RENEWING your mobile food permit

Annual VDH Mobile Food 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 a VDH Mobile Food Permit (yellow sticker).

After reviewing your application, the assigned EHS will contact you to schedule inspection and issue the VDH Mobile Food Permit (yellow sticker), inspect equipment, and review menu and operations.

Checklist: Required Documentation to be submitted together:

- Mobile Food Unit Application
- $40.00 Permit Fee; Cash or check payable to VDH
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. 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 1 Harrison Street Leesburg VA 20177; (703) 777-0260

Contact Fire Marshal’s office to obtain a fire inspection. 23675 Belmont Ridge Rd, Suite150 Ashburn, VA 20148; (703) 737-8600
### MOBILE FOOD UNIT 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.

<table>
<thead>
<tr>
<th>Applicant</th>
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<tbody>
<tr>
<td><strong>Mobile Food Unit Name</strong></td>
<td></td>
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<tr>
<td>(previous name of unit)</td>
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<table>
<thead>
<tr>
<th>Owner / Mobile Unit Information</th>
<th></th>
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<tbody>
<tr>
<td><strong>Legal Owner</strong> (i.e. LLC, Inc.)</td>
<td></td>
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<tr>
<td><strong>Owner Address</strong></td>
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<td><strong>Owner Address</strong></td>
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<td><strong>Owner Address</strong></td>
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<tr>
<td><strong>Contact Name</strong></td>
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<td><strong>Phone</strong></td>
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<tr>
<td><strong>Email</strong></td>
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<tr>
<td><strong>Billing Address</strong></td>
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<td><strong>Billing Address</strong></td>
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<td><strong>VIN #</strong></td>
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<td><strong>License Plate</strong></td>
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<tr>
<td><strong>Make/Mode</strong></td>
<td></td>
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<tr>
<td><strong>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?</strong></td>
<td>Yes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Operating Information</th>
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</thead>
<tbody>
<tr>
<td><strong>OPERATING</strong></td>
<td>Year-Round</td>
</tr>
<tr>
<td><strong>Jan</strong></td>
<td><strong>Feb</strong></td>
</tr>
<tr>
<td><strong>Days/Hours of Operation:</strong></td>
<td></td>
</tr>
<tr>
<td>Sun ____ - ____</td>
<td>Mon ____ - ____</td>
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</tbody>
</table>

**Operating Location(s).** List your operating location(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________________________________________

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

- 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): _______________________________________

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### 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)

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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 __________________
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 <= 41°F

5. Describe how **hot foods** are held for service and maintained at >= 135°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 >= 165°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**
### BASE OF OPERATION
*(complete one section – Commissary OR Servicing Area)*

<table>
<thead>
<tr>
<th>Mobile Food Unit Name</th>
<th>Mobile Food Legal Owner</th>
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#### COMMISSARY AGREEMENT

<table>
<thead>
<tr>
<th>Commissary Name</th>
<th>Email Address</th>
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<table>
<thead>
<tr>
<th>Commissary Address</th>
<th>Contact Number</th>
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<table>
<thead>
<tr>
<th>Commissary Owner/Operator</th>
<th>Days/Hours of Commissary use</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Commissary Owner signature</th>
<th>Print Name</th>
<th>Date</th>
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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.

<table>
<thead>
<tr>
<th>Mobile Owner Signature</th>
<th>Print Name</th>
<th>Date</th>
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</table>

#### SERVICING AREA AGREEMENT

<table>
<thead>
<tr>
<th>Servicing Area Location</th>
<th>Email Address</th>
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<table>
<thead>
<tr>
<th>Servicing Area Address</th>
<th>Contact Number</th>
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<table>
<thead>
<tr>
<th>Servicing Area Owner</th>
<th>Servicing Area Potable Water Supply</th>
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<tbody>
<tr>
<td></td>
<td>Public, Private, Bottled</td>
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<thead>
<tr>
<th>How is Clean Water Tank filled?</th>
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<table>
<thead>
<tr>
<th>How is Waste Water disposed?</th>
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<table>
<thead>
<tr>
<th>How is Grease disposed?</th>
<th>Trash?</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Servicing Area Owner signature</th>
<th>Print Name</th>
<th>Date</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Mobile Owner Signature</th>
<th>Print Name</th>
<th>Date</th>
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FORM 1-B  Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, Salmonella Typhi, Shigella spp., or Shiga toxin-producing Escherichia coli (STEC), nontyphoidal Salmonella 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 ___________

source: FDA 2017 Food Code
FORMULARIO 1-B. Acuerdo de informe de empleados condicionales y empleados que manipulan alimentos

Prevención de la transmisión de enfermedades a través de los alimentos por parte de los empleados condicionales o empleados que manipulan alimentos infectados con énfasis en enfermedades provocadas por norovirus, *Salmonella Typhi*, *Shigella* spp., *E. coli* enterohemorrágica (EHEC) o *Escherichia coli* que produce la toxina Shiga (STEC) y el virus de la hepatitis A.

*El propósito de este acuerdo es informar a los empleados condicionales o empleados que manipulan alimentos de su deber de avisar a la persona a cargo cuando experimenten cualquiera de las condiciones indicadas, a fin de que la persona a cargo pueda tomar las medidas adecuadas para impedir la transmisión de enfermedades transmitidas por los alimentos.*

ACUERDO INFORMAR A LA PERSONA A CARGO SOBRE:

*El comienzo de cualquiera de los siguientes síntomas, dentro o fuera del trabajo, incluida la fecha del comienzo de los síntomas:*

1. diarrea;
2. vómitos;
3. ictericia;
4. dolor de garganta con fiebre;
5. cortes o heridas infectadas, o lesiones que presenten pus en la mano, muñeca, parte expuesta del cuerpo u otras partes del cuerpo y que dichos cortes, heridas o lesiones no estén correctamente cubiertas (como diviesos y heridas infectadas, aunque sean pequeñas).

**Diagnóstico médico futuro:**

Cuando sea diagnosticado con una enfermedad relacionada con los norovirus, la fiebre tifoidea (*Salmonella Typhi*), *shigellosis* (infección por *Shigella* spp.), *Escherichia coli* O157:H7 u otra infección por EHEC/STEC o el virus de la hepatitis A (hepatitis A).

**Futura exposición a agentes patógenos trasmitidos por los alimentos:**

1. Exposición a, o sospecha de causar cualquier brote de enfermedad confirmado de norovirus, fiebre tifoidea, *shigellosis*, *E. coli* O157:H7 u otra infección por EHEC/STEC, o hepatitis A.
2. Un miembro de la familia ha sido diagnosticado con norovirus, fiebre tifoidea, *shigellosis*, enfermedad provocada por EHEC/STEC o hepatitis A.
3. Un miembro de la familia asiste o trabaja en un entorno que presenta un brote de enfermedad confirmado de norovirus, fiebre tifoidea, *shigellosis*, *E. coli* O157:H7 u otra infección por EHEC/STEC, o hepatitis A.

Leí (o me han explicado) y comprendo los requisitos con respecto a mis deberes según el Código de alimentos y este acuerdo, por lo tanto cumpliré con:

1. Informar los requisitos especificados anteriormente que involucran síntomas, diagnósticos y exposición especificada.
2. Restricciones o exclusiones laborales que se me impongan.
3. Buenas prácticas de higiene.

Comprendo que si no cumplo los términos de este acuerdo, esto podría provocar que el establecimiento de alimentos o la autoridad reguladora de alimentos tomen medidas que pueden poner en peligro mi empleo y que pueden incluir acciones legales contra mi persona.

Nombre del empleado condicional (en letra de imprenta) __________________________________________
Firma del empleado condicional __________________________ Fecha ___________________

Nombre del empleado que manipula alimentos (en letra de imprenta) __________________________
Firma del empleado que manipula alimentos __________________________ Fecha ___________________

Firma del titular del permiso o representante __________________________________________ Fecha _____________
Guidance for Clean-up of Vomiting and Diarrheal Events in Food Establishments

(Virginia Retail Food Regulatory Update)

The Virginia Retail Food Code has been updated to include changes to the 2017 version of the US Food and Drug Administration’s Model Food Code.

This update, effective June 24, 2021, requires food establishments to respond to vomit or diarrhea events in a food establishment. It is important that you use the correct clean-up procedure for the surface(s) that are contaminated. Three types of surfaces are common in food establishments:

- Soft surfaces that cannot be laundered (carpet and upholstered furniture)
- Soft surfaces that can be laundered (linens, towels, and clothing)
- Hard surfaces (floors, tables, utensils)

Before Clean-Up Begins

- Remove all individuals (employees and customers) within a 25 foot radius and ask them to wash their hands immediately.
- Block off the area, and if applicable dispose of all uncovered food, and single-use containers and utensils within a 25 foot radius.
- Put on personal protective equipment.

Clean up Surfaces

Many types of surfaces can become contaminated when someone throws up or experiences diarrhea in your establishment. It is important that you use the correct clean-up procedure for the surface(s) that are contaminated. Three types of surfaces are common in food establishments:

- Soft surfaces that cannot be laundered (carpet and upholstered furniture)
- Soft surfaces that can be laundered (linens, towels, and clothing)
- Hard surfaces (floors, tables, utensils)

BE PREPARED

Assemble a response kit and frequently check supply stock to ensure easy access and rapid response. All employees should be trained on where to find your kit and supplies and how to use the kit properly. Suggested supplies include:

- Personal Protective Equipment
- Cleaning Supplies
- Disinfectant
- Misc.

**Sample Clean-Up Kit (Vomit/Diarrheal Response)**

<table>
<thead>
<tr>
<th>Personal Protective Equipment</th>
<th>Cleaning Supplies</th>
<th>Disinfectant</th>
<th>Misc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 pairs of single-use gloves, plastic apron</td>
<td>1 sealable, plastic bag</td>
<td>1 quart bottle of disinfectant</td>
<td>Caution-'Wet Floor' signs or safety cones</td>
</tr>
<tr>
<td>1 face mask</td>
<td>1 scoop/scrap</td>
<td>Sanitization solution</td>
<td>Mop and mop buckets</td>
</tr>
<tr>
<td>1 pair of goggles</td>
<td>1 absorbent powder/solidifier (such as kitty litter)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CLEAN UP PROCEDURES**

You may use these suggested steps to clean up vomit or diarrheal events as your policy or you may modify these steps and develop your own policy.

**Step 1: Cover**

- Cover the vomit or diarrhea with paper towels or an absorbent powder (such as kitty litter) to soak up liquids.

**Step 2: Remove**

- Remove the paper towels or hardened powder with a scoop/scrap and immediately place them in a sealable plastic bag.

**Step 3: Wash**

- Prepare a solution of soapy water.
- Wash all surfaces contaminated with vomit or diarrhea with this solution. This includes all nearby surfaces possibly splashed by vomit or diarrhea, such as chair legs, tables, walls, shelves, or counters. Wash as wide of an area surrounding the vomit or diarrhea as is possible. Work from the clean areas towards the most contaminated areas to minimize the spread of infectious material.
- Rinse the soapy water from all surfaces with clean water.

**Step 4: Disinfect** (Disinfectants are chemicals that kill viruses and bacteria on surfaces. Sanitizers are chemicals that kill bacteria on surfaces. From EPA website.)

- Use paper towels or a mop with a disposable mop head, saturate all washed surfaces with a disinfectant.
- Prepare a chlorine bleach solution (CDC & EPA recommendations):
  - 3/4 cup of concentrated bleach + 1 gallon water (concentration ~3500ppm)
  - OR-
  - 1 cup of regular strength bleach + 1 gallon water
- Use a spray bottle and saturate the area and surfaces (25 foot radius).
- Leave surface wet for at least 5 minutes. Always follow the directions on the disinfectant label.
- Wash, rinse, and sanitize all surfaces intended for food or mouth contact before use.

