



**Transitory Food Unit (TFU)
and Mobile Food
Establishment Plan Review
Worksheet and Standard
Operation Procedures (SOP)**

TFU/MOBILE Name:	
Owner:	
Address:	City:
State/Zip:	Phone:
Mark one: <input type="checkbox"/> TFU <input type="checkbox"/> MOBILE	Date:

Instructions: It is important to complete this document in its entirety. Sections that are left blank may cause delays in the plan review. Use additional pages if needed. If a question does not apply, mark the section as "N/A". This document is to be used in conjunction with the "Transitory Food Unit and Mobile Food Establishment Plan Review Manual" found at: https://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html

By initialing this statement, I verify that food establishment operations may not be conducted in a private home, a room used as living or sleeping quarters, or an area directly opening into a room used as living or sleeping quarters and that all food handling must comply with Michigan Food Law and Michigan Modified Food Code.

Initials: _____

MENU, FOOD, & FOOD PROCESSES

Menu: List all foods, including beverages, that will be served (attach an additional sheet or menu if necessary). *Note: Any changes to the menu must be submitted and approved by this department.*

Consumer Advisory: The customer must be informed by means of a consumer advisory that a menu item contains raw or undercooked foods of animal origin (e.g., medium rare hamburger).

Menu items contain raw or undercooked animal-based foods: YES* NO
 *If YES, the menu contains a consumer advisory: YES NO

Food Source: List where you buy all your food (e.g., GFS). *Note: Home prepared foods or cottage foods are not permitted.*

Food Transportation: List all methods of transporting food to the TFU/Mobile.

Food to Be Transported	Transportation Method (e.g., refrigerated truck, stock truck, Cambro, etc.)	Where is the food coming from (e.g., Commissary, Food Supplier)
Hot Foods (list):		
Cold Foods (list):		
Dry/Canned Goods:		
Fruit/Vegetables:		
Other Items (list):		

Food Storage: Indicate where you will store all the following items while in operation (e.g., refrigerator, freezer, cooler with ice, chafing dishes, steam table, Cambro, dry goods shelf, etc.).

Raw meats:	Dry Goods:
Ice:	Unopened canned products:
Ice:	Perishable beverages:
Condiments:	Non-perishable beverages:
Vegetables/Fruits:	

Food Handling: The handling of ready-to-eat foods with bare hands is prohibited. Mark which methods will be used to avoid bare hand contact with ready-to-eat foods.

- Single use gloves
 Utensils
 Deli papers
 Other (describe): _____

Produce: Will the produce be cleaned on-site? YES* NO**

*If YES, describe which sink will be used for food preparation:

**If NO, the facility must use pre-washed produce.

Cross Contamination Prevention: Raw animal products and unwashed fruits/vegetables must be handled and stored in a manner that prevents cross-contamination of cooked/ready-to-eat foods. Describe how these foods will be stored to prevent cross contamination. A diagram may be attached showing methods/order of separation.

Unwashed fruits and vegetables:	Raw Eggs:
Raw Beef:	Raw Fish/Seafood:
Raw Pork:	Raw Lamb:
Raw Poultry:	Ready-to-eat food:
Other:	

Thawing: List foods that will be thawed by one of the following approved methods.

Method	Food
Under Refrigeration:	
Under Cold Running Water:	
In a Microwave Oven followed by Cooking:	
During Cooking:	

Cooking: Indicate how all raw TCS foods will be cooked and how temperatures will be monitored. *Note: Please mark foods that are cooked to order (i.e., served undercooked or raw) with an * and include a copy of the Consumer Advisory for the menu.*

Food	Cooking Method	Final Cooking Temperature
<i>(Example) Burgers</i>	<i>Flat Top</i>	<i>155°F</i>
Method for monitoring:		

Cooling: Indicate what foods will be cooled, cooling method used, time frame for cooling to listed temperatures, and method for monitoring. Hot TCS foods must be cooled from 135°F to 70°F in 2 hours or less and within a total of 6 hours from 135°F to 41°F or less. If prepared from room temperature or pre-chilled ingredients (e.g., tuna salad) then the foods must be cooled from 70°F to 41°F within 4 hours.

