



Tippecanoe County Health Department

Gregory J. Loomis, M.D., Health Officer

1950 South 18th Street Lafayette, Indiana 47905

www.tippecanoe.in.gov/health • Phone: (765) 423-9221 • Fax: (765) 423-9277

Tippecanoe County Health Department Mobile Food Unit Plan Review Application Process: Plan Review Application and Fee Schedule for New Mobile Food Establishment / Remodel / Conversion

- Complete and return enclosed Mobile Plan Review Application packet to the Tippecanoe County Health Department. Include detailed blueprints, equipment specifications, signed menu by the owner, commissary agreement form, copy of a certified food safety manager certificate based on the menu type and your SOPs. * Note: Plans will not be reviewed until plan review application and packet is completed, and plan review fee is paid per title 410 IAC 7-24 and Tippecanoe Ordinance 2007-19 CM.
- Contact all other State and Local Regulatory Agencies that may have authority over this project at the local level. (See last page for contact Information)
- To expedite this process additional information may be needed. This might include an on-site preconstruction walk through of the proposed mobile or changes that will be made in an existing mobile.

****Tippecanoe County Health Department Policy requires all mobile food units to have an approved commissary.***

“Mobile retail food establishment” means a retail food establishment that is: (1) wheeled; (2) on skids; (3) mounted on a vehicle; (4) a marine vessel; or (5) otherwise readily movable, such as a pushcart or trailer.

“Commissary” means a registered catering establishment, restaurant, or any retail food establishment in which food, food containers, or food supplies are: (1) kept; (2) handled; (3) prepared; (4) packaged; or (5) stored; from which meals are catered and mobile retail food establishments or pushcarts are serviced.

After Plans are Approved

-One set of approved plans are to be kept on-site during construction.

-Any changes must be approved by the Tippecanoe County Health Department and/or Zoning official having Jurisdiction over mobile retail food establishment.

-Submit completed mobile food service permit application with payment of all appropriate fees

-Contact the Tippecanoe County Health Department after equipment is installed to request a pre-operational inspection. This process may include a site visit at the commissary site. A punch list of items will be provided at this time that must be completed before an operational permit will be issued.

*Failure to complete the application packet, items on pre-operational punch list, and permit application with payment of all appropriate fees will delay the issuance of an operational permit by the Tippecanoe County Health Department and the establishment’s opening date.



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Tippecanoe County Plan Review Mobile Food Unit Application Fee

Tippecanoe County Ordinance 2007-19-CM defines a mobile food service establishment as any food establishment without a fixed location capable of being readily moved intact from location to location where food, intended for human consumption outside of the facility, is stored, sold, or offered in prepackaged form, fresh or frozen.

The plan review fee must be paid prior to any review of your plans and/or any consultations regarding new mobile food units. The fee associated with this application is **non-refundable**.

Mobile Food Unit's Name: _____

Owner's Name: _____

Owner's Address: _____

E-mail: _____ **Telephone:** _____

Mobile Food Unit Vehicle Identification Number (VIN): _____

Contact Person's Name: _____

Mailing Address: _____

(If different from above): (Street) (City) (State) (Zip Code)

Commissary Name: _____

Commissary Address: _____

(Street) (City) (State) (Zip Code)

E-mail: _____ **Telephone:** _____

Contact Person's Name: _____

Plan Review Fee for mobile food unit is **\$150.00**

Please note: There will be an additional fee of \$50.00 per follow up visit if required which is to be paid prior to the site visit

2nd Inspection \$50.00 3rd Inspection \$50.00 4th Inspection \$50.00 5th Inspection \$50.00

TOTAL AMOUNT DUE: \$ _____

(Please make checks payable to Tippecanoe County Health Department)

Signature: _____ Date: _____

Tippecanoe County Health Department

Mobile Food Unit Plan Review Application

New Mobile Remodel Change of Ownership

Projected Date for Start of Project _____

Projected Date for Completion of Project _____

Hours of Operation:

Sunday Monday Tuesday Wednesday

Thursday Friday Saturday

Maximum Meals to be served: Breakfast Lunch Dinner

Number of Staff Full Time Part Time

Please enclose the following documents:

1. Propose Menu (including seasonal and off site)
2. Plan drawn to scale of the mobile food unit showing location of equipment, plumbing, electrical services, entrance and exits, and mechanical ventilation
3. Manufacturer Specification sheets for each piece of equipment shown on the plans
4. Equipment schedule including hood size and type
5. Documentation of type and size of fire extinguisher
6. Employee sick policy

Food Process:

Please answer the following questions. The requirements noted are specified under Retail Food Establishment Sanitation Requirements, Title 410 IAC 7-24.

A. Potentially Hazardous Foods: Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared, and served.

Category	Yes	No
Thin meats (i.e.: hamburger, fillets) **Thin Foods: have a thickness of one inch or less	_____	_____
Thick meats (i.e.: whole chickens, roast beef) *Thick Foods: have a thickness one inch or more	_____	_____
Cold processed foods	_____	_____
Hot processed foods	_____	_____
Bakery goods	_____	_____
Commercially Canned Products	_____	_____
Fresh Vegetable/Fruit	_____	_____
Other	_____	_____

B. Food Supplies & Storage

1. Are all food supplies from an inspected and approved source? YES/NO
2. Are temperatures checked and containers inspected for damage? YES/NO
3. What happens to shipments or damaged products that are found to be unsatisfactory?

4. Where will food be stored between events?

5. How will dry goods be stored off the floor?

C. Does your menu or process require the following?

1. Pasteurized Products? YES/NO
2. Making low-acid or acidified foods and intend product to be shelf stable? YES/NO
3. Making reduced oxygen packaged foods? YES/NO
4. Potentially hazardous foods that require a variance? YES/NO
5. Variance submitted/approved by the Indiana State Department of Health? YES/NO
6. Copy of HACCP sent to Tippecanoe County Health Department offices? YES/NO

Provide information on the amount of space (in cubic feet) allocated for both mobile and designated areas of commissary:

Mobile:

Frozen food: _____

Refrigerated food: _____

Dry goods: _____

Commissary:

Frozen food: _____

Refrigerated food: _____

Dry goods: _____

D. Cold Storage:

1. Will raw meats, poultry and seafood be store in the same refrigerator with cooked/ready-to-eat foods? If yes, how will cross-contamination be prevented?

2. Does each cold storage unit have a thermometer in it? YES/NO

Food Preparation:

1. List foods that are prepared a day or more in advance, and their process:

2. Are all food grade containers/bags being used on the mobile and labeled with contents? YES/NO

3. What is your procedure to prevent employees from touching ready to eat foods that will not be cooked, or heat treated?

4. Describe your date marking system:

5. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone (41°F-135°F) during preparation:

6. Will all produce be washed at commissary or on mobile prior to use? Describe your process:

Thawing Frozen Potentially Hazardous Food:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place commissary or mobile.

Thawing Method	*Thick Frozen Foods	**Thin Frozen Foods
Refrigeration		
Running Continuous Draining Water Less than 70° F		
Microwave (as part of the cooking process)		
Cooked from frozen state		

*Thick Frozen Foods: approximately one inch or more

**Thin Frozen Foods: approximately one inch or less

Cooking:

1. Will food thermometers be used to check internal temperature of food? YES/NO

2. Describe your calibration method for your food thermometers:

Hot/Cold Holding:

1. Describe your method for hot potentially hazardous foods to be maintained at 135°F and above during holding for service:

2. Indicate number and type of hot holding unit(s):

3. Describe your method for cold potentially hazardous foods to be maintained at 41°F and below during holding for service:

4. Indicate number and type of cold holding unit(s):

5. Will Time be used as a Public Health Control? YES/NO
Note: If time is being used the potentially hazardous food products and procedures must be submitted and approved prior to use.

Cooling

1. Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F within 6 hours (**135° F to 70° F in 2 hours and 70° F to 41° F in 4 hours**). Also, indicate where cooling will take place commissary or mobile.

Cooling Method	Thick Meats	Thin Meats	Thin Soups Gravies	Thick Soups Gravies	Rice/Noodles
Shallow Pans					
Ice Baths					
Blast Chiller					
Other					

2. Describe your procedure to ensure foods are reheated to 165°F or above:

Management and Personnel:

1. Who is the establishment's certified food manager?
Attach a copy of certification
2. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?
YES/NO
Attach a copy of Employee Health Policy

Water Supply and Sewage Disposal:

1. Is water supply public or private?
2. If private, has the source been approved/tested? YES/NO
**Requirement per Indiana Department of Environmental Management please attach copy of water report analysis that includes water identification number.*
3. Is ice made at your commissary or purchased commercially?
4. What is your storage capacity for clean water?
5. What is your storage capacity for wastewater?
Must be 15% greater than clean water storage tank and sloped to drain that is 1 inch in inner diameter or greater, equipped with shut off valve.
6. Where are you obtaining clean water?
**If other than approved commissary; written approval on organizations letterhead required*
7. Where are you disposing of your wastewater?
**If other than approved commissary; written approval on organizations letterhead required*

Sanitizer:

1. What type of sanitizer will be used?
2. Are the sanitizers labeled for commercial food use? YES/NO
3. Are test kits provided to measure sanitizer concentration? YES/NO
4. Where will poisonous or toxic materials be stored on the mobile unit?

Sinks:

1. Is there a 3-compartment sink provided on the mobile? YES/NO
2. Is a separate hand sink provided on the mobile? YES/NO
3. Is hot and cold running water under pressure available at all sinks? YES/NO

Ventilation:

1. Is the ventilation hood system sufficient for the needs of the mobile? YES/NO
2. Type of hood or ventilation installed.
Hood vents are required to be easily removable
3. How often will listed ventilation hood system to be cleaned?
4. What type of fire extinguisher is provided for the mobile?
Per Indiana Fire Code: fire extinguishers shall bear a current inspection tag validated within the past twelve months.

Power Supply:

1. How will power/electricity be provided to the vehicle to run equipment including hot water heater, refrigerator, freezers, cooking, and hot holding equipment?
If cold and/or hot holding equipment is not be operational during transit food; temperatures must be maintained by another means; please list those means.

2. Are all power supplies directly plugged in to an outlet? YES/NO
Per Indiana Fire code the use of extension cords is prohibited. All electrical outlets within 6 feet of a sink are to be GFCI receptacles.

3. Is propane gas or generator used; where is it located on the mobile?
Generator or lp gas must be stored on the exterior of the mobile unit

Insect, Rodent Harborage and Refuse:

1. Are screen doors provided on all entrances left open to the outside and tight fitting when closed? YES/NO

2. Do all operable windows have a minimum of #16 mesh screening? YES/NO

3. Is there an adequate number of non-absorbent, easily cleanable garbage containers provided for the mobile, how many?

4. Does the refuse garbage receptacle have a cover?

Finish Schedule & Miscellaneous:

1. What materials are for the finishes of the walls, floors, ceilings?

2. What materials are the water tanks made of?

3. Is there adequate lighting provided for mobile with shatter resistant shields? YES/NO

4. Are only single-service, disposable utensils and dishware provided for the consumer use? YES/NO

5. Where is the designated area for employee personnel items?

STATEMENT: I certify that the information provided in this plan review application packet is accurate to the best of my knowledge. I fully understand that any deviation from this application without prior notification of the Tippecanoe County Health Department may nullify final approval.

Printed Name of owner or representative

Date

Signature of owner or representative

Date

****Approval of these plans and specifications by the Tippecanoe 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 commissary establishment (structure or equipment) and mobile food unit. A pre-opening inspection of the mobile food unit with equipment and commissary will be necessary to determine if it complies with the local and state laws governing commissary establishment and mobile food units.

Although there is just one health department in Tippecanoe County when it comes to regulating a mobile food unit, this office works closely with fire and building code officials in three distinct jurisdictions located in Tippecanoe County in order to get a mobile food unit open or remodeled in a timely manner. Below is a list of contact telephone numbers for various reasons within each jurisdiction.

Contact Numbers

Information About	Lafayette	West Lafayette	Tippecanoe County	Other
Health Code Regulations	(765)-423-9221 ext. 3	(765)-423-9221 ext. 3	(765)-423-9221 ext. 3	(765)-423-9221 ext. 3
Building Code Regulations	(765)-807-1050	(765)-775-5130	(765)-423-9225	(765)-423-9225
Back Flow Device Test	(765)-807-1700	(800)-492-8373	(765)-423-9225	(765)-423-9225
Grease Trap	(765)-807-1800	(765)- 775-5145	(765)-423-9221 ext. 3	(765)-423-9221 ext. 3
Fire Inspector	(765)-807-1600	(765)-775-5178	(765)-423-9225	(765)-423-9225
Zoning	(765)-807-1050	(765)-775-5130	(765)-423-9242	(765)-423-9242
Sign Permits	(765)-807-1050	(765)-775-5130	(765)-423-9225	(765)-423-9225
Electrical Inspector	(765)-807-1050	(765)-775-5130	(765)-423-9225	(765)-423-9225
Certificate of Occupancy	(765)-807-1050	(765)-775-5130	(765)-423-9225	(765)-423-9225
Weights and Measures Inspector	(765)-423-9794	(765)-423-9794	(765)-423-9794	(765)-423-9794
State Egg Board	(765)-494-8510	(765)-494-8510	(765)-494-8510	(765)-494-8510
Alcohol Tobacco Commission	(765)-362-8815 279 W 300 N Crawfordsville, IN 47933	(765)-362-8815	765)-362-8815	(765)-362-8815

NOTE: It is recommended that you contact the local controller's official having jurisdiction over where you are setting up in the county to inquire any permits needed.