



Mobile Food Unit Plan Review Questionnaire

*****The location of your business headquarters must match the jurisdiction of the Health Department where you are applying for a mobile food license. You must provide documentation that your business headquarters is with the City of Canton. *****

Name of Business: _____

Name of License Holder: _____

Phone Number: _____

Email: _____

Mailing Address: _____

*Must match the address registered with the Ohio Secretary of State Business Registration.

By checking (■) the box it certifies that the information is accurate and provided:

Type of mobile: Enclosed Trailer Knockdown Hotdog Cart Other: _____

License Plate Number: _____ Expiration Date: _____

Power Source: Generator Propane Tanks

I have attached a copy of my Ohio Secretary of State Business Registration

I have permanent signage on the exterior of my mobile that includes:

1. 3 inch by 1 inch lettering
2. Business name and phone number
3. The City and State where you are licensed (Canton, OH)

I have provided a copy of the written procedure for cleaning up vomiting and diarrheal events.

I have provided a copy of the Employee Health Reporting Agreement.

Fire Extinguishers: Class K (silver / grease laden vapors) and ABC (red)



- All equipment is commercial. (NSF, UL, ETL, etc.)
- A food stem thermometer with a temperature range of 0 – 220F.
- A thermometer in every electric cooler.
- I have a hand sink and three-compartment sink with **pressurized hot and cold running water.**
- I have sanitizer and a matching test kit. Ex: Chlorine (unscented bleach), Quaternary ammonium (QUAT) or Iodine
- Soap, paper towels and handwash signage
- A food grade water hose.
- A backflow prevention device. Ex. ASSE 1012 or ASSE 1024
- A clean water tank and a waste water tank.
- Proper lighting and light shield cover
- Disposable Gloves
- All surfaces smooth, easily cleanable and nonabsorbent

Check ALL that apply:

- Food is purchased the day of the event.
- Food is purchased prior to the event and stored until the event. If so, answer the following:
 - Food is stored on the mobile and always running.
 - Food is stored in a licensed food facility. **Written permission is attached.**
- Food is prepared on the mobile.
- Food is prepared at a licensed facility. If so, answer the following:
 - The licensed facility is registered the Ohio Department of Agriculture. **I have provided a copy of the processor license.**
 - Food is prepared in a licensed food facility. **Written permission is attached.**

Food Preparation Review

1. Provide a list of your food suppliers and frequency of delivery/pick up.

Food Suppliers	Delivery/Pick Up Frequency

2. How will employees handle foods? (Check all that apply)

<input type="checkbox"/> Disposable Gloves (Non-latex)	<input type="checkbox"/> Utensils
<input type="checkbox"/> Deli Tissue	<input type="checkbox"/> Other:

3. How will employees **date mark** time/temperature control for safety foods? (Check all that apply)

<input type="checkbox"/> Day dots	<input type="checkbox"/> Writing with marker on food cover
<input type="checkbox"/> Chart on the outside of each unit	<input type="checkbox"/> Other:

*Food that is opened, cooked, or prepared must be refrigerated at 41F or less and date marked if not used within 24 hours. Food must be consumed or discard within seven days.

4. Where is your clean water coming from? (Check all that apply)

<input type="checkbox"/> Home Address:	<input type="checkbox"/> Purchased bottled water Store Purchased:
<input type="checkbox"/> Licensed Food Facility Name and Address:	<input type="checkbox"/> Other: Name and Address:

*If licensed food facility is marked written permission from the license holder of the facility must be provided.



Waste Disposal

Waste Water (Grey Water)

Home Address: _____

Licensed Food Facility Name and Address: _____

Other Name and Address: _____

*If licensed food facility is marked written permission from the license holder of the facility must be provided.

Grease and Oil

Grease recycling company Name and Address: _____

Licensed Food Facility Name and Address: _____

Other Name and Address: _____

*If licensed food facility is marked written permission from the license holder of the facility must be provided.

Trash

Home Address: _____

Licensed Food Facility Name and Address: _____

Other Name and Address: _____

*If licensed food facility is marked written permission from the license holder of the facility must be provided.

Room Finish Materials

Location	Finishes
Floors	
Walls	
Ceilings	

***If a knock down mobile check the following:**

- I have a tent/overhead covering with the ability to set up on concrete and/or grass
- I have a tarp or cardboard to place on the ground under the cooking and serving area.

ALL APPLICANTS:

I certify that the Mobile Food Unit Plan Review Questionnaire submitted is accurate to the best of my knowledge and all the required materials have been provided.

Print name and title: _____

Signature of owner or representative: _____

In the space below, draw the layout of the area to be used for the Mobile Unit. Include tables, equipment, trash, hand washing, three-compartment sink, grills, power source, tents, etc.

Drawing: