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 6-201.11 ________________ SHEETROCK ___ VINYL FACEED ___ 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 _____________

(rev 4/2/02)
PLUMBING, HAND, WAREWASH AND WATER FACILITIES

SEPARATE HAND WASH SINK PROVIDED FC 5-203.11
COMBINATION FAUCET/MIXING VALVE (MIN 110°F)
SIZE OF HOLDING TANK FOR POTABLE WATER
TANK MADE OF SAFE/FOOD GRADE MATERIALS
SIZE OF WASTE HOLDING TANK
DRAIN PROVIDED FOR WASTE TANK
FOOD PREP SINK PROVIDED FC 3-302.15
POT SINK PROVIDED WITH DRAIN BOARDS FC 4-301.12
(THREE (3) COMPARTMENTS REQUIRED)

KITCHEN FACILITIES/EQUIPMENT

NATIONAL SANITATION FOUNDATION APPROVED FC 4-205.10 & FC 201

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

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

TOTAL (FT³) (HOW MANY)

41°F FOR NEW EQUIPMENT FC 3-501.16

FREEZER UNIT PROVIDED

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 ___________________________ DATE ___________________________

FINAL APPROVAL BY ___________________________ DATE ___________________________

(rev. 4/2/02)