

# NORTH CENTRAL PUBLIC HEALTH DISTRICT

419 East 7<sup>th</sup> Street, The Dalles, OR 97058

Email: [publichealth@ncphd.org](mailto:publichealth@ncphd.org) Phone: 541-506-2603



## Mobile Food Unit Plan Review Packet

All Mobile Food Units (MFU) must be licensed and pass regular health inspections to ensure that the facility meets food safety standards. Requirements for licenses are based on the food or beverage being served to the public and the type of mobile food unit the food is being prepared and served from. Prior to opening a new MFU, taking over an existing and remodeling a MFU, bringing in a unit from another state, or changing ownership, you are required to complete the plan review packet, obtain a food service license, submit required fees and pass a pre-operational inspection.

The materials in this packet will guide you through the plan review process to make sure that your mobile food unit meets the requirements of the Oregon Food Code. As you complete the packet refer to the helpful sections on general requirements and definitions, and the Frequently Asked Questions document. Plan Review approval from North Central Public Health District must be obtained prior to construction and/or operation of your unit.

Please answer every question and submit ALL the supplemental documents. **Incomplete plans will not be approved and will delay your plan review.**

This plan review is for public health purposes only. Prior to receiving your license to operate, there may be other agencies from which you will be required to obtain approvals. These include, but are not limited to building codes, planning (zoning), fire marshal, city or county authorities, and OLCC. It is your responsibility to secure these approvals. If you have any questions after reviewing the enclosed information, please contact Environmental Health at 541-506-2603 during regular business hours.

You can submit the completed Plan Review Packet and necessary documents to:

North Central Public Health District  
419 East Seventh Street  
The Dalles, OR 97058

Or email it to [publichealth@ncphd.org](mailto:publichealth@ncphd.org)

Payment types accepted in the office are cash, check, and credit/debit cards. There is a 2.5% convenience fee for credit and debit card transactions in the office or over the phone.

Below are helpful resources to refer to as you complete the plan review packet:

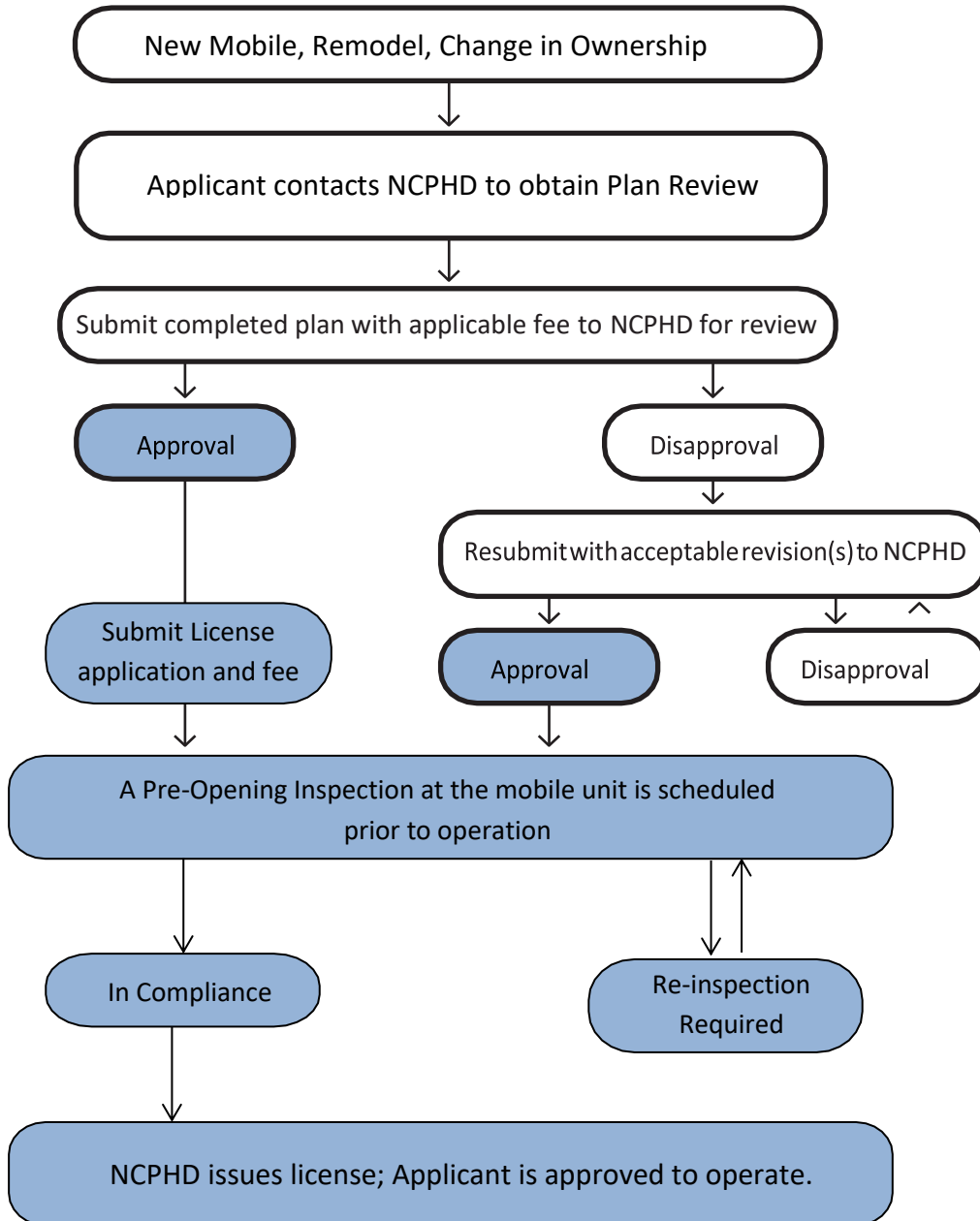
The Oregon Food Sanitation Rules:

