



MOBILE FOOD UNIT PLAN REVIEW PACKET

Complete the attached documents and submit them with the required plan review fee to the local environmental health department. **Approval from the local environmental health department must be obtained prior to construction or operation of your unit.** Include the following information with your plan review submission:

A. Mobile Food Unit Plan Review Application

B. Mobile Food Unit License Application Form

C. Menu – Attach a complete menu: A printed menu or list of all food you will serve

D. Floor Plan/Equipment Layout

- Complete plans of the unit drawn to scale, including floor plan, equipment location, and plumbing fixtures
- Handwashing sink
- Three-compartment sink with drain boards; include dimensions (L x W x D) of interior of sink basin.
- Indirect drain and p-trap for three-compartment sink
- Food preparation sink (if applicable)
- Water pump and hot water heater
- All equipment in unit, including, but not limited to: (a) Type/model of refrigeration and freezer equipment, (b) Cooking equipment, (c) Hood vent, etc.
- Fresh water tank: size (L x W x D) and location
- Waste water tank: size (L x W x D) and location

E. Plan Review Worksheet

- Table 1 Food Handling Procedures
- Table 2 Material List
- Table 3 Refrigeration/Freezer Capacity
- Table 4 Hot Holding Units
- Table 5 Plumbing (indirect drain, p-trap, etc.)
- Table 6 3-Compartment Sink Measurements
- Table 7 Fresh Water Tank Measurements
- Table 8 Waste Water Tank dimensions
- Table 9 Operating Schedule

F. Waste Water Disposal Form (if needed)

G. Restroom Agreement Form (if needed)

H. Commissary (Commercial Kitchen) Verification Form

I. Cooling Plan and Logs (if needed)

MOBILE FOOD UNIT PLAN REVIEW APPLICATION

Business name: _____

Business address: _____

Owner name: _____

Individual Corporation Partnership Other _____

Owner mailing address: _____

Owner phone #: _____ Establishment phone #: _____

Owner email address: _____ Social Media: _____

New construction Remodel Completion date: _____

Previously licensed? Yes No Former name: _____

If yes, last year of operation: _____ County/State last licensed: _____

License Plate #: _____ State: _____ VIN #: _____

Mobile Food Unit Class: I II III IV

Plan to operate without a licensed commissary or warehouse? Yes No

OAR 333-162-0920 requires that a completed plan review packet be submitted and reviewed before your unit can be issued a license and approved to operate. Incomplete plans may be returned for additional information.

**The payment of \$_____ mobile food unit plan review fee enclosed.
Make checks payable to:**

I agree to comply with the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules, Chapter 333, of the Oregon Department of Human Services.

Signed: _____ Date: _____

Please call your local County Environmental Health Office if you have questions about your license, fees, facility inspections or how to obtain a food handler certificate.

FOR OFFICE USE ONLY

Fee received: _____ Date: _____

Reviewed by: _____ Date: _____

Approved Not Approved

Comments: _____

General Requirements and Limitations

Mobile Unit: A mobile food unit is defined in OAR 333-150-0000, 1-201.10 as "*...any vehicle that is self-propelled or that can be pulled or pushed down a sidewalk, street, highway or waterway, on which food is prepared, processed or converted or which is used in selling and dispensing food to the ultimate consumer.*"

Classifications: There are four types of mobile food units. The mobile food unit classifications are based upon the type of **menu served**. Failure to obtain approval for a menu change after it has initially been approved may result in closure of your unit.

CLASS I - These units can serve only intact, packaged foods and non-potentially hazardous drinks. No preparation or assembly of foods or beverages may take place on the unit. Non-potentially hazardous beverages must be provided from covered urns or dispenser heads only. No dispensed ice is allowed.

CLASS II - These units may dispense unpackaged foods. However, no cooking, preparation or assembly of foods is allowed on the unit. No self-service by customers is allowed.

CLASS III - These units may cook, prepare and assemble food items. However, cooking of raw animal foods on the unit is not allowed.

CLASS IV - These units may serve a full menu.

