

Environmental Health Section

P.O. Box 69
Laurinburg NC 28353
Phone (910) 277-2440
Fax (910) 277-2450

Application for a Mobile Food Unit or Pushcart Permit

Name of Unit or Cart: _____ Vehicle Tag: _____

Name of Applicant: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Manager/Person in Charge: _____

Email Address: _____ Phone: _____

Unit or cart is owned by: LLC Corporation Individual Other

Ownership Name: _____

Type of Permit: Mobile Food Unit Pushcart Projected Start Date: _____

Check One: New Construction Existing Mobile Food Unit

COMMISSARY INFORMATION: Note - Private residences cannot be used for commissary purposes. All units, when operating, must report daily to a food establishment or commissary approved by this department for supplies, cleaning, and servicing. The food establishment or commissary must include adequate **assigned and labeled** storage for food and clean utensils. If the food establishment or commissary cannot support these requirements, an operational permit will not be issued.

Name of proposed Commissary: _____

Commissary address: _____

City: _____ State: _____ Zip Code: _____

APPLICATION SUBMISSION REQUIREMENTS: (1) Proposed Menu (2) Scaled drawing of Unit (3) Manufacturer's specification sheets for all proposed food service equipment (4) Commissary approval form (5) Proposed Operational Schedule (locations, times and days of the week)

STATEMENT: I hereby certify that the information provided within this application is accurate. I understand that:

- The Scotland County Health Dept. does not issue verbal approvals regarding construction, design, or permitting mobile food units and pushcarts.
- A non-refundable fee of \$250.00 will be assessed to the applicant/operator and shall be paid with the submission of the application.
- Mobile food units and pushcarts not in compliance with Rules Governing the Food Protection and Sanitation of Food Service Establishments 15A NCAC 18A .2600 will not receive an operating permit.
- Approval of this application or issuance of a permit does not relieve me of the obligation to comply with other applicable codes, laws, or regulations imposed by other jurisdictions.

Signature: _____ Date: _____

(Applicant/Operator)

List all food service equipment and attach copies of manufacturer specifications for:

1. **COLD STORAGE EQUIPMENT** - Provide total number of refrigerators and freezers on unit and total cubic-feet to keep food 41F or below. **At least 2 refrigerators are required:** one to work out of and one for storage. (Beverages, cans/bottles, may be stored in coolers and only Pushcarts may use approved coolers with ice for food)

2. **COOKING EQUIPMENT** – Flat top grill, fryer, oven, convection/microwave, panini press, toaster

3. **FIRE SUPPRESSION:**

Is there a ventilation hood system installed? YES NO

If yes, is there a continuous flue with exhaust fan to the exterior of the truck? YES NO

Is there a fire extinguisher? YES NO

If yes, what type is it? (Check all that apply) ABC K

If using gas, who installed the gas lines? _____

Note: An approved ventilation hood system with removable filters and exhaust fan is required over all fryers, flat top grills and cooking equipment to prevent grease build up. As a safety provision we recommend an LP-gas piping inspection be completed by NC Dept of Agriculture before a permit is issued. It is recommended that all gas line piping be installed underneath the floor to cooking equipment. See website <https://www.ncmhtd.com/NCDACS/Standards/FoodTruck>

4. **HOT HOLDING FOOD AND BEVERAGE EQUIPMENT** – steam table (Include # of wells), hot hold cabinet (specify: full or single doors), heat lamp, coffee urn, cambro unit. Cambro units may be used for transportation only, once on location, a plug in electric/gas steam table or hot hold unit shall be used to maintain food at least 135F.

5. **UTENSIL/WAREWASHING EQUIPMENT (PUSH CART IF APPLICABLE):**

Number of Compartments of Utensil sink: _____

Size of compartment (Length x Width x Depth) _____ x _____ x _____ inches

NOTE: Your largest utensil/pot/pan is required to fit in all the sink compartments.

Will utensils be washed during operating hours of the unit? YES NO

What type of Sanitization will be used? (check one) Chlorine QUAT

NOTE: Drainboards for dirty and clean utensil areas are required. If the sink does not have drainboards, please indicate and label where the dirty and clean areas are located on the drawing.

