



Plan Review Process for
MOBILE FOOD SERVICE OPERATION

Whenever you start a new mobile food service operation or make changes to an existing one, its commissary, or facility (the mobile unit itself), equipment, menu, location or route, you must contact the Whitman County Health Department. The changes made will determine whether you need to update plans or submit new ones.

The process of submitting plans for mobile food carts will vary depending on the location of your operation and the type of vehicle or cart you will be operating.

Whitman County:

All mobile food establishments must be under permit with the Whitman County Health Department. All mobile food establishment employees must possess a valid Washington State Food and Beverage Establishment Worker Permit. No food shall be offered to the public without either permit.



All mobile food establishments must have a commissary as a base of operations. The commissary may be an establishment already under permit with Whitman County Health Department or meet the criteria for non-permitted commissaries (Please see "commissary" on page 2 of the Mobile Food Service Plan Review Guidelines).

A Whitman County Environmental Health Specialist, or other proper authority, must inspect all mobile food establishments and pushcarts routinely. An itinerary of route(s) that will be traveled by the mobile unit must be submitted to the department along with the application for the mobile food service establishment.

To make the mobile plan process as easy as possible, follow these guidelines and complete the following check list. If you have any questions, please contact the Whitman County Public Health Environmental Health Division at (509) 397-6280, or visit our offices at N. 310 Main Street in Colfax, Washington.

Be sure your plans are clear and easy to read:

Labor & Industries approval must be provided for mobile food vehicles before plan review.

Include the plan review fee:

The Plan Review Fee Is **Not** Refundable

First two hours are \$175.00. If needed, each additional hour thereafter is \$75.00.

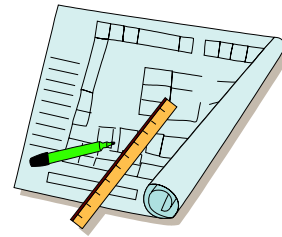
Send completed packet to:

Whitman County Public Health
Environmental Health Division
N. 310 Main Street
Colfax, WA 99111

Please include the following in your application packet.

1. **Cover Page**

- ___ Name of mobile food service.
- ___ Address where the cart will be located, including zip code.
- ___ The contact person's name, mailing address and phone number.



2. **Itemized Menu**

- ___ List all the food you will be serving. Include condiments, iced beverages, the source of any food that will not be made by you, and details of any packaging.

3. **A scale drawing of the cart/vehicle - occupied vehicles will require Labor and Industries approval prior to plan review (see mobile food service guidelines)**

- ___ Layout of all equipment and supplies. Please include cash register, hand soap and paper towels, knock box, espresso machine, hot dog cookers, condiments, baked goods, etc. If available, provide spec sheets for hot dog cooker, granita machines, etc.
- ___ A photograph of the exterior and, where applicable, the interior of the unit.

4. **A drawing of the water system**

- ___ Spec sheet on the hot water heater. (The page that indicates the hot water heater has an adjustable thermostat.)
- ___ Size and material of the fresh water and wastewater tanks. Handsink must have at least 5 gallons fresh water. Waste tank needs to be 15% larger than fresh water tank. If additional water is needed, such as for espresso, show additional supply. Please provide spec sheet.
- ___ Tubing material. Must be food-grade tubing.
- ___ Waste connection. Must be tight fitting with a quick disconnect or tight plumbed.

5. **Commissary Details**

- ___ Location and permit information of commissary.

6. **Restroom availability letter**

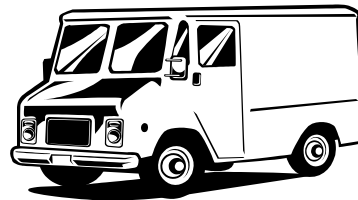
- ___ Letter/lease giving permission for mobile operators to use restrooms.

7. **Site Map**

- ___ Location of mobile food service operation.
- ___ Location of cart storage.
- ___ For single locations include location of commissary and restrooms.
- ___ For routes include details of all stops and time at stops.

8. **Operating procedures**

- ___ Hours of operation.
- ___ Time at commissary.
- ___ How and where water tanks will be serviced.
- ___ Routine cleaning during the day.
- ___ Cleaning at the commissary.
- ___ Details of any food preparation.



ADDITIONAL REQUIREMENTS

9. **Conclude with: NO CHANGES WILL BE MADE WITHOUT HEALTH DEPARTMENT APPROVAL**

- 10. There may be additional requirements for mobile trucks and trailers. Please see the Mobile Food Service Guidelines for further details.