



**Plan Submittal Checklist
Mobile Food Facility/Mobile Support Unit**

County of Orange, Health Care Agency, Environmental Health
1241 E. Dyer Rd., Ste. 120, Santa Ana, CA 92705
<http://ocfoodinfo.com/vehicles.htm>
(714) 433-6416

The intent of this form is to assist our clients in determining the acceptability of the proposed plans for official review and is NOT a substitute for a full and detailed review by Food Vehicle Program staff.

Date _____ New Construction Remodel Consult **PE: 1570**

Plans accepted for plan check review. **SR**

Plans not accepted. Please resubmit two (2) new, complete sets. Include this form with submittal.

Business Name _____

Sales Location Address _____

Contact Name _____ Phone Number (____) _____

Preferred Method to Receive Letters: Email _____,

Fax (____) _____, OR Mail

Type of Mobile Food Facility (MFF): *Occupied/truck or trailer Unoccupied/Cart

Mode of Operation (check all that apply): Daily Weekend Special Events

Does this vehicle stop to conduct business at any sales location for more than one hour? Yes No

Y	N	N/A	Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two identical sets of plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor plan drawn to scale, legible, and in ink (include top view and elevation views). All equipment drawn on the floor plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete menu
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous floor plan (remodels only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete finish schedule. (Floors, walls, ceiling, food contact surfaces, cabinets, counters etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make and model numbers of all equipment (include water heater and water pumps) and/or manufacturers specifications sheets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigeration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food compartment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage areas for food & supplies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food preparation counter space
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separate storage area for poisonous chemicals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Detailed exhaust hood drawings, including elevations and CFMs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing schematic including tank dimensions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwash sink
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensil wash sink with dual integral drainboards (include how dishes will be protected from exposure to the environment)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water heater capacity and location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operational plan for an unenclosed MFF handling open food
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proposed commissary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public restroom(s) within 200ft if operating longer than 1hr at one location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*California Dept of Housing and Community Development certification

Type of Mobile Support Unit (MSU): *Occupied Unoccupied

The number of Mobile Food Facilities (MFF) being serviced by this MSU _____

Types of food on the MFF being serviced by this MSU _____

Miles and travel time from the MFF sales location to the commissary _____ miles/ _____ minutes

Y	N	N/A	Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two identical sets of plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor plan drawn to scale, legible, and in ink (include top view and elevation views). All equipment drawn on the floor plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous floor plan (remodels only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete finish schedule
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make and model numbers of all equipment (include water heater and water pumps) or manufacturers specification sheets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing schematic including fresh water and liquid waste tank dimensions and location on the MSU
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage areas for food, clean utensils and supplies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage area for dirty utensils
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage area for trash
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separate storage areas for poisonous chemicals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigeration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proposed commissary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*California Dept of Housing and Community Development certification

Comments: _____

Preliminary Checker _____