



**Public Health**  
Prevent. Promote. Protect.  
Wicomico County  
Health Department

# Wicomico County Health Department

108 East Main Street • Salisbury, Maryland 21801

Lori Brewster, MS, APRN/BC, LCADC • Health Officer



## Mobile Food Establishment Plan Review Application

Environmental Health

[www.wicomicohealth.org](http://www.wicomicohealth.org)

Phone: 410-546-4446

Application Fee: \$200

**Please print or type**

Proposed Business Name: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

I have submitted plans/application (if applicable) to the following authorities:

Plumbing    Electric    Planning and Zoning    Building    Fire

Maryland Health-General Code Annotated, §21-321, requires that properly prepared plans be submitted and approved before a person constructs a food establishment, remodels or alters a food establishment, or converts or remodels an existing building for use as a food establishment.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant printed name: \_\_\_\_\_

### **Office use only:**

Date received: \_\_\_\_\_ Fee: \_\_\_\_\_  Cash  Check  Credit/Debit   Receipt #: \_\_\_\_\_

Clerk: \_\_\_\_\_

# MARYLAND MOBILE FOOD ESTABLISHMENT PLAN REVIEW APPLICATION PACKET

Maryland Health-General Code Annotated, §21-321 and Annotated Code of Maryland (COMAR) 10.15.03.33, requires that properly prepared plans be submitted and approved, before a person constructs a food establishment, remodels or alters a food establishment, or converts or remodels an existing building for use as a food establishment. A plan review is required to:

- Ensure food establishments are built or renovated according to current rules and regulations;
- Enhance food safety and sanitation by promoting efficient layout and flow of food based on the menu and food preparation processes; and
- Help prevent code violations by addressing potential layout and design issues prior to construction.

This Mobile Food Establishment Plan Review Application Packet is intended to help you through the plan review process and to ensure that your mobile unit or pushcart meets the requirements of COMAR 10.15.03.25 Special Food Service Facilities. This document should be completed as part of the plan review process and subsequent food service permit issuance. The plan review helps to avoid future problems. By listing and locating equipment on floor plans and diagramming specifications for electrical, mechanical and plumbing systems, potential problems can be spotted while still on paper and modifications made **BEFORE** costly purchases, installation and construction.

This packet consists of the following information:

- Mobile Food Establishment Plan Review Worksheet
- Commissary or Base of Operations Authorization Form

Please complete the attached documents and submit with the required plan review application and fees to the Wicomico County Health Department. Approval from the Local Health Department (LHD) must be obtained prior to construction or purchasing a unit.

The following must be submitted at a **minimum** of thirty (30) days prior to operation with your completed application and fees to expedite review and approval or your permit request;

1. Full menu—*Note: the available equipment may dictate restrictions on the type of food prepared.*
2. HACCP Plan detailing food procedures;
3. Complete floor plans of the unit drawn to scale, including placement of all equipment;
4. List of all equipment necessary for the operation of the unit i.e. Cut sheets, manufacturer's specifications or photos of the unit and all equipment. *Note: All equipment must meet the requirements of COMAR 10.15.03.15;*
5. Provide plumbing specification of all equipment including ware washing sinks;
6. A description of the construction materials used on the unit, including surface finishes for floors, walls, ceilings, lighting, and countertops (as applicable);
7. Information relating to your base of operation, including approximate dates of use;
8. Dates of operation and location (i.e. where you will be operating the unit) if required by local code;
9. Letter of agreement for proposed Commissary or Base of Operation that is signed by owner of facility (see attached Commissary or Base of Operations Authorization Form). Potable (drinking) water and wastewater disposal is required for all mobile food establishments unless your unit is serving only prepackaged foods and bottled/canned drinks. **Note: The LHD will evaluate the**

**proposed fill and dump site to ensure the design of the septic system can handle the proposed volume and strength of the waste water from your pushcart or mobile unit. This will be based on your menu and an evaluation of the potential daily volume of wastewater;**

10. Certified Food Managers card if applicable in the jurisdiction in which you wish to operate; and
11. Copy of Vehicle Registration.

Applicant is responsible for obtaining any required approvals from other agencies, such as zoning/planning, business license, building, city or county authorities, and the Motor Vehicle Administration registration/license as applicable.