Maintained as Approved: Mobile food units must be maintained and operated as originally designed and approved. Units that have been modified without approval must revert to the approved design and operation. OAR 333-162-0020

Wheels: Mobile food units must remain mobile at all times. The wheels of a mobile food unit must be functional and appropriate for the type of unit and may not be removed at the operating location. OAR 333-162-0030

Designed in One Piece: Mobile food units must be designed and constructed to move as a single piece. Mobile food units may not be designed to be assembled at the operating location. See OAR 333-162-0020 for exceptions.

Integral: All operations and equipment must be integral to the mobile food unit. Integral means rigidly and physically attached to the unit without restricting the mobility of the unit while in transit. The following exceptions are allowed:

Auxiliary Storage: A mobile unit may provide auxiliary storage outside the unit to support daily operations if:

- Items are limited to what is necessary for that day's operation.
- At the end of the workday, auxiliary storage must be placed in the unit, in a licensed warehouse or at a licensed commissary.
- No self-service, assembly or preparation activities may occur from auxiliary storage containers.

- Refrigerators and freezers may not be placed outside the mobile food unit for use as auxiliary storage and must be located in the unit, in a licensed warehouse or at a licensed commissary.

Shelves and Tables: Mobile food units may use small folding shelves or tables that are integral to the unit to display non-potentially hazardous condiments and customer single-use articles such as napkins and plastic utensils. OAR 333-162-0020

Non-PHF Display: Mobile food units may display commercially packaged, non-potentially hazardous food items, such as cans of soda or bags of chips, off the unit if limited to what can be served or sold during a typical meal period. OAR 333-162-0020

Cooking Units: Class IV mobile food units may use one cooking unit, such as a BBQ or pizza oven, that is not integral to the unit. The cooking unit may not be a flat top grill, griddle, wok, steamtable, stovetop, oven or similar cooking device. The cooking unit must be able to move with the unit. OAR 333-162-0020

Exterior Protection: Mobile food units must be secured and protected from contamination when not in operation. OAR 333-162-0680

Water and Sewer Capacity: Mobile food units must be designed with integral water and sewer tanks on the unit. A mobile food unit may connect to water and sewer if it is available at the operating location, however tanks must always remain on the unit. A unit cannot connect directly to fresh water without a direct connection to sewer as well. OAR 333-150-0000, Section 5-305.11

Restroom Distance: If a unit is parked in the same location for more than two hours, a restroom must be provided that is located within 500 feet of the unit. OAR 333-150-0000, Section 6-402.11

Seating: Mobile food unit operators may provide seating for customers if a readily accessible restroom and sufficient refuse containers with lids or covers are provided. OAR 333-162-0020

Commissary: A mobile food unit is required to operate from a licensed commissary or warehouse unless the unit contains all the equipment and utensils necessary to assure the following:

- (a) Maintaining proper hot and cold food temperatures during storage and transit;
- (b) Providing adequate facilities for cooling and reheating of foods;
- (c) Providing adequate handwashing facilities;
- (d) Providing adequate warewashing facilities and assuring proper cleaning and sanitizing of the unit;
- (e) Obtaining food and water from approved sources;
- (f) Sanitary removal of waste water and garbage at approved locations.

A mobile food unit may not serve as a commissary for another mobile food unit or as the base of operation for a caterer. OAR 333-162-0040

Warehouse: A warehouse may be used for storage of only unopened packaged foods, single service articles, utensils and equipment. Activities such as handling of unpackaged food, dishwashing and ice making are prohibited in a warehouse. OAR 333-162-0940

Catering and Delivery: A mobile food unit may not provide catering services unless:

- 1) The unit operates from a licensed commissary; or
- 2) The unit has commercial-grade refrigeration equipment, has obtained a variance from the Oregon Health Authority, and uses only single-use articles for service to customers. OAR 333-162-0030

Finally, while this document contains some detailed information about the rules for the construction and operation of mobile food units, it does not contain all the requirements for your unit. Please refer to the Food Sanitation Rules www.healthoregon.org/foodsafety.

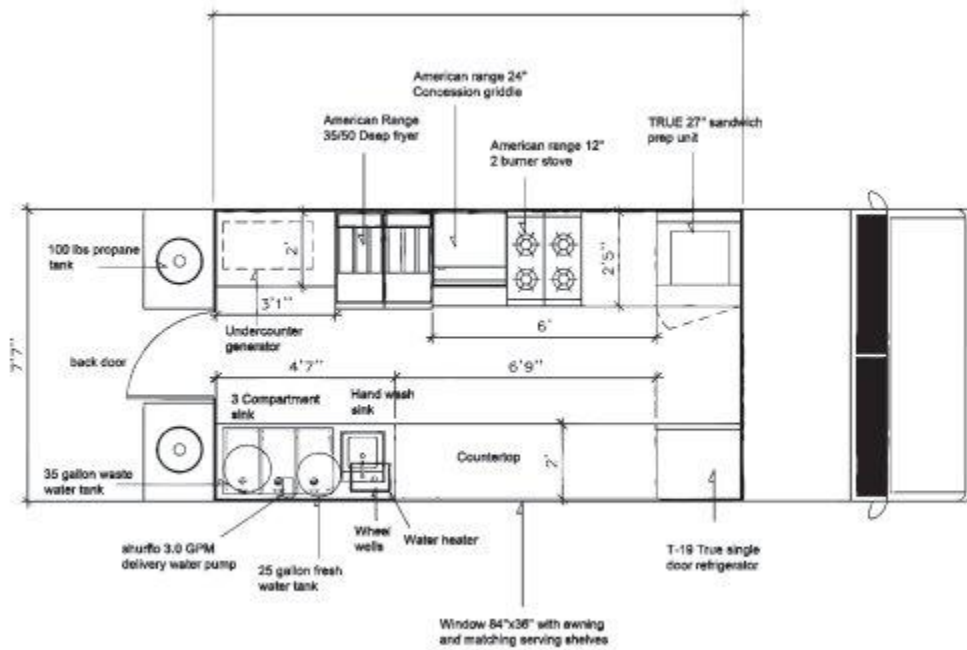
Requirements	Class I	Class II	Class III	Class IV
Water Supply Required	No	Yes	Yes	Yes
Handwashing System Required	No	Yes ¹	Yes ¹	Yes ¹
Dishwashing Sinks Required	No	No ²	Yes – Or Licensed Commissary ²	Yes ²
Assembly or Preparation Allowed	No	No	Yes	Yes
Cooking Allowed	No	No	Yes ³	Yes
Off-Unit Cooking Operation Allowed	No	No	No	Yes
Restroom Required	Yes	Yes	Yes	Yes
Examples	Prepackaged Sandwiches/ Dispensed Soda	Service of Unpackaged Food Items	Espresso/ Hot Dogs	No Menu Limitation

¹The handwashing system must be plumbed to provide hot and cold or tempered running water and a minimum of 5 gallons of water must be dedicated for handwashing.

²Must provide a minimum of 30 gallons of water for dishwashing or twice the capacity of the three compartment sinks, if provided.

³May only cook foods that are not potentially hazardous when raw (rice, pasta, etc.). Animal foods must be pre-cooked.

***FLOOR PLAN LAYOUT EXAMPLE:**



Note: Your floor plan does not need to be an engineer's copy, but it must have all the required information from Tables 2-8 clearly shown.

E: Plan Review Worksheet Tables 1-9

Table 1: Food Handling			
Procedures	Yes / No	If Yes, Where Will Procedure Take Place	
		Mobile	Commissary
Washing fruits and/or vegetables	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Thawing frozen foods ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Food preparation - chopping, par-cooking, marinating, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cooking food	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cooling food ²	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reheating food	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Refrigeration (cold holding) of foods	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Steam table or other way of hot holding food	<input type="checkbox"/> Yes <input type="checkbox"/> No		
¹ How you will thaw frozen foods:			
² If cooling foods, one of the below processes must be in place. Please choose option a, b or c below: <ul style="list-style-type: none"> a. I have a licensed commissary where I will be cooling foods; or b. I will be using a commercial refrigeration unit(s) on the mobile unit; or c. I am providing a written cooling procedure accompanied by cooling logs for approval. To do this option, you must provide a written procedure for each food item you will be cooling with your packet. 			
Explain what you will do with leftover foods:			
Will raw or undercooked animal products be served? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the specific animal products that will be served raw or undercooked (example: eggs, ground beef):			
Will any food items be held without temperature control during service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the specific food items held out of temperature during service:			
Explain other procedures that you will be doing that have not been listed previously:			

Table 2: Material List				
Describe surface finishes used on floors, walls, ceilings and countertops.				
Material Type	Counters	Floors	Walls	Ceiling
Fiber-reinforced plastic (FRP)				
Stainless Steel				
Vinyl				
List other construction materials used:				
Are windows and/or doors screened: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how will you control for pest problems? (Attach your procedures for pest control)				

Table 3: Refrigerator/Freezer Capacity				
Unit Type	Yes / No	Make/Model of Unit	# of units	Power Source Electric (E) Generator (G) Propane (P) Other (O)
Reach in refrigerator (under counter)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Refrigerator (stand up)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Prep top sandwich refrigerator	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reach-in freezer (under counter)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Freezer (stand up)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fridge/Freezer (stand up)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other cold holding storage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have thermometers inside each refrigerator and freezer: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Note: Mobile food units newly licensed in Oregon may not utilize cold plates that do not have an associated power source, such as a battery, generator or propane tank, as the sole means for temperature control. OAR 333-162-0880

Table 4: Hot Holding Units				
Unit Type	Yes / No	Make/Model of Unit	# of units	Power Source Electric (E) Generator (G) Propane (P) Other (O)
Steam Tables	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Hot Holding Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
What type of ventilation system do you have? <input type="checkbox"/> Type 1 hood <input type="checkbox"/> Type 2 hood <input type="checkbox"/> Other system If other system, please describe:				

Table 5: Plumbing Fixtures:			
Check items in the mobile unit and provide required information			
Three-compartment sink	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food preparation sink with indirect plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indirect plumbing on three-compartment sink	<input type="checkbox"/> Yes <input type="checkbox"/> No		
P-trap	<input type="checkbox"/> Yes <input type="checkbox"/> No	Backflow prevention device	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handwashing sink	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mechanical pump	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hot & cold water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hot water heater	<input type="checkbox"/> Yes <input type="checkbox"/> No Gallons? _____

Table 6: Three-Compartment Sinks/Dishwashing			
Provide interior of sink basins dimensions in inches – length x width x depth			
Dimensions of Interior of Sink Basins			How many drain boards
Length	Width	Depth	

Where will washing of equipment and utensils take place:

- Mobile unit three-compartment sink¹
- Licensed Restaurant or Commissary

¹Provide LxWxD for the interior basins of the three-compartment sink. Provide separate measurements of each sink basin if they are different sizes.

To determine the minimum amount of water that must be dedicated for dishwashing purposes, you need to calculate the capacity of your three-compartment sink. Measure the inside of the three-compartment sink basin in inches, then multiply Length x Depth x Width = ___/231 x 6 = ___ gal. This is the minimum amount of water that must be provided for dishwashing.

For example: If sinks are 10 x 10 x 14/231 x 6 = 41 gallons.

Note: All sinks must provide water under pressure of a least 20 PSI. Gravity fed is not allowed. OAR 333-150-0000, 5-203.11

Table 7: Fresh Water Tank – Must Be Translucent

Dimensions of Fresh Water Tank (in inches)			
Length	Width	Depth	Capacity in gallons

Please indicate water dedicated to the following purposes:

Activity	Required	Provided
Handwashing	Minimum 5 gallons	
Dishwashing (See Table 6)	Minimum 30 gallons	
Cleaning		
Use in product (ex: ice making, coffee making)		
Equipment (ex: filling steam tables)		

Tank Location:

Table 8: Waste Water Tank – Must be 15% Greater than Fresh Water Tank

Dimensions of Waste Water Tank (in inches)			
Length	Width	Depth	Capacity in gallons ¹

Tank Location:

How will the waste water be removed and where will it be disposed from your waste water tank?

Does liquid producing equipment (ex: espresso machine) drain indirectly into the waste water tank?

- Yes No If yes, list equipment:

Table 9: Operating Location/Schedule

Name of your mobile unit:

- I plan to operate at one location
- I plan to operate at multiple locations

Operating Location – Address, City, Zip Code:

If operating at multiple locations, please list location name or address and approximate time and dates at each location:

RESTROOM USAGE AGREEMENT

The following licensed mobile unit, known as _____, located at _____, hereby agrees to use/provide restrooms for employee and/or customer use if operating in one location for more than two hours. Mobile food units first licensed on or after February 1, 2020 must be located within 500 feet of an accessible restroom with a handwashing system that meets Food Sanitation Rule requirements. This restroom must be accessible for employee/customer use during all hours the unit is in operation per OAR 333-150-0000, 6-402.11(E).

Restroom location/Facility name: _____

Hours the restroom is available for use: _____

Hours the mobile unit is in operation at this location: _____

This agreement is valid for the current licensing year only and must be renewed after that date. **If this agreement is terminated, the mobile food unit must immediately cease operations until another Restroom Usage Agreement is secured and provided to the health department.** This agreement becomes void if the food service establishment does not have a current license to operate.

Signed by:

Operator Allowing Restroom Use (Print): _____

Signature

Date

Mobile Food Unit Owner (Print): _____

Signature

Date

For office use only:

Approved by: _____

Date: _____

COMMISSARY/WAREHOUSE USAGE AGREEMENT

The following licensed food service establishment, known as _____,
located at _____,
hereby agrees to provide access to their facility to _____
mobile food unit for use as a commissary or warehouse. This commissary is to be used for all
preparation and/or storage of food items, dishwashing, unit servicing or any other purposes as
required by the local public health authority. This warehouse is to be used for storage of
commercially packaged products only.

This agreement between the above-mentioned two parties is valid for the current licensing year
only and must be renewed after that date. **However, if this agreement is terminated, the mobile
food unit must immediately cease operations until another commissary or warehouse
agreement is secured and provided to the health department.** This agreement becomes void if
the food service establishment does not have a current license to operate.

Signed by:

Restaurant Owner (Print): _____

Signature

Date

Mobile Food Unit Owner (Print): _____

Signature

Date

For office use only:

Approved by: _____

Date: _____

WASTE WATER DISPOSAL AGREEMENT

The following licensed mobile unit, known as _____, located at _____, hereby agrees to dispose of their waste water properly on site to an approved waste water system or by using a licensed wastewater hauler.

1) If disposing on site, explain how this will be done correctly: _____, or

2) If using a waste water hauler, please list:
Name of Licensed Waste Water Hauler: _____
Phone #: _____
Department of Environmental Quality registration #: _____, or

3) If hand carrying waste, it must be to a specific disposal location approved by the local regulatory authority and cannot be transported in more than 20 gallons at a time. Explain how this will be done correctly: _____

This agreement is valid for the current licensing year only and must be renewed after that date. **If this agreement is terminated, the mobile food unit must immediately cease operations until another Waste Water Disposal Agreement is secured and provided to the Health Department.** This agreement becomes void if the food service establishment does not have a current license to operate.

Please keep receipts from the hauler available to show during inspections. To find out if your wastewater hauler is licensed, please contact the Oregon Department of Environmental Quality.

Signed by:

Hauler Representative (Print): _____

Signature (or attach copy of contract with hauler)

Date

Mobile Food Unit Owner (Print): _____

Signature

Date

For office use only:

Approved by: _____

Date: _____



Establishment ID: _____ Owner ID: _____ For office use only

**FOOD SERVICE
LICENSE APPLICATION**

MOBILE UNIT, COMMISSARY, WAREHOUSE, VENDING MACHINE

- Mobile Unit Commissary Warehouse Vending Machine
 Class: _____ # Units: _____
 New Construction Remodel
 Change of Ownership Former establishment name: _____

Establishment Name: _____
 Establishment Physical Address: _____
 Establishment Billing Address: _____
 Establishment Phone #: _____

Owner/Applicant Name: _____
 Individual Corporation Partnership Other: _____

Do you own other establishments licensed by the Health Dept.? No Yes
 Name(s): _____

Owner Physical Address: _____
 Owner Billing Address: _____
 Owner Phone #: _____ Owner Cell #: _____
 Owner Fax #: _____ Owner E-mail: _____

The payment of \$ _____ license fee is hereby made for application to operate the above establishment in compliance with all applicable food service regulations. I understand that failure to meet the requirements of the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules, Chapter 333, of the Oregon Health Authority may require denial or revocation of the license. Furthermore, I attest that the information provided on this form is accurate.

Signature of Applicant: _____ Date: _____

Mail application and check payable to your local Environmental Health Office at:

FOR OFFICE USE ONLY			
Fee received: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check# _____	<input type="checkbox"/> Money Order
Inspected by: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____