

MOBILE UNIT REQUIREMENTS



Mobile trucks, trailers, and carts all require additional information to obtain approval. To avoid a delay in the approval of your application be sure to review the following information and answer the attached questions. The operating permit is based on the complexity of the operation.

"MOBILE FOOD UNIT": means a readily movable food establishment.

Mobile Low Risk (\$150+\$60/hr. Plan Review fee): No preparation, cooking, or reheating of food that require time or temperature control for safety (TCS foods). Exception given to beverage services. Examples include; all shelf stable items, pre-packaged cold holding of potentially hazardous foods, coffee drinks, beverages, baked goods (not containing a cream or custard filling); common establishments in this level include an espresso stand, a grocery store, convenience store with no food preparation, or wine tasting room with prepackaged items.

Mobile Moderate Risk (\$250+\$60/hr. Plan Review fee): Food preparation and reheating of food that require time or temperature control for safety (TCS foods) is allowed, including cooking from raw. No cooling of TCS foods is allowed. Items that are pre-packaged or pre-cooked and reheated for hot holding are discarded daily. This includes sandwich assembly, hot holding pre-cooked items, or any food preparation or portioning done by the establishment.

Mobile High Risk (\$350+\$60/hr. Plan Review fee): This includes any and all food processes, such as cooling, or any specialized processes of food preparation, cooking, or packaging.

GENERAL REQUIREMENTS FOR MOBILE FOOD UNITS

Mobile units operating under complexity levels II and III may need a commissary kitchen. The commissary kitchen is an approved food establishment where food is stored, prepared, portioned, or packaged; with the intent of serving or selling in a different location. Commissary kitchens from neighboring counties/state are allowed, if a recent inspection can be provided with this application and a commissary agreement letter is submitted. A commissary must have the following;

- Potable water
- Cooking equipment (as necessary)
- Mop sink
- Restrooms
- 3 compartment sink (as necessary)
- Food preparation sink (as necessary)
- Refrigeration for cooling and cold holding

A commissary floor plan must be submitted with the commissary agreement letter and must show the following locations on the floor plan:

- Handwash sinks
- Food prep sink
- Refrigeration equipment and freezers

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- Three compartment sink
- Mop sink
- Ice machine if supplied

All food, equipment, utensils, paper products, water tanks, and cleaning supplies must be stored on the mobile unit or in the designated commissary kitchen. A garbage container must be provided for waste generated by the mobile unit. Copies or original food worker cards must be available with the mobile unit.

Mechanical refrigeration is required for all food that must maintain 41F or below. Thermometers must be available in each unit. Ice, as a method of temperature control is only allowed for beverages.

Equipment used to keep food hot must maintain 135F or above. Mechanical units are required, either powered by electricity or fueled by propane.

All potentially hazardous food that is kept hot on the mobile unit must be served the same day or cooled properly at the commissary kitchen. No cooling and reuse of food is allowed on the mobile unit.

All food must be protected from contamination. Work areas, food and single-service items must be protected from customer contamination by sneeze guards, dome lids, or other approved methods.

Detailed methods of food preparation are required for all foods being prepared in the commissary kitchen and the mobile unit.

Handwash sinks for newly constructed mobile units must be easily accessible and cannot be located underneath counters (slide-out) or in locations that make access difficult. If the only option is a slide-out water unit, there must be a method to "lock" the sink in the open position during service hours. All sinks must have hot water capable of reaching 100F.

The number of menu items may be restricted due to mobile unit size limitations or commissary accessibility and storage.

The freshwater tank must be able to hold 35 gallons or more. The wastewater tank must be at least 15% larger than the freshwater tank and must be emptied in an approved method.

If the applicant plans to wash equipment on the mobile unit the three compartment sink must be sized appropriately to accommodate the largest piece of equipment being cleaned.

Ventilation hoods are required for any cooking equipment or method that produces grease. If deep fryers are used, a tight fitting, heat resistant cover shall be locked in place for the safe transport of hot grease.

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Pictures help speed up your review. If the mobile unit is pre-built, provided pictures of the outside and inside of the structure. The following is necessary prior to being permitted;

- Complete application, plan review, and fees
- Preopening inspection
- Menu and equipment list
- Methods of food prep (include which foods are prepared on site or at the commissary)
- Methods used in cleaning/sanitizing equipment
- Mobile unit floor plan (include finishes for both food prep surfaces and non-food prep surfaces)
- Commissary floor plan and letter of agreement
- Labor and Industries Approval
- Floor plan of the mobile unit

The original permit, or a copy, must be with mobile unit at all times. A Labor and Industries inspection and seal of approval are necessary to operate a mobile unit in Washington State. The seal of approval must stay with this mobile unit at all times. Washington State Labor and Industries regulations govern the safety of design and installation of plumbing, heating, and electrical equipment. Contact Labor and Industries, Factory-Assembled Structures for details.

**Department of Labor and Industries
Factory Assembled Structures
7273 Linderson Way SW
PO Box 44430
Olympia, WA 98504-4430
360-902-5218**

Goldendale Office
228 West Main Street
MS-CH 14
Goldendale, WA 98620
509-773-4565

Klickitat County Health Department

White Salmon Office
501 NE Washington St/ PO Box 159
White Salmon, WA 98672
509-493-1558

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Facility Name: _____

Will the mobile unit operate on a route? Yes No

If the unit will be on a route, please provide the route below:

Will you have more than one sales site? Yes No If yes, how many _____

Please list the locations of sales:

What are the hours of operation for the mobile unit? _____

Is the sales site restroom available at all times of operation? Yes No

Is a key required to access the sales site restroom? Yes No

Do you understand the mobile unit must return to the commissary kitchen daily? Yes No

Cooling and specialized process must be done at the commissary kitchen.

Have you included a floor plan and equipment list for the mobile unit? Yes No

Have you included a floor plan and equipment list of the commissary? Yes No

Are there any pictures of the mobile unit included with this application? Yes No

Are both hot and cold water available at the handwash sink?

What is the size of your freshwater tank? _____

What is the size of your wastewater tank? _____

Where will you be filling the freshwater tank? _____

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Where will you be emptying your wastewater tank?

How and where will you be discarding your refuse?

Where will refrigerated items be stored overnight?

What will you be doing with leftover cooked food at the end of each day?

Have you acquired all sales site agreements with the associated parties? _____ (please provide)

Where will the mobile unit be stored overnight? _____

Will the mobile unit be connected to electricity overnight? Yes No

Will the mobile unit be connected to electricity at the sales site? Yes No

Is a Labor and Industries approval included with this application? Yes No

Is there a three compartment sink available with the mobile unit? Yes No

Have you included a menu with this application? Yes No

Have you included a method of food preparation with this application? Yes No

Have you included your commissary agreement with this application? Yes No

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FACILITY INFORMATION

Facility Name: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Facility Phone: _____

Health Department
Use Only

OWNER INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner Phone: _____

Owner Email: _____

HOURS OF OPERATION

- Open 24 Hours a day
 Seasonal Operation
 Annual Operation

If seasonal, provide months of operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

As the manager and or owner/operator of this facility, I do hereby make application for a permit to operate a food service establishment in compliance with the Rules and Regulations of the State Board of Health for Food Service Chapter 246-215 WAC. I understand that this permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or location.