**Note: If the mobile unit is vending only prepackaged non-potentially hazardous foods, a permit is not required unless specified by local code; however, an application with description of proposed operation is needed. If vending potentially hazardous foods, an application and permit is required. If you have questions about whether prepackaged foods proposed are potentially hazardous or not, please contact an Environmental Health Specialist from your LHD.**

## Maryland Mobile Food Establishment Plan Review Worksheet

Mobile food establishments must comply with the applicable requirements in the Maryland Food Regulations. These regulations may be obtained at:

<http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.15.03>

Applicant is responsible for obtaining any required approvals from other agencies, such as zoning/planning, business license, building, city or county authorities, and the Motor Vehicle Administration registration/license as applicable.

Please complete the questions on this worksheet in their entirety **that apply to your type of mobile food establishment**. Be as specific as possible. Incomplete responses will delay the review process.

Date: \_\_\_\_\_

Mobile Food Establishment Type:  Mobile unit  Pushcart   
 Vending Truck (Pre-Packaged Non-Potentially Hazardous Foods)  
 Vending Truck (Pre-Packaged Potentially Hazardous Foods)

Is Unit:  New  Remodeled

Requesting Reciprocity:  Yes  No

Proposed Business Name: \_\_\_\_\_

Owner/Operator:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Projected Food Operation Start Date: \_\_\_\_\_

Months of Operation (i.e. May – Sept.): \_\_\_\_\_

Signature of Owner/Operator \_\_\_\_\_

**NOTE: If proposed commissary or base of operations is on private well and septic system, obtain written well and septic approval for use from Local Health Department (LHD) and/or Local Water and Septic Division. The LHD and/or Local Water and Septic Division will evaluate the proposed commissary or base of operation dump site to ensure the design of the septic system can handle the proposed volume and strength of the waste water from your unit. This will be based on your menu and an evaluation of the potential daily volume of wastewater generated. Additionally, if on a private well, a potable water test result must be submitted with this application.**

1. What is the source of potable (drinking) water for use on the unit? Describe methods of filling and refilling potable (drinking) water tanks. **Note: If the water is from a private source, water sample results must be submitted for approval.**

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2. What is the size of the potable (drinking) water storage tank?

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3. Is a potable (drinking) water food grade water hose available for filling potable (drinking) water tank?

Yes                       No

If Yes, where will this hose be stored? \_\_\_\_\_

4. How will your water supply hose, water pipes and water storage tank(s) be disinfected? Describe the method and frequency of disinfection.

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5. How will wastewater be removed from the unit? Describe how waste water will be transported from the unit to the approved wastewater disposal location.

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6. What is the size of your wastewater storage tank? **Note:** The waste water tank must be sized larger than potable water tank.

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7. Obtain written agreement, signed by owner, of the proposed commissary for discharging liquid or solid wastes (see attached Commissary or Base of Operations Authorization Form).

8. List all menu items (including all beverages and condiments), attach a menu if needed. Additionally, provide a Hazard Analysis Critical Control Point Plan (HACCP).

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9. List sources for all foods. All food items must come from approved sources.

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10. How will you prevent cross contamination of equipment and between raw and ready to eat (RTE) foods during operation with the limited space available on the Mobile Food Unit?

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11. Identify where all food items will be prepared (including foods requiring advance preparation).

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12. Describe how foods will be transported to and from the unit.

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13 Indicate construction materials (quarry tile, stainless steel, plastic covered wall board, linoleum, etc.) that will be used in the unit in the following areas (as applicable):

<b>Floor</b>	<b>Walls</b>	<b>Ceiling</b>	<b>Countertops</b>

15. Provide complete plans of the unit drawn to scale, including placement of all equipment.

16. List all equipment on unit (i.e. refrigerators, freezers, grills, stoves, fryers, etc.) Provide cut sheets, manufacturer's specifications or photos of the unit and all equipment.

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17. What is the power source for the mobile unit? Mobile units must operate independently and remain capable of being mobile at all times.

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18. How will the water for handwashing achieve and be maintained at a minimum of 100<sup>0</sup> F on the unit?

