

Environmental Health Services



Mobile Food Unit Restroom Requirement Form

6-402.11 Convenience and Accessibility.

(E) For mobile food units:

- (1) On board toilet facilities are not applicable to most mobile food units. If the unit is not so equipped, then the mobile food unit must operate within one-quarter mile or a five-minute walk of an accessible restroom facility. Mobile food units that operate on a designated route, and which do not stop at a fixed location for more than two hours during the workday, shall be exempt from this rule.
- (2) Mobile food units that do not provide on board restroom facilities under section (1) of this rule must have restroom facilities that will be accessible to employees during all hours of operation. The restroom facilities must have a hand washing system that provides potable hot and cold running water and meets the requirements of OAR 333-150-0000 §§ 6-301.11, 6-301.12, 6-301.20 and 6-302.11. Employees may use a restroom located in a private home or a portable toilet to satisfy this requirement.

MOBILE FOOD UNIT:

Facility # : _____

Name of Mobile Food Unit: _____ Phone Number: _____

Location (for more than 2 hours): _____
Street address City

Days of week/Dates the location will be used: _____

Business hours (at this location): _____

Print Name of Mobile Food Unit Owner

Signature of Mobile Food Unit Owner

Date

Mobile food units that are located at the same location for more than 2 hours or that provide any seating must have restroom facilities available. Please answer the questions below:

- 1. Is your mobile food unit at the same location for more than 2 hours? Yes No
- 2. Is customer seating provided at the mobile food unit? Yes No

If your answer is yes to one or both of the above questions, a restroom facility must be available for your mobile food unit and you are required to provide the additional information requested below.
(Complete a separate form if you will be at more than one location for more than 2 hours.)

LOCATION OF RESTROOM FACILITIES:

Name of restroom location: _____

Address: _____

City: _____ Phone number: _____

Hours that the restroom is available for use: _____

AUTHORIZATION TO USE RESTROOM FACILITIES:

Printed name of person authorizing Mobile Food Unit restroom facilities use

Signature of person authorizing Mobile Food Unit restroom facilities use

Date