



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH & QUALITY

P.O. BOX 129261, SAN DIEGO, CA 92112-9261

www.sdcountyplancheck.org

Plan Check Scheduling Line: (858) 505-6660

Unpackaged Compact Mobile Food Operation Plan Submittal Package

An Unpackaged Compact Mobile Food Operation is defined as an unoccupied Mobile Food Facility that may be transported (pushed, towed, etc.) to the area of the sales operation. The type of food service for these mobile operations is restricted to Limited Food Preparation as defined in the California Retail Food Code section 113818. Examples of menu items that easily fit within Limited Food Preparation include, but are not limited to: coffee beverages, hot dogs, shaved ice, roasted nuts, popcorn, or churros.

This packet can be used to draw your proposed cart or conveyance operation and submit to this Department for review and approval. You may draw your own plans using this document as guidance, but all items listed in this document must be represented in your submitted plans. Plans must be reviewed and approved prior to the issuance of a health permit. Operators are required to have all plans approved prior to the construction of the cart or conveyance to prevent any additional costs that would be incurred if modifications are needed should changes be noted on the plans. All items provided on the following pages are required unless otherwise noted.

Definitions:

“Commissary” means a health permitted food facility that services mobile food facilities where any of the following occur: food, containers, or supplies are stored; food is prepared or prepackaged for sale or service at other locations; utensils are cleaned; liquid and solid wastes are disposed; or potable water is obtained. (CRFC Section 113751)

“Compact Mobile Food Operation (CMFO)” means a mobile food facility that operates from an individual or from a pushcart, stand, display, pedal-driven cart, wagon, showcase, rack, or other nonmotorized conveyance. (CRFC Section 113831)

“Non-Potentially Hazardous Food (NON-PHF)” means a food that does not require time or temperature control. Examples include prepackaged chips, sodas, pretzels, cookies, popsicles. (CRFC Section 113871- PHF)

“Potentially Hazardous Food (PHF)” means a food that requires time or temperature control to limit pathogenic micro-organism growth or toxin formation. Examples include tamales, burritos, ice cream sandwiches. (CRFC Section 113871)

- **Page 2-4** – Initial each box indicating that the item is completed on the plans.
- **Page 5** – Sign and date acknowledging the understanding of cart restrictions and certifying that all information provided is accurate.
- **Page 6-12** – Complete all diagram templates. Additional sheets may be provided if necessary.
- **Page 13-17** – Complete all applicable supplemental documents.
- **Page 18-34** – Examples are provided on how to properly complete all required sections.

Once this plan submittal packet is complete, please call 858-505-6660 to schedule a review of the completed packet. After the packet has been approved, you may then schedule an inspection of the cart. All applicable fees must be paid at the time of plan submittal.

INITIAL	ITEMS TO PROVIDE IN PLAN
	Menu or list of all items being sold.
	Each piece of equipment and the location on the cart.
	Make and model of all equipment. Equipment must be for commercial use and NSF/ANSI certified. Attach specification sheets.
	Completed table listing the material of finishes of the interior, exterior, and/or storage areas of the cart. <i>(See page 18 example)</i>
	Indicate equipment power source: <input type="checkbox"/> Battery <input type="checkbox"/> Propane Tank
	First Aid Kit.
	10 BC-rated fire extinguisher (required if electrical or gas equipment is used).
	Identification on the vehicle: Name of Facility, City, State, and Zip Code of the permit holder. <i>Lettering of the Facility Name: 3" high minimum</i> <i>Lettering of the City, State, and Zip Code of the permit holder: 1" high minimum</i>
	Completed plan check application .
	Completed Standard Operational Procedures for Mobile Food Facilities . (see pages 15-17)
	Completed commissary agreement letter OR compact mobile storage facility agreement letter . NOTE: A signed copy by the commissary permit holder or compact mobile storage facility owner is required at the time of inspection/permitting. (See pages 13-14)

INITIAL	PLUMBING
	<p>Potable Water Tanks Minimum total capacity is 20 gallons (Minimum 5 gallons for handwashing and 15 gallons for warewashing). Multiple removable tanks may be used.</p> <p>Additional capacity is needed based on preparation of food/beverage. All potable water tanks shall be manufactured and listed to NSF standards for potable water.</p> <p><i>NOTE: A 12" x 12" x 8.25" tank is about 5 gallons.</i></p>
	<p>Wastewater Tanks Minimum capacity is 150% greater than the total capacity of provided potable water tanks. Where an ice bin is provided for storage, display or service of food/beverage, an additional holding tank capacity equal to one-third the volume of the bin must be provided. Multiple removable tanks may be used.</p> <p><i>NOTE: A 12" x 12" x 8.25" tank is about 5 gallons.</i></p>
	<p>Plumbing Lines Potable water lines must be listed to NSF 61 for potable water. Waste lines cannot be the same color as the hoses for potable water. Typical potable water line colors are clear, white, or blue. Typical wastewater lines are black or grey.</p>
	<p>Water Heater Handwashing sink - a water heater with minimum 0.5-gallon capacity or an instantaneous heater <u>IS REQUIRED</u> and must be capable of supplying a minimum of 100°F running water <u>IF</u> there is handling or preparation of raw meat, raw poultry, or raw fish.</p> <p>Warewashing sink - a minimum 4-gallon capacity water heater is required and must be capable of supplying a minimum of 120°F running water for operations requiring a warewashing sink.</p> <p><i>NOTE: Steam table reservoirs cannot be used as a water heater.</i></p>
	<p>Water Pump Pump for potable water supply must be listed to NSF standards. No pump will be approved for drainage. All liquid waste drainage must be done by gravity.</p>

INITIAL	SINK FIXTURES
	<p>Handwashing Sink Minimum dimensions: 9" wide x 9" long x 5" deep.</p>
	<p>Warewashing Sink System If the menu <u>DOES NOT</u> include handling or preparation of raw meat, raw poultry, or raw fish, the CMFO <u>MUST</u> comply with either:</p> <ol style="list-style-type: none"> (1) Providing a 3 compartment sink (2) Providing a 2 compartment sink (3) Providing a 1 compartment sink (4) Maintain an adequate supply of spare preparation and serving utensils <p><i>NOTE: All sink systems must be stainless steel and equipped with dual integral drainboards that are at least the size of one of the compartments. A 1 compartment sink only needs 1 integral drainboard.</i></p>
	<p>Warewashing Sink System If the menu <u>DOES</u> include handling or preparation of any raw meat, raw poultry, or raw fish, a warewashing sink <u>IS REQUIRED</u>, and the CMFO <u>MUST</u> comply with:</p> <p>Warewashing Sink (3-Compartment Sink) minimum dimensions:</p> <p style="padding-left: 40px;">12" wide x 12" long x 10" deep</p> <p style="text-align: center;">-OR-</p> <p style="padding-left: 40px;">10" wide x 14" long x 10" deep</p> <p><i>NOTE: The 3-compartment sink must be stainless steel and equipped with dual integral drainboards that are at least the size of one of the compartments.</i></p>

INITIAL	EQUIPMENT
	<p>Certified Equipment All equipment is certified by an ANSI/NSF accredited agency (NSF, ETL, CSA, UL, NEMKO, etc.) to NSF Standards.</p>
	<p>Mechanical Refrigeration During inspection, units must be powered on and capable of cold holding at/below 41°F (if applicable).</p>
	<p>Steam Table During inspection, units must be powered on and capable at hot holding at/above 135°F (if applicable).</p>
	<p>Cooking/Heating Equipment Preparation must be done within a food compartment. Food compartments must be heat resistant and built in a manner that does not contaminate food during the cooking/heating process or during normal use (ex. when the top of the compartment is completely horizontal and not angled to allow for drainage of condensate that results from the cooking process). Otherwise, installation of an exhaust ventilator will be required. Food compartments must be smooth, easily cleanable, and non-absorbent.</p> <p><i>Typical equipment requiring a compartment includes, but is not limited to: fryer, griddle, and preparation table.</i></p> <p><i>Typical equipment NOT requiring a compartment includes, but is not limited to: panini grill, espresso machine, microwave, and ovens.</i></p>

SIGNATURE AND ACKNOWLEDGEMENT

I certify that my operation on this cart does not and will not include any of the following: slicing and chopping unless on a heated cooking surface, thawing, cooling of cooked potentially hazardous foods (PHF), grinding raw ingredients or PHF, reheating PHF for hot holding (except steamed or boiled hot dogs, and tamales in the original inedible wrapper), hot holding non-prepackaged PHF (except steamed or boiled hot dogs, and tamales in the original inedible wrapper), washing of foods, cooking PHF for later use, and any operation requiring licensing through the California Department of Food and Agriculture, Milk and Dairy Branch.

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. I also agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected and upon resubmission, a plan recheck fee will be charged. I am aware that plan check fees are not fully refundable once plans are reviewed. Plans are valid for one year after stamp of approval and must be restamped within 60 days of expiration or they will be purged. Any changes to the released documents will be submitted and filed with the County of San Diego, Department of Environmental Health and Quality. I understand and hereby consent to any information I provide on this permit application to be considered a public record subject to disclosure under the California Public Records Act.

Authorized Signature: _____ Date: _____

OFFICE USE ONLY

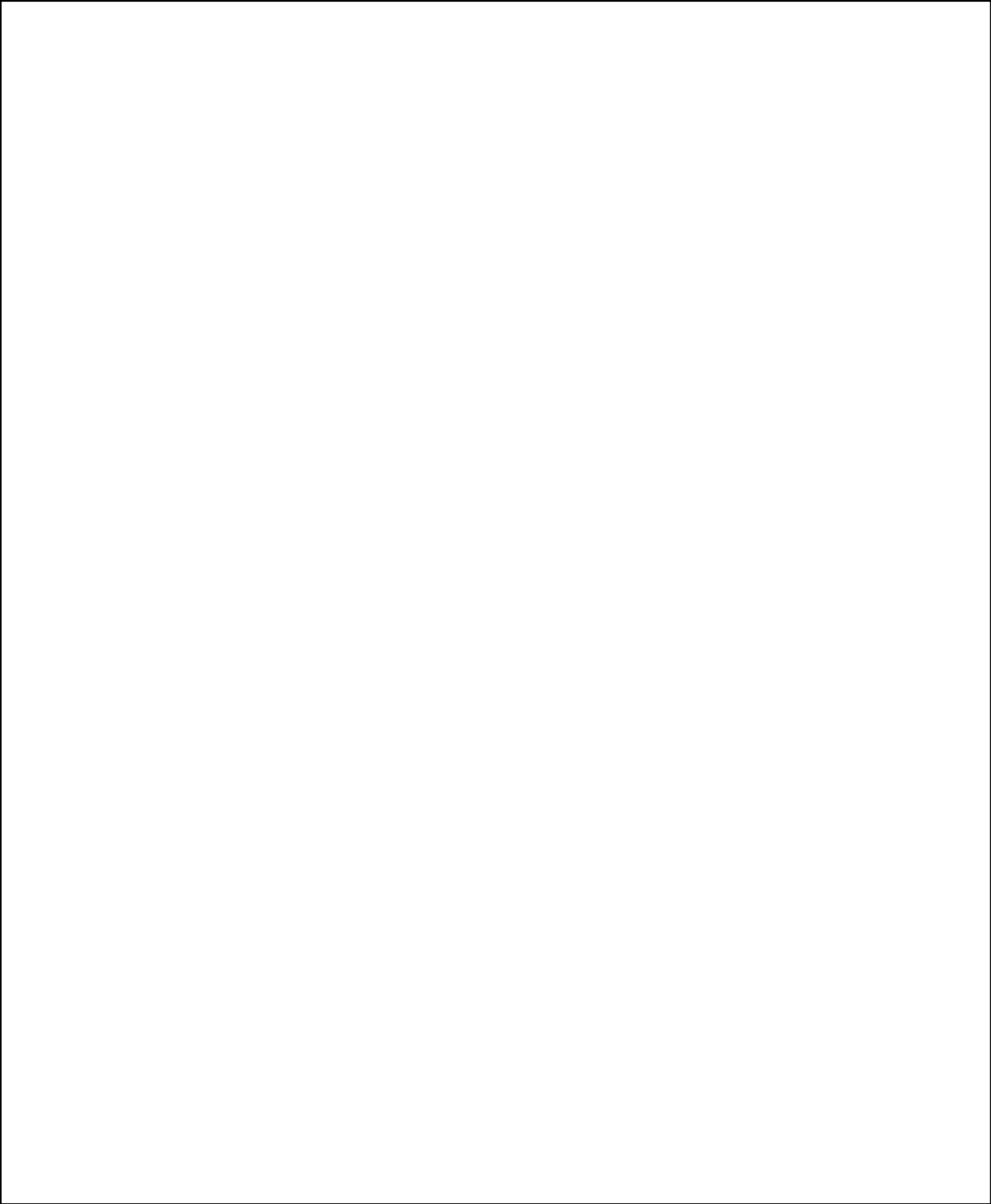
SCHEDULING INFORMATION	APPROVAL STAMP
<p>Plans are approved by the Department of Environmental Health and Quality, Food and Housing Division and contingent on the final inspection.</p> <p>Contact your plan check specialist or the scheduling line at (858) 505-6660 at least 10 working days in advance to schedule an inspection at the office.</p> <p>Our office is located at: 5500 Overland Ave, Suite 170, San Diego CA 92123</p> <p>Hours: 8:00AM – 4:00PM (Closed for lunch from 12:00PM– 1:00PM)</p>	

Your inspection is scheduled for: _____ Time: _____

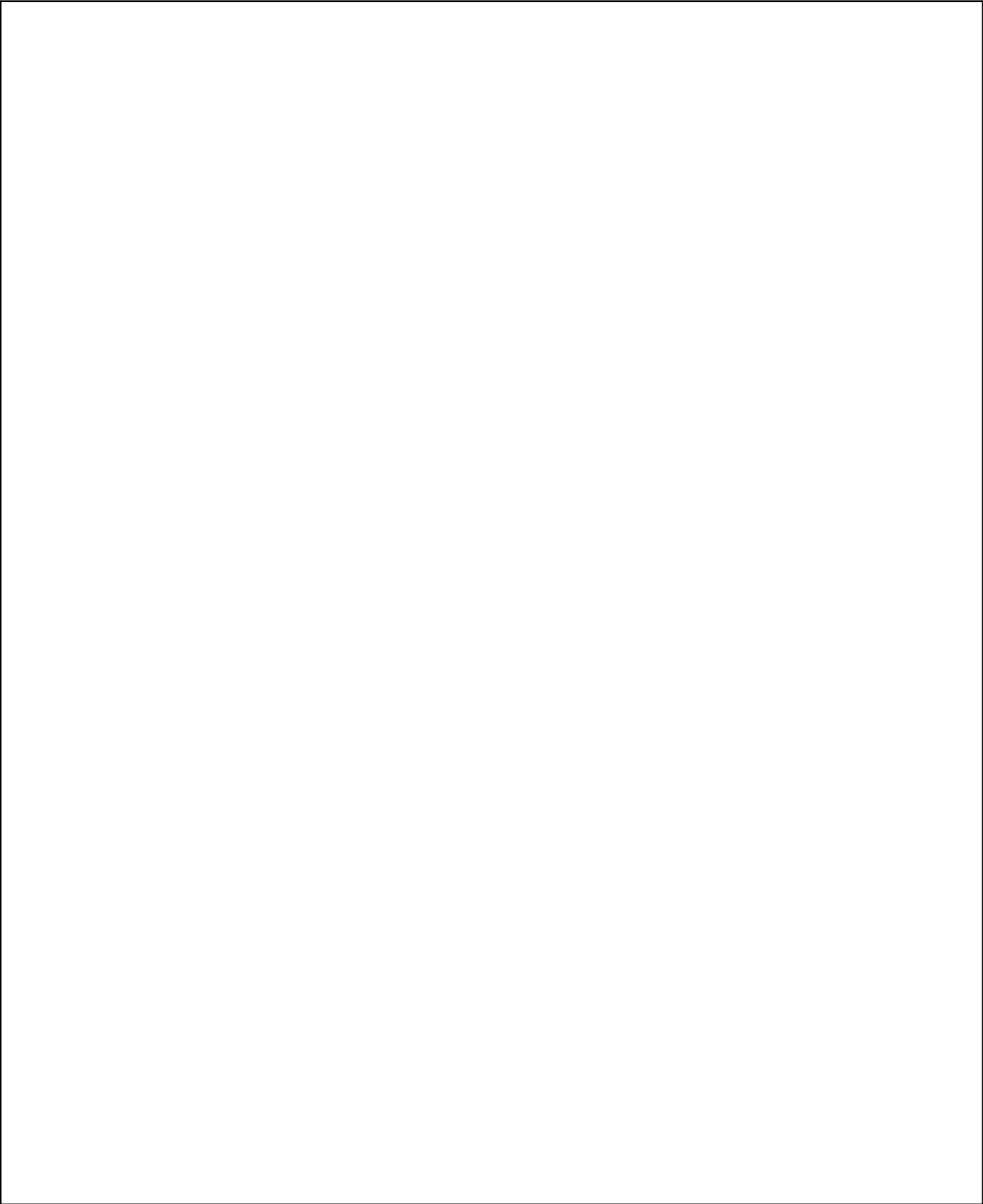
Assigned Specialist: _____

Contact Information: _____

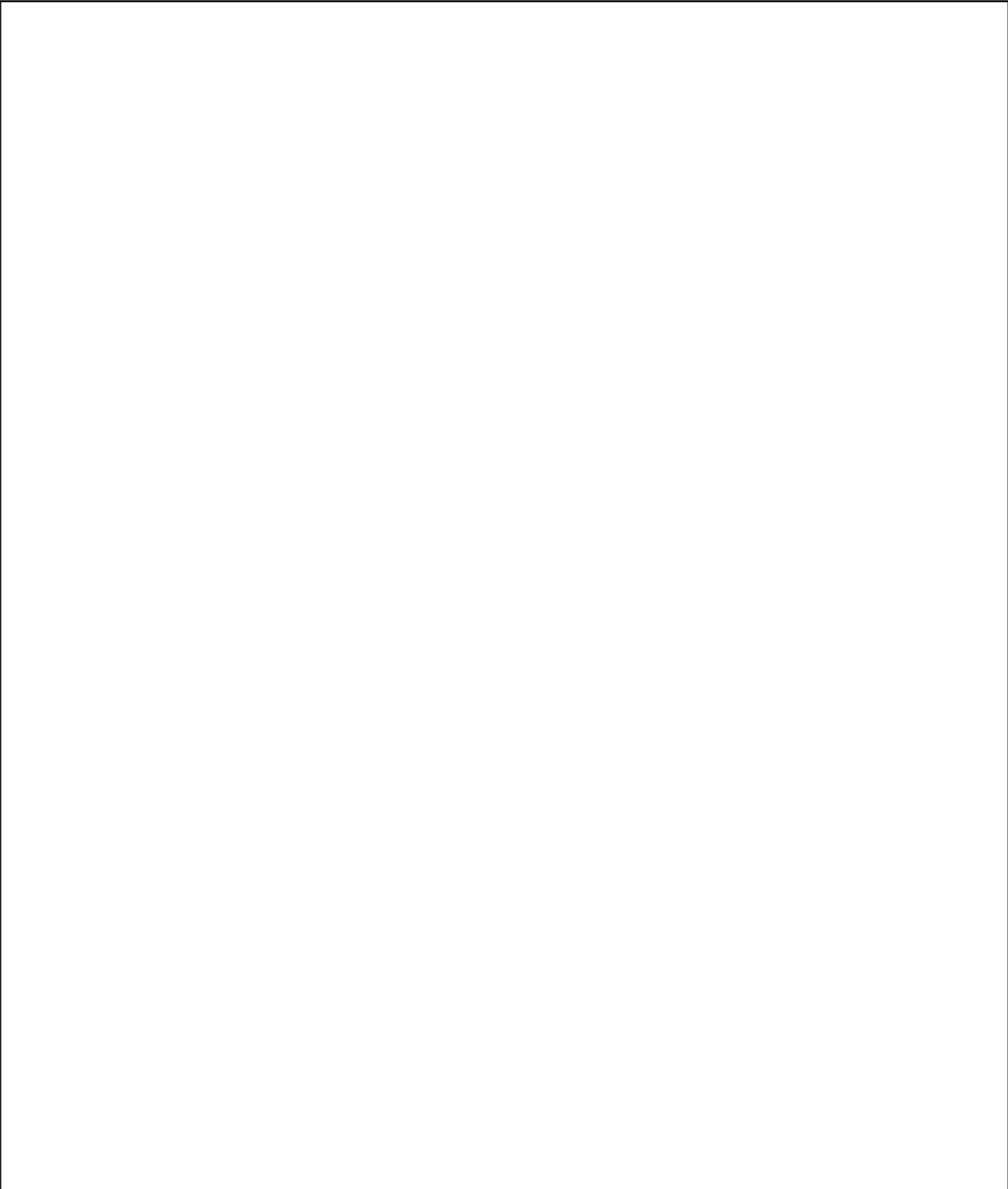
LEFT SIDE VIEW OF CART- Internal View Showing Equipment Placement



