



MOBILE FOOD ESTABLISHMENT PLAN REVIEW

Name of Establishment: _____ Location: _____

Base of Operation: _____
(Establishment) (Address)

Mobile Kitchen _____ Canteen Truck _____ Ice Cream Truck _____ Trailer _____ Pushcart _____ Other _____

Business Owner: _____ Home Address: _____

Telephone Number: _____ New: _____ Remodeled: _____

Breakfast _____ Lunch _____ Dinner _____ Est. Meals _____ Days & Hours of Operation _____

Construction Start Date: _____ Business Opening Date: _____

PERMIT ISSUES

State Sanitary Code (105CMR 590.) Provided YES NO _____ PENDING _____

Certified Food Manager Required (590.003 B) YES _____ NO _____

Zoning/Occupancy Approval (Building Div.) 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) YES _____ NO _____ N/A _____

(FOR RAW AND UNDERCOOKED FOOD)

Cook & Serve _____ Cook & Hot Hold _____ Cook, Hot Hold, Cool, Reheat _____ N/A _____

PHYSICAL FACILITIES

Name, Address, Phone # on Mobile Unit (min. 3 letters) 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 _____ Vict Tile _____ Other _____

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(REV. 2025)

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 Barrels _____

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 _____ N/A _____

Drain Provided for Waste Tank YES _____ NO _____ N/A _____

Tank Made of Safe/Food Grade Materials YES _____ NO _____ N/A _____

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 REQUIREMENTS)

Size of Holding Tank for Potable Water _____

Size of Waste Holding Tank _____

KITCHEN FACILITIES/EQUIPMENT

National Sanitation Foundation Approved (FC 4-205.10 & FC 201) YES _____ NO _____

41°F for New Equipment (FC 3-501.16) YES _____ NO _____ N/A _____

Insulated Containers Provided YES _____ NO _____ N/A _____

Refrigerator Unit Provided

Volume Required = # of Meals x .085 **FC 4-30.11** _____ N/A _____

TOTAL (FT³) (How Many)

Freezer Unit Provided _____ N/A _____

TOTAL (FT³) (How Many)

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Type of Cooking Equipment Provided (FC 4-301.11)

STOVE _____ CONVECTION OVEN _____ FRYER _____
GRILL _____ MICROWAVE OVEN _____ PIZZA OVEN _____
BROILER _____ RICE COOKER _____ ROTISSERIE _____
STEAM KETTLES _____ OTHER _____

STEAM TABLE(S) PROVIDED (FC 4-301.11)

YES _____ NO _____ 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: _____