



ST. CLAIR COUNTY HEALTH DEPARTMENT

Our Community. Our Environment.

3415 28th Street Port Huron MI 48060

ANNETTE MERCATANTE MD MPH
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F 810.985.2150

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F 810.984.0747

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P 810.987.5300
F 810.987.0630

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F 810.986.2150

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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.



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1. Plan review application and any necessary plan review fees.

Mandatory plan review is required for all food service establishments, special transitory food units that are predominately food service and any other establishment inspected by a **Local Health Department (LHD)**. Contact your area LHD for the applicable plan review fee as they vary by jurisdiction.

MDARD inspected establishments (retail food) require a \$197 mandatory plan review for retail food establishments with deli and seating, retail grocery with food service and special transitory food units that are predominately retail or wholesale. Most other plan reviews are voluntary and done at no charge. MDARD encourages **all** operators to submit remodeling or construction plans for review.

2. Completed Plan Review Worksheet

Application, worksheet and guidance manual copies are available from any LHD or at:
<http://www.michigan.gov/mdard>. Search: Plan Review.

3. Menu

If your facility does not have a formal, set menu (e.g., school with a rotating menu) submit representative sample menus or a list of foods offered for sale or service.

4. Standard Operating Procedures (SOPs)

SOPs appropriate to your operation shall be submitted prior to opening. See the Standard Operating Procedures Manual guidance document that is available from any LHD or at:
<http://www.michigan.gov/mdard>. Search: Plan Review.

5. Certified Manager Documentation

Most food establishments will be required to employ at least one (1) full time certified manager employee who is certified under the American National Standards Institute accredited certification program (Food Law 2000, as amended, Section 289.2129). Documentation that verifies they meet the certified manager requirements prior to establishment opening will be required.

6. One complete set of plans. Provide scaled plans (1/4" per foot is a normal, easy to read scale). Show:

- Proposed layout, with equipment identified.
 - Label sinks and prep tables with their intended use.
 - Include construction materials of such items as custom cabinets and any other built-in items.
- Mechanical plan (e.g., cooking ventilation systems: including hood, duct and exhaust fans).
- Plumbing plan (e.g., sinks for handwashing, food preparation and dishwashing, dishmachines, hot and cold water outlets, hot water equipment, water heater, sewer drains, grease traps and floor drains/sinks).
- Lighting plan, indicating which lights are shielded.
- Site Plan, including:
 - Details of outside garbage storage area and containers, as well as exterior storage areas.
 - On-site water well and sewage disposal system data

7. Specifications

- Include manufacturer's specifications for each piece of equipment. Minimum information for each piece of equipment includes the following (note: the manufacturer's specification or "cut" sheet typically provides most of this information):
 - Type
 - Manufacturer
 - Model number
 - Dimensions
 - Performance capacity
 - Indicate how equipment will be installed (e.g., on leg or wheels, fixed or flexible utility connections)
 - Indicate which items are used equipment and what equipment is NSF approved or equivalent.
 - Sanitation Standard Operating Procedures (SSOPs): Include any available cleaning and maintenance instructions for food processing, cutting and grinding equipment.

FOOD ESTABLISHMENT PLAN REVIEW PROCESS

1

New Food Establishment/Remodeling/Conversion Proposed. **Note:** Construction may not begin until approval is granted.

2

Operator assembles required documentation, completes the application forms and other required items – submits the materials along with payment to appropriate regulatory authority.

3

Review conducted by regulatory authority. **Note:** If the facility is serviced by on-site water supply or sewage disposal systems additional approvals will be necessary prior to food establishment plan approval.

4

If applicable, regulatory authority requests additional information regarding missing materials or information provided that does not meet requirements.

5

Plans are approved and regulatory authority sends a plan review approval letter.

6

CONSTRUCTION BEGINS*

7

Approved plans kept on site during construction. If plans are changed after approval, the changes must be submitted to regulatory authority in writing and approved again before proceeding with construction.

8

Applicant applies for food license 30 days prior to intended opening date.

9

Complete and submit an air balance test report plus local mechanical department's approval of ventilation system as well as approval from any other applicable departments (e.g. plumbing, building, etc.) if requested by regulatory authority.

10

Applicant requests an appointment for a pre-opening inspection, once all construction is complete, as required by the regulatory authority.

11

Pre-opening inspection conducted and approval of food license and operation given by regulatory authority if establishment is compliant with Michigan Food Law and Michigan Modified Food Code. SOPs must be submitted and reviewed prior to opening.

*Regulatory agency has authority to issue a stop work order when construction begins before plans are approved.



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: _____ Address: _____ City, State: _____ Zip: _____ Phone #: _____ E-mail: _____	Name: _____ License #: _____ Address: _____ City, State: _____ 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: <input type="checkbox"/> STFU <input type="checkbox"/> 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)

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:

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:	

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:	

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
<i>(Example) Burgers</i>	<i>Charbroiler</i>	<i>155°F</i>
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:			

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:	

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
<i>(Example) Burgers</i>	<i>True refrigerator</i>
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
<i>(Example) Corn Dogs</i>	<i>4 hours</i>	<i>Running list of time when batch is made</i>	<i>Insure corn dogs from batch are used or discarded within four hours of batch made</i>

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.	

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.

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 wounds 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 but experiencing no illness symptoms, 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 jaundice or diagnosis with one of the Big Five 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 vomiting or diarrhea 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 sore throat and fever 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 infected wound or pustular boil 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: _____

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
<i>(Example) Tongs</i>	<i>Every 4 hours</i>	<i>3 basin sink</i>	<i>Wash/rinse/sanitize</i>	<i>Chlorine 50 ppm</i>

____ 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.

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
<i>(Example) Food grade hose</i>	<i>Rinsed out with chlorinated water</i>	<i>After each event</i>	<i>Stored in cabinet within unit</i>

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
<i>(Example) Carbonator</i>	<i>ASSE 1022 device</i>
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.

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
<i>(Example) Ice bin</i>	<i>Air gap between ice bin and waste water holding tank</i>

Item C-Toilet Facilities: 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.

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.

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:	

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.

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.

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.

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

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.

[illegible]

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.)

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.

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:

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

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.

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.

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Additional Comments:

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Mobile Food Establishment Commissary Verification Form

Verification Form Guidance

Mobile Food Establishment

The Michigan Food Law of 2000, as amended defines a mobile food establishment as a food establishment operating from a vehicle or watercraft that returns to a licensed commissary for servicing and maintenance at least once every 24 hours.

Mobile Food Establishment Commissary

A mobile food establishment commissary is defined as an operation that is capable of servicing a mobile food establishment. Any licensed food establishment can serve as a mobile food establishment commissary if that food establishment can support the needed services of the mobile food establishment. A food establishment acting as a commissary must be assessed to determine it has adequate facilities (e.g. cold storage space, dry storage space, water supply, waste water disposal, hot water, appropriate equipment, etc.) to support the services needed by the mobile food establishment.

A licensed food establishment that serves as a mobile food establishment commissary shall provide:

- Adequate equipment and space for proper storage of food, utensils, equipment, linens and single service articles.
- The ability to safely handle the volume of food and food preparation activities.
- Sufficient capacities for washing, rinsing, sanitization and drying of equipment and utensils
- Approved and adequate facilities for the sanitary disposal of liquid waste (Michigan Food Law §6131).
- Approved and adequate potable water supply (Michigan Modified Food Code §5-101, 5-102, 5-103).
- Approved and adequate facilities for the collection of solid waste.
- A servicing area with overhead protection (Michigan Modified Food Code §6-202.18).

Verification Form

A "Mobile Food Establishment Commissary Verification Form" has been developed to verify the food establishment acting as the mobile food establishment commissary is properly licensed and has the capacity/ability to provide necessary services to the mobile food establishment. When the food establishment acting as the mobile food establishment commissary will be licensed under a different operator than the operator of the licensed mobile food establishment, the license holder of the mobile food establishment will need to complete this verification form and provide copies to the appropriate regulatory agencies. A new verification form shall be completed and submitted to the appropriate regulatory agencies whenever a change in the mobile food establishment commissary location occurs. **The operator of the mobile food establishment is required to obtain the necessary signatures and distribute the completed copies of the verification form as follows:**

- Maintain the original document on board the mobile food establishment.
- Send one copy to the food establishment acting as mobile food establishment commissary.
- Send one copy to the mobile food establishment licensing regulatory authority (Local Health Department-LHD or Michigan Department of Agriculture and Rural Development-MDARD).
- Send one copy to the licensing regulatory authority (LHD or MDARD) who oversees the food establishment that is acting as the mobile food establishment commissary.

Mobile Food Establishment Commissary Verification Form

Part A – To be completed by the MOBILE FOOD ESTABLISHMENT operator:

Mobile Food Establishment Name: _____
Business Address: _____
Owner: _____
License/Establishment Number: _____
Number of Licensed Mobile Food Establishment Units: _____
Approved Liquid Waste Disposal Site: _____
Approved Water Supply Filling Location: _____

Signature of Mobile Food Establishment owner: _____ Date: _____

Part B – To be completed by the FOOD ESTABLISHMENT (acting as the Mobile Food Establishment Commissary) operator:

Food Establishment Name: _____
Business Address: _____
Owner: _____
License/Establishment Number*: _____
*A copy of the current license may be requested

I hereby verify that I have agreed to provide and oversee all the following marked services to the above mobile food establishment operator at least once every 24 hours of operation for each unit listed:

- ☐ Adequate equipment and space for proper storage of food, utensils, equipment, linens and single service articles.
- ☐ The ability to safely handle the volume of food and food preparation activities.
- ☐ Sufficient capacities for washing, rinsing, sanitization and drying of equipment and utensils
- ☐ Approved and adequate facilities for the sanitary disposal of liquid waste (Michigan Food Law §6131).
- ☐ Approved and adequate potable water supply (Michigan Modified Food Code §5-101, 5-102, 5-103).
- ☐ Approved and adequate facilities for the collection of solid waste.
- ☐ A servicing area with overhead protection (Michigan Modified Food Code §6-202.18).

Use the following space to list additional services provided by the Food Establishment to the Mobile Food Establishment:

By signing this form, you have agreed to act as a Mobile Food Commissary supplying and overseeing the above services for the listed Mobile Food Establishment(s).

Signature of Food Establishment owner: _____ Date: _____

Part C – To be completed by MDARD/LHD INSPECTOR of the Food Establishment acting as a Mobile Food Establishment Commissary.

By signing this form, you have verified that the named Food Establishment can adequately service the named Mobile Food Establishment. The liquid waste disposal facility and the water supply facility have been inspected and are approved by the Local Health Department.

Signature of Regulatory Agency Representative: _____

Regulatory Agency Name: _____ Date: _____