

***MOBILE PLAN REVIEW APPLICATION PACKET***  
Food Service Operations & Retail Food Establishments



**Public Health**  
Prevent. Promote. Protect.

**Greene County**

**Greene County Public Health**

360 Wilson Drive

Xenia, OH 45385

(937) 374-5606 / (937) 374-5607

[www.gcph.info](http://www.gcph.info)

Submit Completed Application Packet, 1 Set of Plans

## **CONTENT REQUIREMENTS**

The proposed mobile food operation layout and equipment specifications submitted for approval to Greene County Public Health (GCPH) must meet all the applicable requirements of Chapter 3717-1 and Chapter 3701-21 of the Ohio Administrative Code. The submitted plans and associated documentation must include:

1. The proposed menu / listing of foods to be prepared, served and sold.
2. A legible, detailed floor plan reasonably drawn to scale and shall include:
  - Plumbing plan showing location of sinks, potable water tank, grey water tank, all associated plumbing lines, potable water hose (if utilized), and backflow preventor.
  - Plan of lighting, including all locations and types of light (e.g. - track, LED, spot).
  - Floor plan showing all fixtures, equipment, storage shelving/cabinets, including any support vehicles pop-up tents, etc.
  - Final surface finishes for floor, walls and ceiling.
3. An equipment list with equipment manufacturer's name, make and model numbers.
4. An Employee Reportable Illness/Verification Sign-Off policy that you will have each employee sign.
5. Documentation of your Body Fluid Cleanup "kit"/supplies and written procedures.
6. Documentation of your Ohio Department of Health warehouse registration/license (if so required).
7. Documentation regarding where accumulated grey water wastes will be properly discharged.
8. Documentation regarding where you will obtain potable water. If you are on a private well, then also submit documentation of your most recent water sample test results.

## **IMPORTANT NOTES**

- There are 2 risk classes for food mobiles: **Low Risk** and **High Risk**, defined as follows:
  - **Low Risk:** Poses a potential risk to the public in terms of sanitation, food labeling, sources of food, and food storage practices in the mobile. Low risk activities include:
    - (a) Holding for sale or service pre-packaged refrigerated or frozen time/temperature controlled for safety foods; and
    - (b) Offering for sale or serving pre-packaged non-time/temperature controlled for safety foods.
  - **High Risk:** poses a higher potential risk to the public than low risk because of concerns associated with: proper receiving, holding, and cooking temperatures; proper cooling procedures; processing a raw food that has undergone parasite or bacterial load reduction procedures in order to sell or serve it as ready-to-eat; handling or preparing food using a procedure with several preparation steps that includes reheating of a product or ingredient of a product where multiple temperature controls are needed to preclude bacterial growth; offering as ready-to-eat a raw time/temperature controlled for safety meat, poultry product, fish, or shellfish; or a food with these raw time/temperature controlled for safety items as ingredients; or using time in lieu of temperature as a public health control for time/temperature controlled for safety food. Examples of high-risk activities include, but are not limited to:
    - (a) Assembling or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled;

## PLAN REVIEW SUBMISSION REQUIREMENTS

- (b) Operating a heat treatment dispensing freezer;
- (c) Reheating bulk quantities or individual portions of leftover time/temperature controlled for safety food;
- (d) Heating a food from an intact, hermetically sealed package and holding it hot; or
- (e) Operating as a mobile catering food service operation as defined in paragraph (L) of rule 3701-21-01 of the Administrative Code.

