



## MARYLAND 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.

This packet consists of the following information:

- Mobile Food Establishment Plan Review Worksheet
- Commissary or Base of Operations Authorization Form

Please complete the attached documents and submit with the required plan review application and fees to the Garrett County Health Department. Approval from the Local Health Department (LHD) must be obtained prior to construction or purchasing a unit.

The following must to be submitted at a **minimum** of thirty (30) days prior to operation with your completed application and fees to expedite review and approval or your permit request;

1. Full menu—***Note: the available equipment may dictate restrictions on the type of food prepared.***
2. HACCP Plan detailing food procedures;
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. *Note: All equipment must meet the requirements of COMAR 10.15.03.15;*
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. Dates of operation and location (i.e. where you will be operating the unit) if required by local code;
9. Letter of agreement for proposed Commissary or Base of Operation that is signed by owner of facility (see attached Commissary or 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. **Note: The LHD will evaluate the proposed fill and dump site to ensure the design of the septic system can handle the proposed volume and strength of the waste water from your pushcart or mobile unit. This will be based on your menu and an evaluation of the potential daily volume of wastewater;**
10. Certified Food Managers card if applicable in the jurisdiction in which you wish to operate; and
11. Copy of Vehicle Registration.

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.

**Note: If the mobile unit is vending only prepackaged non-potentially hazardous foods, a permit is not required unless specified by local code; however, an application with description of proposed operation is needed. If vending potentially hazardous foods, an application and permit is required. If you have questions about whether prepackaged foods proposed are potentially hazardous or not, please contact an Environmental Health Specialist from your LHD.**

## Maryland 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: <http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.15.03>

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 \_\_\_\_\_

**NOTE: If proposed commissary or base of operations is on private well and septic system, obtain written well and septic approval for use from Local Health Department (LHD) and/or Local Water and Septic Division. The LHD and/or Local Water and Septic Division will evaluate the proposed commissary or base of operation dump site to ensure the design of the septic system can handle the proposed volume and strength of the waste water from your unit. This will be based on your menu and an evaluation of the potential daily volume of wastewater generated. Additionally, if on a private well, a potable water test result must be submitted with this application.**

1. What is the source of potable (drinking) water for use on the unit? Describe methods of filling and refilling potable (drinking) water tanks. **Note: If the water is from a private source, water sample results must be submitted for approval.**

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2. What is the size of the potable (drinking) water storage tank?

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3. Is a potable (drinking) water food grade water hose available for filling potable (drinking) 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.

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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.

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6. What is the size of your wastewater storage tank? **Note:** The waste water tank must be sized larger than potable water tank.

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7. Obtain written agreement, signed by owner, of the proposed commissary for discharging liquid or solid wastes (see attached Commissary or Base of Operations Authorization Form).

8. List all menu items (including all beverages and condiments), attach a menu if needed. Additionally, provide a Hazard Analysis Critical Control Point Plan (HACCP).

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9. List sources for all foods. All food items must come from approved sources.

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10. 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?

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11. Identify where all food items will be prepared (including foods requiring advance preparation).

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12. Describe how foods will be transported to and from the unit.

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13. 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):

<b>Floor</b>	<b>Walls</b>	<b>Ceiling</b>	<b>Countertops</b>

14. Provide complete plans of the unit drawn to scale, including placement of all equipment.

15. 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.

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16. What is the power source for the mobile unit? Mobile units must operate independently and remain capable of being mobile at all times.

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17. How will the water for handwashing achieve and be maintained at a minimum of 100<sup>0</sup> F on the unit?

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**NOTE: ALL HANDSINKS MUST BE SUPPLIED WITH HAND SOAP, PAPER TOWELS, AND A WASTE RECEPTACLE AT ALL TIMES.**

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

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

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

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

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

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22. What method(s) of insect and rodent control will be used in your unit? Please note that all pesticide application must be conducted in accordance with Maryland Department of Agriculture - COMAR 15.05.01 – Pesticide Use Control.

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

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

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25. No person who has a communicable disease, infected wound or boil, or is experiencing diarrhea, vomiting, or persistent coughing or sneezing is allowed to work on a mobile unit.

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

## Commissary or Base of Operation Authorization Form

Annual Renewal Required  
YEAR: \_\_\_\_\_

This serves to notify the Garrett County Health Department that:

I, \_\_\_\_\_ the owner/operator of the food facility noted below, will allow my facility to serve as a commissary for the mobile food establishment noted below. I understand that as a commissary for the mobile food establishment, I must allow the mobile food establishment to return for servicing on a daily basis. I understand that by signing this form my facility will be inspected periodically by the local health department to ensure the requirements are met.

**Attach a copy of the Food Service Facility License to this application**

Name of Commissary or Base of Operation			
Address of Commissary or Base of Operation			
Name of Owner/Licensee			
Days/Hours of Operation			
Day Phone		E-mail Address	
Water Supply	__Public __Private	Sewage Disposal	__Public __Private
Name of Mobile Food Establishment			
Name of Mobile Food Establishment Owner/Operator			

**The following services are provided for the Mobile Food Establishment by my Garrett County Health Department regulated food facility serving as commissary. *Note: If you answer 'No' to any of the below please explain.***

1. Adequate space for storage for food, utensils, and other supplies. Storage area shall be separated from the food facility's food, utensils, and other items. Storage areas for the mobile establishment will be clearly marked. ( ) Yes ( ) No	5. A food preparation area for mobile food establishment that conducts food preparation. Food preparation area shall be separated from that of food facility or preparation will be completed at alternate time of day. If Yes, describe. ( ) Yes ( ) No
2. Potable (drinking) water for filling water tanks. ( ) Yes ( ) No	6. Sanitary disposal of waste water and grease. ( ) Yes ( ) No
3. A three compartment sink for sanitizing utensils. ( ) Yes ( ) No	7. Disposal of garbage and refuse. ( ) Yes ( ) No
4. Hot and cold potable water under pressure for cleaning. ( ) Yes ( ) No	8. Storage of vehicle/cart. ( ) Yes ( ) No

Signature of Commissary Operator

Print Name

Date

I, \_\_\_\_\_ (owner or operator) of the mobile food establishment noted above agree to use this food facility as a commissary for servicing on a daily basis. I will use the commissary for the requirements noted above. If I do not use the commissary, my Garrett County Health Department food-service license may be revoked, and I must stop operating until I obtain another commissary and provide a new commissary authorization document to the Garrett County Health Department.

Signature of Mobile Food Establishment Owner/Licensee

Print Name

Date