

**WASHOE COUNTY HEALTH DISTRICT
ENVIRONMENTAL HEALTH SERVICES DIVISION**

1001 East Ninth Street, Building B, Reno, NV 89512
Telephone (775) 328-2434 • Fax (775) 328-6176
www.washoecounty.gov/health
health@washoecounty.gov

Permit #: _____

Date: _____

Mobile/Portable Unit and Servicing Area Operational Review

Review Type (select one): ☐ New permit ☐ Change of owner ☐ New construction ☐ Remodel

Type of Food Facility (select all that apply): ☐ Mobile Unit ☐ Portable Unit

Name of Food Establishment: _____ VIN: _____

Address where unit will be parked/stored: _____

Primary Contact for Unit (if different than owner): _____

Phone: _____ Email: _____

Owner of Mobile/Portable Unit: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Name of Servicing Area: _____ Primary Contact: _____

Permit Number: _____ Address: _____

Phone: _____ Email: _____

Site Locations to be Served

Location 1: _____

Address: _____ City: _____ Zip: _____

Location 2: _____

Address: _____ City: _____ Zip: _____

Location 3: _____

Address: _____ City: _____ Zip: _____

Location 4: _____

Address: _____ City: _____ Zip: _____

Location 5: _____

Address: _____ City: _____ Zip: _____

Required Attachments

In addition to this review, I certify that I have completed and attached the following (check all that apply):

- ☐ Pictures of Mobile Unit or Portable Unit
☐ Plot plan, including but not limited to, the location and elevation drawing of all food equipment, plumbing, electrical services and mechanical ventilation, potable water and wastewater holding units
☐ Servicing area agreement

I certify that the information in this review is correct, and I understand that any change without prior approval from the Washoe County Health District may delay or prevent timely opening of this food establishment.

Print Name: _____

Operator Signature: _____ Date: _____

Proposed Itinerary

In the table below, provide a proposed itinerary for your operations. This will be used to coordinate inspections.

Time Period	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>e.g. 8AM-12PM</i>	<i>Service Area</i>				<i>Service Area</i>	<i>Service Area</i>	<i>Service Area</i>
<i>e.g. 5pm-9pm</i>	<i>Location 3</i>				<i>Location 1</i>	<i>Location 1</i>	<i>Location 2</i>

Provide any additional information about your proposed itinerary in the space below.

Full Menu

Will this food establishment serve raw or undercooked foods? ☐ Yes ☐ No

Will this food establishment serve alcohol? ☐ Yes ☐ No

In the box below, provide full menu of all food or drink to be stored, displayed, or served.

Food Preparation Procedures

Cold Holding: All potentially hazardous, time/temperature control for safety (TCS) food must be held at 41°F or below for cold holding, unless using time as a control (pg. 5)

In the table below, provide the specifications for all cold holding equipment, including but not limited to reach-ins, walk-ins, sandwich prep tables, under counter refrigeration, and refrigerated drawers.

Equipment Specifications				
Cold Storage Type	Quantity	Make	Model	Location (<i>circle or highlight</i>)
				Mobile / Portable / Service Area
				Mobile / Portable / Service Area
				Mobile / Portable / Service Area
				Mobile / Portable / Service Area
				Mobile / Portable / Service Area
				Mobile / Portable / Service Area
				Mobile / Portable / Service Area
				Mobile / Portable / Service Area

In the box below, describe procedures that will be used to ensure TCS food will remain at 41°F or below during receiving, storage, preparation, and display. This can include temperature monitoring, SOPs, employee training or other methods.

Hot Holding: All TCS food must be held at 135°F or above for hot holding.

In the table below, provide the specifications for all hot holding equipment, including but not limited to steam tables, heated cabinets, draw warmers, soup kettles, hot boxes, ovens, and stoves.

Equipment Specifications				
Hot Storage Type	Quantity	Make	Model	Location (<i>circle or highlight</i>)
				Mobile / Portable / Service Area
				Mobile / Portable / Service Area
				Mobile / Portable / Service Area
				Mobile / Portable / Service Area
				Mobile / Portable / Service Area
				Mobile / Portable / Service Area
				Mobile / Portable / Service Area
				Mobile / Portable / Service Area

In the box below, describe procedures that will be used to ensure TCS food will remain at 135°F or above during holding prior to service. This can include temperature monitoring, SOPs, employee training or other methods.

Cooling Methods: All TCS food must be cooled from 135°F to 70°F within 2 hours, and from 70°F to 41°F within an additional 4 hours. Total time for cooling must not exceed 6 hours. Cooling must not occur without adequate equipment.

In the table below, insert the food items that will be cooked and cooled and check the box to indicate the cooling method to be used for that item. (e.g. beans, rice, meats, pasta, salsa, soups, sauces)

Foods to be cooled	Shallow Pan	Ice Paddle	Ice Bath	Rapid Chill Equipment	Volume Reduction (e.g. quartering)	Location (<i>circle or highlight</i>)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area

In the box below, describe procedures that will be used to ensure TCS food will be cooled from 135°F to 41°F within 6 hours. This can include temperature monitoring, SOPs, employee training or other methods.

Time as a Control: All TCS food must be discarded after 4 hours if using time as a public health control.

Foods using Time as a Control	Location (<i>circle or highlight</i>)
	Mobile / Portable / Service Area
	Mobile / Portable / Service Area
	Mobile / Portable / Service Area
	Mobile / Portable / Service Area
	Mobile / Portable / Service Area
	Mobile / Portable / Service Area
	Mobile / Portable / Service Area

In the box below, describe your procedures for using time as a public health control.

Thawing Methods: All TCS food must be thawed using an approved method. Thawing must *not* occur on the counter.

In the table, indicate which thawing methods will be used at the food facility:

Foods to be thawed	Refrigeration	Submerged under running water	Cooked from a frozen state	Microwave as part of the cooking process	Location (<i>circle or highlight</i>)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area

Reheating Procedures: All TCS food that is cooked, cooled, and reheated for hot holding must reach a temperature of at least 165°F for 15 seconds. Commercially processed, ready-to-eat food that is reheated for hot holding must reach a temperature of at least 135°F or above.

In the table, indicate where reheating will occur.

Foods to be reheated	Reheated for immediate service	Reheated for hot holding	Location (<i>circle or highlight</i>)
	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area
	<input type="checkbox"/>	<input type="checkbox"/>	Mobile / Portable / Service Area

Ready-To-Eat Food Handling: Ready-to-eat (RTE) food includes food that is edible without any additional preparation to achieve food safety (e.g. produce, salads, cold sandwiches, raw molluscan shellfish).

Where will produce be washed prior to use? ☐ Mobile Unit ☐ Servicing Area

What will be used to prevent bare hand contact with RTE foods? ☐ Gloves ☐ Utensils ☐ Food grade paper

In the box below, describe how bare hand contact will be prevented with RTE foods. This can include SOPS, employee training, or other methods.

Dry Food Storage

Location (Check all that apply): ☐ Mobile Unit ☐ Portable Unit ☐ Servicing Area ☐ Not applicable

How many square feet of dry storage shelf space will be used? _____ at Mobile _____ at Service Area

Health and Hygiene

Employee Accommodations

Toilet facilities for food employees must be available and readily accessible along the route of the unit. Provide the location of the toilet facilities that will be used by employees.

Location: _____

Address: _____ City: _____ Zip: _____

Will there be a restroom available for employee use on your mobile unit? ☐ Yes ☐ No

In the table below, identify the number of handwashing sinks that will be available for use.

Location	Quantity
Mobile Unit	
Portable Unit	
Servicing Area	

In the box below, describe where employee's personal belongings will be stored.

Water

Water Source

If serving ice, where is it from? ☐ Servicing area ☐ Store bought ☐ Ice machine on unit

Size of potable water tank: _____ gallons

Water Heater

Service Area: ☐ Gas ☐ Electric ☐ Tank ☐ Tankless

Manufacturer: _____

Model: _____

Capacity (gallons): _____

Hot water recover rate: _____

Mobile Unit: ☐ Gas ☐ Electric ☐ Tank ☐ Tankless

Manufacturer: _____

Model: _____

Capacity (gallons): _____

Hot water recover rate: _____

Waste and Sewer

Wastewater tank must be 15% more capacity than water tank. Size of wastewater tank: _____ gallons

If a toilet is available for use on Mobile Unit, blackwater waste containment must be completely isolated from wastewater storage system. Size of blackwater tank: _____ gallons

Service Area: ☐ Septic ☐ Municipal – provide name of utility: _____

Location for sewage and wastewater disposal for unit: _____

Address: _____ City: _____ Zip: _____

Provide information on backflow prevention devices for unit: _____

Warewashing

Manual Warewashing (3 compartment sink)

All warewashing must follow the 3-step cleaning process: wash, rinse, and sanitize then air dry.

Location (Check all that apply): ☐ Mobile Unit ☐ Portable Unit ☐ Servicing Area ☐ Not applicable

Type of sanitizer to be used: ☐ Chlorine ☐ Quaternary Ammonia ☐ Other: _____

Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____

Does the largest piece of food equipment fit into each compartment of the sink? ☐ Yes ☐ No

In the box below, describe the cleaning procedure if the largest piece of food equipment doesn't fit in the sink.

Mechanical Warewashing (chlorine or high temperature dishwasher)

Location (Check all that apply): ☐ Mobile Unit ☐ Portable Unit ☐ Servicing Area ☐ Not applicable

Manufacturer: _____ Model: _____

Type of sanitizer to be used: ☐ Chlorine ☐ High Temperature (180°F) ☐ Other: _____

Does the largest piece of food equipment fit into the mechanical warewasher? ☐ Yes ☐ No

In the box below, describe the cleaning procedure if the largest piece of food equipment doesn't fit in the warewasher.

Refuse and Recyclables

Will refuse be stored inside the mobile or portable unit? ☐ Yes ☐ No Where: _____

Where will garbage and refuse be disposed? _____

Insect and Rodent Control

In the box below, describe how the unit will be monitored for and protected against insects, rodents, and other pests.

Poisonous or Toxic Materials

In the box below, describe the location for storage of poisonous or toxic materials (e.g. chemicals, sanitizers, etc).