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**NOTE: ALL HANDSINKS MUST BE SUPPLIED WITH HAND SOAP, PAPER TOWELS, AND A WASTE RECEPTACLE AT ALL TIMES.**

19. Describe methods of preventing no bare hand contact of ready-to eat foods (i.e. utensils, gloves, etc.).

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20. Describe ware washing procedures. How and where will dishes and utensils be washed, rinsed, and sanitized?

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21. What type of chemical sanitizer will be used? At what concentration? Proper test strips must be available.

Type: \_\_\_\_\_ Concentration: \_\_\_\_\_

22. Describe how garbage will be stored and where it will be disposed. Additionally, if applicable, describe where cooking grease will be stored and disposed.

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23. What method(s) of insect and rodent control will be used in your unit? Please note that all pesticide application must be conducted in accordance with Maryland Department of Agriculture - COMAR 15.05.01 – Pesticide Use Control.

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24. For push carts, describe the type of overhead protection provided for the unit (i.e. awnings, umbrellas).

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25. Describe how the mobile unit will be cleaned. Where? How? Frequency?

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26. No person who has a communicable disease, infected wound or boil, or is experiencing diarrhea, vomiting, or persistent coughing or sneezing is allowed to work on a mobile unit.

***NOTE: ANNUAL PERMIT WILL NOT BE ISSUED UNTIL THE FINAL PLAN REVIEW INSPECTION IS CONDUCTED SHOWING SUBSTANTIAL COMPLIANCE IS COMPLETED.***



# Commissary or Base of Operation Authorization Form

Annual Renewal Required YEAR: _____
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This serves to notify the *Wicomico County Health Department* that:

I, \_\_\_\_\_ the owner/operator of the food facility noted below, will allow my facility to serve as a commissary for the mobile food establishment noted below. I understand that as a commissary for the mobile food establishment, I must allow the mobile food establishment to return for servicing on a daily basis. I understand that by signing this form my facility will be inspected periodically by the local health department to ensure the requirements are met.

**Attach a copy of the Food Service Facility License to this application**

Name of Commissary or Base of Operation			
Address of Commissary or Base of Operation			
Name of Owner/Licensee			
Days/Hours of Operation			
Day Phone		E-mail Address	
Water Supply	<input type="checkbox"/> Public <input type="checkbox"/> Private	Sewage Disposal	<input type="checkbox"/> Public <input type="checkbox"/> Private
Name of Mobile Food Establishment			
Name of Mobile Food Establishment Owner/Operator			

The following services are provided for the Mobile Food Establishment by my *Wicomico County Health Department* regulated food facility serving as commissary. *Note: If you answer 'No' to any of the below please explain.*

1. Adequate space for storage for food, utensils, and other supplies. Storage area shall be separated from the food facility's food, utensils, and other items. Storage areas for the mobile establishment will be clearly marked. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. A food preparation area for mobile food establishment that conducts food preparation. Food preparation area shall be separated from that of food facility or preparation will be completed at alternate time of day. If Yes, describe. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Potable (drinking) water for filling water tanks. <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Sanitary disposal of waste water and grease. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. A three compartment sink for sanitizing utensils. <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Disposal of garbage and refuse. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Hot and cold potable water under pressure for cleaning. <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Storage of vehicle/cart. <input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Signature of Commissary Operator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

I, \_\_\_\_\_ (owner or operator) of the mobile food establishment noted above agree to use this food facility as a commissary for servicing on a daily basis. I will use the commissary for the requirements noted above. If I do not use the commissary, my *Wicomico County Health Department* food-service license may be revoked, and I must stop operating until I obtain another commissary and provide a new commissary authorization document to the *Wicomico County Health Department*.

\_\_\_\_\_  
Signature of Mobile Food Establishment Owner/Licensee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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## Application for License to Operate a Mobile Food Establishment

Environmental Health

[www.wicomicohealth.org](http://www.wicomicohealth.org)

Phone: 410-546-4446

**Application is hereby made to operate a food service facility in accordance with COMAR 10.15.03, Regulations governing Food Service Facilities.**

- The yearly fee for commercial facilities with high risk assessment is \$450.00
- The yearly fee for commercial facilities with moderate risk assessment is \$350.00
- The yearly fee for commercial facilities with low risk assessment is \$200.00
- There is no fee or license for excluded, bonafide nonprofit organizations as defined by COMAR 10.15.03.02B(6) & (20)

**Please print or type**

Business Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

**If owned by a corporation, provide names and address on the back of this form**

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant printed name: \_\_\_\_\_

**Office use only:**

Property ID: \_\_\_\_\_ Establishment ID: \_\_\_\_\_ Date license issued: \_\_\_\_\_

Sanitarian: \_\_\_\_\_ Priority assessment:  High  Moderate  Low

Date paid: \_\_\_\_\_ Amount paid: \_\_\_\_\_  Cash  Check  Credit/Debit Receipt #: \_\_\_\_\_



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### STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Code Annotated, Health-General Article, §1-202 requires that an employer must file with the issuing authority: (1) a certificate of compliance with the Maryland Workers Compensation Act; or (2) a workers' compensation insurance policy or binder number before any license or permit is issued.

Please **circle the number of the option below which best applies to you**, provide the requested information, sign, date the form, and return it with the attached application.

1. I have worker's compensation insurance.

Insurance Company

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Policy or Binder Number

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2. I do not have any *covered employees* as defined by Maryland Code Annotated, Labor and Employment Article §9-202, and therefore, am exempt from having workers' compensation insurance.
3. I am self-insured. Approval of self-insurance has been received from the Worker's Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE).

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Signature

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Title

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Printed Name of Attester

---

Business Name

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Date

## **STANDARD OPERATING PROCEDURE'S (SOP'S) FOR HAZARDOUS ANALYSIS CRITICAL CONTROL POINT (HACCP) PLANS**

### **RECEIVING:**

#### Standard:

All food must be from approved sources. Foods must be wholesome and not adulterated. No home-prepared foods can be present in a food service facility. Severely dented, rusty, or swollen cans must be rejected. All meats and poultry must be USDA inspected. All eggs must be from USDA registered flocks. All shellfish must be from FDA approved harvesters and must be provided with shell stock tags. The shell stock tags and egg records must be maintained on site for 90 days.

#### Monitoring:

Inspect incoming product for package integrity. Measure product temperature to ensure the product has been received at a compliant temperature. Pasteurized crab meat and vacuum packed meats with no preservatives must be refrigerated at 38°F or below. All other refrigerated product must be 41°F or below and frozen product must be fully frozen upon delivery. Inspect shellfish and other seafood products for freshness.

#### Corrective Action:

Reject delivery or discard product if criteria is not met.

#### Verification:

Supervisor visually observes that employees are inspecting incoming product for package integrity and that temperature monitoring is being conducted if necessary.

### **STORAGE:**

#### Standard:

Frozen products must be fully frozen. Pasteurized crab meat and vacuum packed meats with no preservatives must be refrigerated at 38°F or below. All other refrigerated products must be stored at 41°F or below. Store raw refrigerated animal food products separate from refrigerated ready-to-eat foods. If stored on same set of shelves, raw animal foods must be stored below ready-to-eat foods. Foods must be stored only in designated areas. Protected foods must be stored a minimum of 6 inches above the floor; exposed food must be stored at least 18 inches above the floor.

#### Monitoring:

While the facility is in operation, check temperature of refrigeration and freezer units a minimum of every 4 hours.

### Corrective Action:

If a storage freezer is not working properly, move foods to freezer unit capable of maintaining frozen foods. If frozen product has begun to thaw, move to refrigerated unit maintaining 41°F or below and cook within 72 hours.

If a refrigerator is not maintaining 41°F or below, and if the product was out of temperature for a verifiable time of less than 4 hours then move the product to a unit properly maintaining 41°F or below. If the product temperature was above 41°F for an unverifiable time or longer than 4 hours then discard the product.

### Verification:

Review temperature logs of storage units if available. If temperature logs are not utilized, the supervisor will visually observe that unit temperatures are monitored by employees and corrective actions are taken when warranted

## **THAWING:**

### Standard:

Food products must be thawed in a refrigerator at 41°F or below, under potable running water that is at or below 70°F, in a microwave oven only if product is being cooked immediately or as part of the conventional cooking process.

### Monitoring:

Monitor temperature of refrigerator to ensure unit is maintaining 41°F or below for proper thawing. Ensure running water is less than 70°F with sufficient force to agitate and float off loose particles if this process is used.

Ensure product is immediately cooked after thawing in the microwave.

### Corrective Action:

Any food items that have begun the thawing process must be cooked within 72 hours.

If a refrigerator is not maintaining 41°F or below, and if the product was out of temperature for a verifiable time of less than 4 hours then move the product to a unit properly maintaining 41°F or below.

If the product temperature was above 41°F for an unverifiable time or longer than 4 hours then discard the product.

Foods not cooked immediately after thawing in the microwave are discarded.

### Verification:

Supervisor visually observes that employees are thawing foods properly and that corrective actions are taken when needed.

## **PREPERATION/PROCESSING/ASSEMBLING:**

### Standard:

Food workers prevent contact of exposed, ready-to-eat food with their bare hands by using gloves or utensils such as tongs or deli paper. Cross contamination is prevented by not allowing contact between ready-to-eat and raw foods. Utensils used in food preparation are clean and sanitized. Fruits and vegetables are free of dirt, etc. prior to processing. The time that potentially hazardous items are removed from temperature control for processes such as portioning, slicing and mixing must be minimized.

### Monitoring:

All raw fruits and vegetables are washed thoroughly to remove soil and other contaminants before cutting, cooking, or serving. Managers will ensure employees are properly utilizing gloves or other approved method when handling ready-to-eat foods. Ensure that the time that potentially hazardous foods are out of temperature control for preparation is minimized.

### Corrective Action:

Any food items contaminated by bare hands, unclean utensils, etc. are discarded. Discard product if out of temperature control for an extended period of time for preparation.

### Verification:

Supervisor visually observes that proper techniques are being utilized during food preparation and ensures that corrective actions are being taken when monitoring procedures are not met.

## **COOKING:**

### Standard:

All potentially hazardous foods must be cooked to the following proper minimum internal temperature for 15 seconds unless otherwise noted:

- Pork; Ham 145°F
- Comminuted fish/meats 155°F
- Ground Beef 155°F
- Roast Beef 130°F for 121 minutes for immediate service
- Poultry; Stuffing; Stuffed Meat 165°F
- Shelled Eggs 155°F
- Shelled Eggs 145°F for immediate service
- Ready to eat commercially processed foods 135°F
- All others not specified 145°F

Certain foods may be cooked to order for immediate service upon customer request, provided that a consumer advisory is provided and process is approved in the HACCP plan.

### Monitoring:

A consumer advisory is provided on the menu or in another approved form when an animal food, such as beef, eggs, fish, lamb, pork, poultry, or shellfish, is served raw or undercooked. The HACCP plan must specify that raw or undercooked items are offered and must include method of customer notification. Advisory must state "consuming raw or undercooked animal foods may increase your risk of contracting a food borne illness, especially if you have certain medical conditions". Internal product temperatures will be checked using a calibrated stem thermometer.

### Corrective Action:

Product will continue to cook until proper temperatures are reached.

### Verification:

Review cooking temperature logs. If cooking logs are not utilized, the supervisor must visually observe that temperatures are taken at the proper times and if unsatisfactory, food is returned to

the cooking equipment until the required time and temperature standards are met. Supervisors must also verify that thermometers are properly calibrated.

## **HOT HOLDING:**

### Standard:

All food items are hot held at a temperature of 135°F or above.

### Monitoring:

Internal product temperatures will be checked using a calibrated stem thermometer at regular intervals as specified in HACCP plan or at a minimum of every two hours.

### Corrective Action:

Food item is rapidly reheated to a minimum temperature of 165°F if the food was below 135°F for a verifiable period not exceeding 4 hours. Product is discarded if the food was below 135°F for more than 4 hours or the time the food had been out of temperature is not verifiable.

### Verification:

Monitor temperature logs, and/or observe temperature monitoring and calibration practices.

## **COOLING:**

### Standard:

Potentially hazardous cooked food's internal temperature is cooled from 135°F to 70°F within 2 hours and from 70°F to 41°F or less within an additional 4 hours. Cooling is accomplished by refrigerating in shallow pans less than 3 inch food depth with vented cover, reducing food mass by separating foods into smaller portions, use of ice water baths combined with frequent stirring or use of other effective method acceptable to the approving authority. Cooling method of foods must be documented in the approved HACCP plan for facility.

### Monitoring:

Internal product temperature will be checked using a calibrated stem thermometer at regular intervals as specified in HACCP plan, at a minimum of every two hours.

### Corrective Action:

If internal product temperature does not reach 70°F within 2 hours, rapidly reheat product to 165°F and begin cooling process again. If internal product temperature does not reach 41°F within the additional 4 hour time period, product will be discarded.

### Verification:

Review cooling logs, and/or observe temperature monitoring procedures.

## **REHEATING:**

### Standard:

Potentially hazardous foods that have been cooked, cooled, and refrigerated are reheated to an internal temperature of 165°F or above within 2 hours. Ready to eat foods taken from a commercially processed, hermetically sealed container or from an intact package from a food

processing plant that is inspected by a food regulatory authority is reheated to a minimum of 135°F.

Monitoring:

Internal product temperature will be checked using a calibrated stem thermometer at regular intervals as specified in HACCP plan.

Corrective Action:

Product will be discarded if it fails to reach 165°F within 2 hours.

Verification:

Monitor temperature logs, and/or observe temperature monitoring and calibration practices.

**HAND WASHING:**

Standard:

Hand washing must be performed prior to the start of handling foods and after eating, drinking, smoking, sneezing, coughing, using the restroom, handling soiled equipment or utensils, and handling raw animal products. Hands must be washed for a minimum of twenty seconds while utilizing soap and warm water. Hands must be dried with paper towels, hand dryer or other approved method.

**DISHWASHING:**

Standard:

Dishes, utensils and equipment must be flushed of all debris, then washed with hot soapy water in the first compartment, rinsed in hot clear water in the second compartment, and sanitized in the third compartment. The time and strength will be dependent on the type of sanitizer utilized. Chemical test strips must be provided to ensure the proper sanitizer strength is utilized. Dishes, utensils and equipment must air dry prior to stacking and putting away.

**WIPING CLOTHS:**

Standard:

If wiping cloths are to be utilized, they must be stored in a container of sanitizer solution between uses. If utilizing chlorine, the sanitizer strength must maintain a minimum of 50 ppm. Any debris on the cloth must be disposed of in the garbage, prior to placing the cloth into the sanitizer solution.



## WRITTEN PROCEDURES FOR EMPLOYEE HACCP TRAINING

Implementation of the Hazard Analysis Critical Control Point (HACCP) plan in your establishment will give you the greatest assurance possible that the food you are serving to your customers is safe. In order to prevent food borne illness, HACCP targets the critical steps in preparing and serving potentially hazardous foods. The HACCP plan that is approved for your facility is intended to be used as a reference and a training tool for all food workers.

All employees will be trained to use the approved HACCP plan prior to beginning employment and periodically after that. Training will include identification of the processes that are critical control points, how these processes will be monitored, and what corrective actions must be taken when standards are violated. The approved HACCP plan will be available in the food preparation area at all times.

Food temperature logs\* will be used to monitor product temperatures during the preparation process. These completed logs will be maintained in the food preparation area, and held for review by management, as part of the HACCP monitoring system.

At a minimum, I will train all food workers in approved methods on the following:

- Hand washing
- Glove use
- Cleaning and sanitizing utensils, equipment, and food preparation surfaces
- Weekly calibration of a metal stem thermometer

I have read the above information and agree to train my staff in all areas listed in this Standard Operating Procedures (SOP) document.

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Printed Name

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Title

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Signature

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Date

*\*Note- Use of logs for record keeping is strongly encouraged, but not required, as long as the facility can demonstrate that temperatures are routinely monitored, as described in HACCP plan, and that specified corrective actions are taken when standards are not met.*

# Food Safety Plan

for

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(Facility Name)

---

(Date)

**Based on Hazard Analysis Critical  
Control Point (HACCP) Principles**

**\*Keep in food preparation area\***

**CCP: COLD HOLD**

***CCP and Critical Limits:***

All items are to be Cold Held at 41°F or below at all times

***Monitoring:***

Refrigerator temperature to be monitored every \_\_\_\_\_ to verify proper temperature maintenance.

***Corrective Actions:***

If temperature of food in refrigerator rises above 41°F:

For less than 4 hours: all food items to be removed and rapidly re-chilled to 41°F or below.

If food out of temperature for greater than 4 hours, or an unverifiable amount of time (i.e. no temp logs available): food is to be discarded.

***Verification:***

\_\_\_\_\_ will ensure that temperature of all refrigeration is monitored at interval specified above and that corrective actions are taken if standard not met.

***Equipment Used:***

***Menu items using this CCP:*** ( \*Include **all** menu items that utilize this step)

**CCP: COOKING/REHEATING**

***CCP and Critical Limits:***

Foods are cooked to temperatures below for specified time:

Shell eggs for immediate service, fish, meat, and other potentially hazardous food not specified below cooked to **145°F for 15 seconds**.

Shell eggs not for immediate service, ground fish and meats, commercially raised game animals, and injected meats cooked to **155°F for 15 seconds**.

Whole roasts (for rare roast beef) cooked to **130°F and held for at least 112 minutes**.

Poultry, stuffed meats, stuffed pasta or poultry, or stuffing containing these cooked to **165°F for 15 seconds**.

Raw animal foods cooked to **165°F and held for 2 minutes**, when using microwave oven.

Fruits, veggies, and commercially processed food for hot holding cooked to at least **135°F**.

***Monitoring:***

Internal product temperature of food is taken \_\_\_\_\_ using a metal stemmed thermometer.

***Corrective Actions:***

If food has not reached required temperature for specified time, continue cooking.

***Verification:***

Supervisor will ensure that temperatures are being taken and if not satisfactory, food is returned to cooking equipment until the required time and temperature standards are met.

***Equipment Used:***

***Menu items using this CCP: : (\*Include all menu items that utilize this step)***

**CCP: HOT HOLD**

***CCP and Critical Limits:***

Foods are Hot Held at a minimum of 135°F.

***Monitoring:***

Internal temperature of food is taken at least every \_\_\_\_\_ using a metal stemmed thermometer.

Hot Holding Equipment temperature will be checked every \_\_\_\_\_.

***Corrective Actions:***

If temperature falls below 135°F and:

out of temperature for 4 hours or less, product will be rapidly reheated to 165°F ;

out of temperature for an unverifiable time or a time greater than 4 hours, product will be discarded.

***Verification:***

Supervisor will ensure that temperatures are being taken at intervals specified above and if the temperature is not acceptable, corrective actions are followed.

***Equipment Used:***

***Menu items using this CCP: :*** ( \*Include **all** menu items that utilize this step)

**CCP: COOLING**

***CCP and Critical Limits:***

Foods are cooled from 135°F to 70°F within 2 hours, and from 70°F to 41°F within an additional 4 hours.

***Monitoring:***

Internal product temperature of food is taken at 1.5 and 6 hours with a metal stemmed thermometer.

***Corrective Actions:***

If food is not  $\leq 70^{\circ}\text{F}$  at 1.5 hours, food will be iced, stirred, or broken into smaller containers. Food that has not reached 41°F within 6 hours will be discarded.

***Verification:***

Supervisor will ensure that temperatures are being taken at proper times and, if not taken or not satisfactory, that corrective actions listed above are taken.

***Equipment Used:***

***Cooling Method(s) Utilized:***

***Menu items using this CCP:*** (\*Include all menu items that utilize this step)

**CCP: REHEATING**

***CCP and Critical Limits:***

Foods are cooked to temperatures below for specified time:

All foods are **reheated to 165°F.**

***Monitoring:***

Internal product temperature of food is taken at completion of cooking time using a metal stemmed thermometer.

***Corrective Actions:***

If food has not reached required temperature for specified time, continue cooking. Recheck temperature after additional cooking to make sure standard is reached.

***Verification:***

Supervisor will ensure that temperatures are being taken and if not satisfactory, food is returned to cooking equipment until the required time and temperature standards are met.

***Equipment Used:***

***Menu items using this CCP: :*** (\*Include **all** menu items that utilize this step)