<https://www.oregon.gov/oha/ph/healthyenvironments/foodsafety/documents/foodsantiationrulesweb.pdf>

The Mobile Food Unit Operation Guide:

<https://www.oregon.gov/oha/ph/HealthyEnvironments/FoodSafety/Documents/muguide.pdf>

# Mobile Unit Plan Review Flow Chart



If you are taking over an existing licensed mobile food unit without changing the unit or equipment (no remodel) or major menu changes you will be required to complete the following:

1. Mobile Food Unit Menu and Plan Review Packet.
2. Mobile Food Unit License Application and required fees.
3. License application for commissary and/or warehouse license (work with Environmental Health Staff to determine needs).

If you are doing ANY of the following: (1) taking over an existing mobile food unit and remodeling or replacing equipment, (2) building a new unit, (3) bringing in a unit from another state, (4) making significant menu changes from a previous operator or (5) taking over a mobile unit that has not been licensed for more than 1 year, you will be required to complete the following:

1. Mobile Food Unit Plan Review Packet and required fees.
2. Mobile Food Unit License Application and required fees.
3. License application for commissary and or warehouse license (work with Environmental Health Staff to determine needs).



**FOOD SERVICE  
LICENSE APPLICATION**

**MOBILE UNIT, COMMISSARY, WAREHOUSE, VENDING MACHINE**

- Mobile Unit – Class: \_\_\_\_\_  Commissary  Warehouse  Vending #Units: \_\_\_\_\_
- New Construction  Remodel
- Change of Ownership Former establishment name: \_\_\_\_\_

**Establishment Name:** \_\_\_\_\_

Sewer System:  Private  Public

Water System:  Private  Public Public Water System Name/Number: \_\_\_\_\_

**Owner/Applicant Name:** First \_\_\_\_\_ Last: \_\_\_\_\_

- Individual  Corporation  Partnership  Other: \_\_\_\_\_

DBA or C/O: \_\_\_\_\_

Do you own other establishments licensed by the Health Dept.?  No  Yes

If yes, Establishment Name(s): \_\_\_\_\_

Owner Mailing/Billing Address: \_\_\_\_\_

Owner Cell #: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Owner E-mail: \_\_\_\_\_ Owner Fax #: \_\_\_\_\_

Alternate Contacts: \_\_\_\_\_

Primary e-mail for billing/correspondence: \_\_\_\_\_

**Establishment Physical Location:** \_\_\_\_\_

Establishment Mailing/Billing Address: \_\_\_\_\_

Establishment Phone #: \_\_\_\_\_

Establishment Website: \_\_\_\_\_

The payment of \$ \_\_\_\_\_ license fee is hereby made for application to operate the above establishment in compliance with all applicable food service regulations. I understand that failure to meet the requirements of the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules, Chapter 333, of the Oregon Health Authority may require denial or revocation of the license. Furthermore, I attest that the information provided on this form is accurate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Fee Received: \_\_\_\_\_ Date: \_\_\_\_\_  Cash  Check# \_\_\_\_\_  CC/Debit  Money Order

Inspected by: \_\_\_\_\_  Approved  Not Approved

## **Checklist for Mobile Food Unit Plan Review:**

Include the following information with your plan review submission:

- Mobile Food Unit Plan Review Application
- Mobile Food Unit License Application Form
- Menu – Attach a complete menu: A printed menu or list of all food you will serve
- Floor Plan/Equipment Layout
  - Complete plans of the unit drawn to scale, including floor plan, equipment location, and plumbing fixtures
  - Handwashing sink
  - Three-compartment sink with drain boards; include dimensions (LxWxD) of interior of sink basin.
  - Indirect drain for three-compartment sink
  - Food preparation sink (if applicable)
  - Water pump and hot water heater
  - All equipment in unit, including, but not limited to: (a) Type/model of refrigeration and freezer equipment, (b) Cooking equipment, (c) Hood vent, etc.
  - Fresh water tank: size (LxWxD) and location
  - Waste water tank: size (LxWxD) and location
- Plan Review Worksheet
  - Table 1 Food Handling Procedures
  - Table 2 Material List
  - Table 3 Refrigeration/Freezer Capacity
  - Table 4 Hot Holding Units
  - Table 5 Plumbing (indirect drain, etc.)
  - Table 6 3-Compartment Sink Measurements
  - Table 7 Fresh Water Tank Measurements
  - Table 8 Waste Water Tank dimensions
  - Table 9 Sanitizing
  - Operating Locations
- Waste Water Disposal Form
- Restroom Agreement Form
- Commissary (Commercial Kitchen) License Application (if needed)
- Warehouse License Application (if needed)
- Oregon Food Handler Card(s)
- Cooling Plan and Logs (if needed)
- Other Documents (Pest Management Plans, Employee Illness Policy, etc.)

## **Mobile Food Unit: General Requirements, Limitations, and Definitions**

**Mobile Unit:** A mobile food unit is defined in OAR 333-150-0000, 1-201.10 as "...*any vehicle that is self-propelled or that can be pulled or pushed down a sidewalk, street, highway or waterway, on which food is prepared, processed or converted or which is used in selling and dispensing food to the ultimate consumer.*"

**Classifications:** There are four types of mobile food units. ***Classifications are based upon the type of menu served.*** Here is a general overview of the classifications.

**CLASS 1** - These units can serve only intact, packaged foods and non-potentially hazardous drinks. No preparation or assembly of foods or beverages may take place on the unit. Non-potentially hazardous beverages must be provided from covered urns or dispenser heads only. No dispensed ice is allowed.

**CLASS 2** - These units may serve unpackaged foods. However, no cooking, preparation or assembly of foods is allowed on the unit. No self-service by customers is allowed.

**CLASS 3** - These units may cook, prepare and assemble food items. However, no raw-to-finish cooking of animal foods on the unit is allowed. Specifically, no raw animal proteins or eggs are allowed on the mobile unit.

**CLASS 4** - These units may serve a full menu. No special processing is allowed.

**Maintained as Approved:** Mobile food units must be maintained and operated as originally designed and approved. Units that have been modified without approval must revert to the approved design and operation. OAR 333-162-0020

**Wheels:** Mobile food units must remain mobile at all times. The wheels of a mobile food unit must be inflated at all times and be appropriate for the type of unit and may not be removed at the operating location. OAR 333-162-0030

**Designed in One Piece:** Mobile food units must be designed and constructed to move as a single piece. Mobile food units may not be designed to be assembled at the operating location. See OAR 333-162-0020 for exceptions.

**Integral:** All operations and equipment must be integral to the mobile food unit. Integral means rigidly and physically attached to the unit without restricting the mobility of the unit while in transit. The following exceptions are allowed:

**Auxiliary Storage:** A mobile unit may provide auxiliary storage outside the unit to support daily operations if:

- Items are limited to what is necessary for that day's operation.
- At the end of the workday, auxiliary storage must be placed in the unit, in a licensed warehouse or at a licensed commissary.
- No self-service, assembly or preparation activities may occur from auxiliary

storage containers.

- Refrigerators and freezers may not be placed outside the mobile food unit for use as auxiliary storage and must be located in the unit, in a licensed warehouse or at a licensed commissary.

**Shelves and Tables:** Mobile food units may use small folding shelves or tables that are integral to the unit to display non-potentially hazardous condiments and customer single-use articles such as napkins and plastic utensils. OAR 333-162-0020

**Non-PHF Display:** Mobile food units may display commercially packaged, non-potentially hazardous food items, such as cans of soda or bags of chips, off the unit if limited to what can be served or sold during a typical meal period. OAR 333-162-0020

**Cooking Units:** Class 4 mobile food units may use one cooking unit, such as a BBQ or pizza oven, that is not integral to the unit. The cooking unit may not be a flat top grill, griddle, wok, steamtable, stovetop, oven or similar cooking device. The cooking unit must be able to move with the unit. OAR 333-162-0020

**Exterior Protection:** Mobile food units must be secured and protected from contamination when not in operation. OAR 333-162-0680

**Water and Sewer Capacity:** Mobile food units must be designed with integral water and sewer tanks on the unit. A mobile food unit may connect to water and sewer if it is available at the operating location, however tanks must always remain on the unit. A unit cannot connect directly to fresh water without a direct connection to sewer as well. OAR 333-150-0000, Section 5-305.11

