

Harnett County Plan Review Application for Mobile Food Units

Plans are reviewed using North Carolina's "Rules Governing the Sanitation of Food Service Establishments," 15A NCAC 18A .2600. You may view these rules at www.deh.enr.state.nc.us/ehs/rules.htm or obtain a copy from our office at 307 West Cornelius Harnett Boulevard, Lillington, NC 27546.

If you have questions, contact one of the following Food and Lodging staff listed below at 910-893-7547:

Gale Greene, REHS
Environmental Health Specialist

Jamie Turlington, REHS
Environmental Health Specialist

Cindy Pierce, REHS
Environmental Health Specialist

Nikki Eason, REHS
Environmental Health Specialist

Plans must be submitted with the following supporting documentation:

- _____ Drawing to scale showing the placement of each piece of food service equipment along with general plumbing, electrical, mechanical, and lighting drawings
- _____ A complete equipment list and corresponding manufacturer specification sheets
- _____ A proposed menu
- _____ A completed mobile food unit Plan Review Application
- _____ Commissary Agreement Form
- _____ \$200 plan review fee

HARNETT COUNTY MOBILE FOOD UNIT PLAN REVIEW APPLICATION

Name of MFU Unit: _____
Owner's Address: _____
City: _____ Zip Code: _____
Mailing Address (if different) _____
City: _____ Zip Code: _____
Phone if Available: (____) - (____ - _____) Fax: (____) - (____ - _____)
E-mail Address: _____

Name of Commissary: _____ Contact: _____
Commissary's Address: _____
City: _____ Zip Code: _____
Commissary's ID#: _____
Telephone: (____) - (____ - _____) Fax: (____) - (____ - _____)
E-mail Address: _____

Hours Operation:

Sun. ____ Mon. ____ Tue. ____ Wed. ____ Thu. ____ Fri. ____ Sat. ____

Total Square Feet of MFU: _____

Projected Number of Meals to be Served: (approximate number)

Breakfast _____ Lunch _____ Dinner _____

Projected Date for Start of Operation: _____

County(s) in which MFU will operate: _____

Water tank capacity: _____

Waste water tank capacity: _____ (must be at least 15% larger than water tank)

Please enclose the following documents

- Proposed menu items. (Including seasonal variations in the menu)
- Manufacturer specification sheets for each piece of equipment shown on plans.
- Diagram of the MFU, to scale with all equipment labeled, water tanks identified.
- Commissary Agreement Form.
- Food Handling Procedure Worksheets

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Department may nullify plan approval.

Signature: _____ **Date:** _____
(Applicant or Responsible Representative)

MFU SET UP LOCATIONS:

1. _____

2. _____

3. _____

COMMISSARY WATER SUPPLY:

Type of water supply: (check one)

- Non-public
- Community/Municipal
- Non-transient, non-community
- Transient, non-community

Is an annual water sample required of the commissary? (check one)

- Yes
- No

Commissary Wastewater System:

Type of wastewater system: (check one)

- Public sewer
- On-site septic system

OPERATION AT THE COMMISSARY

What times of the day would you service the push cart at the Commissary? _____

Do the Commissary operation hours coincide with mobile food unit hours? _____

HOT HOLDING

How will hot food be held from Commissary to the site of operation? _____

Foods that will be held **hot** before serving: _____

COLD HOLDING

How will cold food be held from Commissary to the site of operation? _____

Foods that will be held **cold** before serving: _____

REFRIGERATION ON MFU

Describe refrigeration on MFU _____

REFRIGERATION AT COMMISSARY

Describe area at commissary designated for MFU food storage _____

DRY STORAGE

Frequency of purchases per week: _____ Square feet shelf space: _____ ft²

Describe area at the commissary designated for dry storage? _____

MFU FINISH SCHEDULE

Area	Material
Floors	
Walls	
Ceilings	
Baseboards	

WATER SUPPLY

Is potable water supply provided by Commissary? YES _____ NO _____

Is NSF/food-grade hose available? YES _____ NO _____

Where is the water spigot used to fill water tank located at the Commissary? _____

How is this spigot protected from contamination? _____

FOOD PREPARATION FACILITIES ON MFU

Number of food prep sinks: _____ Are separate sinks provided for vegetables and meats? _____

Size of sink drainboards (inches): _____

How will sinks be sanitized after use or between meat species? _____

Describe food prep area on MFU: _____

FOOD PREPARATION FACILITIES AT COMMISSARY

Number of food prep sinks: _____ Are separate sinks provided for vegetables and meats? _____

Size of sink drainboards (inches): _____

How will sinks be sanitized after use or between meat species? _____

Describe food prep area at Commissary: _____

DISHWASHING FACILITIES ON MFU

Number of sink compartments: _____

Size of sink compartments (inches): Length _____ Width _____ Depth _____

Length of drainboards (inches): Right _____ Left _____

Are the basins large enough to immerse your largest utensil? _____

What type of sanitizer will be used?

Chlorine _____ Quaternary ammonium _____ Hot water _____ Other (specify) _____

How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized?

How many air drying shelves will you have? _____

Calculate the square feet of total air drying space: _____ ft²

DISHWASHING FACILITIES AT COMMISSARY

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Size of sink compartments (inches): Length _____ Width _____ Depth _____

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What type of sanitizer will be used?

Chlorine ___ Quaternary ammonium ___ Hot water ___ Other (specify) _____

How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized?

How many air drying shelves will you have? _____

Calculate the square feet of total air drying space: _____ ft²

HANDWASHING

Indicate number and locations of hand sinks on MFU: _____

EMPLOYEE AREA

Indicate location for storing employees' personal items on MFU: _____

GARBAGE, REFUSE AND OTHER

Will trash be stored in the MFU overnight? Yes _____ No _____ If so, how will it be stored to prevent contamination? _____

Where will MFU be stored after operation? _____

Location and size of can wash facility at Commissary: _____

Is can wash area accessible to MFU? _____

Are hot and cold water provided as well as a threaded nozzle? _____

How will used grease be handled? _____

Are doors on MFU self-closing? _____ Fly fans provided? _____

Where will chemicals be stored? _____

Where will clean linen be stored? _____

Where will dirty linen be stored? _____

Harnett Commissary Agreement Form

As the permittee or operator of the restaurant facility noted below, it is my intention to allow this facility to serve as a commissary for the mobile food unit or push cart noted below. I understand that as a commissary for the mobile food unit or push cart, I must allow the mobile food unit or push cart to return for servicing on a daily basis. I understand that servicing the unit may include any and all of the servicing requirements noted below. I also agree to report to the Health Department if a mobile food unit or pushcart fails to return daily during operation. I agree to allow my restaurant to be used for the following:

- _____ Use of the restaurant utensil sink for washing of mobile food unit or push cart utensils.
- _____ Designated areas for refrigerated products, utensil air drying and storage, and dry good storage for the mobile food unit or pushcart.
- _____ A sanitary connection to the potable water supply as approved by the Environmental Health Specialist (if applicable) .
- _____ An outside means of disposal of waste water as approved by the Environmental Health Specialist (if applicable).

Name of Mobile Unit or Push Cart _____
 Owner/Operator of mobile food unit or push cart _____
 Name and Address of Restaurant Serving as Commissary:

Signature of Restaurant Permittee or Operator

Print Name

Date

Harnett County Environmental Services Use Only

Commissary Approved By _____
Environmental Health Specialist

Date _____

