



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 100 Mack Ave, Room 311, Detroit, Michigan 48201. **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.**

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>
Contact the City of Detroit Fire Marshal Division, (313)596-2932 to schedule your fire inspection (if needed).

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

See the STFU and mobile food establishment plan review manual if you need assistance completing the worksheet. https://www.michigan.gov/documents/mdard/STFU-Mobile_Plan_Review_Manual_646689_7.docx

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 which items are used equipment and what equipment is NSF approved or equivalent

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: https://www.michigan.gov/documents/mdard/Fixed_Establishment_SOP_Manual-Form_Fillable_646558_7.docx
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.*

100 Mack Ave, Room 311
Detroit, MI 48201

313-876-0135
DetroitMI.gov/FoodSafety



Standard Operating Procedure Cover Sheet

Establishment Name: _____

Address, City: _____

√ or NA	
All Food Establishments:	
	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
	Cross-contamination prevention (food/chemicals: during preparation and storage)
	Warewashing (manual and mechanical, if necessary)
When applicable to the establishment:	
	Date-marking ready-to-eat, TCS* food
	Using time only (not time and temperature) as a method to control bacterial growth
	Thawing TCS* food
	Cooking TCS* food
	Cooling TCS* food
	Reheating TCS* food
	Hot holding TCS* food
	Cold holding TCS* food
	Catering, off-site, satellite food service
	Protection of food and equipment with large outer openings/outdoor food preparation/dining (i.e. garage doors, barbeque, bars)
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)

*Time/temperature control for safety food means a food that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxic formation.

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

Agency Representative/ Date: _____



Mobile Food Establishment Commissary Verification Form

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. Any licensed food establishment can serve as a mobile food establishment commissary if that food establishment can support the needed services of the mobile food establishment. A food establishment acting as a commissary must be assessed to determine it has adequate facilities (e.g. cold storage space, dry storage space, water supply, waste water disposal, hot water, appropriate equipment, etc.) to support the services needed by the mobile food establishment.

A licensed food establishment that serves as a mobile food establishment commissary shall provide:

- Adequate equipment and space for proper storage of food, utensils, equipment, linens and single service articles.
- The ability to safely handle the volume of food and food preparation activities.
- Sufficient capacities for washing, rinsing, sanitization and drying of equipment and utensils
- Approved and adequate facilities for the sanitary disposal of liquid waste (Michigan Food Law §6131).
- Approved and adequate potable water supply (Michigan Modified Food Code §5-101, 5-102, 5-103).
- Approved and adequate facilities for the collection of solid waste.
- A servicing area with overhead protection (Michigan Modified Food Code §6-202.18).

Verification Form

A "Mobile Food Establishment Commissary Verification Form" has been developed to verify the food establishment acting as the mobile food establishment commissary is properly licensed and has the capacity/ability to provide necessary services to the mobile food establishment. When the food establishment acting as the mobile food establishment commissary will be licensed under a different operator than the operator of the licensed mobile food establishment, the license holder of the mobile food establishment will need to complete this verification form and provide copies to the appropriate regulatory agencies. A new verification form shall be completed and submitted to the appropriate regulatory agencies 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 completed copies of the verification form as follows:**

- Maintain the original document on board the mobile food establishment.
- Send one copy to the food establishment acting as mobile food establishment commissary.
- Send one copy to the mobile food establishment licensing regulatory authority (Local Health Department-LHD or Michigan Department of Agriculture and Rural Development-MDARD).
- Send one copy to the licensing regulatory authority (LHD or MDARD) who oversees the food establishment that is acting as the mobile food establishment commissary.

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: _____

Approved Liquid Waste Disposal Site: _____

Approved Water Supply Filling Location: _____

Signature of Mobile Food Establishment owner: _____ Date: _____

Part B – To be completed by the FOOD ESTABLISHMENT (acting as the Mobile Food Establishment Commissary) operator:

Food Establishment Name: _____

Business Address: _____

Owner: _____

License/Establishment Number*: _____

*A copy of the current license may be requested

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

- Adequate equipment and space for proper storage of food, utensils, equipment, linens and single service articles.
- The ability to safely handle the volume of food and food preparation activities.
- Sufficient capacities for washing, rinsing, sanitization and drying of equipment and utensils
- Approved and adequate facilities for the sanitary disposal of liquid waste (Michigan Food Law §6131).
- Approved and adequate potable water supply (Michigan Modified Food Code §5-101, 5-102, 5-103).
- Approved and adequate facilities for the collection of solid waste.
- A servicing area with overhead protection (Michigan Modified Food Code §6-202.18).

Use the following space to list additional services provided by the Food Establishment to the Mobile Food Establishment:

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

Signature of Food Establishment owner: _____ Date: _____

Part C –To be completed by MDARD/LHD INSPECTOR of the Food Establishment acting as a Mobile Food Establishment Commissary.

By signing this form, you have verified that the named Food Establishment 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 Regulatory Agency Representative: _____

Regulatory Agency Name: _____ Date: _____



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: _____

<p style="text-align: center;">Owner</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ Phone #: _____</p> <p>E-mail: _____</p>	<p style="text-align: center;">Commissary Information (if applicable)</p> <p>Name: _____</p> <p>License #: _____</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ Phone #: _____</p> <p>E-mail: _____</p>
<p>List of support vehicles (e.g., stock truck, refrigerator truck):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Location of offsite storage (i.e., where trucks, STFU/mobile and dry goods will be stored between events)</p> <p>Address: _____</p> <p>City, State: _____</p> <p>Zip: _____ Phone #: _____</p> <p>E-mail: _____</p>

Please list the name and phone number of primary contacts: _____

For reviewing agency use only:

Fee \$: _____ Check #: _____ Receipt #: _____

Date: _____ Plan Review #: _____ Assigned to: _____

Remarks: _____

Item B-Food Source: List where you buy all your food (e.g. GFS). *Home prepared foods or cottage foods are not permitted.* Indicate when food will be purchased (e.g. per day, # days prior to an event).

Item C-Storage: Indicate where you will store all food and food-related items while in operation and when not in operation (e.g., refrigerator, freezer, cooler with ice, chafing dishes, steam table, Cambro, dry goods shelf, commissary, 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:

Item 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, Food Supplier)
Hot Foods (list):		
Cold Foods (list):		
Dry/Canned Goods		
Fruit/Vegetables		
Other Items (list):		

Item 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:	

Item F-Preparation: The handling of ready-to-eat foods with bare hands is prohibited. Mark which methods will be used to avoid bare hand contact with ready-to-eat foods.

Single use gloves Utensils Deli papers Other (describe): _____

Item 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. Describe how these foods will be stored and prepared to prevent cross contamination. A diagram may be attached showing methods/order of separation.

Unwashed fruits and vegetables:	Eggs:
Beef:	Fish/Seafood:
Pork:	Lamb:
Poultry:	Ready-to-eat food:
Other:	

Item H-Cooking: Indicate how all raw time/temperature controlled foods will be cooked and how temperatures will be monitored. NOTE: Please mark foods that are cooked to order (i.e., served undercooked or raw) 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>
Method for monitoring:		

Item I-Cooling: Indicate what foods will be cooled, cooling method used, time frame for cooling to listed temperatures, and method for monitoring.

Food	Cooling Method	Time to 70°F	Time to 41°F
Method for monitoring:			

Item J-Reheating for Hot Holding: 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, reheating time, and method for monitoring.

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

Item K-Hot Holding: Indicate what foods will be held hot, equipment used, and method for monitoring. Time/temperature controlled for safety foods must be hot held at 135°F or above.

Food	Equipment Used
Method for monitoring:	

Item L-Cold Holding: Indicate the foods that will be held cold and the equipment used. Time/temperature controlled for safety foods must be held at 41°F or below.

Food	Equipment Used
<i>(Example) Burgers</i>	<i>True refrigerator</i>
Method for monitoring:	

Item M-Time Alone as Control: List foods where only time, and not temperature, will be used to control the safety of time/temperature controlled 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 Food Code).

Food	How long will this food be held out of temperature control	Marking Method	Monitoring method and action taken when time limit is reached
<i>(Example) Corn Dogs</i>	<i>4 hours</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>

Item N-Date Marking: Ready-to-eat time/temperature controlled foods held over 24 hours in refrigeration must be date marked with a method that indicates when they need to be discarded. Indicate the food, date marking method to be used including the maximum number of days between preparation/opening and discarding.

Food	Date Marking Method

PART 2 EMPLOYEE HEALTH AND HYGIENE

Item A-Hygiene Practices: Complete the following, by initialing to verify agreement to comply.

	Initial
Employees will report to work clean and in clean clothes:	
Employees will use proper hair restraints, describe restraint to be 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.	

Item B-Handwashing: Indicate how and when employees will wash their hands, number and description of handwashing station(s) and how warm water will be provided to handwashing station(s).

