



## 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:
Mark one: <input type="checkbox"/> STFU <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 of your operation. Use additional pages if needed. If a question does not apply, mark the section as "N/A" for 'not applicable'. This document is to be used in conjunction with the "Special 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](https://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html)

SUBMIT WORKSHEET ALONG WITH STFU/MOBILE FOOD APPLICATION AND FEES TO:

Oakland County Health Division (OCHD)  
PLAN REVIEW  
27725 Greenfield Road  
Southfield MI 48076  
Phone: 248-424-7190

### Food Manager Knowledge

Under the Food Law of 2000, as amended, food establishments are REQUIRED to have a Person in charge (PIC) during all hours of operation and at least one active managerial employee that has completed and obtained a Certified Food Manager (CFM) certificate under a program accredited by American National Standards Institute (ANSI). A list of ANSI accredited programs can be found at: <https://tinyurl.com/y6uxtbyz>

A designated person in charge shall demonstrate knowledge of foodborne disease prevention, application of food safety, HACCP principles, and the requirements of the Food Code.

Certified Food Manager (CFM) Certificate submitted:

☐ YES ☐ NO

Employee currently in or signed up for CFM class:

☐ YES ☐ NO

If YES, submit invoice for class or add comment: \_\_\_\_\_

**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.**

Initial: \_\_\_\_\_

## PART 1 MENU, FOOD, & FOOD PROCESSES

**Note:** Any changes to the menu must be submitted and approved by the regulatory authority (Local Health Department or Michigan Department of Agriculture and Rural Development) prior to their service. You may be required to show approval during inspections.

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

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

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**Item C - Storage:** Indicate where you will store all food and food-related items while in operation (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:

**Item 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, Food Supplier)
Hot Foods (list):		
Cold Foods (list):		
Dry/Canned Goods:		
Fruit/Vegetables:		
Other Items (list):		

**Item 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:	

**Item F - Preparation:** 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): \_\_\_\_\_

**Item G - 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 and prepared to prevent cross contamination. A diagram may be attached showing methods/order of separation.

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

**Item H - Cooking:** Indicate how all raw time/temperature control for safety (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.

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

**Item I - Cooling:** Indicate what foods will be cooled, cooling method used, time frame for cooling to listed temperatures, and method for monitoring.

Food	Cooling Method	Time to 70°F	Time to 41°F
Method for monitoring:			

**Item J - 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 (I) or Bulk (B)	Equipment Used (e.g. microwave)	Temperature	Time (how long)
Method for monitoring:				

**Item K - 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
Method for monitoring:	

**Item L - Cold Holding:** Indicate the foods that will be held cold and the equipment used. TCS foods must be held at 41°F or below.

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

**Item M - 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 within four hours of time batch is made</i>



**Item N - 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.

Food	Date Marking Method

## PART 2 EMPLOYEE HEALTH AND HYGIENE

**Item A - Hygiene Practices:** Complete the following by initialing to verify agreement to comply.

	Initial
Employees will report to work clean and in clean clothes.	
Employees will use proper hair restraints, <b>describe restraint to be used:</b>	
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 areas.	
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, except for a plain wedding band.	
Soap, paper towels, waste receptacle, and a reminder notice will be provided at each hand washing location.	

**Item B - Handwashing:** Indicate how and when employees will wash their hands, number and description of handwashing station(s), and how warm water will be provided to handwashing station(s).

How and when will employees wash hands:

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Number and description of handwash station(s):

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How is warm water provided to handwash station(s):

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**Item C - 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. Provide copies of any handouts or posters used in this training. Note: Guidance documents, including posters and forms, are available from the regulatory authority.

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**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/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 (see above).
  - 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*, OR**
    - They are exposed to or are suspected of causing a confirmed foodborne illness outbreak of any of the Big Five, OR
    - 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 Big Five (see above) or is jaundiced.

**Reinstating 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:** \_\_\_\_\_

PART 3 FOOD CONTACT SURFACES

**Item A - Warewashing:** Describe how all utensils, equipment, and food contact preparation surfaces will be warewashed [e.g., in basins/compartments, in-place cleaning, or clean-in-place (CIP) equipment]. Include the frequency of warewashing, the facilities used, the procedures used, and the sanitizers used. **\*Sanitizer concentration needs to be at the concentration as listed on the manufacturer’s label for that sanitizer.** NOTE: In-use utensils for TCS foods must be washed, rinsed, and sanitized at least once every four hours.

Equipment/Utensil	Frequency	Method/Facility (e.g., Basin/compartments, In-Place, or CIP)	Procedure	Sanitizer & Manufacturer’s Concentration
<i>(Example) Tongs</i>	<i>Every 4 hours</i>	<i>3 basin 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.      Initial \_\_\_\_\_

**Item B - Chemical Storage:** Describe where sanitizers and other chemicals will be stored in the STFU/mobile or during operation.

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## PART 4 WATER SUPPLY

**Note: Water must be obtained from an approved source that has completed state or local sampling requirements. Contact the Local Health Department for additional information on non-municipal sources.**

**Item A - Water Source and Storage:** Indicate the source of potable water, how water is supplied/delivered (e.g. food grade hoses) to STFU/mobile, and how this water will be stored on board (e.g., water jugs or holding tank). List size of holding tanks or water containers. NOTE: The unit should be equipped with enough water capacity to meet peak water demands while in operation.

Source of water:	
Delivery of water to STFU/mobile:	
Storage of water (include size of holding tanks/containers):	

**Item 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 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>

**Item C - Backflow Prevention:** List equipment that will require backflow prevention and what method of backflow prevention will be provided. If a connection will be 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 unit:	

## PART 5 SEWAGE DISPOSAL

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

**Item A - Liquid Waste Disposal:** Describe how liquid waste generated in the STFU/mobile will be collected and disposed. Include the capacity/size of waste holding tanks/containers.

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**Item B - Backflow Prevention:** List equipment used with food, portable equipment, or utensils that has a drainline. Describe how this equipment will be protected from sewage “back up” through this drainline.

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

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

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**Item D - Service Sink:** If applicable to STFU/mobile, describe how floors will be cleaned and where waste water from wet floor cleaning will be disposed.

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## PART 6 ENVIRONMENTAL HAZARDS

**Item A - Pest & Environmental Controls:** Describe the methods used to keep flying and crawling pests as well as environmental contaminants (e.g., leaves and blowing dust) out of the STFU/mobile (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. lidded food containers).

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:	

## PART 7 Floors/Walls/Ceiling

**Item A - 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 on when operating.

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**Item B - 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.

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

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**Item D - Exterior:** Describe the exterior construction material of the unit.

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## PART 8 EQUIPMENT SPECIFICATIONS

**Item A - Food Equipment:** List food equipment (including cooking, cold storage, hot holding, and food preparation), its make and model, and mark if it is floor or countertop mounted.

[illegible]

**Item B - Hot Water Capacity:** Describe how hot water will be provided. If a tank or tankless water heater will be used, list make, model, and size of unit. NOTE: The unit should be equipped with enough hot water capacity to meet peak water demands while in operation.

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**Item C - Dish (Warewashing) Sinks:** List the size of each sink compartment or tub to be used for warewashing and describe where soiled utensils/equipment will be stored before warewashing and where cleaned and sanitized utensils/equipment will be stored while air drying. List the measurements of the largest piece of equipment or largest utensil that will be cleaned and sanitized in the dish (warewashing) sinks.

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## PART 9 ELECTRICITY

**Item A:** Mark if electricity is needed for operation of the STFU/mobile. If needed, mark if electricity will be supplied by a generator that is part of the STFU/mobile 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 STFU/mobile ☐ Electrical connection by another entity

If a generator as part of STFU/mobile is used, describe the make and model of generator as well as the wattage it can provide. Also, indicate where the generator will be located.

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

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## PART 10 VENTILATION

**Item A:** Mark if a 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:

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**Item B:** If applicable, list what equipment will be located underneath the mechanical ventilation hood.

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## PART 11 ADDITIONAL CIRCUMSTANCES

This space is reserved to address circumstances that are specific to this STFU/mobile and that are not accounted for anywhere else in this document.

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## PART 12 DIAGRAM

**Item A: ATTACH** a scaled (indicate scale used) layout diagram of STFU/mobile OR attach photos of interior/exterior of STFU/mobile and equipment, and include the dimensions of the STFU/mobile and equipment. Depending on your regulatory authority, both a scaled diagram and photos may be needed.

## PART 13 AGREEMENT

It is my intention as the Owner/Operator of this STFU/Mobile to have the information listed in this packet 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 \_\_\_\_\_

To be completed by the regulatory authority.

- ☐ 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

Date \_\_\_\_\_

Agency

[illegible]



## HEALTH DIVISION

[OakGov.com/Health](http://OakGov.com/Health)

North Oakland Health Center  
1200 N. Telegraph, Bldg. 34 E.  
Pontiac, MI 48342-0432  
248-858-1280 General  
248-858-1312 Environmental Health

South Oakland Health Center  
27725 Greenfield Rd  
Southfield, MI 48076-3663  
248-424-7000 General  
248-424-7191 Environmental Health



NURSE ON CALL PUBLIC HEALTH INFORMATION HOTLINE

800.848.5533 [NOC@OakGov.com](mailto:NOC@OakGov.com)

[OakGov.com/Health](http://OakGov.com/Health)

[@PUBLICHEALTHOC](https://twitter.com/PUBLICHEALTHOC)

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