



SPECIAL TRANSITORY FOOD UNIT & MOBILE FOOD ESTABLISHMENT PLAN SUBMISSION INSTRUCTIONS

Congratulations! You are proposing to build or remodel a Special Transitory Food Unit (STFU) or Mobile Food Establishment in Michigan. Please submit your STFU/Mobile plan review package to the appropriate regulatory authority (either a Local Health Department (LHD) for food service operations or MDARD for retail operations). Ideally, this will be in the county you live or the county where you intend to operate most of the time. All of the following items must be completed and compiled into a single package or the plan review may be delayed as additional material is requested.

1. Plan review application and any necessary plan review fees.

- The plan review application is available at <http://www.michigan.gov/mdard>. Search: Plan Review
- Contact the appropriate regulatory authority (the LHD for your county or MDARD Customer Service, 800-292-3939) for the applicable STFU/Mobile plan review fee.

2. Standard Operating Procedures (SOPs), including menu and equipment specifications.

- SOPs appropriate to your operation must be submitted prior to opening. Completion of the STFU/Mobile Plan Review Worksheet and SOP is available at <http://www.michigan.gov/mdard> Search: Plan Review. This form meets the requirement for SOPs and menu.

3. One complete set of plans or photos.

To evaluate a proposed or as-built unit the regulatory authority needs a scaled plan (1/4" per foot is a normal, easy to read scale) of the STFU/Mobile that shows:

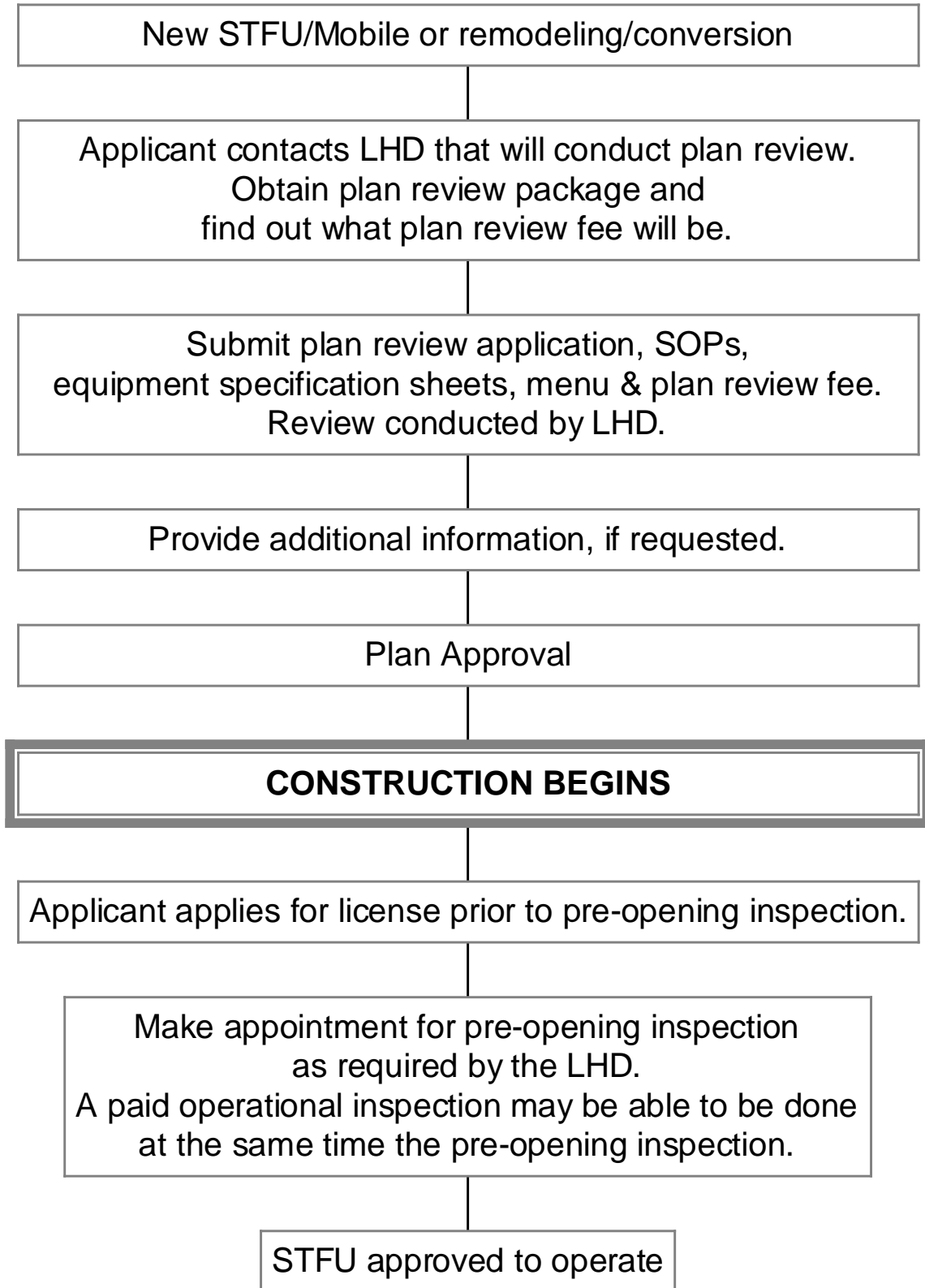
- Proposed layout, with equipment identified. Label sinks and prep tables with their intended use.
- Mechanical plan: location of hood and fire suppression.
- Plumbing: sinks for handwashing, food preparation and dishwashing, dishmachines, hot and cold water outlets, hot water equipment, water heater, sewer drains, grease traps and floor drains/sinks.
- For an as-built unit you may be able to submit photos (typically 4-5 photos) showing the interior and exterior of the unit. Photos must show the complete STFU or Mobile set-up. Contact the regulatory authority to find out if photos for an as-built unit will be accepted.

4. Certified Food Manager

STFU/Mobiles are required to have a certified manager under section 29 of the Food Law, 2000 PA 92, MCL 289.2129. You need to continually employ at least one full-time certified manager. Full time is defined in the Manager Certification Rule, Regulation 570 as an employee that works an average of 30 hours per week, or 75 percent of the operating hours if the establishment operates less than 40 hours per week. Multiple part-time certified managers may be used to meet this requirement.

- Submit valid original or duplicate certificates of certified food managers that will meet this definition.

**SPECIAL TRANSITORY FOOD UNIT AND
MOBILE FOOD ESTABLISHMENT
Plan Review Process**





Special Transitory Food Unit (STFU) and Mobile Food Establishment Plan Review Application

Meets the Michigan Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name: _____

Address, City, Zip: _____

Establishment Phone: _____

Owner	Commissary information (if applicable)
Name: _____ Address: _____ City, State: _____ Zip: _____ Phone # _____ Fax # _____ E-Mail : _____	Name: _____ License #: _____ City, State: _____ Address:: _____ Zip : _____ Phone # _____ E-Mail : _____
List of support vehicles (e.g., stock truck, refrigerator truck): _____ _____ _____ _____ _____	Location of offsite storage (i.e., where trucks, STFU/mobile and dry goods will be stored between events) Address: _____ City, State: _____ Zip : _____ Phone # : _____ E-Mail : _____

Please list the name and phone number of primary contact:

For reviewing agency use only:

Fee \$: _____

Date: _____

Plan Review #: _____

Check #: _____

Receipt #: _____

Assigned to: _____

Remarks: _____

www.michigan.gov/mdard, keyword: Food Plan Review



Special Transitory Food Unit (STFU) and Mobile Food Establishment Plan Review Worksheet and Standard Operation Procedures (SOP)

STFU/MOBILE Name:	
Owner:	
Address:	City:
State/Zip:	Phone:
___STFU OR ___MOBILE	Date:

Instructions: Answer all questions. Use additional pages if needed. If a question does not apply, mark the section as "N/A".

1. Food (Note: Any changes to the menu must be submitted and approved by the regulatory authority (LHD or MDARD) prior to their service, you may be required to show approval during inspections.)

A. Menu: List all foods that will be served (attach an additional sheet or menu if necessary)

B. Food Source: List where you buy all your food from (e.g., GFS):

____ **The sale of home-prepared foods is prohibited. Indicate by initialing the line provided that these foods will not be served.**

C. Storage: Indicate where you will store all food and food-related items at the event (e.g., refrigerator, freezer, cooler with ice, chafing dishes, steam table, cambro, dry goods shelf, etc.).

Raw meats:	Cold cooked or ready to eat food:
Hot cooked or ready to eat food:	Unopened canned products:
Ice:	Perishable beverages:
Condiments:	Dry goods:
Vegetables/Fruits	Non-perishable beverages:

D: Food Transportation: List all methods of transporting food to the STFU/Mobile:

Food To Be Transported	Transportation Method (e.g., refrigerated truck, stock truck, cambro, etc.)	Where is the food coming from (e.g., Commissary, GFS)
Hot Foods (list):		
Cold Foods (list):		
Dry/canned goods		
Fruit/Vegetables		
Other Items (list):		

E: Thawing: List foods that will be thawed by one of the following approved methods.

Method	Food
Under Refrigeration:	
Under Cold Running Water:	
In a Microwave Oven followed by Cooking:	
During Cooking:	

F. Preparation: The handling of ready-to-eat foods with bare hands is prohibited. Indicate what ready-to-eat foods will be served and how bare hand contact will be avoided (gloves, utensils, deli papers).

Food items (e.g., hotdog bun, lemons)	Barrier Used (e.g., gloves, utensil)

G. Cross Contamination Prevention: Raw animal products and unwashed fruits/vegetables must be handled and stored in a manner that prevents cross-contamination of cooked/ready-to-eat foods. Indicate where you will store these items.

Unwashed fruits and vegetables:	Eggs:
Whole meat cuts:	Fish/Seafood:
Ground meat products:	Ready-to-eat food
Poultry/stuffing/stuffing containing meats, etc.:	Other:

H. Cooking: Indicate how all raw potentially hazardous foods will be cooked.
 (NOTE: Please mark foods that are cooked to order with an * and include a copy of the Consumer Advisory.)

Food	Cooking Method	Final Cooking Temperature
<i>(example) Burgers</i>	<i>Charbroiler</i>	<i>155°F</i>

I. Cooling: Indicate what foods will be cooled and how they will be cooled.

Food	Cooling Method	Time to 70°F	Time to 41°F

J. Reheating: Indicate all foods that will be reheated, the type of reheating proposed (individual serving or in bulk), the equipment used to reheat, the reheat temperature and the reheating time.

Food	Individual (I) or Bulk (B)	Equipment Used (e.g., microwave)	Temperature	Time (how long)

K. Hot Holding: Indicate what foods will be held hot held and the equipment that will be used.

Food	Equipment Used

L. Cold Holding: Indicate the foods that will be held cold and the equipment used.

Food	Equipment Used
<i>(example) Burgers</i>	<i>True refrigerator</i>

M. Time Alone as a Control: List foods where only time, and not temperature, will be used to control the safety of potentially hazardous food items. Explain the procedure of time control for each food item (Note: Additional written procedures may be required to comply with 3-501.19 of the Michigan Modified 2009 FDA Food Code)

Food	Marking Method	Monitoring Method
<i>(example) Corn Dogs</i>	<i>Running list of time when batch is made</i>	<i>Insure corn dogs from batch are used or discarded within four hours of batch made</i>

N. Datemarking: Ready-to-eat potentially hazardous foods must be datemarked with a method that indicates when they need to be discarded. Indicate the datemarking method to be used, include the maximum number of days between prep/opening and discarding.

