



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.accesskent.com

**Special Transitory Food Unit/
Mobile Food Unit
Plan Submittal Instructions
Full Application & Worksheet**

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.

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

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.

2. Certified Food Manager Certificate

Most food establishments will be 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). Further, Public Act 516 of 2014 requires that the certified food safety manager at all foodservice establishments complete allergens training and display an allergens poster.

3. Plan Review Fee

The charge for a plan review is \$400. Credit Card payment (Visa, Discover or MasterCard) can be made online by calling 616.632.6890 after documents have been submitted and requesting an online invoice be generated. 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.

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.

****Please be advised: once processed the plan review may take 4-6 weeks****

STFU/MOBILE UNIT PLAN REVIEW PROCESS

1

New STFU/Mobile or Remodeling/Conversion Proposed. **Note:** Construction may not begin until approval is granted.

2

Operator assembles required documentation, completes the application forms and other required items – submits the materials along with payment to appropriate regulatory authority.

3

Review conducted by regulatory authority. **Note:** If the STFU/Mobile is serviced by well water supply or septic systems additional approvals will be necessary prior to plan approval.

4

If applicable, regulatory authority requests additional information regarding missing materials or information provided that does not meet requirements.

5

Plans are approved and regulatory authority sends a plan review approval letter.

6

CONSTRUCTION BEGINS **Please note that regulatory agency has authority to issue a stop work order when construction begins before plans are approved.*

7

If plans are changed after approval, the changes must be submitted to regulatory authority in writing and approved again before proceeding with construction.

8

Applicant completes all work as submitted in plans.

9

Submit fire suppression/air balance test approval if required by regulatory authority.

10

Applicant requests an appointment for a pre-opening inspection as required by the regulatory authority.

11

Pre-opening inspection conducted. Food license application is filled out and paid for at time of inspection. Approval of operation given by regulatory authority if STFU/Mobile Unit is compliant with Michigan Food Law and Michigan Modified Food Code. Identification stickers applied to unit.



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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: _____

***Please complete each line of the sections below to enable timely correspondance.**

Owner	Commissary Information (if applicable)
Name: _____	Name: _____
Address: _____	Address: _____
City, State: _____	City, State: _____
Zip: _____ Phone #: _____	Zip: _____ Phone #: _____
E-Mail : _____	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 \$: _____

Date: _____

Plan Review #: _____

Check #: _____

Receipt#: _____

Assigned to: _____

Remarks: _____

General Information

Maximum number of meals to be served per day: _____

Minimum staff per shift: _____

Maximum staff per shift: _____

These plans are for:

- An existing/pre-fabricated unit
- A unit that will be built upon plan approval
- Enclosed Mobile
- Mobile pushcart
- Mobile Truck
- Mobile Watercraft
- Tent Mobile

These plans are for an:

- Enclosed STFU
- Pushcart STFU
- Truck STFU
- Watercraft STF
- Tent STFU

These plans are for a unit that:

- Will return to a licensed commissary on a daily basis
- May stay at temporary locations for more than 24 hours

Please summarize the proposed STFU/Mobile operation:

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative: _____ Date: _____

Please print name and title here: _____



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

STFU/MOBILE Name:	
Current License Number (If already licensed):	
Owner:	
Address:	City:
State/Zip:	Phone:
Mark one: <input type="checkbox"/> STFU <input type="checkbox"/> MOBILE Mobile is required to return to a commissary once every 24hrs	Date:

Instructions: Answer all questions. 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:
https://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html

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

(Note: Any changes to the menu must be submitted and approved by the regulatory authority (LHD or MDARD) prior to their service, you may be required to show approval during inspections.)

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

Reviewers Initials:

Approval Date:

Item B - Food Source: List where you buy all your food (e.g. GFS). Home prepared foods or cottage foods are not permitted.

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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:
Ice:	Perishable beverages:
Condiments:	Dry goods:
Vegetables/Fruits:	Non-perishable beverages:

Reviewers Initials:

Approval Date:

Item D - Food Transportation: List all methods of transporting food to the STFU/Mobile.

Food to Be Transported	Transportation Method (e.g., refrigerated truck, 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:	
In a Microwave Oven followed by Cooking:	
During Cooking:	

Reviewers Initials:

Approval Date:

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

Single use gloves Utensils Deli papers Other (describe):

Item G-Cross Contamination Prevention: Raw animal products and unwashed fruits/vegetables must be handled and stored in a manner that prevents cross-contamination of cooked/ready-to-eat foods. Describe how these foods will be stored and prepared to prevent cross contamination. A diagram may be attached showing methods/order of separation.

Unwashed fruits and vegetables:	Eggs:
Beef:	Fish/Seafood:
Pork:	Lamb:
Poultry:	Ready-to-eat food:
Other:	

Reviewers Initials:

Approval Date:

Item H - Cooking: Indicate how all raw time/temperature controlled foods will be cooked and how temperatures will be monitored. NOTE: Please mark foods that are cooked to order (i.e., served undercooked or raw) with an * and include a copy of the Consumer Advisory.

Food	Cooking Method	Final Cooking Temperature
<i>(Example) Burgers</i>	<i>Charbroiler</i>	<i>155°F</i>
Method for monitoring:		

Item I - Cooling: Indicate what foods will be cooled, cooling method used, time frame for cooling to listed temperatures, and method for monitoring.

Food	Cooling Method	Time to 70°F	Time to 41°F
Method for monitoring:			

Reviewers Initials:

Approval Date:

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.

Food	Individual (I) or Bulk (B)	Equipment Used (e.g., microwave)	Temperature	Time (how long)
Method for monitoring:				

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

Food	Equipment Used
Method for monitoring:	

Reviewers Initials:

Approval Date:

Item L - Cold Holding: Indicate the foods that will be held cold and the equipment used. Time/temperature controlled for safety foods must be held at 41°F or below.

Food	Equipment Used
<i>(Example) Burgers</i>	<i>True refrigerator</i>
Method for monitoring:	

Item M - Time Alone as Control: List foods where only time, and not temperature, will be used to control the safety of time/temperature controlled food items. Explain the procedure of time control for each food item (Note: Additional written procedures may be required to comply with 3-501.19 of the Michigan Modified Food Code).

Food	How long will this food be held out of temperature control	Marking Method	Monitoring method and action taken when time limit is reached
<i>(Example) Corn Dogs</i>	<i>4 hours</i>	<i>Running list of time when batch is made</i>	<i>Insure corn dogs from batch are used or discarded within four hours of batch made</i>

Reviewers Initials:

Approval Date:

Item N - Date Marking: Ready-to-eat time/temperature controlled 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

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 with a straw, or equivalent, 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.	

Reviewers Initials:

Approval Date:

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).

How and when will employees wash hands:

Number and description of handwash station(s):

How is warm water provided to handwash station(s):

Item C - 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. Provide copies of any handouts or posters used in this training. Note: Guidance documents, including posters and forms, are available from the regulatory authority.

Reviewers Initials:

Approval Date:

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 but experiencing no illness symptoms, 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.
 - 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

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.

Item B - Chemical Storage: Describe where sanitizers and other chemicals will be stored in the STFU/mobile or during operation.

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Reviewers Initials:

Approval Date:

PART 4 WATER SUPPLY

(Note: 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: Indicate the source of potable water, how water is supplied/delivered (e.g., food grade hoses) to STFU/mobile, and how this water will be stored on board (e.g., water jugs, holding tank). List size of holding tanks or water containers. NOTE: The unit should be equipped with enough water capacity to meet peak water demands while in operation.

Source of water:	
Delivery of water to STFU/mobile:	
Storage of water (include size of holding tanks/containers):	

Item B - Cleaning and Sanitizing of Water Supply Equipment: List method and frequency that water equipment, including holding tanks and food grade hoses, will be cleaned and sanitized and how this equipment will be protected from contamination when not in use.

Equipment	Cleaning/Sanitizing Method	Frequency	Protection when not in use
<i>(Example) Food grade hose</i>	<i>Rinsed out with chlorinated water</i>	<i>After each event</i>	<i>Stored in cabinet within unit</i>

Reviewers Initials:

Approval Date:

Item C - Backflow Prevention: List equipment that will require backflow prevention and what method of backflow prevention will be provided. If a connection will be made to a public water system, describe how the public water system will be protected from the unit.

Equipment	Backflow Prevention Method
<i>(Example) Carbonator</i>	<i>ASSE 1022 device</i>

If connection to public water system is needed, how will the public water system will be protected from unit:

PART 5 SEWAGE DISPOSAL

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

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

Item B - Backflow Prevention: List equipment that has a drainline and in which food, portable equipment, or utensils are placed. Describe how this equipment will be protected from sewage “back up” through this drainline.

Equipment	Backflow Prevention Method
<i>(Example) Ice bin</i>	<i>Air gap between ice bin and waste water holding tank</i>

Reviewers Initials:

Approval Date:

Item C - Toilet Facilities: If the STFU/mobile does not have an on-board toilet facility, describe anticipated toilet facilities and how hand washing after bathroom use will be handled.

Item D - Service Sink: If applicable to STFU/mobile, describe how floors will be cleaned and where waste water from wet floor cleaning will be disposed of.

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 STFU/mobile (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:	
Other equipment exposed to open air:	
Food exposed to open air:	
Other areas of concern:	

Reviewers Initials:

Approval Date:

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.

			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Reviewers Initials:

Approval Date:

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. (NOTE: The unit should be equipped with enough hot water capacity to meet peak water demands while in operation.)

Item C - 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.

PART 9 ELECTRICITY

Item A: Mark if electricity is needed for operation of the STFU/mobile. If needed, mark if electricity will be supplied by a generator that is part of the STFU/mobile 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 STFU/mobile Electrical connection by another entity

If a generator, as part of STFU/mobile, is used describe the make and model of generator as well as the wattage it can provide. Indicate where this generator will be located:

Reviewers Initials:

Approval Date:

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 provided, mechanical ventilation hood is a: Type I Type II

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.

Reviewers Initials:

Approval Date:

PART 11 ADDITIONAL CIRCUMSTANCES

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

Reviewers Initials:

Approval Date:

PART 12 DIAGRAM

Item A: ATTACH a scaled (indicate scale used) layout diagram of STFU/mobile OR attach photos of interior/exterior of STFU/mobile and equipment and include the dimensions of the STFU/mobile and equipment. Depending upon your regulatory authority, both a scaled diagram and photos may be needed.

It is my intention as the Owner/Operator of this STFU/Mobile 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 consistent with those SOPs and menu.

Owner/Representative

Date

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:

A large empty rectangular box intended for additional comments.

Reviewers Initials:

Approval Date: