



BOSTON INSPECTIONAL SERVICES DEPARTMENT  
DIVISION OF HEALTH INSPECTIONS  
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**MOBILE FOOD ESTABLISHMENT PLAN REVIEW (105 CMR 590.011)**

NAME OF ESTABLISHMENT \_\_\_\_\_ LOCATION \_\_\_\_\_

BASE OF OPERATION \_\_\_\_\_  
(ESTABLISHMENT) (ADDRESS)

MOBILE KITCHEN \_\_\_\_ CANTEEN TRUCK \_\_\_\_ ICE CREAM TRUCK \_\_\_\_ TRAILER \_\_\_\_ PUSHCART \_\_\_\_ OTHER \_\_\_\_

BUSINESS OWNER \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

NEW \_\_\_\_ REMODELED \_\_\_\_ TEL. NO. \_\_\_\_\_

BREAKFAST \_\_\_\_ LUNCH \_\_\_\_ DINNER \_\_\_\_ EST. MEALS \_\_\_\_ DAYS & HOURS OF OPERATION \_\_\_\_\_

CONSTRUCTION START DATE \_\_\_\_\_ BUSINESS OPENING DATE \_\_\_\_\_

**PERMIT ISSUES**

STATE SANITARY CODE (105 CMR 590.) PROVIDED	YES ____ NO ____ PENDING ____
CERTIFIED FOOD MANAGER REQUIRED (590.003 B)	YES ____ NO ____
ZONING/OCCUPANCY APPROVAL (BUILDING DEPT.)	YES ____ NO ____ N/A ____
FIRE DEPT. APPROVAL	YES ____ NO ____ N/A ____
HAWKERS & PEDDLERS LICENSE	YES ____ NO ____ N/A ____
PUBLIC WORKS APPROVAL	YES ____ NO ____ N/A ____
DIVISION OF MARINE FISHERIES APPROVAL	YES ____ NO ____ N/A ____
MENU PROVIDED FC 8-201.12	YES ____ NO ____ N/A ____
CONSUMER ADVISORIES DEVELOPED FC 3-603.11 (FOR RAW AND UNDERCOOKED FOOD)	YES ____ NO ____ N/A ____
COOK & SERVE ____ COOK & HOT HOLD ____ COOK, HOT HOLD, COOL, REHEAT ____ N/A ____	

**PHYSICAL FACILITIES**

NAME, ADDRESS, PHONE # ON MOBILE UNIT (MIN. 3" LETTERING)	YES ____ NO ____
WINDOWS & DOORS SCREENED FC 6-202.15	YES ____ NO ____ N/A ____
SNEEZE GUARDS AND OVERHEAD PROTECTION PROVIDED	YES ____ NO ____ N/A ____
TYPE OF FINISH FLOOR MATERIAL FOOD PREP. AREA FC 6-201.11	QUARRY TILE ____ CERAMIC TILE ____ VCT TILE ____ OTHER ____
TYPE OF FINISH WALL MATERIAL FOOD PREP. AREA FC 6-201.11	STAINLESS STEEL ____ CERAMIC TILE ____ FRP ____ SHEETROCK ____
TYPE OF FINISH CEILING MATERIAL FOOD PREP. AREA FC 6-201.	SHEETROCK ____ VINYL FACED ____ FRP ____ METAL ____
LIGHT FIXTURES SHIELDED FOOD PREP. AREA FC 6-202.11	YES ____ NO ____ N/A ____
EMPLOYEE TOILET FACILITIES PROVIDED FC 5-203.11	YES ____ NO ____ LOCATION _____
EXHAUST AND VENT SYSTEM APPROVED FC 6-304.11& (FIRE DEPT.)	YES ____ NO ____ N/A ____
TYPE OF RUBBISH AND GREASE CONTAINER(S) FC5-501.13-17	COMPACTER ____ DUMPSTER ____ VERMIN PROOF BARRELLS ____
TYPE OF SURFACE LOCATED ON FC 5-501.115	CONCRETE ____ ASPHALT ____ OTHER _____

**PLUMBING, HAND, WAREWASH AND WATER FACILITIES**

SEPARATE HAND WASH SINK PROVIDED FC 5-203.11 YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_  
COMBINATION FAUCET/MIXING VALVE (MIN 110°F) YES \_\_\_\_ NO \_\_\_\_  
SIZE OF HOLDING TANK FOR POTABLE WATER \_\_\_\_\_  
TANK MADE OF SAFE/FOOD GRADE MATERIALS YES \_\_\_\_ NO \_\_\_\_  
SIZE OF WASTE HOLDING TANK \_\_\_\_\_  
DRAIN PROVIDED FOR WASTE TANK YES \_\_\_\_ NO \_\_\_\_  
**FOOD PREP SINK PROVIDED FC 3-302.15** YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_  
POT SINK PROVIDED WITH DRAIN BOARDS FC 4-301.12 YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_  
(THREE (3) COMPARTMENTS REQUIRED)

**KITCHEN FACILITIES/EQUIPMENT**

NATIONAL SANITATION FOUNDATION APPROVED FC 4-205.10 & YES \_\_\_\_ NO \_\_\_\_  
FC 201

INSULATED CONTAINERS PROVIDED YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_  
(MECHANICAL REFRIGERATOR REQUIRED BY JULY 1 2005 FOR RTE FOODS)

**REFRIGERATOR UNIT PROVIDED**  
VOLUME REQUIRED= # OF MEALS x .085 FC4-301.11

TOTAL (FT<sup>3</sup>) (HOW MANY) N/A \_\_\_\_

41° F FOR NEW EQUIPMENT FC 3-501.16 YES \_\_\_\_ NO \_\_\_\_ N/A \_\_\_\_

**FREEZER UNIT PROVIDED**  
TOTAL (FT<sup>3</sup>) (HOW MANY) N/A \_\_\_\_

**TYPE OF COOKING EQUIPMENT PROVIDED FC 4-301.11**  
STOVE \_\_\_\_\_ CONVECTION OVEN \_\_\_\_\_  
GRILL \_\_\_\_\_ MICROWAVE OVEN \_\_\_\_\_  
FRYER \_\_\_\_\_ PIZZA OVEN \_\_\_\_\_  
BROILER \_\_\_\_\_ ROTISSERIE \_\_\_\_\_  
RICE COOKER \_\_\_\_\_ STEAM KETTLES \_\_\_\_\_  
OTHER \_\_\_\_\_

STEAM TABLE(S) PROVIDED FC 4-301.11 YES \_\_\_\_ NO \_\_\_\_ HOW MANY \_\_\_\_ N/A \_\_\_\_  
# HOT FOODS \_\_\_\_\_

OTHER HOT HOLDING EQUIPMENT PROVIDED  
(TYPE) (HOW MANY)

**STATEMENT: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND UNDERSTAND THAT IF ANY CHANGES ARE MADE TO THE PLANS OR THE ABOVE INFORMATION WITHOUT PERMISSION FROM THE DIVISION OF HEALTH INSPECTIONS MAY NULLIFY THIS APPROVAL.**

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

**FOOD ESTABLISHMENT PLAN REVIEW**

**PRELIMINARY REVIEW BY** \_\_\_\_\_ DATE \_\_\_\_\_  
TITLE \_\_\_\_\_

**FINAL APPROVAL BY** \_\_\_\_\_ DATE \_\_\_\_\_  
TITLE \_\_\_\_\_