



## 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](http://www.healthoregon.org/foodsafety).

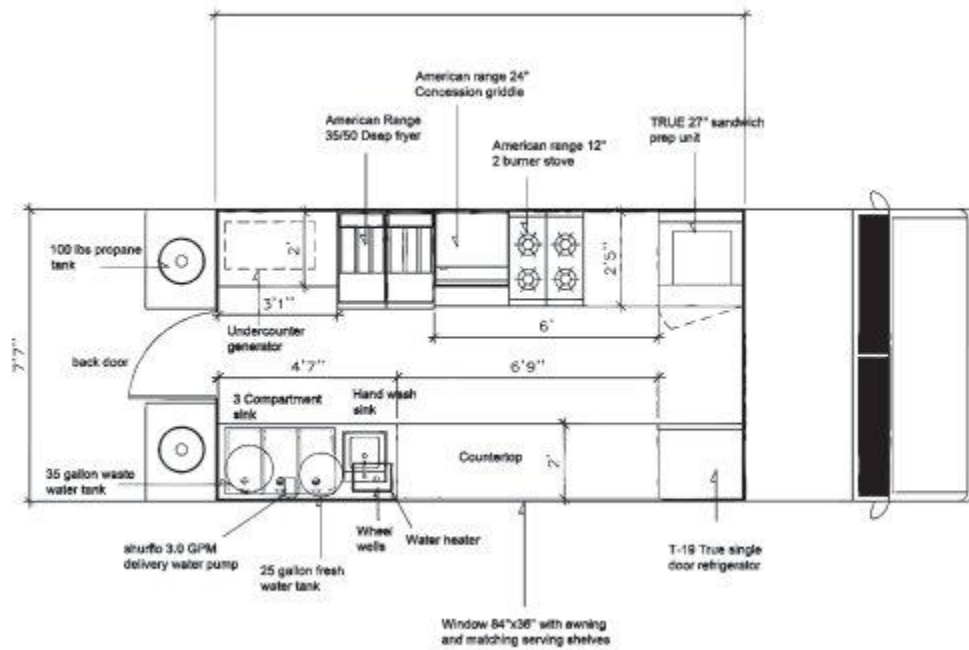
| Requirements                       | Class I                                   | Class II                         | Class III                                 | Class IV           |
|------------------------------------|-------------------------------------------|----------------------------------|-------------------------------------------|--------------------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

<sup>1</sup>The 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.

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

<sup>3</sup>May 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**

| <b>Table 1: Food Handling</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |                                                |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------|-------------------|
| <b>Procedures</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Yes / No</b>                                          | <b>If Yes, Where Will Procedure Take Place</b> |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          | <b>Mobile</b>                                  | <b>Commissary</b> |
| Washing fruits and/or vegetables                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                |                   |
| Thawing frozen foods <sup>1</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <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 <sup>2</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <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 |                                                |                   |
| <sup>1</sup> How you will thaw frozen foods:<br><br><sup>2</sup> If cooling foods, one of the below processes must be in place. Please choose option a, b or c below:<br>a. I have a licensed commissary where I will be cooling foods; or<br>b. I will be using a commercial refrigeration unit(s) on the mobile unit; or<br>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.<br><br>Explain what you will do with leftover foods:<br><br>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):<br><br>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:<br><br>Explain other procedures that you will be doing that have not been listed previously: |                                                          |                                                |                   |

| <b>Table 2: Material List</b>                                                                                                                                                        |                 |               |              |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|--------------|----------------|
| Describe surface finishes used on floors, walls, ceilings and countertops.                                                                                                           |                 |               |              |                |
| <b>Material Type</b>                                                                                                                                                                 | <b>Counters</b> | <b>Floors</b> | <b>Walls</b> | <b>Ceiling</b> |
| 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<br>Electric (E)<br>Generator (G)<br>Propane (P)<br>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<br>Electric (E)<br>Generator (G)<br>Propane (P)<br>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<br>If other system, please describe: |                                                          |                    |            |                                                                           |

| Table 5: Plumbing Fixtures:<br>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<br>Gallons? _____ |

| Table 6: Three-Compartment Sinks/Dishwashing<br>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 sink<sup>1</sup>
- Licensed Restaurant or Commissary

<sup>1</sup>Provide 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 <sup>1</sup> |
|--------|-------|-------|----------------------------------|
|        |       |       |                                  |

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: