



ENVIRONMENTAL HEALTH  
 700 Fuller Avenue N.E.  
 Grand Rapids, Michigan 49503-1918  
 Phone: 616-632-6900  
 Fax: 616-632-6892  
 Email: [KCEHmail@kentcountymi.gov](mailto:KCEHmail@kentcountymi.gov)  
 Website: [www.accesskent.com](http://www.accesskent.com)

## Special Transitory Food Unit (STFU) and Mobile Food Establishment Plan Review Worksheet and Standard Operation Procedures (SOP)

STFU/MOBILE Name:	
Owner:	
Address:	City:
State/Zip:	Phone:
___STFU OR ___MOBILE	Date:

**Instructions:** Answer all questions. Use additional pages if needed. If a question does not apply, mark the section as "N/A".

**1. Food** (Note: Any changes to the menu must be submitted and approved by Kent County Health Department prior to their service, you may be required to show approval during inspections.)

**A. Menu:** List all foods that will be served (attach an additional sheet or menu if necessary)


**B. Food Source:** List where you buy all your food from (e.g., GFS):


**\_\_\_\_\_The sale of home-prepared foods is prohibited. Indicate by initialing the line provided that these foods will not be served.**

**C. Storage:** Indicate where you will store all food and food-related items at the event (e.g., refrigerator, freezer, cooler with ice, chafing dishes, steam table, cambro, dry goods shelf, etc.).

Raw meats:	Cold cooked or ready to eat food:
Hot cooked or ready to eat food:	Unopened canned products:
Ice:	Perishable beverages:
Condiments:	Dry goods:
Vegetables/Fruits	Non-perishable beverages:

**D: Food Transportation:** List all methods of transporting food to the STFU/Mobile:

Food To Be Transported	Transportation Method (e.g., refrigerated truck, stock truck, cambro, etc.)	Where is the food coming from (e.g., Commissary, GFS)
Hot Foods (list):		
Cold Foods (list):		
Dry/canned goods		
Fruit/Vegetables		
Other Items (list):		

**E: 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:	

**F. Preparation:** The handling of ready-to-eat foods with bare hands is prohibited. Indicate what ready-to-eat foods will be served and how bare hand contact will be avoided (gloves, utensils, deli papers).

Food items (e.g., hotdog bun, lemons)	Barrier Used (e.g., gloves, utensil)



**I. Cooling:** Indicate what foods will be cooled and how they will be cooled.

Food	Cooling Method	Time to 70°F	Time to 41°F

**J. Reheating:** 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 and the reheating time.

Food	Individual (I) or Bulk (B)	Equipment Used (e.g., microwave)	Temperature	Time (how long)

**K. Hot Holding:** Indicate what foods will be held hot held and the equipment that will be used.

Food	Equipment Used

**L. Cold Holding:** Indicate the foods that will be held cold and the equipment used.

Food	Equipment Used
<i>(example) Burgers</i>	<i>True refrigerator</i>

**M. Time Alone as a Control:** List foods where only time, and not temperature, will be used to control the safety of potentially hazardous 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 2009 FDA Food Code)

Food	Marking Method	Monitoring Method
<i>(example) Corn Dogs</i>	<i>Running list of time when batch is made</i>	<i>Insure corn dogs from batch are used or discarded within four hours of batch made</i>

**N. Datemarking:** Ready-to-eat potentially hazardous foods must be datemarked with a method that indicates when they need to be discarded. Indicate the datemarking method to be used, include the maximum number of days between prep/opening and discarding.

Food	Datemarking Method

**2. Employee Health and Hygiene**

A. **Complete the following** – Initial to verify agreement to comply:

Employees will report to work clean and in clean clothes:	
Employees will use proper hair restraints (describe restraint 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	

**B. Hand Washing:** Indicate how and when employees will wash their hands, including a description of the hand washing station:

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**C. Employee Health:** Describe the method of complying with the below requirements.  
*(Note: Posters and forms are available from Kent County Health Department)*

Employee health information collection, such as using FDA-provided forms or equivalent:	
Employees with a “Big Five” Illness – Norovirus, E. coli, Salmonella Typhii, Shigella, Hepatitis A – will be excluded from the STFU and that the exclusion will be reported to the licensing agency.	
Employees with conditions that can be transmitted to food that are not Big Five related will be restricted to non-food handling duties.	
Employees who experience vomiting or diarrhea will be excluded from the STFU for at least 24 hours after they are symptom free.	
Describe the procedures for reinstating restricted and excluded employees.	

### 3. Food Contact Surfaces

A. **Warewashing:** Describe how all utensils and equipment (include all clean-in-place equipment) will be washed. Include the frequency of washing, the facilities used, the procedures used and the chemicals used. *(NOTE: In-use utensils for potentially hazardous foods must be washed, rinsed and sanitized at least every four hours)*

Equipment	Frequency	Location	Procedure	Sanitizer & Concentration
<i>(example) Tongs</i>	<i>Every 4 hours</i>	<i>Triple sink</i>	<i>Wash/rinse/sanitize</i>	<i>Chlorine 50 ppm</i>

     **Test strips must be provided to monitor concentrations of each type of sanitizer used on site. Indicate by initialing the line provided that test strips will be provided and used.**

B. **Prep and Cooking Surfaces:** Describe how food contact preparation surfaces and cooking surfaces will be cleaned and sanitized.

Surface	Frequency	Location	Procedure	Sanitizer/ Concentration
<i>Stainless Counter</i>	<i>Every 4 hours</i>	<i>In place</i>	<i>Wash/rinse/sanitize</i>	<i>Chlorine 100 ppm</i>

C. **Chemical Storage:** Describe where sanitizers and other chemical will be stored in the STFU or during the event.

**4. Water Supply**

*(Note: Water must be obtained from an approved sources that has completed state or local sampling requirements, contact Kent County Health Department for additional information on non-municipal sources)*

A. **Water Source and Storage:** Indicate how potable water will be supplied to the STFU/Mobile. Describe how water will be stored on board (e.g., water jugs, holding tank) and describe in detail any support equipment that will be used to obtain water (e.g., food grade hoses). List size of holding tanks or water containers.

B. **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.

Equipment	Cleaning/Sanitizing Method	Frequency
<i>(example) Holding tanks</i>	<i>Rinsed out with chlorinated water</i>	<i>After each event</i>

C. **Backflow Prevention:** List equipment that will require backflow prevention and what method of backflow prevention will be provided

Equipment	Backflow Prevention Method
<i>(example) Carbonator</i>	<i>ASSE 1022 device</i>

**5. Sewage Disposal**

*(Note: Sewage must be disposed of at an approved sewage disposal site.)*

**A. Describe how liquid waste generated in the STFU will be disposed of:**

**B. Backflow Prevention:** Culinary sinks, ice bins, ice machines and food equipment must be protected so that sewage cannot “back up” into them. Describe how you will protect your food and equipment from sewage:

Equipment	Backflow Prevention Method
<i>(example) Ice Bin</i>	<i>Air gap between ice bin and blue boy</i>

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

**6. Environmental Hazards**

**A. Pest Control:** Describe the methods you will use to keep flying and crawling pests out of the STFU/Mobile. *(e.g., service windows with air curtains and screening).*

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

**7. Floors/Walls/Ceiling:**

**A. Floors-** Describe the flooring of the STFU/Mobile:



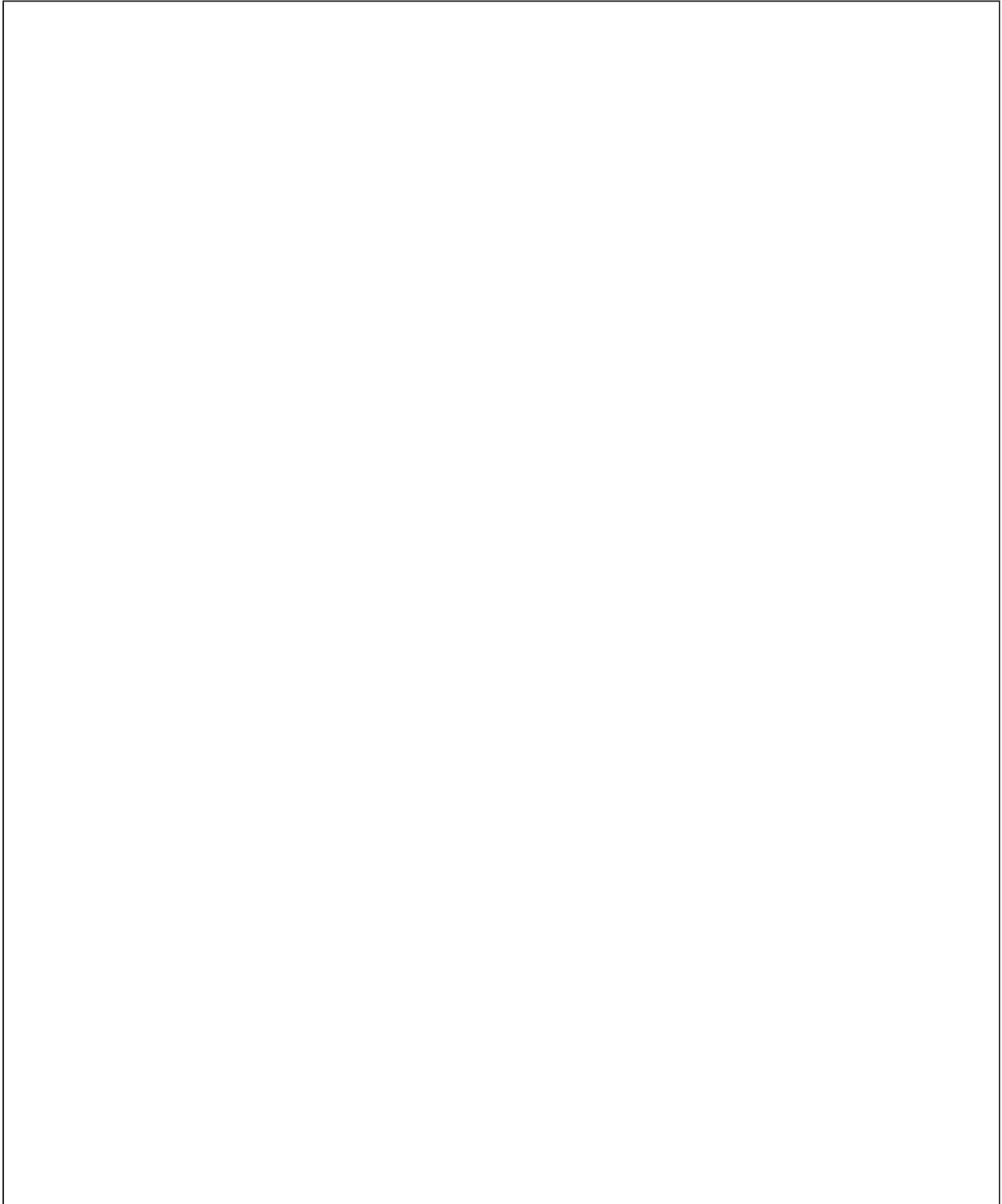
**B. Hot water heater:** List make, model and size of hot water heater (if applicable).

**C. Dish sinks:** Indicate the size of the compartments of the sinks, or the size of the tubs that will be used for dish washing.

**9. Electricity-** Is electricity required for the operation of this STFU? YES\_\_\_\_ NO\_\_\_\_

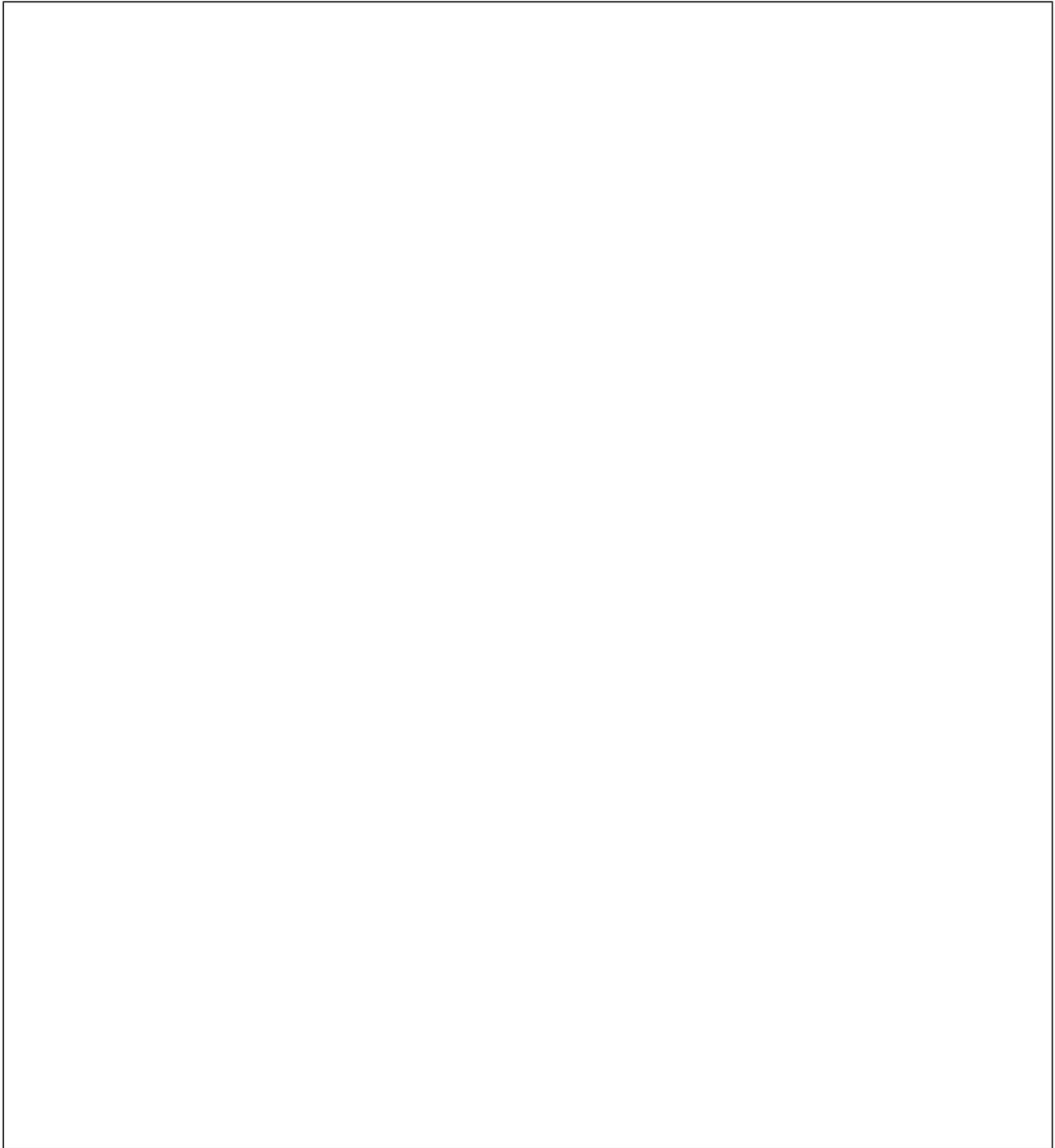
If yes, what is the source of the electricity? (*Examples: you have for own generator; or you will only operate where a direct connection to electricity is available.*) If you are reliant upon electricity provided by others, please indicate how you will insure electricity is left running overnight, if applicable.

**10. This space is reserved to address circumstances that are specific to this STFU/Mobile and that are not accounted for anywhere else in this plan review:**

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to provide specific details or circumstances related to the STFU/Mobile plan review.

**11. Diagram of STFU layout OR ATTACH PHOTOS OR SCHEMATICS**

Please sketch the proposed set-up of the STFU unit, include all inside and outside equipment set-up. This sketch needs to be scaled (indicate scale) or have dimensions on it. **If possible, photos that show all parts of the STFU/Mobile set-up are preferred over a sketched diagram).**



It is my intention as the Owner/Operator of this STFU/Mobile to have the information listed above serve as the Standard Operating Procedures (SOPs) for this unit. I understand that:

- The approved SOPs for an STFU must be kept with the unit when it is operating.
- I must operate consistent with those SOPs and menu.

\_\_\_\_\_

Owner/Representative

\_\_\_\_\_

Date

\_\_\_\_\_ The SOPs have been reviewed and determined to be complete and technically accurate. The SOPs are approved.

\_\_\_\_\_ The SOPs have been reviewed and have been approved, subject to the following stipulation(s):

\_\_\_\_\_

Sanitarian/Inspector

\_\_\_\_\_

Agency

\_\_\_\_\_

Date

