ST. CLAIR COUNTY
HEALTH DEPARTMENT

Our Community. Our Environment.

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STFU & MOBILE PLAN REVIEW APPLICATION

The St. Clair County Health Department welcomes you to the Plan Review process.

The fee schedule is as follows:

Full Plan Review..... $400.00

Partial Plan Review... $250.00

The Plan Review packet is comprised of the following parts:

1. The Plan Submittal Instructions
2. The Food Establishment Plan Review Process
3. The Food Establishment Plan Review Application
4. The Food Establishment Plan Review Worksheet

The Plan Submittal Instruction Sheet lists the items required to complete the Plan Review Application. Upon receipt of the required items, the application will be reviewed in a timely manner. The following correspondence may be sent: requests for more information and disapproval letters. Once the Plan Review is completed, an approval letter will be sent. For more information or questions, contact the St. Clair County Health Department at (810) 987-5306.

REV 1/2019

Michigan Department of AGRICULTURE & Rural Development

Special Transitory Food Unit (STFU) and Mobile Food Establishment Plan Review Application

Meets the Michigan Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name: _____

Address, City, Zip: _____

Establishment Phone: _____

Owner	Commissary Information (if applicable)
Name: _____	Name: _____
Address: _____	License #: _____
City, State: _____	Address: _____
Zip: _____ Phone #: _____	City, State: _____
E-mail: _____	Zip: _____ Phone #: _____
	E-mail: _____
List of support vehicles (e.g., stock truck, refrigerator truck):	**Location of offsite storage** (i.e., where trucks, STFU/mobile and dry goods will be stored between events)
_____	Address: _____
_____	City, State: _____
_____	Zip: _____ Phone #: _____
_____	E-mail: _____
_____	
_____	
_____	
_____	

Please list the name and phone number of primary contacts: _____

_____

For reviewing agency use only:

Fee $: _____ Check #: _____ Receipt #: _____

Date: _____ Plan Review #: _____ Assigned to: _____

Remarks: _____

General Information

Maximum number of meals to be served per day: _____

Minimum staff per shift: _____ Maximum staff per shift: _____

These plans are for (check one): ☐ An existing/pre-fabricated unit ☐ A unit that will be built upon plan approval

These plans are for (check one):

☐ Enclosed STFU	☐ Enclosed Mobile	☐ Other (Describe: _____
☐ Pushcart STFU	☐ Mobile Pushcart	_____
☐ Truck STFU	☐ Mobile Truck	_____
☐ Watercraft STFU	☐ Mobile Watercraft	_____
☐ Tent STFU	☐ Tent Mobile	

These plans are for a unit that:

☐ Will return to a licensed commissary daily

☐ May stay at temporary locations for more than 24 hours

Please summarize the proposed STFU/Mobile operation: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative: _____ Date: _____

Please print name and title here: _____

Special Transitory Food Unit (STFU) and Mobile Food Establishment Plan Review Worksheet and Standard Operation Procedures (SOP)

STFU/MOBILE Name:	
Owner:	
Address:	City:
State/Zip:	Phone:
Mark one: ☐ STFU ☐ MOBILE	Date:

Instructions: Answer all questions. Use additional pages if needed. If a question does not apply, mark the section as "N/A". This document is to be used in conjunction with the "Special Transitory Food Unit and Mobile Food Establishment Plan Review Manual" found at:
https://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html

By initialing this statement, I verify that food establishment operations may not be conducted in a private home, a room used as living or sleeping quarters, or an area directly opening into a room used as living or sleeping quarters and that all food handling must comply with Michigan Food Law and Michigan Modified Food Code.
Initial: _____

PART 1 MENU, FOOD, & FOOD PROCESSES

(Note: Any changes to the menu must be submitted and approved by the regulatory authority (LHD or MDARD) prior to their service, you may be required to show approval during inspections.)

Item A-Menu: List all foods, including beverages, that will be served (attach an additional sheet or menu if necessary)

_____

_____

_____

_____

_____

_____

_____

_____

_____

Reviewers Initials: _____ Approval Date: _____

Item B-Food Source: List where you buy all your food (e.g. GFS). Home prepared foods or cottage foods are not permitted.

_____

_____

_____

_____

_____

_____

Item C-Storage: Indicate where you will store all food and food-related items while in operation (e.g., refrigerator, freezer, cooler with ice, chafing dishes, steam table, Cambro, dry goods shelf, etc.).

Raw meats:	Cold cooked or ready to eat food:
Hot cooked or ready to eat food:	Unopened canned products:
Ice:	Perishable beverages:
Condiments:	Dry goods:
Vegetables/Fruits:	Non-perishable beverages:

Reviewers Initials: _____ Approval Date: _____

Item D-Food Transportation: List all methods of transporting food to the STFU/Mobile.

Food to Be Transported	Transportation Method (e.g., refrigerated truck, stock truck, Cambro, etc.)	Where is the food coming from (e.g., Commissary, Food Supplier)
Hot Foods (list):		
Cold Foods (list):		
Dry/Canned Goods		
Fruit/Vegetables		
Other Items (list):		

Item E-Thawing: List foods that will be thawed by one of the following approved methods.

Method	Food
Under Refrigeration:	
Under Cold Running Water:	
In a Microwave Oven followed by Cooking:	
During Cooking:	

Reviewers Initials: _____ Approval Date: _____

Item F-Preparation: The handling of ready-to-eat foods with bare hands is prohibited. Mark which methods will be used to avoid bare hand contact with ready-to-eat foods.

☐ Single use gloves ☐ Utensils ☐ Deli papers ☐ Other (describe): _____

Item G-Cross Contamination Prevention: Raw animal products and unwashed fruits/vegetables must be handled and stored in a manner that prevents cross-contamination of cooked/ready-to-eat foods. Describe how these foods will be stored and prepared to prevent cross contamination. A diagram may be attached showing methods/order of separation.

Unwashed fruits and vegetables:	Eggs:
Beef:	Fish/Seafood:
Pork:	Lamb:
Poultry:	Ready-to-eat food:
Other:	

Reviewers Initials: _____ Approval Date: _____

Item H-Cooking: Indicate how all raw time/temperature controlled foods will be cooked and how temperatures will be monitored. NOTE: Please mark foods that are cooked to order (i.e., served undercooked or raw) with an * and include a copy of the Consumer Advisory.

Food	Cooking Method	Final Cooking Temperature
(Example) Burgers	*Charbroiler*	*155°F*
Method for monitoring:		

Item I-Cooling: Indicate what foods will be cooled, cooling method used, time frame for cooling to listed temperatures, and method for monitoring.

Food	Cooling Method	Time to 70°F	Time to 41°F
Method for monitoring:			

Reviewers Initials: _____ Approval Date: _____

Item J-Reheating for Hot Holding: Indicate all foods that will be reheated, the type of reheating proposed (individual serving or in bulk), the equipment used to reheat, the reheat temperature, reheating time, and method for monitoring.

Food	Individual (I) or Bulk (B)	Equipment Used (e.g., microwave)	Temperature	Time (how long)
Method for monitoring:				

Item K-Hot Holding: Indicate what foods will be held hot, equipment used, and method for monitoring. Time/temperature controlled for safety foods must be hot held at 135°F or above.

Food	Equipment Used
Method for monitoring:	

Reviewers Initials: _____ Approval Date: _____

Item L-Cold Holding: Indicate the foods that will be held cold and the equipment used. Time/temperature controlled for safety foods must be held at 41°F or below.

Food	Equipment Used
(Example) Burgers	*True refrigerator*
Method for monitoring:	

Item M-Time Alone as Control: List foods where only time, and not temperature, will be used to control the safety of time/temperature controlled food items. Explain the procedure of time control for each food item (Note: Additional written procedures may be required to comply with 3-501.19 of the Michigan Modified Food Code).

Food	How long will this food be held out of temperature control	Marking Method	Monitoring method and action taken when time limit is reached
(Example) Corn Dogs	*4 hours*	*Running list of time when batch is made*	*Insure corn dogs from batch are used or discarded within four hours of batch made*

Reviewers Initials: _____ Approval Date: _____

Item N-Date Marking: Ready-to-eat time/temperature controlled foods held over 24 hours in refrigeration must be date marked with a method that indicates when they need to be discarded. Indicate the food, date marking method to be used including the maximum number of days between preparation/opening and discarding.

Food	Date Marking Method

PART 2 EMPLOYEE HEALTH AND HYGIENE

Item A-Hygiene Practices: Complete the following, by initialing to verify agreement to comply.

	Initial
Employees will report to work clean and in clean clothes:	
Employees will use proper hair restraints, **describe restraint to be used**:	
Employees will not use tobacco in the food areas.	
Employees will not eat in the food areas.	
Employees will drink only from covered cups with a straw, or equivalent, in the food area.	
Employees will cover all cuts with waterproof bandages.	
Employees will cover cuts on hands with a bandage and a proper glove.	
Employees will not wear nail polish or will cover the nails with gloves. Nails will be kept trimmed and clean.	
Employees will not wear hand/wrist jewelry, with the exception of a plain wedding band.	
Soap, paper towels, waste receptacle and a reminder notice will be provided at each hand washing location.	

