

## MOBILE FOOD UNIT PLAN REVIEW PACKET

The materials in this packet will guide you through the plan review process to assure that your mobile food unit meets requirements of the Mobile Food Unit Rules. This packet is also intended to evaluate your proposed operation to provide the safest food possible to the general public. The application form must be completed as part of the plan.

This packet consists of the following information:

- **General Information**
- **Applicants Checklist for Mobile Food Units**
- **Mobile Food Unit General Requirements and Limitations**
- **Mobile Food Unit Plan Review Application**
- **Mobile Food Unit Plan Review Worksheet**
- **Commissary Service Verification Application**
- **Mobile Food Unit Itinerary and Operating Schedule**
- **Application for License**
- **The Mobile Food Unit Rules**
- **Mobile Food Unit Change of Ownership Form**

Please complete the attached documents and submit them with the required plan review fee to Multnomah County Environmental Health. **Approval from the health department must be obtained prior to construction or operation of your unit.** The following materials must also be submitted with your completed packet:

1. Complete plans of the unit drawn to scale, including equipment location.
2. List of all 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. Attach a completed **Mobile Food Unit License Application** and also the commissary section, if necessary.
5. List of your operating location(s) and approximate time schedule, if applicable. If the unit operates on a designated route, you must specify your itinerary. Attach a completed **Mobile Food Unit Itinerary and Operating Schedule**.

## GENERAL INFORMATION

A mobile food unit is defined in OAR 333-162-0000(31) as “...any vehicle that is self-propelled, or which can be pushed or pulled down a sidewalk, street or highway, on which food is prepared, processed or converted, or which is used in selling and dispensing food to the ultimate consumer.” There is no size limit to mobile food units, except they must meet the following requirements:

- The unit must be a vehicle and not require a special permit from the Oregon Department of Transportation to be moved.
- Mobile food units must be mobile at all times during operation. There is no requirement to move the unit at specific intervals, however, the unit must be on wheels at all times and have no permanent connections to any utility service (including water, sewer, or electric).
- The unit and all operations and equipment must be integral to the unit. This precludes the use of a barbecue with a Class III or IV unit, nor the use of 12 cubic feet of storage on any class of unit.

There are four types of mobile food units. The mobile food unit classifications are based upon the type of menu served.

**CLASS I** – These units can sell only intact prepackaged foods and dispense non-perishable beverages. No dispensed ice is allowed. No preparation or assembly of food items is allowed.

**CLASS II** – These units may dispense unpackaged foods. However, no cooking, preparation or assembly of foods is allowed on the unit.

**CLASS III** – These units may cook, prepare and assemble food items. However, no raw-to-finish cooking of animal foods is allowed on the unit. (Pasteurized eggs acceptable)

**CLASS IV** – These units may serve a full menu.

Please keep in mind that because mobile food unit design is related to the menu served, any change in the menu must be approved by the health department. Failure to obtain approval for a menu change may result in closure of your unit.

Prior to licensure by the health department, there may be other agencies from which you will be required to obtain approvals. These include, but are not limited to planning (zoning), building codes (structural, electrical, plumbing, prefabricated structures), fire marshal, or city or county authorities.

In particular, mobile food units in which the operator occupies the inside of the unit and the unit stays in one location for more than 30 days must undergo plan review and receive approval from the Prefabricated Structures Section of Building Codes Division. Please call (503) 378-4133 to obtain approval. Health department approval does not imply that your unit meets other agency codes.

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 Mobile Food Unit Rules [http://arcweb.sos.state.or.us/rules/OARs\\_300/OAR\\_333/333\\_162.html](http://arcweb.sos.state.or.us/rules/OARs_300/OAR_333/333_162.html) for all the requirements.

## APPLICANT'S CHECKLIST FOR MOBILE FOOD UNITS

This sheet is intended to help track your progress through the plan review process. When all steps are completed, your mobile food unit will be ready for licensing operation.