Food	Cooling Method (e.g., ice wand, ice bath, freezer)	Time to 70°F	Time to 41°F
Method for monitoring:			

Reheating for Hot Holding: Indicate all foods that will be reheated, the type of reheating proposed (individual serving or in bulk), the equipment used to reheat, the reheat temperature, reheating time, and method for monitoring.

Food	Individual or Bulk	Equipment Used (e.g., microwave)	Temperature	Time (how long)
Method for monitoring:				

Hot Holding: Indicate what foods will be held hot, equipment used, and method for monitoring. TCS foods must be hot held at 135°F or above.

Food	Equipment Used
<i>(Example) Cheese Sauce</i>	<i>Steam table</i>
Method for monitoring:	

Cold Holding: Indicate the foods that will be held cold, equipment used, and method for monitoring. TCS foods must be cold held at 41°F or below.

Food	Equipment Used
<i>(Example) Burgers</i>	<i>True refrigerator</i>
Method for monitoring:	

Time Alone as Control: List foods **where only time, and not temperature**, will be used to control the safety of TCS food items. Explain the procedure of time control for each food item. *Note: Additional written procedures may be required to comply with 3-501.19 of the Michigan Modified Food Code.*

Food	How long will this food be held out of temperature control	Marking Method	Monitoring method and action taken when time limit is reached
<i>(Example) Corn Dogs</i>	<i>4 hours</i>	<i>Running list of time when batch is made</i>	<i>Ensure corn dogs from batch are used or discarded</i>

Date Marking: Ready-to-eat TCS foods held over 24 hours in refrigeration must be date marked with a method that indicates when they need to be discarded. Indicate the food and date marking method to be used including the maximum number of days between preparation/opening and discarding. *Note: The day of preparation counts as Day 1.*

Food	Date Marking Method
<i>(Example) Cut Lettuce</i>	<i>A sticker on the container that shows 6 days from the date of prep for when the cut lettuce will be used or discarded</i>

EMPLOYEE HEALTH AND HYGIENE

Hygiene Practices: Complete the following, by initialing to verify agreement to comply. **(INITIAL BELOW)**

Initial

Employees will report to work clean and in clean clothes:	
Employees will use proper hair restraints, describe restraint to be used:	
Employees will not use tobacco in the food areas.	
Employees will not eat in the food areas.	
Employees will drink only from covered cups with a straw, or equivalent, in the food area.	
Employees will cover all cuts with waterproof bandages.	
Employees will cover cuts on hands with a bandage and a proper glove.	
Employees will not wear nail polish or will cover the nails with gloves. Nails will be kept trimmed and clean.	
Employees will not wear hand/wrist jewelry, with the exception of a plain wedding band.	
Soap, paper towels, waste receptacle and a reminder notice will be provided at each hand washing location.	

Handwashing: Employees must wash hands: **(INITIAL BELOW)**

- _____ After touching bare human body parts other than clean hands and clean, exposed portions of arms.
- _____ After using the restroom.
- _____ After caring for or handling service animals or aquatic animals.
- _____ After coughing, sneezing, using a handkerchief or disposable tissue.
- _____ After using tobacco, eating, or drinking.
- _____ After handling soiled equipment or utensils.
- _____ During food preparation, as often as necessary to prevent cross contamination when changing tasks.
- _____ When switching between working with raw food and working with ready-to-eat food.
- _____ Before putting on gloves for working with food; and
- _____ After engaging in other activities that contaminate the hands, such as handling trash or chemicals.

Number and description of handwash station(s):

Describe how hot water will be provided to handwash station(s):

The person in charge (PIC) is required to:

- Recognize symptoms of diseases that are transmitted by foods. Common symptoms of illnesses that can be easily spread by food include:
 - Diarrhea
 - Vomiting
 - Jaundice
 - Sore throat with fever, or
 - Infected wounds and boils on the hands or arms
- Notify employees of their reporting requirements regarding their health and activities. **Employees must notify PIC when:**
 - They experience any of the common symptoms that can be easily spread by food:
 - Diarrhea
 - Vomiting
 - Jaundice
 - Sore throat with fever
 - Infected wounds and boils on the hands or arms
 - They are diagnosed as being ill as a result of any of the following pathogens (Big Five)
 - Norovirus
 - Hepatitis A virus
 - *Shigella spp.*
 - Enterohemorrhagic or Shiga toxin-producing *Escherichia coli* (*E. coli*)
 - *Salmonella typhi*
 - They are exposed to or are suspected of causing a confirmed foodborne illness outbreak of any of the Big Five.
 - They live with a household member who has any of the Big Five, or if a household member works in or attends a setting where any of the Big Five have caused a confirmed outbreak.
- Exclude food employees from the unit with the following conditions:
 - Diagnosed as having an illness associated with a Big Five pathogen
 - For employees diagnosed with one of the Big Five but experiencing no illness symptoms, consult the regulatory authority. Restriction is allowed under some circumstances.
 - Signs of jaundice, (yellowing of skin and/or eyes), and onset occurred in the last 7 calendar days.
 - Symptoms of vomiting and/or diarrhea
- Restrict food employees with the following conditions from working with exposed food; clean equipment, utensils and linens; unwrapped single service and single-use items; etc.:
 - Sore throat with fever
 - An uncovered lesion containing pus, such as a boil, or an uncovered infected wound
- Notify the regulatory authority when an employee is diagnosed with any of the below listed pathogens or is jaundiced.
 - Norovirus
 - Hepatitis A virus
 - *Shigella spp.*
 - Enterohemorrhagic or Shiga toxin-producing *Escherichia coli* (*E. coli*)
 - *Salmonella typhi*
- Reinstate affected food workers who are restricted or excluded. Reinstatement will be performed in the following manner:
 - Any employee excluded due to jaundice or diagnosis with one of the Big Five will be reinstated per written medical documentation from a physician and **approval from the regulatory authority**. Contact the regulatory authority for assistance with other options for reinstatement.
 - Any employee excluded due to symptoms of vomiting or diarrhea will be reinstated after they have been symptom free for at least 24 hours, or after they have provided medical documentation that the symptom is from a noninfectious condition.
 - Any employee restricted or excluded due to illness with sore throat and fever will be reinstated when they have provided medical documentation that they have received antibiotic therapy for *Streptococcus pyogenes* infection for more than 24 hours, they have had at least one negative throat specimen culture for *Streptococcus pyogenes*, or it is otherwise determined by a health practitioner that they are free of *Streptococcus pyogenes* infection.

- Any employee restricted due to an uncovered infected wound or pustular boil will be reinstated when the area is properly covered with one of the following:
 - On the hands or wrists, an impermeable cover such as a finger cot or stall with a single-use glove worn over the impermeable cover,
 - On exposed portions of the arms, an impermeable cover, or
 - On other parts of the body, a dry, durable, tight-fitting bandage
- Assure that the following procedures are met:
 - Require all employees to review this procedure.
 - Monitor employees for visible or obvious symptoms.
 - Assure that all employees notify the PIC when required.
 - Assure that all food employees comply with exclusions or restrictions.
 - Maintain documents and record of exclusions and restrictions.
 - Contact the regulatory authority when required and if there are any questions.

By initialing, I agree to comply with the above listed employee health requirements of the Michigan Modified Food Code.

Initials: _____

Employee Health: Describe how employees will be made aware of health reporting requirements (reportable illnesses and symptoms) as it relates to diseases transmissible through food. *Note: Guidance documents, including posters and forms, are available from this department.*

Chemical Storage: Describe where sanitizers and other chemicals will be stored in the unit during operation.

WATER SUPPLY

Water Source and Storage: Indicate the source of potable water, how water is supplied/delivered (e.g., food grade hoses) to unit, and how this water will be stored on board (e.g., water jugs, holding tank), list size of holding tanks or water containers.

*Source of water:	
Delivery of water to TFU/mobile:	
**Capacity of potable water (include size of holding tanks/containers in gallons):	

*Water must be obtained from an approved source that has completed state or local sampling requirements.

**The unit should be equipped with enough water capacity to meet peak water demands while in operation.

Cleaning and Sanitizing of Water Supply Equipment: List method and frequency that water equipment, including holding tanks and food grade hoses, will be cleaned and sanitized and how this equipment will be protected from contamination when not in use.

Equipment	Cleaning/Sanitizing Method	Frequency	Protection when not in use
<i>(Example) Food grade hose</i>	<i>Rinsed out with chlorinated water</i>	<i>After each event</i>	<i>Stored in cabinet within unit</i>

Backflow Prevention: List equipment that will require backflow prevention and what method of backflow prevention will be provided. If a connection is made to a public water system, describe how the public water system will be protected from the unit.

Equipment	Backflow Prevention Method
<i>(Example) Carbonator</i>	<i>ASSE 1022 device</i>
If connection to public water system is needed, how will the public water system will be protected from the unit?	

Hot Water Capacity: Describe how hot water will be provided. *Note: The unit should be equipped with enough hot water capacity to meet peak water demands while in operation.*

Hot Water Heater Unit	Manufacturer	Model #	Capacity (Gal.)	KW or BTUs

SEWAGE SYSTEM

Liquid Waste Capacity: Indicate the capacity of the liquid waste storage for the unit. *Note: The wastewater storage should be sized to be 15% larger in capacity than the water supply tank.*

Storage of liquid wastewater (include size of waste holding tanks/containers in gallons):	
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Liquid Waste Disposal: Describe how/where liquid waste and grease generated in the unit will be disposed of. *Note: Sewage must be disposed of at an approved sewage disposal site.*

Backflow Prevention: List equipment that has a drain line and in which food, portable equipment, or utensils are placed. Describe how this equipment will be protected from sewage “back up” through this drain line.

Equipment	Backflow Prevention Method
<i>(Example) Ice bin</i>	<i>Air gap between ice bin and wastewater holding tank</i>

Toilet Facilities: If the unit does not have an on-board toilet facility, describe anticipated toilet facilities, and how hand washing after bathroom use will be handled.

Wastewater from Cleaning Floors: Describe how floors will be cleaned and where wastewater from wet floor cleaning will be disposed of.

PEST & ENVIROMENTAL CONTROLS

Protection from Pests & Environment: Describe the methods you will use to keep flying and crawling pests as well as environmental contaminants (e.g., leaves, blowing dust) out of the unit (e.g., service windows with air curtains or screening). If equipment and/or food is in an open-air environment, describe how this food and/or equipment will be protected (e.g., covered food containers, air curtain, self-closing device).

Area of Concern	Method of Pest & Environmental Contaminate Control
Service windows:	
Cooking/grilling/smoking locations:	
Other equipment exposed to open air:	
Food exposed to open air:	
Other areas of concern:	

FLOORS / WALLS / CEILINGS

Floors: Describe the type of indoor flooring to be used. If indoor flooring is not applicable, describe the ground surface the unit will be placed upon when operating.

Walls: Describe the type of indoor walls to be installed. If indoor walls are not applicable, describe how food equipment and food will be protected from the surrounding environment.

Ceiling: Describe the type of indoor ceiling to be installed. If an indoor ceiling is not installed, describe how overhead protection will be provided.

Exterior: Describe the exterior construction material of the unit.

ELECTRICITY

Mark if electricity is needed for the operation of the unit. If needed, mark if electricity will be supplied by a generator that is part of the unit or by an electrical connection from another entity.

Electricity is need for operation: YES* NO

*If YES, mark how electricity be provided: Generator as part of unit Electrical connection by another entity

If a generator, as part of unit, is used describe the make and model of generator as well as the wattage it can provide. Indicate where this generator will be located:

If electrical connection by another entity is used, describe how you will ensure electricity is left running overnight, if applicable.

VENTILATION

Mark if mechanical ventilation hood will be provided. If provided, indicate if the hood is a Type I or Type II and how make up air will be provided.

Mechanical ventilation hood will be provided: YES NO

If provided, mechanical ventilation hood is a: Type I Type II

If applicable, describe how make up air will be provided:

If applicable, list what equipment will be located underneath the ventilation hood.