Reviewers Initials: _____ Approval Date: _____

Item B-Handwashing: Indicate how and when employees will wash their hands, number and description of handwashing station(s) and how warm water will be provided to handwashing station(s).

How and when will employees wash hands:

_____

_____

_____

_____

_____

_____

Number and description of handwash station(s):

_____

_____

_____

_____

_____

_____

How is warm water provided to handwash station(s):

_____

_____

_____

_____

_____

_____

Item C-Employee Health: Describe how employees will be made aware of health reporting requirements (reportable illnesses and symptoms) as it relates to diseases transmissible through food. Provide copies of any handouts or posters used in this training. Note: Guidance documents, including posters and forms, are available from the regulatory authority.

_____

_____

_____

_____

_____

Reviewers Initials: _____ Approval Date: _____

The person in charge (PIC) is required to:

- Recognize symptoms of diseases that are transmitted by foods. Common symptoms of illnesses that can be easily spread by food include:
  - Diarrhea
  - Vomiting
  - Jaundice
  - Sore throat with fever, or
  - Infected wounds and boils on the hands or arms
- Notify employees of their reporting requirements regarding their health and activities. **Employees must notify PIC when:**
  - They experience any of the common symptoms that can be easily spread by food:
    - Diarrhea
    - Vomiting
    - Jaundice
    - Sore throat with fever
    - Infected woods and boils on the hands or arms
  - They are diagnosed as being ill as a result of any of the following pathogens (Big Five)
    - Norovirus
    - Hepatitis A virus
    - *Shigella spp.*
    - Enterohemorrhagic or Shiga toxin-producing *Escherichia coli (E. coli)*
    - *Salmonella typhi*
    - They are exposed to or are suspected of causing a confirmed foodborne illness outbreak of any of the Big Five.
    - They live with a household member who has any of the Big Five, or if a household member works in or attends a setting where any of the Big Five have caused a confirmed outbreak.
- Exclude food employees from the unit with the following conditions:
  - Diagnosed as having an illness associated with a Big Five pathogen
    - For employees diagnosed with one of the Big Five <u>but experiencing no illness symptoms</u>, consult the regulatory authority. Restriction is allowed under some circumstances.
  - Signs of jaundice, (yellowing of skin and/or eyes), and onset occurred in the last 7 calendar days.
  - Symptoms of vomiting and/or diarrhea
- Restrict food employees with the following conditions from working with exposed food; clean equipment, utensils and linens; unwrapped single service and single-use items; etc.:
  - Sore throat with fever
  - An uncovered lesion containing pus, such as a boil, or an uncovered infected wound
- Notify the regulatory authority when an employee is diagnosed with any of the below listed pathogens or is jaundiced.
  - Norovirus
  - Hepatitis A virus
  - *Shigella spp.*
  - Enterohemorrhagic or Shiga toxin-producing *Escherichia coli (E. coli)*
  - *Salmonella typhi*
- Reinstate affected food workers who are restricted or excluded. Reinstatement will be performed in the following manner:
  - Any employee excluded due to <u>jaundice</u> or <u>diagnosis with one of the Big Five</u> will be reinstated per written medical documentation from a physician and **approval from the regulatory authority.** Contact the regulatory authority for assistance with other options for reinstatement.
  - Any employee excluded due to symptoms of <u>vomiting</u> or <u>diarrhea</u> will be reinstated after they have been symptom free for at least 24 hours, or after they have provided medical documentation that the symptom is from a noninfectious condition.
  - Any employee restricted or excluded due to illness with <u>sore throat and fever</u> will be reinstated when they have provided medical documentation that they have received antibiotic therapy for *Streptococcus pyogenes* infection for more than 24 hours, they have had at least one negative throat specimen culture for *Streptococcus pyogenes*, or it is otherwise determined by a health practitioner that they are free of *Streptococcus pyogenes* infection.
  - Any employee restricted due to an uncovered <u>infected wound or pustular boil</u> will be reinstated when the

area is properly covered with one of the following:
    - On the hands or wrists, an impermeable cover such as a finger cot or stall with a single-use glove worn over the impermeable cover,
    - On exposed portions of the arms, an impermeable cover, or
    - On other parts of the body, a dry, durable, tight-fitting bandage
- Assure that the following procedures are met:
    - Require all employees to review this procedure.
    - Monitor employees for visible or obvious symptoms.
    - Assure that all employees notify the PIC when required.
    - Assure that all food employees comply with exclusions or restrictions.
    - Maintain documents and record of exclusions and restrictions.
    - Contact the regulatory authority when required and if there are any questions.

