



Montgomery County Health Department

Public Health
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Montgomery County
Health Department

110 West South Boulevard
Crawfordsville, IN 47933

CRITERIA FOR NEWLY CONSTRUCTED MOBILE FOOD UNITS

1. Equipment:

- *Warewashing:* A 3-compartment stainless steel sink with an integral drain board on each end. This sink is required for any non-disposable utensils or pans are used in the food unit. Each compartment should be large enough to submerge the largest piece of equipment and shall have rounded internal angles and be free of sharp corners or crevices.
- *Hand Sinks:* Hand sinks are required in all mobile units.

2. Sanitizing:

- At the 3-compartment warewashing sink: An approved chemical sanitizer and pH test kit should be utilized.

3. Floors:

- The floor must be smooth, nonabsorbent and easily cleanable. Carpeting, wood, linoleum, and cardboard flooring are not allowed in the mobile unit.

4. Walls and ceilings:

- Provide non-perforated, light colored, smooth, washable walls and ceilings. Utility lines, service lines, and pipes shall not be unnecessarily exposed (Should be enclosed inside of the walls and ceilings).

5. Storage:

- Provide an adequate amount of approved, easily cleanable metal shelving. Do not use wood shelving in the unit. All shelves must be at least 6" above the floor.

6. Pest Control:

- All openings to the outside, including serving openings and entrance doors must be screened or kept closed. Screening must be at least 16mesh/inch.



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7. Plumbing:

- *Hot and cold running water under pressure is required.*
- Rooftop installations of water tanks are prohibited.
- Fresh Water Tank- The fresh water tank is recommended to be at least 30 gallons, constructed of a food grade material (NSF or equal). The fresh water tank should be located where it can be accessed for measuring and servicing. The fresh water tank must be sloped to an outlet that allows complete drainage of the tank.
 - Fresh water inlet valve must be $\frac{3}{4}$ inch in diameter or less and have access to the exterior of the mobile unit. The fresh water inlet must be protected from contamination and be of a size and type that will prevent its use for any other purpose.
 - The fresh water tank vent, if provided, must terminate in a downward direction and be provided with a protective filter or screened if the termination is in an interior space.
- Waste Water Tank- The waste water tank must be at least 15% larger than the fresh water tank. The waste water tank must be permanently installed. The drain outlet must be larger than any other piping in the waste water system, at least 1 inch in diameter or more, and equipped with a shut-off valve.
- The water pump must activate automatically or be equipped with a pressure switch installed in the water supply system. Gravity systems are not acceptable.

8. Commissary Agreement:

- All mobile food units must meet minimum requirements pertaining to water and food source, sewage and solid waste disposal, cleaning and servicing facilities and renewal of supplies for mobile unit upkeep and must operate from a commissary that is **revisited daily**.
 - The commissary must be a licensed retail food establishment.
 - In order to meet these requirements, a mobile unit operator may choose to make agreements with one or more providers as long as each meets the minimum requirements.



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In order to operate a food truck in Montgomery County there other organizations that **MUST** give their approval before you are considered operational. Please contact the following departments for information regarding their requirements.

- Crawfordsville City Planning Commission: (765) 364-5152
- Board of Works and Public Safety (765) 364-5160
- Crawfordsville Fire Department (765) 1277

If you have any questions regarding owning/operating a Mobile Food Truck, please contact the following Food Protection Staff:

- Adrienne Northcutt (765) 364-6440
- Brookanna Walters (765) 364-6440



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Mobile Unit Check List

In order to be in compliance with all applicable sections of the Indiana State Department of Health Retail Food Establishment Sanitation Requirements 410 IAC 7-24 use the following as a guideline.

Administrative:

- Submit a detailed floor plan of the unit
- Submit a menu listing all foods and beverages to be served and source of food
- A pre-opening inspection of the unit is required
- Show proof of certified food handler—if applicable.
- Provide a commissary agreement
- Fees: \$150 for plan review and \$150 for annual Mobile permit (Payable upon issuance of permit application)

Food and Water Sources:

- No homemade or home canned foods or foods that have been stored in a home are allowed.
- All foods must be prepared on site or in a licensed establishment (commissary) and properly transported.
- Food and water, including ice, must come from approved sources.
- Drinking water hoses must be made of food grade material and stamped as such.

Food Preparation and Handling:

- All potentially hazardous foods must be thawed, cooked, cooled and reheated to the proper temperatures. Keep cold foods 41°F or below, keep hot foods 135°F or above.
- Leftovers must be reheated to 165°F within 2 hours.
- Accurate probe type thermometer must be used and available at all times.
- Mechanical refrigeration capable of keeping potentially hazardous foods 41°F or below is required. Refrigeration must have an accurate thermometer.

Food Protection:

- No bare hand contact with ready to eat foods (hot dogs, buns, lettuce, cheese, snow cones).
- Food products must be protected from contamination (dirt, chemicals, and people) at all times.
- All food, equipment, and single use items must be stored at least 6" off the ground.
- Condiments must be properly handled, stored, displayed, and served.
- Chemicals must be stored separately from food, equipment, and single service items.
- Overhead protection may be required over food service, preparation, storage, warewashing, and handwashing areas. State or local fire codes may apply.



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Utensils/Dishware:

- Each unit should have a three (3) bay sink * available to wash, rinse and sanitize all utensils, dishware and equipment. (*If unit is not equipped with a 3 bay sink and items are taken off the premises for washing, they must be properly cleaned and sanitized in a licensed food establishment that serves as your commissary.)
- Proper sanitizer and test kit must be provided AND used in each unit.
- Wiping cloths must be stored in sanitizer solution when not in use.

Ice Use:

- Ice, which is to be consumed, must come from an approved source, be properly labeled and protected from contamination.
- Ice, being used as refrigeration, must constantly drain in a proper area (not on the ground).

Handwashing Facilities:

- A convenient and accessible handwashing sink must be fully stocked, available, and used at all times.
- Handwashing station must have warm running water, soap, and individual paper towels.
- If food preparation takes place outside of the main unit, a separate handwashing facility must be provided at that location.

Dishwashing Facilities:

- Proper sanitizer and test kit must be provided AND used in each unit.
- Wiping cloths must be stored in sanitizer solution when not in use.

Water and Wastewater Facilities:

- A proper backflow/back-siphonage prevention device must protect all water lines to each unit.
- A sufficient supply of drinking water must be supplied for all purposes (handwashing, dishwashing, sanitizing and food preparation) via fresh water tank or potable water faucet.
- All hoses must be food grade-drinking water safe and all connections must be at least 6 inches off the ground.
- All liquid waste holding tanks must be available and sized 15% larger than the fresh water holding tank. All waste/gray water must be disposed of in accordance with all applicable laws.
- Provide name of facility where gray water will be disposed
- DO NOT dump waste water/gray water on the ground!

Hygiene and Personal Cleanliness:



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- NO SMOKING, eating or drinking is permitted in any food preparation or service area.
- Clothing must be kept clean and not used to wipe hands.
- All food handlers must wear proper and effective hair restraints.
- Proper handwashing must be done whenever hands become contaminated.

Insect Control, Trash, Lighting and Facility Surfaces:

- All garbage and trash must be kept in non-absorbent, leak proof, washable receptacles with lids. Lids must be kept in place when unit is not in operation to control flying insects.
- Adequate lighting must be provided and kept properly shielded.
- Grills or other cooking devices set up outside of the licensed mobile unit must be on concrete or asphalt. Alternate flooring such as plywood, rolled roofing material, linoleum must be used when set up on grass, gravel or dirt.
- Indoor/outdoor carpeting, tarps, and cardboard are NOT ALLOWED as flooring material!**

You must meet all of the requirements to obtain your license.



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Mobile Plan Review

MOBILE means any retail food establishment without a fixed location which is capable of being readily moved intact from location to location that is wheeled, on skids, mounted on a vehicle, a marine vessel, pushcart or trailer.

PLAN REVIEW FEE \$150 payable to: Montgomery County Health Department upon submission of this plan review for approval

RECEIPT NUMBER

Staff Initials

Mobile Unit Name:	
Owner:	Operator of Unit:
Contact Owner Telephone #:	Email:
Owner Address:	
Hours of Operation:	Days of Operation:
Commissary Name/address (if applicable):	

Contents and Specifications for Facility and Operating Plans as required in Section 110 of 410 IAC 7-24:

<p>(Please check items submitted for review)</p> <p><input type="checkbox"/> Intended menu (What do you intend to serve?) List Source of Food, ice, beverages</p> <p><input type="checkbox"/> Detailed floor plan of mobile unit and materials used for construction of cart</p> <p><input type="checkbox"/> Commissary Agreement (if applicable)</p> <p><input type="checkbox"/> Name of Certified Food Manager and Certificate Number/Expiration date:</p> <p>(Note: ServSafe FOOD HANDLER Certification does not meet Indiana requirements)</p> <p>Note: Other information that may be required by the regulatory authority for the proper review of the proposed construction, conversion or modification, and procedures for operating a mobile retail food establishment.</p>

(Signature of Applicant) _____

(Relationship to Project) _____

(Date Signed) _____



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Montgomery County Health Department – Food Protection Program PLAN REVIEW QUESTIONNAIRE

1. Please answer the following questions. Return this completed questionnaire along with your proposed menu, floor plan and **initial deposit of \$150** to our office at:
110 W. South Blvd. Crawfordsville, IN 47933.
2. If you have any questions please call (765) 364-6440
3. This questionnaire is designed as a guideline only. It is not a complete list of requirements.
4. The sanitation requirements noted in this document are specified under the http://www.in.gov/isdh/files/410_iac_7-24.pdf. Please use the code as it pertains to the section.

