Mobile Food Unit Plan Review Application

Instructions

Please complete the attached application as required for plan review. All sections of the plan review application must be completed. Review the checklist on the first page of the application to ensure you have included all required information.

Use the Food Sanitation Rules to assist you in answering the questions in the plan review application.

The rules can be found on the Oregon Health Authority Website:

All parts of this application are required to be completed.

Any areas left blank may cause a delay in the plan review process. Items below are required to be included. See the plan review application for more details.

1. Draw complete plans of the unit with dimensions, including equipment location.
2. List of all menu items and equipment necessary for the operation of the unit.
3. A description of the construction materials used on the unit, including surface finishes for floors, walls, ceilings and countertops.
4. Information relating to your base of operation, including times and dates of use.
5. A list of your operating location(s) and approximate time schedule

If you have questions about the Plan Review Application please call 541-682-4480 for assistance.
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 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, 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](http://www.healthoregon.org/foodsafety).

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Class I</th>
<th>Class II</th>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water Supply Required</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Handwashing System Required</td>
<td>No</td>
<td>Yes¹</td>
<td>Yes¹</td>
<td>Yes¹</td>
</tr>
<tr>
<td>Dishwashing Sinks Required</td>
<td>No</td>
<td>No²</td>
<td>Yes – Or Licensed Commissary²</td>
<td>Yes²</td>
</tr>
<tr>
<td>Assembly or Preparation Allowed</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Cooking Allowed</td>
<td>No</td>
<td>No</td>
<td>Yes³</td>
<td>Yes</td>
</tr>
<tr>
<td>Off-Unit Cooking Operation Allowed</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Restroom Required</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Examples</td>
<td>Prepackaged Sandwiches/ Dispensed Soda</td>
<td>Service of Unpackaged Food Items</td>
<td>Espresso/ Hot Dogs</td>
<td>No Menu Limitation</td>
</tr>
</tbody>
</table>

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.
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.
### Table 1: Food Handling

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Yes / No</th>
<th>If Yes, Where Will Procedure Take Place</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mobile</td>
</tr>
<tr>
<td>Washing fruits and/or vegetables</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Thawing frozen foods(^1)</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Food preparation - chopping, par-cooking, marinating, etc.</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Cooking food</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Cooling food(^2)</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Reheating food</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Refrigeration (cold holding) of foods</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Steam table or other way of hot holding food</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

\(^1\) 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:

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? □ Yes □ 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? □ Yes □ 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.

<table>
<thead>
<tr>
<th>Material Type</th>
<th>Counters</th>
<th>Floors</th>
<th>Walls</th>
<th>Ceiling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiber-reinforced plastic (FRP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stainless Steel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vinyl</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List other construction materials used:

Are windows and/or doors screened? □ Yes □ No   If no, how will you control for pest problems? (Attach your procedures for pest control)
### Table 3: Refrigerator/Freezer Capacity

<table>
<thead>
<tr>
<th>Unit Type</th>
<th>Yes / No</th>
<th>Make/Model of Unit</th>
<th># of units</th>
<th>Power Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach in refrigerator (under counter)</td>
<td></td>
<td></td>
<td></td>
<td>Electric (E) Generator (G) Propane (P) Other (O)</td>
</tr>
<tr>
<td>Refrigerator (stand up)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prep top sandwich refrigerator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reach-in freezer (under counter)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freezer (stand up)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fridge/Freezer (stand up)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other cold holding storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have thermometers inside each refrigerator and freezer:</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Unit Type</th>
<th>Yes / No</th>
<th>Make/Model of Unit</th>
<th># of units</th>
<th>Power Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steam Tables</td>
<td></td>
<td></td>
<td></td>
<td>Electric (E) Generator (G) Propane (P) Other (O)</td>
</tr>
<tr>
<td>Other Hot Holding Storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What type of ventilation system do you have?</td>
<td>☐ Type 1 hood ☐ Type 2 hood ☐ Other system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If other system, please describe:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 5: Plumbing Fixtures:

Check items in the mobile unit and provide required information

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes / No</th>
<th>Make/Model of Unit</th>
<th># of units</th>
<th>Power Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three-compartment sink</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect plumbing on three-compartment sink</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P-trap (not required)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handwashing sink</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot &amp; cold water</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 6: Three-Compartment Sinks/Dishwashing

Provide interior of sink basins dimensions in inches – length x width x depth

<table>
<thead>
<tr>
<th>Dimensions of Interior of Sink Basins</th>
<th>How many drain boards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length</td>
<td>Width</td>
</tr>
</tbody>
</table>

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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 = 36 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>
<thead>
<tr>
<th>Table 7: Fresh Water Tank – Must Be Translucent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimensions of Fresh Water Tank (in inches)</td>
</tr>
<tr>
<td>Length</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Please indicate water dedicated to the following purposes:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Required</th>
<th>Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handwashing</td>
<td>Minimum 5 gallons</td>
<td></td>
</tr>
<tr>
<td>Dishwashing (See Table 6)</td>
<td>Minimum 30 gallons</td>
<td></td>
</tr>
<tr>
<td>Cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use in product (ex: ice making, coffee making)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment (ex: filling steam tables)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tank Location:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 8: Waste Water Tank – Must be 15% Greater than Fresh Water Tank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimensions of Waste Water Tank (in inches)</td>
</tr>
<tr>
<td>Length</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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: expresso machine) drain indirectly into the waste water tank?

□ Yes □ No If yes, list equipment:

<table>
<thead>
<tr>
<th>Table 9: Operating Location/Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of your mobile unit:</td>
</tr>
<tr>
<td>□ I plan to operate at one location</td>
</tr>
<tr>
<td>□ I plan to operate at multiple locations</td>
</tr>
</tbody>
</table>

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:
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: __________

Rev 02/20
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: __________