Whitman County Public Health

Growing A Healthier Community.

→ **Personal & Family Health**
→ **Community Health**
→ **Environmental Health**

PULLMAN
1205 SE Pro Mall Blvd #203
Pullman, WA 99163
509.332.6752

COLFAX
310 N Main Street #108
Colfax, WA 99111
509.397.6280

ENVIRONMENTAL HEALTH DIVISION - FOOD SAFETY

Mobile Unit & Foodtruck Plan Review

This plan review packet is designed to guide you through the plan review process and help you submit accurate and complete plans for Whitman County Public Health to review. A copy of the Washington State Retail Food Code, Chapter 246-215 WAC can be found here:
https://www.doh.wa.gov/portals/1/documents/pubs/332-033.pdf. Applications must be submitted at least 30 calendar days before the date planned for opening a food establishment.

Each section includes required items to submit a full plan review packet:

1. Overview of Plan Review Submittal
2. Food Service Application
3. Menu and Food Handling Procedures
4. Equipment List
5. Mobile Floor Plan / Layout
6. Finish Schedule, Lighting and Drainage
7. Garbage Disposal
8. L&I Approval
9. Mobile Unit Water Source/Wastewater Disposal
10. Serving Site Requirements – Acknowledgement
11. Commissary

1. OVERVIEW OF PLAN REVIEW SUBMITTAL	
Type of Plan Review:	☐ New Mobile Unit Operation ☐ Adding on mobile food service to existing Permit ☐ Significant change in mobile operations or addition of new mobile unit to existing permit
Mobile Unit (check all that apply):	☐ Is stationary, always in one place ☐ Is truly mobile, in different places constantly ☐ Will be serving at temporary food events in Whitman County ☐ Is currently permitted in another county in Washington State ☐ Has already been approved by L&I
What is the estimated opening date	
Who will be the manager/person in charge for this plan review?	Name: Phone: Email:

2. Food Service Establishment Application

Ownership & Establishment Information

Business Name: _____

Business Address: _____

                Street   City   State   Zip Code

Billing Address (if different):_____

                Street   City   State   Zip Code

Business Phone: _____ Email Address: _____

Owner(s) Name:_____ Date of Birth:_____Owner Phone:_____

Owners Address: _____

                Street   City   State   Zip Code

Ownership Type : ▢ Association ▢ Corporation ▢ Individual ▢ Partnership ▢ Other_____

Business Information

Business is (Check one): ▢ Mobile ▢ Stationary **Business is (Check one):** ▢ Temporary ▢ Permanent

Type of Business (Check one):

▢ Coffee Stand	▢ Hotel	▢ Large Grocery
▢ Convenience Store	▢ Continental Breakfast	▢ Catering w/Restaurant
▢ Bed & Breakfast	▢ Coffee Shop w/Food Prep	▢ Catering Only
▢ Ice Cream Shop	▢ Full Service Restaurant	▢ Mobile Unit- Simple Menu
▢ Fast Food	▢ School/Greek Kitchen	▢ Mobile Unit- Complex Menu
▢ Simple Menu	▢ Small Grocery	

Food Specifics of Establishment

The operation includes (check one):

▢ **Simple Preparation:** prepares, offers for sale, or serves potentially hazardous food (i.e. food that requires time/temperature control)

    If yes, then (check all that apply):

      ▢ Only to order upon consumer's request

      ▢ In advance quantities based on projected consumer demand and discards food that is not sold or served

      ▢ Using time as a public health control under WAC 246-215-03530

▢ **Complex Preparation:** prepares potentially hazardous food in advance using a food preparation method that involves two or more steps including; cooking; cooling; reheating; hot or cold holding; freezing; or thawing.

    If yes, then (check all that apply) Prepares food as specified above for delivery or catering

□ Prepares food as specified for immediate consumption

□ Prepares food as specified above for service to a highly susceptible population

□ Prepares only food that is not potentially hazardous or does not require time/temperature control (attach menu)

□ Does not prepare, but offers for sale only pre-packaged food that is not potentially hazardous food.

Other Business Contacts:

Person directly responsible for the food establishment:

Name:_____Title:_____

Address: _____Phone: _____

Person who functions as the immediate supervisor of the person above (such as zone, district, or

regional supervisor): □ **Check if same as above**

Name:_____Title:_____

Address: _____Phone: _____

Any other person comprising the legal ownership not addressed above:

□ **Check if same as above**   □ **Check if not applicable**

Name:_____Title:_____

Address: _____Phone: _____

Local resident representative, _if one is required,_ based on the type of legal ownership:

□ **Check if same as above**   □ **Check if not applicable**

Name:_____Title:_____

Address: _____Phone: _____

I,_____, certify that the information provided in this application is accurate. I affirm that I will comply with Washington Administrative Code 246-215 Food Service. I agree to allow the regulatory authority of Whitman County access to the establishment as specified under 08415 and to the establishment records specified under 03290, 05280 and 08215 (4)(f) of the Washington Administrative Code 246-215 Food Service.

Applicant Signature:_____Date: _____

Regarding Food Service Permits in Whitman County:

- Permits must be renewed annually to continue operating.

- Renewals are sent out at the beginning of the calendar year, and permits expire January 31 of each year.

- Establishments are classified based on operation type and risk category of menu and process. Permit fees are set by the Whitman County Board of Health and are subject to change each year.

- The initial plan review and pre-opening inspection is accompanied by a plan review fee.

- Permits are not transferable. If your operation relocates, or changes business name/owner, the new operation is subject to fees for plan review and reinstatement of permit

- Food service establishments are inspected once every 6-18 months depending on risk category. These are known as Routine Inspections. Please note the Food Enforcement Procedure found here: https://www.whitmancountypublichealth.org/uploads/9/4/9/8/94983524/food_enforcement_procedure.pdf

- Failed inspections are put into a compliance schedule. Repeat failed inspections may cause forced closure on the restaurant until back into compliance.

- Any significant changes in menu, ownership, equipment or facility must be reviewed and approved by Whitman County Public Health.

3. Menu & Food Handling Procedures

Attach a detailed copy of your menu including all food and drinks you will be serving. Provide food preparation steps for all menus using the table below. If using a commissary, explain what food preparation activities will be occurring at the commissary and what activities will be done at the food service locations:

- All foods must come from an approved source

- No home prepared foods are allowed

- Significant changes to menu or preparation process must be submitted and approved

Procedure	Procedure Used	List all food items that will use this procedure
Cold Holding	▢ Yes ▢ No	
Hot Holding	▢ Yes ▢ No	
Washing, cutting, portioning, preparing	▢ Yes ▢ No	
Cooling	▢ Yes ▢ No	
Reheating	▢ Yes ▢ No	
Thawing	▢ Yes ▢ No	
Cooking from raw (including meats and produce)	▢ Yes ▢ No	
Special processes (vacuum packaging, sous vide, curing, smoking, custom meat processing, acidifying, growing sprouts, molluscan shellfish tank)	▢ Yes ▢ No	

4. Equipment List

Provide make and model numbers of all equipment (including countertop appliances). All food equipment must be commercial grade (NSF or equivalent)

Cooking Equipment				
Type of Equipment	**Make**	**Model**	**NSF or Equivalent**	**Quantity**
Stoves/Griddles			▢ Yes ▢ No	
Ovens			▢ Yes ▢ No	
Broilers			▢ Yes ▢ No	
Fryers			▢ Yes ▢ No	
Woks			▢ Yes ▢ No	
Other:			▢ Yes ▢ No	
Other:			▢ Yes ▢ No	
Cold Holding/Hot Holding Equipment				
Type of Equipment	**Make**	**Model**	**NSF or Equivalent**	**Quantity**
Walk-in cooler			▢ Yes ▢ No	
Walk-in freezer			▢ Yes ▢ No	
Reach-in cooler			▢ Yes ▢ No	
Prep Cooler			▢ Yes ▢ No	
Hot holding cabinet			▢ Yes ▢ No	
Hot/Cold Table			▢ Yes ▢ No	
Food warmer			▢ Yes ▢ No	
Other:			▢ Yes ▢ No	
Other:			▢ Yes ▢ No	
Other Equipment (countertop, cooking, holding, cooling)				
Type of Equipment	**Make**	**Model**	**NSF or Equivalent**	**Quantity**
			▢ Yes ▢ No	
			▢ Yes ▢ No	
			▢ Yes ▢ No	
			▢ Yes ▢ No	
			▢ Yes ▢ No	
			▢ Yes ▢ No	
			▢ Yes ▢ No	
			▢ Yes ▢ No	
			▢ Yes ▢ No	

5. Mobile Floor Plan / Layout

Sketch the top view (overhead) of your mobile unit kitchen in the box below (or attach plans). Identify and label features including: hand wash facilities, cooking equipment, hot and cold holding equipment, refrigeration, worktables and preparation areas, storage areas, sanitizing solution bucket locations and serving areas. **Fill out the check list below,** accurately assessing what kitchen features are present in your mobile unit and/or Commissary.

