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# RURAL ENVIRONMENTAL HEALTH ALLIANCE

Marquette and Green Lake Counties



## PLAN REVIEW CHECKLIST-MOBILE

Establishment Name

VIN Number:

### FOOD PROCESSING

What type of food items will be sold?

☐ **Serving Meals:** What percentage of food items will meals be? \_\_\_\_\_ %

MEALS include, but are not limited to, chicken, ribs, sandwiches, roasted corn, baked potatoes, hot dogs, brats, tacos, nachos w/ cheese and meat, French fries, cooked or deep-fried vegetables/fruit, cooked cheese curds, corn dogs, egg rolls, salads.

☐ **Not Serving Meals (snacks and beverages):** What percentage of food items will be retail? \_\_\_\_\_ %

RETAIL items include, but are not limited to, ice cream/soft serve, lemonade, snow cones, coffee, espresso, cappuccino, tea, fruit juice, smoothies, candy, dispensed soda, fruit cups, bakery, cookies, kettle corn, cotton candy, funnel cakes, fritters, tortilla chips w/ cheese.

Will any food items be prepared in a base kitchen? ☐ **YES** ☐ **NO** (variance must be submitted, approval required before start of operation)

*Processing is defined as assembling, grinding, cutting, mixing, baking, coating, stuffing, packing, bottling, grilling, canning, extracting, fermenting, distilling, pickling, freezing, drying, smoking, or packaging.*

### BASE KITCHEN/SERVICE BASE

Check all that will be used at the base facility

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Dry storage                | <input type="checkbox"/> Refrigeration/Frozen food storage   | <input type="checkbox"/> Other (list below) |
| <input type="checkbox"/> Chemical storage           | <input type="checkbox"/> Facility to prepare or package food |   |
| <input type="checkbox"/> Garbage/recycling disposal | <input type="checkbox"/> Cooking foods                       |   |
| <input type="checkbox"/> Waste water tank disposal  | <input type="checkbox"/> Cooling foods                       |   |
| <input type="checkbox"/> Potable water collection   | <input type="checkbox"/> Reheating foods                     |   |
| <input type="checkbox"/> Equipment/utensil storage  | <input type="checkbox"/> Thawing foods                       |   |
| <input type="checkbox"/> Restroom facilities        | <input type="checkbox"/> Warewashing facilities _____        |   |

### HOURS OF OPERATION AT BASE KITCHEN

If kitchen space is shared, both facilities may not operate at same time.

DAY OF WEEK	START TIME	END TIME
Sunday	AM/PM	AM/PM
Monday	AM/PM	AM/PM
Tuesday	AM/PM	AM/PM
Wednesday	AM/PM	AM/PM
Thursday	AM/PM	AM/PM
Friday	AM/PM	AM/PM
Saturday	AM/PM	AM/PM

Mobile unit will report back to base facility at least once each operating day for cleaning and servicing.

Operator must maintain a written log of dates and times they actually at base facility

**FOR COMPLETION BY BASED KITCHEN OWNER** (only need completion if the base is shared kitchen with another operation)

Facility Name: \_\_\_\_\_

I, the shared kitchen owner, acknowledge I have entered into an agreement with the user to utilize the services/facilities at this kitchen and agree to provide the user with access to the kitchen while my facility is not in operation to prevent cross contamination. I will maintain a written log of the dates/times the user is actually at the facility. I will promptly notify the Health Inspector of REHA if this agreement is terminated or if the user fails to use the kitchen. I acknowledge that as the primary operator of the kitchen I am equally responsible for the maintenance and sanitation of the kitchen, and as such in compliance with the Wisconsin Food Code.

Print Name: \_\_\_\_\_

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

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

**The following information should be completed pertaining to activities done on the mobile unit.**

1.) List any foods that will be cooked and cooled in advanced to service (pasta or potato salads, coleslaw)

2.) Cooling: (Check all that apply)

Equipment planned to use:

- ☐ Cooler
- ☐ Freezer
- ☐ Blast chiller
- ☐ Food prep sink
- ☐ Counter
- ☐ Other \_\_\_\_\_

Method(s) planned to use:

- ☐ Shallow metal pans
- ☐ Ice bath
- ☐ Ice wand or add ice to product
- ☐ Reducing volume
- ☐ Uncovered
- ☐ Stirring often
- ☐ Other \_\_\_\_\_

3.) Reheating:

How will food be reheated to 165°F within 2 hours for hot holding?

