



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 Detroit, Michigan. Ideally, this will be the city you live or the city where you intend to operate most of the time. Please submit your STFU/Mobile plan review package to the Detroit Health Department (DHD)- Food Safety Unit located at 3245 E. Jefferson Ave. Ste.100, Detroit, Michigan 48207. **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.**

Also, contact the Buildings, Safety Engineering and Environmental Department (BSEED)- Business License Center for BSEED's mobile food truck requirements. BSEED- Business License Center is located at the Coleman A. Young Municipal Center, 2 Woodward Ave. Room 409, Detroit, Michigan 48226. Phone: (313)224-3179 Website: <http://detroitmi.gov/bseed>

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

Contact the DHD- Food Safety Unit at (313)876-0135 for the plan review fees. The fee schedule can also be found at: <http://detroitmi.gov/Portals/0/docs/Health/FEE%20SCHEDULE.pdf>

2. Completed STFU and Mobile Food Establishment Plan Review Worksheet

Worksheet and guidance manual copies are available at the DHD- Food Safety, or at: http://www.michigan.gov/documents/MDA_Plan_Review_Manual_20303_7.PDF

3. Menu

All food items with descriptions including beverages and desserts (if any).

4. One complete set of plans. To evaluate a proposed or as-built unit, provide a scaled plan of the STFU/Mobile (1/4" per foot is a normal, easy to read scale). Show:

- Proposed layout, with all equipment, including countertop items identified. Label sinks, shelves, and prep tables with their intended use. *For an as-built unit, submit photos, in addition to, the floor plan showing the interior and exterior of the unit. Photos must show the complete STFU or Mobile set-up.
- Mechanical plan: location of hood and fire suppression.
- Plumbing plan (e.g., sinks for handwashing, food preparation and dishwashing, dishmachines, hot and cold water outlets, hot water equipment, water heater, fresh water tank, waste water tank, and floor drains/sinks).

5. Specifications

Include manufacturer's specifications for each piece of equipment (e.g. sinks, refrigeration units, cooking equipment, air curtains, water heater, fresh water tank, waste water tank, support vehicles, food grade hose, backflow prevention devices, etc.). Minimum information for each piece of equipment includes the following (note: the manufacturer's specification or "cut" sheet typically provides most of this information):

- Type, Manufacturer, Model number, Dimensions, Performance capacity
- Indicate how equipment will be installed (e.g., on leg or wheels, fixed or flexible utility connections)
- Indicate which items are used equipment and what equipment is NSF approved or equivalent
- Sanitation Standard Operating Procedures (SSOPs): Include any available cleaning and maintenance instructions for food processing, cutting and grinding equipment.

6. Standard Operating Procedures (SOPs)

SOPs that are specific to your operation shall be submitted. See the SOP Cover Sheet and the SOP Manual guidance document that is available at the DHD- Food Safety or at: http://www.michigan.gov/documents/mda/MDA_SOPMnI06-09rev_290207_7.pdf

- Provide information about the area or location where you intend to operate. If a specific route is proposed, provide a map with the route shown.
- Indicate where the vehicle/unit, food and equipment will be stored when not in operation. *Note: Food and equipment may not be stored at a private residence. Provide documentation (e.g. letter, contract, or lease agreement) to show where the equipment and/or food will be stored.
- Indicate where food employees will use the restroom. Provide a letter from the facility's owner allowing access to the restroom(s).
- Indicate where fresh water will be obtained and where waste water will be disposed.

7. Certified Manager and Allergen Training Documentation

Most food establishments will be required to employ at least one (1) full time certified manager employee who is certified under the American National Standards Institute accredited certification program (Food Law 2000, as amended, Section 289.2129). Documentation that verifies they meet the certified manager requirements and completed the additional allergen training prior to establishment opening will be required.

8. Commissary Verification Form (Required for all Mobile Food Establishments)

The Michigan Food Law of 2000, as amended defines a mobile food establishment as a food establishment operating from a vehicle or watercraft that returns to a licensed commissary for servicing and maintenance at least once every 24 hours.



DETROIT HEALTH DEPARTMENT

PLAN REVIEW PROCESS

1

New Food Establishment/Remodeling/Conversion Proposed.

Note: No construction may begin until Health approval is granted. The DHD has the authority to issue a stop work order when construction begins before plans are approved.