### DATE COMPLETED

	<p>1. Submit plan review application, plans, and completed review packet which include the following:</p> <ul style="list-style-type: none"> <li>• Mobile Food Unit Plan Review Application</li> <li>• Mobile Food Unit Plan Worksheet</li> <li>• Mobile Food Unit Itinerary and Operating Schedule</li> <li>• Commissary Service Verification Application</li> <li>• Application for License.</li> <li>• Pay the required fees</li> </ul> <p>Wait for plan review approval letter prior to beginning operation.</p>
	<p>2. Obtain any required approvals from other agencies, i.e. planning, zoning, and building codes. (see below *).</p>
	<p>3. Plans approved by the health department. (see below *) You will receive a response within 10 working days.</p>
	<p>4. Call the health department for a pre-operational inspection at least one week prior to the date you intend to open.</p>
	<p>5. Submit a <b>Mobile Food Unit license Application</b> with the required fee along with a <b>Commissary Service Verification Application</b> and a <b>Mobile Food Unit Itinerary and Operating Schedule</b>, if applicable.</p>
	<p>6. <b>Pre-operational Inspection</b> performed and mobile food unit is approved for operation.</p>
	<p>7. After steps one through six has been completed and your application has been approved, you may open.</p>

**\*NOTE:** If plan review by the Prefabricated Structures Section of the Building Codes Division is required for your unit, submit a copy of the plan review approval letter to Multnomah County Health Department. Plan review and approval by the Prefabricated Structures Section must be completed and verified before a license to operate will be issued by the Multnomah County Health Department.

Food handler cards are required for all persons working in a mobile food unit or base of operation. Contact the Multnomah County Environmental Health Section, Food Handlers for information on obtaining a food handler card (503) 988-5257 or visit our website [www.oregonfoodhandler.us](http://www.oregonfoodhandler.us)

# Environmental Health Services



## MOBILE FOOD UNIT GENERAL REQUIREMENTS AND LIMITATIONS

A mobile unit can serve menu items in its own classification and those to the left of it on the chart. For example, a Class III unit may also sell items allowed under Class I and II. Please See Mobile Food Unit Rules for full requirements.

	Class I	Class II	Class III	Class IV
<b>Water Supply Required</b>	No	Yes	Yes	Yes
<b>Hand Washing System Required</b>	No	Yes – Minimum five gallons <sup>1</sup>	Yes – Minimum five gallons <sup>1</sup>	Yes – Minimum five gallons <sup>1</sup>
<b>Dishwashing Sinks Required</b>	No	See below 2	See below 2	See below 3
<b>Assembly or Preparation Allowed</b>	No	No	Yes	Yes
<b>Cooking Allowed</b>	No	No	Yes <sup>4</sup>	Yes
<b>Barbecue Operation Allowed</b>	No	No	Yes – Reheating of foods only	Yes
<b>Restroom Required</b>	Yes	Yes	Yes	Yes
<b>Examples</b>	Prepackaged sandwiches/ Dispensed soda without ice/Canned & bottled beverages	Service of unpackaged food items	Bento espresso hot dogs	No menu limitations

- The hand washing system must be plumbed to provide hot and cold running water.
- If operating without a commissary see 3 below.
- Volume of water needed is determined by the volume of the 3 compartment ware washing sinks multiplied by 2. In addition, add 5 gallons for the hand washing sink to this amount. If the total number is less than 35 gallons, you will need a tank that holds 35 gallons at a minimum. If the total number is greater than 35 gallons, you will need a tank sized accordingly for that specific number of gallons.  
Example 1) your 3-compartment sinks holds 3 gallons per sink. 3 gallons x 3 sinks = 9 gallons. 9 gallons x 2 = 18 gallons. Your 3-compartment sink holds 18 gallons. Add 5 gallons for the hand washing requirement = 23 gallons total. You will need to have a 35 gallon tank since this is the minimum tank size required.  
Example 2) your 3-compartment sink holds 15 gallons per sink. 15 x 3 = 45 gallons. 45 gallons x 2 (filling sink twice a day) = 90 gallons. Plus 5 gallons for hand washing requirements = 95 gallons total. Your tank is required to hold 95 gallons.
- May cook only foods which are not potentially hazardous when raw (pasteurized eggs, rice, onions, pasta, etc...). Please keep in mind that because mobile unit design is related to the menu served, any change in the menu must be approved by the Health Department. Failure to obtain approval for a menu change may result in closure of your unit.
- You will need to identify a restroom within ¼ mile or 5 minute walk for employees if mobile unit is stationary greater than 2 hours. If seating is provided for customers, a restroom will need to be identified in the Restroom Agreement document. Restrooms will need hot and cold running water, soap and paper towels.

# Environmental Health Services



## MOBILE FOOD UNIT PLAN REVIEW APPLICATION

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. Please contact the Multnomah County Environmental Health Office (503) 988-3400 for an inspection prior to the start of operation to determine compliance with the reviewed plans and specifications and with the requirements of the mobile Food Rules. Incomplete plans may be returned for completion.

Name of Business: _____					Phone # _____
Address: _____					_____
Number	Street	City	State	Zip Code	
Name of Owner: _____					Phone # _____
Address: _____					_____
Number	Street	City	State	Zip Code	
Contact Person: _____					Phone # _____
Address: _____					_____
Number	Street	City	State	Zip Code	

Type of Construction:  New Mobile Food Unit     Major Remodel     Previously Licensed (\*1)  
 Class (circle one):    I    II    III    IV    Are you proposing to operate without a base of operation? \_\_\_\_\_  
 Plan Review approval should be sent to:  Owner     Contact Person  
 Expected date that the unit will be ready for a preoperational inspection: \_\_\_\_\_

Application is hereby made for plan review of the above Mobile Unit in compliance with the provisions of the Oregon Administrative Rules, OAR Chapter 333 Division 162 requires that plans be submitted to the assistant director (authorized representative) and Environmental Health Specialist for review and commented on before construction, remodeling, or conversion is begun. Payment of the \$\_\_\_\_\_ plan review fee is hereby made with the understanding that OAR 333-162-0000 requires that plans be submitted for review when a food service facility is constructed or extensively remodeled. All construction must conform to OAR 333-162-0000 through 333-162-1020 as printed in the "Mobile Food Unit Rules" published by the Oregon Department of Human Services. And OAR 333-162-1010 requires that the food service facility be inspected prior to the start of operation to determine compliance with the reviewed plans and specifications and with the requirements of these rules. All information contained in this record is public.  
 \* Please refer to fee schedule or call our office for information regarding Plan Review fee.

Make Check Payable to: **Multnomah County Environmental Health Services**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

NOTE: THE FEE MUST ACCOMPANY THIS APPLICATION

Fee Received:	Date:	By:
Check #:	Cash:	Receipt #:

**(1\*) Mobile Food Unit plan review fee and plans/drawings are not required if the unit was previously licensed in the State of Oregon and documentation of licensure approval is provided.**

## MOBILE FOOD UNIT PLAN REVIEW WORKSHEET

Please complete the questions on this worksheet that apply to your mobile food unit. Be as specific as possible.

1. List all menu items (including condiments): \_\_\_\_\_

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2. Where will food be purchased? \_\_\_\_\_

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3. Describe how and where foods will be cooked and prepared. Will any foods be prepared in advance? If so, please describe: \_\_\_\_\_

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4. Describe how foods requiring cooling will be rapidly cooled on the unit. What will become of leftover foods?

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5. How will hot and cold food temperatures be maintained on the unit? \_\_\_\_\_

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6. Where is the commissary or warehouse located? List the approximate time of day you will be using your commissary or warehouse: \_\_\_\_\_

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7. What is the source of drinking water for use on the unit? Describe how water will be transported to the unit and how the water system is constructed. What is the size of the fresh water storage tank? \_\_\_\_\_

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# Environmental Health Services



8. How will waste water be removed from the unit? Describe how waste water will be transported from the unit to the approved waste water disposal location. What is the size of the waste water storage tank? (The volume of the waste tank must be 10 to 15 percent greater than the volume of the fresh water storage tank.)

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9. What is the power source for the mobile food unit? If electricity is required, how will the electrical supply be connected to the unit? Describe how foods will be transported to and from the unit and how hot and/or cold holding temperatures will be maintained during transit: \_\_\_\_\_

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10. What type of hand washing system will be used on the unit? (A minimum of five gallons must be provided for hand washing.) \_\_\_\_\_

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11. Describe how dishes and utensils will be washed. If dishes and utensils are washed on the unit, a minimum of 35 gallons of water must be provided for this purpose. \_\_\_\_\_

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12. Describe how garbage will be stored and where it will be thrown away. What methods of insect and rodent control will be used in your unit? \_\_\_\_\_

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13. Where is your restroom facility located? \_\_\_\_\_

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14. Describe the type of overhead protection provided for your unit. (ceilings, awnings, umbrellas, etc.)