Name of the mobile unit:

Name of Owner:

Contact Person's name and phone number:

Contact email:

I have submitted plans/applications to the authorities listed below on the following dates:

City of Crawfordsville Offices:

Planning Department (765) 364-5152

Board of Works and Public Safety (765) 364-5160

Crawfordsville Fire Department (765) 362-1277

1. Who will be your certified food protection manager and what is their title?
2. How will employees be trained in food safety?
3. Please list food and beverages sold:

4. Where are food/beverages purchased?



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5. If food is prepared off site, please list the name and location of commissary.

6. If foods are prepared a day or more in advanced, please list them out.

7. What will be your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked or heat treated (*such as, sushi, lettuce, buns, etc.*)?

8. Will all produce be washed prior to use? Yes ___ No ___ NA ___
If no why?

9. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone (*41°F-135°F*) during preparation.

10. Provide a list of the types of food that will need to be thawed before cooking and the process that will be used to thaw the food. (*E.g. frozen meat*)

TYPES OF FOOD	PROCESS

11. Provide a list of the types of food that will need to be cooled and the process that will be used to cool each of these foods. (*e.g. leftovers*).

TYPES OF FOOD	PROCESS

12. What procedures will be in place to ensure that foods are reheated to 165°F or above?

13. Will "Time as a Public Health Control" be used for potentially hazardous food(s) (*either hot or cold*)?
Yes ___ No ___ NA ___ *Note: These procedures must be submitted and approved before their use.*



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14. Will raw animal food(s) will be offered to the public in an undercooked form (*sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc.*)? Yes ___ No _ NA if so, please attach your consumer advisory statement.
15. Who will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken (*cooking, cooling, reheating, and hot holding*)?
16. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in refrigeration unit(s) (*I.e. walk in coolers, under the counter coolers*).
17. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in refrigeration unit(s) (*I.e. walk in coolers, under the counter coolers*).
18. Describe the storage of different types of raw meat and seafood in the same unit, and how cross-contamination will be prevented.
19. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used?
20. What type of chemical sanitizer(s) will the facility use?
21. Will the facility have test kits/papers on site for all types of chemical sanitizers? Yes ___ No ___ NA ___
22. Will all spray bottles be clearly labeled? Yes ___ No ___
23. Where will first aid supplies be stored?
24. Can the largest piece of equipment be submerged into the 3 compartment sink? Yes ___ No ___ NA ___
25. How will large equipment be sanitized? What will the frequency of cleaning be?
26. What is your water source? Public Private well
27. What is the recovery time, volume, and capacity of the hot water heater?



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28. Are backflow prevention devices in use?

Yes No Type

29. Where is hand sink located in mobile unit?

30. Where do you dispose of gray water/trash? (Storm sewers are not allowed for gray water disposal)

31. How large is the holding tank for wastewater?

32. Please List Equipment for the following:

A.)Cold Holding:

B). Holding and/or cooking:

33. Location or events where mobile unit operates in Montgomery County:

34. Mobile Route Schedule (if applicable): Please provided location of stop, time, and duration of stop.



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COMMISSARY AGREEMENT

Name of Mobile or pushcart unit:

Name of operator/phone#:

Name of Owner:

Street Address of Owner:

City/State/Zip:

Phone Number:

Title 410 IAC 7-24-113 of the Indiana State Department of Health Retail Food Establishment Sanitation Requirement states that “*all mobile food units must meet minimum requirements pertaining to water and food source, sewage and solid waste disposal, cleaning and servicing facilities and renewal of supplies for mobile unit upkeep and must operate from a commissary that is revisited daily. In order to meet these requirements, a mobile unit operator may choose to make agreements with one or more provider as long as each meets the minimum requirements.*”

This form is to verify to the Montgomery County Health Department that an agreement exists between the mobile unit operator and the provider and that the provider’s facility is in compliance with the applicable requirements of the regulations.

I hereby certify that an agreement exists between:

(Name of Mobile Unit)

and

(Name of Facility)

to use my facility during the stated time period of _____ and that my facility is in compliance with the regulations of 410 IAC 7-24-113 and will remain in compliance for the indicated time period.

*Please indicate what services are being allowed by your facility:
(Example: warewashing, storage, food prep, wastewater disposal)*

Signed:

Title:

Facility Address/Phone Number:

Date: