Mobile Food Service Plan Review Questionnaire

<table>
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<tr>
<th>Establishment Name</th>
<th>E-mail</th>
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<tbody>
<tr>
<td>Owner's Name</td>
<td>Phone #</td>
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<tr>
<td>Physical Address</td>
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<tr>
<td>Mailing Address</td>
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<tr>
<td>City, State, Zip</td>
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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. Please refer to the kitchen layout example.

Estimated Completion Date: _______________________

Menu Description: ____________________________________________________________

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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 ☐  
   - N/A ☐

8. Are commercial hood ventilation systems provided over all cooking equipment?  
   - Yes ☐  
   - No ☐  
   - N/A ☐

   If no, please describe:
   ______________________

9. Does the hood contain removable metal grease filters?  
   - Yes ☐  
   - No ☐  
   - N/A ☐

10. Does the hood extend a minimum of 6” over each side and the front and back of all cooling equipment?  
    - Yes ☐  
    - No ☐  
    - N/A ☐
11. What type of material is used on the following surfaces:

<table>
<thead>
<tr>
<th>Prep/Work Tables</th>
<th>Dry Storage Shelves</th>
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<tbody>
<tr>
<td>Counter Tops</td>
<td>Cooler/Freezer Shelves</td>
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12. Are all lights in the food preparation area, display area, walk-in coolers, and utensil washing area 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?

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.

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 ☐

Note: A visible thermometer must be provided in each refrigeration unit.

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.

22. Have all employees received training in proper food handling techniques and safe employee practices?  
Yes ☐  No ☐

Please note the American’s with Disabilities Act (ADA) regulations are to be followed for all facilities. ADA requirements are regulated and enforced by the US Department of Justice. For more information, please call the ADA hotline at 1-800-514-0301 or visit their website at http://www/ada.gov/

SEND YOUR COMPLETED QUESTIONNAIRE AND LAYOUT PLAN TO:  
Office of Health Protection  
600 E Capitol Ave  
Pierre SD 57501  
Phone: (605)773-4945  
Fax: (605)773-5683  
http://doh.sd.gov