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Mobile Food Facility Specification Review Application

Please print clearly. Submit applications with all required items indicated.

Name of the mobile Facility	
Name of Applicant	email
Location of mobile facility business headquarters - Address number / Road / Mailing City / Zip code	Phone

Attach a menu of foods to be prepared and/or served.

Indicate the details of the proposed mobile food facility Check all that apply below.:

- Concession trailer/vehicle Tent/Portable shelter Catering offered
 Pushcart Outside cooking facilities
 Other (please specify): _____

Submit a basic drawing of the mobile with this application which includes:

- The dimensions of the mobile operation; Entrances and exits, windows, Light fixtures.
- Location and types of plumbing fixtures including hot water tank, potable water tank, wastewater tank and backflow prevention devices.
- Building materials and surface finishes to be used.
- A food equipment list with equipment manufacturers name and model numbers including any outdoor cooking equipment.
- Any support auxiliary vehicle used to store reserve supplies at events.

Submit a copy of the completion certificate for State of Ohio approved Person in Charge training in food safety

Please indicate where you will purchase food supplies:

Complete the Checklist on pages 2 & 3 of this application →



Mobile Facility Specification Checklist

Name of Operation: _____

Please answer these questions and return with your plans. Mark the appropriate check boxes for all questions

FOOD PROTECTION AND STORAGE	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
Will each refrigerator and hot holding cabinet have a thermometer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will metal stem type thermometers with a range of (0- 220°F) be available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will there be sufficient storage space designated for dry goods to support the proposed menu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will there be sufficient equipment capacities for refrigerated, frozen, and hot held foods to support the proposed menu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will containers of food be stored at least 6 inches above the floor on approved shelves or dunnage racks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EQUIPMENT/UTENSILS	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
Will all equipment be approved by a recognized equipment-testing agency (such as NSF) for commercial use or can otherwise be approved for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the required equipment list with the manufacturer's name and model number enclosed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To provide for easy cleaning; will equipment be installed with: (mark any that apply) <input type="checkbox"/> casters, <input type="checkbox"/> gas quick disconnects, <input type="checkbox"/> sealed to the wall/floor, or <input type="checkbox"/> sufficient spacing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If utensils used with foods such as hard dip ice cream, mashed potatoes or steamed rice are not stored in the product, will the required dipper well provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLUMBING	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
Will all handwashing sinks have hot and cold running water (at least 100°F), soap, paper towels, a waste basket, and hand washing signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will there be sufficient hot water for the needs of the operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the 3 compartment sink large enough to accommodate the largest piece of equipment (50 % submerged) within the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there drain boards, racks, or wire shelving for both dirty and cleaned dishes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Checklist continues next page →

WATER SUPPLY	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
What is the size of the fresh water holding tank? _____gallons.	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the water tank constructed of food grade material (NSF Standard 61)? <i>Please ensure documentation of tank construction is included in plans.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the water hose constructed of food grade material (NSF Standard 61)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the tank large enough to accommodate the operation during peak business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the mobile unit have the ability to hook directly to a water source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what type of backflow preventer is installed? <input type="checkbox"/> ASSE 1012 <input type="checkbox"/> ASSE 1024	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source of the water used to fill the fresh water tank is <input type="checkbox"/> Private <input type="checkbox"/> Public	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEWAGE DISPOSAL	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
What is the size of the wastewater tank? _____gallons.	---	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the holding tank sloped to a drain that is one inch in inner diameter or greater and equipped with a shut-off valve (required)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will sewage and other liquid wastes be removed from the mobile food service operation or mobile retail food establishment by an approved method in such a way that a public health hazard or nuisance is not created?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VENTILATION	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
Will a commercial exhaust hood be provided to service cooking appliances producing grease-laden vapors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MANAGEMENT & PLANS	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
Is the required menu included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the list of surface finishes for floors walls and ceilings included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the required Person in charge food safety certification attached to this application?	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

Continue to Terms and Information, sign, and date on last page →

PLEASE READ, SIGN & DATE

MOBILE Food Facility specification review – Important terms and information

NOTE: This is not an application for a license. An application for obtaining a license to operate will be provided to the applicant once the review of the mobile food facility is completed and approved.

Applicants who have their business headquarters located within Henry County are required to have Mobile FSO and mobile RFE licenses issued by the Henry County Health Department.

Food equipment that is acceptable for use in a food service operation or retail food establishment shall be approved by a recognized food equipment testing agency (NSF, ETL, UL Sanitation, etc.) or otherwise may be approved or denied for use by the licenser. See the attached guidance for more detailed information.

A Person in Charge certification in food safety is required for at least one person per license holder at each individual event in high risk mobile food service operations and high risk mobile retail food establishments initially licensed on or after September 1, 2024. "Person in charge" means the individual present at a food service operation or retail food establishment who is responsible for the operation at any given time. Person In Charge certification courses must be approved by ODH.



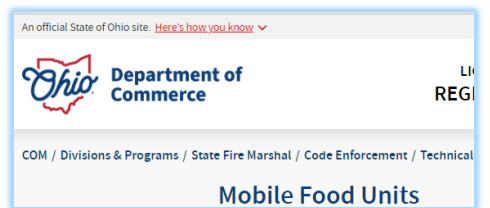
For more information on Person in Charge certification, search for:

“Food Safety Certification Ohio Department of Health”



There are also State of Ohio fire safety rules for mobile food units. To obtain the guidance on properly equipping and operating mobile food units so they will be compliant with current Ohio fire, search for:

“Mobile food units Ohio Department of Commerce”



By signing this application, the applicant agrees to include sufficient details on the layout and equipment specifications for the proposed mobile FSO/RFE. Detailed information submitted by the applicant must show that applicable provisions of Chapter 3717-1 of the Administrative Code can be met. One or more inspections of the proposed mobile will be required by the Henry County Health Department prior to licensing. Please ensure all sections of this application are completed and all requested items are attached.

Applicant Signature: _____ **Date:** _____

Internal use only: Date received _____ Received by _____