



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) FC 5-501.13-.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

TOTAL (FT³) (HOW MANY) N/A ____

41° F FOR NEW EQUIPMENT FC 3-501.16

YES ____ NO ____ N/A ____

FREEZER UNIT PROVIDED

TOTAL (FT³) (HOW MANY) N/A ____

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 _____