

**2023 Pike County**  
**Mobile Food Service Operations & Mobile Retail Food Establishment Operations**  
**Criteria for reviewing facility layout and equipment specifications**

The Ohio Administrative Code Chapter 3717-1 **Ohio Uniform Food Safety Code** can be viewed in its entirety at the following websites under the final rules sections:

Ohio Dept. of Health: [www.odh.ohio.gov](http://www.odh.ohio.gov)      Ohio Dept. of Ag.: [www.agri.ohio.gov](http://www.agri.ohio.gov)

*What is a mobile food service operation (FSO)?*

**3717-1-01(68) "Mobile Food Service Operation"** means a food service operation that is operated from a moveable vehicle, portable structure, or watercraft and that **routinely changes location**, except that if the operations remains at any one location for more than forty consecutive days, the operation is no longer a mobile food service. "Mobile food service operation" includes a food service operation that **does not remain at any one location for more than forty consecutive days** and serves, in a manner consistent with division (F) of section 3717-.01 of the Revised Code.

*What is a mobile retail food establishment (RFE)?*

**3717-1-01(69) "Mobile Retail Food Establishment"** means a retail food establishment that is operated from a moveable vehicle or other portable structure, and that **routinely changes location**, except that if the establishment operates from any one location for more than **forty consecutive days**, the establishment is no longer a mobile retail food establishment.

➤ **According to the Ohio Administrative Code 3701-21-03:** Facility layout and equipment specifications are required to be submitted to the local health department for all new or extensively altered mobile food service operations or mobile retail food establishments.

➤ **The following items must to be submitted to this office:**

- **The attached application.**
- **Plan of facility drawn to scale.** The following should be shown on the plans or submitted as attachments:
  - (1.) Mobile outside dimensions,
  - (2.) Entrances/ exits
  - (3.) Location of all food service equipment listed with common name of each piece of equipment, etc.,
  - (4.) Auxiliary areas such as storage trucks, buildings
  - (5.) Electrical fixtures, lighting layout, mechanical ventilation, and plumbing fixtures.
- **Menu:** Attach a list of all foods/beverages to be sold.
- **Equipment list** with equipment manufacturers name and model numbers. *Food equipment that is acceptable for use in a food service or retail food establishment shall be approved by a recognized food equipment testing agency, such as NSF.*
- **Letter(s) of approval, if applicable,** from all other applicable agency

**FEES:**

- There is no fee for reviewing facility layout and equipment specifications
- Licensing fee: **2023 Annual Licensing Fee = \$225.00**

**Submit licensing fee, application and all required documentation to:**

**PIKE COUNTY GENERAL HEALTH DISTRICT**  
**Attn. Environmental Health – Food Division**  
**116 S. Market St., Waverly, Ohio 45690**  
*Phone: (740) 947-7721 Fax: (740) 947-1109*



**Some specifications required by code for mobile units water, plumbing, & sewage systems**

**3717-1-05.2 Water, Plumbing, & Waste: Mobile Water Tank & Mobile Water Service Operation Water Tank**

**(A)** Materials that are used in the construction of a mobile water tank, mobile food service operation water tank, and appurtenances shall be:

(1) Safe; (2) Durable, corrosion-resistant, and nonabsorbent; (3) Finished to have a smooth, easily cleanable surface; and (4) Constructed of materials that meet N.S.F. standard 61 or the equivalent.

**(B)** A mobile water tank shall be: (1) Enclosed from the filling inlet to the discharge outlet; and (2) Sloped to an outlet that allows complete drainage of the tank.

**(C)** If a water tank is designed with an access port for inspection and cleaning, the opening shall be in the top of the tank and:  
(1) Flanged upward at least one-half inch; and (2) Equipped with a port cover assembly that is: (a) Provided with a gasket and a device for securing the cover in place, and (b) Flanged to overlap the opening and sloped to drain.

**(D)** A fitting with "V" type threads on a water tank inlet or outlet shall be allowed only when a hose is permanently attached.

**(E)** If provided, a water tank vent shall terminate in a downward direction and shall be covered with:

(1) Sixteen mesh to one inch (sixteen mesh to 25.4 millimeters) screen or equivalent when the vent is in a protected area; or (2) A protective filter when the vent is in an area that is not protected from windblown dirt and debris.

**(F)** A water tank and its inlet and outlet shall be sloped to drain. A water tank inlet shall be positioned so that it is protected from contaminants such as waste discharge, road dust, oil, or grease.

**(G)** A hose used for conveying drinking water from a water tank shall be:

(1) Safe; (2) Durable, corrosion-resistant, and nonabsorbent; (3) Resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition; (4) Finished with a smooth interior surface; (5) Clearly and durably identified as to its use if not permanently attached; and (6) Constructed of materials that meet N.S.F. Standard 61 or the equivalent.

**(H)** A filter that does not pass oil or oil vapors shall be installed in the air supply line between the compressor and drinking water system when compressed air is used to pressurize the water tank system.

**(I)** A cap and keeper chain, closed cabinet, closed storage tube, or other approved protective cover or device shall be provided for a water inlet, outlet, and hose.

**(J)** A mobile food service operation's or a mobile retail food establishment's water tank inlet shall be:

(1) Three-fourths inch in inner diameter or less; and (2) Provided with a hose connection of a size or type that will prevent its use for any other service.

**(K)** A water tank, pump, and hoses shall be flushed and disinfected according to rule 3701-28-17 of the Administrative Code before being placed in service and after construction, repair, modification, and periods of nonuse.

**(L)** A person shall operate a water tank, pump, and hoses so that backflow and other contamination of the water supply are prevented.

**(M)** If not in use, a water tank and hose inlet and outlet fitting shall be protected using a cover or device as specified under paragraph (I) of this rule.

**(N)** A water tank, pump, or hose used for conveying drinking water shall be used for no other purpose. This paragraph does not prohibit water tanks, pumps, and hoses approved for liquid foods to be used to convey drinking water if they are cleaned and sanitized before being used to convey water.

**3717-1-05.3 Water, Plumbing, and Waste: Sewage, Other Liquid Waste, and Rainwater.**

- (A) A sewage holding tank in a mobile food service operation or a mobile retail food establishment shall be:
  - (1) Sized fifteen per cent larger in capacity than the water supply tank; and (2) Sloped to a drain that is one inch in inner diameter or greater, and equipped with a shut-off valve.
- (F) Sewage and other liquid wastes shall be removed from a mobile food service operation at an approved waste servicing area or by a sewage transport vehicle in such a way that a public health hazard or nuisance is not created.
- (G) A tank for liquid waste retention shall be thoroughly flushed and drained in a sanitary manner during the servicing operation.
- (H) Sewage shall be disposed through a facility that is:
  - (1) A public sewage treatment plant; or (2) An individual sewage disposal system that is sized, constructed, maintained, and operated according to law.



Prior to licensing your unit must have the appropriate signage for the exterior of your unit.

**3701-21-02 (H)**

- o Mobile license shall be displayed for that unit at all times within the unit.
- o Each operator of a mobile unit shall conspicuously display the name of the operation, the city of origin and the area code and telephone number on the exterior of the mobile unit.
- o The name and city of origin of the mobile unit shall be displayed with individual lettering measuring at least 3 inches high and 1 inch wide.

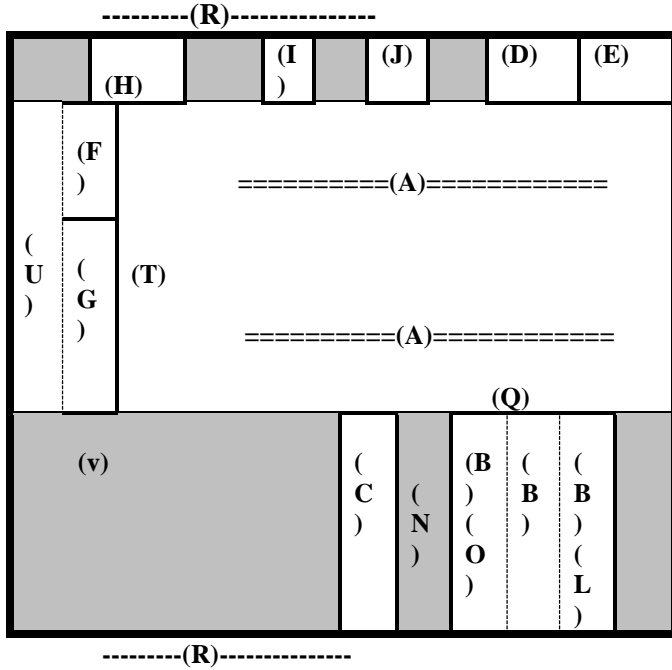
**★ Some of the other agencies that may need to be contacted:**

Questions regarding:	Agency	Contact
★ Labeling requirements, ★ Whole sale items, ★ Home Bakeries ★ Farm/farmers markets, ★ Dairy production, etc.	Ohio Dept. of Agriculture	8995 E. Main St., Reynoldsburg, Ohio 43068 Phone: (800)282-1955 or (614)728-6250 – Food Division
★ Fire Code Requirements and inspections	Your Local fire authority or the State Fire Marshall	State Fire Marshall (614) 728-5460
★ The road worthiness of your mobile food units	Bureau of Motor Vehicles, Sheriff's office or other agencies	
★ Vendor licenses	Pike County Auditor	Phone: (740) 947-4125



# EXAMPLES OF FLOOR PLANS

## Example 1

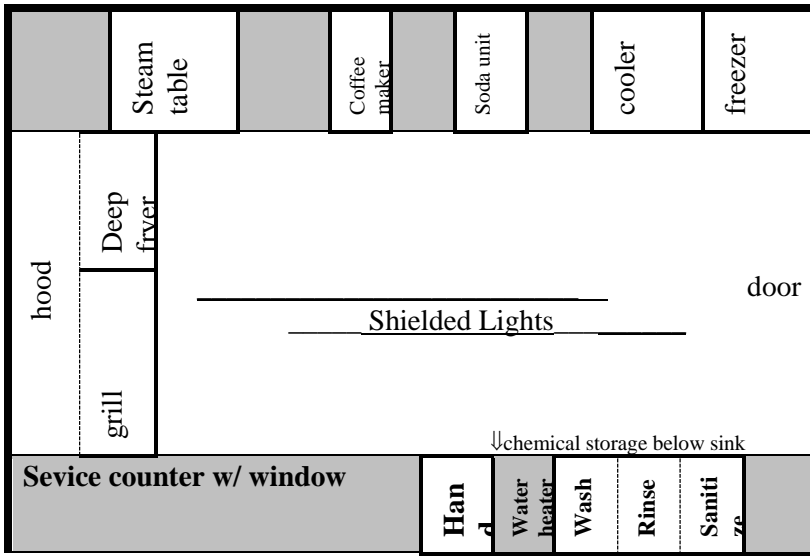


**Note:** Floor plan can be hand drawn as long as it is legible and reasonably drawn to scale.

(P)

- KEY:**
- A. Shielded lights
  - B. 3 compartment sink
  - C. Hand sink
  - D. Refrigerator
  - E. Freezer
  - F. Grill
  - G. Deep Fryer
  - H. Steam table unit
  - I. Coffee pots
  - J. Soda fountain
  - K. Freshwater tap/potable water holding tank fill port
  - L. Potable water tank
  - M. Backflow prevention device
  - N. Hot water heater
  - O. Gray water holding tank/ Blue Boy type catch basin
  - P. Propane hook-up
  - Q. Chemical storage
  - R. Serving window(s)
  - S. Outside grill
  - T. Entrance to unit
  - U. Hood/ vent system
  - V. Counter

## Example #2



↓ Propane hook-up

↑ back flow preventer/ Fill tank/blue boy outside grill



# 2023 MOBILE PLAN REVIEW APPLICATION

Name of Owner or Owner's Representative: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of proposed mobile unit: \_\_\_\_\_  
 Address of where unit will be stored:: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Township: \_\_\_\_\_

When will your mobile be ready for final inspection: \_\_\_/\_\_\_/\_\_\_

1.	<p>Is this a: <input type="checkbox"/> <b>New unit</b> <input type="checkbox"/> <b>Remodel of a Pike County licensed mobile</b> or <input type="checkbox"/> <b>Unit that was licensed in another County: Where was this unit licensed and when:</b> _____</p> <p>What type of unit is this: <input type="checkbox"/> <b>box-type concession trailer</b>, <input type="checkbox"/> <b>tent unit</b>, <input type="checkbox"/> <b>push-cart</b>, <input type="checkbox"/> <b>water craft</b></p> <p>Outside dimensions of unit: _____ List hours of operation: _____</p> <p><input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Will your unit be set up at a certain location on a regular basis?          If yes, where: _____</p>
2.	<p>Where will employees store personal belongings (i.e., purse, coats, etc.)?</p> <p>Briefly describe policy to exclude/restrict food workers who are sick or have infected cuts/lesions:</p>
3.	<p><b>Menu:</b> <input type="checkbox"/> <b>Attach a menu</b> or <input type="checkbox"/> <b>List</b> the types of foods/beverages to be sold:</p>
4.	<p><i>Note: All food and food contact supplies/equipment must be from inspected and approved sources.</i></p> <p><input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Will any of your supplies be purchased from an alternative source ie. cottage food products?          If yes, list name and phone # of person or business: _____</p>
5.	<p><input type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Based on your menu, other than commercially packaged products that are not being repackaged in your facility (ie. chips, candy bars, ice cream novelty items, whole sale frozen meats, etc.) will all food be prepared within the mobile unit/? If no, where will the food be prepared?</p>
6.	<p><input type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Will raw meats/ poultry/seafood be stored in cold holding units with cooked/ready-to-eat foods? <u>If yes</u>, list how cross-contamination will be prevented?</p>
7.	<p><input type="checkbox"/> <b>N/A or list:</b> Where will the shelf-stable food storage be located?</p> <p><input type="checkbox"/> <b>N/A or list:</b> Where will the paper goods storage space(s) be located?</p>
8.	<p><input type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Will equipment be used outside the unit (i.e. grills, deep fryers, coolers, sinks, etc.)?  <i>If yes, remember to include these items on your required floor plan.</i></p>
9.	<p><input type="checkbox"/> <b>N/A or list:</b> Total Number of Refrigeration units: _____ Total Number of Freezer units: _____</p> <p><input type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Will any food be stored cold using methods other than in refrigerators/freezers such as stored on ice, in insulated coolers etc.? If yes, list types of foods:</p>
10.	<p><input type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Will your operation be thawing food items for preparation or for sale?          → <b>If yes, check types:</b> <input type="checkbox"/> Thick meats, <input type="checkbox"/> Thin meats, <input type="checkbox"/> Seafood, <input type="checkbox"/> Poultry, <input type="checkbox"/> Cold foods, <input type="checkbox"/> Baked goods          → <b>how:</b> <input type="checkbox"/> Refrigeration, <input type="checkbox"/> Running water, <input type="checkbox"/> Cooked frozen, <input type="checkbox"/> Microwave, <input type="checkbox"/> Other</p>

11.	<input type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Will your operation be cooling any food items?, → <b>If yes</b> , check (4) type(s): <input type="checkbox"/> <b>Thick meats</b> , <input type="checkbox"/> <b>Thin meats</b> , <input type="checkbox"/> <b>Seafood</b> , <input type="checkbox"/> <b>Poultry</b> , <input type="checkbox"/> <b>Hot foods</b> (Soups, gravies etc.), <input type="checkbox"/> <b>Cold foods</b> (Tuna/Potato Salads etc.), <input type="checkbox"/> <b>Baked goods</b> (Cream pies, etc.) <input type="checkbox"/> <b>Beverages</b> → <b>how</b> : <input type="checkbox"/> Refrigerator/freezer <input type="checkbox"/> Shallow Pans, <input type="checkbox"/> Ice baths, <input type="checkbox"/> Rapid Chill <input type="checkbox"/> Other: _____
12.	<input type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Are any foods prepared <u>more than 12 hours</u> in advance of service: <b>If yes</b> , list types:
13.	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Will your operation be selling hot food items (cooking/receiving/heating/ holding hot)?
14.	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Will your unit have fountain drinks, coffee/ beverage machines? <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Will your unit be using ice? <b>If yes</b> , for what purpose: _____ & ice will be: <input type="checkbox"/> Purchased commercially or <input type="checkbox"/> made on premises
15.	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Will there be any outside support (storage) vehicles, buildings, etc.? If yes, please list units and what will be stored in them:
16.	<input type="checkbox"/> <b>N/A or describe</b> how will employees avoid touching ready-to-eat foods?
17.	<input type="checkbox"/> <b>N/A or describe</b> where is the backflow prevention device ( <u>must be either ASSE #1012 or #1024</u> ) to be located on this unit?
18.	<input type="checkbox"/> <b>N/A or describe</b> where will you store your food grade water hose when it is not being used? <b>Note: Water hoses must be food grade – no garden hoses for the fresh water supply.</b>
19.	<input type="checkbox"/> <b>N/A or Indicate</b> if your facility will have the following <b>types of sinks</b> : <input type="checkbox"/> 3 compartment sinks, <input type="checkbox"/> 2 compartment sinks, <input type="checkbox"/> Food preparation sinks, <input type="checkbox"/> Hand wash sinks, <input type="checkbox"/> Restroom sinks, <input type="checkbox"/> Mop/utility sinks, <input type="checkbox"/> Ice cream scoop wells, <input type="checkbox"/> Other:
20.	<input type="checkbox"/> <b>N/A or check</b> type(s) of sanitizer is to be used in the 3-compartment/2 compartment sink: <input type="checkbox"/> <b>Chlorine</b> , <input type="checkbox"/> <b>Quaternary Ammonium</b> , <input type="checkbox"/> <b>Iodine</b> , or <input type="checkbox"/> <b>Hot water (ie. for mechanical dishwashers)</b> <input type="checkbox"/> <b>N/A or Describe</b> location where washed utensils/equipment will be placed to air dry:  <input type="checkbox"/> <b>N/A or Describe</b> procedures for cleaning & sanitizing cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks.
21.	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Does the unit have a restroom?
22.	<input type="checkbox"/> <b>N/A*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Do all hand washing sinks have hot & cold or warm running water? *If your unit is not required to have a hand washing sink – explain how will employees clean their hands?  <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Are hand drying facilities (paper towels, continuous roll cloth type, air blower, etc.), soap dispensers and waste receptacles available at all hand washing sinks? <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Does each hand sink have a sign reminding employees to wash their hands?  <b>Choking posters, hand wash signs, etc. are available through this office.</b>
23.	<input type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Will trash be stored inside? <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> Will all containers of toxic/cleaning materials be clearly labeled? <input type="checkbox"/> <b>N/A or</b> List storage location for clean linens: _____ dirty/soiled linens: _____ <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> If used, are insecticides/rodenticides stored separately from cleaning and sanitizing agents? Describe location for storing mops, brooms, cleaning chemicals, etc.:

24.	<input type="checkbox"/> <b>N/A or</b> What type of water supply will the proposed operation have? <input type="checkbox"/> <b>Community/Municipal</b> , <input type="checkbox"/> <b>Well</b> <input type="checkbox"/> <b>N/A or</b> Where will sewage/gray water be disposed at? <input type="checkbox"/> <b>Community/Municipal</b> , <input type="checkbox"/> <b>On site</b> <i>Ohio EPA or the Local Health Department based on usage regulates on-site sewage disposal and public wells.</i>	
26	<input type="checkbox"/> <i>N/A or: List surface finishes to be used: (i.e. paint, vinyl, metal, etc.)</i>	
	<b>Main mobile unit</b>	<b>Support units, etc.</b>
	FLOOR	
	WALLS	
	CEILING	

**Statement:**

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from this office may nullify this approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Owner or Authorized Representative

**Note: Your food license can only be issued when all of the following have been completed:**

- ▶ Submitted application and plans have been reviewed and approved.\*
  - ▶ All other applicable agencies have given their written approval. Copies of approvals need to be submitted or available for this office’s verification.
  - ▶ Appropriate licensing fee and licensing application have been submitted to this office.
  - ▶ Your operation is complete and meets requirements of the Ohio Uniform Food Safety Code
  - ▶ This office has conducted a pre-licensing inspection(s) and verifies that your operation is in compliance with applicable regulations.
- \*Approval of these plans and specifications by this office does not indicate compliance with any other code, law or regulation that may be required-federal, state, or local. It further does not constitute endorsement or acceptance of the completed operation (structure or equipment).*

**OFFICE USE ONLY**

**PLANS & PLAN REVIEW APPLICATION:**

- Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_
- Plan Approval Date: \_\_\_\_\_ or Plan Disapproval Date: \_\_\_\_\_
- Approval/Disapproval Letter(s) sent: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**IF APPLICABLE - AUTHORIZATION FROM OTHER AGENCIES:**

- Approval Date: \_\_\_\_\_ Ohio EPA or Pike Co. Health Dept. - for on site septic
- Approval Date: \_\_\_\_\_ Ohio EPA or Pike Co. Health Dept. - for well water
- Approval Date: \_\_\_\_\_ Building Department
- Approval Date: \_\_\_\_\_ Fire Authority
- Approval Date: \_\_\_\_\_ Liquor Dept.

**2022 Application for a License to Conduct a:** (check only one)  **Food Service Operation**  
 **Retail Food Establishment**

**Instructions:**

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to:
4. Return check and signed application **by\*:** 03/01/2023

**to: Pike Co. General Health District**  
**116 S. Market St**  
**Waverly, OH 45690**

\* There is a mandatory penalty fee of 25% of the renewal fee operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address		Email	
City		State	Zip
Phone #	Fax #	Check if applicable <input type="checkbox"/> Catering <input type="checkbox"/> Seasonal	
Name of individual certified in food protection (if any) and their certificate number (use back for additional names)			

**Mailing address for annual renewal if different than above:**

Name of parent company or owner		Phone #	
Address		Email	
City		State	Zip
I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:			
Signature		Date	

**Licensors to complete below**

Category			
License fee	+ Late fee	+ State amount	= Total amount due

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Audit no.	License no.
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As per AGR 1269 (Rev. 1/2018) The Baldwin Group, Inc.  
 As per HEA 5319 (Rev. 1/2018) The Baldwin Group, Inc.