

# Loudoun County Health Department

P.O. Box 7000  
Leesburg VA 20177-7000



Environmental Health  
Phone: 703 / 777-0234  
Fax: 703/771-5023

Community Health  
Phone: 703/777-0236  
Fax: 703/ 771-5393

## Mobile Food Unit Plan Review and Application for permit

### Required Documentation

- 1. Plan Review** - The plan review process is intended to assist the approval process for proposed mobile units. Refer to the VDH Food Regulations for information pertaining to Mobile Food Units for completing this packet.

<http://www.vdh.virginia.gov/environmental-health/food-safety-in-virginia/food-regulations/>

By listing and locating equipment on floor plans and diagramming specifications for electrical, mechanical and plumbing systems, potential problems can be spotted while still on paper BEFORE costly purchases, installation and construction.

<http://www.vdh.virginia.gov/content/uploads/sites/20/2016/04/Mobile-Food-Matrix.pdf>

### Plan Review - Required Documentation to be submitted together:

Mobile Food Application

40.00 Plan Review Fee; Cash or check payable to VDH

Proposed Menu of all items served from this mobile unit

Copy of current water tests for private well OR use public water / bottled water

Drawings of NEW / REMODELED / CONVERTED mobile units.

8x10" page drawing of layout of mobile unit, drawn to scale, showing top schematic view of the interior location of equipment. Include fryers, handsink, 3 basin sink, storage areas, grills and water tanks. Photographs and manufacturer's specification sheets may support your application

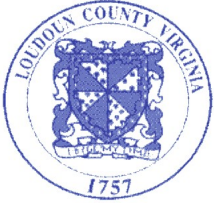
*NOTE: the menu and level of food preparation will be limited by the equipment available on the mobile unit.*

Base of Operations (form letter provided)

Business Name - clearly visible on both sides of Mobile Unit. Attach photo.

You will be notified as soon as plans have been approved.

**Upon receipt of all required documentation, an environmental health inspector (EHS) will be assigned to review this mobile unit plan review and will contact you within 15 working days. SUCCESS AND COMPLETION TIME DEPENDS UPON THE QUALITY OF THE INFORMATION SUBMITTED.** Only typed or legible printed forms will be accepted (fillable PDF form available online at [www.loudoun.gov/food](http://www.loudoun.gov/food)).



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### **Mobile Food Unit Plan Review and Application for permit**

#### **Required Documentation**

- Annual Permit** - Permits are applied for and issued every year. You will be expected to bring the mobile unit to the Loudoun County Health Department annually for inspection and issuing permit or renewal of permit.

**Mobile food unit** is a food establishment mounted on wheels, readily moveable from place to place at all times during operation and shall include, but not be limited to, pushcarts, trailers, trucks, or vans. The unit, all operations, and all equipment must be integral to and be within or attached to the unit. Does your mobile unit meet this definition? **Yes No**

#### **Annual Permit - Required Documentation to be submitted together:**

Mobile Food Application  
\$40.00 Permit Fee; Cash or check payable to VDH

Assigned EHS will contact you to schedule inspection and issue PERMIT (sticker), inspect equipment, review menu.

Only typed or legible printed forms will be accepted. Fillable PDF form available online at [www.loudoun.gov/food](http://www.loudoun.gov/food)

# Loudoun County Health Department

1 Harrison Street, S.E., Leesburg, VA 20177, 2nd floor  
Mailing Address: P.O. Box 7000, MSC #68, Leesburg, VA 20177-7000  
Environmental Health Phone: 703/777-0234 Fax: 703/771-5023

## MOBILE FOOD UNIT PERMIT APPLICATION

### Instructions

1. Submit your application, all necessary attachments, and \$40 fee to the Loudoun County Health Department. Cash and checks accepted, make checks payable to VDH.
2. **Only complete applications will be accepted. Incomplete applications may result in a delay.**
3. This inspection will be conducted at the Health Department. Have all equipment attached and in proper working order.

