

**Environmental Health
1625 13th St. Ste. 105
Lubbock, TX 79401
806 775 2928 Fax 806 775 3281**

**PLAN REVIEW APPLICATION
FOR MOBILE FOOD VENDORS**

**TO BE COMPLETED BY THE ESTABLISHMENT
OPERATOR / OWNER**

Date: _____

A plan review fee of \$200.00 must be paid when completed application is submitted. This application, fully completed, must be submitted before Environmental Health staff will approve or disapprove. Failure to include all requested material will delay the processing of your request. After application and plans are submitted and deemed complete, Environmental Health staff will respond within 10 working days.

SECTION	ACTION	Pg	
1. Mobile Unit Information	Complete Section attach documents	3	<input type="checkbox"/>
2. Owner Information	Complete Section	3	<input type="checkbox"/>
3. Applicant Information	Complete Section	4	<input type="checkbox"/>
4. Authority/Department Permits and Applications	Complete Section	4	<input type="checkbox"/>
5. Food Supply and Storage	Complete Section	5	<input type="checkbox"/>
6. Food Preparation Procedures	Complete Section	6	<input type="checkbox"/>
7. Thawing Frozen PHF TCS Food	Complete Section	7	<input type="checkbox"/>
8. Hot/Cold Holding	Complete Section	8	<input type="checkbox"/>
9. Cooling	Complete Section	8	<input type="checkbox"/>
10. Re-Heating	Complete Section	9	<input type="checkbox"/>
11. Finish Schedule	Complete Section	9	<input type="checkbox"/>
12. Pest Control	Complete Section	10	<input type="checkbox"/>
13. Refuse, Recyclables and Returnable's	Complete Section	10	<input type="checkbox"/>
14. Water Supply / Heater	Complete Section attach documents	11	<input type="checkbox"/>
15. Sewage Disposal	Complete Section attach documents	12	<input type="checkbox"/>
16. Backflow Prevention	Complete Section	12	<input type="checkbox"/>
17. Warewashing	Complete Section	13	<input type="checkbox"/>
18. Handwashing Sink(s)	Complete Section	13	<input type="checkbox"/>
19. Other	Complete Section	14	<input type="checkbox"/>
20. Check List	Complete Section attach documents	15	<input type="checkbox"/>
21. Operational	Complete Section attach documents	16	<input type="checkbox"/>
22. Statement	Sign and date	19	<input type="checkbox"/>

Submit plans/Drawing, completed plan review form, and all attachments to the City of Lubbock Environmental Health Department at:

1625 13th St. Ste.105
Lubbock, TX 79401
(806) 775-2928 Fax (806) 775-3281

1. MOBILE UNIT INFORMATION

Name Of Unit _____

Address _____ Planning Unit # _____

Where Mobile _____

Unit will be _____ Phone _____

Stored _____ Emergency _____

Contact Phone _____

Facility Web Site _____

Facility email _____

License Plate Number on Unit _____

VIN Number of Unit, If Applicable _____

- Attach detailed drawing of Unit showing placement of all equipment and plumbing.
- Attach 6 4 x 6 photos of Unit showing front, back, both sides of unit and 2 photos showing inside of unit.

Unit Type Push Cart
 Trailer
 Motorized
 Other: Describe _____

Unit Construction New Commercial Built NSF Certified.
 Used Commercial Built NSF Certified.
 Converted Trailer or Truck
 Self Fabricated

Hours of Operation SUN _____ THUR _____
MON _____ FRI _____
TUES _____ SAT _____
WED _____

2. OWNER INFORMATION

Name	_____	Phone	_____
Address	_____	Alternate Phone	_____
Fax	_____	Email	_____

3. APPLICANT INFORMATION

Same as Owner Information

Name	_____	Phone	_____
Address	_____	Alternate Phone	_____
	_____	Email	_____

4. AUTHORITY / DEPARTMENT PERMITS AND APPLICATIONS

I have submitted plans/applications to the following (where applicable) on the dates listed:

Authority / Department	Contact	Date Submitted
<input type="checkbox"/> Planning/Zoning	(806) 775-2109	_____
<input type="checkbox"/> *IWMP	(806) 775-3221	_____
<input type="checkbox"/> Environmental Health	(806) 775-2928	_____
<input type="checkbox"/> Code Enforcement	(806) 775-2123	_____
<input type="checkbox"/> Fire Marshal	(806) 775-2646	_____
<input type="checkbox"/> Police Department	(806) 775-2809	_____

* Environmental Health cannot issue a permit to you until IWMP has approved your source for waste water disposal.

5. FOOD SUPPLY AND STORAGE

All food must be from an approved source.

All food must be stored on/in Mobile Food Unit. No food for service may be stored at home.

Where will frozen or refrigerated food be purchased?

Where will dry goods be purchased?

Provide information on the number of units and the amount of space in each unit (in cubic feet) allocated for the following:

Dry Storage
Shelf area _____
_____ Total _____

Refrigerated Storage
Shelf area _____
_____ Total _____

Frozen Storage
Shelf area _____
_____ Total _____

Identify the location of containers that will be used to store bulk food products (rice, flour, sugar, spices, etc.) Containers must be food grade.

6. FOOD PREPARATION PROCEDURES

Explain the handling/preparation procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored.
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc.
- When (time of day and frequency/day) food will be handled/prepared.
- Will food served cold be pre-chilled before preparation?
- How required cooking / holding temperatures will be verified.

Attach additional sheets if necessary.

READY-TO-EAT FOOD (e.g., salads, cold sandwiches, raw molluscan shellfish)

PRODUCE

POULTRY

MEAT

SEAFOOD

FOOD PREPARATION PROCEDURES CONTINUED

List all foods that will be cooked and served: _____

List all foods that will be hot-held prior to service: _____

List all foods that will be cooked and cooled: _____

List all foods that will be cooked, cooled and reheated: _____

Provide a HACCP plan for specialized processing methods of foods such as ROP (Reduced Oxygen Packaging) including vacuum packaging, cook-chill, etc.; use of additives to render a food non-PHF (TCS) food, curing and smoking for preservation; and molluscan shellfish tanks.

7. THAWING FROZEN PHF (TCS) FOOD

Thawing Method(s) (check all that apply and indicate where thawing will take place).

- Under Refrigeration: _____
 - Microwave (as part of cooking process): _____
 - Cooked from frozen state: _____
 - Other, (describe): _____
-

8. HOT/COLD HOLDING

How will hot food be maintained at 135°F (57°C) or above during holding for service? Indicate type, number and location of hot holding units.

How will cold food be maintained at 41°F (5°C) or below during holding for service? Indicate type, number and location of cold holding units.

9. COOLING

Indicate by checking the appropriate boxes how PHF (TCS) food will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours).

COOLING METHOD	*THICK MEATS	*THIN MEATS	HOT FOODS	COLD FOODS	OTHER	LOCATION
Shallow Pans in Refrigerator	<input type="checkbox"/>					
Ice Baths	<input type="checkbox"/>					
Reduce Volume or Size and Place in Refrigerator	<input type="checkbox"/>					
Stirring with Ice Paddle	<input type="checkbox"/>					
Other (describe)	<input type="checkbox"/>					

* Thick Meats = more than one inch; Thin Meats = one inch or less.

10. REHEATING

How and where will PHF (TCS) foods that are cooked, cooled and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds within 2 hours? Indicate type and number of units used for reheating foods.

11. FINISH SCHEDULE

Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforced Panels (FRP), ceramic tile, 4" plastic covered molding, etc.) will be used in the following areas:

Mobile Unit

Floor	<hr/> <hr/>
Floor/Wall Juncture	<hr/> <hr/>
Walls	<hr/> <hr/>
Ceiling	<hr/> <hr/>

Identify the finishes of cabinets, countertops, and shelving:

12. PEST/RODENT CONTROL

- | | YES | NO | NA |
|---|--------------------------|--------------------------|--------------------------|
| 1. Will all outside doors be self-closing and rodent-proof? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Will screens be provided on all entrances open to the outside? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will all openable windows have a minimum #16 mesh screening? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will electrical insect control devices be used? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Identify how all pipes, electrical conduit, or openings to the outside will be sealed. | | | |

13. REFUSE, RECYCLABLES, AND RETURNABLES

- Where will refuse/garbage be stored inside Mobile Food Unit?

- Where will refuse/garbage generated in the Mobile Food Unit be disposed of?

- Identify how and where garbage cans and floor mats will be cleaned.

- Identify location of grease/oil storage containers.

- How will used grease/oils be disposed of?. Must be approved by IWMP

14. WATER SUPPLY / HEATER

1. Where will water tank(s) be filled?

2. If non-public (private), has the source been approved? Yes No Attach copy of approved water test and TCEQ public water supply number.

3. What is the capacity of potable water tank(s) on Mobile Food Unit in gallons? _____

4. What material is potable water tank(s) constructed of? Describe construction of tank.

5. Describe the connections used to fill potable water tank

6. Describe hoses that will be used to fill potable water tank(s). Must be approved for food

7. Describe materials used for plumbing water system inside the mobile unit.

8. Describe where and how potable water tanks will be cleaned and sanitized. How often?

9. Will ice be used for service in Mobile Food Unit? Yes No If yes ice must be purchased commercially from an approved source.

10. What is the type, capacity, recovery time, and location of the water heater? Please attach copy of water heater specifications:

Type _____

Capacity _____

Recovery time _____

Location _____

15. SEWAGE DISPOSAL

Waste water disposal must be approved by IWMP before food permit will Be issued.

1.	What is the capacity of waste water tank(s) on Mobile Food Unit in gallons? Must be 15% larger than potable water tank(s).

2.	Describe the location of waste water tank(s) on the Mobile Food Unit.

3.	Where will waste tank(s) on Mobile Food Unit be evacuated? Must be approved by IWMP.

4.	Describe the outlet used to drain waste tank. Size, valve, location.

5.	Describe how and where waste water tank(s) will be cleaned.

16. BACKFLOW PREVENTION

		Air Gap	Air Break	Vacuum Breaker	N/A	Other
1. Ice storage bins	# _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. 2 or 3 compartment sink(s)	# _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Handwash sink(s)	# _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Steam Table(s)	# _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Dipper well(s)	# _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Condensate line(s)	# _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Beverage dispenser(s) with carbonator(s)	# _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Other _____	# _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

17. WAREWASHING

1. Identify the length, width, and depth of the compartments of the 3-compartment sink:

Sink _____ Length _____ Width _____ Depth _____

2. Will the largest pot and pan fit into each compartment of the 3-compartment sink?

Yes No If no, Mobile Food Unit must be associated with a City of Lubbock Permitted Food Establishment.

3. Identify the length, width, and depth of the compartments of the 2-compartment sink:

Sink _____ Length _____ Width _____ Depth _____

4. Describe size, location and type (drainboards, wall mounted or overhead shelves, stationary or portable racks) of air drying space:

5. Total square feet of air drying space available _____ ft²

6. What type of sanitizer will be used in 3-compartment sink?

Chemical, Indicate type: _____

Hot water (171°F Minimum)

18. HANDWASHING SINK(S)

Identify the locations of the handwashing sink(s):

Soap, paper towels must be located by hand wash sink. Water temperature must be a minimum of 100°F and under pressure.

19. OTHER

1. Identify the location for the storage of poisonous or toxic materials:

2. Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces?

4. Identify location of clean and soiled linen storage:

6. Identify location and procedures for cleaning and re-supplying Mobile Food Unit

7. Indicate all areas where exhaust hoods will be installed:

20. CHECK LIST

Following completion of plan review form use this check list to ensure information has been answered

- 1. Drawing or factory schematics of Mobile Food Unit (minimum scale of ¼ inch = 1 foot) locating all equipment, plumbing, electrical and mechanical services.
- 2. Menu or complete list of food and beverages to be offered. Include seasonal, special event menus and projected daily meal volume for the Mobile Food Unit.
- 3. Show location of all food equipment. Each piece of equipment must be clearly labeled and show plumbing, drain, and electrical connections. Include food equipment schedule/manufacturer specification sheets with the make and model number, and list any equipment that is certified or classified for sanitation by an ANSI accredited certification program. Include manufacturer's cleaning and sanitation instructions for each piece of equipment.
- 4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot and cold-holding PHF / TCS foods.
- 5. Show location, number, and size/capacity of hand-washing sinks, warewashing sinks, and food preparation sinks.
- 6. Indicate areas on unit that will be used to store food items and dry goods.
- 7. Include complete finish schedules for floors, walls, ceilings, and all food contact/preparation surfaces.
- 8. Include plumbing schedule showing location of water supply lines, waste-water lines, as well as hot-water-generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections.
- 9. Show location of lighting fixtures, including covers or shields for lighting above food storage, prep, or serving areas.
- 10. Document source of water and method of sewage disposal. Supply documentation of current water tests if water supply is from a well. Disposal must be approved by IWMP.
- 11. Furnish color-coded flow chart demonstrating flow patterns for:
 - Food (receiving, storage, preparation, service)
 - Dishes / Wares (clean, soiled, cleaning, storage)
 - Trash and garbage (service area, holding, storage, disposal)
- 12. Provide ventilation schedule
- 13. Show storage location of poisonous or toxic materials, all cleaning supplies and bulk sanitizers.
- 14. Locate areas for storage of employee personal items.

- 15. Show location of refuse, recyclable, and or returnable containers.
- 16. Provide a HACCP plan for specialized cooking / processing methods of foods.
- 17. Copy(s) of approved, current Certified Food Safety Managers Certificate(s).
- 18. Copy(s) of approved, current Certified Food Handlers Certificate(s). All food workers must have a current food handlers certificate / card.

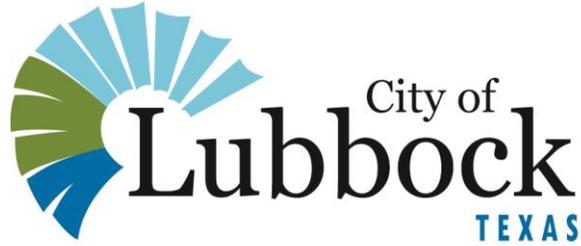
21. OPERATIONAL

The following items will be used for plan review of your facility and will be checked during the facility pre-inspection conducted by Environmental Health Sanitarians prior to opening. All equipment should be installed and operational for pre inspection.

	YES	NO	NA
1. Will all food service employees be Certified Food Safety Managers? If no, how many employees will be certified? _____ Attach copies of Certified Food Manager Certificates.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent bare hand contact of ready-to-eat-foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provide a copy of the facilities written policy to exclude or restrict food workers who are sick or have infected cuts and lesions.			
4. Are handwashing sink(s) functional with hot and cold running water under pressure? Water temperature must reach 100°f with-in 2 minutes. Are handwash signs posted at handsink?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are antibacterial soap and disposable paper towels properly dispensed, with signage and waste container available at each handwash sink?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are tip sensitive thermometers available for employees to check thin-mass food temperatures?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are thermometers present in all cold hold units?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are test kits available for all sanitizers used?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Describe storage facilities for employees' personal items (i.e., purse, coats, boots, umbrellas, etc.) _____ _____			
10. Are all spray bottles and containers clearly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are all toxics for use on-premise or for retail sale (this includes personal medications) stored away from food preparation and storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Will facility operate under a HACCP plan? If yes attach copy of HACCP plan.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Include written policy (SOP) for washing produce, fruits and vegetables received whole (including lemons and limes used for drinks), before service? List procedures and locations where items will be washed. List procedures to prevent bare hand contact with lemons and limes.	<input type="checkbox"/>	<input type="checkbox"/>	

YES NO NA

14. Will Generator supply sufficient power to operate all electrical equipment in mobile unit? List type and capacity of generator.



**Environmental Health
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STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from City of Lubbock Environmental Health Department may delay final approval.

Signature _____

Owner or Responsible Representative

Printed Name _____

Date _____

Approval of these plans and specifications by the City of Lubbock Environmental 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 Mobile Food Unit. A preopening inspection of the unit with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing Mobile food service establishments.