**Restroom Distance:** If a unit is parked in the same location for more than two hours, a restroom must be provided that is located within 500 feet of the unit. OAR 333-150-0000, Section 6-402.11

**Seating:** Mobile food unit operators may provide seating for customers if a readily accessible restroom and sufficient refuse containers with lids or covers are provided. OAR 333-162-0020

**Commissary:** A mobile food unit is required to operate from a licensed commissary or warehouse unless the unit contains all the equipment and utensils necessary to assure the following:

- (a) Maintaining proper hot and cold food temperatures during storage and transit;
- (b) Providing adequate facilities for cooling and reheating of foods;
- (c) Providing adequate handwashing facilities;
- (d) Providing adequate warewashing facilities and assuring proper cleaning and sanitizing of the unit;
- (e) Obtaining food and water from approved sources;
- (f) Sanitary removal of waste water and garbage at approved locations.

A mobile food unit may **not** serve as a commissary for another mobile food unit or as the base of operation for a caterer. OAR 333-162-0040

**Warehouse:** A place where unopened packaged foods, utensils, single-service articles, cleaning or servicing supplies for mobile units are stored. Food preparation, assembly, cooking, cooling, dishwashing, and ice making are not allowed in a warehouse. If you are unable to maintain all the above mentioned items in your unit you are required to get a warehouse license. OAR 333-162-0940

**Catering and Delivery:** A mobile food unit may not provide catering services unless:

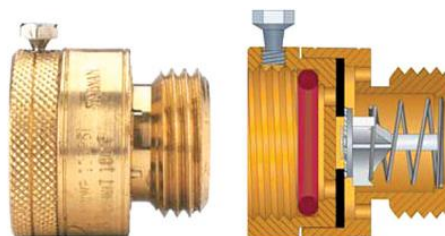
- 1) The unit operates from a licensed commissary; or
- 2) The unit has commercial-grade refrigeration equipment, has obtained a variance from the Oregon Health Authority, and uses only single-use articles for service to customers. OAR333-162-0030

**Bulk Cooling:** The 'bulk cooling' of 'potentially hazardous foods' is generally prohibited onboard mobile food units unless safe cooling facilities, equipment and procedures can be demonstrated in advance. Bulk cooling means: chilling multiple large portions of potentially hazardous foods using specific time/temperature control measures (3-501.14)

**Indirect Drain (also known as an Air Gap):** A piping arrangement in which a drain from a fixture discharges water indirectly into another fixture below the flood level rim. The air gap prevents the possibilities of waste water from backing up into the sink system.



**Back Flow Prevention Device:** (Atmospheric Vacuum Breakers (AVBs) are approved under Oregon Plumbing specialty code. They must have an ASSE seal. This device protects the fresh water source and is required. The device must be attached at the fresh water source and where you fill the fresh water tank.



Finally, while this document contains some detailed information about the rules for the construction and operation of mobile food units, it does not contain all the requirements for your unit. Please refer to the Food Sanitation Rules [www.healthoregon.org/foodsafety](http://www.healthoregon.org/foodsafety).

## Mobile Food Unit Classification Table

**A mobile unit can only serve food within their classification. Any changes may require Plan Review.**

<b>Classification</b>	<b>Class 1</b>	<b>Class 2</b>	<b>Class 3</b>	<b>Class 4</b>
<b>Examples</b>	Prepacked, non-potentially hazardous foods, canned and bottled beverages. No ice.	Unpackaged food items permitted. No assembly, preparing, cooking, or warming of any foods	All foods under Class 1&2. Prepare and serve full menu except NO raw animal proteins	All foods under Class 1, 2&3. Raw animal proteins allowed. No special processing (like curing meats, reduced oxygen packaging etc.)
<b>Commissary</b> (Requires license)	Only if you are prepackaging foods yourself	Yes (if no 3-compartment sink) <sup>2</sup>	Yes (if no 3-compartment sink) <sup>2</sup>	No
<b>Hand Sink</b>	No	Yes – See below <sup>5</sup>	Yes – See below <sup>5</sup>	Yes
<b>3-Compartment Sink</b>	No	See below <sup>1,2</sup>	See below <sup>1,2</sup>	Yes <sup>1</sup>
<b>Fresh Water Tank</b>	No	Yes <sup>3</sup>	Yes <sup>3</sup>	Yes <sup>3</sup>
<b>Wastewater tank</b>	No	Yes <sup>4</sup>	Yes <sup>4</sup>	Yes <sup>4</sup>
<b>Assembly or Preparation of Food Allowed</b>	No	No	Yes	Yes
<b>Waste Water Form</b>	No	No	Yes	Yes
<b>Restroom Agreement Form</b>	No	Yes	Yes	Yes

<sup>1</sup> The 3-compartment sink must have 2 drain boards on either side that can manage soiled and clean equipment and utensils. The 3-compartment sink must have an indirect waste drain connect to a “floor drain” receptacle or a “bell & hub drain”.

<sup>2</sup>A Commissary license is required if there is no 3-compartment sink on the mobile.

<sup>3</sup>Must provide a minimum of 30 gallons of water for dishwashing or twice the volume of the 3-compartment sinks, if provided. Larger tanks may be required and will be determined by the classification of the unit, menu, sink size, and water from other activities (i.e. Espresso Machine).

<sup>4</sup>The waste water tank must be a minimum 15% larger than the fresh water tank.

<sup>5</sup> In addition to a hand sink, a utility and/or food preparation sink may be required depending on the menu and whether or not the unit has a 3-compartment sink.

Are you aware of the rule that requires a “knowledgeable” person to be present when in operation (2-201.11)?  Yes  No

Note: One way to meet this requirement is to obtain certification in a food safety program designed for food managers: [www.healthoregon.org/foodsafety](http://www.healthoregon.org/foodsafety)



## Plan Review Worksheet

**Table 1: Food Handling** <sup>1, 2</sup>

Procedures	Yes / No	If Yes, Where Will Procedure Take Place	
		Mobile	Commissary
Washing fruits and/or vegetables	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Thawing frozen foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Food preparation - chopping, par-cooking, marinating, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Cooking food	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Cooling food	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Reheating food	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration (cold holding) of foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Steam table or other way of hot holding food	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Will bare hand contact occur with ready-to-eat foods <sup>3</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

Explain how you will thaw frozen foods:

If cooling foods, one of the below processes must be in place. Please choose option:

- I have a licensed commissary where I will be cooling foods; or
- I will be using a commercial refrigeration unit(s) on the mobile unit; or
- I am providing a written cooling procedure accompanied by cooling logs for approval. To do this option, you must submit a written procedure for each food item you will be cooling with your packet.

Will salads such as tuna, egg, chicken, macaroni, pasta and potato salad be prepared from scratch in this facility:  Yes  No If yes, will the ingredients be pre-chilled before being mixed or assembled?

Explain what you will do with leftover food:

Will any food be served raw or undercooked?  Yes  No

If yes, list the specific animal products that will be served raw or undercooked (example: eggs, ground beef), and provide statement from Oregon Food Code 3-603.11 that will be in your menu:

Explain other procedures that you will be doing that have not been listed previously:

<sup>1</sup> Food shall be obtained from approved sources that comply with the laws relating to food.

<sup>2</sup> Preparation of food or storage of any items related to the operation is not allowed in a personal home.

<sup>3</sup> Bare hand contact with ready-to-eat foods should be limited. When possible use; utensils, gloves, deli tissue, etc.

**Table 2: Material List**

Describe surface finishes used on floors, walls, ceilings and countertops.

Material Type	Counters	Floors	Walls	Ceiling
Fiber-reinforced plastic (FRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stainless Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vinyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Material Type				
Other Surface Material Type (list):				
Are windows and/or doors screened: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, how will you control for pest problems ( <b>Attach your pest control procedures</b> )				

**Table 3: Refrigerator/Freezer Capacity (Attach a separate sheet for additional equipment)**

Unit Type	Yes / No	Make/Model of Unit	# of units	Power Source Electric (E) Generator (G) Propane (P) Other (O)
Reach in refrigerator (under counter)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Refrigerator (stand up)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Prep top sandwich refrigerator	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reach-in freezer (under counter)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Freezer (stand up)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fridge/Freezer (stand up)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other cold holding storage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have thermometers inside each refrigerator and freezer: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Will time instead of temperature control be used as public health control (3-501.19)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, submit a Time as Public Health Control Policy. Written procedures are required to be maintained in the facility.				
All liquid producing equipment must drain into the waste water.				
Do you have: <input type="checkbox"/> Espresso Machine <input type="checkbox"/> Cup Washer <input type="checkbox"/> Ice Machine <input type="checkbox"/> Tap tray <input type="checkbox"/> Other: _____				
If you checked yes, please confirm that the waste water drains indirectly into the waste water tank (tap trays can drain into covered containers)				

**Note:** Mobile food units newly licensed in Oregon may not utilize cold plates that do not have an associated power source, such as a battery, generator or propane tank, as the sole means for temperature control. OAR 333-162-0880

**Table 4: Hot Holding Units**

Unit Type	Yes / No	Make/Model of Unit	# of units	Power Source Electric (E) Generator (G) Propane (P) Other (O)
Steam Tables	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Hot Holding Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
What type of ventilation system do you have? <input type="checkbox"/> Type 1 hood <input type="checkbox"/> Type 2 hood <input type="checkbox"/> Other system				
If other system, please describe:				

**Table 5: Plumbing Fixtures:**

Check items in the mobile unit and provide required information

3-compartment sink with <b>direct</b> plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Preparation Sink (indirectly plumbed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3-compartment sink with <b>indirect</b> plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
P-trap	<input type="checkbox"/> Yes <input type="checkbox"/> No	Backflow prevention device	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handwashing sink	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mechanical pump	<input type="checkbox"/> Yes <input type="checkbox"/> No PSI: _____
Hot & cold water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hot water heater	<input type="checkbox"/> Yes <input type="checkbox"/> Gallons: _____

**Table 6: Three-Compartment Sinks/Dishwashing**Provide interior of sink basins dimensions in inches – **length x width x depth**<sup>1</sup>

Dimensions of Interior of Sink Basins			How many drainboards
Length	Width	Depth	

Where will washing of equipment and utensils take place:

- Mobile unit 3-compartment sink.<sup>1</sup>  
 Licensed Restaurant or Commissary<sup>2</sup>

<sup>1</sup>Provide LxWxD for the interior basin of the sink. Provide measurements of each sink if they are different sizes. If all sinks are the same size, then provide sink basin measurements for one sink, i.e. 10 x 10 x 14.

To determine the minimum amount of water that must be dedicated for dishwashing purposes, you need to calculate the capacity of your three-compartment sink. Measure the inside of the three-compartment sink basin in inches, then multiply Length x Depth x Width = /231 x 6 = gal. This is the minimum amount of water that must be provided for dishwashing. For example: If sinks are 10 x 10 x 14/231 x 6 = 36 gallons

<sup>2</sup>Must be a licensed County or Oregon Department of Agriculture kitchen.

**Note:** All sinks must provide water under pressure of at least 20 PSI. Gravity fed is not allowed. OAR 333-150-0000, 5-203.1 The sink basins must be large enough to submerge all utensils, pots, and pans that will be cleaned on the unit. Drainboards large enough to accommodate all soiled and cleaned items that may accumulate during hours of operation must be provided for necessary utensil holding before cleaning and after sanitizing.

**Table 7: Fresh Water Tank – Must Be Translucent**

Dimensions of Fresh Water Tank (in inches)			
Length	Width	Depth	Capacity in gallons
Please indicate water dedicated to the following purposes:			
Activity	Required	Provided	
Handwashing	Minimum 5 gallons		
Dishwashing ( <i>See Table 6</i> )	Minimum 30 gallons		
	Or, twice the volume of the 3-comp sink basins		
Cleaning	No minimum under rule. Typical allocation is 5-gal		
Use in product (ex: ice making, coffee making)	No minimum under rule. Depends on menu.		
Equipment (ex: filling steam tables)	No minimum under rule. Depends on equipment.		
Tank Location:			
Where will your fresh water come from? <input type="checkbox"/> City <input type="checkbox"/> Home <input type="checkbox"/> Private Well <input type="checkbox"/> Local Business Provide the name, city and address of your water source:			

**Table 8: Waste Water Tank – Must be 15% Greater than Fresh Water Tank**

Dimensions of Waste Water Tank (in inches)			
Length	Width	Depth	Capacity in gallons <sup>1</sup>
Tank Location:			
Where will mop water be dumped after cleaning floors? How will the waste water be removed from your waste water tank? <input type="checkbox"/> Direct connection to the sewer at location <input type="checkbox"/> Licensed Hauler: The waste water hauler must have a DEQ license. Contact DEQ to find a license. <input type="checkbox"/> Hand-carry. Operators may only hand-carry 20 gallons of wastewater by law. <b>If you will hand-carry waste you must provide your procedures and location for pre-approval.</b>			
Does liquid producing equipment (ex: espresso machine) drain indirectly into the waste water tank? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list equipment:			

**Table 9: Sanitizing**

What type of chemical sanitizer will be used: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Iodine <input type="checkbox"/> Other _____
At what concentration is this sanitizer used? _____
What type of test kit is available (4-302.14)? _____
When is test kit used (4-501.116)? _____

## Operating Schedule

Please provide information on when and where you will be operating. If the operating location or route changes, you must inform North Central Public Health District.

Name of your mobile food unit: \_\_\_\_\_

I plan on operating at one location – Address, City, Zip Code:

I plan to operate at multiple locations or on a route.