### Applicant

**Mobile Food Unit Name** \_\_\_\_\_

**New** (Plan Review Required)      **Renewal**      **Name Change**      **Change of Owner** \_\_\_\_\_  
(previous name of unit)

### Owner / Mobile Unit Information

Legal Owner \_\_\_\_\_ (i.e. LLC. Inc.) Phone \_\_\_\_\_

Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

VIN # \_\_\_\_\_ License Plate \_\_\_\_\_ Make/Model \_\_\_\_\_

Is this mobile unit mounted on wheels, readily movable with all equipment integral to, within or attached to unit and meet the attached definition of a mobile unit?      **Yes**      **No**

### Operating Information

**OPERATING**      Year-Round      or      Seasonal

Jan      Feb      March      Apr      May      June      July      Aug      Sept      Oct      Nov      Dec

**Days/Hours of Operation:**

Sun \_\_\_\_ - \_\_\_\_      Mon \_\_\_\_ - \_\_\_\_      Tue \_\_\_\_ - \_\_\_\_      Wed \_\_\_\_ - \_\_\_\_      Thur \_\_\_\_ - \_\_\_\_      Fri \_\_\_\_ - \_\_\_\_      Sat \_\_\_\_ - \_\_\_\_

**Operating Location(s).** List your operating locations(s) and time(s). If the unit operates on a designated route, please specify. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Water / Sewage Information

**WATER**

Public Waterworks;      Bottled Water;      Private (Well)- copy of most recent water test (annual requirement)

**SEWER/ WASTE WATER DISPOSAL:**

Location Address \_\_\_\_\_

Menu Item	Where Prepared	Menu How is food Prepared	Main Ingredients
<i>Example: Pulled Pork BBQ</i>	<b>mobile unit commissary</b>	<i>Cooked 10 hours to &gt;= 145° F, pulled and held hot (&gt;=135° F) for service</i>	<i>Pork roast, commercially bottled BBQ sauce</i>
	<b>mobile unit commissary</b>		
	<b>mobile unit commissary</b>		
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	<b>mobile unit commissary</b>		

I acknowledge no changes will be made to this menu without Health Department approval.

List the source for all foods (stores, vendors, suppliers etc. where food will be purchased): \_\_\_\_\_

## Attachments

**Please submit the following with your application:**

- Copy of Menu attached -List all food and beverage items being served.
- Certified Food Protection Manager Certificate(s)
- Completed form - **Base of Operation Agreement** (attached)
- Completed form - **Mobile Questionnaire** (attached)
- Copy of Annual Private Well Water Test Results – (If applicable)
- Copy of VDACS inspection report – (If applicable)

**By signing this statement I attest to the accuracy of the information provided in the application. I agree to notify the Loudoun County Health Department if any of the information in my application changes.**

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

## Mobile Questionnaire

1. I acknowledge that all food and beverages shall be prepared and stored in a VDH permitted establishment (either my mobile unit or designated commissary). Serving food or beverages prepared and/or stored in a home or unregulated facility is prohibited.
2. Describe how foods will be transported to the unit and how hot and / or cold holding temperatures will be maintained during transit.  
\_\_\_\_\_  
\_\_\_\_\_
3. What is the power source for the mobile unit? \_\_\_\_\_
4. Describe how cold foods will be maintained at  $\leq 41^{\circ}\text{F}$  \_\_\_\_\_  
\_\_\_\_\_
5. Describe how hot foods are held for service and maintained at  $\geq 135^{\circ}\text{F}$  \_\_\_\_\_  
\_\_\_\_\_
6. Food thermometer provided to measure final cooking temperatures and to monitor hot/cold holding? (0-220°F)      yes
7. Will this facility be serving Raw or not fully cooked items such as rare burgers, soft eggs, sushi? \_\_\_\_\_
8. List items requiring cooling and describe process? \_\_\_\_\_  
\_\_\_\_\_
9. Describe how foods will be rapidly reheated so that all parts of the food reach a temperature  $\geq 165^{\circ}\text{F}$ . \_\_\_\_\_  
\_\_\_\_\_
10. Describe methods for pest control in the mobile unit? \_\_\_\_\_
11. Describe how you will prevent bare-hand contact with ready-to-eat foods, such as disposable gloves, utensils and/or food grade paper \_\_\_\_\_
12. Is the handsink in good working order and equipped with handwashing sign, soap and paper towels?      yes
13. What type of chemical sanitizer will be used? \_\_\_\_\_ Concentration? \_\_\_\_\_  
*i.e. unscented regular bleach (do not use splash-less)*
14. Is dish detergent, chemical sanitizer and the appropriate test strips provided and readily available?      yes
15. How you will disinfect your clean-water supply hose and clean-water storage tank \_\_\_\_\_  
\_\_\_\_\_
16. Have you implemented an Employee Health reporting policy? (see attached Employee Health Policy/Employee Reporting Agreement.      yes
17. Do you have a plan to clean up a vomiting and diarrheal accident? (see attached Norovirus cleanup).      yes
18. Is your business name clearly visible of both sides of the unit?      yes

