SAN BERNARDINO COUNTY
Public Health
Environmental Health Services

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PRELIMINARY MOBILE FOOD FACILITY CHECKLIST

Complete this form and submit it to Environmental Health Services (EHS) with proposed plans. If the form is incomplete, the submitted plans will be returned to the applicant and will delay processing.

VEHICLE INFORMATION

Name of Facility:	Contact Name:
Address:	Phone Number:

☐ New Vehicle ☐ Remodel of Existing Vehicle

ELECTRONIC PLANS

Initial:	Requirement:
	Plan sheets are submitted to EHS in a single PDF file.
	Plans are saved at full-size and to-scale, the scale is indicated on all sheets and any drawing layers or comments were flattened in the computer-aided design (CAD) program before PDF was created.
	All plan sheets are legible and in proper orientation face up (not sideways or upside down).
	All sheets are labeled with sheet number and title (i.e. P2. Finish Schedule).
	Plans are not locked or password protected.
	Specification sheets are submitted separately in a single PDF file for all food related equipment.

VERIFICATION

Complete the verification requirements checklist below. (Must include Sheet Number unless N/A.)

Yes	No	Requirement:	Sheet Number:
☐	☐	Three identical sets of complete paper plans or one set of complete digital plans are included.	
☐	☐	Name of the facility, site address, owner or contractor's mailing address, email and contact phone number is listed on the plans.	
☐	☐	A complete list of food and beverages to be sold including protein type (if applicable) is provided.	
☐	☐	The floor plan is drawn to-scale and includes both: ☐ Top View (Interior and Exterior) ☐ Side View (Interior and Exterior)	
☐	☐	Complete plumbing diagram includes: ☐ Inlet ☐ Fresh water tank ☐ Water heater ☐ Water pump or Gravity ☐ Sinks ☐ Wastewater tank ☐ Overflow pipes ☐ Tanks sloped to drain ☐ Access Port ☐ Drain Valve/Cap If applicable: ☐ Ice Bin ☐ Steam Table ☐ Drink Dispensers	
☐	☐	Equipment Schedule includes make, manufacturer and model number of all equipment, all food equipment listed is American National Standards Institute/ National Sanitation Foundation (ANSI/NSF) approved for sanitation and all equipment is shown on the floor plan.	
☐	☐	Water tanks meets minimum size requirements of: ☐ 30 gallons for potable water tank, and ☐ 45 gallons or 1.5 times the capacity of the potable tank for wastewater tank.	
☐	☐	The water heater capacity is a minimum of 4 gallons.	
☐	☐	Aisle measurement throughout the vehicle is a minimum of 30".	
☐	☐	All cooking equipment is installed underneath an approved mechanical ventilation hood.	
☐	☐	Hand soap and paper towel dispensers are installed at the handsink(s).	
☐	☐	Handsink basin dimensions are a minimum of 9"x9"x5".	

VERIFICATION *continued*			
Yes	**No**	**Requirement:**	**Sheet Number:**
☐	☐	**Finish Schedule**: The type of finish used for each area of the vehicle is listed below. (The Finish schedule must be provided on the plans.)	

Vehicle Area	*Example*	Materials Used
Flooring	*Diamond plate aluminum*	
Integral cove base	*Diamond plate aluminum*	
Ceiling	*Stainless steel*	
Walls	*Stainless steel*	
Windows	*Tempered glass*	
Food contact surfaces	*Stainless steel*	

☐	☐	Three-compartment warewashing sink has dual integral drainboards and the basin size meets minimum dimensions of 12”x12”10” or 10”x14”x10”.	
☐	☐	Food preparation space is proportionate to cooking equipment.	
☐	☐	Interior height measurement is at least 74”.	
☐	☐	Emergency exit is at least 24”x36”.	
☐	☐	Refrigeration is sufficient to the type of operation.	
☐	☐	Service windows are 18” apart (if multiple windows), self-closing and no larger than 216 in^2 without an air curtain, or 432 in^2 with an approved air curtain.	
☐	☐	Separate storage areas are designated for dry food items, chemicals and utensils.	
☐	☐	Fire Extinguisher meets specification for cooking type: ☐ K Class fire extinguisher is required with cooking equipment that use vegetable or animal oils for cooking, or ☐ 2A:10BC fire extinguisher for cooking operations that do not use oil.	
☐	☐	First Aid kit is easily accessible in the vehicle.	
☐	☐	Light fixtures are shatterproof or protected with a light shield.	
☐	☐	Power source for all equipment necessary for the daily operation of the vehicle is located/stored on the vehicle (i.e. generator).	
☐	☐	Fryers, steam tables and utensil drawers are equipped with safety lids and latching devices.	
☐	☐	Compressors for curb-mounted refrigerators are accessible for service from the exterior of the vehicle without having to remove units and have vents with a protective screen (e.g. 16” mesh).	
☐	☐	All entrances to the food preparation area are equipped with self-closing devices.	

Owner/Agent Signature:	**Date:**

☐ Electronic Signature Only: By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.

For Office Use Only	
☐ Plans accepted for plan check	SR Number:
☐ Plans NOT accepted for plan check	

Environmental Health Specialist/Technician Signature:	**Date:**