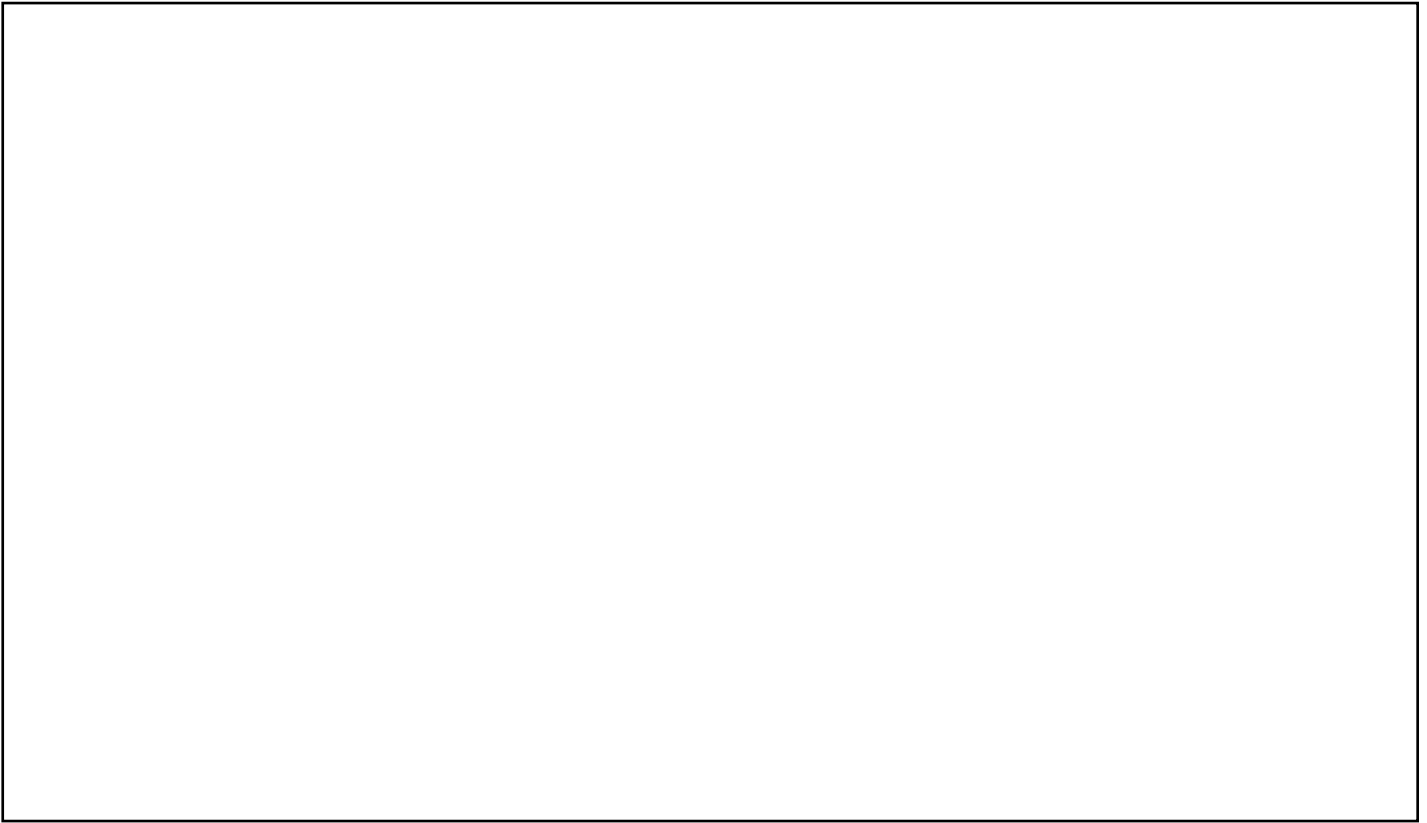
RIGHT SIDE VIEW OF CART- Showing Customer Side



