BOARD OF HEALTH

TOWN OF FOXBOROUGH

MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

MOBILE, CANTEEN APPLICATION
PLAN REVIEW

(PLAN REVIEW FEE - $200 CHECK MADE PAYABLE TO THE TOWN OF FOXBOROUGH)

BHP- _____ **NO REFUNDS OR TRANSFER OF FUNDS**
DATE REC'D: _____
CHECK#: _____ APPOINTMENT DATE: _____

Type of Vehicle: _____ Push-Cart _____Canteen Truck
Other_____

Name of Establishment **Establishment Telephone #**

Establishment Mailing Address

Name of Owner **Owner Telephone #**

Owner Mailing Address

Applicant Name (if other than owner) **Applicant Title (Manager, chef, etc.)**

Applicant Mailing Address **Applicant Telephone #**

Maximum Meals to be Served per day_____ (approximate number)

Will seats be provided to customers:_____ Number of seats:_____

RISK LEVEL
Risk Level 1 • Non-potentially hazardous foods (PHF's)
Risk Level 2 • PHF's – pre-packaged
Risk Level 3 – **(Needs appointment with Board of Health)** • PHF's – food preparation on site

Use of Commissary Agreement

Base of Operations

It is required that the operator of a Mobile Food Unit have a base of operation from an licensed commissary/shared kitchen facility. Home kitchens will not be approved. The kitchen is an essential part of a mobile food operation and must have facilities for supply storage, potable water, equipment cleaning and sanitizing, food preparation, efuse, water and grease disposal and other servicing activities.

Base of Operation Information:

Name of Business: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____

Title: _____ Email: _____

Business Hours of Operation: _____

☐ Attach copy of current permit

Mobile Unit/Vendor Information:

Name of Business: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____

Title: _____ Email: _____

Days/Time at Base of Operation: _____

Signatures:

Base of Operation Owner/Agent: _____

Title: _____ Date: _____

Mobile Vendor Owner/Agent: _____

Title: _____ Date: _____

This agreement between the owner of the Base of Operation and the owner/vendor of the mobile food unit operation signifies that both parties agree to the allowed use of the kitchen as specified. Note that this agreement is not transferable. Should there be a change in ownership of either the kitchen or mobile food unit, or should there be any modification of cancellation of this agreement between parties, then the Mobile Food Establishment Permit may be suspended.

Approval: _____ Date: _____

Restroom Facility Agreement

Operators of mobile food operations shall obtain the use of adequate and suitable toilet facilities where hand washing facilities are available. *105 CMR 590.009 (B) (11)*

1. The business named below must furnish written approval to the mobile food vendor at the time of the mobile food unit's initial licensing and each license renewal.
2. The business must allow the mobile food vendor employee(s) to use the restroom facilities of the business during the mobile vendor's hour of operations.
3. The restroom must be located within 200 ft of the mobile vending unit.

I, _____ have read and understand the items of responsibility

Business Owner or Responsible Party

listed above and agree to comply with all of the requirements. I give permission to

_____to use my establishment,

Mobile Food Vendor

_____,located at _____,

Business Name Business Address

as their main restroom facility.

I understand that I (business owner/responsible party) need to notify the ISD Health Division should I be unable to honor this agreement for any period of time, and that I (mobile food vendor) need to find alternative arrangements and inform the ISD Health Division in writing should such need arise. If toilet facilities are found inadequate or do not meet minimum sanitation requirements, this agreement may be rescinded.

Signature of Business Owner/Responsible Party: _____

Title (e.g., owner, manager): _____Date: _____ Phone number: _____

Signature of Mobile Food Vending Unit: _____

Date: _____ Phone number: _____

Massachusetts Department of Public Health
Food Protection Program

Temporary Food Establishment Operations

Are You Ready?

Use this guide as a checklist to verify compliance with MA food safety regulations.

