

CHECKLIST FOR MOBILE UNITS AND FOOD CARTS

Name of Establishment: _____

Owner/Operator: _____ Phone: _____

Review Date: _____ Inspector: _____

Permit application paperwork submitted: _____ date Priority Type: Low Med High

Foods to be served: _____

Restrictions: _____

The following section applies to
BOTH MOBILE UNITS AND FOOD CARTS:

<p>COMMISSARY</p>	<p><input type="checkbox"/> Commissary location _____</p> <p><input type="checkbox"/> Commissary exempted - Location of base of operations _____</p> <p>Separate, clean area required for the following:</p> <p><input type="checkbox"/> Storage of potentially hazardous foods in refrigerators and freezers</p> <p><input type="checkbox"/> Storage of canned and dry food stuffs and pre-packaged foods</p> <p><input type="checkbox"/> Storage of single service items (cups, napkins, straws)</p> <p><input type="checkbox"/> Storage of clean equipment</p> <p><input type="checkbox"/> Does not apply - unit self-contained - all storage on unit</p>
<p>LICENSE PLATE #</p>	<p><input type="checkbox"/> List the License Plate # of the unit that is being inspected: _____</p> <p>Important – this information must be filled in by inspector during inspection</p>
<p>MENU REVIEW</p>	<p><input type="checkbox"/> Subject to approval</p> <p><input type="checkbox"/> If menu restricted, fill out permit conditions form - <i>required</i> on all food carts</p>
<p>EQUIPMENT</p>	<p><input type="checkbox"/> Smooth; in good repair, easily cleanable</p> <p><input type="checkbox"/> Probe thermometer</p> <p><input type="checkbox"/> Gloves, tongs, etc</p> <p><input type="checkbox"/> Hair restraints</p>
<p>REFRIGERATION</p>	<p><input type="checkbox"/> Insulated facilities (ice chests)</p> <p><input type="checkbox"/> Refrigerators</p> <p><input type="checkbox"/> Thermometers in refrigerators where PHF is stored</p>
<p>HOT STORAGE</p>	<p><input type="checkbox"/> Adequate to maintain PHF at $\geq 140^{\circ}$ F _____</p>
<p>STORAGE AND TRANSPORTATION</p>	<p><input type="checkbox"/> Food, utensils, etc. protected from contamination</p>
<p>GARBAGE AND REFUSE</p>	<p><input type="checkbox"/> Containers that are easily cleanable, insect and rodent proof</p> <p><input type="checkbox"/> Adequate</p> <p><input type="checkbox"/> Cleanup of consumer litter</p>

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The following section applies to **MOBILE UNITS ONLY**:

WATER SUPPLY	<input type="checkbox"/> Approved source (Private/Public) _____ <input type="checkbox"/> Storage Tank - <input type="checkbox"/> 40 gal. capacity, gravity drained (or) <input type="checkbox"/> Other capacity (Examples: food is pre-packaged at commissary, minimal food handling) Explain _____ <input type="checkbox"/> Approved source for ice - chipped, crushed or cubes, obtained in bags sealed at point of manufacture or obtained from a regulated facility
SINKS	<input type="checkbox"/> Handsink required - soap and paper towels provided - handwash sign posted <input type="checkbox"/> Hot and cold or tempered running water <input type="checkbox"/> 3-bay <input type="checkbox"/> 2-bay (acceptable if menu is very limited, etc.) <input type="checkbox"/> Drainboards or movable table <input type="checkbox"/> Sanitizer and test kit <input type="checkbox"/> Multi-bay sink exempted (explain) _____ <div style="text-align: right;"><i>menu must be limited to one PHF item</i></div>
WASTE WATER	<input type="checkbox"/> Holding tank <input type="checkbox"/> Capacity is 15% greater than water supply capacity (or) <input type="checkbox"/> Other size (explain) _____ <input type="checkbox"/> Type (portable, permanently installed) <input type="checkbox"/> Dumping location _____ <div style="text-align: right;"><i>must be sanitary sewer or dump station</i></div>
WALLS, FLOORS, & CEILINGS	<input type="checkbox"/> Smooth, easily cleanable <input type="checkbox"/> Openings protected against entrance of insects-recommended
LIGHTING	<input type="checkbox"/> Shielded, or otherwise protected
VENTILATION	<input type="checkbox"/> Sufficient to vent heat, steam, condensation, vapors, odors, smoke and fumes <input type="checkbox"/> Not creating a nuisance
TOXICS	<input type="checkbox"/> Designated toxic storage area

The following section applies to **FOOD CARTS ONLY***:

BASE OF OPERATIONS (additional requirements)	<input type="checkbox"/> Storage and cleaning of food cart
WATER SUPPLY	<input type="checkbox"/> CCHD approved source (Private/Public) _____ <input type="checkbox"/> Adequate supply
WASTE WATER	<input type="checkbox"/> Receptacle type _____ <input type="checkbox"/> Dumping location _____ <div style="text-align: right;"><i>must be sanitary sewer or dump station</i></div>
HANDWASHING	<input type="checkbox"/> Clean, potable, flowing water, soap, receptacle for waste water, paper towels
TOXICS	<input type="checkbox"/> Limited to: hand soap, utensil cleaner, utensil sanitizer

* Menu limited to hot dogs or commercially pre-cooked sausage *only*. Any other foods need supervisor approval.