

APPALACHIAN DISTRICT HEALTH DEPARTMENT

Alleghany County
157 Health Services Rd
P.O. Box 309 (Mailing)
Sparta, NC 28675
336-372-8813 (phone)
336-372-7792 (fax)

Ashe County
316 Cherry Dr
P.O. Box 208 (Mailing)
Jefferson, NC 28640
336-246-3356 (phone)
336-846-1039 (fax)

Watauga County
126 Poplar Grove Connector
Boone, NC 28607
828-264-4995 (phone)
828-264-4997 (fax)

www.apphealth.com

Mobile Food Unit / Pushcart Application

Type of Facility: Mobile Food Unit Pushcart

Mobile Food Unit / Pushcart Name: _____

Owner/Operator Name (corporation if applicable): _____

Contact Person: _____

Telephone: _____ - _____ - _____ Email: _____

Mailing Address: _____
Street/P.O. Box City State Zip

Commissary Name: _____

Commissary Address: _____
Street/P.O. Box City State Zip

Please note that **Commissary Form** must be completed and submitted to the Health Dept prior to issuance of permit.

Initial Route:

_____	Location	_____	Dates or Days of Week	_____	Hours (am or pm)
_____	Location	_____	Dates or Days of Week	_____	Hours (am or pm)
_____	Location	_____	Dates or Days of Week	_____	Hours (am or pm)

**If unit will operate at additional locations, please attach.*

Where will deliveries of food and supplies occur? _____

How many times a week will food and/or supplies be delivered? _____

How will food temps be maintained during transport? _____

How will facility comply with the no bare hand contact with ready to eat foods rule?

Gloves Utensils with Handles Deli Sheets Other: _____

Pushcarts

Does cart have overhead protection covering the entire food preparation area and utensil storage areas (this in addition to lids on containers; umbrellas and canopies are not sufficient) Yes No

Does cart have a sink? Yes * No

*If yes, what is the size of potable water tank: _____ gallons wastewater tank: _____ gallons

Mobile Food Units and Pushcarts: Menu Page

This page must be completed. A separate menu may also be submitted.

*All produce must either be washed at the Commissary or be purchased prewashed. **Be sure to specify where (at Commissary or on unit) that the food will be thawed, cut/wash, assembled, cooked, cold/hot held, and reheated.** Please use one row for each food item and include all beverages. If chart is not sufficient then make copy to enter additional items.*

(*MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED*)

Food (Example)	Food Supplier Or Source	Thaw How? <u>Where?</u>	Cut/Wash Assemble <u>Where?</u>	Cook How? <u>Where?</u>	Cold/Hot Holding How? <u>Where?</u>	Will item be cooled down? How?	How will food be reheated? <u>Where?</u>
Hamburgers	Sam's Club	No thawing	No advance prep	Cooked on grill.	Hold in a crock with beef broth	No	No
Prepackaged condiments	Sam's Club	N/A	N/A	N/A	N/A	N/A	N/A

Mobile Food Units and Pushcarts

Layout

Sketch a diagram of your equipment layout below. Number each piece of equipment on the diagram and then list the type of equipment on chart at bottom of page. Include sinks in this layout also.

Equipment: All equipment with the exception of microwaves, mixers, toasters, hot water heaters and hoods must be NSF/ANSI approved. Equipment must also be used for its intended purpose. Please list the equipment and sketch a layout using the page provided.

Equipment Number	Equipment Type	Brand	Model Number
1	<i>Example- Upright Storage Freezer</i>	<i>Electrolux</i>	<i>FCFS20</i>
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Pushcarts proceed to bottom of page 4

Mobile Food Units

Will any utensils be washed on truck? Yes No Will any produce be washed on truck? Yes No
 Will any meats be washed/thawed on truck? Yes No Will any food be fried or grilled on truck? Yes No
 Will facility serve any raw or undercooked items (i.e. medium rare burgers, over easy eggs, etc) that require a Consumer Advisory as defined in Chapter 3-603.11 of the NC Food Code? Yes No

How is ventilation provided?

How is fly protection provided? _____

How will truck be powered at operating location? _____

Will any food be stored in refrigerators/freezers on truck after operating hours? Yes * No
 *If yes, how will power be supplied to keep refrigerators/freezers working? _____

Materials of Construction:

Floors (include types of junctures)	Walls	Ceilings

Hot Water Heater Make and Model: _____ Recovery Rate: _____ GPH

Size of Clean Water Tank: _____ (gallons) Size of Wastewater Tank: _____ (gallons)

How will potable water tank be filled? (Please specify which water tap at commissary will be used and if inlet is on inside or outside of truck) _____

How will wastewater tank be drained? (Please specify is outlet is on inside or outside of the truck and to where wastewater will be drained) _____

Mobile Food Unit must comply with all requirements in the NC Food Code Manual 5-301.11 to 5-403.11 which cover water tanks, appurtenances, sewage tanks and disposal. Please familiarize yourself with these requirements. Then, you must be able to demonstrate to the Health Department that unit complies during permitting inspection.

Mobile Food Units and Pushcarts

Completion of this application indicates that the applicant understands and intends to comply with the provisions of all related sanitation laws, rules, and regulations pursuant to 15A NCAC 18A .2600 of the Rules Governing the Sanitation of Food Protection of Food Establishments and the NC Food Code Manual. Construction shall not begin until plans have been approved. It is understood that (Please initial the following):

- _____ Any permit issued may be suspended by the Health Department for failure to comply with the requirements of the regulations. Permit and then grade card will remain posted on unit where visible to public.
- _____ The operator will notify the Appalachian District Health Department of any new locations where the unit will be operating. The operator will also notify the applicable Health Departments in other counties where the unit will be operating.
- _____ The operator will notify the Health Dept of any change in menu or equipment.
- _____ The Mobile Food Unit/Pushcart will report to the Commissary on a daily basis during days of operation for food preparation, utensil washing, supplies, cleaning, and servicing.

Operator Name (printed): _____

Date: _____

Operator Signature: _____

Revised 12-2013

REQUIREMENTS CAN BE FOUND AT:

NC Food Code Manual <http://www.deh.enr.state.nc.us/food/docs/NC-FoodCodeManual-2009-FINAL.pdf>
 .2600 Rules for Food Establishments <http://www.deh.enr.state.nc.us/food/docs/15A-NCAC-18A-2600-FINAL.pdf>