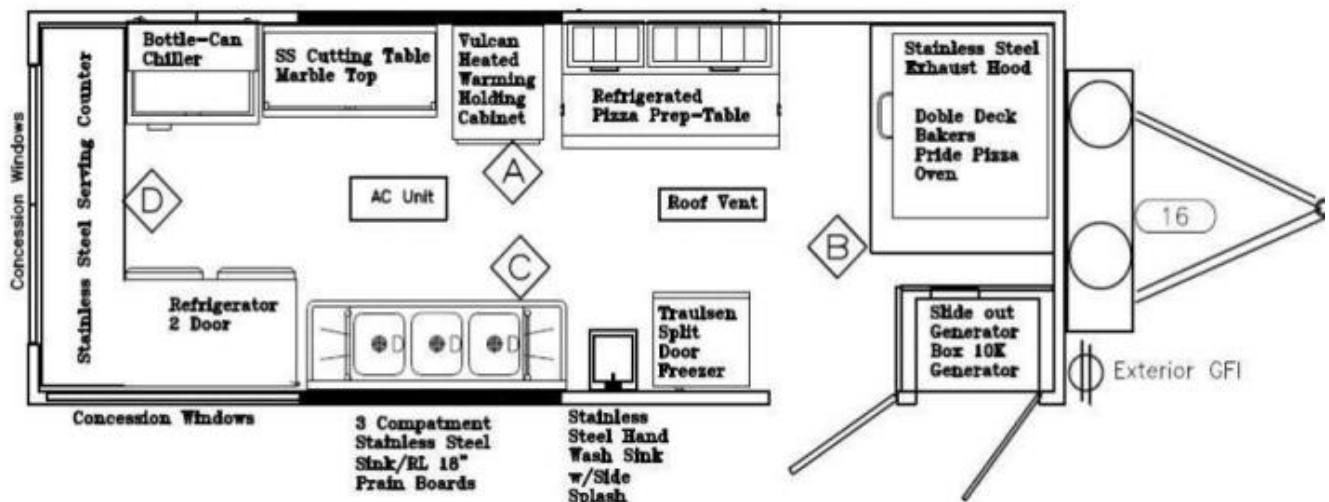
List all locations where you plan to operate. If operating on a fixed route or in multiple locations, indicate the approximate time (and dates, if applicable) you will be at each location.

Attach additional sheets if necessary.

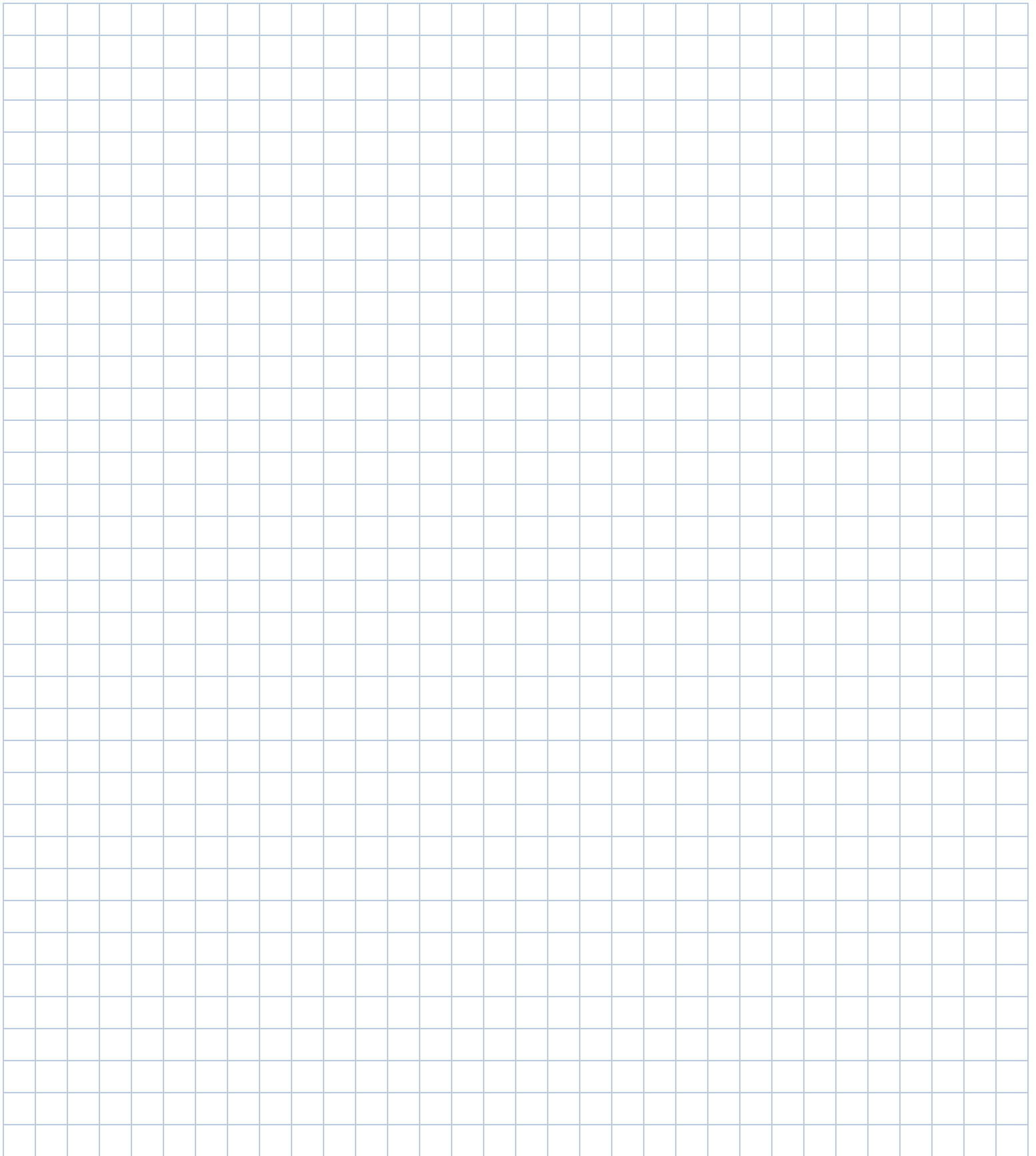
Operating Location	Approximate Time (Dates) at Location