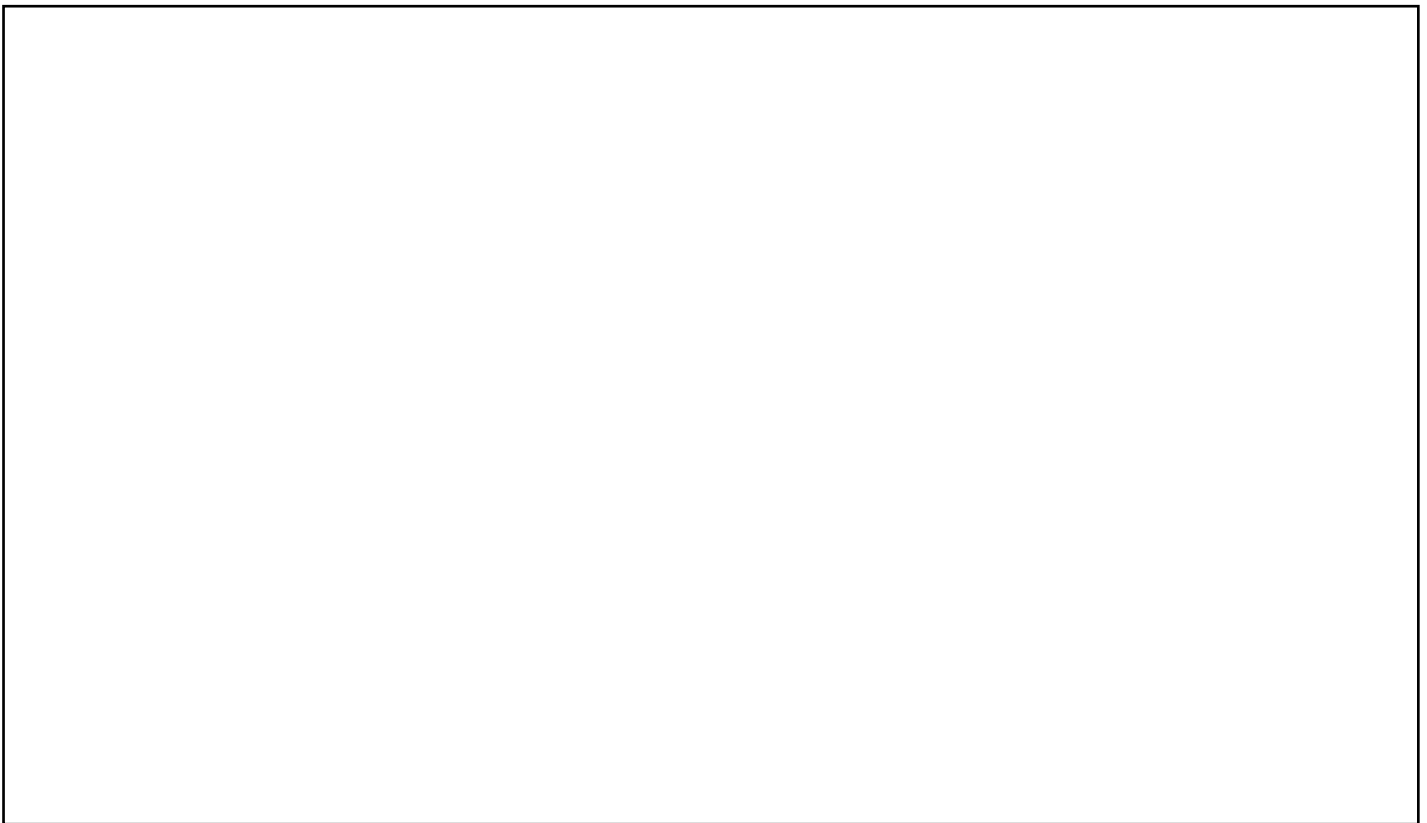
TOP SIDE VIEW OF CART



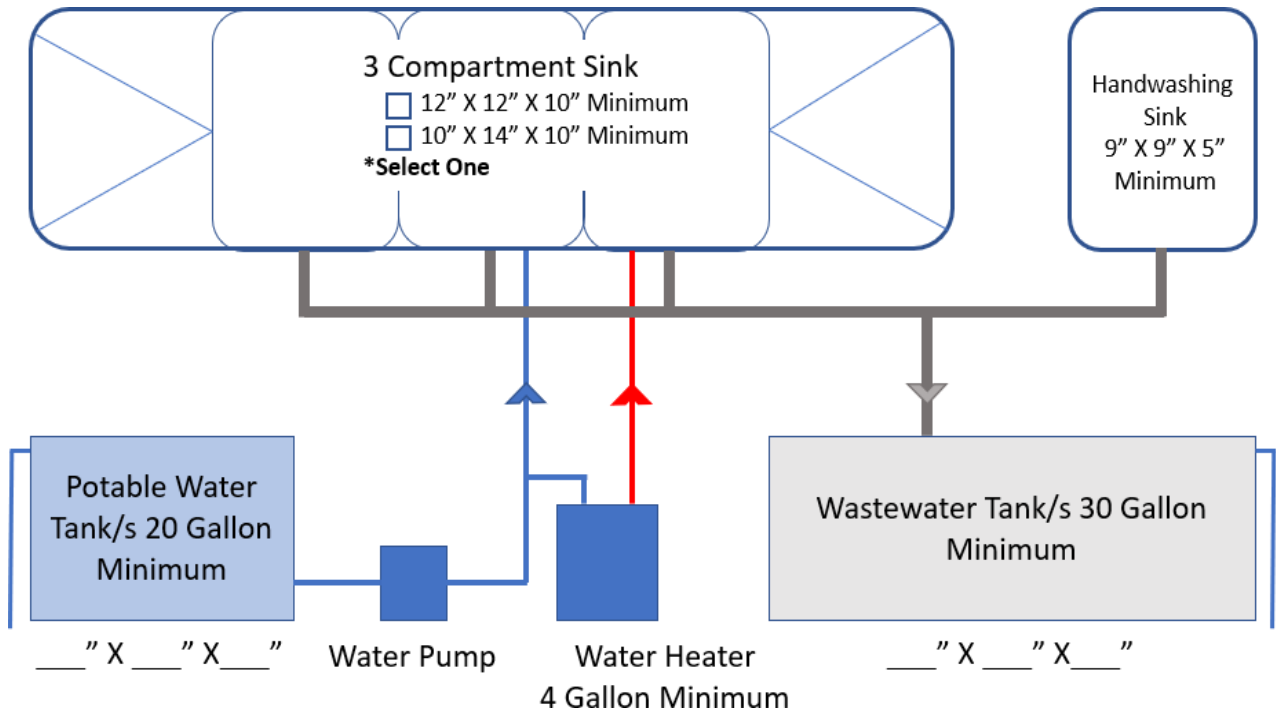
LEFT END FROM CUSTOMER SIDE VIEW OF CART



RIGHT END FROM CUSTOMER SIDE VIEW OF CART



PLUMBING DIAGRAM WITH 3 COMPARTMENT SINK



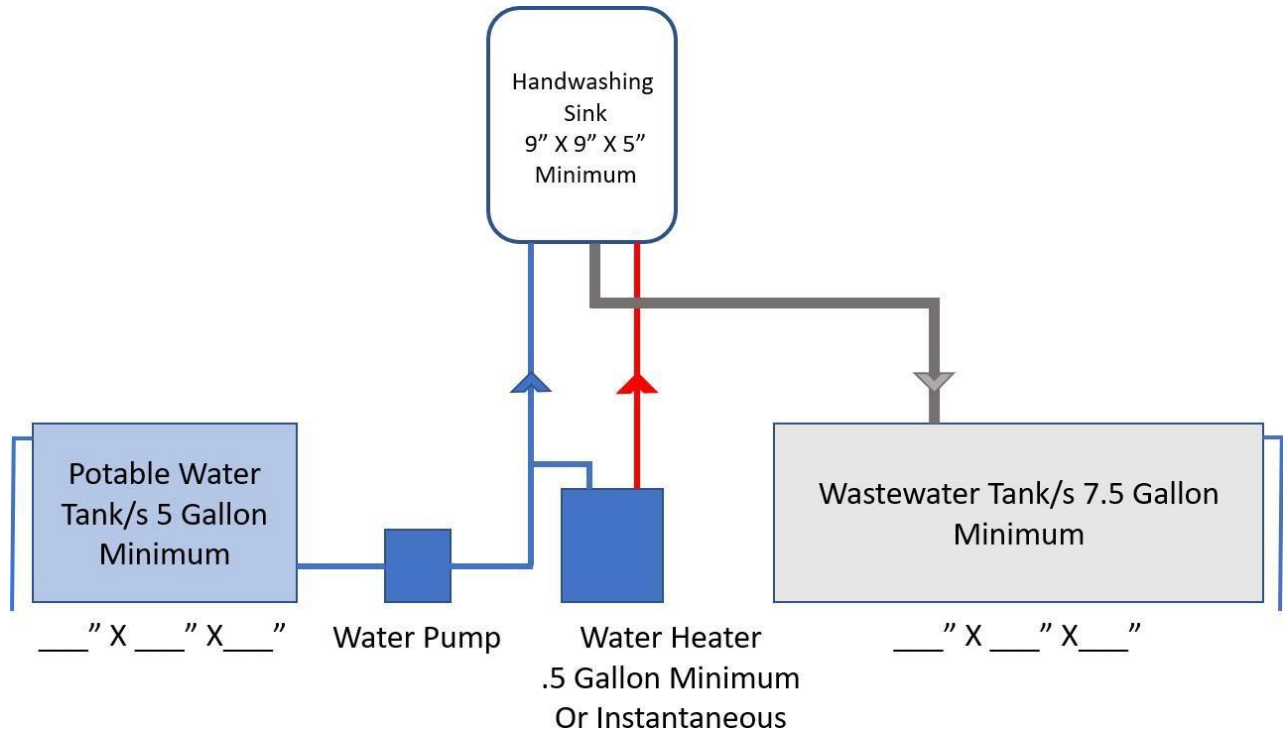
Plumbing Notes:

- All plumbing lines shall be connected to the tanks with watertight seals.
- Potable water lines, couplings, and valves shall be listed to NSF standards for drinking water.
- Potable water tanks and wastewater tanks mounted in the cart shall have an air vent overflow installed draining outside of the cart in a downward direction covered with 16 mesh per square inch screen.
- Tanks may be removeable. If they are not removeable, they must be equipped with a fill line that has a nonthreaded quick disconnect coupler. They must also be installed sloped towards a drainage outlet equipped with a valve.
- Tanks and hose inlets and outlet fittings shall be protected with a cap and keeper chain, quick disconnect, or closed cabinet when not in use.
- Waste lines must be a different color than the lines for potable water.
- The 3-compartment sink must be stainless steel and equipped with dual integral drainboards that are at least the size of one of the compartments.

WATER PUMP MANUFACTURER AND MODEL: _____

WATER HEATER MANUFACTURER AND MODEL: _____

PLUMBING DIAGRAM WITHOUT 3 COMPARTMENT SINK



Plumbing Notes:

- Hot water heater IS REQUIRED if there is handling or preparation of raw meat, raw poultry, or raw fish.
- All plumbing lines shall be connected to the tanks with watertight seals.
- Potable water lines, couplings, and valves shall be listed to NSF standards for drinking water.
- Potable water tanks and wastewater tanks mounted in the cart shall have an air vent overflow installed draining outside of the cart in a downward direction covered with 16 mesh per square inch screen.
- Tanks may be removeable. If they are not removeable, they must be equipped with a fill line that has a nonthreaded quick disconnect coupler. They must also be installed sloped towards a drainage outlet equipped with a valve.
- Tanks and hose inlets and outlet fittings shall be protected with a cap and keeper chain, quick disconnect, or closed cabinet when not in use.
- Waste lines must be a different color than the lines for potable water.

WATER PUMP MANUFACTURER AND MODEL: _____

WATER HEATER MANUFACTURER AND MODEL: _____



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Phone: (858) 505-6900 ♦ Fax: (858) 999-8920 ♦ www.sdcdehq.org

COMMISSARY/HEADQUARTERS LETTER OF AGREEMENT THIS LETTER MUST BE RENEWED ANNUALLY

Sections 114295, 114339, and 114341 of the California Retail Food Code require that all Mobile Food Facilities and Annual Temporary Food Facilities operate in conjunction with a commissary, mobile support unit or other facility approved by the local regulatory agency.

I) THIS SECTION TO BE COMPLETED BY THE FOOD FACILITY OWNER

Facility Name: _____ Health Permit Number: _____

Facility Mailing Address: _____ City: _____ Zip: _____
Street No. Street Name

Permit Owner Name: _____ Phone: (____) _____

Fax: (____) _____ E-Mail: _____

II) THIS SECTION TO BE COMPLETED BY THE COMMISSARY/HEADQUARTERS OWNER

The above food facility has my permission to use my health regulated business (listed below) FOR THE PURPOSES OF ESTABLISHING A COMMISSARY/ HEADQUARTERS FOR THEIR MOBILE FOOD, CATERING OR FOOD PROCESSING BUSINESS. This permission includes the use of the premises for the following: *(Check all that apply)*

- Food Preparation
- Food Storage
- Warewashing Facilities
- Vehicle/Cart Washing Area
- Fresh Water Supply
- Wastewater Disposal
- Trash Disposal
- Vehicle/Cart Storage Area
- Chemical/Supply Storage
- Vending Machine Cleaning
- Vending Machine Storage
- Ice Production
- Used Cooking Oil Disposal

Commissary/HQ

Facility Name: _____ Health Permit Number: _____

Address: _____ City: _____ Zip: _____
Street No. Street Name

Permit Owner Name: _____ Signature: _____ Phone: _____
Print

E-mail address: _____ Date: ____/____/____

OFFICE USE ONLY

VERIFICATION OF HEADQUARTERS

Vending Year: 20 Other Agency – Copy of Current Health Permit: Yes No N/A

Verified By (initials): _____ Date of Approval: ____/____/____



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COMPACT MOBILE FOOD OPERATION COMPACT MOBILE STORAGE FACILITY LETTER OF AGREEMENT

THIS LETTER MUST BE RENEWED ANNUALLY

Section 114295 of the California Retail Food Code (CRFC) requires that all Mobile Food Facilities operate in conjunction with a commissary, mobile support unit, or other facility approved by the local enforcement agency. Section 114368.3 allows for Compact Mobile Food Operations (CMFO), as defined in Section 113831, to be stored in a non-health regulated commercial facility or a private home when not in use, as long as the storage location has been evaluated and approved by the local enforcement agency (DEHQ).

Note: Local ordinances may restrict the use of a home for the storage of a CMFO. Please contact your local city jurisdiction to ensure there is not a local ordinance in place restricting home storage prior to submitting this document.

