MOBILE FOOD UNIT PLAN REVIEW PACKET

This packet is intended to help you through the plan review process and to assure that your mobile food unit meets the rule requirements. This document is a companion to the Food Sanitation Rules and must be completed as part of the plan review process.

This packet consists of the following information:

- **Applicants Checklist for Mobile Food Units**
- **Mobile Food Unit Plan Review Application**
- **General Information**
- **Mobile Food Unit General Requirements and Limitations**
- **Mobile Food Unit Plan Review Worksheet**
- **Mobile Food Unit Operating Schedule**
- **Mobile Food Unit Operational Guide**

Please complete the attached documents and submit them with the required plan review fee to the local environmental health department. **Approval from the local environmental health department must be obtained prior to construction or operation of your unit**. The following materials must also be submitted with your completed packet:

1. Complete plans of the unit drawn to scale, including equipment location.

2. List of all equipment necessary for the operation of the unit.

3. A description of the construction materials used on the unit, including surface finishes for floors, walls, ceilings and countertops.

4. Information relating to your base of operation, including times and dates of use.

5. A list of your operating location(s) and approximate time schedule. If the unit operates on a designated route, you must specify your itinerary. Attach a completed **Mobile Food Unit Operating Schedule**.

Tim Foley with Deschutes County Environmental Health is the plan review specialist for mobile restaurants. His phone number is (541) 385-1403.

APPLICANT'S CHECKLIST
FOR MOBILE FOOD UNITS

This checklist is intended to help you track your progress through the plan review process. When all steps are completed, your mobile food unit should be ready for licensure and operation.

- ❑ Submit plan review application and review packet, plans, and required fee. Obtain plan review approval **prior** to beginning construction.
- ❑ Receive plan review approval from the local environmental health department.
- ❑ Obtain any required approvals from other agencies, such as zoning/planning, building, fire marshal, or city or county authorities.
- ❑ Contact the local environmental health department at least two weeks prior to opening to schedule a preoperational inspection.
- ❑ Submit a **Mobile Food Unit License Application** with the required fee.
- ❑ Submit a **Mobile Food Unit Operating Schedule**, if applicable

GENERAL INFORMATION

A mobile food unit is defined in OAR 333-150-0000, 1-201.10 as "*...any vehicle that is self-propelled or that can be pulled or pushed down a sidewalk, street, highway or waterway, on which food is prepared, processed or converted or which is used in selling and dispensing food to the ultimate consumer.*" There is no size limit to mobile food units, except they must meet the following basic requirements:

- Mobile food units must be mobile and on wheels (excluding boats) at all times during operation.
- The unit and all operations and equipment must be integral to the unit. This does not preclude the use of a barbecue unit with a Class IV unit.

There are four types of mobile food units. The mobile food unit classifications are based upon the type of menu served.

CLASS I - 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.

CLASS II - 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.

CLASS III - These units may cook, prepare and assemble food items. However, cooking of raw animal foods on the unit is not allowed.

CLASS IV - These units may serve a full menu. Class IV units must obtain a Commissary License.

IMPORTANT ADDITIONAL MOBILE FOOD UNIT INFORMATION

- Because the mobile food unit design is related to the menu served, the local environmental health department must approve any change in the menu. Failure to obtain approval for a menu change may result in closure of your unit.

- A mobile food unit may connect to water and sewer if it is available at the operating location; however, the tanks must remain on the unit at all times.

- A mobile food unit may not serve as a commissary for another mobile food unit or as the base of operation for a caterer.

- Food handler cards are required for all persons working in a mobile food unit or at a base of operation. Contact the local environmental health department for information on obtaining a food handler card.

- Auxiliary storage shall be limited to items necessary for that day's operation. No self-service, assembly or preparation activities may occur from auxiliary storage containers.

- Handling of unpackaged foods, dishwashing and ice making are prohibited in a warehouse.

- Finally, while 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 the Food Sanitation Rules at www.healthoregon.org/foodsafety.

MOBILE FOOD UNIT GENERAL REQUIREMENTS AND LIMITATIONS

A mobile unit can serve menu items within its classification number or below. For example, a Class III unit may also sell items allowed under Class II and I. Please see Food Sanitation Rules for full requirements.

	Class I	Class II	Class III	Class IV
Water Supply Required	No	Yes	Yes	Yes
Handwashing System Required	No	Yes - Minimum Five Gallons[1]	Yes - Minimum Five Gallons[1]	Yes - Minimum Five Gallons[1]
Dishwashing Sinks Required	No	No[2]	Yes[2, 5]	Yes - Minimum 30 Gallons
Assembly or Preparation Allowed	No	No	Yes	Yes
Cooking Allowed	No	No	Yes[3]	Yes
Barbecue Operation Allowed	No	No	Yes - Reheating of Fully Cooked Foods[4]	Yes
Restroom Required	Yes	Yes	Yes	Yes
Examples	Prepackaged Sandwiches/ Dispensed Soda	Service of Unpackaged Food Items	Bento (with precooked meat), Espresso, Hot Dogs	No Menu Limitations

[1] The handwashing system must be plumbed to provide hot and cold running water.
[2] Must provide a minimum of 30 gallons of water for dishwashing or twice the capacity of the three compartment sinks, if provided.
[3] May cook only foods that are not potentially hazardous when raw (rice, onions, pasta, etc.).
[4] With Class III units, the barbecue must be integral to the unit and only used to impart flavor.
[5] Unless a licensed Commissary is provided.

EMPLOYEE ILLNESS POLICY

A COPY OF THIS POLICY IS TO BE PROVIDED TO EACH NEW HIRE AND TO EACH CURRENT EMPLOYEE WHO HAS NOT RECEIVED THIS POLICY IN THE PAST. ALSO, THIS POLICY IS TO BE POSTED WITHIN THIS FACILITY AND ALL EMPLOYEES NOTIFIED OF WHERE IT IS POSTED. THE PERSON IN CHARGE DURING EACH WORK SHIFT MUST BE ABLE TO SHOW HEALTH INSPECTORS WHERE THIS POLICY IS POSTED AND ABLE TO DISCUSS THIS POLICY WITH EMPLOYEES AND HEALTH INSPECTORS.

Reference Oregon Food Sanitation Rules 2-201.11; 2-201.12, and 2-201.13 concerning employee illness. The Oregon Food Sanitation rules can be viewed and/or downloaded in its entirety at the following website:
http://public.health.oregon.gov/HealthyEnvironments/FoodSafety/Pages/rules.aspx

☐ ALL NEW EMPLOYEES ARE TO INFORM MANAGEMENT OF THE FOLLOWING AT TIME OF HIRING AND AGREE TO REPORT TO MANAGEMENT SUCH CONDITIONS SHOULD THEY OCCUR DURING THEIR EMPLOYMENT AT THIS FACILITY:

(Food Code Rules Annex Form 1-A and Annex Form 1-B located towards back of food rules can be used to collect
relevant past medical history and employee reporting agreement requirements.)

1. If suffering from diarrhea, vomiting, Jaundice (yellowing of skin or eyes), or sore throat with fever. Employees will not come to work when experiencing these symptoms. Employees who experience undiagnosed diarrhea or vomiting will not return to work for at least 24 hours (72 hours is recommended) after their symptoms have ended.
2. If currently or in the past diagnosed or presumptive with any of these medical conditions: Norovirus, Hepatitis A, Typhoid Fever, Shigellosis, *E. coli* 0157:H7, or other EHEC/STEC condition. *If a new hire or current employee is diagnosed or presumptive with any of these conditions, then this facility will immediately notify the Health Department (phone 541-322-7400) and exclude this individual from this facility until lab tests confirm that the employee is free of pathogens relating to any of these conditions, or as otherwise allowed by the Health Department.*
3. If they have been exposed to or suspected of causing any confirmed outbreak with regard to any of the medical conditions outlined in #2, above. When and where?
4. If they have a household member diagnosed with any of the medical conditions outlined in #2, above.
5. If they have a household member attending or working in a setting experiencing a confirmed outbreak as related to the medical conditions outlined in #2, above.
6. Name, address, and telephone number of their health practitioner or doctor.

☐ FOOD EMPLOYEES WITH LESIONS (E.G. OPEN SORES, CUTS, DEEP SCRAPES OR PUSS FILLED GASHES) SHALL BE EXCLUDED OR RESTRICTED FROM WORK DUTIES UNLESS:

1. A lesion on the hands or wrists is protected with an impermeable cover such as a finger cot and a single use glove is worn.
2. A lesion on exposed portions of the arms is protected with an impermeable cover.
3. A lesion on other parts of the body is protected with a dry, durable, tight-fitting bandage.

MOBILE FOOD UNIT
PLAN REVIEW APPLICATION

Business name: _____

Business address: _____

Owner name: _____

Individual ☐ Corporation ☐ Partnership ☐ Other ☐ _____

Owner mailing address: _____

Owner phone #: _____ Establishment phone #: _____

New construction ☐ Remodel ☐ Completion date: _____

Previously licensed? Yes ☐ No ☐ Former name: _____

Mobile Food Unit Class I ☐ II ☐ III ☐ IV ☐

Operating without a base of operation? Yes ☐ No ☐

E-Mail Address: _____

OAR 333-162-0920 requires that a completed plan review packet be submitted and reviewed before your unit can be issued a license and approved to operate. Incomplete plans may be returned for additional information.

The payment of $_____ mobile food unit plan review fee enclosed.
Make checks payable to: Deschutes County Environmental Health

I agree to comply with the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules, Chapter 333, of the Oregon Department of Human Services.

Signed: _____ Date: _____

Please call your local county environmental health office if you have questions about your license, fees, facility inspections or how to obtain a food handler certificate.

FOR OFFICE USE ONLY

Fee received: _____ Date: _____

Reviewed by: _____ Date: _____

Approved ☐ Not Approved ☐

Comments: _____

_____

If you need this form in an alternate format call: (971) 673-0185.

MOBILE FOOD UNIT PLAN REVIEW WORKSHEET

Mobile food units shall comply with the applicable requirements in The Food Sanitation Rules, OAR 333-150-0000 and 333-162-0020. The section numbers listed below reference 333-150-0000 unless otherwise specified. These rules may be obtained at www.healthoregon.org/foodsafety

Please complete the questions on this worksheet that apply to your mobile food unit. Be as specific as possible.

1. List all menu items (including condiments).

2. Where will food be purchased (3-201)?

3. Describe how and where foods will be cooked and prepared. Will any foods be prepared in advance (Chapter 3)? If so, please describe.

4. Describe how foods requiring cooling will be rapidly cooled on the unit (3-501.14 & 3-501.15)? What will become of leftover foods?

5. How will hot and cold food temperatures be maintained on the unit (3-501.16)?

6. Where is the commissary or warehouse located? List the approximate time and days of the week you will be using your commissary or warehouse (OAR 333-162-0930 & 333-162-0940). Class IV Mobile Food Units shall operate from a commissary (OAR 333-162-0040). The ability of Class I, II, and III Mobile Food Units to operate without a commissary shall be determined by the regulatory authority.

7. What is the source of drinking water for use on the unit? Describe how water will be transported to the unit and how the water system is constructed. What is the size of the fresh water storage tank (Chapters 5-1, 5-2, 5-3)?

8. How will wastewater be removed from the unit? Describe how wastewater will be transported from the unit to the approved wastewater disposal location. What is the size of the wastewater storage tank (Chapter 5-4)? (The volume of the waste tank must be 10 to 15 percent greater than the volume of the potable water storage tank.)

9. What is the power source for the mobile food unit? Describe how foods will be transported to and from the unit and how hot and/or cold holding temperatures will be maintained during transit (3-501.16).

10. What type of handwashing system will be used on the unit (5-203.11 & 6-301)? (A minimum of five gallons must be provided for handwashing and classes II, III and IV of mobile units must have plumbed hot and cold water for handwashing).

11. Describe how dishes and utensils will be washed. If dishes and utensils are washed on the unit, a minimum of 30 gallons of water or twice the capacity of the three compartment sink, whichever is greater, must be provided for this purpose (Chapter 4).

12. Describe how garbage will be stored and where it will be thrown away. What methods of insect and rodent control will be used in your unit (screens, garbage cans with tight fitting lids) (6-202.15, 6-501.111)?

13. Where is your restroom facility located (6-302, 6-402.11 & OAR 333-162-0020(4))?

14. Describe the type of overhead protection provided for your unit (ceilings, awnings, umbrellas) (OAR 333-162-0680).

15. Where and how will the unit be cleaned? If you plan to wet mop the unit, where will you dispose of mop water (5-203.13 & OAR 333-162-0930)?

MOBILE FOOD UNIT OPERATING SCHEDULE

- ☐ I plan on operating at one location.

  Location address: _____

- ☐ I plan on operating at multiple locations or on a route.

List all locations where you plan to operate. If operating on a fixed route or in multiple locations, indicate the approximate time and days of the week or date you will be at each location. Attach additional sheets if necessary.

Operating Location	Time	Day of Week or Specific Date

You are required by law to notify your local public health authority if your operating location or route changes. If you relocate to another county you must first notify the new county prior to operation.

Menu & Procedure Review

This section must be filled out by the operator and submitted prior to licensing or with the plan review application. Answer only the questions that apply to your facility. Add documents or pages as needed to describe your operation. The Food Sanitation Rules, OAR 333-150-0000 can be obtained at: www.healthoregon.org/foodsafety

Training & Policies

1. Describe your current policy to exclude or restrict food workers who are sick or have infected cuts and lesions. *Note: Food employees with undiagnosed vomiting or diarrhea must be excluded from the food establishment for 24 hours* (2-201.12):

2. What are employees told about working when ill (2-201.12)?

3. Provide your established hand washing policy (2-301.14, 2-301.13, 2-301.12, 2-301.15):

4. How are employees informed about hand washing requirements (2-103.11(L))?

5. How do you enforce hand washing and ill employee requirements (2-201.12, 2-103.11(D) & (K))?

6. Describe your glove (non-latex only) use policy (3-304.15):

7. Who will be your person(s) in charge (2-101.11)?

8. Are you aware of the rule that requires a "knowledgeable" person to be present at all times of operation (2-102.11)? Yes__ No__

   Note: One way to meet this is to obtain certification in a ***Food Safety Program*** *designed for food managers: www.healthoregon.org/foodsafety*

9. List the types of food probe thermometers (0-220°F) that food handlers will be using and where the thermometers will be kept. *Facilities serving thin foods such as meat patties and fish filets must have a small diameter probe* (4-302.12 & 4-203.11):

10. How do you calibrate your food probe thermometers and how often? Who is responsible for calibrating thermometers (4-502.11(B))?

9a. How do you clean and sanitize your probe thermometer (4-602.11(4))?

10. What type of chemical sanitizer do you use (chlorine, quaternary ammonium, iodine) (4-501.114)? _____
    At what concentration do you use this sanitizer? _____
    What type of test kit do you have (4-302.14)? _____
    When do you use your test kit (4-501.116)? _____

11. Describe how cutting boards, counter tops, equipment and other food contact surfaces that are too big to be submerged into sinks and too big for the dishwasher are cleaned and sanitized (4-603.15)?

11a. When does cleaning and sanitizing need to occur (4-602.11)?

12. What is done with leftover food (Chapter 3-501)?

13. Will salads such as tuna, egg, chicken, macaroni, pasta and potato be prepared from scratch in your facility? Yes__ No__

    If yes, will the ingredients be pre-chilled before being mixed or assembled? Yes__ No__

14. Describe how you will minimize bare hand contact with ready-to-eat food. For example, will you use deli tissues, spatulas, tongs, single-use gloves or dispensing equipment to prepare ready-to-eat food (2-103.11(K), 3-301.11(B))?

15. Describe when and where produce will be washed prior to use (3-302.15 & 5-402.11):

Food Preparation

1. List food from animals that you will serve raw or partially cooked such as burgers and steaks cooked to order, eggs over easy, sushi, steak tartar, and oyster shooters (3-603.11):

1a. Describe your consumer advisory for raw or partially cooked foods (3-603.11):

2. If serving raw fish (sushi, lox, ceviche), will parasite destruction be done on-site or by the supplier (3-402.11 & 3-402.12)?

- ☐ On-site — Provide your procedure on parasite destruction (*A freezer used for parasite destruction must maintain – 4°F for 7 days. Measure and record temperature of freezer unit daily.)*
- ☐ Off-site — Supplier: Provide the name of your supplier and documentation to show parasite destruction. *(Each invoice received from the supplier shall state the specific fish by species that have been frozen to meet the parasite destruction requirements under 3-402.11.)*

3. List your food suppliers for the following (Chapter 3, Section 2):

Category	**Supplier(s)**
Game meats (e.g., emu, ostrich, elk)	
Raw or partially cooked fish products (e.g., lox, ceviche, raw oyster, sushi)	
Fresh or live shellfish	
Wild mushrooms *Provide buyer specification form*	

4. Describe any special food processing within your facility (smoking or curing meats, reduced oxygen packaging such as sous vide, canning, sprouting beans) (Chapter 3-502):

5. Will you have an outdoor cooking and/or beverage dispensing operation? Yes___ No___ If yes, please answer 5a-d (3-201.18).

5a. How will food/beverages be protected from insects, birds, dust, overhead leakage, and other potential sources of contamination?

5b. What type of outdoor cooking equipment will be used?

Note: Outdoor cooking is limited to the use of a barbecue, hearth oven, tandoori oven, barbecue pit or other similar cooking equipment.

***Not allowed** are flat top grills or griddles, woks, steamtables or other cooking, storage or holding devices designed or intended to be used inside of a food service establishmen. (3-201.18).*

5c. How will food service employees monitor outdoor cooking and/or beverage dispensing operations?

5d. When not in operation, how will the cooking and/or beverage operation be designed and secured to protect the food, equipment, utensils, etc. from potential contamination?

6. Do you plan to have open-air dining via unprotected outer openings such as large windows, moveable walls, rollup doors, etc? Yes___ No____

   If yes, provide your pest control plan to prevent insects, rodents and birds from entering the facility (6-202.15):

Holding Food Temperatures Cold & Hot

(Chapter 3-501)

1. Refrigerated food must be maintained at 41°F or colder. How did you determine the amount of cold storage/holding that you will need for your operation (4-301.11)?

2. How will you ensure that each refrigerator has a working thermometer and that the temperature is maintained at 41°F or colder (4-203.12, 4-204.112, 4-502.11)?

3. Refrigerator Units (4-301.11)

List size, description/manufacturer, and what will be stored in each:

Refrigerator Number	Size/capacity	Manufacturer or Description	Type of food stored inside

Note: Add pages as needed

4. Is an ice machine provided and indirectly drained? Yes__ No__
(5-402.11)

5. If ice is purchased, who is your supplier? _____

6. If you will be using ice for keeping food cold such as in a salad bar, how should the food be stored in the ice? Please describe:

7. Will time without temperature control be utilized as a public health control (3-501.19)? Yes___ No___

7a. If yes, describe process and monitoring procedures. Written procedures are required to be maintained in the facility:

8. Describe your procedure for date marking of ready-to-eat potentially hazardous food items (3-501.17)?

9. How will you store raw animal food to prevent contamination of ready-to-eat food (3-302.11)?

Note: When storing raw animal products above one another, their storage should be based on the final required cooking temperature of each animal product. The animal product with the lowest cooking temperature must be stored above other raw animal products that require a higher cooking temperature (e.g., raw fish above raw ground beef). This also applies to food storage in freezer units unless the food is stored in commercially processed, unopened packages. (3-302.11)

10.How and where will frozen food be thawed (3-501.13)?

11. What type of equipment will you use for holding food hot? How will you ensure that food is at the required temperature throughout the day?

12.Describe how food temperatures (hot and cold) will be maintained while in transport and at the catered site or satellite kitchen(s)?

Note: Required holding temperatures and cooling requirements are listed in the "Food Safety: Your Self-Training Manual" or in the "Food Sanitation Rules" both can be obtained from your local health department or at this website: www.healthoregon.org/foodsafety

Cooling

1. In the appropriate box, list menu items of food items that will be cooled. *Note: continues onto next page*

Cooling Method	Solid Food (roast, turkey, solid cuts of meat)	Soft, Thick Food (refried beans, rice, potatoes, stews, soups, sauces & chili)	Liquid Food (thin broths)
Shallow Pans*			

Ice Baths**			
Reduce Volume or Size			
Blast Chiller			
Other (Describe)			

* Adequate and appropriate refrigeration is required
** Food-preparation sink and ice machine are required

2. How will food handlers know that the food has cooled from 135°F to 70°F within two hours and then from 70°F to 41°F within 4 hours?

Cooking & Reheating

1. Describe how the food worker will know when raw animal products are fully cooked (3-401.11):

Note: Required cooking temperatures are listed in the "Food Safety: Your Self-Training Manual" or in the "Food Sanitation Rules" both can be obtained from your local health department or at this website: www.healthoregon.org/foodsafety

2. How will the cook know that all parts of the food being reheated has reached at least 165°F for 15 seconds within 2 hours?

3. List type of units used for reheating and hot holding foods.

Self Service

1. Will you provide self-service food to your customers? Yes__ No__

2. How will you protect food in self-service areas from customer contamination (3-306.11 & 3-306.13)?

Food Sanitation Rules

OAR 333-150-0000

1. Do you have a copy of the Food Sanitation Rules? Yes__ No__

The rules are online at: www.healthoregon.org/foodsafety. If you do not have access to the Internet, you can obtain a copy from the Local Public Health Authority.

2. Do you know how to locate specific information in the rules? Yes__ No__

Statement: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Local Public Health Authority may nullify final approval.

Signature(s) of Owner(s) or responsible representative(s):

_____ Date _____

_____ Date _____

_____ Date _____

Approval of these plans and specifications by the Regulatory Authority 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 establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Food Sanitation Rules (Oregon Administrative Rules Chapter 333).

If you need this information in an alternate format, please call 971-673-0185.

Deschutes County Health Services
Environmental Health Division
2577 NE Courtney Dr., Bend OR 97701
PHONE: (541) 322-7400
FAX: (541) 322-7604

MEMORANDUM OF COMMISSARY OR WAREHOUSE USAGE/VERIFICATION

(This agreement expires December 31st of the year issued)

The licensed food service establishment known as _____
RESTAURANT NAME

located at _____,
RESTAURANT STREET ADDRESS **CITY** **STATE** **ZIP**

hereby agrees to provide access for usage as a commissary or warehouse to _____
MOBILE UNIT OWNER

to operate mobile food unit _____. All food items used by the mobile unit
MOBILE UNIT NAME

owner/operator will be properly stored at this commissary/warehouse, and approved dishwashing facilities are also provided with which to clean and sanitize utensils used in the mobile unit per ORS Chapter 624. This licensed food service establishment is to be used for all preparation and storage of food items and dishwashing activities as needed. The licensee of the commissary/warehouse is responsible for all food service operations conducted on the commissary/warehouse premises and conducted on the licensed food service establishment in conjunction with the mobile unit.

The agreement between the above-mentioned two parties is valid for _____ and may be
LICENSING YEAR

renewed in writing after that date. This agreement expires December 31st of the year issued. However, in the event this or any renewed agreement for commissary/warehouse usage is terminated, the licensed food service establishment and the mobile unit owner agree to notify and understand that the mobile unit license shall be immediately suspended by the Deschutes County Environmental Health Division. All parties also agree that, in the event of the termination of this or any renewed agreement for commissary/warehouse usage, all food service operations must immediately discontinue until the mobile unit owner secures the services of an approved commissary/warehouse and provides another valid Memorandum of Commissary/Warehouse Usage/Verification to the Deschutes County Environmental Health Division. This agreement terminates if the food service establishment does not have a current license to operate. This agreement also terminates if the mobile unit owner does not have a current license for the commissary/warehouse in the name of the mobile unit owner.

_____ _____
SIGNATURE of food service establishment owner — date signed

_____ (_____) _____
PRINTED NAME of food service establishment owner — phone number

_____ _____
SIGNATURE of mobile food unit operator — date signed

_____ _____
SIGNATURE of County Sanitarian — date signed

Environmental Health Division
Mobile Food Unit Restroom Requirement Form

6.402.11 Convenience and Accessibility.

(E) For mobile food units:

(1) On-board toilet facilities are not applicable to most mobile food units. If a unit is not so equipped, then the mobile food unit must operate within one-quarter mile or a five-minute walk of an accessible restroom facility. Mobile food units that operate on a designated route, and which do not stop at a fixed location for more than two hours during the workday, shall be exempt from this rule.

(2) Mobile food units that do not provide on-board restroom facilities under Section (1) of this rule must have restroom facilities that will be accessible to employees during all hours of operation. The restroom facilities must have a handwashing system that provides potable hot and cold running water and meets the requirements of OAR 333-150-0000, §§ 6-301.11, 6-301.12, 6-301.20 and 6.302.11. Employees may use a restroom located in a private home or a portable toilet to satisfy this requirement.

Mobile Food Unit: **Facility Number:** _____

Name of mobile food unit: _____

Phone number: _____

Email: _____

Location (for more than two hours): _____
Street Address City, State

Days of week / dates the location will be used: _____

Business hours (at this location): _____

_____
Mobile Food Unit Owner's Name (printed) Mobile Food Unit Owner's Signature Date

Mobile food units that remain at the same location for more than two hours or which provide any seating must have restroom facilities available. Please answer the questions below.

1. Is your mobile food unit at the same location for more than two hours? ☐ Yes ☐ No
2. Is customer seating provided at the mobile food unit? ☐ Yes ☐ No

If your answer is yes to one or both of the questions above, a restroom facility must be available for your mobile food unit, and you are required to provide the additional information requested below. (Complete a separate form if you will be at more than one location for more than two hours.)

Location of Restroom Facilities:

Name of restroom location: _____

Address: _____ Phone number: _____
Street Address City, State

Hours the restroom is available for use: _____

Authorization to Use Restroom Facilities:

_____
Printed name of person authorizing use of restroom facilities by Mobile Food Unit staff

_____ _____
Signature of person authorizing use of restroom facilities by Mobile Food Unit staff Date