

**Chester County Health Department
Bureau of Environmental Health Protection**

601 Westtown Road Suite 288, P O Box 2747
West Chester PA 19380-0990
Telephone: 610-344-5938 Fax #: 610-344-5934

MOBILE FOOD UNIT PLAN SUBMITTAL SUPPLEMENT

Mobile food units have specific requirements for construction and operation. This sheet is a companion to the Department's *Application for Food Facility Plan Review* and must be completed and submitted along with that application to the Department in order to gain approval to construct or operate the mobile unit.

Proposed Name of Mobile Food Unit: _____ Municipality: _____

Commissary Location: _____ Municipality: _____

The following information must be submitted:

- ___ Copy of License to Operate for the unit's commissary
- ___ Proposed menu
- ___ Proposed operating locations

ITEM:	DESCRIPTION/DETAILS:
Physical Facilities:	
Type of overhead protection	
Side (wall) enclosures	
Floor material	
Service opening/window	
Materials in Service Area (counters, racks)	
Facilities to keep foods hot/cold	
Handwashing Facilities:	
Specifications for handwashing sink and supplies	
Water Supply & Waste Water Disposal:	
Potable water source (well, municipal, bottled)	
Pressurized water system installed (gravity systems are not acceptable)	
Means of generating hot water	
Capacity and material of fresh water tank	
Capacity and material of waste water tank (Must be 15% > capacity than fresh water tank)	
Disposal method of waste water	
Refuse:	
Type and number of trash containers	
Equipment Warewashing Facility:	
Specifications for 3-compartment sink on unit	
Provide type of sanitizer to be used	
Thermometers:	
Types of thermometers to be used	

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Municipality: _____

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ITEM:	DESCRIPTION/DETAILS:
Power Source for Equipment and Unit:	
Electricity generator, Propane fuel, other	
Light Fixtures and Protections:	
Type and placement of lights	
Lights shielded or shatter-proof bulbs	
Operating Details:	
How and where foods will be prepared	
How hot/cold temperatures are maintained during transport	

***If a Mechanical Ventilation Hood is proposed, additional information must be provided.**

Signature of Establishment Operator: _____

Print Name of Establishment Operator: _____

Date: _____