

STATE OF NEVADA
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 ENVIRONMENTAL HEALTH SECTION
www.dpbh.nv.gov
PLAN REVIEW FOR FOOD ESTABLISHMENT
MOBILE FOOD VEHICLE



Tracking No: _____
 Date Approved _____
 Expiration Date _____

Submitting incomplete plans will delay the plan review process. Please answer every question that applies to your food service operation

NAME OF MOBILE FOOD VEHICLE	
PHYSICAL STORAGE LOCATION	
PHONE	

OWNER		PHONE	
ADDRESS			
ALTERNATE PHONE		E-MAIL	





SERVICE DEPOT		PHONE	
ADDRESS			
ALTERNATE PHONE		E-MAIL	

SERVICE DUMP SITE		PHONE	
ADDRESS			
ALTERNATE PHONE		E-MAIL	

VEHICLE IDENTIFICATION NUMBER (VIN)	
STATE LICENSE PLATE NUMBER	
VEHICLE MAKE	
VEHICLE MODEL	
VEHICLE COLOR	
PROVIDE ROUTE DETAILS <input type="checkbox"/> REGULAR DAILY ROUTE , Describe Route <input type="checkbox"/> TEMPORARY EVENTS, PLUS DAILY <input type="checkbox"/> TEMPORARY EVENTS, ONLY	

Facility Information: Applications and/or plans have been submitted to the following regulatory authorities for review:

State City or County	<input type="checkbox"/> STATE BUSINESS LICENSE	<input type="checkbox"/> LOCAL BUSINESS LICENSE	<input type="checkbox"/> FIRE DEPARTMENT
State, City Or County Below	PROVIDE NUMBER BELOW	PROVIDE NUMBER BELOW	PROVIDE DATE OF APPROVAL
<i>Storey County</i>	<i>Number</i>	<i>Number</i>	<i>12/19/2017</i>

Mobile Food Establishment Vehicle Type: The term does not include a pushcart or any portable unit for the service of food.			
<input type="checkbox"/>	<u>Full Service Mobile Unit</u>	a unit, in which food including PHF/TCS, may be stored, prepared, cooked and/or served.	
<input type="checkbox"/>	<u>Food Service Trailer</u>	a unit designed to be towed where food including PHF/TCS may be stored, prepared, cooked and/or served.	
<input type="checkbox"/>	<u>Pre-Packaged Food Truck</u>	a unit designed to store ready-to-eat foods (No Cooking) (i.e., ice cream, pre-packaged shelf-stable items)	
<input type="checkbox"/>	<u>Off-Premises Catering Vehicle</u>	a self-contained vehicle used for preparation, delivery and/or service of foods prepared as part of a catering operation. Food handling on the vehicle is limited to hot or cold holding	
	NOT ALLOWED	Hot dog carts, Portable Units for Food, Portable Bar Units, Rolling Hot Holding Units	Various Designs

I have spoken with my Environmental Health Specialist and a Service Depot will be Required. Yes No

What is the Service Depot Requirement About? A service depot is a food establishment or facility permitted or licensed by DPBH or a local health authority. Service Depots provide a location where food trucks are cleaned, supplied with water, food, single-service items, and where waste water is properly disposed of. Service Depot functions MAY be provided at multiple locations

I HAVE PROVIDED A SERVICE DEPOT AGREEMENT FOR EACH SERVICE LOCATION (SEE ATTACHMENT)

I AM OPERATING WITH OUT A BASE OF OPERATIONS WITH HEALTH AUTHORITY APPROVAL

LOCATION	FACILITY NAME	ADDRESS	PHONE	CONTACT
Food Preparation				
Clean Water				
Dumping or waste Water				
Dish Washing or Cleaning				
Other				

LIST THE DAYS AND TIMES YOU WILL BE USING THE SERVICE DEPOT						<input type="checkbox"/> Without Base Operation	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	

I HAVE SPOKEN WITH MY ENVIRONMENTAL HEALTH SPECIALIST AND A CERTIFIED FOOD MANAGER CERTIFICATE WILL BE REQUIRED. YES NO

A person-in-charge who possesses a food safety certificate from an approved authority must be on board during all hours of operation. Menu determines type of certificate required. Recertification is required every 3 years to 8 years.

A designated person in charge that can demonstrate knowledge of: Foodborne disease prevention, application of food safety hazards analysis critical control points (HACCP) principles, and the requirements of the food code, will be available during all hours of operations.

This facility does not handle potentially hazardous foods (TCS) and a Food Protection Manger is not required for this facility type.

STAFF FOOD SAFETY KNOWLEDGE. HOW WILL FOOD EMPLOYEES BE TRAINING IN GOOD FOOD SANITATION PRACTICES (CHECK ALL THAT APPLY)

- On the Job Training
- A written food safety handbook
- Video
- Class room training
- Other: _____

DESCRIBE ROUTE RESTROOM AVAILABILITY

ROUTE with a restroom available for employee use, the mobile food vehicle will operate a route and not remain in one location longer than 4 hours.

ROUTE without a restroom available for employee use, the mobile vehicle will operate a route without restrooms available and not remain in one location longer than 1 hour.

NO ROUTE - The mobile food vehicle will be used at special events for more than 4 hours, restrooms are provided by event.

ESTIMATED NUMBER AND TYPE OF MEALS/BEVERAGES TO BE SERVED PER DAY

BREAKFAST		LUNCH		DINNER	
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MAXIMUM NUMBER OF KITCHEN STAFF AVAILABLE PER SHIFT

BREAKFAST		LUNCH		DINNER	
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RISK CATEGORY: DESCRIBE RISK CATEGORY BASED ON EXAMPLES PROVIDED (SELECT ONE)





















- Low Risk – Category 1**
These units can serve only intact, packaged foods and non-potentially hazardous drinks. No preparation or assembly of foods or beverages may take place on the unit. Non-potentially hazardous beverages must be provided from covered urns or dispenser heads only. No dispensed ice is allowed. (Example: Packaged snacks, sodas, pre-packaged ice cream)
- Moderate Risk – Category 2**
These units may dispense unpackaged foods. However, no cooking, preparation or assembly of foods is allowed on the unit. No self-service by customers is allowed. Dispensed ice is allowed. (Example: Prepackaged sandwiches etc.)
- High Risk – Category 3**
These units may cook, prepare and assemble food items. Prepare and handle raw ingredients. Complex preparation including cooking, and hot holding involves many potentially hazardous foods (TCS foods). No cooling or reheating is allowed.
- Very High Risk – Category 4**
These units may serve a full menu including specialized processes, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.

CHECK THE BOX FOR THE TYPE OF FOOD SERVICE YOU WILL BE PROVIDING:					
		PROCESS 1	PROCESS 2		PROCESS 3
PROCESS	COMMERCIALY PACKAGED FOOD ONLY	NO COOK STEP	PREPARATION FOR SAME DAY SERVICE (Approved for mobile vehicle)		COMPLEX FOOD PREPARATION (Depot Only)
Check Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Receive	Receive	Receive	Receive	Receive
	Store	Store	Store	Store	Store
	Sell	Prepare	Prepare	Prepare	Prepare
		Hold Cold	Cook Or Heat	Cook	Cook
		Serve	Serve	Hot Hold	Cool
				Serve	Reheat
					Hot Hold
					Serve






IMPORTANT: Preparation of potentially hazardous food (time/temperature control for safety food) inside a mobile unit must be accomplished daily, for service that same day. Choose the most complex operation.

DESCRIBE TYPE OF SPECIAL PROCESSES		<input type="checkbox"/> THIS ESTABLISHMENT PERFORMS NO SPECIAL PROCESSES
<input type="checkbox"/>	Sous Vide	
<input type="checkbox"/>	Reduced Oxygen Packaging	
<input type="checkbox"/>	Using Food Additives or Components to improve shelf-life or render foods shelf-stable	
<input type="checkbox"/>	Smoking for Preservation	
<input type="checkbox"/>	Curing, Drying Meat, Poultry or Fish	
<input type="checkbox"/>	Molluscan Shellfish Life Support System Display Tank	
<input type="checkbox"/>	Raw Fish Products: Sashimi, Sushi or Ceviche	
<input type="checkbox"/>	Custom Processing of Animals	
<input type="checkbox"/>	Juice Processing and Packaging for off-site sale	
<input type="checkbox"/>	Fermenting Pickles and Sauerkraut or Sausage	
<input type="checkbox"/>	Acidification, Low Acid Canned Food,	
<input type="checkbox"/>	Sprouting	

FOOD DELIVERY SCHEDULES AND STORAGE CAPACITY		
PROJECTED FREQUENCY OF DELIVERY:	STORAGE CAPACITY (CUBIC FEET) IN DEPOT	STORAGE CAPACITY (CUBIC FEET) ON-TRUCK
Frozen <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed		
Refrigerated <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed		
Dry Good <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed		
Single Service Utensils <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed		
DESCRIBE ANY SPECIAL SCHEDULES		

FOOD PREPARATION REVIEW				<input type="checkbox"/> NOT APPLICABLE	
INDICATE THE CATEGORIES OF POTENTIALLY HAZARDOUS FOODS (TCS/PHF) TO BE HANDLED, PREPARED AND SERVED					
Thin meats, poultry, fish, and eggs					
<input type="checkbox"/> Thin Beef Strips	<input type="checkbox"/> Deli Slices	<input type="checkbox"/> Eggs	<input type="checkbox"/> Hamburger	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Other	
Thick meats, whole poultry (Examples - roast beef; whole turkey, chicken and pork)					
<input type="checkbox"/> Whole Roast Beef	<input type="checkbox"/> Whole Raw Turkey/Chicken	<input type="checkbox"/> Whole Raw Pork	<input type="checkbox"/> Tripe	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Other	
Cold processed food					
<input type="checkbox"/> Salad	<input type="checkbox"/> Potato Salad	<input type="checkbox"/> Sandwiches	<input type="checkbox"/> Cut Vegetables	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Other	
Hot processed foods					
<input type="checkbox"/> Soup	<input type="checkbox"/> Rice	<input type="checkbox"/> Noodles	<input type="checkbox"/> Sauce	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Other	
Bakery Items					
<input type="checkbox"/> Pie	<input type="checkbox"/> Custard	<input type="checkbox"/> Bread	<input type="checkbox"/> Empanadas	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Other	
Beverage Items					
<input type="checkbox"/> Milk	<input type="checkbox"/> Soy Milk	<input type="checkbox"/> "Nut" Milk etc	<input type="checkbox"/> Juice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other:				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Food Safety Method: Cooling Methods - Foods must be cooled from 135° F to 70° F in 2 hours or less and from 70° F to 41° F in 4 hours or less (The total from 135° F to 41° F should be no more than 6 hours total) Not applicable

Cooling Method	Shallow pans	Ice Paddles/Sticks	Ice Baths	Rapid Chill Equipment (e.g., Blast freezers)	Volume Reduction (i.e. quartering)
					
<i>Example: Pinto Beans</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Solid Food: Roast(s), Turkey, Steaks</i>					
<i>Soft, Thick Foods: Beans, Rice, Gravy, Soups, Sauce,</i>					
<i>Baked Boiled Potatoes</i>					
<i>Pasta</i>					
<i>Deli Salads (Tuna/Chicken)</i>					

FOOD WILL BE PREPARED A DAY OR MORE IN ADVANCE FOR SALE OR SERVICE? YES NO NOT APPLICABLE

WHAT FOOD?	HOW LONG? (DAYS/HRS)	DEPOT	ON-TRUCK
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

WILL THE ESTABLISHMENT HAVE FOOD ITEMS THAT MUST BE DATE MARKED? YES NO NOT APPLICABLE

Describe:

WILL RAW MEATS, POULTRY AND SEAFOOD BE STORED IN THE SAME REFRIGERATOR OR FREEZER WITH COOKED AND READY-TO-EAT FOODS? YES NO (State which foods below) NOT APPLICABLE

FOOD SAFETY METHOD: COOKING METHODS –

Column “Equipment”- Stove Top, Oven, Grill, BBQ, Broiler, Rotisserie, Steamers, Microwave, Other

Column “Cooking Method”- Baking, Blanching, Boiling, Barbeque, Broiling and Grilling, Curing, Frying, Poaching, Roasting, Smoking, Simmering, Steaming, Moist heat, Dry heat, Other

Column “Verify Final Cook Temperature”- Logs, Assigned Staff, Random Checks, By SOP, By equipment design, RTE (None Required)

Product	Equipment	Cooking Method	How will you verify final cook temperature?	Depot	On-Truck
Eggs				<input type="checkbox"/>	<input type="checkbox"/>
Fish				<input type="checkbox"/>	<input type="checkbox"/>
Whole Meat				<input type="checkbox"/>	<input type="checkbox"/>
Ground Beef				<input type="checkbox"/>	<input type="checkbox"/>
Pork, Veal, Lamb				<input type="checkbox"/>	<input type="checkbox"/>
Chicken, Turkey		Choose an item.		<input type="checkbox"/>	<input type="checkbox"/>
Ham				<input type="checkbox"/>	<input type="checkbox"/>
Stuffed Items				<input type="checkbox"/>	<input type="checkbox"/>
Reheating				<input type="checkbox"/>	<input type="checkbox"/>
Plant Food for Hot Holding				<input type="checkbox"/>	<input type="checkbox"/>

Food Safety Method: Temperature Maintenance During Preparation – Describe the procedure used for minimizing length of time potentially hazardous foods will be out of approved temperature during preparation.

Not applicable

What Method?	What Foods?
Prep and Store Immediately	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Vegetables
Volume Reduction	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Vegetables
Time-Temp Indicators (TTI)	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Vegetables
Refrigerated Preparation Areas	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Vegetables
Store Food on Ice	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Vegetables

Food Safety Method: Thermometer Use – Check as many as apply

Column “Calibration Method” (A) Ice Point Method (B) Boiling Point Method (C) Specialized Equipment (D) Specific Date

Column “Verification Method” (A) Log (B) SOP (C) Assigned Staff, (D) Other, State Method

Thermometer Type	Calibration Method	Verification Method	DEPOT	ON-TRUCK
<i>Example: Analog thermometer</i>	<i>A & B</i>	<i>A & C</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Dial Oven-Safe (Analog)			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Digital Instant Read			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thermocouple			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Oven Probe			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Liquid-filled (Glass/Metal stem)			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Refrigerator/Freezer Thermometers			<input type="checkbox"/>	<input type="checkbox"/>

ON TRUCK: Food Safety Method: Dishwashing – Check as many as apply Not applicable

Dishwashing Methods: Check all that apply Manual Sink(s) No.: _____

Manual Compartment Units

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does the largest pot or pan fit into each compartment of the sink? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (a) If no describe cleaning procedure. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are there drain boards at both ends of the sink? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. How many compartments are being used for ware washing? <input type="checkbox"/> 2-Compartment <input type="checkbox"/> 3-Compartment | | |

Cleaning Method	Chemical Type (A) Chlorine, (B) Quaternary Ammonium, (C) Hot Water @ 180 °F (D) Other, Specify	Concentration (A) Chlorine @ 50-100 PPM (B) Quaternary Ammonium @ Approved Range	Test Kit	
<i>Use Letter's A, B, C or D, in blank space if this is completed by hand.</i>				
<i>Example: Counter Tops</i>	<i>Chlorine or A, B, C or D.</i>	<i>Chlorine or A or B</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Cooking Equipment			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Dishware			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Cutting Boards			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Counter Tops			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Clean-in-Place Items			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Food Contact Surfaces			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Non-Food Contact Surfaces			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Floors, Walls, Ceiling			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Ventilation System (Hood)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Other: _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Food Safety Method: Produce Washing Not applicable

Will produce be washed on-site prior to use? Yes No

Is there a designated "food preparation" sink for this purpose Yes No

One Compartment Sink	Two Compartment Sink	Three Compartment Sink
		

If not, describe where produce will be washed?

Vegetables will be washed in the following manner? Yes No





Step 1		Step 2		Step 3		Step 4		Step 5	
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Catering and Off-Site Services		<input type="checkbox"/> Not applicable
Complete if establishment will cater foods to another location or performing any cooking or preparations off-site at other locations.		
Will HOT food be held at proper temperature during transportation, preparation and serving?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Insulated Bag Warmers	<input type="checkbox"/> Cambro	<input type="checkbox"/> Insulated Foam
<input type="checkbox"/> Electric Appliance	<input type="checkbox"/> Electric Chafing Dish	<input type="checkbox"/> Sterno Chafing Dish
Will COLD food be held at proper temperature during transportation, preparation and serving?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Cold Bags	<input type="checkbox"/> Ice Chest(s)	<input type="checkbox"/> Cambro
<input type="checkbox"/> Electric Appliance	<input type="checkbox"/> Non-Toxic Ice Bags	<input type="checkbox"/> Insulated Foam
Will food be protected from contamination during transportation, preparation and serving?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Lids on Containers	<input type="checkbox"/> Special Containers	<input type="checkbox"/> Foil/Plastic Wrap
<input type="checkbox"/> Boxes	<input type="checkbox"/> Bags	<input type="checkbox"/> Sneeze Guards

HOW WILL EMPLOYEES AVOID BARE-HAND CONTACT WITH READY-TO-EAT FOODS? (CHECK ALL THAT APPLY)				
<input type="checkbox"/> DISPOSABLE GLOVES	<input type="checkbox"/> SUITABLE UTENSILS	<input type="checkbox"/> FOOD GRADE DELI TISSUE	<input type="checkbox"/> OTHER, DESCRIBE	<input type="checkbox"/> SPECIAL PROCESS
				<i>Approved by the health authority with letter on file</i>

Equipment			
<input type="checkbox"/> Hand sink <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Under Counter Reach-In <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Flame Grill Top <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Cheese melter <input type="checkbox"/> New <input type="checkbox"/> Used 
<input type="checkbox"/> Three (3) compartment sink <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Reach-in Refrig/Freezer <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Flat Top <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Commercial Crockpot <input type="checkbox"/> New <input type="checkbox"/> Used 

<input type="checkbox"/> Food Preparation Sink <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Sandwich Prep Table <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Microwave <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Coffee Makers <input type="checkbox"/> New <input type="checkbox"/> Used 
<input type="checkbox"/> Ice Machines <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Panini Presses <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Hot Holding Unit <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Fryer <input type="checkbox"/> New <input type="checkbox"/> Used 
<input type="checkbox"/> Burners <input type="checkbox"/> Oven <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Hot Holding Table <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Rotisserie <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Refrigerated Display Case <input type="checkbox"/> New <input type="checkbox"/> Used 
<input type="checkbox"/> Soft serve machines <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Cutting Board <input type="checkbox"/> New <input type="checkbox"/> Used <p>Wood </p> <p>Plastic </p>	<input type="checkbox"/> Display Case <input type="checkbox"/> New <input type="checkbox"/> Used 	<input type="checkbox"/> Open Top Ice Bin <input type="checkbox"/> New <input type="checkbox"/> Used 
<p>Other, Describe</p>	<p>Other, Describe</p>	<p>Other, Describe</p>	<p>Other, Describe</p>
<p>Other, Describe</p>	<p>Other, Describe</p>	<p>Other, Describe</p>	<p>Other, Describe</p>

DO HAND WASH SINKS HAVE ALL THE FOLLOWING ITEMS? Check box for Yes!			
<input type="checkbox"/> COMBINATION FAUCETS	<input type="checkbox"/> HOT AND COLD WATER	<input type="checkbox"/> SOAP	<input type="checkbox"/> PAPER TOWELS
			

DESCRIBE HOW WATER SYSTEMS (CLEAN AND DIRTY) ARE DESIGNED?					
HOW IS THE CLEAN WATER TANK SHAPED?	HOW LARGE IS THE CLEAN WATER TANK?	HOW LARGE IS THE DIRTY WATER TANK?	WHAT IS THE WATER HOSE TO FILL TAKE MADE OF	WHERE DO YOU GET CLEAN WATER?	WHERE DO YOU DUMP DIRTY WATER?
<input type="checkbox"/>  Sloped Bottom <input type="checkbox"/>  Flat Bottom →Where is the inlet? <input type="checkbox"/> Top <input type="checkbox"/> Side →Are vents facing down and covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 15 Gallons <input type="checkbox"/> 20 Gallons <input type="checkbox"/> 25 Gallons <input type="checkbox"/> 30 Gallons <input type="checkbox"/> 35 Gallons <input type="checkbox"/> 40 Gal. Min. <input type="checkbox"/> 50 Gallons <input type="checkbox"/> 60 Gallons <input type="checkbox"/> 70 Gallons <input type="checkbox"/> 80 Gallons <input type="checkbox"/> 90 Gallons	<input type="checkbox"/> 17.25 Gal. <input type="checkbox"/> 23 Gallons <input type="checkbox"/> 28.75 Gal <input type="checkbox"/> 34.5 Gal <input type="checkbox"/> 40.25 Gal <input type="checkbox"/> 46 Gal. Min <input type="checkbox"/> 58 Gallons <input type="checkbox"/> 69 Gallons <input type="checkbox"/> 81 Gallons <input type="checkbox"/> 92 Gallons <input type="checkbox"/> 104 Gallons	<input type="checkbox"/>  Garden Hose <input type="checkbox"/>  Food Grade Hose → Is back flow prevention used on the hose?  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Home <input type="checkbox"/> Well <input type="checkbox"/> Community <input type="checkbox"/> Service Depot <input type="checkbox"/> Well <input type="checkbox"/> Community <input type="checkbox"/> RV Park Water Source <input type="checkbox"/> Well <input type="checkbox"/> Community Water is Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Does well have a permit? (NDEP) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Home <input type="checkbox"/> Service Depot <input type="checkbox"/> RV Park Dump Station

Finish Schedule					
	Floor	Lights	Walls	Ceiling	Shelves
Example: Kitchen	<i>Diamond Plate</i>	<i>Covered and shielded</i>	<i>FRP, Smooth, White Stainless Steel</i>	<i>FRP</i>	<i>Stainless Steel</i>
Around Grill or Stove					
Around Sinks					
Storage					
Self Service Areas					

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH THIS PLAN REVIEW APPLICATION:

- Apply on line at <https://nvdpbh.athent.com/login.aspx> for a permit.
- Menu - including seasonal, off-site catering and banquet menus.
- List of intended, scheduled events or areas of operation if known.
- Manufacturer specification sheets for each piece of equipment shown on the plan. If applicable, all shop drawings of all custom-built equipment. An equipment schedule must link specification sheets to each piece of equipment on the plan.
- Mobile Vehicle Plan* Easily readable layout to scale indicating the location of all equipment (e.g., cooking equipment, hood, refrigerators, food prep counters, handwashing sink(s), three-compartment sink, and food prep sink).
 - Intended materials for floors, walls and ceilings.
 - Intended materials for counters and cabinetry.
- Obtain any required approvals from other agencies, such as zoning/planning, building, fire marshal, or city or county authorities
- Submit a Mobile Food Unit Service Agreement, if applicable.
- Certified Food Manager Documentation: As of December 2013, most food establishments are required to have one (1) full time employee on duty with this certification.

IMPORTANT NOTICE

This document contains some detailed information about the rules for the construction and operation of mobile food units, it does not contain all the requirements for your unit. Please refer to NRS and NAC, Chapter 446, Food Establishment Rules at the Nevada Law Library:

- Nevada Revised Statutes, Chapter 446. <https://www.leg.state.nv.us/NRS/NRS-446.html>
- Nevada Administrative Code, Chapter 446. <https://www.leg.state.nv.us/NAC/NAC-446.html>

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the EHS Program may nullify final approval and may delay or prevent timely opening of my establishment.

Signature of Applicant	Print Name	Date