ENVIRONMENTAL HEALTH
700 Fuller Avenue N.E.
Grand Rapids, Michigan 49503-1918
Phone: 616-632-6900
Fax: 616-632-6892
Email: KCEHmail@kentcountymi.gov
Website: www.kentcountymi.gov

Special Transitory Food Unit/ Mobile Food Unit Plan Submittal

Congratulations! You are proposing to build or remodel a Special Transitory Food Unit (STFU) or Mobile Food Unit in Kent County, Michigan. All of the items within the application and worksheet must be completed and compiled into a single packet and returned to the Kent County Health Department along with your plan review payment. Incomplete or missing items may delay your review.

1. Completed Plan Review Application & Worksheet
The application and worksheet that follows are to be filled out completely. If a section is not applicable to your operation, please write N/A with the reason stated in the corresponding area. Asterisks (**) indicate items that are required, regardless of menu, type of unit, or processes.

2. Unit Layout or Diagram
Proposed unit floor plan with all items accurately identified.
- All food service equipment
- Sinks and major plumbing fixtures
- All exterior openings

3. Plan Review Fee
The charge for a plan review is $400. Credit Card payment (Visa, Discover, MasterCard, or Amex) can be made online via invoice after a complete packet is sent to KCEHmail@kentcountymi.gov. Payment may also be made via mail to Kent County Health Department, Attn: Environmental Health, 700 Fuller NE, Grand Rapids, MI 49503 or in person at our office at the same address. Payment is to be made out to the Kent County Health Department. The plan review packet will not be processed for review until payment is received.

4. Certified Food Manager Certificate—NOT required at time of submission
Mobile and special transitory food units are required to employ at least one (1) certified manager employee who is certified under the American National Standards Institute accredited certification program (Food Law 2000, as amended, Section 289.2129). **Documentation that verifies they meet the certified manager requirements will be required at the preopening inspection.**

PLEASE BE ADVISED THAT APPLICATIONS ARE NOT CONSIDERED READY FOR PROCESSING OR REVIEW UNTIL ALL DOCUMENTATION AND APPROPRIATE PAYMENT IS RECEIVED.

Optional - SUBMIT A DIGITAL COPY OF THE ABOVE:
Digital submission is now available for Kent County Health Department! If you would like to submit **all items at one time** digitally please email the completed documents (indicated above) to KCEHmail@kentcountymi.gov. Please note that plans cannot be larger than 36 MB in one email, therefore make sure to compress by zipping the files.

Approved By:_____ Date:_____

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Special Transitory Food Unit (STFU) and Mobile Food Establishment Plan Review Worksheet and Standard Operation Procedures (SOP)

Food Service Establishment STFU or Mobile Unit Submittal Instructions – Review Process

Establishment Name: _____

Address, City, Zip: _____

Establishment Phone: _____

Non-Profit Tax ID (if applicable):_____

Owner	**Commissary Information (if applicable)**
Name: _____ Address: _____ City, State: _____ Zip: _____ Phone #: _____ E-Mail : _____	Name: _____ Address: _____ City, State: _____ Zip: _____ Phone #: _____ E-Mail : _____
List of support vehicles (e.g., stock truck, refrigerator truck):	**Location of offsite storage (i.e., where trucks, STFU/mobile and dry goods will be stored between events)** Address: _____ City, State: _____ Zip: _____ Phone #: _____

Name and phone number of primary contact if different than Owner:

_____

FOR REVIEWING AGENCY USE ONLY:

Fee $: _____ Check #: _____
Date: _____ Receipt#: _____
Plan Review #: _____ Assigned to: _____

Remarks: _____

Approved By:_____ Date:_____

Project Summary

These plans are for:

- ☐ An existing/pre-fabricated unit
- ☐ A newly built unit
- ☐ A unit that is affiliated with a licensed establishment

These plans are for a unit that will:

- ☐ Not use a commissary
- ☐ Will use a commissary

These plans are for a unit that will:

- ☐ Will primarily do multi-day events
- ☐ Will primarily do one-day events

Please summarize the proposed STFU/Mobile operation:

I certify that the plan review application package submitted is accurate to the best of my knowledge. I agree to comply with the Food Code and Food Law and allow the regulatory authority access to my facility as described in the Food Code.

Signature of owner or representative: _____ Date: _____

Please print name and title here: _____

Approved By:_____ Date:_____

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Special Transitory Food Unit (STFU) and Mobile Food Establishment Plan Review Worksheet and Standard Operation Procedures (SOP)

Unit Name:	
Current License Number (If already licensed):	
Owner:	
Address:	City:
State/Zip:	Phone:
Date:	

Instructions: Answer all questions. **Asterisks (**) indicate items that are required, regardless of menu, type of unit, or processes.** Use additional pages if needed. If a question does not apply, mark the section as "N/A". This document is to be used in conjunction with the "Special Transitory Food Unit and Mobile Food Establishment Plan Review Manual" found at: MDARD - Plan Review

By initialing this statement, I verify that food establishment operations may not be conducted in a private home, a room used as living or sleeping quarters, or an area directly opening into a room used as living or sleeping quarters and that all food handling must comply with Michigan Food Law and Michigan Modified Food Code.

Initial:_____

PART 1 MENU, FOOD, & FOOD PROCESSES

Any changes to the menu must be submitted and approved by the regulatory authority prior to their service. You may be required to show approval of changes during inspections.

****Item A - Menu**: List all foods, including beverages, toppings, and sauces, that will be served (attach an additional sheet or menu if necessary)

Approved By:_____ Date:_____

****Item B - Food Source**: List where you buy all your food and supplies. Home prepared foods or cottage foods are not permitted.

****Item C - Storage**: Indicate where you will store all food and food-related items while in operation (e.g., refrigerator, freezer, cooler with ice, chafing dishes, steam table, Cambro, dry goods shelf, etc.).

Raw meats:	Cold cooked or ready to eat food:
Hot cooked or ready to eat food:	Unopened canned products and dry goods:
Ice:	Perishable beverages:
Vegetables/Fruits:	Consumer self-service items:
If using a commissary, explain the type of storage that will be used for the unit there:	

Approved By:_____ Date:_____

****Item D - Food Transportation**: List all methods of transporting food to the unit.

Food to Be Transported	Transportation Method (e.g., cooler with ice, stock truck, Cambro, etc.)	Where is the food coming from (e.g., Commissary, Food Supplier)
Hot Foods (list):		
Cold Foods (list):		
Dry/Canned Goods:		
Fruit/Vegetables:		
Other Items (list):		

Item E - Thawing: List foods that will be thawed by one of the following approved methods.

Method	Food
Under Refrigeration:	
Under Cold Running Water:	
During Cooking:	

****Item F - Preparation**: <u>The handling of ready-to-eat foods with bare hands is prohibited.</u> Mark which methods will be used to avoid bare hand contact with ready-to-eat foods.

☐ Single use gloves ☐ Utensils

☐ Deli papers ☐ Other (describe):_____

Approved By:_____ Date:_____

****Item G-Cross Contamination Prevention During Storage**: Foods must be prepared and stored to avoid cross contamination. Methods for avoiding cross contamination include, but are not limited to:

- Storing ready-to-eat foods, cooked foods, and produce away from raw animal items.
- Separating raw beef, fish, lamb, pork, and poultry from each other unless intentionally mixing during preparation.
- Storing raw, unwashed produce away from washed produce and other *ready-to-eat foods*.
- Using separate utensils (e.g. spatulas, tongs, knives, etc.) and preparation surfaces (e.g. cutting boards) for preparing raw foods and *ready-to-eat foods*.
- Appropriately storing in-use utensils and cleaning them at required frequency.

List how foods and utensils will be protected from cross-contamination during storage and preparation. Consider what equipment and preparation surfaces will be needed to avoid cross-contamination. Inadequate space and/or equipment may limit the types of food items (e.g. raw animal foods, unwashed produce) that can be utilized within the unit.

Item H - Cooking: Indicate how all raw foods will be cooked and how temperatures will be monitored. Please mark foods that are cooked to order (i.e., served undercooked or raw) with an asterisk (*). Ensure a consumer advisory is provided.

Food	Cooking Equipment	Final Cooking Temperature	Where Will Cooking Occur
(Example) Burgers	*Charbroiler*	*155°F*	☐ Commissary ☐ Unit
			☐ Commissary ☐ Unit
			☐ Commissary ☐ Unit
			☐ Commissary ☐ Unit
			☐ Commissary ☐ Unit
			☐ Commissary ☐ Unit
Method for monitoring:			

Approved By:_____ Date:_____

Item I - Cooling: Indicate what foods will be cooled, cooling method used, time frame for cooling to listed temperatures, and method for monitoring. Potentially hazardous foods must be cooled from 135°F to 70°F within 2 hours, and from 70°F to 41°F within 4 hours.

Food	Cooling Method	Time to 70°F	Time to 41°F	Where Will Cooling Occur
Soup	*Shallow pans in cooler*	*Within 2 hours from 135 degrees F*	*Within 4 hours*	☐ Commissary ☐ Unit
				☐ Commissary ☐ Unit
				☐ Commissary ☐ Unit
				☐ Commissary ☐ Unit
				☐ Commissary ☐ Unit
Method for monitoring:				

Item J - Reheating for Hot Holding: Indicate all foods that will be reheated, the type of reheating proposed (individual serving or in bulk), the equipment used to reheat, the reheat temperature, reheating time, and method for monitoring. Commercially processed foods must be reheated to at least 135°F. Foods that were cooked and cooled on the unit or in the commissary must be reheated to at least 165°F within 2 hours.

Food	Individual (I) or Bulk (B)	Equipment Used (e.g., microwave)	Final Temperature	Time to Final Temperature	Where Will Reheating Occur
					☐ Commissary ☐ Unit
					☐ Commissary ☐ Unit
					☐ Commissary ☐ Unit
					☐ Commissary ☐ Unit
					☐ Commissary ☐ Unit
					☐ Commissary ☐ Unit
Method for monitoring:					

Approved By:_____ Date:_____

Item K - Hot Holding: Indicate what foods will be held hot, equipment used, and method for monitoring. Potentially hazardous foods must be hot held at 135°F or above.

Food	Equipment Used
Method for monitoring:	
What will be done with foods that were held hot at the end of service?	

Item L - Cold Holding: Indicate the foods that will be held cold and the equipment used. Potentially hazardous foods must be held at 41°F or below.

Food	Equipment Used	Where Will Cold Holding Occur
(Example) Burgers	*True refrigerator*	☐ Commissary ☐ Unit
		☐ Commissary ☐ Unit
		☐ Commissary ☐ Unit
		☐ Commissary ☐ Unit
		☐ Commissary ☐ Unit
		☐ Commissary ☐ Unit
Method for monitoring:		
What will be done with foods that were held cold at the end of service?		

****A food probe thermometer must be provided to monitor food temperatures. Indicate by initialing the line provided that a thermometer will be provided and used.**

Initial:_____

Approved By:_____ Date:_____

Item M - Time Alone as Control: List foods where only time, and not temperature, will be used to control the safety of items. Explain the procedure of time control for each food item.

Food	How long will this food be held out of temperature control	Marking Method	Monitoring method and action taken when time limit is reached
(Example) Salsa	*4 hours*	*Running list of time when salsa is removed from cooler*	*Ensure salsa is used or discarded within four hours of removing from cooler*

Item N - Date Marking: Ready-to-eat foods held over 24 hours in refrigeration must be date marked with a method that indicates when they need to be discarded. Indicate the food, date marking method to be used including the maximum number of days between preparation/opening and discarding.