Yes	No	Whitman County Certified Kitchen Requirements (minimums)
☐	☐	Plumbed Sink (2 compartments or more)
☐	☐	Dedicated handwash sink (hot and cold running water, soap, paper towels or air drier)
☐	☐	Sanitizer available on site at all times (bleach)
☐	☐	Dish and utensil cleaning capabilities and supplies (dishwashers, 3-compartment sink, etc)
☐	☐	Refrigerators that maintain ≤41°F, and a thermometer in each refrigerator
☐	☐	Ovens with ventilation (hood)
☐	☐	Dry storage areas that are free from contamination (pests, excessive moisture, etc)
☐	☐	Easily cleanable surfaces in food preparation areas (no cracks, no carpet, sealed floors)
☐	☐	Regular garbage pick-up
☐	☐	Covered lighting
☐	☐	Ability to securely lock food product in location (not accessible to the public)
☐	☐	All equipment is NSF/ANSI certified or equivalent

6. Finish Schedule, Lighting and Drainage

Provide the materials used for all floors, walls, ceilings, countertops and shelves. Provide a list of all light fixtures used in the food establishment. Lighting over any food preparation, food storage and ware-washing areas must be shielded, covered or shatter proof. Finish surfaces must be smooth, easily cleanable, and non-absorbent in all food preparation, food storage, ware-washing areas, and bathrooms. Grout and concrete must be smooth and sealed to make water resistant and cleanable.

Room Finish Schedule					
Room Name	Floors		Walls		Ceiling
	Finish Material	Type of Base	Finish Material	Material	Finish
Example row: Kitchen	*Quarry Tile*	*Quarry*	*FRP*	*Vinyl Acoustical Tile*	*Smooth*
Kitchen					
Dining Room					
Storage					
Prep Area					
Ware-washing Areas					
Bathrooms					
Other:					

Lighting Schedule		
	Type(s) of Lighting	Shielded, Covered or Shatter Proof
Example row: Kitchen	*Bulb – shatterproof lamps*	▫ Yes ▫ No
Kitchen		▫ Yes ▫ No
Prep Area		▫ Yes ▫ No
Storage		▫ Yes ▫ No
Ware-washing Areas		▫ Yes ▫ No
Other:		▫ Yes ▫ No

Drainage Fixtures			
Type of Equipment	Quantity	Sealed/Cleanable	Room/Location
3-compartment sinks		▫ Yes ▫ No	
2-compartment sinks		▫ Yes ▫ No	
Mop Sink		▫ Yes ▫ No	
Other floor drains		▫ Yes ▫ No	
Handwash sinks		▫ Yes ▫ No	
Garbage disposals		▫ Yes ▫ No	
Dishwashers		▫ Yes ▫ No	
Other:		▫ Yes ▫ No	

7. Garbage Disposal

Provide the dumpster size and location, including its distance from the building. Provide the disposal company name and frequency of pick-up. Describe the garbage enclosure material and floor surface (i.e. is the dumpster located on concrete or asphalt, is it sloped to drain or does it have a drain to sewer.

Dumpster Size		Dumpster Location	
Dumpster Distance from Building		Disposal Company Name	
Frequency of Pickup		Enclosure material (i.e. fenced, locked, not enclosed, etc.)	
Floor Surface (i.e. concrete, asphalt, etc.)		Description of drain (i.e. sloped to drain, drained to sewer, etc.)	

8. L&I Approval

A copy of the approved Labor and Industries License must be provided to Whitman County Public Health prior to the preoperational inspection or the L&I approved sticker affixed to the mobile unit at time of the pre-operational inspection.

9. Mobile Unit Water Source/Wastewater Disposal

Source and location for sourcing potable water	
Location for wastewater disposal to sewer	

10.Serving Site Requirements – Acknowledgement

Name:_____Signature:_____Date:_____

11. Commissary Kitchen

Type Of Commissary And Application Requirements	
Commissary Situation	**Requirement to Proceed**
☐ An existing permitted establishment in Whitman County. We are adding on catering out of the permitted kitchen and under the same ownership	Nothing further required
☐ Using commissary from list of Whitman County approved kitchens/commissaries	Commissary Agreement
☐ Using a permitted restaurant, school kitchen, or Greek kitchen.	Commissary Agreement
☐ Using a commissary which is out of state or in another county	Commissary Agreement and copy of Permit/Proof of approval from out of county permitting authority
☐ Using a commissary in Whitman County which is not on the list of Whitman County approved kitchens/commissaries	Commissary Agreement) and Commissary Approval Form
☐ Other (describe)	Contact Whitman County Public Health