I) THIS SECTION TO BE COMPLETED BY THE COMPACT MOBILE FOOD OPERATION OWNER

Business Name: _____ Health Permit Number: _____

Business Mailing Address: _____ City: _____ Zip: _____
Street No. Street Name

Permit Owner Name: _____ Phone: (____) _____

Fax: (____) _____ E-Mail: _____

II) THIS SECTION TO BE COMPLETED BY THE COMPACT MOBILE FOOD STORAGE FACILITY OWNER

The above permitted mobile food facility has my permission to use my private home/non-regulated commercial facility (listed below) FOR THE SOLE PURPOSE OF STORING THEIR COMPACT MOBILE FOOD OPERATION. I hereby acknowledge that, pursuant to CRFC Section 114368.3(c)(6), the local enforcement agency may access, for inspection purposes only, my private home/non-regulated commercial facility where a CMFO is stored if, on the basis of a consumer complaint, it has reason to suspect that it is being used for food preparation, food storage, or unauthorized storage of utensils or other food facility equipment in violation of the CRFC. I understand and hereby consent to any information I provide on this agreement letter to be considered a public record subject to disclosure under the California Public Records Act.

This permission includes the use of the identified area of my private home/non-health regulated commercial facility. I understand that neither I, nor the owner of the mobile food facility, may relocate the compact mobile food facility to another storage location within my private home/non-health regulated commercial facility without an additional review and written approval by the Department of Environmental Health and Quality.

Storage Facility Name (if applicable): _____

Address: _____ City: _____ Zip: _____
Street No. Street Name

Property Owner Name: _____ Signature: _____ Phone: _____
Print

E-mail address: _____ Date: _____

Type of Facility: Private Home Non-Health Regulated Commercial Facility

Storage Location (be specific): _____

OFFICE USE ONLY

VERIFICATION OF STORAGE FACILITY

Vending Year: 20 Facility Evaluated for CMFO Storage: Yes No N/A

Verified By (initials): _____ Date of Approval: _____



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Phone: (858) 505-6900 • Fax: (858) 999-8920 • www.sdcdehq.org

STANDARD OPERATIONAL PROCEDURES FOR MOBILE FOOD FACILITIES

Facility Name: _____ Health Permit Number: _____

Hours of Operation:

Time	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Start:	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
End:	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm

Location of Operation: _____ City: _____, CA Zip: _____
Street No. Street Name

Business Owner Name: _____ Phone: () _____

Fax: () _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
Street No. Street Name

AN APPROVED COPY OF THIS OPERATIONAL PROCEDURE SHALL BE MAINTAINED ON THE MOBILE FOOD FACILITY AT ALL TIMES. Please note that any changes to the menu, equipment, or procedures listed on this form require prior approval by the Food, Water, and Housing Division (FWHD) of the Department of Environmental Health and Quality.

MENU DESCRIPTION (use additional sheet on page 3, if necessary)

Write below a complete list of food and beverages that will be offered on the mobile food facility menu			Where was this food purchased?	Where will the food be prepared?	
FOOD ITEM	UNPACKAGED FOOD	PREPACKAGED FOOD		COMMISSARY	ON SITE

1. Indicate the location where you will store food at the end of the day.

Food Stored at: _____ City: _____, CA Zip: _____
Street No. Street Name

2. Indicate the location where you will store the food facility (MFF) unit at the end of the day.

MFF Stored at: _____ City: _____, CA Zip: _____
Street No. Street Name

3. Describe the procedure you will use to fill the MFF potable water tank and the location where it will be filled:

4. Describe the procedure you will use to empty the MFF waste water tank and the location where it will be emptied:

STANDARD OPERATIONAL PROCEDURES FOR MOBILE FOOD FACILITIES

5. Describe the procedures you will use to clean and sanitize the potable water and waste tanks.

Tank	Cleaning Method	Sanitizing Method	How often?
Potable Water			
Waste Water			

6. Name of business providing restroom facility during hours of operation: _____

Business location: _____ City: _____, CA Zip: _____
Street No. Street Name

7. List equipment and utensils that will be used on the mobile food facility. Please be specific on equipment's use and function. For example: **Equipment:** Blender **Intended use:** Make Smoothies

Equipment	Intended use in mobile food facility

8. Describe the procedures you will use to clean and sanitize food contact surfaces, equipment and utensils during working hours and at the commissary.

	During working hours	At the Commissary
Clean		
Sanitize		

9. Indicate the specific sanitizer or sanitizing method that you will use by checking the box below:

- Contact with a solution of 100 ppm (parts per million) available chlorine for at least 30 seconds.
 - Contact with a solution of 200 ppm available quaternary ammonium for at least one minute.
- Check the option you will use: Commercial pre-mixed solution or I will prepare my own sanitizer solution

10. Acknowledgment

I understand and agree that if I make changes to my operating procedures, I must notify the Food, Water, and Housing Division (FWHD) within 7 days. Revised operating procedures may be provided by Fax: (858) 999-8920, E-mail: fhdperrmits@sdcounty.ca.gov, in person at 5500 Overland Avenue, San Diego, CA 92123 or by U.S. Mail to P.O. Box 129261, San Diego, CA 92112-9261, Attn: FWHD Mobile Food Inspection Program. Failure to notify FWHD of any changes may result in an administrative citation, suspension or revocation of the Health Permit issued to me to operate this Mobile Food Facility.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

REVIEWER OF OPERATIONAL PROCEDURES: _____, REHS

DATE APPROVED: ____ / ____ / ____ HEALTH PERMIT TYPE/NUMBER: _____

EXAMPLE PLAN WITH REQUIRED 3 COMPARTMENT SINK

LIST OF MENU/ITEMS BEING SOLD
Espresso, Lattes, Acai Bowl, Fruit Smoothies, Prepackaged Nutrition Bars, Grilled Chicken Panini Sandwiches, Grilled Chicken Salads, and Whole Fruit

FINISH MATERIALS

*Raw wood not permitted to be used as exterior cart material

LOCATION/EQUIPMENT	MATERIAL
Exterior of Cart	Stainless Steel
Interior of Cart	Stainless Steel/ Fiberglass Reinforced Panel (FRP)
Food Storage Area	FRP
Food Preparation Compartment	N/A
Other:	Exterior Vinyl Trim

FOOD SERVICE EQUIPMENT LIST

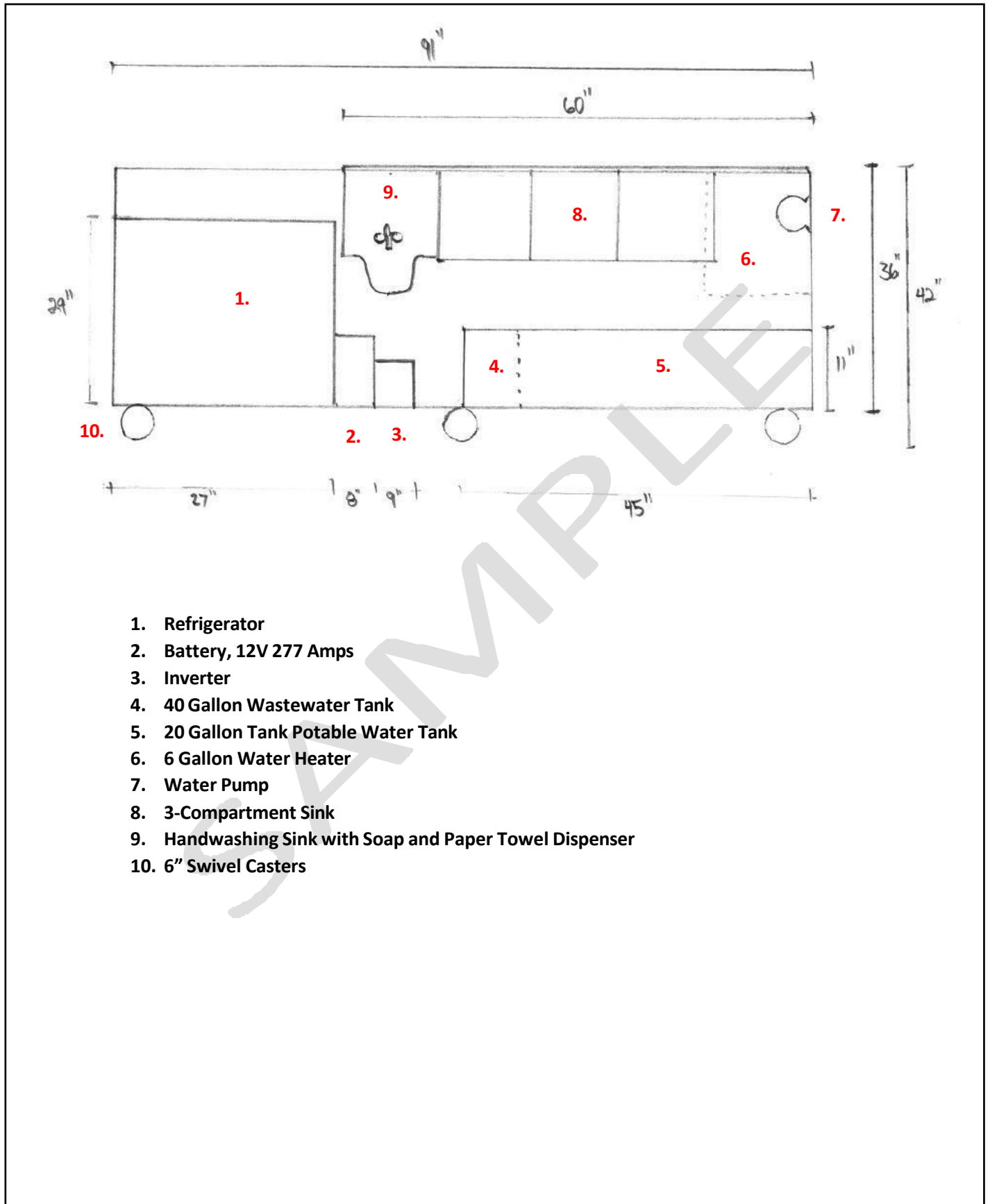
EQUIPMENT	MANUFACTURER	MODEL
Espresso Machine	Nuova Simonelli	Appia Life Compact2
Blender	Vita Mix	36019-ABAB
Undercounter Refrigerator	Bev-Air	UCR27HC
Coffee Brewer	Bunn	Axiom DV APS
Air Pots	Bunn	32130.000
Acrylic Prepackaged Food Display	Custom	Custom
Ice Bin with 2 Piece Lid	Moli International	BIB-1118-D 13"
Soap Dispenser	San Janmar	S30TBK
Paper Towel Dispenser	Bobrick	B-2620
Panini Press	Avantco	P84

POWER/GAS PLAN

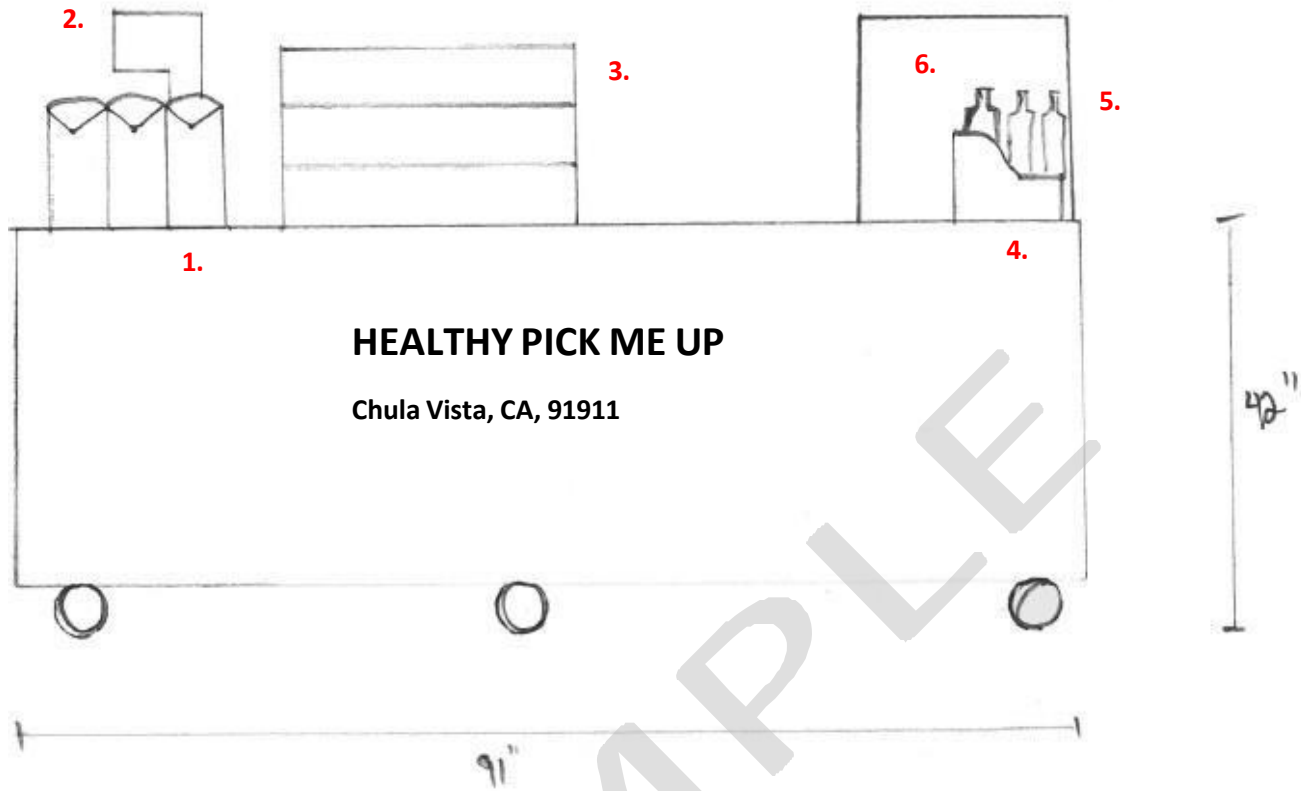
Select all applicable options and fill in the blanks for each one:

- DC Battery* (Quantity 1)
 AC Battery (Quantity)
 Propane Tank (Pounds ; Quantity)
 *Requires Inverter

LEFT SIDE VIEW OF CART- Internal View Showing Equipment Placement



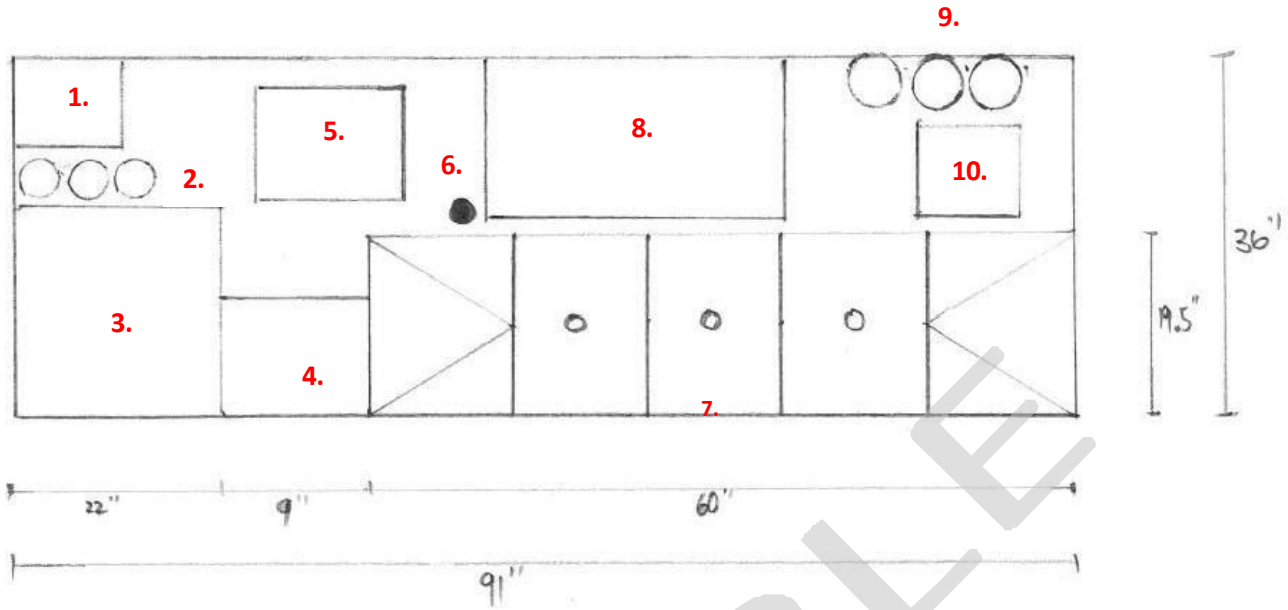
RIGHT SIDE VIEW OF CART- Showing Customer Side



1. Airpot Coffee Dispenser
2. Coffee Brewer
3. Panini Press
4. Point of Sale- Register
5. Flavored Syrup with Pumps
6. Espresso Machine

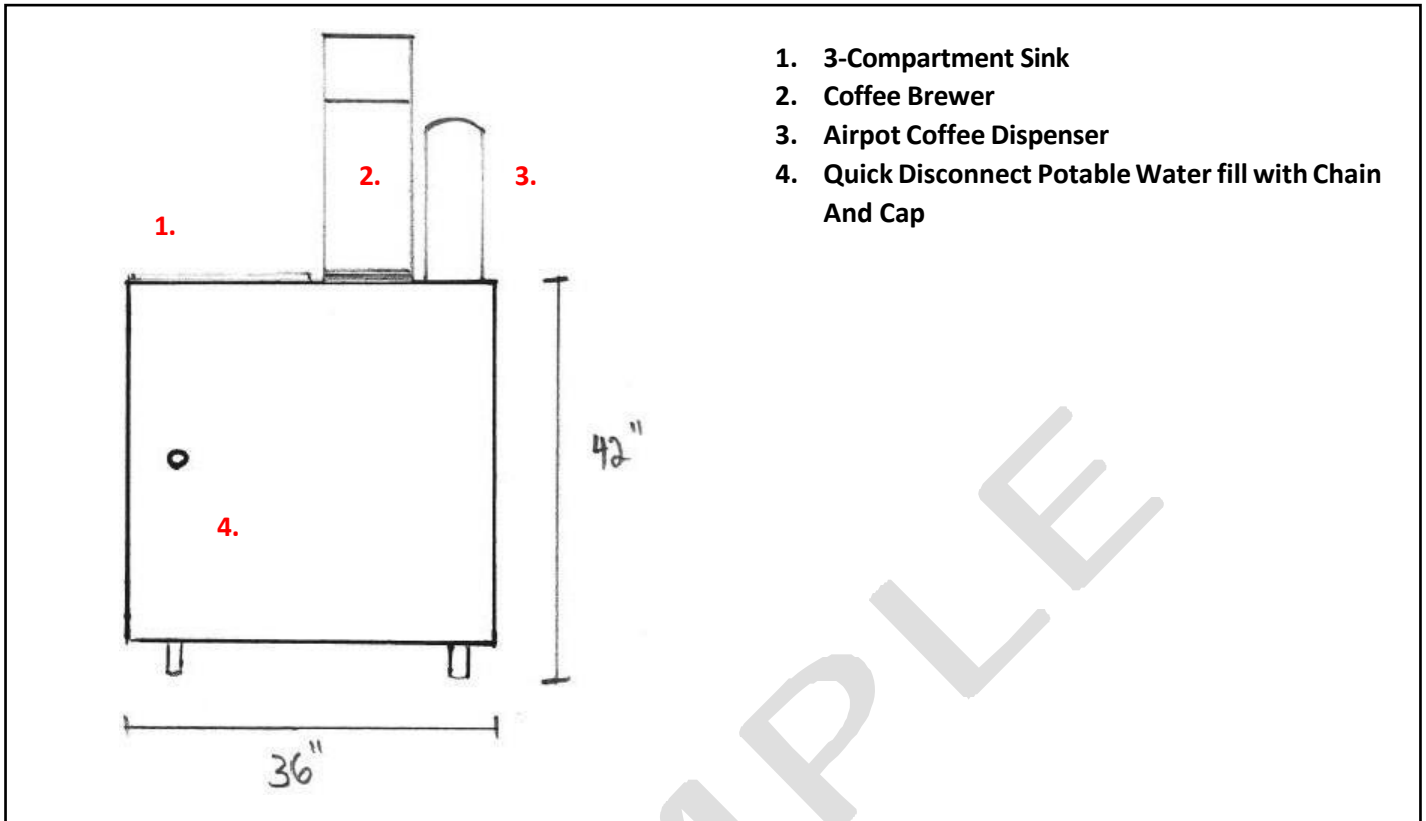
***NOTE:** Lettering of the business name: 3" high minimum
City, State, and Zip Code of the permit holder: 1" high minimum

TOP SIDE VIEW OF CART

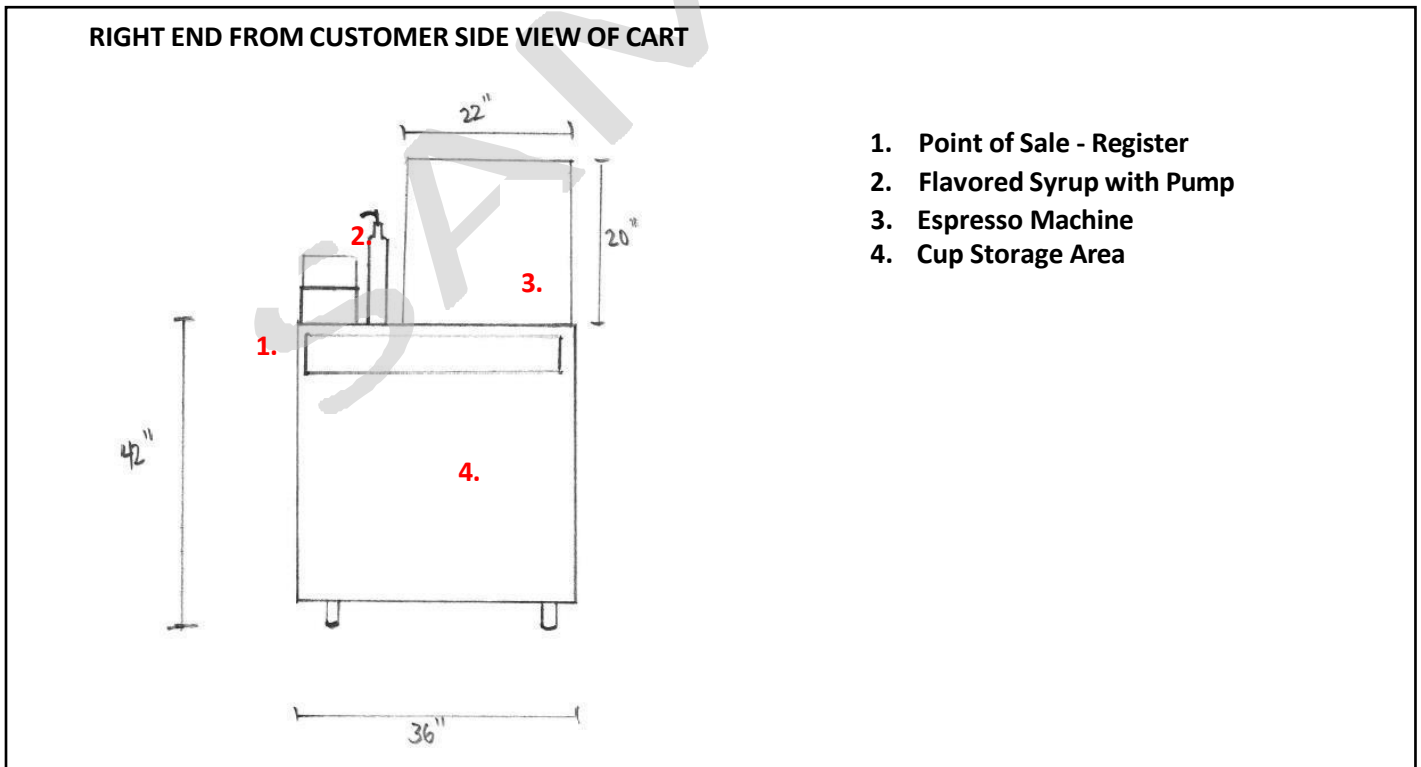


1. Point of Sale - Register
2. Flavored Syrup with Pumps
3. Espresso Machine
4. Blender
5. Ice Bin with 2 Piece Lid
6. Grommet for Umbrella
7. 3-Compartment Sink
8. Panini Press
9. Airpot Coffee Dispenser
10. Coffee Brewer

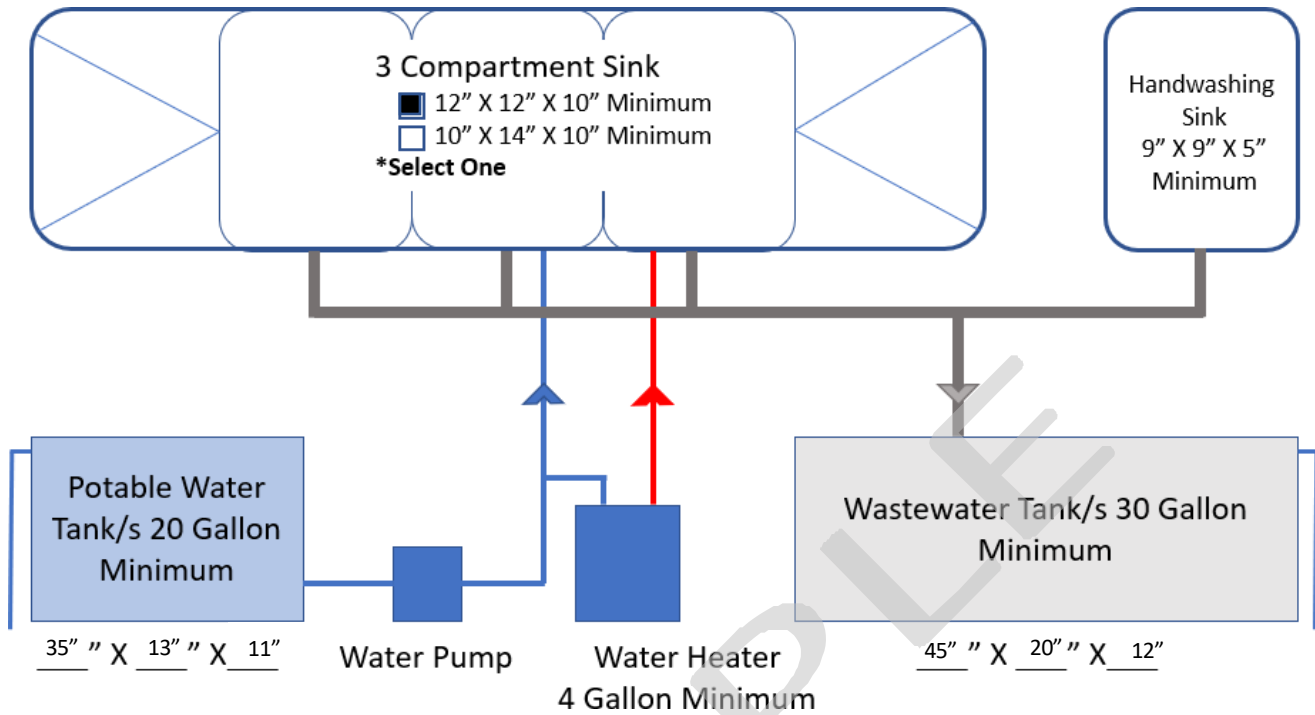
LEFT END FROM CUSTOMER SIDE VIEW OF CART



RIGHT END FROM CUSTOMER SIDE VIEW OF CART



PLUMBING DIAGRAM WITH 3 COMPARTMENT SINK



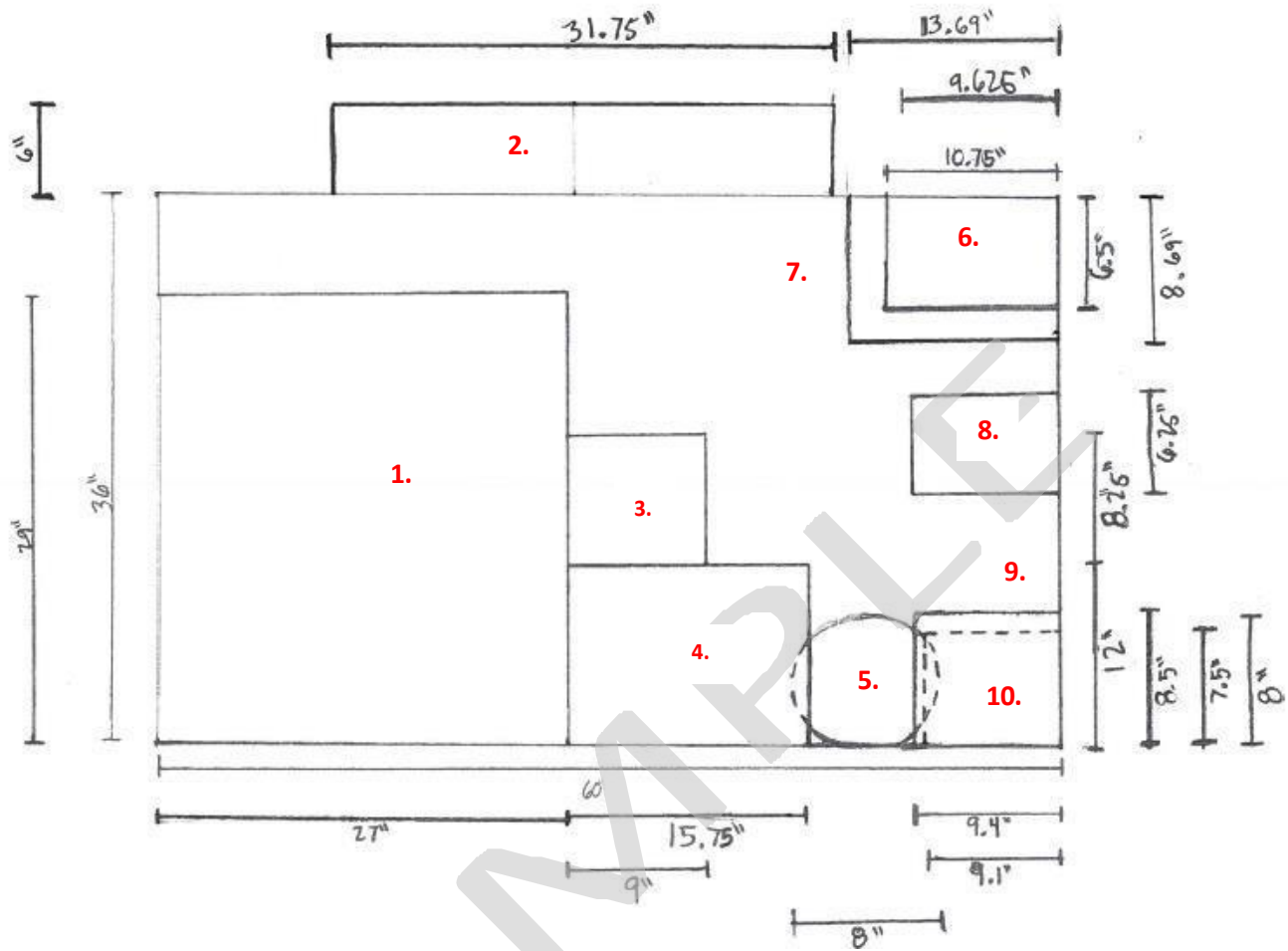
Plumbing Notes:

