



# Washington County Health Department

1302 Pennsylvania Avenue, Hagerstown, MD 21742

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## MOBILE FOOD ESTABLISHMENT PLAN REVIEW APPLICATION PACKET

Maryland Health-General Code Annotated, §21-321 and Annotated Code of Maryland (COMAR) 10.15.03.33, requires that properly prepared plans be submitted and approved, **before** a person constructs a food establishment, remodels or alters a food establishment, or converts or remodels an existing building for use as a food establishment. A plan review is required to:

- Ensure food establishments are built or renovated according to current rules and regulations;
- Enhance food safety and sanitation by promoting efficient layout and flow of food based on the menu and food preparation processes; and
- Help prevent code violations by addressing potential layout and design issues prior to construction.

This Mobile Food Establishment Plan Review Application Packet is intended to help you through the plan review process and to ensure that your mobile unit or pushcart meets the requirements of COMAR 10.15.03.25 Special Food Service Facilities. This document should be completed as part of the plan review process and subsequent food service permit issuance. The plan review helps to avoid future problems. By listing and locating equipment on floor plans and diagramming specifications for electrical, mechanical and plumbing systems, potential problems can be spotted while still on paper and modifications made **BEFORE** costly purchases, installation and construction.

The following must be submitted to our office along with a Food Service Facility Plan Review Application in order to expedite the review and approval of the permit request:

1. Full menu
2. HACCP Plan detailing all food procedures; refer to <https://washcohealth.org/forms-applications/> for the HACCP Plan Packet;
3. Complete floor plans of the unit drawn to scale, including placement of all equipment;
4. List of all equipment necessary for the operation of the unit i.e. Cut sheets, manufacturer's specifications or photos of the unit and all equipment.
5. Provide plumbing specification of all equipment including ware washing sinks;
6. A description of the construction materials used on the unit, including surface finishes for floors, walls, ceilings, lighting, and countertops (as applicable);
7. Information relating to your base of operation, including approximate dates of use;
8. Letter of agreement for proposed Commissary or Base of Operation that is signed by owner of facility, refer to <https://washcohealth.org/forms-applications/> for the Base of Operations Authorization Form. Potable (drinking) water and wastewater disposal is required for all mobile food establishments unless your unit is serving only prepackaged foods and bottled/canned drinks.

## Mobile Food Establishment Plan Review Worksheet

Mobile food establishments must comply with the applicable requirements in the Maryland Food Regulations. These regulations may be obtained at:

<https://dsd.maryland.gov/Pages/COMARHome.aspx>

Applicant is responsible for obtaining any required approvals from other agencies, such as zoning/planning, business license, building, city or county authorities, and the Motor Vehicle Administration registration/license as applicable.

Please complete the questions on this worksheet in their entirety **that apply to your type of mobile food establishment**. Be as specific as possible. Incomplete responses will delay the review process.

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

Mobile Food Establishment Type: ☐ Mobile unit ☐ Pushcart ☐  
☐ Vending Truck (Pre-Packaged Non-Potentially Hazardous Foods)  
☐ Vending Truck (Pre-Packaged Potentially Hazardous Foods)

Is Unit: ☐ New ☐ Remodeled

Requesting Reciprocity: ☐ Yes ☐ No

Proposed Business Name: \_\_\_\_\_

Owner/Operator:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Projected Food Operation Start Date: \_\_\_\_\_

Months of Operation (i.e. May – Sept.): \_\_\_\_\_

Signature of Owner/Operator \_\_\_\_\_

Please complete the questions on this worksheet in their entirety as they apply to your type of mobile food establishment. Be as specific as possible. Incomplete responses will delay the review process.

1. What is the source of potable (fresh) water for use on the unit? Describe methods of filling and refilling potable water tanks.
2. What is the size of the potable water storage tank? Provide manufacturer specification sheets.
3. Is a potable water food grade water hose available for filling the potable water tank?  
☐ Yes                      ☐ No  
If Yes, where will this hose be stored? \_\_\_\_\_
4. How will your water supply hose, water pipes and water storage tank(s) be disinfected? Describe the method and frequency of disinfection.
5. How will wastewater be removed from the unit? Describe how waste water will be transported from the unit to the approved wastewater disposal location.
6. What is the size of your wastewater storage tank? **Note:** The waste water tank must be sized larger than potable water tank.
7. List sources for all foods. All food items must come from approved sources.
8. How will you prevent cross contamination of equipment and between raw and ready to eat (RTE) foods during operation with the limited space available on the Mobile Food Unit?

9. Identify where all food items will be prepared (including foods requiring advance preparation).
10. Describe how perishable foods will be safely stored and transported. Describe how the refrigeration will be operating at all times when food products are present. **Note:** Mechanical refrigeration is required to maintain food products at 41°F or below at all times.
11. Indicate construction materials (quarry tile, stainless steel, plastic covered wall board, linoleum, etc.) that will be used in the unit in the following areas (as applicable):

| Floor | Walls | Ceiling | Countertops |
|-------|-------|---------|-------------|
|       |       |         |             |

12. List all equipment on unit (i.e. refrigerators, freezers, grills, stoves, fryers, etc.) Provide cut sheets, manufacturer's specifications or photos of the unit and all equipment.
13. What is the power source for the mobile unit? **Mobile units must operate independently and remain capable of being mobile at all times.**

14. How will the water for handwashing achieve and be maintained at a minimum of 100° F on the unit?

15. Describe methods of preventing no bare hand contact of ready-to eat foods (i.e. utensils, gloves, etc.).

16. Describe ware washing procedures. How and where will dishes and utensils be washed, rinsed, and sanitized?

17. What type of chemical sanitizer will be used? At what concentration? Proper test strips must be available.

Type: \_\_\_\_\_ Concentration: \_\_\_\_\_

18. Describe how garbage will be stored and where it will be disposed. Additionally, if applicable, describe where cooking grease will be stored and disposed.

19. For push carts, describe the type of overhead protection provided for the unit (i.e. awnings, umbrellas).

20. Describe how the mobile unit will be cleaned. Where? How? Frequency?

***NOTE: ANNUAL PERMIT WILL NOT BE ISSUED UNTIL THE FINAL PLAN REVIEW INSPECTION IS CONDUCTED SHOWING FULL COMPLIANCE.***

Signature of Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Owner/Operator: \_\_\_\_\_