



Loudoun County Health Department

1 Harrison Street, S.E., Leesburg VA 20175

Mailing address: P.O. Box 7000, MSC# 68, Leesburg VA 20177-7000

Mobile Food Unit - Permit & Renewal Application

Annual VDH Mobile Food Permits are applied for and issued every year. You will be expected to bring the mobile unit to the Loudoun County Health Department annually for inspection and issuing a VDH Mobile Food Permit.

After reviewing your application, the assigned EHS will contact you to schedule inspection.

Required Documentation to be submitted together:

Mobile Food Unit - Permit & Renewal Application

\$40 Permit Fee; Cash or check payable to VDH

Base of Operations (form attached)

Section C: Mobile Food Unit – Operations Checklist

| | |
|-----|--|
| 1. | <p>Water: Public (Municipal); or Private (Well). Source _____ <u>Private water</u> (well) requires annual water tests. Attach copy of results for Total Coliform and Nitrates.</p> <p>Sewage: Public (Municipal); or Private (Septic). Location _____ <u>Private septic</u> system will be evaluated to assure it can handle the proposed volume and strength of the wastewater from your unit. This will be based on your menu and an evaluation of the potential daily volume of wastewater and other facilities served by the system.</p> |
| 2. | <p>Base of Operation: – location of Serving area or Commissary _____ Base of Operation Agreement (attach, Commissary Agreement OR Servicing Area).</p> |
| 3. | <p>Mobile Food Unit is mounted on wheels, and readily moveable from place to place at all times during operation. All operations, and all equipment is integral to, within or attached to the Mobile Food Unit. Business Name is clearly visible on both sides of Mobile Food Unit.</p> <p>Day/Hours of Operation _____ Seasonal; or Year-Round Operating locations _____</p> |
| 4. | Food is prepared on the Mobile Food Unit or at applicants' VDH permitted food facility. HOME PREPARED FOODS ARE PROHIBITED. |
| 5. | Name of Certified Food Protection Manager (if applicable) Certification copy attached. |
| 6. | Employee Health Policy is implemented for all food employees and Illness Clean-Up Guidelines, or equivalent plan, or bodily fluid clean up kit is provided, see attached. |
| 7. | Handwashing sink is required and operational prior to any food preparation. Hot (100°F minimum) and cold running water, soap, paper towels. Handwash sign posted. |
| 8. | No bare hand contact with ready-to-eat foods. Gloves, deli paper, tongs, etc. will be used to protect foods. |
| 9. | Food Storage temperature control. Describe how TCS foods will be held during transport, while serving and monitored, include equipment: Cold Hold foods _____ Hot Hold foods _____ Cold/Hot Foods transported to service location _____ Refrigeration units and/or coolers are equipped with ambient air thermometers. |
| 10. | Warewashing: Dish detergent and Sanitizer is available at the 3 Basin sink. Type of Sanitizer used (ex. Chlorine or QUAT) _____ Appropriate test strips provided. |
| 11. | Food Thermometer provided and calibrated |
| 12. | The Person-In-Charge, directly responsible for the food establishment downloaded a copy of the VDH regulations and understands the Food Code requirements. |

NOTE: A Mobile Food Establishment permit will not be issued unless this application meets all the applicable requirements of the [Virginia Department of Health Food Regulations](#). Failure to provide the necessary information on this application may delay the processing of the application.

I/we attest to the accuracy of the information provided, affirm to comply with the Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Section D: Applicant

| | |
|-------------------------|--------------------------|
| Signature of Applicant: | Print Name of Applicant: |
| Title of Applicant: | Date Signed: |

BASE OF OPERATION (complete one section – Commissary OR Servicing Area)

Mobile Food Unit Name _____ **Mobile Food Legal Owner** _____

COMMISSARY AGREEMENT

Commissary Name _____

Commissary Address _____ **Email Address** _____

Commissary Owner/Operator _____ **Contact Number** _____

Days/Hours of Commissary use _____

The following services are provided for the mobile food unit operation: _____

This agreement serves to notify the Loudoun County Health Department that I, the owner/operator of this food facility, will allow my facility to serve as a **commissary** for the mobile food unit listed above. I understand that as a commissary, I must allow the mobile food unit access to my facility on the above Days/Hours, and that by signing this form my facility will be inspected periodically by the health department to ensure requirements are met.

Commissary Owner signature _____ **Print Name** _____ **Date** _____

I, the owner of the mobile food unit agree to use this commissary with the services outlined above. I certify that I will use this commissary for my business activities. I understand and agree that if for any reason, this commissary's VDH permit is revoked or suspended, that my VDH permit will also be revoked or suspended. I must stop operating until I obtain another approved commissary and provide appropriate documentation for approval by the Loudoun County Health Department.

Mobile Owner Signature _____ **Print Name** _____ **Date** _____

SERVICING AREA AGREEMENT

Servicing Area Location _____

Address _____ **Email Address** _____

Servicing Area Owner _____ **Contact Number** _____

Servicing Area Potable Water Supply Public, Private, Bottled

How is Clean Water Tank filled? _____

How is Waste Water disposed? _____

How is Grease disposed? _____ **Trash?** _____

This serves to notify the Loudoun County Health Department that I, the owner of this location, must allow this mobile food unit daily access to this location for the services listed above.

Servicing Area Owner signature _____ **Print Name** _____ **Date** _____

I, the owner of the mobile food unit agree to use this servicing area for the services outlined above on a daily basis. If I do not use this service area, my Virginia Department of Health food permit may be revoked, and I must stop operating until I obtain another approved servicing area and provide appropriate documentation to the Loudoun County Health Department for approval.

Mobile Owner Signature _____ **Print Name** _____ **Date** _____

Mobile Guidelines

Mobile food unit is a food establishment mounted on wheels, readily moveable from place to place at all times during operation and shall include, but not be limited to, pushcarts, trailers, trucks, or vans. The unit, all operations, and all equipment must be integral to and be within or attached to the unit.

Base of Operation - Servicing area. An operating base location to which a mobile unit returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food. A service area is not required to obtain a health department permit. Food for the mobile unit CANNOT be prepared in the servicing area. Only Fully Self-Contained Mobile Food Units may use a servicing area. Complete the Base of Operations Agreement (**Servicing Area section**).

Base of Operation - Commissary. A catering establishment, food establishment, or any other place in which food, food containers, or supplies are kept, handled, prepared, packaged, or stored. If ALL functions of cooking, holding, and storage are not done IN the mobile unit, a commissary is required. A commissary must be permitted as a Food Establishment by the Virginia Department of Health. Approval is needed before the mobile unit may use a commissary. The mobile food unit is to be permitted in the jurisdiction where the commissary is located. A written agreement to use a commissary owned by another entity will be required. Complete the Base of Operation Agreement (**Commissary section**).

Person-In-Charge (PIC) must be assigned and in charge at all times during the hours of operations. The PIC is responsible for knowing the food safety requirements and procedures within the unit. The PIC must ensure all employees are informed of the reporting requirements of symptoms and diseases spread through food, see attached Employee Health Policy/Employee Reporting Agreement.

Clean Water Supply must be approved for use.

- Bottled drinking water or water from a public waterworks can be used.
- Private well requires health department approval. Annual water tests for nitrate and total coliform are required.

Hot Water is required for handwashing and ware washing. Mobile units must have hot water heater to supply 110°F. Sufficient supply of water and sinks in good operating condition is required during all hours of operation.

Potable Water Hose and Clean Water Tank used for drinking water must be cleaned and sanitized before being used and cannot be used for any other purposes. Clearly label hose and tank for "*drinking water use only*". Potable water hose must be food grade (i.e. white NSF approved) and used with proper back flow prevention. Store potable water hose in a protected manner such as in a closed plastic tub.

Removing Mobile Food Establishment Wastes - No public health hazard or nuisance shall result when liquid wastes are removed from a mobile food establishment. Waste water generated by melted ice, condensation, handwashing, ware washing and other liquid wastes must be collected in waste retention tanks and properly disposed of at the approved commissary or servicing area.

The **Menu** may be limited by the equipment and space available and the level of food preparation required. All food, clean equipment, utensils, linens, single service/use items must be stored, dispensed and transported in a protective manner. All food and beverages shall be prepared and stored in either your permitted mobile unit or your approved commissary. Serving food or beverages prepared and/or stored in a home or unregulated facility is prohibited.

Mobile Permits are not transferrable. Mobile permits expire annually. Application and \$40 fee are to be submitted for renewal every year. If a mobile food unit has a VDH health department permit from any jurisdiction in Virginia, an additional permit is not required to operate in Loudoun County.

Inspections. The mobile unit will need to be available to be inspected at the Loudoun County Health Department for issuing permit, and annually for renewal. Periodic inspections will be done throughout the year while the mobile unit is in operation.

Events. A mobile food unit permit authorizes food service from the inspected unit only. No off-truck food operations are allowed without obtaining a temporary food establishment permit. Temporary Food Establishment permit application can be found at www.loudoun.gov/food. Event Coordinators may request additional information from you, such as a copy of your permit.

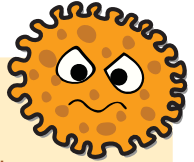
Contact **Loudoun County Commissioner of the Revenue** to register for a Business License or Itinerant Vendor's License. Commissioner of the Revenue www.loudoun.gov/cor 1 Harrison Street Leesburg VA 20177; (703) 777-0260

Contact Fire Marshal's office to obtain a fire inspection. 23675 Belmont Ridge Rd, Suite 150 Ashburn, VA 20148; (703) 737-8600

Clean-up and Disinfection for Norovirus ("Stomach Bug")

THESE DIRECTIONS SHOULD BE USED TO RESPOND TO ANY VOMITING OR DIARRHEA ACCIDENT

Note: Anything that has been in contact with vomit and diarrhea should be discarded or disinfected.



1 Clean up

- Remove vomit or diarrhea right away!**
 - Wearing protective clothing, such as disposable gloves, apron and/or mask, wipe up vomit or diarrhea with paper towels
 - Use kitty litter, baking soda or other absorbent material on carpets and upholstery to absorb liquid; do not vacuum material: pick up using paper towels
 - Dispose of paper towel/waste in a plastic trash bag or biohazard bag
- Use soapy water to wash surfaces that contacted vomit or diarrhea and all nearby high-touch surfaces, such as door knobs and toilet handles**
- Rinse thoroughly with plain water**
- Wipe dry with paper towels**

DON'T STOP HERE: GERMS CAN REMAIN ON SURFACES EVEN AFTER CLEANING!

2 Disinfect surfaces by applying a chlorine bleach solution

Steam cleaning may be preferable for carpets and upholstery. Chlorine bleach could permanently stain these. Mixing directions are based on EPA-registered bleach product directions to be effective against norovirus. For best results, consult label directions on the bleach product you are using.

a. Prepare a chlorine bleach solution

Make bleach solutions fresh daily; keep out of reach of children; never mix bleach solution with other cleaners.

IF HARD SURFACES ARE AFFECTED...
e.g., non-porous surfaces, vinyl, ceramic tile, sealed counter-tops, sinks, toilets

3/4 CUP OF CONCENTRATED BLEACH + **1 GALLON WATER**

CONCENTRATION ~3500 ppm

IF USING REGULAR STRENGTH BLEACH (5.25%), INCREASE THE AMOUNT OF BLEACH TO 1 CUP.

- Leave surface wet for at least 5 minutes**
- Rinse all surfaces intended for food or mouth contact with plain water before use**

3 Wash your hands thoroughly with soap and water

Hand sanitizers may not be effective against norovirus.

Facts about Norovirus

Norovirus is the leading cause of outbreaks of diarrhea and vomiting in the US, and it spreads quickly.

Norovirus spreads by contact with an infected person or by touching a contaminated surface or eating contaminated food or drinking contaminated water. Norovirus particles can even float through the air and then settle on surfaces, spreading contamination.

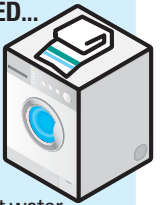
Norovirus particles are extremely small and billions of them are in the stool and vomit of infected people.

Any vomit or diarrhea may contain norovirus and should be treated as though it does.

People can transfer norovirus to others for at least three days after being sick.

IF CLOTHING OR OTHER FABRICS ARE AFFECTED...

- Remove and wash all clothing or fabric that may have touched vomit or diarrhea
- Machine wash these items with detergent, hot water and **bleach** if recommended, choosing the longest wash cycle
- Machine dry



Scientific experts from the U.S. Centers for Disease Control and Prevention (CDC) helped to develop this poster. For more information on norovirus prevention, please see <http://www.cdc.gov/norovirus/preventing-infection.html>.



co.somerset.nj.us/health



neha.org



waterandhealth.org



americanchemistry.com



vdh.virginia.gov

disinfect-for-health.org

Updated January, 2016

Employee Health Reporting Policy

The purpose of this agreement is to inform conditional and non conditional food employees of their responsibility to notify to the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE: Any onset of the following symptoms either at or outside of work, including initial date of onset: **Diarrhea, Vomiting, Jaundice, Sore throat with fever, or infected cuts, wounds or lesions** containing pus on the hands, wrists, exposed body part or other body parts and the cuts, wounds or lesions that are not properly covered such as boils and infected wounds, however small.

I AGREE TO REPORT TO THE PERSON IN CHARGE: Any future exposure or any medical diagnosis of myself, or household members, of the following diseases: ***NOROVIRUS *SHIGELLOSIS *SHIGA TOXIN-PRODUCING E.COLI *SALMONELLA (TYPHOIDAL & NON-TYPHOIDAL) *HEPATITUS A**

I HAVE READ or had explained to me, and understand the requirements concerning my responsibility under the Virginia Food Code and this agreement to comply with reporting requirements specified above including symptoms, diagnosis and exposure specified; work restrictions or exclusions that are imposed on me and good hygienic practices.

FOOD EMPLOYEES: Please print your name and include your signature

1. _____
2. _____
3. _____
4. _____
5. _____

Name and signature of Person-In-Charge: _____ **date:** _____

Illness Cleanup Policy

These directions should be used to respond to any vomit or diarrheal incidents

CLEANUP

- * Remove Vomit or Diarrhea right away
- * Wear protective clothing (i.e. disposable gloves, and/or apron/mask)
- * Wipe up with paper towels - discard materials in a plastic trash bag or bio hazard container
- * Use soapy water to wash all surfaces in contact with vomit or diarrhea, & any highly touched surfaces within the vicinity
- * Rinse thoroughly with water and wipe dry with paper towels



Sanitizing & Disinfection

- * Prepare a chlorine bleach solution: 3/4 cup concentrated chlorine bleach to 1 gallon of water
- if using regular strength bleach, (5.25% concentration) increase to 1 cup to 1 gallon of water
- * Leave surfaces wet for 5 minutes
- * Rinse all surfaces intended for food and mouth contact with water before use
- * Wash your hands with soap and water



*** REMEMBER: HAND SANITIZERS ALONE MAY NOT BE EFFECTIVE AGAINST NOROVIRUS**