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15. Where will the unit be cleaned? If you plan to wet mop the unit, where will you dispose of mop water?

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# Environmental Health Services



## COMMISSARY SERVICE VERIFICATION

This form is to be completed when the licensed owner of the Commissary provides food service activities conducted at the Commissary to support a Mobile Food Unit operation.

Check the following statement that applies to your operation:

- If the Mobile Food Unit arrives daily at the commissary solely to pick up clean utensils prior to operating and drop off used utensils at the end of the day, you are required to complete and return this Commissary Service Verification form.
- If the Mobile Food Unit conducts any food service activities at the commissary (e.g., utensil washing and/or any food preparation activities such as food washing, thawing, cooking, cooling, and reheating) a separate Commissary License in the mobile food unit owner's name **MUST** be obtained.

### MOBILE UNIT

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Licensee Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Facility Number: \_\_\_\_\_

### LICENSED FOOD SERVICE FACILITY

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Licensee Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Facility Number: \_\_\_\_\_  
County Licensed in: \_\_\_\_\_

This agreement between the above mentioned two parties is valid only for the current calendar year. In the event that the agreement for commissary usage is terminated, the mobile food unit license is immediately suspended and all operations must immediately discontinue until the owner/operator of the mobile food unit secures the services of an approved commissary and provides another valid Commissary Service Verification form to the Multnomah County Environmental Health Program. This agreement becomes invalid if the commissary or food service establishment does not have a current license.

**I agree to comply with the provisions of Chapter 624, Oregon Revised Statutes, and the Administrative Rules of the Oregon Department of Human Services pertaining thereto. I certify, as the legal owner of the business named herein, that the information provided is true and correct to the best of my knowledge. It is a Class B Misdemeanor to knowingly make any false written statement in connection with an application (ORS 162.085).**

*All information provided is a matter of public record.*

Commissary Owner's Printed Name: \_\_\_\_\_

Commissary Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only:

Commissary Service Approved/Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

**If denied, assure that a valid Commissary License is obtained.**

County of Commissary License: \_\_\_\_\_ Facility #: \_\_\_\_\_

Commissary License Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

# 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: \_\_\_\_\_

<b>AUTHORIZATION TO USE RESTROOM FACILITIES:</b>	
_____ Printed name of person authorizing Mobile Food Unit restroom facilities use	
_____ Signature of person authorizing Mobile Food Unit restroom facilities use	_____ Date

## FORMULARIO DE REQUISITO DE BAÑO PARA UNIDAD MÓVIL DE ALIMENTOS:

Nombre de la Unidad Móvil de Alimentos: \_\_\_\_\_

Local (por más de 2 horas): \_\_\_\_\_  
(dirección) (ciudad)

Horas de Negocio (en este local): \_\_\_\_\_

\_\_\_\_\_  
Firma del Dueño de la Unidad Móvil de Alimentos

Una unidad móvil de alimentos que esta situada en el mismo local por más de 2 horas ó que provee asientos para comer tiene que tener baño disponible. Por favor conteste las siguientes preguntas:

1. ¿Está su unidad móvil de alimentos en el mismo local por más de 2 horas? .....  Sí  No
2. ¿Provee la unidad móvil de alimentos asientos para sus clientes? .....  Sí  No

**Si ha contestado sí a una o a las dos preguntas, se tiene que proveer un baño para su unidad móvil de alimentos y se requiere que usted provea la siguiente información.**

(Complete un formulario separado si va a estar en más de un local por más de dos horas.)

### UBICACIÓN DEL BAÑO:

Nombre del Local del Baño: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Número de Teléfono: \_\_\_\_\_

Horas disponibles para usar los Baños: \_\_\_\_\_

### AUTORIZACIÓN PARA USAR LOS BAÑOS:

\_\_\_\_\_  
Nombre impreso de la Persona que esta Autorizando que la Unidad Móvil de Alimentos use los Baños

\_\_\_\_\_  
Firma de la Persona que esta Autorizando que la Unidad Móvil de Alimentos use los Baños Fecha