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<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

MOBILE FOOD FACILITY

MINIMAL PRE-PACKAGED PLAN SUBMITTAL CHECKLIST EXAMPLE: PRE-PACKAGED ICE CREAM

TRUCKS / TRAILERS / VANS

Note: pre-packaged ice cream push-carts do not need to submit plans.

Mobile Food Facility Name: _____

SR#: _____

	Items Submitting: SUBMIT PLANS AND OBTAIN APPROVAL BEFORE ANY CHANGES <i>Provide completed checklist with plans. Any item marked "N/A" must be explained on plans and/or checklist.</i>
	PDF of plans OR 2 sets of paper plans, drawn to scale
	Drawings show all 4 sides and top view
	One copy of each technical specification sheet for all MFF equipment, indicating manufacturer, make and model number(s) <i>(ex: generator, refrigerators, countertops, shelves, etc.)</i>
	Plan check application completed and a copy of the menu
	HCD insignia number: (if applicable) _____ <i>Housing and Community Development (HCD) telephone number: 916-255-2532</i>
Equipment: <i>Each piece of food service equipment shall be shown on plans</i>	
	All equipment is ANSI approved: NSF, ETL-S, UL-EPH, SA-S (Ex: freezers, shelves, counters)
	Type of floor material stated on plans <i>Floor/wall juncture with 3/8 inch coving extending up wall 4-inch minimum.</i>
	Finish Schedule of food contact surfaces and countertops <i>No unfinished wooden surfaces</i>
	Power source shown on plans. Generator attached to mobile, accessible from outside
Miscellaneous Items: <i>To be shown on plans</i>	
	Location of first aid kit
	Self-closing door(s)
	Emergency exit door <i>must be located on opposite side of main exit door; at least 24" x 36"</i>
	Unobstructed height requirement: 74 inches (6'2") aisle width: 30 inches (2'6")
	Identification—name of business with city, state, zip code of commissary on two sides <i>Business name: 3 inches high in contrasting color. Commissary city/state/zip code: 1 inch high in contrasting color.</i>