (FT³) (HOW MANY)

TYPE OF COOKING EQUIPMENT PROVIDED FC 4-301.11

STOVE _____ CONVECTION OVEN _____
GRILL _____ MICROWAVE OVEN _____
FRYER _____ PIZZA OVEN _____
BROILER _____ ROTISSERIE _____
RICE COOKER _____ STEAM KETTLES _____
OTHER _____

STEAM TABLE(S) PROVIDED FC 4-301.11

YES ___ NO ___ HOW MANY ___ N/A ___
HOT FOODS _____

OTHER HOT HOLDING EQUIPMENT PROVIDED

_____ (TYPE) _____ (HOW MANY)

STATEMENT: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND UNDERSTAND THAT IF ANY CHANGES ARE MADE TO THE PLANS OR THE ABOVE INFORMATION WITHOUT PERMISSION FROM THE DIVISION OF HEALTH INSPECTIONS MAY NULLIFY THIS APPROVAL.

SIGNATURE: _____ TITLE: _____

FOOD ESTABLISHMENT PLAN REVIEW

PRELIMINARY REVIEW BY _____
TITLE _____

DATE _____

FINAL APPROVAL BY _____
TITLE _____

DATE _____