

Gaston County Environmental Health

991 West Hudson Boulevard ● Gastonia, North Carolina 28052 Phone (704) 853-5200 ● Fax (704) 853-5231 ● www.gastonpublichealth.org

Plan Review: David E. Littman, R.E.H.S. (704) 853-5217 (Monday - Friday 8:00 a.m. - 9:00 a.m.)

APPLICATION TO REVIEW PLANS FOR MOBILE FOOD UNITS AND PUSHCARTS IN GASTON COUNTY

This application is intended for the review of plans for mobile food units and pushcarts that are seeking a permit to operate under a Gaston County permit. Please be advised that North Carolina General Statutes 130A-248(b) states that: "No facility shall commence or continue operation that does not have a permit issued by the department. The permit shall be issued to the owner or operator of the facility and not be transferable. A permit shall be issued only when the facility satisfies all of the requirements of the rules."

In order for plan review to take place, the following items must be submitted together:

- (1) <u>A Complete Menu</u> include condiments and drinks that are intended to be served from these units. Please include a detailed description of how the foods are handled (are you washing meats and vegetables? Where do you intend to do this on the unit or at the commissary?) Also include the source of the food (where are you getting the food from?)
- (2) A Commissary Letter Rule 15A NCAC 18A.2638(f) states that "pushcarts or mobile foods units shall operate in conjunction with a permitted restaurant or commissary." This permitted restaurant or commissary shall be located in Gaston County and currently under inspection by the department. This should be in letter form and signed and dated by the owner or operator of the facility. It should include a statement giving the applicant permission to "report at least daily to the restaurant or commissary for supplies, cleaning and servicing." Note that there should be an area in the restaurant or commissary put aside for the storage of all supplies used by the mobile food unit or pushcart. If a permitted restaurant or commissary is incapable of providing a separate storage area, clean water, etc., then a permit will be denied. Please include the phone number and the printed name of the manager so we can contact this person to verify this statement.
- (3) <u>Completed Application</u> The application must be entirely filled out and signed/dated by the applicant. This document will act as a contract between the applicant and the department. Any future changes in the operation of the units must be preapproved by the department <u>before they take place</u>.

- (4) <u>Floor Plans Drawn to Scale</u> The applicant must submit a floor plan drawn to scale. It will show the location of all equipment, water tanks, water inlets/outlets, windows/doors, water heater, etc. You can hand-draw this as long as it is legible and drawn to scale. When requested, cut sheets for equipment must be submitted to complete the application process.
- (5) <u>List of Places to Work</u> Submit a list of locations where the applicant intends to use the unit. You must be specific with exact dates and address locations. The department recognizes that this list will constantly change, and it is required that the applicant report their working locations to their specific health inspector every Monday morning during operating seasons. This can be achieved by letter, phone, email, fax machine, or by posting on your Website, if you have one. If the unit is down due to ill repair, or because it is the winter season, a letter must be submitted to the department explaining the reason it is not in operation and the dates it will remain out of operation. Prior to visiting another county or state, the applicant must notify Gaston County and the prospective health department in which you will work for compliance and permitting in that area. Failure to comply within the rules will result in suspension or revocation of the permit.

(6) Push Cart Applicants Only

Rule .2638 requires all equipment and utensils to comply with section .2600 which means equipment shall comply with American National Standards Institute (ANSI) Sanitation Standards. The Standards of reference for non-motorized pushcarts is NSF/ANSI Standard 59 Mobile Food Carts. This standard includes provisions for construction, materials, data plate information, protection of food zone, hot and cold holding, and water and wastewater disposal.

- (A) If equipment is not listed by an ANSI accredited certification program then the owner shall submit documentation to the department verifying how the equipment is equivalent to NSF/ANSI standards. The NC Food Service Establishment rules do not require potable water supplies or waste water holding tanks, but if these items are components of the cart they must comply with NSF/ANSI Sanitation Standards.
- (B) For individuals who choose to construct their own pushcarts, contact an ANSI accredited certification program to discuss the appropriate standards you need to obtain for construction or the options for certification of their pushcart. The most common programs are NSF International: #800-673-8010 and Underwriters Laboratories: #919-549-1768. Individuals may also order standards through the following Websites: http://www.global.ihs.com; http://www.nsf.org. Individuals will not be able construct carts to meet the NSF/ANSI standards without this information.
- (C) Rule .2639 requires that food and utensils on the cart exposed to the public or to dust or insects be protected by glass, or otherwise on the front, top and ends, and exposed only as much as may be necessary to permit the handling and serving of hot dogs. The NSF/ANSI Standard requires food preparation areas on mobile food carts intended for outdoor use to be fully enclosed when the areas are not being accessed for food preparation. In addition to the lid covering the food containers, there must be additional covering of the food areas to protect the food and utensils. Umbrellas and canopies do

not meet this requirement. For those who wish to construct their own food protection dome, they also must meet ANSI/NSF construction standards.

(D) It is mandatory that all push cart operators shall report to their commissaries during daily operations to clean, service and store items there. Failure to report daily to your commissaries and failure to report your daily operating schedule (date, hours, locations) to the department could result in the suspension or revocation of your permit.

GENERAL INFORMATION AND QUESTIONS All Applicants Shall Complete This Section of the Application

Please check the type of u Pushcart	nit you need reviewed Mobile Foo	
Name of unit:		
Applicant Information:		
Applicant's Name:		
Title of Applicant (i.e. own	er, operator, represent	ative):
Mailing Address:		
City:	State	Zip Code
Telephone: Home ()	/ Cell ()
Email Address:		
	New Unit structed Yet)	Existing Unit (Previously Permitted)
If this is an existing unit, pl	ease provide the Coun	ty in which it was permitte
If this is a new unit, give th	e projected start date o	of construction:
Projected completion date of	of project:	
Commissary Information	:	
Commissary Name:		

	Com	missary Address:					
	Com	missary Telephone: ()					
	Com	missary Contact Name (pl	ease print):				
Gasto	n Coun		department's inspec	ommissary shall be located in etion. A separate letter signed			
(6)	Approximate Projected Number of Meals Served:						
		Breakfast	Lunch	Dinner (per day)			
(7)	Do yo	ou plan to work your un	it in Gaston County	y for inspection purposes?			
		Yes l	No				
(0)		Please give full names an		a used to measure			
(9)		ing/reheating/holding ten	nperatures of poter	ntially hazardous foods.			
(10)		If thawing of foods takes place, how will you do this and at what location wi this happen?					
	(A)	Type of food to be thaw	/ed:				
	(B)	Method of Thawing:		_ Refrigerated Unit _ Process of Cooking _ Under Running Water Microwave			

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ation and at work
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cooked more than

If you anticipate using leftovers from the day before, please list the food the method you will use to rapidly cool hot food items (shallow pans, ice baths, freezers). Are there any foods that need to be washed and cut at the commissary (meat/vegetables)? Yes No If yes, list the foods and the methods you will use:		
(meat/vegetables)? Yes No	the	method you will use to rapidly cool hot food items (shallow pans, ice
If yes, list the foods and the methods you will use:		
	If y	es, list the foods and the methods you will use:
Is there a specific area at your commissary where you can store your	100	ds/single service items, etc.? Yes No