By initialing, I agree to comply with the above listed employee health requirements of the Michigan Modified Food Code.

Initials: _____

Reviewers Initials: _____ Approval Date: _____

PART 3 FOOD CONTACT SURFACES

Item A-Warewashing: Describe how all utensils, equipment, and food contact preparation surfaces will be warewashed (e.g., in basins/compartments, in-place cleaning, or clean-in-place (CIP) equipment). Include the frequency of warewashing, the facilities used, the procedures used, and the sanitizers used. **Sanitizer concentration needs to be at concentration as listed on the manufacturer's label for that sanitizer**. (NOTE: In-use utensils for time/temperature controlled foods must be washed, rinsed and sanitized at least every four hours)

Equipment/Utensil	Frequency	Method/Facility (Basin/compartments, In-Place, or CIP)	Procedure	Sanitizer & Manufacturer's Concentration
(Example) Tongs	*Every 4 hours*	*3 basin sink*	*Wash/rinse/sanitize*	*Chlorine 50 ppm*

____Test strips must be provided to monitor concentrations of each type of sanitizer used on site. Indicate by initialing the line provided that test strips will be provided and used.

Item B-Chemical Storage: Describe where sanitizers and other chemicals will be stored in the STFU/mobile or during operation.

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_____

Reviewers Initials: _____ Approval Date: _____

PART 4 WATER SUPPLY

(Note: Water must be obtained from an approved source that has completed state or local sampling requirements, contact the Local Health Department for additional information on non-municipal sources)

Item A-Water Source and Storage: Indicate the source of potable water, how water is supplied/delivered (e.g., food grade hoses) to STFU/mobile, and how this water will be stored on board (e.g., water jugs, holding tank). List size of holding tanks or water containers. NOTE: The unit should be equipped with enough water capacity to meet peak water demands while in operation.

Source of water:	
Delivery of water to STFU/mobile:	
Storage of water (include size of holding tanks/containers):	

Item B-Cleaning and Sanitizing of Water Supply Equipment: List method and frequency that water equipment, including holding tanks and food grade hoses, will be cleaned and sanitized and how this equipment will be protected from contamination when not in use.

Equipment	Cleaning/Sanitizing Method	Frequency	Protection when not in use
(Example) Food grade hose	*Rinsed out with chlorinated water*	*After each event*	*Stored in cabinet within unit*

Reviewers Initials: _____ Approval Date: _____

Item C-Backflow Prevention: List equipment that will require backflow prevention and what method of backflow prevention will be provided. If a connection will be made to a public water system, describe how the public water system will be protected from the unit.

Equipment	Backflow Prevention Method
(Example) Carbonator	*ASSE 1022 device*
If connection to public water system is needed, how will the public water system will be protected from unit:	

PART 5 SEWAGE DISPOSAL

Note: Sewage must be disposed of at an approved sewage disposal site.

Item A-Liquid Waste Disposal: Describe how liquid waste generated in the STFU/mobile will be collected and disposed. Include the capacity/size of waste holding tanks/containers.

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_____

_____

_____

_____

Item B-Backflow Prevention: List equipment that has a drainline and in which food, portable equipment, or utensils are placed. Describe how this equipment will be protected from sewage "back up" through this drainline.

Equipment	Backflow Prevention Method
(Example) Ice bin	*Air gap between ice bin and waste water holding tank*

Reviewers Initials: _____ Approval Date: _____

Item C-Toilet Facilitates: If the STFU/mobile does not have an on-board toilet facility, describe anticipated toilet facilities and how hand washing after bathroom use will be handled.

_____

_____

_____

_____

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Item D-Service Sink: If applicable to STFU/mobile, describe how floors will be cleaned and where waste water from wet floor cleaning will be disposed of.

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PART 6 ENVIRONMENTAL HAZARDS

Item A-Pest & Environmental Controls: Describe the methods you will use to keep flying and crawling pests as well as environmental contaminants (e.g., leaves, blowing dust) out of the STFU/mobile (e.g., service windows with air curtains or screening). If equipment and/or food is in an open-air environment, describe how this food and/or equipment will be protected (e.g.; lidded food containers).