Food	Datemarking Method

2. Employee Health and Hygiene

A. **Complete the following** – Initial to verify agreement to comply:

Employees will report to work clean and in clean clothes:	
Employees will use proper hair restraints (describe restraint used.)	
Employees will not use tobacco in the food areas.	
Employees will not eat in the food areas.	
Employees will drink only from covered cups with a straw, or equivalent, in the food area.	
Employees will cover all cuts with waterproof bandages.	
Employees will cover cuts on hands with a bandage and a proper glove.	
Employees will not wear nail polish or will cover the nails with gloves. Nails will be kept trimmed and clean.	
Employees will not wear hand/wrist jewelry, with the exception of a plain wedding band.	
Soap, paper towels, waste receptacle and a reminder notice will be provided at each hand washing location	

B. Hand Washing: Indicate how and when employees will wash their hands, including a description of the hand washing station:

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C. Employee Health: Describe the method of complying with the below requirements. *(Note: Guidance documents, including posters and forms, are available from the local licensing agency.)*

Employee health information collection, such as using FDA-provided forms or equivalent:	
Employees with a “Big Five” Illness – Norovirus, E. coli, Salmonella Typhii, Shigella, Hepatitis A – will be excluded from the STFU and that the exclusion will be reported to the licensing agency.	
Employees with conditions that can be transmitted to food that are not Big Five related will be restricted to non-food handling duties.	
Employees who experience vomiting or diarrhea will be excluded from the STFU for at least 24 hours after they are symptom free.	
Describe the procedures for reinstating restricted and excluded employees.	

3. Food Contact Surfaces

A. **Warewashing:** Describe how all utensils and equipment (include all clean-in-place equipment) will be washed. Include the frequency of washing, the facilities used, the procedures used and the chemicals used. *(NOTE: In-use utensils for potentially hazardous foods must be washed, rinsed and sanitized at least every four hours)*

Equipment	Frequency	Location	Procedure	Sanitizer & Concentration
<i>(example) Tongs</i>	<i>Every 4 hours</i>	<i>Triple sink</i>	<i>Wash/rinse/sanitize</i>	<i>Chlorine 50 ppm</i>

___ **Test strips must be provided to monitor concentrations of each type of sanitizer used on site. Indicate by initialing the line provided that test strips will be provided and used.**

B. **Prep and Cooking Surfaces:** Describe how food contact preparation surfaces and cooking surfaces will be cleaned and sanitized.

Surface	Frequency	Location	Procedure	Sanitizer/ Concentration
<i>Stainless Counter</i>	<i>Every 4 hours</i>	<i>In place</i>	<i>Wash/rinse/sanitize</i>	<i>Chlorine 100 ppm</i>

C. **Chemical Storage:** Describe where sanitizers and other chemical will be stored in the STFU or during the event.

4. Water Supply

(Note: Water must be obtained from an approved sources that has completed state or local sampling requirements, contact the Local Health Department for additional information on non-municipal sources)

A. **Water Source and Storage:** Indicate how potable water will be supplied to the STFU/Mobile. Describe how water will be stored on board (e.g., water jugs, holding tank) and describe in detail any support equipment that will be used to obtain water (e.g., food grade hoses). List size of holding tanks or water containers.

B. **Cleaning and Sanitizing of Water Supply Equipment:** List method and frequency that water equipment, including holding tanks and food grade hoses, will be cleaned and sanitized.

Equipment	Cleaning/Sanitizing Method	Frequency
<i>(example) Holding tanks</i>	<i>Rinsed out with chlorinated water</i>	<i>After each event</i>

C. **Backflow Prevention:** List equipment that will require backflow prevention and what method of backflow prevention will be provided

Equipment	Backflow Prevention Method
<i>(example) Carbonator</i>	<i>ASSE 1022 device</i>

5. Sewage Disposal

(Note: Sewage must be disposed of at an approved sewage disposal site.)

A. Describe how liquid waste generated in the STFU will be disposed of:

B. Backflow Prevention: Culinary sinks, ice bins, ice machines and food equipment must be protected so that sewage cannot “back up” into them. Describe how you will protect your food and equipment from sewage:

Equipment	Backflow Prevention Method
<i>(example) Ice Bin</i>	<i>Air gap between ice bin and blue boy</i>

C. Toilet Facilities: If the STFU does not have an on-board toilet facility, describe anticipated toilet facilities and how hand washing after bathroom use will be handled.

6. Environmental Hazards

A. Pest Control: Describe the methods you will use to keep flying and crawling pests out of the STFU/Mobile. *(e.g., service windows with air curtains and screening).*

Area of Concern	Method of Pest Control
Service windows:	
Cooking/grilling/smoking locations:	
Other equipment exposed to open air:	
Other areas of concern:	

7. Floors/Walls/Ceiling:

A. Floors- Describe the flooring of the STFU/Mobile:

B. Hot water heater: List make, model and size of hot water heater (if applicable).

C. Dish sinks: Indicate the size of the compartments of the sinks, or the size of the tubs that will be used for dish washing.

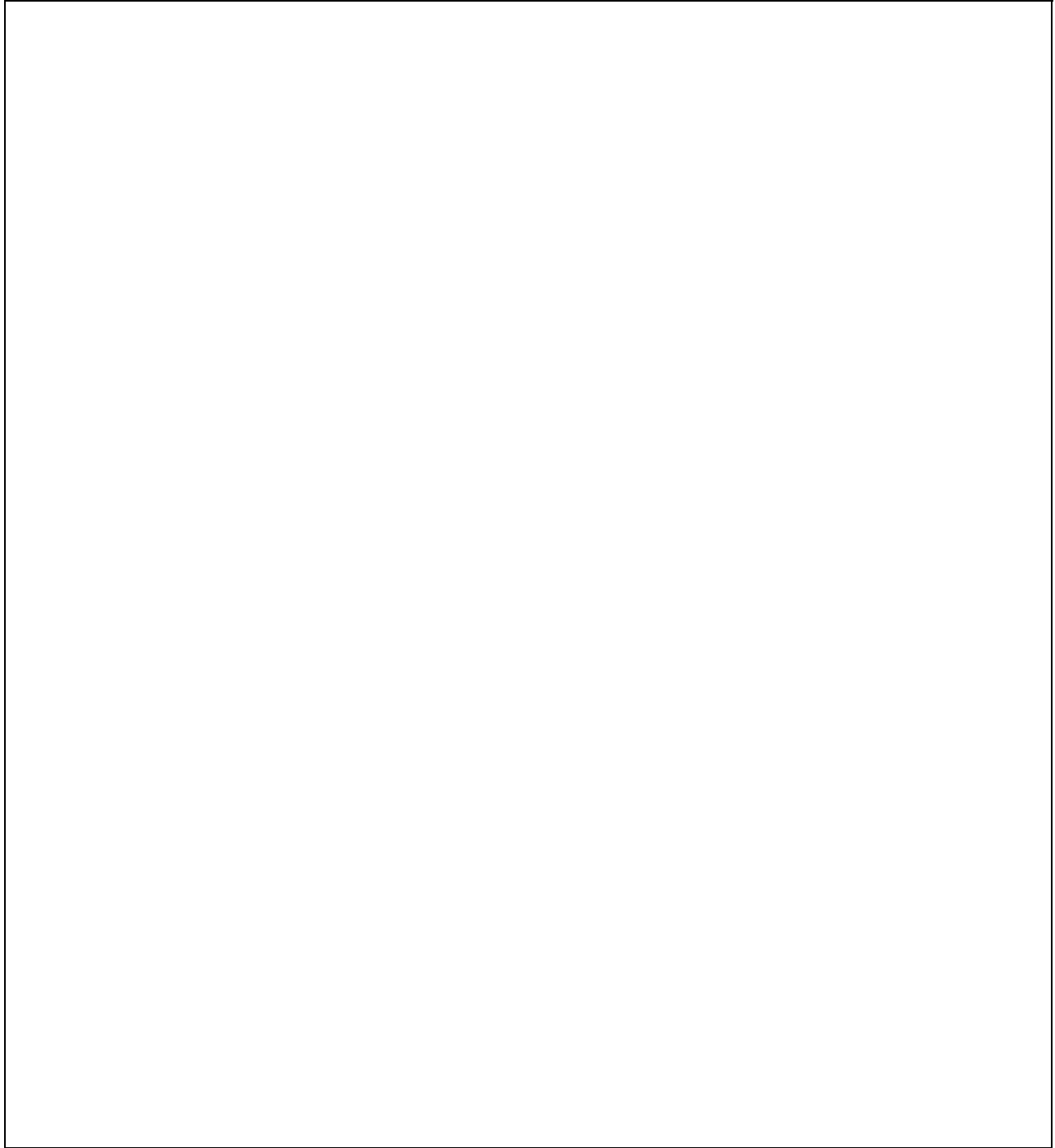
9. Electricity- Is electricity required for the operation of this STFU? YES____ NO____