❑ **Application**	Submit a completed temporary food establishment application to the Local Board of Health a minimum of 30 days prior to the event.

FOOD & UTENSIL STORAGE AND HANDLING

❑ **Dry Storage**	Keep all food, equipment, utensils and single service items stored above the floor on pallets or shelving, and protected from contamination.
❑ **Cold Storage**	Keep potentially hazardous foods at or below 41°/45°F. An effectively insulated container with sufficient coolant may be approved by the board of health for storage of less hazardous foods, or use at events of short duration.
❑ **Hot Storage**	Use hot food storage units when necessary to keep potentially hazardous foods at or above 140°F.
❑ **Thermometers**	Use a food thermometer to check temperatures of both hot and cold potentially hazardous food.
❑ **Wet Storage**	Wet storage of canned or bottled non-potentially hazardous beverages is acceptable when the water contains at least 10 ppm of available chlorine and the water is changed frequently to keep the water clean.
❑ **Food Display**	Protect food from customer handling, coughing, or sneezing by wrapping, sneeze guards or other effective barriers. Post consumer advisories for raw or undercooked animal foods.
❑ **Food Preparation**	Food employees must use utensils, disposable papers, disposable gloves or any other means approved by the board of health to prevent bare hand contact with ready-to-eat food. Protect all storage, preparation, cooking and serving areas from contamination. Obtain food from an approved source. Potentially hazardous foods and perishable items may not be prepared in residential kitchens.

PERSONNEL

❑ **Person in Charge**	There must be one designated person in charge at all times responsible for compliance with the regulations. Check with your local board of health for food protection management certification requirements.
❑ **Handwashing**	A minimum two-gallon insulated container with a spigot, basin, soap and disposable towels shall be provided for handwashing. The container shall be filled with warm water 100° to 120°F. A handwashing sign must be posted.
❑ **Health**	The person-in-charge must tell food employees that if they are experiencing vomiting and/or diarrhea, or have been diagnosed with a disease transmissible through food, they cannot work with food or clean equipment and utensils. Infected cuts and lesions on fingers or hands must be covered and protected with waterproof materials.

- ❑ **Hygiene** — Food employees must have clean outer garments and effective hair restraints. Tobacco usage and eating are not permitted by food employees in the food preparation and service areas.

CLEANING AND SANITIZING

- ❑ **Warewashing** — A minimum of three basins, large enough for complete immersion of utensils and a means to heat water are required to wash, rinse and sanitize food preparation equipment that will be used on a production basis.

  The board of health may require additional sets of utensils if warewashing sinks are not easily accessible.

- ❑ **Sanitizing** — Use chlorine bleach or other approved sanitizers for sanitizing food contact surfaces, equipment and wiping cloths.

- ❑ **Wiping Cloths** — Store wet wiping cloths in a clean 100ppm chlorine solution. Change frequently.

WATER

- ❑ **Water Supply** — An adequate supply of potable water shall be on site and obtained from an approved source. Water storage at the booth shall be in approved storage containers.

- ❑ **Wastewater Disposal** — Dispose of wastewater in an approved wastewater disposal system. An adequate number of covered containers, labeled "Wastewater" shall be provided in the booth.

PREMISES

- ❑ **Floors** — Unless otherwise approved, floors shall be constructed of tight wood, asphalt, or other cleanable material. Floors must be easily cleanable.

- ❑ **Walls & Ceilings** — Walls and ceilings are to be of tight and sound construction to protect from entrance of elements, dust, debris and, where necessary, flying insects. Walls shall be easily cleanable.

- ❑ **Lighting** — Provide adequate lighting by natural or artificial means if necessary. Bulbs shall be shatterproof or shielded.

- ❑ **Counters/Shelving** — All food preparation surfaces shall be smooth, easily cleanable, durable and free of seams and difficult to clean areas. All other surfaces shall be easily cleanable.

- ❑ **Trash** — Provide an adequate number of cleanable containers inside and outside the booth.

- ❑ **Restrooms** — Provide an adequate number of approved toilet and handwashing facilities. These facilities shall be accessible for employee use.

- ❑ **Clothing** — Store personal clothing and belongings in a designated place in the booth, away from food preparation, food service and warewashing areas.

Need more information on food safety and MA food regulations

www.mass.gov/dph/fpp — Retail Food Information

http://www.umass.edu/umext/nutrition/programs/food_safety/resources/index.html

MA Partnership for Food Safety Education Resources/Food Safety Principles for Food Workers

www.foodsafety.gov — Gateway to Government Food Safety Information

HACCP and Variance Requirements

Specialized Processes present a significant health risk if not conducted under strict operational procedures. HACCP plans and modified HACCP plans are implemented to eliminate or significantly reduce targeted hazards that nay contribute to foodborne illness.

SPECIALIZED PROCESSES REQUIRING A HACCP PLAN AND BOARD OF HEALTH VARIANCE

- Using food additives or adding components such as vinegar as a method of food preservation or to render a food so that it is not potentially hazardous **(ex. acidified sushi rice)**

- Packing food using reduced Oxygen Packaging (ROP) except where a barrier to Clostridium botulinum in addition to refrigeration exists **(ex. cryovac, cook chill, sous vied)** .

- Custom processing animals in a food establishment that are for personal use as food as not for sale or service in a food establishment. **(ex. deer hunters)**

- Custom processing of aquatic animals for sale **(ex. frogs)**

- Smoking or Curing food as a method of food preservation rather than flavor enhancement.

OPERATION REQUIRING A MODIFIED HACCP PLAN AND BOARD OF HEALTH VARIANCE

- Using time only, rather than time in conjunction with temperature, as a public health control for a working supply of potentially hazardous food before cooking, or for ready to eat potentially hazardous food before cooking, or ready to eat potentially hazardous food that is displayed or held for service for immediate consumption. **(ex. pizza other than cheese, calzones, hollandaise sauce)**

Food Handling Procedures

Note: Each food service operation will have different considerations: i.e., Will foods need to be thawed prior to cooking? Will foods be cooked and immediately served, or will they be prepared in advance requiring cooling? Will food require reheating, hot holding, or cold holding prior to service? In addition, how frequently supplies will be delivered is an important factor in determining the amount of refrigerated, frozen, and dry food storage space required. High volume operations with extended hours of operation or those that prepare foods 'from scratch" may require increased equipment capacity and storage space.

PLEASE ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

Note: All food supplies must come from state or federally inspected, approved, and licensed food processors, manufacturers, and/or distributors. Foods may not be prepared, re-heated or assembled at home.
105 CMR 590.009(B)(7)

- Bulk foods shall be purchased from an approved source.
- Bulk PHF's with the exception of frozen desserts, must be sold or served as the same day as purchased.
- All hot food shall be sold or discarded by the end of the day.

Provide information on the TOTAL amount of space (in cubic feet) allocated for:
Frozen foods _____ Refrigerated foods _____
Dry goods _____

COLD STORAGE:
Note: Adequate and approved freezer and refrigeration must be available to store frozen foods at 0°F or below and refrigerated foods at 41°F or below. Each storage or display refrigerator and freezer holding Potentially Hazardous Food (PHF) must be equipped with a working and accurate thermometer.
105 CMR 590.009(B)(6)(c)

- Packaged foods may not be in direct contact with *un-drained* ice.
- Wrapped RTE foods (i.e. sandwiches, donuts) shall not be in direct contact with ice.

If raw meats, poultry, and seafood are stored in the same refrigerators with cooked/ready-to-eat foods, how will cross-contamination be prevented?

_____

_____

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD (PHF):
Please indicate how you plan to thaw the (PHF) items on your proposed menu. More than one method may apply. Also, indicate as appropriate, where thawing will take place.

THAWING METHOD	LARGE OR BULK FROZEN FOODS	PORTIONED FROZEN FOODS
Under Refrigeration		
Running Water, Less than 70°F		
Microwave (as part of cooking process)		
Cooked from frozen state		
Other (describe)		

FOOD PREPARATION:
Check categories of Potentially Hazardous Foods (PHFs) to be stored, re-heated, cooked assembled and/or served.

CATEGORY	(YES)	(NO)
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	( )	( )
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	( )	( )
3. Cold processed foods (salads, sandwiches, vegetables)	( )	( )
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
5. Bakery goods (pies, custards, cream fillings & toppings)	( )	( )

6. Other _____

_____

Describe the procedures used for minimizing the length of time PHFs will be kept in the temperature danger zone (41°F - 140°F) during preparation.

_____

_____

Where raw meats, poultry, and seafood are prepared in the same work areas or using the same equipment as cooked/ready-to-eat foods, how will cross-contamination be prevented?

_____

_____

Is ice made on the premises? YES / NO or purchased commercially? YES / NO

Describe provision for ice scoop storage: _____

COOKING:

Food product thermometers must be used to measure final cooking/reheating temperatures. What type of temperature measuring device are you planning on using?

_____

_____

Consumer Advisory Requirements

Please refer to your submitted menu and list items that will/may be raw, undercooked (not cooked to the above listed minimum temperatures) or not otherwise processed to eliminate pathogens. Also list Ready-To-Eat foods that will/may contain raw or undercooked ingredients **(ex. Caesar dressing, hollandaise sauce, burgers, eggs, drinks/desserts containing raw egg white)**

Please note that these foods must be properly identified on your menu as raw or undercooked or as containing raw or undercooked ingredients, and the approved **Consumer Advisory** statement must be plainly printed on your menu(s) and/or menu board warning customers of the increased risk of illness with eating raw or undercooked animal foods.

Ex.:

*Tuna Roll
California Roll
* Grilled salmon
Cheese Pizza
Salad with your choice of grilled chicken or *steak tips

(1) identify menu items containing raw or undercooked animal proteins with asterisk (*)

(2) define what the asterisk means

*These menu items are served raw or undercooked, or contain raw or undercooked ingredients

(3) approved statement reminding consumers of the risks associated with raw or undercooked animal foods.

*Consuming raw or undercooked meats, poultry, seafood, shellfish, and eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.

HOT/COLD HOLDING:

How will hot PHFs be maintained at 140°F or above when on display or during holding for service? Indicate type and number of hot holding units.

_____
_____
_____
_____

How will cold PHFs be maintained at 41°F or below when on display or during holding for service? Indicate type and number of hot holding units.

_____
_____
_____
_____

REHEATING:

How will PHFs that are cooked and cooled be rapidly reheated so that all parts of the food reach a temperature of at least 165°F within two hours? Indicate type and number of units used for reheating foods.

_____
_____
_____
_____

SELF SERVICE:

If there are any customer self service areas/stations, please describe how foods and utensils will be protected from contamination by the customer.

_____

_____

105 CMR 590.009(B)(9)

- A sign shall be provided at consumer self service operations stating the use of bare hands by customers is prohibited by state law.

EMPLOYEE CONSIDERATIONS:

Number of Staff on vehicle (maximum per shift):_____

Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of Ready-To-Eat foods? YES / NO

Will food employees be trained in food sanitation practices? YES / NO
Please describe method of training:

_____

_____

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?
YES / NO
Please describe briefly or submit policy:

_____

_____

Describe storage facilities for employees' personal belongings (ex. purse, coats, boots, umbrellas, etc.)_____

_____

HANDWASHING:

Note: Handwashing sinks must be dedicated to that use only, and designated with signage, (ex. "Handwashing Only")

Are handwashing sinks conveniently located? YES / NO
Do all handwashing sinks, have hot and cold water under pressure with a mixing valve or combination faucet? YES / NO

Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES / NO

Is hand soap available at all handwashing sinks? YES / NO

Are disposable paper towels or air blowers available at all handwashing sinks? YES / NO

FOOD PREPARATION SINKS:

If the menu dictates, is a food preparation sink present? YES / NO

WAREWASHING FACILITIES:

Where three compartment sinks are used for sanitizing pots, utensils, etc., does the largest pot or pan used fit into each compartment of the pot sink? YES / NO
Are there drain boards on both ends of the pot sink? YES / NO

What type of sanitizer is used in the sanitizing compartment?

_____Chlorine
_____Iodine
_____Quaternary ammonium

Are test papers/kits available for checking sanitizer concentration? YES / NO

Where will the clean and sanitized items be stored?

_____

_____

Please describe the procedure for manual cleaning and sanitizing of oversized or "clean-in-place" (CIP) equipment, slicers, mixers, etc. and any CIP dispensing equipment?

_____

_____

EQUIPMENT INSTALLATION:

Note: Food service equipment must be located and installed in such a way as to facilitate ease of routine cleaning. Food preparation/work tables and sinks should be installed with back splashes and/or sealed to the wall, set-off the wall with adequate space between for cleaning, or movable. Heavy cooking equipment must either be installed leaving space for easy access for cleaning under and behind and between pieces of be mounted on casters and with "Quick-Disconnects" to utility lines to allow for movement.

GENERATOR

How many watts are required to effectively meet service demands? _____
What calculations were used to determine the total number of watts required?

_____

_____

FINISH SCHEDULE:

Note: Materials selected for floors, walls, and ceilings must be durable and appropriate to the area and its intended use. For high moisture work areas or where there may be food splash, the surfaces must be non-absorbent, smooth, and easily cleanable. Installed materials must be tight fitting and properly sealed with no voids that might collect debris and/or harbor pests. Applicant must indicate which materials will be used in the following areas, i.e. sealed cement, quarry tile,

4" plastic coved molding, stainless steal, dry wall, Fiberglass Reinforced Polyester (FRP) vinyl faced panels, etc.

	Floors	Walls	Ceilings	Floor/Wall Joint
Interior Surfaces				

INSECT AND RODENT CONTROL:

105 CMR 590.009(B)(10)

Operators which cook or reheat unpackaged food for hot holding shall be fully enclosed unless equipped with air curtains to prevent contamination of food and food contact surfaces with environmental contaminants.

Will all outside doors be self-closing and rodent proof? YES / NO

Are screen doors provided on all entrances left open to the outside? YES / NO

Do all openable windows have minimum #16 mesh screening? YES / NO

Is the placement of electrocution devices identified on the plan? YES / NO / NA

Will air curtains be used? YES / NO /

Do you now have, or plan to have a contract with a pest control operator? YES / NO

If yes, please list their contact information: _____

_____

and, what will the frequency of inspections/treatments be? _____

WATER SUPPLY:

Note: It is essential that sufficient potable water, at appropriate temperatures, under pressure will be available at all times, including peak demand periods. Potable water must be obtained from your licensed commissary.

What is the capacity of the fresh water tank? _____

How will the tank be cleaned and sanitized? _____ At what frequency?_____

What is the capacity of the waste water tank? _____

Will the fresh tank or waste water tank need to be refilled/emptied during service hours?

What is the capacity and recovery rate of the hot water heater?

_____

Is the hot water generator sufficient for the needs of the establishment? **Provide/Attach calculations for necessary hot water**. See reference material provided in Part Two of this guide.

PLUMBING CONNECTIONS:

Note: The FDA Food Code plumbing requirements do not replace or supercede the State Plumbing Code; instead it highlights potential hazardous circumstances and particular types of equipment common to food service operations that, through improper design or installation, could result in contamination of either sanitary food vessels or of the potable water supply. See reference materials provided in Part Two of this guide. Please indicate below that the proposed equipment in your establishment will be properly installed.

Equipment	**Code Requirement(s)**	**Confirmed by Operator (please initial)**	**Describe / Comments**
Steam Jacketed Kettle	Backflow prevention device		
	Indirect Waste		
Steamer	Backflow prevention device		
	Indirect Waste		
Combi Oven	Backflow prevention device		
	Indirect Waste		
At all hose connections	Backflow prevention device		
Carbonated Beverage Dispenser	Carbonator backflow prevention device		
Refrigerator condensate / drain lines	Indirect Waste		
Ice Machine or Ice Storage Bins	Indirect Waste		
All Sinks	Air Gap		
Ice Cream Dipper Wells	Air Gap		
Other, Describe			

TOXINS:

All toxic chemicals for use on the premise or for retail sale (ex. pesticides, cleaners, sanitizers, solvents, personal medications, etc.) must be stored and/or displayed in a manner that eliminates the possibility of contamination of food items or single service disposables (ex. paper plates, cups, plastic ware, etc.) Please describe how you will do this.

_____

_____

_____

_____

Are all containers of toxins, including sanitizing spray bottles, clearly labeled? YES / NO

Where will Material Safety Data Sheets (MSDS) be displayed?

_____

_____

Truck Identification
105 CMR 590.009(B)(14)

Identification provided on left and right side of vehicle? _____

Include: person or business name city and phone number
no smaller than 3 inches

VENTILATION:

Note: Ventilation systems must be correctly designed, sized, and installed to both satisfy the Fire Code requirements and to meet the specific needs of the operation and equipment selected in order to properly control/remove heat, humidity, odors, smoke, and grease laden air. See reference material provided in Part Two of this guide. Indicate below all areas where exhaust hoods are installed.

LOCATION	FILTERS AND/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY	AIR MAKEUP CFM

How is ventilation hood system cleaned? Please indicate frequency of cleaning.

_____

_____

_____

_____

STATEMENT:

I hereby certify that the above information is correct, and I fuller understand that any deviation from the above without prior permission from the Health Office may nullify final approval.

Signature(s) of owner(s) or responsible representative(s) Date:

_____

Approval of these plans and specifications by the Health Office does not constitute endorsement of acceptance of the completed establishment (structure or equipment). A pre-operational inspection of the establishment with equipment in place and operational will be necessary to determine if the establishment complies with the local and state laws governing food establishments.

Approval of these plans and specifications by the Health Office does not indicate compliance with any other federal, state, or local code, law or regulation that may be required.

FDA FOOD CODE MOBILE FOOD ESTABLISHMENT MATRIX			
Food Code	*Potentially Hazardous Menu*		*Not Potentially Hazardous Menu*
Areas/Chapter	*Food Preparation*	*Prepackaged*	*Food Preparation*
Personnel	Applicable Sections of Parts 2-2 - 2-4 5-203.11 (B)	Applicable Sections of Parts 2-2 - 2-4 5-203.11 (B)	Applicable Sections of Parts 2-2 - 2-4 5-203.11 (B)
Food	3-101.11 3-201.11-.16 3-202.16; Applicable Sections of Part 3-3; 3-501.16 3-501.18(A) &(C)	3-101.11 3-201.11-.16 3-303.12(A) 3-305.11; 3-305.12 (Applicable to Service Area or Commissary)	3-101.11; 3-201.11 3-202.16; Applicable Sections of Part 3-3
Temperature Requirements	3-202.11; Applicable Sections of Parts 3-4 & 3-5	3-202.11 3-501.16	NONE
Equipment Requirements	Applicable Sections of Parts 4-1- 4-9 and 5-5	Applicable Sections of Parts 4-1 - 4-2; 4-6 and 5-5	Applicable Sections of Parts 4-1 - 4-2; 4-5 - 4-6 and 5-5
Water & Sewage	5-104.12 5-203.11(A) & (B) Part 5-3; 5-401.11 5-402.13-.15	5-203.11(B)	5-104.12 5-203.11(A) & (B) Part 5-3; 5-401.11 5-402.13-.15
Physical Facility	6-101.11; 6-201.11 6-102.11(A) & (B) 6-202.15; 6-501.11 6-501.12; 6-501.111	6-101.11 6-102.11(A) & (B) 6-202.15 6-501.111	6-101.11; 6-201.11 6-102.11(A) & (B) 6-202.15; 6-501.11 6-501.12; 6-501.111
Toxic Materials	Applicable Sections of Chapter 7	Applicable Sections of Chapter 7	Applicable Sections of Chapter 7
Servicing	6-202.18 / As necessary to comply with the Food Code	6-202.18 / As necessary to comply with the Food Code	6-202.18 / As necessary to comply with the Food Code
Compliance and Enforcement	Applicable Sections of Chapter 8 and Annex 1	Applicable Sections of Chapter 8 and Annex 1	Applicable Sections of Chapter 8 and Annex 1

Massachusetts Department of Public Health
Bureau of Environmental Health
305 South Street
Jamaica Plain, MA 02130-3597
(617) 983-6700 (617) 983-6770 - Fax

Food Protection Program
Policies, Procedures and Guidelines

No: RF- 12

Issue: Licensure for Truck Vendor Equipped with Insulated Mechanically-refrigerated Unit Operating as Retail Mobile Food Operation

Background:
The Food Protection Program (FPP) has received many inquiries from local boards of health (LBOH) related to the licensure requirements and operational procedures of truck vendors that are equipped with insulated mechanically-refrigerated units operating as retail mobile food operations selling frozen pre-packaged meat, poultry and seafood items. Many of these truck vendors are independent contractors who buy their frozen products from companies within Massachusetts or out-of-state and then travel from town-to town conducting retail door-to-door sales. It has been a challenge for LBOH to get these truck vendors to obtain the proper license and determine if these food products are coming from approved sources. Some jurisdictions have contacted their local police departments to assist them in stopping these truck vendors from doing business in their communities because they are not properly licensed.

Licensure requirements:

All mobile food operations shall comply with the requirements of 105 CMR 590.000 - State Sanitary Code Chapter X: Minimum Sanitation Standards for Food Establishments which adopts by reference the federal 1999 Food Code. Local boards of health are responsible for licensing and inspecting mobile food operations.

Truck vendors equipped with insulated mechanically-refrigerated units operating as retail mobile food operations must obtain the following permits/license:

- Mobile Food Operation Permit from LBOH in each jurisdiction in which they operate.
- Hawker and Peddler License from MA Division of Standards, One Ashburton Place, Room 1115, Boston. MA 02108, (617) 727-3480; http://www.mass.gov/standards
- Local Police Department Permit (i.e. Solicitor Permit) may also be required.
- Retail Seafood Truck Dealer Permit from MA Division of Marine Fisheries, 251 Causeway Street, Suite 400, Boston, MA 02114, (617) 626-1520 if selling raw fresh or raw frozen seafood products; http://www.mass.gov/dfwele/dmf

Copies of the above mentioned Permits/License shall be kept with the vehicle for the jurisdictions in which the sales are conducted and made available upon request by LBOH or local police. Truck vendors that are operating as a delivery service for pre-ordered food products are exempt from licensure.

Operational procedures:

All mobile food operations are required to operate from a fixed licensed base of operation at which they obtain and/or store their food and clean their vehicles in accordance with 105 CMR 590.009(B)(12). All frozen meats, poultry, and seafood or any other food products shall be from approved sources. Mobile food operators shall retain receipts or invoices which must indicate the name of the food item, the date purchased and the name of the approved food source. In accordance with Food Code section 3-501.11, stored frozen foods shall be maintained frozen. Vehicles shall be equipped with an insulated mechanically-refrigerated unit, powered by the vehicle on which it travels, to maintain foods frozen. In accordance with Food Code sections 4-203.12 and 4-204.112, an ambient air temperature measuring device shall be located to measure the air temperature in the warmest part of the mechanically-refrigerated unit. In accordance with Food Code section 4-502.11, ambient air temperature measuring devices shall be maintained in good repair and be accurate within the intended range of use.

Although it is not required by regulation, it is recommended that mobile food operators maintain a temperature monitoring log with recordings logged at start, every two hours, and finish of each date in which frozen product is held on the vehicle and retain all sales records which indicate the name, address, phone number, date of sale and product purchased by the customer in order to facilitate traceability and safe food handling practices.

SPECIFICATIONS

GENERAC

GENERATOR	Model 4703/5858	Model 4703/5859	Model 4707/5860	Model 5750/5854
Rated Maximum Continuous Power Capacity	5500 Watts	6500 Watts	7500 Watts	7500 Watts
Rated Voltage	120	120	120	120
Rated Maximum Continuous Load Current 120 Volts	45.8 Amps	54.2 Amps	62.5 Amps	62.5 Amps
240 Volt Configurable	Yes (22.9 Amps)	Yes (27.1 Amps)	Yes (31.25 Amps)	Yes (31.25 Amps)
Main Line Circuit Breakers	30 & 20 Amp	30 & 30 Amp	35 & 35 Amp	35 & 35 Amp
Phase	1	1	1	1
Number of Rotor Poles	2	2	2	2
Rated AC Frequency	60Hz	60Hz	60Hz	60Hz
Power Factor	1	1	1	1
Engine RPM	2200	2571	2571	2571
Rotor RPM	3600	3600	3600	3600
Unit Weight (Pounds/Kilos)	329/149.2	331/150.1	333/151	330/149.7
Dimensions (L x W x H)				
inches	33.7 x 22.2 x 19.6	33.7 x 22.2 x 19.6	33.7 x 22.2 x 19.6	33.7 x 22.2 x 19.6
mm	856 x 564 x 498	856 x 564 x 498	856 x 564 x 498	856 x 564 x 498

ENGINE	Model 4703/5858	Model 4703/5859	Model 4707/5860	Model 5750/5854
Type of Engine	GENERAC OHVI V-TWIN	GENERAC OHVI V-TWIN	GENERAC OHVI V-TWIN	GENERAC OHVI V-TWIN
Number of Cylinders	2	2	2	2
Displacement	760cc	760cc	760cc	760cc
Cylinder Block	Aluminum w/Cast Iron Sleeves	Aluminum w/Cast Iron Sleeves	Aluminum w/Cast Iron Sleeves	Aluminum w/Cast Iron Sleeves
Valve Arrangement	Overhead Valve	Overhead Valve	Overhead Valve	Overhead Valve
Ignition System	Solid-state w/Magneto	Soli -state w/Magneto	Solid-state w/Magneto	Solid-state w/Magneto
Governor System	Mechanical Fixed Speed	Mechanical Fixed Speed	Mechanical Fixed Speed	Mechanical Fixed Speed
Compression Ratio	9.5:1	9.5:1	9.5:1	9.5:1
Starter	12 Vdc	12 Vdc	12 Vdc	12 Vdc
Oil Capacity Including Filter (Quarts/Liters)	Approx. 1.9 Qts./1.8L	Approx. 1.9 Qts./1.8L	Approx. 1.9 Qts./1.8L	Approx. 1.9 Qts./1.8L
Fuel Consumption				
Gallons/Liters per hour	LPG	LPG	LPG	Gasoline
10% Load	0.55/2.08	0.55/2.08	0.55/2.08	0.51/1.93
50% Load	0.93/3.52	0.99/3.75	1.05/3.97	0.80/3.03
100% Load	1.20/4.54	1.53/5.79	2.06/7.8	1.28/4.85