**After Clean Up**

**Step 1: Remove**

- Remove all personal protective equipment and place in the plastic bag. Do not touch any of the surfaces that were just cleaned as they can be re-contaminated. All personal protective equipment must be taken off before leaving the area that has just been cleaned.
- Place all used cleaning supplies, such as paper towels and disposable mop heads, in the plastic bag. Seal the bag with a twist tie.
- Throw away all uncovered food near the vomit or diarrhea event as well as any food handled by the person who was sick.
- Remove all waste from the facility immediately following local, state, or federal rules.

**Step 2: Clean mops and scoops**

- Wash and disinfect mop handles and other reusable cleaning supplies, such as scoops/scrapers, using the same steps as used for hard surfaces.

**Step 3: Wash hands**

- Wash hands thoroughly before performing any other duties.
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.
   - 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.

**For more information on norovirus prevention, please see [http://www.cdc.gov/norovirus/preventing-infection.html](http://www.cdc.gov/norovirus/preventing-infection.html).**

**Scientific experts from the U.S. Centers for Disease Control and Prevention (CDC) helped to develop this poster.**

Updated January, 2016
Limpieza y desinfección para los norovirus ("gripe estomacal")

ESTAS INDICACIONES DEBEN USARSE PARA REACCIONAR ANTE CUALQUIER ACCIDENTE DE VÓMITO O DIARREA.

Nota: Todo aquello que haya estado en contacto con el vómito o la diarrea debe descartarse o desinfectarse.

1  **Limpie**
   a. Retire de inmediato el vómito o la diarrea.
      • Use ropa protectora, como guantes desechables, delantal o máscara, limpie el vómito o la diarrea con toallas de papel.
      • Use sepiolita, bicarbonato de sodio u otro material absorbente en las alfombras y los tapizados a fin de absorber el líquido; no aspire el material: recójalo con toallas de papel.
      • Deseche las toallas de papel o los residuos en una bolsa de plástico para basura o en una bolsa para material biológico peligroso.
   b. Use agua con jabón para lavar las superficies que estuvieron en contacto con el vómito o la diarrea y todas las superficies cercanas de contacto más frecuente, tales como las puertas y las manijas de los sanitarios.
   c. Enjuague cuidadosamente el piso solo con agua.
   d. Sigue frotando la superficie con toallas de papel.

**NO SE DETENGA AQUÍ:** los gérmenes pueden permanecer en las superficies incluso después de haberlas limpiado.

2  **Desinfecte las superficies aplicando una solución de blanqueador con cloro**

Para el caso de las alfombras y los tapizados, es posible que se prefiera la limpieza al vapor. El blanqueador con cloro podría dejarles manchas permanentes. Las instrucciones de mezcla están basadas en las indicaciones de los productos blanqueadores registrados en la Agencia de Protección del Medio Ambiente (Environmental Protection Agency, EPA) de EE. UU. para ser efectivos contra los norovirus.

Para obtener mejores resultados, consulte las indicaciones de la etiqueta del producto blanqueador que esté utilizando.

a. Prepare una solución de blanqueador con cloro.
   Prepare una solución de blanqueador nueva cada día. Manténgala fuera del alcance de los niños. Nunca mezcle la solución de blanqueador con otros limpiadores.

   ### SI SE AFECTARON SUPERFICIES DURAS…
   - 3/4 TAZA DE BLANQUEADOR CONCENTRADO
   - 1 GALÓN DE AGUA
   - CONCENTRACIÓN – 3500 ppm

   SI UTILIZA UN BLANQUEADOR DE CONCENTRACIÓN NORMAL (5.25 %), AUMENTE LA CANTIDAD DE BLANQUEADOR A 1 TAZA.

b. Deje la superficie húmeda durante 5 minutos como mínimo.
   c. Enjuague solo con agua todas las superficies destinadas a estar en contacto con la comida y la boca antes del uso.

3  **Lávese minuciosamente las manos con agua y jabón**

Es posible que los desinfectantes para las manos no sean eficaces para combatir los norovirus.

### Expertos científicos de los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC) de Estados Unidos ayudaron a crear este póster. Para obtener más información sobre la prevención de los norovirus, consulte [http://www.cdc.gov/norovirus/preventing-infection.html](http://www.cdc.gov/norovirus/preventing-infection.html).