Area of Concern	Method of Pest & Environmental Contaminate Control
Service windows:	
Cooking/grilling/smoking locations:	
Other equipment exposed to open air:	
Food exposed to open air:	
Other areas of concern:	

Reviewers Initials: _____ Approval Date: _____

PART 7 Floors/Walls/Ceiling

Item A-Floors: Describe the type of indoor flooring to be used. If indoor flooring is not applicable, describe the ground surface the unit will be placed upon when operating.

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_____

_____

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_____

Item B-Walls: Describe the type of indoor walls to be installed. If indoor walls are not applicable, describe how food equipment and food will be protected from the surrounding environment.

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_____

Item C-Ceiling: Describe the type of indoor ceiling to be installed. If indoor ceiling is not installed, describe how overhead protection will be provided.

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_____

_____

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_____

Item D-Exterior: Describe the exterior construction material of the unit.

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_____

_____

_____

_____

Reviewers Initials: _____ Approval Date: _____

PART 8 EQUIPMENT SPECIFICATIONS

Item A-Food Equipment: List food equipment (including cooking, cold storage, hot holding, and food preparation), its make and model, and mark if it is floor or countertop mounted.

Equipment	Make	Model	Floor Mounted	Counter Mounted

Reviewers Initials: _____ Approval Date: _____

Item B-Hot Water Capacity: Describe how hot water will be provided. If a tank or tankless water heater will be used, list make, model, and size of unit. (NOTE: The unit should be equipped with enough hot water capacity to meet peak water demands while in operation.)

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Item C-Dish (Warewashing) Sinks: List the size of each sink compartment or tub to be used for warewashing and describe where soiled utensils/equipment will be stored before warewashing and where cleaned and sanitized utensils/equipment will be stored while air drying. List the measurements of the largest piece of equipment or largest utensil that will be cleaned and sanitized in the dish (warewashing) sinks.

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_____

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PART 9 ELECTRICITY

Item A: Mark if electricity is needed for operation of the STFU/mobile. If needed, mark if electricity will be supplied by a generator that is part of the STFU/mobile or by an electrical connection from another entity.

Electricity is need for operation: ☐ YES ☐ NO

If YES, mark how electricity be provided: ☐ Generator as part of STFU/mobile ☐ Electrical connection by another entity

If a generator, as part of STFU/mobile, is used describe the make and model of generator as well as the wattage it can provide. Indicate where this generator will be located:

_____

_____

_____

_____

_____

_____

Reviewers Initials: _____ Approval Date: _____

If electrical connection by another entity is used, describe how you will ensure electricity is left running overnight, if applicable.

_____

_____

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_____

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_____

PART 10 VENTILATION

Item A: Mark if mechanical ventilation hood will be provided. If provided, indicate if the hood is a Type I or Type II and how make up air will be provided.

Mechanical ventilation hood will be provided: ☐ YES ☐ NO

If provided, mechanical ventilation hood is a: ☐ Type I ☐ Type II

If applicable, describe how make up air will be provided:

_____

_____

_____

_____

_____

_____

Item B: If applicable, list what equipment will be located underneath the mechanical ventilation hood.

_____

_____

_____

_____

_____

_____

Reviewers Initials: _____ Approval Date: _____

PART 11 ADDITIONAL CIRCUMSTANCES

This space is reserved to address circumstances that are specific to this STFU/mobile and that are not accounted for anywhere else in this document.

Reviewers Initials: _____ Approval Date: _____

PART 12 DIAGRAM

Item A: ***ATTACH*** a scaled (indicate scale used) layout diagram of STFU/mobile OR attach photos of interior/exterior of STFU/mobile and equipment and include the dimensions of the STFU/mobile and equipment. Depending upon your regulatory authority, both a scaled diagram and photos may be needed.

It is my intention as the Owner/Operator of this STFU/Mobile to have the information listed above serve as the Standard Operating Procedures (SOPs) for this unit. I understand that:

- The approved SOPs for an STFU must be kept with the unit when it is operating.
- I must operate consistent with those SOPs and menu.

_____ _____
Owner/Representative Date

☐ The SOPs have been reviewed and determined to be complete and technically accurate. The SOPs are approved.

☐ The SOPs have been reviewed and have been approved, subject to the following stipulation(s):

_____

_____

_____

_____

_____

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_____

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_____

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_____

_____ _____
Sanitarian/Inspector Date

_____
Agency

Reviewers Initials: _____ Approval Date: _____

Additional Comments:

Reviewers Initials: _____ Approval Date: _____