6. **HAND WASH SINK**

At least 1 hand sink is required: submit a manufacturer specification sheet for the hand sink.

NOTE: Custom- built sinks or using food pans may not be approved. Splash guards may be needed if there is not at least 12 inches of separation from food, work or storage areas.

7. FRESH/POTABLE WATER TANK AND WATER PUMP (PUSH CART IF APPLICABLE)

Size (Length x Width x Depth) of Fresh Water Tank:

_____ x _____ x _____ inches x 0.0043 = gallons

Capacity _____ gallons (minimum tank size is 30 gallons)

Construction Material: _____

Do you have an approved drinking water hose to fill fresh water tank? YES NO

How and where will approved drinking water hose be stored between uses?

Attached Product Specification Sheet for Water Pump. On demand pump is required.

At time of permitting, you must be able to demonstrate ability to fill fresh water tank properly.

8. WASTE WATER TANK (PUSH CART IF APPLICABLE)

Size (Length x Width x Depth) of Waste Water Tank:

_____ x _____ x _____ inches x 0.0043 = _____ gallons

Capacity _____ gallons (Waste tank must be 15% larger than fresh water tank)

Construction Material: _____

Waste water outlet connection shall be lower than the water inlet to prevent possible contamination of the fresh water system.

The waste water outlet connection shall be a different size and type than the fresh water connection.

Is there a valve to drain plumbing lines for winterization? YES NO

At time of permitting, you must be able to demonstrate discharge of waste water properly.

9. WATER HEATER (PUSH CART IF APPLICABLE)

Check One: Tankless Storage Tank

If Storage Tank type: Capacity _____ (gallons)

Recovery Rate: _____

Make: _____

Model Number: _____

10. FINISHES - MUST BE SMOOTH, NONABSORBENT AND EASILY CLEANABLE (NOT APPLICABLE TO PUSH CARTS)

Floors _____

Walls: _____

Ceiling: _____

11. ELECTRICAL

Generator Manufacturer: _____

Generator Model: _____

NOTE: The generator shall be capable of powering all electrical items on the unit. See the wattage work sheet to help in sizing the generator. A generator or power inverter is required to maintain constant power to the refrigerators/freezers anytime food is transported.

How will refrigeration be maintained during transit? _____

Number of electrical outlets: _____

Are all electrical lines protected/shielded? YES NO

Are the lights shielded or shatterproof? YES NO

Does the unit have an Air Conditioner? YES NO

12. DRY STORAGE – Describe the number and location of shelving for:

Single service items (paper products: plates, cups, etc.): _____

Food (Bread, condiments, etc.): _____

Chemicals: _____

Employee Personal Items: _____

Office Use Only

Reviewer Signature: _____ Date: _____

Comments: _____

Establishment ID No: _____ Risk Category No: _____ SR # initial: _____

GPS Parcel: _____ Pictures attached in CDP: _____

Latitude: _____ Longitude: _____

These are some of the Bacterium and Viruses spread from Food Handlers to Food

E. Coli

Overview: A bacterium that can produce a deadly toxin and causes an estimated 70,000 cases of foodborne illnesses each year in the U.S.

Sources: Meat, especially undercooked or raw hamburger, produce and raw milk.

Incubation period: 2-10 days

Symptoms: Severe diarrhea, cramping, dehydration

Prevention: Cook implicated food to 155F, wash hands properly and frequently, correctly wash rinse and sanitize food contact surfaces.

Shigella

Overview: Shigella is a bacterium that causes an estimated 450,000 cases of diarrhea illnesses each year. Poor hygiene causes Shigella to be easily passed from person to person.

Sources: Salad, milk, and dairy products, and unclean water.

Incubation period: 1-7 days

Symptoms: Diarrhea, stomach cramps, fever, chills and dehydration

Prevention: Wash hands properly and frequently, especially after using the restroom, wash vegetables thoroughly.

Salmonella

Overview: Salmonella is a bacterium responsible for millions of cases of foodborne illnesses a year. Elderly, infants and individuals with impaired immune systems are at risk to severe illness and death can occur if the person is not treated promptly with antibiotics.

Sources: raw and undercooked eggs, undercooked poultry and meat, dairy products, seafood, fruits and vegetables

Incubation period: 5-72 hours (up to 16 days has been documented for low doses)

Symptoms: Nausea, vomiting, cramps, and fever

Prevention: Cook all food to proper temperatures, chill food rapidly, and eliminate sources of cross contamination (i.e. proper meat storage, proper wash, rinse, and sanitize procedure)

Hepatitis A

Overview: Hepatitis A is a liver disease caused by the Hepatitis A virus. Hepatitis A can affect anyone. In the United States, Hepatitis A can occur in situations ranging from isolated cases of disease to widespread epidemics.

Incubation period: 15-50 days

Symptoms: Jaundice, nausea, diarrhea, fever, fatigue, loss of appetite, cramps

Prevention: Wash hands properly and frequently, especially after using the restroom.

Norovirus

Overview: This virus is the leading cause of diarrhea in the United States. Any food can be contaminated with norovirus if handled by someone who is infected with the virus. This virus is highly infectious.

Incubation period: 6-48 hours

Symptoms: Nausea, vomiting, diarrhea, and cramps

Prevention: Wash hands properly and frequently, especially after using the restroom: obtain food from a reputable food source: and wash vegetables thoroughly.

Staph (Staphylococcus aureus)

Overview: Staph food poisoning is a gastrointestinal illness. It is caused by eating foods contaminated with toxins produced by Staphylococcus aureus. Staph can be found on the skin, in the mouth, throat, and nose of many employees. The hands of employees can be contaminated by touching their nose, infected cuts or other body parts. Staph produces toxins that are extremely heat stable and are not inactivated by normal reheating temperatures. It is important that food contamination be minimized.

Incubation period: Staph toxins are fast acting, sometimes causing illness in as little as 30 minutes after eating contaminated foods, but symptoms usually develop within one to six hours.

Sources: Ready-to-eat foods touched by bare hands. Foods at highest risk of producing toxins are those that are made by hand and require no cooking.

Symptoms: Patients typically experience several of the following: nausea, vomiting, stomach cramps, and diarrhea. The illness lasts one day to three days. In a small minority of patients the illness may be more severe.

Prevention: No bare hand contact with ready-to-eat foods. Wash hands properly. Do not prepare food if you have a nose or eye infection. Do not prepare or serve food for others if you have wounds or skin infections on your hands or wrists. If food is to be stored longer than two hours, keep hot foods hot (over 135°F) and cold foods cold (41°F or under). Properly cool all foods.

Ways of Prevention



1. Handwashing is the MOST CRITICAL control step in prevention of disease

Invest 20 seconds to follow these 6 simple steps:

1. Wet your hands and arms with warm running water.
2. Apply soap and bring to a good lather.
3. Scrub hands and arms vigorously for 10 to 15 seconds (clean under nails and between fingers).
4. Rinse hands and arms thoroughly under running water.
5. Dry hands and arms with a single-use paper towel or warm-air hand dryer.
6. Use the towel to turn off faucets and open door handles so you don't re-contaminate your hands

2. Don't go to work when you are sick

3. No bare hand contact with ready-to-eat foods.

Employee Health Policy Agreement

Reporting: Symptoms of Illness

I agree to report to the manager when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

1. Norovirus
2. Salmonella Typhi (typhoid fever)
3. Shigella spp. infection
4. E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)
5. Hepatitis A

Note: The manager must report to the Health Department when an employee has one of these illnesses.

Reporting: Exposure of Illness

I agree to report to the manager when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.

Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be excluded* or restricted** from work.

*If you are excluded from work you are not allowed to come to work.

**If you are restricted from work you are allowed to come to work, but your duties may be limited.

Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, Salmonella Typhii (typhoid fever), Shigella spp. infection, E. coli infection, and/or Hepatitis A, you will not be able to return to work until Health Department approval is granted.

Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk.

Food Employee Name (please print) _____

Signature of Employee _____ Date _____

Manager (Person-in-Charge) Name (please print) _____

Signature of Manager (Person-in-Charge) _____ Date _____



Scotland County Health Department

Checklist for Temporary Food Establishment Vendors

The following is a checklist to assist a vendor in setting up a Temporary Food Establishment (TFE). All items on the checklist are necessary to obtain a permit for a TFE; however, additional requirements may be applicable. All applications must be submitted to Scotland County Health Department at least 15 days prior to the date of the event with the exception of the vendor application that must be submitted at least 3 days prior to the event.

