Cheyenne Laramie County Public Health

Environmental Health
100 Central Ave
Cheyenne, WY 82007
Phone: (307) 633-4090
Email: envhlth@laramiecountywy.gov

Mobile Unit Plan Review

The following are REQUIRED to complete your review:

- ☐ Complex Menu (i.e. cooling, reheating, sushi, cooking raw meats): Attach Breakfast/Lunch/Dinner menu to end of form
- ☐ Simple Menu (i.e. snow cones, coffee, precooked frozen foods, cookies): Attach Breakfast/Lunch/Dinner menu to end of form
- ☐ Written Operational Plan: description of the scope of work for the mobile operation. Attach to end of form
- ☐ SOPs for cooling and reheating foods: Attach procedures to end of form
- ☐ Floor Plan, attach to end of form
- ☐ Equipment specifications for the following: cooking equipment, food handling equipment, commercial dish machine, water heater. Sheets must include make and model numbers. Please note: If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used. Attach to end of form
- ☐ Food Protection Manager Certification: At least one person in charge at the facility must obtain this certification. For approved courses, visit: https://anabpd.ansi.org/accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing?menuID=8&prgID=8&statusID=4. Attach to end of form
- ☐ Vomiting and Diarrheal Event Clean-up Procedures, attach to end of form
- ☐ Employee Illness Policy, attach to end of form
- ☐ Conveniently located restroom that is accessible to employees during all hours of operation

***The plans will not be reviewed until the listed items are submitted.**

MOBILE UNIT PLAN REVIEW FORM

ESTABLISHMENT INFORMATION	
Name of Mobile Unit:	Phone:
Type of Unit: ☐ Prepackaged $62 ☐ Simple Self-Contained $277 + $87/hour for additional time over 2 hours spent on plan review ☐ Complex Self-Contained $364 + $87/hour for additional time over 3 hours spent on plan review	
Street Address:	Cell:
City:	
State/Zip:	County:
Email:	
Website:	

OWNERSHIP INFORMATION	
Individual(s) or Corporate Name:	Phone:
Mailing Address:	Cell:
City:	
State/Zip:	Email:

CONTACT INFORMATION	
Name of Primary Contact:	Phone:
Street Address:	Cell:
City:	
State/Zip:	Email:

LICENSING INFORMATION		
Has your mobile unit been previously licensed?		Sales Tax #
If YES, provide the following information	Year:	State and County where licensed:
If NO, is the construction of the mobile unit complete?		

Days and Hours of Operation Insert hours in the following format: 8am to 8pm	
Days:	
Hours:	
Seasonal:	List months of operation:

Projected maximum number of meals to be served
Number of meals per week:

Provide information on how people can find your mobile unit.		
Facebook:	Twitter:	Mobile App:
Other social media:		
Location used most frequently:		

[1]-**Prepackaged Only:** For operations that offer prepackaged foods only, please complete this page, provide a menu, and contact Environmental Health.

MENU AND FOOD HANDLING PROCEDURES

A. Submit a complete menu.

B. Name of supplier(s) where food will be purchased? _____

C. Check all the food handling procedures that apply and indicate the location where they will take place in the table below.

FOOD HANDLING PROCEDURES				
Procedure	Y	N	*If yes, indicate where procedure will take place*	
			Commissary	**Mobile**
Will food be held cold?				
Will food be held hot?				
Will produce need to be washed?				
Will food be cooled after cooking?				
Will food be reheated after cooling?				
Will food that is frozen need to be thawed?				
Will food be cooked? (example: raw meat)				
Will facility serve raw, undercooked, or cooked to order eggs, meat, poultry, or fish?				
Will food be prepared that will be sold to other establishments?				
Will catering be conducted?				

**** Food shall be obtained from approved sources that comply with the applicable laws relating to food and food labeling****

****Preparation of food or storage of any items related to the operation is prohibited in a personal home****

Food Handling Procedure Descriptions

Complete Applicable Sections

A. List the foods that will require rapid cooling (examples: rice, green chili, soup, etc.). Provide cooling SOP for each food listed below at end of form:

_____

_____

_____

_____

_____

_____

In addition, describe what methods will be used in your facility to rapidly cool cooked food. Check only those that apply in your establishment.

☐ Under refrigeration ☐ Ice water bath ☐ Adding ice as an ingredient
☐ Rapid cooling equipment ☐ Shallow pans ☐ Separating food into smaller portions
☐ Other: _____

B. Describe what methods will be used in your facility to rapidly reheat cooled foods/leftovers. Provide reheating SOP for each food type.

_____
_____
_____

List the equipment that will be used for reheating:

☐ Stove ☐ Microwave ☐ Other: _____

C. Describe how frozen foods will be thawed.

☐ Under refrigeration ☐ Under running water ☐ In a microwave
☐ As part of the cooking process ☐ Other:_____

D. Describe where personal items will be stored.

_____
_____
_____

E. Describe where chemicals used for operation will be stored.

_____
_____
_____

F. How will bare hand contact with ready-to-eat foods be prevented during preparation? Check all that apply.

☐ Gloves ☐ Utensils ☐ Deli Tissue ☐ Other: _____

G. Are there any refrigeration units that will only be used to cold-hold individual servings of pre-packaged foods for immediate customer service?

_____
_____
_____

H. What type of sanitizer and test strips will you use for food contact surfaces?

☐ Chlorine ☐ Quaternary Ammonium ☐ Sink and Surface

PHYSICAL FACILITIES

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile 4" plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.

FINISH SCHEDULE						
Floors			Walls		Ceiling	
Material	**Finish**	**Type of Base**	**Material**	**Finish**	**Material**	**Finish**
Ex. *Stainless*	*Smooth*	*Rubber Coving*	*FRP*	*Smooth*	*Stainless*	*Smooth*

Windows and Doors: To prevent the entry of pests, outer openings must be protected.

1. Are windows and doors screened? Yes or No
   If no, please describe how the unit will be protected from pest entry:
   _____
2. Are service windows self-closing? Yes or No
   If no, please describe how the unit will be protected from pest entry:
   _____

Ventilation: If applicable, provide specification sheets for the exhaust hood and fan, and provide the hood information in the table below. Provide the size in feet (*length x width*) of hood. Include manufacturer's recommended exhaust listings in cubic feet per minute (CFMs).

If the mobile unit is enclosed and grease-cooking is conducted, such as cooking meats on a stove top or deep frying, a Type 1hood is required.

VENTILATION		
Fire Hood Type (Type 1 or Type 2)	**Dimensions (feet) of Hood (length x width)**	**Exhaust Flow (CFM)**

Please note: Fire suppression systems may be required in certain jurisdictions. Please contact your local fire department. For more information on fire safety in mobile units please visit this link:
https://www.nfpa.org/-/media/files/public-education/by-topic/food-trucks/foodtruckfactsheet.pdf

REFRIGERATION / FREEZER CAPACITY		
TYPE OF UNIT	**# OF UNITS PROVIDED**	**Make & Model Number**
Reach-in Cooler (under counter)		
Reach-in Cooler (stand up)		
Open Top Sandwich Cooler		
Reach-in Freezer (under counter)		
Reach-in Freezer (stand up)		
Other cold holding storage:		

HOT HOLDING UNITS		
TYPE OF UNIT	**# OF UNITS PROVIDED**	**Make & Model Number**
Steam Tables		
Hot Box		
Cook and Hold Units		
Other hot holding storage:		

DISH WASHING

A. Provide specifications for the three-compartment sink in the table below.

3-Compartment Sink w/Integral Drainboards				
LENGTH OF SOILED DRAINBOARD	****DIMENSIONS OF SINK COMPARTMENTS**			**LENGTH OF CLEAN DRAINBOARD**
	LENGTH	**WIDTH**	**DEPTH**	

****Sink compartments must be large enough to accommodate the largest piece of equipment or utensil used****

WATER SYSTEMS:

A. Attach plumbing diagrams or schematics showing location of water heater, plumbing fixtures, water supply and wastewater tanks, drain lines and water inlets/outlets on the floor plan at end of form. Materials used in the construction of a mobile water tank and accessories shall be safe, durable, corrosion resistant, and finished to have a smooth, easily cleanable surface. A water tank, pump, and hoses shall be flushed and sanitized before being placed in service after construction, repair, modification, and periods of non-use.

B. **Hot Water**

1. How will hot water be provided to plumbing fixtures on the unit? (Check all that apply)

☐ Water Heater (standard tank, minimum size at least 15 gallons, sink capacity dependent)

☐ Instantaneous water heater (on demand)

2. Complete the table below:

WATER HEATER			
Make	Model #	KW/BTU Rating	Tank Capacity

C. **Water Supply Information**

1. Provide location where water will be obtained below.

Business Name	Street Address	City	State/Zip

2. Provide total capacity of all potable water supply tanks (in gallons) below.

_____

3. Provide the maximum number of hours operating between filling water supply tank/s.

_____

4. What plumbing fixtures will be present on the mobile unit? (Check all that apply)

☐ 3-compartment sink (Required)

☐ Hand sink (Required)

☐ Food Preparation sink

☐ Pre-rinse sprayer

☐ Utensil soak sink

☐ Mop sink

☐ Dish machine: chemical or heat

☐ Other (specify): _____

****If not using a Public Water Supply, Private Water Supply (well) must have Bacteriological test every 6 months****

D. **Wastewater Tank/Disposal Information**

1. Provide location where wastewater will be disposed of below.

Business Name	Street Address	City	State/Zip

2. Provide wastewater tank capacity (in gallons) below.

_____

NOTE: The wastewater tank must be at least 15 percent larger than water supply tank.

3. Prevention of Cross-Contamination to Water Supply: How will you ensure there is no cross-contamination between the drinking water and wastewater tanks and hoses? (Check all that apply)

   ☐ Drinking water inlet above waste outlet

   ☐ Different colored or sized hoses

   ☐ Different colored or sized removable tanks

   ☐ Different threads on inlet and outlet

   ☐ Other (specify): _____

****Food grade hose must be used to fill potable water tanks****

Be Advised: Take necessary steps to winterize the mobile unit by insulating pipes (chemical additives are not allowed). Temperatures in Wyoming frequently drop below 32°F and may cause water tanks and hoses to freeze resulting in damage to the system. Ensure pipes, water heater, and storage tanks in your unit are completely drained during cold weather months.

*Without water you cannot operate your mobile unit

ACKNOWLEDGEMENT

As a representative, owner, or operator of a mobile food establishment within Laramie County, I understand that I am responsible for complying with the Cheyenne-Laramie County Food Safety Rule.

Signature: _____

Position with Business: _____

Date: _____

Cheyenne Laramie County Public Health

Environmental Health
100 Central Ave
Cheyenne, WY 82007
Phone: (307) 633-4090
Email: envhlth@laramiecountywy.gov

Commissary Agreement

For mobile unit operators, caterers, and special event vendors, this commissary agreement must be completed and signed by the commissary owner before you will be approved to use the commissary. Please provide the following information, including signatures, and submit this agreement with your Retail Food License application or Plan Review application to Cheyenne Laramie County Public Health. This commissary agreement is valid for the current calendar year only and can be revoked at any time by providing written notice to Cheyenne Laramie County Public Health.

I,_____**of**_____,
(Commissary Owner/Operator) (Establishment Name)

located at_____, **phone number**_____,
(Address of Establishment)

do hereby give permission to_____,
(Mobile Unit/Caterer/Temporary Vendor)

to use my kitchen facilities to perform the following (check all that apply):

☐ Preparation of foods, such as vegetables or fruits, cutting meats, cooking, cooling, or reheating
☐ Storage of foods, single-service items, and cleaning agents
☐ Service and cleaning of equipment
☐ Dish washing
☐ Filling water tanks
☐ Dumping wastewater
☐ Other: _____

Commissary Water Supply? Public ☐ Well ☐
Commissary Sanitary Sewer Service? Public ☐ Septic ☐

Please indicate the equipment available at the commissary for the proposed uses:

Hand Sink ☐ Prep Sink ☐ Mop Sink ☐ Three-comp sink ☐ Dish machine ☐

Refrigerator ☐ Cooling Equipment ☐ Dry Storage ☐ Oven ☐ Other ☐: _____

_____
Name of Operator (Print)

_____ _____
Operator Signature Date

_____
Name of Commissary Owner (Print)

_____ _____
Commissary Owner Signature Date

Things to Remember:

- The commissary facility must be acceptable for the food volume and preparation methods used and have the necessary equipment and storage capabilities for the operation.

- The commissary must be constructed and operated in compliance with the current requirements of the Cheyenne-Laramie County Food Safety Rule.

- An inspection of the commissary by Environmental Health may be required prior to use by the operator to determine if it is adequate for the intended use.

- Mobile units must report to the commissary every 24 hours during operation for food preparation, dishwashing, dumping water, refilling water, etc.

If you have any questions or concerns, please contact Environmental Health (307) 633-4090.

Attach (list of all required documents):

1. Menu
2. Written operational plan
3. SOP for cooling
4. SOP for reheating
5. Floor plan
6. Equipment specification sheets
7. Food Protection Manager Certification
8. Vomiting and Diarrheal Event Clean-up Procedure
9. Employee Illness Policy