2

The applicant provides the required plan review package and submits the packet along with the plan review fee(s) to the DHD. Contact the DHD for the plan review requirements.

3

The DHD reviews plans on a first come, first served basis. Public Act 92 of the Michigan Food Law allows the DHD 30 business days to review the submitted plans.

4

If needed, the DHD will send a letter requesting for additional information.

Note: It is the responsibility of the applicant to submit the requested corrections or documentation to the DHD in timely manner to keep the plan review process moving forward.

5

Once the plan reviewer completes the review, an approval letter granting permission to begin construction of the food establishment will be sent.

Note: This approval expires one year from the date of issue. Please contact the DHD if more than one year is needed, otherwise the file may be closed and new fees and plans may be needed.

6

CONSTRUCTION BEGINS

7

The facility must conform to the latest set of approved plans. Any change in the approved plans and specifications must be submitted to the DHD in writing and written approval must be obtained. Any alterations of plans after the plan review process has begun may require a revision fee.

8

Once construction is complete, the applicant submits the food service establishment license application and license fee.

9

The applicant requests a pre-opening inspection by contacting the DHD at least five business days in advance of the desired date.

10

Operational approval is granted during the pre-opening inspection.

Note: Approval does not negate the applicant's responsibility to obtain all necessary permits and approvals from other agencies.

3245 E. Jefferson Ave. Ste. 100
Detroit, MI 48207

313.876.0135
www.DetroitMI.gov/Foodsafety



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: _____	Name: _____
Address: _____	License #: _____
City, State: _____	City, State: _____
Zip: _____	Address: _____
Phone # _____ Fax # _____	Zip : _____ Phone # _____
E-Mail : _____	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 \$: _____

Check #: _____

Date: _____

Receipt #: _____

Plan Review #: _____

Assigned to: _____

Remarks: _____

General Information

Maximum number of meals to be served per day: _____

Minimum staff per shift: _____ Maximum staff per shift: _____

These plans are for: ☐ An existing/pre-fabricated unit ☐ A unit that will be built upon plan approval

These plans are for an:

<input type="checkbox"/> Enclosed STFU	<input type="checkbox"/> Enclosed Mobile
<input type="checkbox"/> Pushcart STFU	<input type="checkbox"/> Mobile pushcart
<input type="checkbox"/> Truck STFU	<input type="checkbox"/> Mobile Truck
<input type="checkbox"/> Watercraft STFU	<input type="checkbox"/> Mobile Watercraft
<input type="checkbox"/> Tent STFU	<input type="checkbox"/> Tent Mobile

These plans are for a unit that:

- ☐ Will return to a licensed commissary on a daily basis
- ☐ May stay at temporary locations for more than 24 hours

Please summarize the proposed STFU/Mobile operation:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative: _____ Date _____

Please print name and title here: _____



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:

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. Walls- Describe the walls for the STFU/Mobile:

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

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).

Make	Model

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

Comments:

[illegible]

Michigan Department of Agriculture
Food and Dairy Division

Mobile Food Establishments

Verification Form Guidance

Mobile Food Establishment

The Michigan Food Law of 2000, as amended defines a mobile food establishment as a food establishment operating from a vehicle or watercraft that returns to a licensed commissary for servicing and maintenance at least once every 24 hours.

Mobile Food Establishment Commissary

A mobile food establishment commissary is defined as an operation that is capable of servicing a mobile food establishment. The commissary must be specifically licensed as a "Mobile Food Establishment Commissary".

A licensed mobile food establishment commissary shall provide:

1. All food and beverages served from the mobile unit.
2. Adequate space for proper storage of food, utensils, equipment, linens and single service articles.
3. The ability to safely handle the volume of food and food preparation activities.
4. Sufficient equipment/utensil washing, rinsing, sanitization and drying capacities.
5. Approved and adequate facilities for the collection of solid waste.
6. A servicing area with overhead protection (Food Code 6-202.18).

Optional services include:

1. Provision for the sanitary disposal of liquid waste. (FL 6131).
2. Facilities for providing a sufficient quantity of potable water from an approved source to the mobile food service establishment (Food Code 5-101, 5-102, 5103).

Verification Form

A "Mobile Food Establishment Commissary Verification Form" has been developed to verify the name of the required licensed mobile food establishment commissary and the services provided. A new form shall be completed whenever a change in the mobile food establishment commissary location occurs. **The operator of the mobile food establishment is required to obtain the necessary signatures and distribute the copies of the verification form as follows:**

1. Maintain the original document on board the mobile food establishment.
2. Send one copy to the mobile food establishment licensing regulatory authority (local health department or MDA Regional office).
3. Send one copy to the mobile food establishment commissary.
4. Send one copy to the MDA, Food and Dairy Division, Licensing Section, c/o Rosy Ruedger, P.O. Box 30017, Lansing, Michigan, 48909

Mobile Food Establishment Commissary Verification Form

Part A – To be completed by the MOBILE FOOD ESTABLISHMENT operator:

Mobile Food Establishment Name: _____

Business Address: _____

Owner: _____

License/Establishment Number: _____

Number of licensed mobile food establishment units: _____

Liquid Waste Disposal Site: _____

Water Supply Filling Location: _____

Part B – To be completed by the MOBILE FOOD ESTABLISHMENT COMMISSARY operator

Mobile Food Commissary Name: _____

Business Address: _____

Owner: _____

License/Establishment Number: _____

I hereby verify that I have agreed to provide all of the following services to the above mobile food establishment operator at least once every 24 hours of operation for each unit listed:

1. All food and beverages served from the mobile unit.
2. Adequate space for proper storage of food, utensils, equipment, linens and single service articles.
3. The ability to safely handle the volume of food and food preparation activities.
4. Sufficient equipment/utensil washing, rinsing, sanitization and drying capacities.
5. Approved and adequate facilities for the collection of solid waste.
6. A servicing area with overhead protection (Food Code 6-202.18).

I also provide the following optional services (check appropriate item(s)):

1. ☐ Facilities for the sanitary disposal of liquid waste. (FL 6131).
2. ☐ Facilities for providing a sufficient quantity of potable water from an approved source to the mobile food service establishment (Food Code 5-101, 5-102, 5-103).

Please use the back of the form to list additional services provided by the Mobile Food Commissary.

By signing this form, you have agreed to act as a Mobile Food Commissary supplying the above services for the listed Mobile Food Establishment(s)

Signature of Mobile Food Establishment Commissary owner: _____

Date: ____ / ____ / ____

Part C – To be completed by MDA/LHD inspector of the Mobile Food Establishment Commissary

By signing this form, you have verified that the named Mobile Food Establishment Commissary can adequately service the named Mobile Food Establishment. The liquid waste disposal facility and the water supply facility have been inspected and are approved by the local health department.

Signature of agency representative: _____ **Date:** ____ / ____ / ____

Agency Name: _____



Standard Operating Procedure Cover Sheet

Establishment Name: _____

Address, City: _____

<input type="checkbox"/> or NA	
All Food Establishments, except vending locations:	
	Handwashing
	Personal hygiene, including cuts and sores
	Preventing bare hand contact with ready-to-eat food (gloves, utensils, etc.)
	Employee Illness Policy, including clean-up of vomiting and diarrheal events
	Purchasing food from approved sources, list of food purveyors
	Cleaning and sanitizing food contact surfaces, including frequency
	Emergency Action Plans for: Interruption of electrical service, Interruption of water service, Contaminated water supply (biological), Sewage back-up, Fire, Flood
When applicable to the establishment:	
	Cross-contamination prevention (food/chemicals: during preparation and storage)
	Warewashing (manual and mechanical, if necessary)
	Date-marking ready-to-eat, potentially hazardous food
	Using time only (not time and temperature) as a method to control bacterial growth
	Time and temperature control for <u>thawing</u> potentially hazardous food
	Time and temperature control for <u>cooking</u> potentially hazardous food
	Time and temperature control for <u>cooling</u> potentially hazardous food
	Time and temperature control for <u>reheating</u> potentially hazardous food
	Time and temperature control for <u>hot holding</u> potentially hazardous food
	Time and temperature control for <u>cold holding</u> potentially hazardous food
Special Transitory Food Units (STFU's) and Mobile Food Establishments:	
	Menu with descriptions
	Storage of the vehicle, food, and equipment
	Water supply
	Wastewater disposal
	Proposed route and operating hours
	Accessibility to restrooms
	Operating during cold weather months (below 32 degrees F)

The documents noted above were reviewed and found to be technically correct:

Agency Name: DETROIT HEALTH DEPARTMENT

Agency Rep., Date: _____

Notes: