



CITY OF LYNN

INSPECTIONAL SERVICES DEPARTMENT

Room 103, Lynn City Hall, Lynn, MA 01901 Tel: (781) 598-4000 Fax: (781) 477-7031

Mobile Food Establishment Pre-Operational Inspection

Use this checklist to help prepare - some items may not apply to your establishment

- No food is to be on site during the pre-operational inspection, unless authorized by the Health Office prior to scheduling the inspection.
 - All refrigeration, hot holding and hot water is to be turned on in advance of the inspection.
 - The Certified Food Protection Manager or Person in Charge (PIC) is to be on-site during the pre-operational inspection.
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- Hot Water 100F minimum is available at sinks.
 - Refrigeration is running and ambient temperature is 41F or below.
 - Hot Holding equipment is running and ambient temperature is adequate to hold hot food 135F or above.
 - Secondary thermometers are available in all Refrigeration units and Hot Holding units.
 - Ice units (if used) are self-draining
 - Enclosed – Mobile food operators, which cook or re-heat unpackaged foods for hot holding shall be fully enclosed unless equipped with air curtains to prevent the contamination of food and food contact surfaces with environment contaminants.
 - Calibrated food thermometer on site.
 - Sanitizing solution available on site – ready to test.
 - Test strips available for testing sanitizing solution
 - Cap is provided for water tank inlet
 - Employee reporting of illness procedure available. Documented training available.
 - Bodily fluids procedure and kit available

Handwashing

- Hand sink is operational, 100F water available.
- Soap and paper towels at hand sink in dispenser
- Handwash signage is posted at hand sink.
- Restroom agreement is available on truck

Trucks with Customer Self Service

- A sign is to be provided for consumers which states the use of bare hands is prohibited by state law.

The following need to be posted in view of the public:

- Hawkes & Peddlers from state (if required)
- Local hawkers and peddlers / posted

- Food protection certification / 18 years of age / posted (*if applicable*)
- Allergen certification / posted (*if applicable*)
- Allergen poster / posted for employees (*if applicable*)
- Allergen statement / posted for customer on menu board. When a menu board is not used than post at point of service. (*if applicable*)
- Consumer Advisory Statement on menu board (*if applicable*)
- Current Food Permit / posted.
- Public Notice: Most recent food inspection is available to view upon request.

4/2019



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PLAN REVIEW APPLICATION FOR MOBILE VENDORS

TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Conversion		PROJECTED START DATE: _____	
		PROJECTED COMPLETION DATE: _____	
TYPE OF FOOD OPERATION: <input type="checkbox"/> Non-TCS Foods <input type="checkbox"/> TCS Foods			
FOOD ESTABLISHMENT INFORMATION			
Name of Establishment:			
Establishment Address:		City:	State:
			ZIP:
OWNERSHIP INFORMATION			
Name of Owner:			
Address:		City:	State:
			ZIP:
Email:		Phone Number:	
APPLICANT INFORMATION (e.g., ARCHITECT / ENGINEER / CONSULTANT)			
Applicant Name:		Contact Person:	
Applicant Mailing Address:		City:	State:
			ZIP:
Email:		Phone Number:	
FOOD OPERATION INFORMATION			
DAYS/HOURS OF OPERATION	Vending location(s)	Attach the following:	STAFF
<input type="checkbox"/> Sun: _____	Address: _____	<input type="checkbox"/> Copy of Hawkers and Peddlers License	Maximum Number of Staff Per Shift
<input type="checkbox"/> Mon: _____	_____	<input type="checkbox"/> Completed Commissary Agreement	<input type="checkbox"/> Breakfast _____
<input type="checkbox"/> Tues: _____	_____	<input type="checkbox"/> Completed Toilet Facility Agreement (not required if events only)	<input type="checkbox"/> Lunch _____
<input type="checkbox"/> Wed: _____	<input type="checkbox"/> Public Events	<input type="checkbox"/> Completed Site Location Form	<input type="checkbox"/> Dinner _____
<input type="checkbox"/> Thurs: _____	<input type="checkbox"/> Private Events		Maximum Number of Meals Per Day
<input type="checkbox"/> Fri: _____			<input type="checkbox"/> Breakfast _____
<input type="checkbox"/> Sat: _____			<input type="checkbox"/> Lunch _____
			<input type="checkbox"/> Dinner _____
Signature:		Date:	
Print Name:		Title:	

The following documents must be submitted along with this application:

- Proposed menu or complete list of food, beverages & desserts. Include consumer advisory and allergen statement (if applicable)
- Copies of all required certifications (if applicable). Food Protection Manager, Allergen, Choke- Save
- Floor Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) and include/identify the following items:
 - Food storage, preparation, customer service areas, handwashing, ware washing, potable water tank and wastewater tank.
 - Floor mounted and counter top equipment (including sinks) layout, clearly numbered and cross-keyed with the equipment specifications sheets.
 - Provide plumbing layout showing waste lines, cleanouts, vents and grease trap.
 - Exhaust ventilation layout including location of hood and make-up air returns and ducts (if applicable).
 - Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.
- Manufacturer's Specifications Sheet(s) for all equipment; floor mounted, counter top and shelving.
- Written procedures and/or HAACP plans for specialized processes (if applicable)
- Written Procedure for Bodily Fluid Clean up- Vomit and Diarrhea
- Written procedure training employees to report symptoms of illness and reportable illnesses.
- Frozen Dessert Machines – Provide contract for monthly lab testing.

FOOD PREPARATION PROCEDURES

FOOD DELIVERY

- **Will food be delivered to the truck during service hours?** Yes No
How will temperatures be maintained during transport? _____

FOOD STORAGE – ALLOCATED SPACE

- **Refrigerated Storage:** _____ ft³
- **Frozen Storage:** _____ ft³

SEWAGE DISPOSAL		YES / NO
CHEMICALS	IN-USE SANITIZER STORAGE <input type="checkbox"/> Labeled Spray Bottles <input type="checkbox"/> Labeled Buckets Will test strips be available to measure the concentration of sanitizing solutions? <input type="checkbox"/> Yes <input type="checkbox"/> No	YES / NO
PEST CONTROL	Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No Will insect air curtains be used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____	YES / NO

FINISH SCHEDULE

DIRECTIONS: Fill in this section of the table by indicating which materials will be used in the construction of interior surfaces, countertops, cabinets, and shelving (if applicable).

ROOM / AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	MEETS CRITERIA (FOR REGULATORY AUTHORITY USE ONLY)
TRUCK INTERIOR SURFACES					YES / NO
COUNTERTOPS, CABINETS, & SHELVING					YES / NO

Approval of these plans and specifications by the Health Office **does not** constitute endorsement of acceptance of the completed establishment (structure or equipment). A pre-operational inspection of the establishment with equipment in place and operational will be necessary to determine if the establishment complies with the local and state laws governing food establishments.

Approval of these plans and specifications by the Health Office **does not** indicate compliance with any other federal, state, or local code, law or regulation that may be required.



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MOBILE FOOD ESTABLISHMENT SERVICING AREA AGREEMENT

Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

TYPE OF MOBILE FOOD ESTABLISHMENT:

- Non-TCS foods TCS Foods

MOBILE FOOD ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

OWNER(S) NAME: _____ PHONE NO: _____

TO BE COMPLETED BY SERVICING AREA OWNER/OPERATOR

The below listed facility will be providing the following services to the above mentioned business owner/operator on a DAILY BASIS WEEKLY BASIS

OTHER, EXPLAIN: _____

- | | |
|--|---|
| <input type="checkbox"/> Approved Potable Water Source | <input type="checkbox"/> Food Preparation Area |
| <input type="checkbox"/> Waste Water Disposal | <input type="checkbox"/> Food Storage Area |
| <input type="checkbox"/> Cleaning Area for MFE | <input type="checkbox"/> Utensil Washing Area |
| <input type="checkbox"/> Overnight Storage of MFE | <input type="checkbox"/> Equipment and Utensil Storage Area |
| <input type="checkbox"/> Overnight Refrigeration | <input type="checkbox"/> Prepackaged Foods for Retail Sale |

SERVICING AREA NAME: _____

OWNER/MANAGER: _____

ADDRESS: _____ CITY/STATE _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

FOOD ESTABLISHMENT PERMIT ISSUED BY: _____ PERMIT #: _____

(ATTACH COPY OF PERMIT/LICENSE ISSUED BY REGULATORY AGENCY)

I give permission to the above listed Mobile Food Establishment Operator to use my establishment located at the above address.

SIGNATURE: _____ **DATE:** _____

TITLE: _____



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Mobile Food Establishment Restroom Facility Agreement

Operators of mobile food operations shall obtain the use of adequate and suitable toilet facilities where hand washing facilities are available. *105 CMR 590.009 (B) (11)*

1. The business named below must furnish written approval to the mobile food vendor at the time of the mobile food unit's initial licensing and each license renewal.
2. The business must allow the mobile food vendor employee(s) to use the restroom facilities of the business during the mobile vendor's hour of operations.
3. The restroom must be located within 200 ft of the mobile vending unit.

I, _____ have read and understand the items of responsibility
Business Owner or Responsible Party

listed above and agree to comply with all of the requirements. I give permission to

_____ to use my establishment,
Mobile Food Vendor

_____, located at _____,
Business Name Business Address

as their main restroom facility.

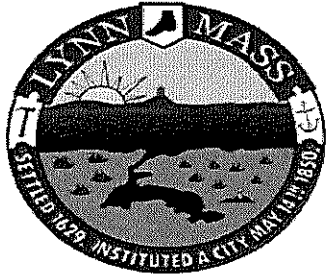
I understand that I (business owner/responsible party) need to notify the ISD Health Division should I be unable to honor this agreement for any period of time, and that I (mobile food vendor) need to find alternative arrangements and inform the ISD Health Division in writing should such need arise. If toilet facilities are found inadequate or do not meet minimum sanitation requirements, this agreement may be rescinded.

Signature of Business Owner/Responsible Party: _____

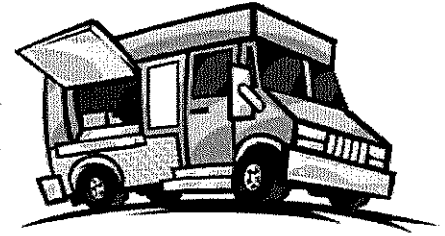
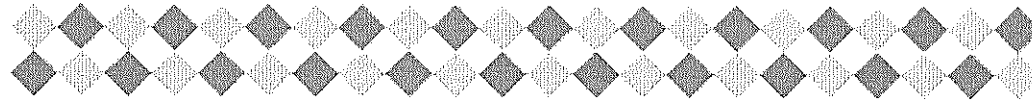
Title (e.g., owner, manager): _____ Date: _____ Phone number: _____

Signature of Mobile Food Vending Unit: _____

Date: _____ Phone number: _____



FACT SHEET: FOOD TRUCKS



Food Permit

- Food trucks are mobile food operations under the food code.
- Mobile food operations must be associated with a fixed, licensed food establishment to which it returns daily.
- Mobile food operations shall be inspected and approved as organized and equipped consistent with the food code.
- Apply for a food permit in ISD, Room 401.

Food Truck License

- To operate a food truck within city limits you must be licensed by the Licensing Committee.
- You must submit proof of a valid food permit, and any necessary permits from the Fire Dept, as part of the license application process.
- Applicants must identify the host parcel from which they will operate. Food trucks are not permitted to operate on public property.
- Apply for a license in the City Clerk's Office, Room 201.

Special Permit

- The City Council must approve use of private property as a food truck host site.
- Approval may be obtained for parcels located in business zones, including B-3, BSBD, CBD, and industrial and all waterfront zones.
- Food trucks are not permitted to operate on parcels in residential zones.
- Apply for a special permit in the City Clerk's Office, Room 201.

A food permit, license and special use permit are ALL required to lawfully operate within Lynn

Operating means selling food directly to the public

A licensed food establishment may serve as a host establishment for service and supplies of a truck which operates in other communities. ISD will inspect and permit such trucks as their base community upon application and request.

****Food trucks may cater private events in residential zones without a food truck license or special permit so long as no direct public sales occur (Catering permit required)****