



Washtenaw County Public Health
Environmental Health Division
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Special Transitory Food Unit (STFU) & Mobile Food Establishment (MFE) Plan Review Worksheet

STFU/MFE Name:	
Owner:	
Address:	City:
State/Zip:	Phone:
Email:	
Date:	Check one: <input type="checkbox"/> STFU <input type="checkbox"/> MFE

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

Anticipated number of meals served per day: _____

List the name(s) of the Person In Charge who will be present at the STFU/MFE during its hours of operation:

If your STFU/MFE will be set up at regular locations, indicate locations, days, and approximate times the STFU/MFE will be in operation:

Location	Days	Times

1. Food

_____ The sale of home-prepared foods, including “cottage” foods, is prohibited. Indicate by initialing the line provided that these foods will not be served.

A. Menu: List all foods and beverages that will be served at the STFU/MFE. Attach an additional sheet or menu if necessary. **Note that any changes to the menu must be submitted to and approved by Washtenaw County Public Health prior to their service.**

B. Food Source: List where you buy all your food, beverages and ice from (e.g., GFS). Attach an additional sheet if necessary.

Food Item	Source	City/Location

C. Storage: Indicate where you will store all food and food-related items (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/MFE.

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

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

Food Requiring Thawing	Location (Commissary/MFE)	Size/Quantity of Food to be Thawed	Refrigerator	Cold Running Water	Microwave	Cook From Frozen

F. Food Handling: Handling 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, etc.).

Food Items (hotdog bun, lemons, etc.)	Barrier Used (gloves, utensil, etc.)

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. *(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. Cooling: Indicate foods that will be cooled, maximum quantities to be cooled, times per week the food is made, cooling methods used and any equipment needed to cool the food. Foods must be cooled to 41°F within 6 hours (140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). **Any foods that will be cooled will require adequate refrigeration space. If you are cooking and cooling in advance, you will need a walk-in cooler.**

Food	Quantity (quarts, gallons, pounds, pan size, etc.)	# of Times Food is Made per Week	Cooling Method (size reduction, ice baths, ice paddles, shallow pans, etc.)	Equipment Needed (walk-in cooler, ice paddles, freezer, sink for ice bath, etc.)

J. Reheating: Indicate all foods that will be reheated, the type of reheating (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

M. Time Alone as a Control: List potentially hazardous foods where only time, and not temperature, will be used to control food safety. 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>List of time when batch is made</i>	<i>Ensure 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	Maximum # of Days

2. Employee Health and Hygiene

A. Health and Hygiene: Complete the following. Initial to verify agreement to comply.

Item	Initials
Employees will report to work clean and in clean clothes.	
Employees will use proper hair restraints. Describe restraint(s) 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.

C. Employee Health: Describe the method of complying with the below requirements. Guidance documents, including posters and forms, are available from Washtenaw County Public Health.

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/MFE and the exclusion will be reported to Washtenaw County Public Health.	
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/MFE for at least 24 hours after they are symptom free.	
Describe the procedures for reinstating restricted and excluded employees.	

3. Food Contact Surfaces

_____ 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.

A. 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>(example) Stainless Counter</i>	<i>Every 4 hours</i>	<i>In place</i>	<i>Wash/rinse/sanitize/air dry</i>	<i>Chlorine 100 ppm</i>

B. Warewashing: Describe how all utensils and equipment (include all clean-in-place equipment) will be washed. Include the frequency of washing, and the facilities, procedures and chemicals used. Note that 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/air dry</i>	<i>Chlorine 50 ppm</i>

C. Chemical Storage: Describe where sanitizers and other chemicals will be stored in the STFU/MFE or during the event.

4. Water Supply

Water must be obtained from an approved source that has completed state or local sampling requirements. Contact Washtenaw County Public Health for additional information on non-municipal sources.

A. Water Source and Storage: Indicate how potable water will be supplied to the STFU/MFE and how it will be stored on board (e.g., water jugs, holding tank). Describe the procedure for refilling the water tanks. Describe any support equipment that will be used to obtain water (e.g., food grade hoses).

Capacity of water storage tank(s): _____ gallons

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 for Water Supply: 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

Sewage must be disposed of at an approved sewage disposal site.

A. Describe how and where liquid waste generated in the STFU/MFE will be disposed of:

Capacity of sewage or grey water holding tank(s): _____ gallons

B. Backflow Prevention: Culinary sinks, ice bins, ice machines and food equipment must be protected so sewage cannot “back up” into them. Describe how you will protect 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/MFE does not have an on-board toilet facility, describe anticipated toilet facilities and how hand washing after bathroom use will be accomplished.

6. Environmental Hazards

A. Pest Control: Describe the methods you will use to keep flying and crawling pests out of the STFU/MFE (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:	

B. Garbage: Describe the number, location and types of garbage disposal containers at the STFU/MFE.

7. Floors/Walls/Ceiling

A. Floors: Describe the flooring of the STFU/MFE.

B. Walls: Describe the walls for the STFU/MFE.

C. Ceiling: Food must be protected at all times. Describe the ceiling or overhead protection for the food in the STFU/MFE.

8. Equipment Specifications

A. Food Equipment: List Make and Model of all food equipment. Include fixed and countertop (including cooking, cold storage, hot holding and food preparation). Provide manufacturer cut sheets for all new equipment and for all used equipment, if available.

Make	Model

B. Hot water heater: List make, model and storage capacity 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. Also indicate the size of drainboard on each end.

9. Electricity

Is electricity required for the operation of this STFU/MFE? 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 ensure electricity is left running overnight, if applicable.

Generator size: _____ Total wattage of equipment requiring electricity: _____

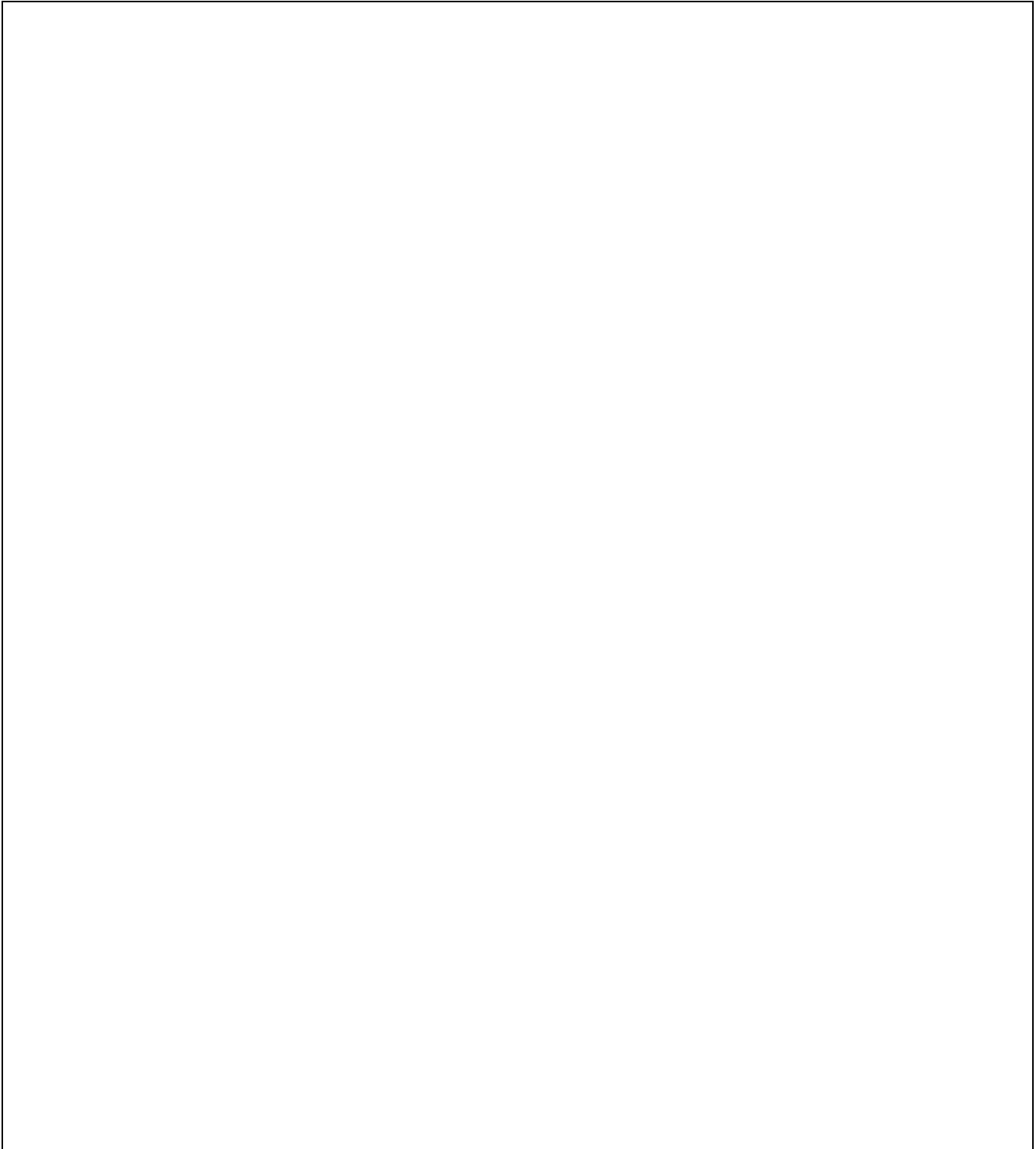
10. Propane

Is propane required for operation of this STFU/MFE? YES NO

If yes, indicate the size of the tanks and how the tanks will be stored. **Note that propane tanks may not be located inside an enclosed trailer or RV.**

11. Photographs or drawings of STFU/MFE

Please include manufacturer cut sheets, photos, or drawings of the STFU/MFE unit, including all inside and outside equipment. If these items are not available, a sketch the proposed set-up of the STFU/MFE unit may be submitted. Make sure that the sketch is drawn to scale (indicate scale) or has dimensions on it.



12. Standard Operating Procedures (SOPs)

It is my intention as the Owner/Operator of this STFU/MFE 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 have been 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

13. Commissary Information for Mobile (MFE) Operations ONLY

Please provide the following information for MFE operations. Note that all MFEs are required to be served by their commissary at least once every day in operation. Please note that a signed Commissary Form must also be submitted prior to approval.

Commissary Name:	MDARD License Number of Commissary:
Person In Charge of Commissary:	
Address:	City:
State/Zip:	Phone:
Email:	

Days and times of use of the commissary:

Days	Times

What is being done at the commissary? Complete all sections that apply:

Food/Supplies	Thawing	Wash/Cut/Assemble	Cold Holding	Cooking	Cooling	Hot Holding	Reheating	Storage
<i>(example) hot dogs</i>	X		X					

14. Additional Comments or Information:
