

# Mobile Food Service Plan Review Questionnaire



Establishment Name		Email	
Owner's Name		Phone	
Physical Address			
Mailing Address			
City, State, Zip			

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:

1. Has a scaled drawing showing the layout of the food service establishment (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 Agriculture and Natural Resources.

Please contact DANR at 605-773-3351 for more information on obtaining Sewer System approval.

4. Is the mobile unit enclosed?      Yes      No

5. Please describe the floor, wall, and ceiling in the kitchen:

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 removal beta 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:**

Prep/Work Tables:

Dry Storage Shelves:

Counter Tops:

Cooler/Freezer Shelves:

**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 is the capacity?**      gallons

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

**15. Make and 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?**

**16. Is a drain boards provided for the 3-compartment sink?**      Yes      No      N/A

*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 product 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 <https://www.ada.gov/>

Send your completed questionnaire and layout plan to:

Office of Health Protection, 600 E. Capitol Ave., Pierre, SD 57501-1700  
Phone: 605-773-4945 Fax: 605-773-5983