- The layout of the floor plan must be legible and reasonably drawn to scale to allow for ease in reading plans. Submitting photos of your mobile unit are welcome as they often assist in the reviewing of your plans and documents. The electronic submission of plans is encouraged to be submitted to: [ehpermits@gcph.info](mailto:ehpermits@gcph.info).
- Show the proposed location of all food equipment as you would set up for each event, including tents. Be certain to also include any support vehicles and what will be stored in those vehicles. Each piece of equipment must be clearly identified. All food equipment must be commercial grade and designed to be used with food (**no** drills, paint mixers, etc.). GCPH accepts NSF, Commercial UL, ETL, CSA and EU tested equipment. **Note:** If the unit label indicates “Household Use Only” or similar verbiage, the item will not be permitted for use in your mobile unit.
- **Power:** How will you keep your refrigerator(s) / freezer(s) powered while traveling to an event? Such units must be kept energized during travel to ensure that all perishable TCS foods remain at 41° F or less. A power inverter is required to ensure that such equipment can remain energized. Documentation for such devices is required to be submitted with your plan application. Possible exceptions to this requirement will be evaluated on a case-by-case basis which will result in a ***restriction*** placed onto your mobile food license.
- **Handwashing / Warewashing:** There must be an adequate supply of potable water, and hot water must be provided at the handwashing sink (min. of 100° F) and at the wash compartment of the 3-compartment sink (min. of 110° F). Must also have soap, disposable towels and handwashing signage posted at the hand wash sink. Dish soap and an adequate supply of sanitizer with compatible test strips must be provided at the warewashing sink. The Ohio Food Code requires that both clean- and dirty-side drainboards (or equivalent) must be provided to allow for the staging of clean and unclean multi-use kitchenware items.
- Show and label proposed plumbing information:
  - Type (material) of potable water tank, including size and number of gallons. Must document that this tank meets NSF 61 standard or equivalent for potability;
  - Type (material) potable water hose, documenting that this hose meets NSF 61 standard or equivalent for potability. This is for when directly connecting to a potable water supply;
  - The type, model number and location of your backflow prevention device. Such a device must be installed when using a potable water hose;
  - Type (material) of your grey water tank, including size and number of gallons. The grey water tank must be sized a minimum of 15% larger than the potable water tank. Must also provide documentation as to where collected grey water wastes will be legally discarded at the end of an event.
- Indicate location of cabinets or shelving for the storage of multi-use food contact items, food, disposal items (e.g. – napkins, paper plates, cups), chemicals/cleaning supplies and where employees will store their personal items (e.g. - purses, coats, cell phones).