Food	Date Marking Method

Approved By:_____ Date:_____

PART 2 EMPLOYEE HEALTH AND HYGIENE

****Item A - Hygiene Practices**: Complete the following, by initialing to verify agreement to comply.

	Initial
Employees will report to work clean and in clean clothes:	
Employees will use proper hair restraints. **Describe restraint to be used**:_____	
Employees will not use tobacco in the food areas.	
Employees will not eat in the food areas.	
Employees will drink only from covered cups in the food area.	
Employees will cover all cuts with waterproof bandages.	
Employees will cover cuts on hands with a bandage and a proper glove.	
Employees will not wear nail polish or will cover the nails with gloves. Nails will be kept trimmed and clean.	
Employees will not wear hand/wrist jewelry, with the exception of a plain wedding band.	
Soap, paper towels, waste receptacle and a reminder notice will be provided at each hand washing location.	

****Item B - Handwashing**: Indicate how and when employees will wash their hands, number and description of handwashing station(s) and how warm water will be provided to handwashing station(s). Hot water is required for handwashing, and at least one handwashing station must be provided.

How and when will employees wash hands:

Number and description of handwash station(s):

Description of how warm water will be provided (if not serviced by unit water heater):

Approved By:_____ Date:_____

****Item D - Employee Health**: Describe how employees will be made aware of health reporting requirements (reportable illnesses and symptoms) as it relates to diseases transmissible through food. Guidance documents, including posters and forms, are available from the regulatory authority.

The person in charge (PIC) is required to:

- Recognize symptoms of diseases that are transmitted by foods. Common symptoms of illnesses that can be easily spread by food include:
    - Diarrhea
    - Vomiting
    - Jaundice
    - Sore throat with fever, or
    - Infected wounds and boils on the hands or arms
- Notify employees of their reporting requirements regarding their health and activities. **Employees must notify PIC when:**
    - They experience any of the common symptoms that can be easily spread by food:
        - Diarrhea
        - Vomiting
        - Jaundice
        - Sore throat with fever
        - Infected wounds and boils on the hands or arms
    - They are diagnosed as being ill as a result of any of the following pathogens (Big Five)
        - Norovirus
        - Hepatitis A virus
        - *Shigella spp*.
        - Enterohemorrhagic or Shiga toxin-producing *Escherichia coli (E. coli*)
        - *Salmonella typhi*
        - They are exposed to or are suspected of causing a confirmed foodborne illness outbreak of any of the Big Five.
        - They live with a household member who has any of the Big Five, or if a household member works in or attends a setting where any of the Big Five have caused a confirmed outbreak.
- Exclude food employees from the unit with the following conditions:
    - Diagnosed as having an illness associated with a Big Five pathogen
        - For employees diagnosed with one of the Big Five <u>but experiencing no illness symptoms</u>, consult the regulatory authority. Restriction is allowed under some circumstances.
    - Signs of jaundice, (yellowing of skin and/or eyes), and onset occurred in the last 7 calendar days.
    - Symptoms of vomiting and/or diarrhea
- Restrict food employees with the following conditions from working with exposed food; clean equipment, utensils and linens; unwrapped single service and single-use items; etc.:
    - Sore throat with fever
    - An uncovered lesion containing pus, such as a boil, or an uncovered infected wound
- Notify the regulatory authority when an employee is diagnosed with any of the below listed pathogens or is jaundiced.

Approved By:_____ Date:_____

- Norovirus
- Hepatitis A virus
- *Shigella spp*.
- Enterohemorrhagic or Shiga toxin-producing *Escherichia coli (E. coli)*
- *Salmonella typhi*

- Reinstate affected food workers who are restricted or excluded. Reinstatement will be performed in the following manner:
  - Any employee excluded due to jaundice or diagnosis with one of the Big Five will be reinstated per written medical documentation from a physician and **approval from the regulatory authority.** Contact the regulatory authority for assistance with other options for reinstatement.
  - Any employee excluded due to symptoms of vomiting or diarrhea will be reinstated after they have been symptom free for at least 24 hours, or after they have provided medical documentation that the symptom is from a noninfectious condition.
  - Any employee restricted or excluded due to illness with sore throat and fever will be reinstated when they have provided medical documentation that they have received antibiotic therapy for *Streptococcus pyogenes* infection for more than 24 hours, they have had at least one negative throat specimen culture for *Streptococcus pyogenes*, or it is otherwise determined by a health practitioner that they are free of *Streptococcus pyogenes* infection.
  - Any employee restricted due to an uncovered infected wound or pustular boil will be reinstated when the area is properly covered with one of the following:
    - On the hands or wrists, an impermeable cover such as a finger cot or stall with a single-use glove worn over the impermeable cover,
    - On exposed portions of the arms, an impermeable cover, or
    - On other parts of the body, a dry, durable, tight-fitting bandage
- Assure that the following procedures are met:
  - Require all employees to review this procedure.
  - Monitor employees for visible or obvious symptoms.
  - Assure that all employees notify the PIC when required.
  - Assure that all food employees comply with exclusions or restrictions.
  - Maintain documents and record of exclusions and restrictions.
  - Contact the regulatory authority when required and if there are any questions.

****By initialing, I agree to comply with the above listed employee health requirements of the Michigan Modified Food Code.**

Initials:_____

PART 3 FOOD CONTACT SURFACES

****Item A - Warewashing**: Describe how all utensils, equipment, and food contact preparation surfaces will be warewashed (e.g., in basins/compartments, in-place cleaning, or clean-in-place (CIP) equipment). Include the frequency of warewashing, the facilities used, the procedures used, and the sanitizers used. Sanitizer concentration needs to be at concentration as listed on the manufacturer's label for that sanitizer. In-use must be washed, rinsed and sanitized at least every four hours.

Equipment/Utensil	Frequency	Method/Facility (Basin/compartments, In-Place, or CIP)	Procedure	Sanitizer & Manufacturer's Concentration
(Example) Tongs	*Every 4 hours*	*3 basin sink*	*Wash/rinse/sanitize*	*Chlorine 50 ppm*

Approved By:_____ Date:_____

Where will warewashing occur?

If in commissary, explain how dirty and clean utensils will be transported and how many additional utensils will be available on-site below:

****Item B - Dish (Warewashing) Sinks**: List the size of each sink compartment or tub to be used for warewashing and describe where soiled utensils/equipment will be stored before warewashing and where cleaned and sanitized utensils/equipment will be stored while air drying. List the measurements of the largest piece of equipment or largest utensil that will be cleaned and sanitized in the dish (warewashing) sinks. Describe how warm water will be provided for warewashing (if not serviced by unit water heater).

****Test strips must be provided to monitor concentrations of each type of sanitizer used on site. Indicate by initialing the line provided that test strips will be provided and used.**

Initials:_____

Approved By:_____ Date:_____

****Item C - Chemical Storage**: Describe where sanitizers and other chemicals will be stored in the unit.

PART 4 WATER SUPPLY

Water must be obtained from an approved source that has completed state or local sampling requirements. Contact the Local Health Department for additional information on non-municipal sources.

****Item A - Water Source and Storage**: Complete the section below. The unit should be equipped with enough water capacity to meet peak water demands while in operation. Tanks must be able to fully drain.

Source of water:	
Delivery of water to unit (e.g. food grade hoses with backflow prevention):	
Storage of water (**include gallon size and number** of holding tanks/containers):	
Cleaning processes for water delivery and storage items (method, frequency, etc.)	
Will water be used for purposes other than hand and warewashing? If yes, describe.	

****Item B - Hot Water Capacity**: Describe how hot water will be provided. If a tank or tankless water heater will be used, list make, model, and size of unit. The unit should be equipped with enough hot water capacity to meet peak water demands while in operation. Hot water is required for both handwashing and warewashing.

Approved By:_____ Date:_____

PART 5 SEWAGE DISPOSAL

Sewage must be disposed of at an approved sewage disposal site.

****Item A - Liquid Waste Disposal**: Describe how liquid waste generated in the unit will be collected and disposed. Include the capacity/size of waste holding tanks/containers.

Disposal location of liquid waste:	
Removal of liquid waste from unit (e.g. hose, portable container):	
Storage of liquid waste (include **gallon size and number** of holding tanks/containers):	
Cleaning processes for liquid waste removal and storage items (method, frequency, etc.):	

If unit is equipped with large water tanks, it is recommended that a direct connection does not exist between the 3 compartment sink drain line and the waste water tank.

Item B - Toilet Facilities: If the unit will have an on-board restroom, describe below. Restrooms must have their own fresh and wastewater tanks, handwashing sinks, and ventilation.

PART 6 ENVIRONMENTAL HAZARDS

****Item A - Pest & Environmental Controls**: Describe the methods you will use to keep flying and crawling pests as well as environmental contaminants (e.g., leaves, blowing dust) out of the unit (e.g., service windows with air curtains or screening). If equipment and/or food is in an open-air environment, describe how this food and/or equipment will be protected (e.g.; lidded food containers).

Area of Concern	Method of Pest & Environmental Contaminate Control
Service windows:	
Cooking/grilling/smoking locations:	

Approved By:_____ Date:_____

Other equipment exposed to open air:	
Food exposed to open air:	
Other areas of concern:	

PART 7 Floors/Walls/Ceiling

****Item A - Floors**: Describe the type of indoor flooring to be used. If indoor flooring is not applicable, describe the ground surface the unit will be placed upon when operating.

****Item B - Walls**: Describe the type of indoor walls to be installed. If indoor walls are not applicable, describe how food equipment and food will be protected from the surrounding environment.

****Item C - Ceiling**: Describe the type of indoor ceiling to be installed. If indoor ceiling is not installed, describe how overhead protection will be provided.

****Item D - Exterior**: Describe the exterior construction material of the unit.

****Item E – Physical Facilities Cleaning**: Describe how physical facilities will be cleaned.

Approved By:_____ Date:_____

PART 8 EQUIPMENT SPECIFICATIONS

****Item A - Food Equipment**: List food equipment (including cooking, cold storage, hot holding, and food preparation), its make and model, location of equipment, and mark if it is floor or countertop mounted.

Equipment	Make and Model	Location of Equipment (Commissary or Unit)	Floor Mounted	Counter Mounted
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
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			☐	☐
			☐	☐

Approved By:_____ Date:_____

PART 9 ELECTRICITY

Item A: Mark if electricity is needed for operation of the unit. If needed, mark if electricity will be supplied by a generator that is part of the unit or by an electrical connection from another entity.

Electricity is need for operation: ☐ YES ☐ NO

If YES, mark how electricity be provided: ☐ Generator as part of unit ☐ Electrical connection by another entity

If a generator, as part of unit, is used describe the make and model of generator as well as the wattage it can provide. The generator must be sufficient to power the unit for extended periods of time. Indicate where this generator will be located:

If electrical connection by another entity is used, describe how you will ensure electricity is left running overnight, if applicable.

PART 10 VENTILATION

Item A: Mark if mechanical ventilation hood will be provided. If provided, indicate if the hood is a Type I or Type II and how make up air will be provided.

Mechanical ventilation hood will be provided: ☐ YES ☐ NO

If applicable, describe how make up air will be provided:

Item B: If applicable, list what equipment will be located underneath the mechanical ventilation hood.

Approved By:_____ Date:_____

PART 11 ADDITIONAL CIRCUMSTANCES

This space is reserved to address circumstances that are specific to this unit and that are not accounted for anywhere else in this document.

PART 12 DIAGRAM

****Item A**: ***ATTACH*** a scaled (indicate scale used) layout or diagram of unit and include the dimensions of the unit and equipment.

It is my intention as the Owner/Operator of this unit to have the information listed above serve as the Standard Operating Procedures (SOPs) for this unit. I understand that:

- The approved SOPs for an STFU must be kept with the unit when it is operating.
- I must operate according to these SOPs and menu.

Owner/Representative Date

KENT COUNTY Health Department

Approved By:_____ Date:_____

For KCHD Use Only:

☐ The SOPs have been reviewed and determined to be complete and technically accurate. The SOPs are approved.

☐ The SOPs have been reviewed and have been approved, subject to the following stipulation(s):

Sanitarian/Inspector Date

Agency

Additional Comments:

Approved By:_____ Date:_____