



COUNTY OF KENOSHA

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Mobile Food Establishment Operational Plan

Before the operational plan can be reviewed for approval by our Department, an application and payment for the new mobile cart/base licenses must be received. The application can be found at: <http://www.kenoshacounty.org/index.aspx?NID=332>.

Send Food & Drink Application and Fees to:

Kenosha County Division of Health
8600 Sheridan Road, Suite 600
Kenosha WI 53143-6515

New mobile food establishments are evaluated on an individual basis. The following written operational procedures must be completed and submitted to this office for review prior to scheduling your inspection for licensing approval. **Incomplete plans will not be reviewed.**

Send Completed Operational Plan To:

Kenosha County Division of Health
8600 Sheridan Road, Suite 600
Kenosha WI 53143-6515

Name of Business _____

Service Base Location _____

Hours at the service base _____

Hours of mobile food establishment operation _____

Location of mobile overnight storage _____

Mobile Establishment Vending Location(s)

Specific Location(s) Available Restroom(s)

Provide a complete menu.

Identify the name and location where food will be purchased.

(This must be from an approved source such as a grocery store or wholesale food distributor.)

Describe food preparation activities to be conducted at the service base.

(e.g. washing/chopping vegetables, cooking raw animal products, prepackaging food, etc.)

Do you have a separate, freestanding, air gapped food preparation sink (required for washing fruits and vegetables)? Circle: yes / no / not applicable

Describe the equipment that will be used to transport potentially hazardous food to the vending site at proper temperatures. Will the food be transported hot or cold?

Distance from service base to vending site(s).

Check applicable food service activities conducted on the mobile unit.

Cold hold and assemble/serve

Hot hold and assemble/serve

Reheating

Cooking/Baking

Food preparation (e.g. cutting, mixing, forming, etc)

Other _____

Describe items and food handling activities to be conducted on the mobile unit.

Do you have storage for drink ice? (circle one: yes / no) If "yes" describe _____
(NSF ice bins or freezer storage are required. Coolers will not be approved.)

Describe hand washing sink:

Circle one: pressurized or gravity fed

If pressurized, how is the pump operated? Circle one: electricity, battery, generator

If pressurized, is there a convenient switch to turn it on? Circle one: yes / no

Is the sink easily accessible? Circle one: yes / no

Does the sink have non-hand operated faucet handles? Circle one: yes / no

Does the sink have tempered water (85°F to 110°F)? Circle one: yes / no

Describe how water is heated (e.g. water heater) _____

Describe the fresh water tank:

Size: _____ gallons

Durable, food grade material? Circle: yes / no

How is the water level viewable? (circle one: translucent color or sight-glass gauge)

Threaded opening on inlet line or tank for flushing & sanitizing tank? Circle: yes / no

How will the fresh water tank be filled? (e.g. removable tank, food grade hose)

Describe the waste water tank:

Size: _____ gallons

Durable, smooth material? Circle: yes / no

Discharge connection with tight closing valve for gravity draining? Circle: yes / no

How will the waste water tank be disposed to the utility/mop sink?
(e.g. removable tank, via separate hose for waste only, etc.)

Do you plan to wash utensils or equipment on the mobile food establishment? Circle: yes / no
(Required for enclosed full service mobiles only)

Describe how the mobile food establishment food contact surfaces will be cleaned and sanitized during use.

Describe ventilation system for mobile food establishment (e.g. screened windows, hood, etc.)

How are outer openings being protected?

Screen door (circle: yes / no)

Screened pass through window (circle: yes / no)

Size of pass through window _____

Do you plan to keep leftover food? Circle: yes / no

If yes, specify how you will maintain proper temperatures for potentially hazardous foods during transport back to the service base.

Describe how dishes/utensils will be cleaned and sanitized after use.

Describe materials used for the interior of the mobile food establishment (materials used must be smooth, nonabsorbent, easily cleanable, durable and commercial grade such as tile, stainless steel, or glass board)

Floors:

Walls:

Ceiling:

Equipment spacing and sealing for ease of cleaning (circle: yes / no)

Is the lighting shielded? (circle one: yes / no / not applicable)

Are you renting kitchen space from a licensed restaurant or other type of commercial kitchen? (circle: yes / no)

If you answered “yes” a signed copy of your “*Service Base Sharing Agreement*” must be submitted with this plan.

Is this agreement attached? (circle: yes / no / not applicable)

If your proposed service base is not currently licensed by Public Health Madison & Dane County, equipment layout of the service base must be submitted with this plan. Have you attached the service base layout? (circle: yes / no / not applicable)

Equipment layout plans of the mobile unit are mandatory. Have you attached the mobile unit layout? (circle: yes / no)

List all equipment and utensils that will be used on the mobile unit. Attach applicable equipment specification sheets, make/model #, etc. (Must be ANSI/NSF certified)

Owner/Agent Printed Name

Owner/Agent Signature

Date