## PLAN REVIEW SUBMISSION REQUIREMENTS

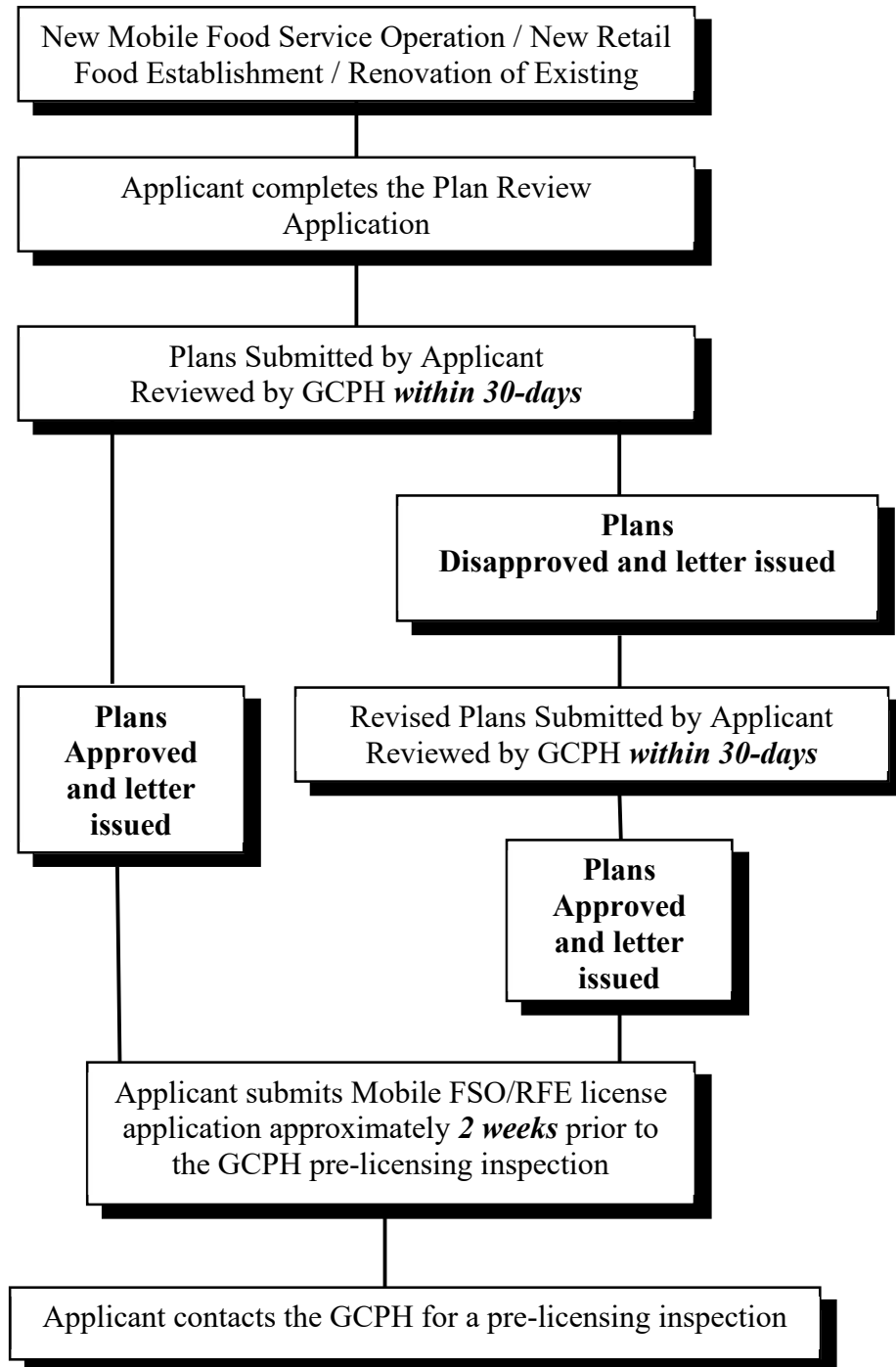
- **Lighting:**
  - Minimum of 20-foot-candles where food is provided for consumer self-service such as drink stations, and all areas used for handwashing, warewashing, equipment/utensil storage.
  - Minimum of 50-foot-candles at a surface where employees are preparing food and/or working with equipment such as knives, slicers, grills, fryers, etc. **Note:** Light bulbs must be shielded, coated or shatter-resistant in areas where there is exposed food, clean equipment, utensils, and unwrapped single service items (most LED lights are now shatterproof).
- Fire prevention information must be provided in your submittal packet. Provide documentation as to what type of fire protection you will be providing for your mobile unit (e.g. – ANSUL system, properly sized and appropriate type of fire extinguisher, etc.). Check with your local fire authority for requirements.
- **Person-in-Charge (PIC) Training:** *Effective September 1, 2024, all high risk mobile food service operations and high risk mobile retail food establishments licensed after **September 1, 2024**, are required to have at least one PIC per license holder at each event that has obtained the PIC certification. To comply with this rule, the PIC must complete a PIC course approved by the Director of Health through a provider that is registered with the Ohio Department of Health or complete an online PIC course approved by the Director of Health. **NOTE:** your mobile food license will **not** be issued by GCPH until proof of this training is provided, either during the plan submittal/review process or at the time of the pre-licensing inspection.*

## **PLAN SUBMISSION PACKAGE CHECKLIST**

### **Please verify each of the following are included with your Plan Submission Package:**

- \_\_\_\_\_ Completed Plan Review Application Packet. Ensure all questions are answered and all required documentation is provided.
- \_\_\_\_\_ Proposed Menu (include seasonal food items, drinks, condiments, etc.).
- \_\_\_\_\_ Floor Plan
- \_\_\_\_\_ Manufacturer's name, make / model number for each piece of food equipment shown on Floor Plan. **NOTE:** *GCPH will not accept the use of coolers with ice for storing/transporting TCS foods – **mechanical refrigeration is required.** Such coolers are permissible for bottled water, soda, etc. **only***
- \_\_\_\_\_ Equipment specification sheets/cut sheets for each proposed piece of equipment
- \_\_\_\_\_ Finish Schedule (include materials to be used and the proposed final finishes)
- \_\_\_\_\_ Plumbing Plan (include for potable water tank/water hose, grey water tank, hot water tank, backflow)
- \_\_\_\_\_ Lighting Plan
- \_\_\_\_\_ Proof of PIC training (high risk FSO/RFE mobile only)

## ***PLAN REVIEW PROCESS FLOW CHART***



# Greene County Public Health Food Safety Program Mobile Plan Review Application

OFFICE USE ONLY	
Date received:	_____
Receipt #:	_____
Received by:	_____
Risk Level	_____ determined by licensee

**Date:** \_\_\_\_\_

**Food Service Operation**  **Retail Food Est.**  **Low Risk**  **High Risk**  (Ref. notes above)

**Water supply:** Municipal  Private

**Mobile Type:** Vehicle/Trailer  Push-Cart (Refrig./Freezer)  Tent  Other

### Mobile Food Operation Information:

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Township or Village: \_\_\_\_\_

### Owner Information:

Name/Company: \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Est. Project Start date:** \_\_\_\_\_ **Est. Project Completion date:** \_\_\_\_\_

**IF THIS IS A MINOR MODIFICATION OR JUST A CHANGE TO YOUR MENU / FOOD OFFERINGS, AND THERE ARE NO SIGNIFICANT EQUIPMENT CHANGES. . . .**



**PROCEED TO PAGE 4 OF THE PLAN REVIEW APPLICATION, SIGN THE **PLAN REVIEW SUBMISSION** PAGE, AND SUBMIT YOUR MODIFIED MENU AND/OR FLOOR PLAN TO THE HEALTH DISTRICT.**

**Check the types of foods to be handled/prepared/served:**

	<u>(YES)</u>	<u>(NO)</u>
a. Raw poultry, beef, pork, fish that will be cooked	<input type="checkbox"/>	<input type="checkbox"/>
b. Acidified rice or raw fish for consumption, or shellfish	<input type="checkbox"/>	<input type="checkbox"/>
c. Cold ready-to-eat foods (Salads, sandwiches, lunchmeat, fruits, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
d. Hot foods (Soups, refried beans, vegetables, rice, pizza)	<input type="checkbox"/>	<input type="checkbox"/>
e. Bakery goods	<input type="checkbox"/>	<input type="checkbox"/>
f. Frozen foods (e.g. – ice cream, meats, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
g. Smoothies, frozen drinks, fresh squeezed lemonade, etc.	<input type="checkbox"/>	<input type="checkbox"/>
h. Non-pasteurized shell eggs	<input type="checkbox"/>	<input type="checkbox"/>
i. Batter and/or batter covered/fried foods	<input type="checkbox"/>	<input type="checkbox"/>
j. Other: _____		

**b. Food Supplies:**

a. Where will foods/ice be purchased from (identify sources and suppliers for all food items):

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**c. Hot / Cold Holding / Transporting:**

a. How will hot TCS foods be maintained at 135° F or above during transporting / service?

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b. How will cold TCS foods be maintained at 41° F or below during transporting / service including condiments (e.g. – power inverter)?

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**d. Ready-to-Eat Foods:**

a. How will ready-to-eat foods be protected from raw animal proteins during transport, storage, preparation and service?

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e. **Washing or rinsing or thawing produce, seafood or pasta:**

- a. List types of produce, seafood, pasta or other foods that need to be washed, rinsed or thawed in a preparation sink:

\_\_\_\_\_

f. **Cooling:**

- a. Do you intend to cool leftover TCS foods for further preparation/reheating? YES  NO  N/A   
If YES, describe what food items you intend to cool and how this will be accomplished:

\_\_\_\_\_

\_\_\_\_\_

g. **Reheating:**

- a. Do you intend on reheating bulk foods within your mobile? YES  NO  N/A   
If YES, describe what food items you intend to reheat and how this will be accomplished:

\_\_\_\_\_

h. **Acidified White Rice / Sushi:**

- a. Will you be preparing acidified rice or serving Sushi or Sashimi? YES  NO  N/A   
If YES, a HACCP plan must be submitted for review **or** you must provide a description on how you intend to handle acidified white rice. Also provide documentation on where you will be purchasing your Sushi or Sashimi from.

i. **Warewashing Area:**

- a. A 3-compartment sink must be provided in all mobiles that have equipment and utensils requiring washing, rinsing and sanitizing. The compartments must be large enough to accommodate half of your largest multi-use kitchenware item(s). What is the size of your warewashing sink compartments?

\_\_\_\_\_

- b. **NOTE:** Drainboards or additional shelving will be required, as well as sufficient shelving space to permit proper air drying of washed/sanitized multi-use kitchenware items.

Type of approved sanitizer at 3-compartment warewashing sink: \_\_\_\_\_

j. **Storage:**

- a. Where will food and non-food items (napkins, plates, chemicals, etc.) be stored between events? Do you have a warehouse registration/license from the Ohio Department of Agriculture to permit the storage of such items at your business headquarters?

\_\_\_\_\_

\_\_\_\_\_



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k. **Potable Water Tank and Hose:**

a. Tank specifics (providing a specification sheet is also preferred):

Size: \_\_\_\_\_ No. of Gallons: \_\_\_\_\_ NSF 61 or Equivalent? YES  NO  N/A

b. ASSE-approved backflow preventor provided/installed? YES  NO  N/A

List Type with ASSE Number: \_\_\_\_\_

l. **Grey Water Tank / Disposal:**

a. Tank specifics (providing a specification sheet is also preferred):

Size: \_\_\_\_\_ No. of Gallons: \_\_\_\_\_

b. Specify where you intend to legally dispose of your collected grey water after an event?

\_\_\_\_\_

m. **Catering / Movability / Signage:**

**NOTE:** A high risk mobile food service operation may conduct risk level 4 activities if the mobile unit is properly equipped and can comply with all appropriate Ohio Food Code requirements. The exception to this is that **no** catering is permitted from mobile food operations.

**NOTE:** A mobile food operation **must** be movable, it cannot be staged at a location where it is permanently plumbed into a potable water supply or a waste supply. A mobile food operation may not remain at one location for more than **40 days**.

**NOTE:** Each operator of a mobile food operation shall conspicuously display the name of the operation, city of origin, and area code / telephone number on the exterior of the mobile unit. The name and city of origin of the food operation shall be displayed with the individual lettering measuring at least 3-inches high and 1-inch wide.

***FAILURE TO PROVIDE ALL OF THE  
INFORMATION AND/OR NECESSARY  
DOCUMENTATION MAY RESULT  
IN A DELAY OF YOUR PLAN APPROVAL***

## Plan Review Submission

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This application is complete and accurate to the best of my knowledge. I understand that an incomplete application and submittal may delay the plan review process through disapproval and resubmission until the information is complete. I understand that any deviation from the initial submittal without prior approval from GCPH may nullify final approval and/or delay your project.

**Signature of applicant:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-licensing inspection of the establishment with equipment in place & operational will be necessary to determine if the food business complies with the local and state laws governing food operations. Any deviations observed at that time must be corrected prior to license issuance.**

(Preferred\*) Digital plans/links can be submitted to: [ehpermits@gcph.info](mailto:ehpermits@gcph.info)

Submit paper plans and/or payment and application to:      Greene County Public Health  
360 Wilson Drive  
Xenia, Ohio 45385

Questions: Food Safety Program

Phone: (937) 374-5600

Fax: (937) 374-5675

[www.gcph.info](http://www.gcph.info)

**PRE-LICENSING / COURTESY WALK-THROUGH INSPECTION CHECKLIST**

Please use this checklist *prior* to contacting the GCPH to assist in preparation for your pre-licensing / courtesy walk-through inspection. This checklist will assist you and help to avoid delays in opening your mobile food business. **NOTE:** Some items *may* not be applicable to your type of mobile food operation.

- The mobile is constructed according to the submitted plans and conditions noted on the plan approval letter.
- Received approval from the local Fire Department for your fire suppression equipment.
- All surfaces are clean and ready to use; mobile is totally clean and free of construction debris/materials.
- All equipment is commercial-grade and installed according to the submitted plans.
- All refrig./freezer equipment is operating, holding at proper temperatures, and supplied with thermometers.
- Mobile is equipped with a power inverter and keeps refrigerators/freezers energized during travel.
- All hand sinks have soap, disposable towels and hand washing signs are posted.
- Hot and cold water is available at all sinks. Must have a minimum of 100° F at all employee hand sinks.
- Sanitizer, compatible test strips, thermometers readily available.
- A probe stem food thermometer is available (must provide a thin-probe thermometer, as required).
- All cabinetry is fully enclosed and sealed.
- All gaps are fully sealed using caulking and/or trim pieces.
- All final finishes are smooth and easily cleanable. All bare wood is rendered non-absorbent.
- Escutcheons, rubber grommets, etc. are installed around pipes where they penetrate the floor. The escutcheons must be flush against the wall/floor and silicone caulked around them.
- A body fluid clean-up “kit” with written instructions is provided and available.
- An employee verification form is available for employees to sign once mobile food operations have begun.
- Signage completed on exterior of food mobile unit at required size.
- PIC Certification for high-risk food mobile operations