

Mobile Food Service Plan Review Questionnaire

Establishment Name	E-mail
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 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:	<input style="width: 95%; height: 20px;" type="text"/>
Wall:	<input style="width: 95%; height: 20px;" type="text"/>
Ceiling:	<input style="width: 95%; height: 20px;" type="text"/>

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:

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 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>