## Floor Plan Layout Example

Your floor plan does not need to be an engineer's copy, but it must have all the required information from Tables 2-8 clearly shown.



You may use the following space to draw your facility floor plan (overhead drawing)



# NORTH CENTRAL PUBLIC HEALTH DISTRICT

419 East 7<sup>th</sup> Street, The Dalles, OR 97058  
Email: [publichealth@ncphd.org](mailto:publichealth@ncphd.org) Phone: 541-506-2603



## Mobile Food Unit: Wastewater Disposal Form

Mobile Food Units must dispose their wastewater according to local and municipal rules within the city/county they operate. Failure to dispose of wastewater correctly is grounds for closure. This agreement is valid for the current licensing year only and must be renewed after that date. If this agreement is terminated, the mobile food unit must immediately cease operations until another Waste Water Disposal Agreement is secured and provided to the Health Department. This agreement becomes void if the food service establishment does not have a current license to operate.

Mobile Food Unit Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Location (street, city): \_\_\_\_\_

Name of Mobile Food Unit Owner (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check which method you will use to properly dispose of your wastewater:

1.  **Onsite/Direct connection:** The disposal area must have a grease interceptor.

Business or POD Name: \_\_\_\_\_

Business/POD Owner's Name: \_\_\_\_\_

Address (Street, City, County): \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

2.  **Licensed Hauler:** The wastewater hauler must have an Oregon DEQ license. You must keep the receipts the hauler gives you to show your inspector.

Name of Licensed Hauler: \_\_\_\_\_

Phone #: \_\_\_\_\_ DEQ # (Required): \_\_\_\_\_

Signature of hauler: \_\_\_\_\_ Date: \_\_\_\_\_

3.  **Hand-carry.** If hand carrying waste, it must be to a specific disposal location approved by the local regulatory authority and cannot be transported in more than 20 gallons at a time. You must explain where you will dispose the waste, and how you will ensure it is done properly.

For NCPHD Office Use Only:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

# NORTH CENTRAL PUBLIC HEALTH DISTRICT

419 East 7<sup>th</sup> Street, The Dalles, OR 97058

Email: [publichealth@ncphd.org](mailto:publichealth@ncphd.org) Phone: 541-506-2603



Public Health  
Prevent. Promote. Protect.  
North Central Public Health District  
"Caring For Our Communities."

## Mobile Food Unit: Restroom Agreement

If a unit is parked in the same location for more than two hours, a restroom must be provided that is located within 500 feet of the unit. Mobile units that choose to provide seating for their customers are required to provide approved restroom facilities. The restroom must be accessible for employee/customer use during all hours the unit is in operation per OAR 333-150-0000, 6-402.11(E). If the restroom doors are locked, the mobile unit operator must provide a key to allow customers access upon their request.

**Note:** Portable toilets will not be allowed as restroom facilities for mobile food units unless they meet the handwashing requirements. The rules require hot and cold water under pressure, soap and paper towels. Hand sanitizer is not an acceptable substitute for hand washing.

### Mobile Food Unit:

Name of mobile food unit: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Location (Street, City, County): \_\_\_\_\_

### Restroom Facility:

Business/Facility name: \_\_\_\_\_

Location: \_\_\_\_\_

Hours the restroom is available for use: \_\_\_\_\_

Hours the mobile unit is in operation: \_\_\_\_\_

This agreement is valid for the current licensing year only and must be renewed after that date. **If this agreement is terminated, the mobile food unit must immediately cease operations until another Restroom Usage Agreement is secured and provided to the health department.** This agreement becomes void if the food service establishment does not have a current license to operate.

**Operator Allowing Restroom Use (Print):** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mobile Food Unit Owner (Print):** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date