Person in charge

- Available during all hours of food preparation

Employee requirements

- Disposable gloves for food handling
- Employee Health Agreement
- Hat, hair net or visor

Tent/weather proof structure/canopy

- Canopy over entire operation (smokers are not required to be under a canopy)

Fly protection

- 3 solid or mesh sides
- Fly fans, screens

Ground covering

- Protection from dust/mud/insects (in the absence of asphalt, concrete, or grass)

Water supply

- Approved water source (requires testing by SCHD if private well)
- Approved drinking water hose(s) – must be labeled
- A means to heat water

Waste water disposal

- Buckets/grey water containers – must be labeled
- Disposal in approved sewage system or port-a-johns

- Drain board or counter space for air drying
- 3 basins (soapy water, rinse water, sanitizer) - large enough to fit equipment
- Sanitizer test strips
- Properly mixed sanitizer (50 ppm) in labeled spray bottle

Hand washing station

- At least 2 gallons of hot water under pressure
- Unassisted free-flowing faucet/stopcock
- Soap and disposable towels
- Wastewater catch bucket – must be labeled

Approved/protected/secured food

- Approved source/food invoices
- Food storage above ground
- Separate vegetable washing sink (when preparing/serving ready-to-eat vegetables)

Food temperatures

- Accurate food thermometer (0°F - 220°F)
- Cold holding: refrigeration/freezer/coolers with ice (41°F or less w/drainage ports)
- Hot holding equipment

Food shields/customer barriers

- No food exposed to customers
- Approved self-service condiments
- Serving utensils (forks, spoons, cups must be properly stored)

Lighting (for night-time operations)

- Shielded above food/preparation

I certify that I will comply with the requirements listed above and any other requirements as described by SCHD while operating my Temporary Food Establishment:

Vendor Signature: _____ **Date:** _____

Each Employee's Hands Must Be Washed Thoroughly, Using Soap, Warm Water and Sanitary Towel Or Approved Hand-Drying Device, Before Beginning Work and After Each Visit to the Toilet.

By Order Of The

**N. C. Department of Environment
and Natural Resources**

Division of Environmental Health

Raleigh, N. C.

Todos los empleados se deben lavar muy bien las manos con agua tibia y jabón, y secárselas con una toalla limpia o con un aparato aprobado para secar las manos, antes de empezar a trabajar y después de ir al baño.

Por orden de:

**N. C. Department of Environment and Natural Resources
Division of Environmental Health
Raleigh, N. C.**

(Departamento del Medio Ambiente y Recursos Naturales de Carolina del Norte, División de Salud Ambiental)

Wash Your Hands!

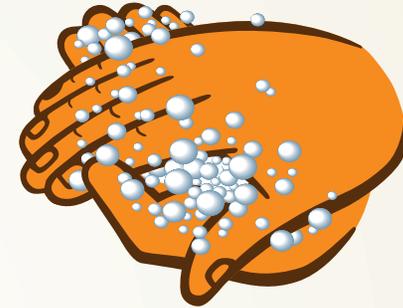
¡Lávese Las Manos!



1 Wet Hands
Mójese las manos



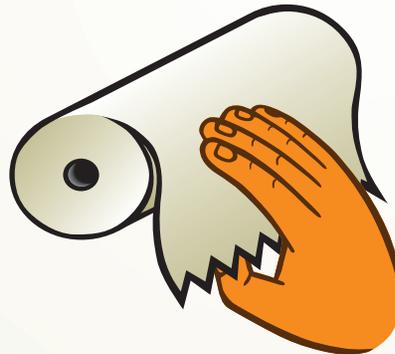
2 Apply Soap
Aplique jabón



3 Scrub for 20 seconds
Frótese las manos por 20 segundos



4 Rinse
Enjuáguese



5 Dry
Séquese las manos



6 Turn Off Water with Paper Towel
Cierre el grifo usando una toalla de papel