If yes, what is the source of the electricity? (*Examples: you have for own generator; or you will only operate where a direct connection to electricity is available.*) If you are reliant upon electricity provided by others, please indicate how you will insure electricity is left running overnight, if applicable.

10. This space is reserved to address circumstances that are specific to this STFU/Mobile and that are not accounted for anywhere else in this plan review:

11. Diagram of STFU layout OR ATTACH PHOTOS OR SCHEMATICS

Please sketch the proposed set-up of the STFU unit, include all inside and outside equipment set-up. This sketch needs to be scaled (indicate scale) or have dimensions on it. **If possible, photos that show all parts of the STFU/Mobile set-up are preferred over a sketched diagram).**



It is my intention as the Owner/Operator of this STFU/Mobile to have the information listed above serve as the Standard Operating Procedures (SOPs) for this unit. I understand that:

- The approved SOPs for an STFU must be kept with the unit when it is operating.
- I must operate consistent with those SOPs and menu.

Owner/Representative

Date

_____ The SOPs have been reviewed and determined to be complete and technically accurate. The SOPs are approved.

_____ The SOPs have been reviewed and have been approved, subject to the following stipulation(s):

Sanitarian/Inspector

Agency

Date



FOOD SERVICE ESTABLISHMENT INFORMATION

1. REASON FOR INSPECTION

- New Owner with Full Plan Review (using a previously licensed food facility)
- New Owner with Minimal Plan Review
- Change of Ownership on an Active License
- New Construction
- Field Evaluation
- New Owner on a Deleted License

2. NAME OF ESTABLISHMENT (doing business as) _____

3. Establishment Address _____
(Number and Street) (City) (State) (Zip)

4. In City / Village of _____ Township of _____

5. PREVIOUS NAME OF ESTABLISHMENT (if applicable) _____

6. PROPOSED TYPE of establishment: (please circle one)
Serving Site Only; Bar Only; Take-Out Pizza Only; Ice Cream Only; Donut Shop; Bagel Shop; Coffee Shop; Concession; Full Service **Without** Alcohol; Bar With Small Food Menu; Fast Food; Catering; Ethnic Menu Without Alcohol; Full Service **With** Alcohol; Institutional Setting; Fine Dining; Mobile Unit; Special Transitory Food Unit

7. OWNER'S NAME: _____ DAYTIME PHONE # _____
FAX # _____

Address _____
(Number and Street) (City) (State) (Zip)

8. OWNERSHIP: Individual Partnership
 Corporation

FOR NEW OWNERS/ CHANGE OF OWNERSHIPS:

- 9. Is the establishment currently open for business? YES NO If no, when is the anticipated opening? _____
If yes, is the establishment already operating under the new ownership? YES NO
- 10. Will the management and/or personnel change? YES NO
- 11. Will the type of menu change? YES NO
- 12. Is the kitchen equipment from the previous owner present and intact? YES NO
- 13. Are equipment changes in the establishment planned? YES NO
If yes, briefly describe: _____
- 14. Are construction changes in the establishment planned? YES NO
If yes, briefly describe: _____

I hereby certify that all information provided in this application is true and complete.

15. APPLICANT'S NAME: _____ DAYTIME PHONE # _____
FAX # _____

Address _____
(Number and Street) (City) (State) (Zip)

Applicant's Signature _____ Date _____

Office Use Only:

Amount Received: _____ Receipt #: _____ Payment Type: CC: _____

License Number: _____ Check/MO: _____ Cash

HEALTH DEPARTMENT REPRESENTATIVE _____

DATE OF INSPECTION _____

EXPIRATION DATE _____

Environmental Health