385 N. Arrowhead Ave., 2nd floor, San Bernardino, CA 92415 Email: EHS.CustomerService@dph.sbcounty.gov

Website: ehs.sbcounty.gov Text/Call: 800.442.2283 Fax: 909.387.4323

PRELIMINARY MOBILE FOOD FACILITY CHECKLIST

		nis form and submit it to Environmental Health Services (EHS) with proposed plans. If the ed plans will be returned to the applicant and will delay processing.	e form is incomplete,				
		VEHICLE INFORMATION					
Name							
Addres							
□ Ne							
		ELECTRONIC PLANS					
Initial							
		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 <u>all</u> sheets and any discomments were flattened in the computer-aided design (CAD) program before PDF with the computer of the computer o						
All plan sheets are legible and in proper orientation face up (<u>not</u> 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 equ	ıipment.				
		VERIFICATION					
Comple	ete th	e 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:			
			used for each area of the vehicle is listed 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					
		basin size meets	minimum dimensior	k has dual integral drainboards and the as of 12"x12"10" or 10"x14"x10".				
				ate to cooking equipment.				
		, , ,	asurement is at leas	st 74".				
		Emergency exit is						
		Refrigeration is sufficient to the type of operation.						
		Service windows are 18" apart (if multiple windows), self-closing and no larger than 216 in² without an air curtain, or 432 in² 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.						
			ily accessible in the					
			•	ected with a light shield.				
		Power source for		ssary for the daily operation of the vehicle is				
		Fryers, steam tab latching devices.	les and utensil draw	vers are equipped with safety lids and				
			nicle without having	erators are accessible for service from the to remove units and have vents with a				
		All entrances to the	ne food preparation	area are equipped with self-closing devices.				
Owne	r/Ager	nt Signature:			Date:			
infor	mation			confirm I am submitting this application electro acknowledge that I have read, understand and				
For Office Use Only								
□ Plans accepted for plan check SR Number:								
□ Plans NOT accepted for plan check								
Envir	onmer	ntal Health Specia	alist/Technician \$	Signature:	Date:			