## Mobile Guidelines

**Mobile food unit** is a food establishment mounted on wheels, readily moveable from place to place at all times during operation and shall include, but not be limited to, pushcarts, trailers, trucks, or vans. The unit, all operations, and all equipment must be integral to and be within or attached to the unit.

**Base of Operation - Servicing area.** An operating base location to which a mobile unit returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food. A service area is not required to obtain a health department permit. Food for the mobile unit CANNOT be prepared in the servicing area. Only Fully Self-Contained Mobile Food Units may use a servicing area. Complete the Base of Operations Agreement (**Servicing Area section**).

**Base of Operation - Commissary.** A catering establishment, food establishment, or any other place in which food, food containers, or supplies are kept, handled, prepared, packaged, or stored. If ALL functions of cooking, holding, and storage are not done IN the mobile unit, a commissary is required. A commissary must be permitted as a Food Establishment by the Virginia Department of Health. Approval is needed before the mobile unit may use a commissary. The mobile food unit is to be permitted in the jurisdiction where the commissary is located. A written agreement to use a commissary owned by another entity will be required. Complete the Base of Operation Agreement (**Commissary section**).

**Person-In-Charge (PIC)** must be assigned and in charge at all times during the hours of operations. The PIC is responsible for knowing the food safety requirements and procedures within the unit. The PIC must ensure all employees are informed of the reporting requirements of symptoms and diseases spread through food, see attached Employee Health Policy/Employee Reporting Agreement.

**Clean Water Supply** must be approved for use.

- Bottled drinking water or water from a public waterworks can be used.
- Private well requires health department approval. Annual water tests for nitrate and total coliform are required.

**Hot Water** is required for handwashing and ware washing. Mobile units must have hot water heater to supply 110°F. Sufficient supply of water and sinks in good operating condition is required during all hours of operation.

**Potable Water Hose and Clean Water Tank** used for drinking water must be cleaned and sanitized before being used and cannot be used for any other purposes. Clearly label hose and tank for "*drinking water use only*". Potable water hose must be food grade (i.e. white NSF approved) and used with proper back flow prevention. Store potable water hose in a protected manner such as in a closed plastic tub.

**Removing Mobile Food Establishment Wastes** - No public health hazard or nuisance shall result when liquid wastes are removed from a mobile food establishment. Waste water generated by melted ice, condensation, handwashing, ware washing and other liquid wastes must be collected in waste retention tanks and properly disposed of at the approved commissary or servicing area.

The **Menu** may be limited by the equipment and space available and the level of food preparation required. All food, clean equipment, utensils, linens, single service/use items must be stored, dispensed and transported in a protective manner. **All food and beverages shall be prepared and stored in either your permitted mobile unit or your approved commissary. Serving food or beverages prepared and/or stored in a home or unregulated facility is prohibited.**

**Mobile Permits are not transferrable.** Mobile permits expire annually. Application and \$40 fee are to be submitted for renewal every year. If a mobile food unit has a VDH health department permit from any jurisdiction in Virginia, an additional permit is not required to operate in Loudoun County.

**Inspections.** The mobile unit will need to be available to be inspected at the Loudoun County Health Department for issuing permit, and annually for renewal. Periodic inspections will be done throughout the year while the mobile unit is in operation.

**Events.** A mobile food unit permit authorizes food service from the inspected unit only. No off-truck food operations are allowed without obtaining a temporary food establishment permit. Temporary Food Establishment permit application can be found at [www.loudoun.gov/food](http://www.loudoun.gov/food). Event Coordinators may request additional information from you, such as a copy of your permit.

Contact **Loudoun County Commissioner of the Revenue** to register for a Business License or Itinerant Vendor's License. Commissioner of the Revenue [www.loudoun.gov/cor](http://www.loudoun.gov/cor) 1 Harrison Street Leesburg VA 20177; (703) 777-0260

**BASE OF OPERATION** (complete one section – Commissary OR Servicing Area)

**Mobile Food Unit Name** \_\_\_\_\_ **Mobile Food Legal Owner** \_\_\_\_\_

**COMMISSARY AGREEMENT**

**Commissary Name** \_\_\_\_\_

**Commissary Address** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Commissary Owner/Operator** \_\_\_\_\_ **Contact Number** \_\_\_\_\_

**Days/Hours of Commissary use** \_\_\_\_\_

**The following services are provided for the mobile food unit operation:** \_\_\_\_\_

This agreement serves to notify the Loudoun County Health Department that I, the owner/operator of this food facility, will allow my facility to serve as a **commissary** for the mobile food unit listed above. I understand that as a commissary, I must allow the mobile food unit access to my facility on the above Days/Hours, and that by signing this form my facility will be inspected periodically by the health department to ensure requirements are met.

**Commissary Owner signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

I, the owner of the mobile food unit agree to use this commissary with the services outlined above. I certify that I will use this commissary for my business activities. I understand and agree that if for any reason, this commissary's VDH permit is revoked or suspended, that my VDH permit will also be revoked or suspended. I must stop operating until I obtain another approved commissary and provide appropriate documentation for approval by the Loudoun County Health Department.

**Mobile Owner Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**SERVICING AREA AGREEMENT**

**Servicing Area Location** \_\_\_\_\_

**Address** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Servicing Area Owner** \_\_\_\_\_ **Contact Number** \_\_\_\_\_

**Servicing Area Potable Water Supply** \_\_\_\_\_ Public, \_\_\_\_\_ Private, \_\_\_\_\_ Bottled

**How is Clean Water Tank filled?** \_\_\_\_\_

**How is Waste Water disposed?** \_\_\_\_\_

**How is Grease disposed?** \_\_\_\_\_ **Trash?** \_\_\_\_\_

This serves to notify the Loudoun County Health Department that I, the owner of this location, must allow this mobile food unit daily access to this location for the services listed above.

**Servicing Area Owner signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

I, the owner of the mobile food unit agree to use this servicing area for the services outlined above on a daily basis. If I do not use this service area, my Virginia Department of Health food permit may be revoked, and I must stop operating until I obtain another approved servicing area and provide appropriate documentation to the Loudoun County Health Department for approval.

