

Mobile Food Service Plan Review Questionnaire

Establishment Name			
Owner's Name		Phone #	
Physical Address			
Mailing Address			
City, State, Zip			
Est. Completion Date		Seating Capacity	
Menu Description			

Please complete and return the following questionnaire (front & back) along with the layout plan (drawn to at least a minimum scale of 1/4" = 1 foot) depicting the food preparation area of the mobile food service unit, at least 30 days prior to the beginning of any construction.

1. Has a scaled drawing showing the layout of the mobile food service unit (especially the preparation and dispensing area) been provided to the State Health Department for review? Yes No
 Date Submitted

2. Water Supply: Public Private Rural Water

A. What is the capacity of the potable water holding facilities? Gallons
Note: Private water systems must be analyzed for bacteriological and nitrate contamination. Attach a copy of the laboratory results.

3. Sewer System: Public Private

A. What is the capacity of the wastewater holding facilities? Gallons
Note: Private sewer systems must be approved by the Department of Environment and Natural Resources. Please contact DENR at (605)773-3351 for more information on obtaining Sewer System approval.

4. Is the mobile unit enclosed? Yes No
 A. Is the service window screened? Yes No

5. Please describe the floor, wall, and ceiling coverings in the mobile food service unit:

Floor:	
Wall:	
Ceiling:	

6. Are floor/wall junctures sealed? Yes No

7. List what cooking equipment will be used:

A. Will any cooking be done outside the mobile unit Yes No

8. Are hood ventilation systems provided over all cooking equipment? Yes No

9. Does the hood contain removable metal grease filters? Yes No

10. Does the hood extend a minimum of 6" over each side and the front and back of all cooling equipment? Yes No

11. What type of material is used on the following surfaces:

Prep/Work Tables	Dry Storage Shelves
Counter Tops	Cooler/Freezer Shelves

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12. Are all lights in the food preparation area, display area, walk-in coolers, and utensil washing areas provided with protective shields or shatterproof bulbs? Yes No

13. Is a hot water heater provided? Yes No

A. If yes, what in the capacity? Gallons

14. What type(s) of utensil washing facilities are provided? Commercial Dishwasher 3-Compartment Sink

15. Make & Model of Dishwasher: Chemical Sanitizer Hot Water Sanitizer

A. Are these located in the mobile food service unit? Yes No

B. If not, where are they located? Yes No

NOTE: In those establishments equipped with a commercial dishwasher, adequate drain boards/dish tables must be provided.

16. Is a drain board provided for the 3-compartment sink? Yes No

NOTE: A drain board area of at least 18 inches in length and as wide as the sink must be provided immediately after the sanitizing rinse sink.

17. Is a separate hand-washing lavatory provided in the food preparation area with hot and cold water delivered through a mixing faucet? Yes No

18. Will products be held hot prior to service? Yes No

A: If yes, what type of equipment will be used?

19. How many cubic feet of refrigeration is provided? Cubic Feet

20. How many cubic feet of freezer space is provided? Cubic Feet

21. Do you operate out of a base of operations (commissary)? Yes No

A. If yes, where is the commissary located?

B. If yes, what equipment is provided?

NOTE: Please attach a layout plan of the commissary.

23. Name of person-in-charge who has completed manager certification course

A. Sponsor of course
B. Date of the course
C. Certificate Number

NOTE: If course was taken out of state, send copy of certificate with this form.

**SEND YOUR COMPLETED
QUESTIONNAIRE AND LAYOUT PLAN
TO:**
Office of Health Protection
615 E Fourth Street
Pierre SD 57501-1700
Phone: (605)773-4945
Fax: (605)773-6667
www.doh.sd.gov