



Environmental Health Department
1314 Avenue K, 4th Floor
P.O. Box 2000
Lubbock, TX 79457
806 775 2928 806 775 3281 FAX
www.MyLubbock.us/EH
EnvironmentalHealth@mylubbock.us

PLAN REVIEW APPLICATION FOR MOBILE FOOD VENDORS

**MUST BE COMPLETED BY THE ESTABLISHMENT
OWNER / OPERATOR**

Name of Facility:

Date:

Office use only
Building Inspections Department
Plan Number:

Environmental Health Specialist
assigned to review:

A plan review fee of \$250.00 is due when completed package is submitted to City of Lubbock Environmental Health Department. This review package, fully completed with attachments and fee, must be submitted before Environmental Health Department staff can proceed with your plan review. Failure to include all requested material will delay your review. Once review package and plans are submitted and deemed complete, Environmental Health Department staff will respond within 10 working days. Response of "see plans" will not be accepted. Applicant must complete each section of this document for approval. Please provide our department with phone number and email contact information of the person in charge of your project in order for your assigned inspector to address questions they may have in regards to your application.

Office use only

SECTION	ACTION	Pg
1. Mobile Unit Information	Complete Section attach documents	3
2. Owner Information	Complete Section	3
3. Applicant Information	Complete Section	4
4. Authority/Department Permits and Applications	Complete Section	4
5. Food Supply and Storage	Complete Section	5
6. Food Preparation Procedures	Complete Section	6
7. Thawing Frozen PHF TCS Food	Complete Section	7
8. Hot/Cold Holding	Complete Section	8
9. Cooling	Complete Section	8
10. Re-Heating	Complete Section	9
11. Finish Schedule	Complete Section	9
12. Pest Control	Complete Section	10
13. Refuse, Recyclables and Returnable's	Complete Section	10
14. Water Supply / Heater	Complete Section attach documents	11
15. Sewage Disposal	Complete Section attach documents	12
16. Backflow Prevention	Complete Section	12
17. Warewashing	Complete Section	13
18. Handwashing Sink(s)	Complete Section	13
19. Other	Complete Section	14
20. Check List	Complete Section attach documents	15
21. Operational	Complete Section attach documents	16
22. Statement	Sign and date	19

Submit plans/Drawing, completed plan review form, and all attachments to the City of Lubbock Environmental Health Department at:

1314 Avenue K, 4th Floor
Lubbock, TX 79401
(806) 775-2928 Fax (806) 775-3281
Web Site; MyLubbock.us/EH
Email; environmentalhealth@mylubbock.us

1. MOBILE UNIT INFORMATION

Name Of
Unit:

Address:
*Where unit will
be stored when
not in operation.*

*Planning Unit #:
Dept. use only.*

Phone:
Emergency
Contact Phone:

Facility email:

Facility Web Site:

**Must provide valid contact phone number that will be answered when unit is in operation.
Must provide valid email address.**

License Plate Number on Unit:
VIN Number of Unit, If
Applicable:

Unit Type: Push Cart, Ice cream
 Push Cart, TCS foods
 Trailer
 Motorized
 Roadside vendor
 Other: Describe

Will there be support trailers? Yes No

If yes, describe unit and what purpose it will serve. This includes smokers towed behind mobile unit. Describe unit below.

Attach detailed drawing of Unit showing placement of all equipment and plumbing fixtures and lines. Location of Potable water tank and waste water tank.

Attach list of all food service equipment. All equipment operation and sanitation manuals shall be kept on unit when in operation.

Attach 6, 4" x 5" minimum size, photos of Unit showing front, back, both sides of unit and 2 photos showing inside of unit.

Unit Construction: New Commercial Built NSF Certified.
Used Commercial Built NSF Certified.
Converted Trailer or Truck
Self Fabricated

Hours of Operation: SUN THU
MON FRI
TUE SAT
WED

Will unit operate daily?	Yes	No
Will unit operate on a set schedule?		
If yes attach schedule	Yes	No
Will unit operate only on weekends?	Yes	No
Will unit operate only at events?	Yes	No

2. OWNER INFORMATION

Name: Phone:
Address: Alternate
Phone:
Fax:
Email:
Web
Site:

****Must provide valid contact phone number that will be answered when unit is in operation.***

****Must provide valid email address.***

****This is the address your invoices will be mailed.***

3. APPLICANT INFORMATION

Same as Owner Information

Name:

Phone:

Alternate

Address:

Phone:

Fax:

Email:

Web Site:

4. AUTHORITY / DEPARTMENT PERMITS AND APPLICATIONS

I have submitted plans/applications to the following (where applicable) on the dates listed:

Authority / Department	Contact	Date Submitted
Planning/Zoning	(806) 775-2109	
*IWMP	(806) 775-3221	
Environmental Health	(806) 775-2928	
Code Enforcement	(806) 775-2123	
Fire Marshal	(806) 775-2646	
Police Department	(806) 775-2809	

* Environmental Health Department cannot issue a food service permit to you until IWMP has approved your location for waste water disposal.

5. FOOD SUPPLY AND STORAGE

All food must be from an approved source. All food must be stored on/in Mobile Food Unit. No food for service may be stored at home.

Where will frozen or refrigerated food be purchased?

Where will dry goods be purchased?

Provide information on the number of units and the amount of space in each unit (in cubic feet) allocated for the following:

Dry Storage:

Refrigerated Storage:

Frozen Storage:

Identify the location of containers that will be used to store bulk food products (rice, flour, sugar, spices, etc.) Containers must be food grade.

6. FOOD PREPARATION PROCEDURES

Explain the handling/preparation procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored.
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc.
- When (time of day and frequency/day) food will be handled/prepared.
- Will food served cold be pre-chilled before preparation?
- How required cooking / holding temperatures will be verified.

Attach additional sheets if necessary.

READY-TO-EAT FOOD: (e.g., salads, cold sandwiches)

READY-TO-EAT FOOD: (precooked meats, canned / bagged, tort product)

RAW POULTRY:

RAW BEEF:

RAW PORK:

SEAFOOD:

PRODUCE, FRUIT:

Describe how produce, fruits and vegetables received whole (including lemons and limes) will be washed before service. List procedures to prevent bare hand contact with RTE Fruits and Vegetables, including lemons and limes.

FOOD PREPARATION PROCEDURES CONTINUED

List all foods that will be cooked and served:

List all foods that will be hot-held prior to service:

List all foods that will be cooked and cooled:

ROP (Reduced Oxygen Packaging) including vacuum packaging, cook-chill, etc.; use of additives to render a food non- TCS food, curing and smoking for preservation; and molluscan shellfish tanks are not allowed for mobile food units.

7. THAWING FROZEN PHF (TCS) FOOD

TFER §228.75 (c)

Thawing Method(s) (check all that apply and indicate where thawing will take place).

Under Refrigeration:

Microwave* (as part of cooking process):

Cooked from frozen state:

Other, (describe):

**TFER §228.75 (c)(3)(B) thawed in a microwave oven and immediately transferred to conventional cooking equipment, with no interruption in the process*

8. HOT/COLD HOLDING

TFER §228.107 (a) Equipment, Numbers and Capacities.

How will hot food be maintained at 135°F (57°C) or above during holding for service? Indicate type, number and location of hot holding units.

How will cold food be maintained at 41°F (5°C) or below during holding for service? Indicate type, number and location of cold holding units.

11. FINISH SCHEDULE

TFER §228.173

Indicate which materials (stainless steel, Fiberglass Reinforced Panels (FRP), 4” plastic covered molding, etc.) will be used in the following areas:

Mobile Unit

Floor:

Floor/Wall Juncture:

Walls:

Ceiling:

Identify the finishes of cabinets, countertops, food contact surfaces, work surfaces, cabinets and shelving: **TFER §228.223 (j) *Food-contact surfaces. All food contact surfaces, counters, or work surfaces in the establishment shall be smooth, non-absorbent and easily cleanable.***

12. PEST/RODENT CONTROL

TFER §228.186 (k)

YES NO NA

1. Will all outside doors be self-closing and rodent-proof?
2. Will screens be provided on all entrances open to the outside?
3. Will all openable windows have a minimum #16 mesh screening?
4. Will electrical insect control devices be used?
5. Identify how all pipes, electrical conduit, or openings to the outside will be sealed.

13. REFUSE, RECYCLABLES, AND RETURNABLES

1. Where will refuse/garbage be stored inside Mobile Food Unit?
2. Where will refuse/garbage generated in the Mobile Food Unit be disposed of?
3. Identify how and where garbage cans and floor mats will be cleaned.
4. Identify location of grease/oil storage containers.
5. How will used grease/oils be disposed of? Must be approved by IWMP

14. WATER SUPPLY / HEATER

1. Where will water tank(s) be filled?

2. If non-public (private), has the source been approved? Yes No Attach copy of approved water test and TCEQ public water supply number.
What is the capacity of potable water tank(s) on Mobile Food Unit in
3. gallons?
What material is potable water tank(s) constructed of? Describe construction of tank. Must comply with **TFER §228.149 (f)** Mobile water tank and Mobile Food Unit water tank.
- 4.

5. Describe the connections used to fill potable water tank. Must comply with **TFER §228.149 (f)(10)**

6. Describe hoses that will be used to fill potable water tank(s). Must comply with **TFER §228.149 (f)(11)**

7. Describe materials used for plumbing water system inside the mobile unit. Must comply with **TFER §228.145**

8. Describe where and how potable water tanks will be cleaned and sanitized. How often? Must comply with **TFER §228.149 (f)(13)**

9. Will ice be used for service in Mobile Food Unit? Yes No If yes ice must be purchased commercially from an approved source.

10. What is the type, capacity, recovery time, and location of the water heater? Please attach copy of water heater specifications:
Type:
Capacity:
Recovery time
Location:

15. SEWAGE DISPOSAL

Waste water disposal must be approved by IWMP before food permit will

Be issued.

1. What is the capacity of waste water tank(s) on Mobile Food Unit in gallons? Must be 15% larger than potable water tank(s).
2. Describe the location of waste water tank(s) on the Mobile Food Unit.

Where will waste tank(s) on Mobile Food Unit be evacuated? Must be approved by

3. IWMP.
4. Describe the outlet used to drain waste tank. Size, valve, location.
5. Describe how and where waste water tank(s) will be cleaned.

20. BACKFLOW PREVENTION

TFER §228.147 (d) Backflow Prevention

Supply Side, potable water, backflow prevention

Approved methods / device; Air Gap
Atmospheric vacuum breaker (AVB)
Pressure vacuum breaker (PVB)
Reduced pressure zone device (RPZD, RPZ)

Backflow method / device used

- | | |
|--|---|
| 1. Handwash sink(s) | # |
| 2. Mop sink(s) | # |
| 3. Ice storage bin(s) | # |
| 4. 3 compartment sink(s) | # |
| 5. 2 compartment sink(s) | # |
| 6. 1 compartment sink(s) | # |
| 7. Steam Table(s) | # |
| 8. Dipper well(s) | # |
| 9. Condensate line(s) | # |
| 10. Hose Bibb(s) | # |
| 11. Beverage dispenser(s) with carbonator(s) | # |
| 12. Other: | # |

Waste water, backflow prevention

17. WAREWASHING FACILITIES

Manual warewashing

1. Identify the length, width, and depth of each compartment of the 3 or 4-compartment sink(s). Measurements are in inches; Length x Width x Depth.

	Compartment 1			Compartment 2			Compartment 3			Compartment 4		
	L	x	D	L	x	D	L	x	D	L	x	D
A		x			x			x			x	
B		x			x			x			x	

2. The largest pot or pan must fit into each compartment of the 3 or 4-compartment sink. If the largest pot or pan will not fit, describe the procedure for manual cleaning and sanitizing of items that will not fit into the compartments of the 3 or 4-compartment sink. ***This procedure will require approval from City of Lubbock Environmental Health Department.***

3. Describe size, location and type (drain boards, wall mounted or overhead shelves, stationary or portable racks) of air drying space:

4. Total square feet of air drying space available ft²
5. What type of sanitizer will be used?
6. Will metered dispensers be used for warewashing chemicals? Yes No
7. Will pre measured sanitizer solutions be used? Yes No

18. HANDWASHING SINK(S)

Identify the locations of the handwashing sink(s):

Soap, paper towels must be located by hand wash sink. Water temperature must be a minimum of 100°F and under pressure.

19. OTHER

1

- . Identify the location for the storage of poisonous or toxic materials:

- 2 Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces?
- .

4

- . Identify location of clean and soiled linen storage:

6

- . Identify location and procedures for cleaning and re-supplying Mobile Food Unit

7

- . Indicate all areas where exhaust hoods will be installed:

20. CHECK LIST

Following completion of plan review form use this check list to ensure information has been answered

1. Drawing or factory schematics of Mobile Food Unit (minimum scale of ¼ inch = 1 foot) locating all equipment, plumbing, electrical and mechanical services.
2. Menu or complete list of food and beverages to be offered. Include seasonal, special event menus and projected daily meal volume for the Mobile Food Unit.
3. Show location of all food equipment. Each piece of equipment must be clearly labeled and show plumbing, drain, and electrical connections. Include food equipment schedule/manufacturer specification sheets with the make and model number, and list any equipment that is certified or classified for sanitation by an ANSI accredited certification program. Include manufacturer's cleaning and sanitation instructions for each piece of equipment.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot and cold-holding PHF / TCS foods.
5. Show location, number, and size/capacity of hand-washing sinks, warewashing sinks, and food preparation sinks.
6. Indicate areas on unit that will be used to store food items and dry goods.
7. Include complete finish schedules for floors, walls, ceilings, and all food contact/preparation surfaces.
8. Include plumbing schedule showing location of water supply lines, waste-water lines, as well as hot-water-generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections.
9. Show location of lighting fixtures, including covers or shields for lighting above food storage, prep, or serving areas.
10. Document source of water and method of sewage disposal. Supply documentation of current water tests if water supply is from a well. Disposal must be approved by IWMP.
11. Furnish color-coded flow chart demonstrating flow patterns for:
 - Food (receiving, storage, preparation, service)
 - Dishes / Wares (clean, soiled, cleaning, storage)
 - Trash and garbage (service area, holding, storage, disposal)
12. Provide ventilation schedule
13. Show storage location of poisonous or toxic materials, all cleaning supplies and bulk sanitizers.

14. Locate areas for storage of employee personal items.
15. Show location of refuse, recyclable, and or returnable containers.
16. Provide a HACCP plan for specialized cooking / processing methods of foods.
17. Copy(s) of approved, current Certified Food Safety Managers Certificate(s).
18. Copy(s) of approved, current Certified Food Handlers Certificate(s). All food workers must have a current food handlers certificate / card.

21. OPERATIONAL

The following items will be used for plan review of your facility and will be checked during the facility pre-inspection conducted by Environmental Health Sanitarians prior to opening. All equipment should be installed and operational for pre inspection.

YES NO NA

1. Will all food service employees be Certified Food Safety Managers? If no, how many employees will be certified?
Attach copies of Certified Food Manager Certificates.
2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent bare hand contact of ready-to-eat-foods?
3. Provide a copy of the facilities written policy to exclude or restrict food workers who are sick or have infected cuts and lesions.
4. Are handwashing sink(s) functional with hot and cold running water under pressure? Water temperature must reach 100°f with-in 2 minutes. Are handwash signs posted at handsink?
5. Are antibacterial soap and disposable paper towels properly dispensed, with signage and waste container available at each handwash sink?
6. Are tip sensitive thermometers available for employees to check thin-mass food temperatures?
7. Are thermometers present in all cold hold units?
8. Are test kits available for all sanitizers used?
9. Describe storage facilities for employees' personal items (i.e., purse, coats, boots, umbrellas, etc.)

10. Are all spray bottles and containers clearly labeled?

11. Are all toxics for use on-premise or for retail sale (this includes personal medications) stored away from food preparation and storage areas?
12. Will facility operate under a HACCP plan? If yes attach copy of HACCP plan.
13. Include written policy (SOP) for washing produce, fruits and vegetables received whole (including lemons and limes used for drinks), before service? List procedures and locations where items will be washed. List procedures to prevent bare hand contact with lemons and limes.

14. Will Generator supply sufficient power to operate all electrical equipment in mobile unit? List type and capacity of generator.



Environmental Health Department
 1314 Avenue K, 4th Floor
 P.O. Box 2000
 Lubbock, TX 79457
 806 775 2928 806 775 3281 FAX
 www.MyLubbock.us/EH
 EnvironmentalHealth@mylubbock.us

PERMIT INFORMATION

DATE: _____ PROPOSED OPENING DATE: _____ CHANGE OF OWNERSHIP

****IN ORDER TO APPROVE YOUR PLAN REVIEW ALL INFORMATION MUST BE COMPLETED****

FACILITY INFORMATION

Facility Name: Facility Phone:
 Address: Facility email:
 Website:

Emergency Contact information; must be answered 24 / 7

Name/Title: Phone:

BILLING INFORMATION

****This will be the address your invoice will be mailed to****

Billing Name: Billing Phone:
 Address: Billing email:
 Website:
 Contact Name:

OWNER INFORMATION

Owner Name: Owner Phone:
 Address: Owner email:
 Website:
 Owns/has owned additional COL permitted facilities

ADDITIONAL INFORMATION



Environmental Health Department
1314 Avenue K, 4th Floor
P.O. Box 2000
Lubbock, TX 79457
806 775 2928 806 775 3281 FAX
www.MyLubbock.us/EH
EnvironmentalHealth@mylubbock.us

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from City of Lubbock Environmental Health Department may delay final approval.

Signature

Owner or Responsible Representative

Printed Name

Date

Approval of these plans and specifications by the City of Lubbock Environmental Health Department does not indicate compliance with any other code, law or regulation that may be required - federal, state, or local. It further does not constitute endorsement or acceptance of the completed Mobile Food Unit. A preopening inspection of the unit with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing Mobile food service establishments.