How and when will employees wash hands:

Number and description of handwash station(s):

How is warm water (100°F min.) provided to handwash station(s):

Item C-Employee Health: Describe how employees will be made aware of health reporting requirements (reportable illnesses and symptoms) as it relates to diseases transmissible through food. Provide copies of any handouts or posters used in this training. Note: Guidance documents, including posters and forms, are available from the regulatory authority.

The person in charge (PIC) is required to:

- Recognize symptoms of diseases that are transmitted by foods. Common symptoms of illnesses that can be easily spread by food include:
 - Diarrhea
 - Vomiting
 - Jaundice
 - Sore throat with fever, or
 - Infected wounds and boils on the hands or arms
- Notify employees of their reporting requirements regarding their health and activities. **Employees must notify PIC when:**
 - They experience any of the common symptoms that can be easily spread by food:
 - Diarrhea
 - Vomiting
 - Jaundice
 - Sore throat with fever
 - Infected wounds and boils on the hands or arms
 - They are diagnosed as being ill as a result of any of the following pathogens (Big Five)
 - Norovirus
 - Hepatitis A virus
 - *Shigella spp.*
 - Enterohemorrhagic or Shiga toxin-producing *Escherichia coli* (*E. coli*)
 - *Salmonella typhi*
 - They are exposed to or are suspected of causing a confirmed foodborne illness outbreak of any of the Big Five.
 - They live with a household member who has any of the Big Five, or if a household member works in or attends a setting where any of the Big Five have caused a confirmed outbreak.
- Exclude food employees from the unit with the following conditions:
 - Diagnosed as having an illness associated with a Big Five pathogen
 - For employees diagnosed with one of the Big Five but experiencing no illness symptoms, consult the regulatory authority. Restriction is allowed under some circumstances.
 - Signs of jaundice, (yellowing of skin and/or eyes), and onset occurred in the last 7 calendar days.
 - Symptoms of vomiting and/or diarrhea
- Restrict food employees with the following conditions from working with exposed food; clean equipment, utensils and linens; unwrapped single service and single-use items; etc.:
 - Sore throat with fever
 - An uncovered lesion containing pus, such as a boil, or an uncovered infected wound
- Notify the regulatory authority when an employee is diagnosed with any of the below listed pathogens or is jaundiced.
 - Norovirus
 - Hepatitis A virus
 - *Shigella spp.*
 - Enterohemorrhagic or Shiga toxin-producing *Escherichia coli* (*E. coli*)
 - *Salmonella typhi*
- Reinstate affected food workers who are restricted or excluded. Reinstatement will be performed in the following manner:
 - Any employee excluded due to jaundice or diagnosis with one of the Big Five will be reinstated per written medical documentation from a physician and **approval from the regulatory authority**. Contact the regulatory authority for assistance with other options for reinstatement.
 - Any employee excluded due to symptoms of vomiting or diarrhea will be reinstated after they have been symptom free for at least 24 hours, or after they have provided medical documentation that the symptom is from a noninfectious condition.
 - Any employee restricted or excluded due to illness with sore throat and fever will be reinstated when they have provided medical documentation that they have received antibiotic therapy for *Streptococcus pyogenes* infection for more than 24 hours, they have had at least one negative throat specimen culture for *Streptococcus pyogenes*, or it is otherwise determined by a health practitioner that they are free of *Streptococcus pyogenes* infection.
 - Any employee restricted due to an uncovered infected wound or pustular boil will be reinstated when the area is properly covered with one of the following:
 - On the hands or wrists, an impermeable cover such as a finger cot or stall with a single-use glove worn over the impermeable cover,
 - On exposed portions of the arms, an impermeable cover, or
 - On other parts of the body, a dry, durable, tight-fitting bandage
- Assure that the following procedures are met:
 - Require all employees to review this procedure.
 - Monitor employees for visible or obvious symptoms.
 - Assure that all employees notify the PIC when required.
 - Assure that all food employees comply with exclusions or restrictions.
 - Maintain documents and record of exclusions and restrictions.
 - Contact the regulatory authority when required and if there are any questions.

By initialing, I agree to comply with the above listed employee health requirements of the Michigan Modified Food Code.

Initials: _____

PART 4 WATER SUPPLY

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

Item A-Water Source and Storage: Indicate the source of potable water, how water is supplied/delivered (e.g., food grade hoses) to STFU/mobile, and how this water will be stored on board (e.g., water jugs, holding tank). List the material and size of holding tanks or water containers. NOTE: The unit should be equipped with enough water capacity to meet peak water demands while in operation.

Source of water:	
Delivery of water to STFU/mobile:	
Storage of water (include size of holding tanks/containers):	

Item 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 and how this equipment will be protected from contamination when not in use.

Equipment	Cleaning/Sanitizing Method	Frequency	Protection when not in use
<i>(Example) Food grade hose</i>	<i>Rinsed out with chlorinated water</i>	<i>After each event</i>	<i>Stored in cabinet within unit</i>

Item C-Backflow Prevention: List equipment that will require backflow prevention and what method of backflow prevention will be provided. If a connection will be made to a public water system, describe how the public water system will be protected from the unit.

Equipment	Backflow Prevention Method
<i>(Example) Carbonator</i>	<i>ASSE 1022 device</i>
If connection to public water system is needed, how will the public water system will be protected from unit:	

PART 5 SEWAGE DISPOSAL

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

Item A-Liquid Waste Disposal: Describe how liquid waste generated in the STFU/mobile will be collected and disposed. Include the capacity/size of waste holding tanks/containers.

Item B-Backflow Prevention: List equipment that has a drainline and in which food, portable equipment, or utensils are placed. Describe how this equipment will be protected from sewage “back up” through this drainline.

Equipment	Backflow Prevention Method
<i>(Example) Ice bin</i>	<i>Air gap between ice bin and waste water holding tank</i>

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

Item D-Service Sink: If applicable to STFU/mobile, describe how floors will be cleaned and where waste water from wet floor cleaning will be disposed of.

PART 6 ENVIRONMENTAL HAZARDS

Item A-Pest & Environmental Controls: Describe the methods you will use to keep flying and crawling pests as well as environmental contaminants (e.g., leaves, blowing dust) out of the STFU/mobile (e.g., service windows with air curtains or screening). If equipment and/or food is in an open-air environment, describe how this food and/or equipment will be protected (e.g.; lidded food containers).

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

PART 7 Floors/Walls/Ceiling

Item A-Floors: Describe the type of indoor flooring to be used. If indoor flooring is not applicable, describe the ground surface the unit will be placed upon when operating.

Item B-Walls: Describe the type of indoor walls to be installed. If indoor walls are not applicable, describe how food equipment and food will be protected from the surrounding environment.

Item C-Ceiling: Describe the type of indoor ceiling to be installed. If indoor ceiling is not installed, describe how overhead protection will be provided.

Item D-Exterior: Describe the exterior construction material of the unit.

MFL 289.6135-- The name and address of the business operating a mobile food establishment shall be affixed to each side of the exterior of the vehicle in letters not less than 3 inches high and 3/8 of an inch wide and shall be in contrast to the vehicle background color

Item B-Hot Water Capacity: Describe how hot water will be provided. If a tank or tankless water heater will be used, list make, model, and size of unit. (NOTE: The unit should be equipped with enough hot water capacity to meet peak water demands while in operation.)

Item C-Dish (Warewashing) Sinks: List the size of each sink compartment or tub to be used for warewashing and describe where soiled utensils/equipment will be stored before warewashing and where cleaned and sanitized utensils/equipment will be stored while air drying. List the measurements of the largest piece of equipment or largest utensil that will be cleaned and sanitized in the dish (warewashing) sinks.

PART 9 ELECTRICITY

Item A: Mark if electricity is needed for operation of the STFU/mobile. If needed, mark if electricity will be supplied by a generator that is part of the STFU/mobile or by an electrical connection from another entity.

Electricity is need for operation: YES NO

If YES, mark how electricity be provided: Generator as part of STFU/mobile Electrical connection by another entity

If a generator, as part of STFU/mobile, is used describe the make and model of generator as well as the wattage it can provide. Indicate where this generator will be located:

If electrical connection by another entity is used, describe how you will ensure electricity is left running overnight, if applicable.

PART 10 VENTILATION

**Enclosed STFU/Mobile units with cooking equipment, propane tanks, or generators must obtain a fire inspection from the City of Detroit Fire Department- Fire Marshal Division to operate in the City of Detroit. Detroit Public Safety Headquarters is located: 1301 Third St. Ste. 700, Detroit, MI 48226
Phone: (313)596-2932**

Item A: Mark if mechanical ventilation hood will be provided. If provided, indicate if the hood is a Type I or Type II and how make up air will be provided.

Mechanical ventilation hood will be provided: YES NO

If provided, mechanical ventilation hood is a: Type I Type II

If applicable, describe how make up air will be provided:

Item B: If applicable, list what equipment will be located underneath the mechanical ventilation hood.