-	_	while maintaining food an open pick-up truck
		

GENERAL INFORMATION AND QUESTIONS

PUSHCART APPLICANTS ONLY

Besides hotdogs and sausages, what other foods do you intend to serve off pushcart? (NOTE: Foods which have been prepared, pre-portioned, and individually wrapped at a restaurant or commissary may be served from pushcart. Each pre-wrapped food item shall bear the name of the restauror commissary at which it was prepared, the name of the food item, and the ime and date of expiration. The procedure for this must be pre-approved.
he department.
Do you plan on using ice to keep cold foods at 45°F or less? Where will you get the ice from and how do you intend to store it while at the work site?
get the ice from and how do you intend to store it while at the work site? Gentify how you will protect the pushcart from overhead contamination:
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dentify how you will protect the pushcart from overhead contamination: Umbrella Tent Permanent Structure
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to the commissary:
Are you going to use single-service eating and drinking utensils? Yes No
Are you going to provide a garbage can with a tight fitting lid at the work site?
Yes No
Which of the following hair restraints will you use while working? Hat Hair Net Wrap-Around Visor
Identify on your pushcart where you will post your Permit? (NOTE: Pe
must be visible to the public at all times.)
GENERAL INFORMATION AND QUESTIONS
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MOBILE FOOD UNIT APPLICANTS ONLY Do you plan on using ice to keep cold foods at 45°F or less? Where will y

	Steam Tables Heat Lamps
(4)	How many gallon capacity is the <u>clean water holding tank</u> ?
	How many gallon capacity is the soiled water holding tank?
	(NOTE: The soiled water holding tank must be 15% larger than the clean water holding tank)
(5)	Describe the type and locations of the clean water inlets and the soiled water outlets.
oppo	TE: The clean water inlets must be located above the soiled water outlets or on the site side of the Mobile Food Unit. The inlets and outlets must be of different sizes properly capped to prevent leakage)
(6)	If there is any grease by-product, where and how will you dispose of it? (Please include how you will transport the grease)
(7)	List the size of your water heater?
(8)	Please describe how you will protect the mobile food unit from pest infestation, and how you will keep pests from entering through the food pass-through windows and doors?
(9)	Where will you wash the dishes?
	Mobile Food Unit Commissary

Pieas	e describe the	dish sink:			
(A)	•	vats does the			
(B)	_	the drain bo			
(C)		l eep enough t o			largest pot or par
	will be getting urant or comm	-		aurant or co	ommissary, is the
		Yes	1	No	
(If ye	s, please inclu	de a photocop	y of the mos	t recent wate	r sample results)
	•	ne water from			nissary to the mob
	E: If using a				ade'' hose)
Does	the commissa	ry have the p	ropor facili	ios to dispos	a of the mobile
	units wastewa	•	roper racini	ies to dispos	e of the mobile
	units wastewa	ter?	1	•	e of the mobile
food	units wastewa	ter? Yes	1	1o	
Pleas Are y	units wastewa	ter? Yes ere this waste	ewater will b	No pe disposed o	
Pleas Are y	e describe who	ter? Yes ere this waste	ewater will be	No pe disposed o	of?
Pleas Are y Are y	e describe who	ter?Yes ere this waste se single serviYes rovide a garb	ewater will be ce eating are Page can with	oe disposed o	of?

If at the commissary, how will you store the soiled dishes?

Where on your mobile food unit will you post your Permit? (NOTE: Permit must be visible to the public at all times.)	
	se describe the materials used for the following items (all materials must nooth and easily cleanable)
(A)	Floors (Coved molding must be installed):
(B)	Walls (Must be light in color and waterproof behind all sinks):
(C)	Ceilings:
(D)	Counter Tops / Tables / Work Spaces:
	will you store dry storage items? (Describe the location, type of storage size of storage)

(20)	how they will be shielded:					
fully from	understand that any cha the Gaston County Heal	rtify that the above information is correct, and I nges from the above, without prior approval lth Department, may nullify this approval and sion and revocation of my permit.				
	Signature(s):	Owner or Representative				
	Divi	Owner or Representative				
	Date:					

Approval of these plans and specifications by the Gaston County Health Department does not indicate compliance with any other code, law or regulation (federal, state or local) that may be required. It further does not constitute endorsement or acceptance of the completed unit. A pre-permit inspection of the unit with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.