- ☐ Stove top
- ☐ Microwave
- ☐ Hot Holding unit
- ☐ Other \_\_\_\_\_

4.) Washing Produce:

Will you be washing produce (fruit or vegetables) prior to use?

- ☐ NO-continue to #5      ☐ Yes- describe below

**Describe:**

5.) Food Prep Sink:

Will you be draining pasta/cooked vegetables, thawing, cooling, washing produce that would require use of a food prep sink?

- ☐ NO-continue to #6      ☐ Yes- describe below

**Describe:**

6.) Sanitizing Equipment:

Check what will be used to sanitize oversized cooking equipment, cutting boards, food contact surfaces?

Check all that apply:

- ☐ 3-Compartment Sink
- ☐ Dishwashing Machine
- ☐ Wiping Cloth Bucket
- ☐ Spray Bottle

Sanitizing Product: \_\_\_\_\_

Concentration required: \_\_\_\_\_ PPM

Test kit present: ☐ No ☐ Yes

7.) Preventing contamination

Check what products will be used to prevent contamination by bare hands of ready-to-eat foods?

- ☐ Disposable gloves
- ☐ Deli paper
- ☐ Utensils
- ☐ Other \_\_\_\_\_

8.) A written policy to exclude or restrict food workers is present at facility? ☐ No ☐ Yes

9.) Is this facility serving food to a highly susceptible population? (Nursing home, hospital patients, daycare)

☐ No ☐ Yes

10.) How will food employees be trained in food safety & sanitation practices?

**Describe:**

11.) Special processes

Check any that will be conducted- Discuss with inspector of your HACCP and/or Variance that is required

- ☐ Smoking food for preservation
- ☐ Packaging Juice
- ☐ Curing foods
- ☐ Fermentation of Foods (yogurt making)
- ☐ Adding vinegar to foods (sushi rice, refrigerator pickles)
- ☐ Growing sprouts
- ☐ Molluscan Shellfish life support tank
- ☐ Packing food using reduce oxygen packaging (ROP)-including cook-chill & Sous vide

**EQUIPMENT CHECKLIST:**

Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Coolers are commercial grade or ANSI/NSF approved (NSF, SA, ETV)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All hot holding units' commercial grade?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All cooler/freezers have thermometers to monitor temperature?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a bulk ice machine on-site?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a food thermometer to measure final cook/reheating temperatures?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will food be cooked outside (i.e. smoker, pig roaster, outdoor grill)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there activities that require a dump sink (bar or coffee station)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there public bathrooms available?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food grade hose for filling unit with potable water
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal hose, labeled for wastewater
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backflow preventor attachment present to connect during events to potable water source

12.) Method of dish washing?

- ☐ 3-Compartment sink
- ☐ High Heat Dishwasher
- ☐ 4-Compartment sink
- ☐ Chemical Dishwasher

13.) Check all sinks dedicated for handwashing & have required aids present.

☐ Handwashing Sign   ☐ Soap   ☐ Drying agent (paper towel)   ☐ Waste receptacle

14.) Source of safe water supply: If a private well, must submit sample every 12 months at minimum for bacteria & nitrate results

☐ List location if not obtained at base kitchen \_\_\_\_\_

15.) Sewage Service:

☐ Private Sewage System

☐ Public Sewer System

### Checklist:

Yes   No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are the floors constructed of materials that are durable, non-absorbent, & easily cleanable?      |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the floor/wall juncture have a coved base?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the walls smooth, non-absorbent, & easily cleanable?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the facility provide catering?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the facility be wholesaling products? (estimate percentage of total sales wholesaled: ____%) |

**Describe products:**

16.) Other Departments and Agencies to contact

Yes   No   NA

☐   ☐   ☐   Local County or municipal Zoning Requirements? (verify land use of property, sewage disposal)

### SUMMARY

You must provide the following documents for your facility

- ☐ **Facility Floor Plan.** Must include equipment, sink basins, storage areas.
- ☐ **Proposed Menu.** Don't forget consumer advisory and indication of items served undercooked or raw.
- ☐ **Certified Food Manager Certificate:** At least one employee must have a certificate.
- ☐ **Private Well Water Sample Results:** Test results within the last 12 months for bacteria and nitrate where you will obtain water for mobile unit.

You must also keep the following documentation

- ☐ **Operational Log:** Maintain a log of events or locations and times facility is in operation.
- ☐ **Base kitchen Log:** Maintain a log of dates and times return or utilize base.

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Signature of operator

Date