**Mobile Owner Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>FORM 1-B</b>	<b>Conditional Employee or Food Employee Reporting Agreement</b>
Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, <i>Salmonella</i> Typhi, <i>Shigella</i> spp., or Shiga toxin-producing <i>Escherichia coli</i> (STEC), nontyphoidal <i>Salmonella</i> or Hepatitis A Virus	

***The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.***

**I AGREE TO REPORT TO THE PERSON IN CHARGE:**

**Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:**

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small*)

**Future Medical Diagnosis:**

**Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)**

**Future Exposure to Foodborne Pathogens:**

- 1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.**
- 2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.**
- 3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.**

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

**Conditional Employee Name (please print)** \_\_\_\_\_

**Signature of Conditional Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

**Food Employee Name (please print)** \_\_\_\_\_

**Signature of Food Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Permit Holder or Representative** \_\_\_\_\_ **Date** \_\_\_\_\_



# Clean-up and Disinfection for Norovirus ("Stomach Bug")

**THESE DIRECTIONS SHOULD BE USED TO RESPOND TO ANY VOMITING OR DIARRHEA ACCIDENT**

**Note:** Anything that has been in contact with vomit and diarrhea should be discarded or disinfected.

## 1 Clean up

- Remove vomit or diarrhea right away!**
  - Wearing protective clothing, such as disposable gloves, apron and/or mask, wipe up vomit or diarrhea with paper towels
  - Use kitty litter, baking soda or other absorbent material on carpets and upholstery to absorb liquid; do not vacuum material: pick up using paper towels
  - Dispose of paper towel/waste in a plastic trash bag or biohazard bag
- Use soapy water to wash surfaces that contacted vomit or diarrhea and all nearby high-touch surfaces, such as door knobs and toilet handles**
- Rinse thoroughly with plain water**
- Wipe dry with paper towels**

**DON'T STOP HERE: GERMS CAN REMAIN ON SURFACES EVEN AFTER CLEANING!**

## 2 Disinfect surfaces by applying a chlorine bleach solution

Steam cleaning may be preferable for carpets and upholstery. Chlorine bleach could permanently stain these. Mixing directions are based on EPA-registered bleach product directions to be effective against norovirus. For best results, consult label directions on the bleach product you are using.

### a. Prepare a chlorine bleach solution


Make bleach solutions fresh daily; keep out of reach of children; never mix bleach solution with other cleaners.

**IF HARD SURFACES ARE AFFECTED...**  
e.g., non-porous surfaces, vinyl, ceramic tile, sealed counter-tops, sinks, toilets

**3/4 CUP OF CONCENTRATED BLEACH** + **1 GALLON WATER**

**CONCENTRATION ~3500 ppm**

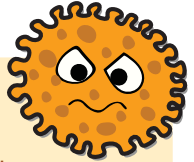
**IF USING REGULAR STRENGTH BLEACH (5.25%), INCREASE THE AMOUNT OF BLEACH TO 1 CUP.**



- Leave surface wet for at least 5 minutes**
- Rinse all surfaces intended for food or mouth contact with plain water before use**

## 3 Wash your hands thoroughly with soap and water

Hand sanitizers may not be effective against norovirus.



### Facts about Norovirus

Norovirus is the leading cause of outbreaks of diarrhea and vomiting in the US, and it spreads quickly.

Norovirus spreads by contact with an infected person or by touching a contaminated surface or eating contaminated food or drinking contaminated water. Norovirus particles can even float through the air and then settle on surfaces, spreading contamination.

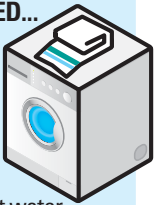
Norovirus particles are extremely small and billions of them are in the stool and vomit of infected people.

Any vomit or diarrhea may contain norovirus and should be treated as though it does.

**People can transfer norovirus to others for at least three days after being sick.**

### IF CLOTHING OR OTHER FABRICS ARE AFFECTED...

- Remove and wash all clothing or fabric that may have touched vomit or diarrhea
- Machine wash these items with detergent, hot water and **bleach** if recommended, choosing the longest wash cycle
- Machine dry



Scientific experts from the U.S. Centers for Disease Control and Prevention (CDC) helped to develop this poster. For more information on norovirus prevention, please see <http://www.cdc.gov/norovirus/preventing-infection.html>.



co.somerset.nj.us/health



neha.org



waterandhealth.org



americanchemistry.com



vdh.virginia.gov

[disinfect-for-health.org](http://disinfect-for-health.org)

Updated January, 2016