- All plumbing lines shall be connected to the tanks with watertight seals.
- Potable water lines, couplings, and valves shall be listed to NSF standards for drinking water.
- Potable water tanks and wastewater tanks mounted in the cart shall have an air vent overflow installed draining outside of the cart in a downward direction covered with 16 mesh per square inch screen.
- Tanks may be removeable. If they are not removeable, they must be equipped with a fill line that has a nonthreaded quick disconnect coupler. They must also be installed sloped towards a drainage outlet equipped with a valve.
- Tanks and hose inlets and outlet fittings shall be protected with a cap and keeper chain, quick disconnect, or closed cabinet when not in use.
- Waste lines must be a different color than the lines for potable water.
- The 3-compartment sink must be stainless steel and equipped with dual integral drainboards that are at least the size of one of the compartments.

WATER PUMP MANUFACTURER AND MODEL: Pentair Shurflo 2088-594-144

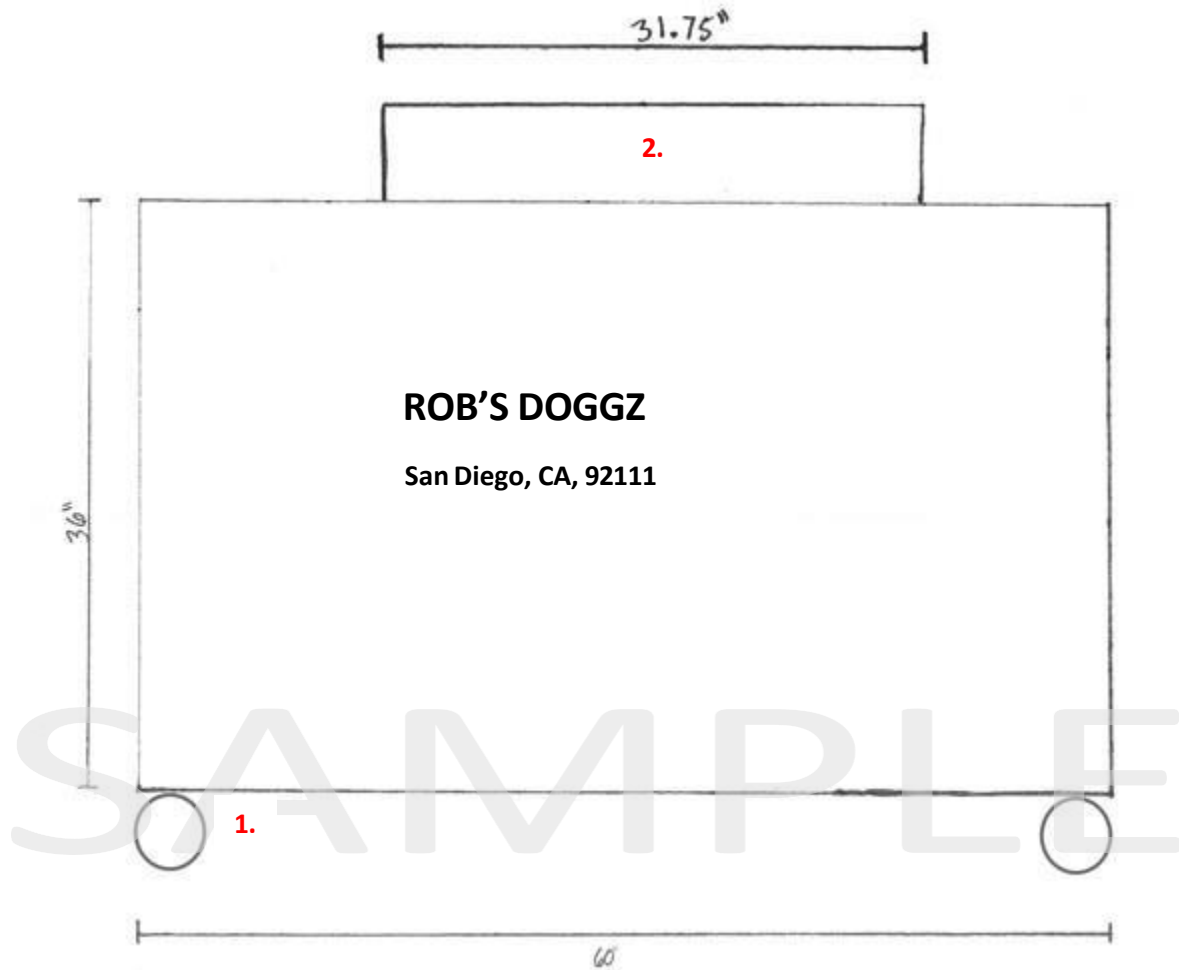
WATER HEATER MANUFACTURER AND MODEL: EEMax MiniTank EMT 6

LEFT SIDE VIEW OF CART- Internal View Showing Equipment Placement



1. Refrigerator
2. Bun Warmer
3. Potable Water Tank
4. Wastewater Tank
5. Water Pump
6. Handwashing Sink with Soap and Paper Towel Dispenser
7. Drop-in Steamer
8. Water Heater
9. Battery 12V, 277Amp
10. Inverter

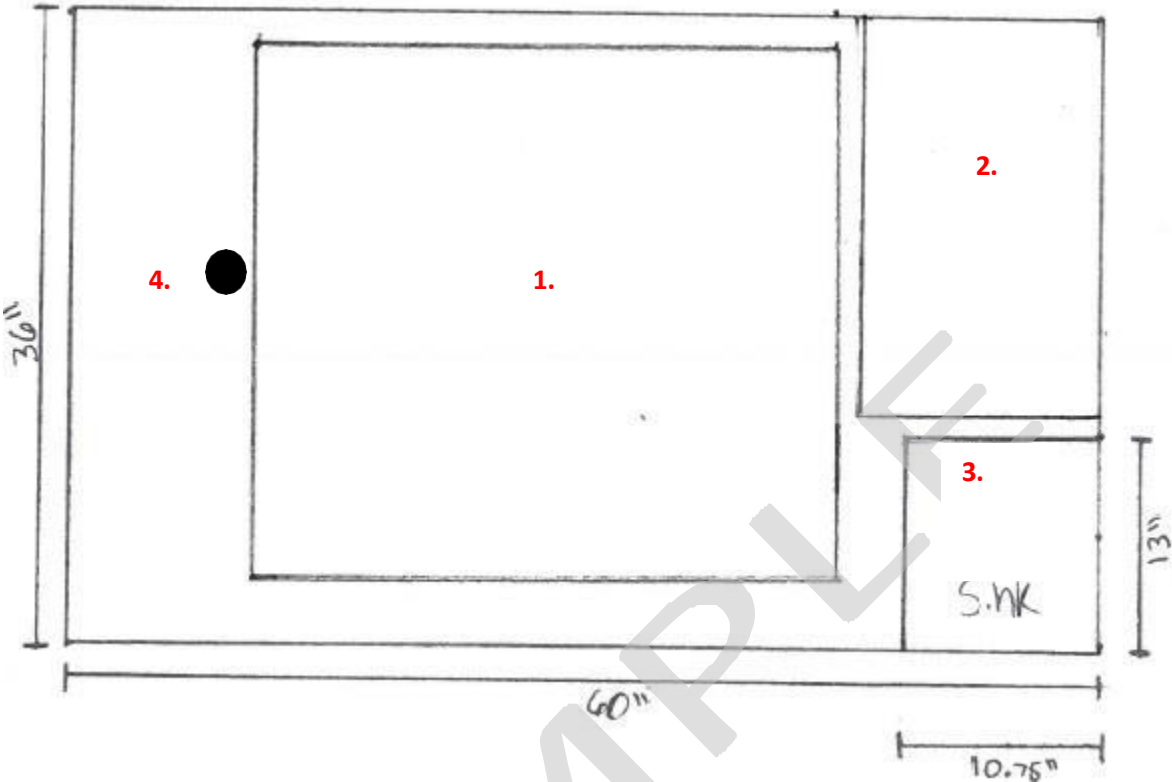
RIGHT SIDE VIEW OF CART- Showing Customer Side



- 1. 6" Swivel Casters
- 2. Bun Warmer

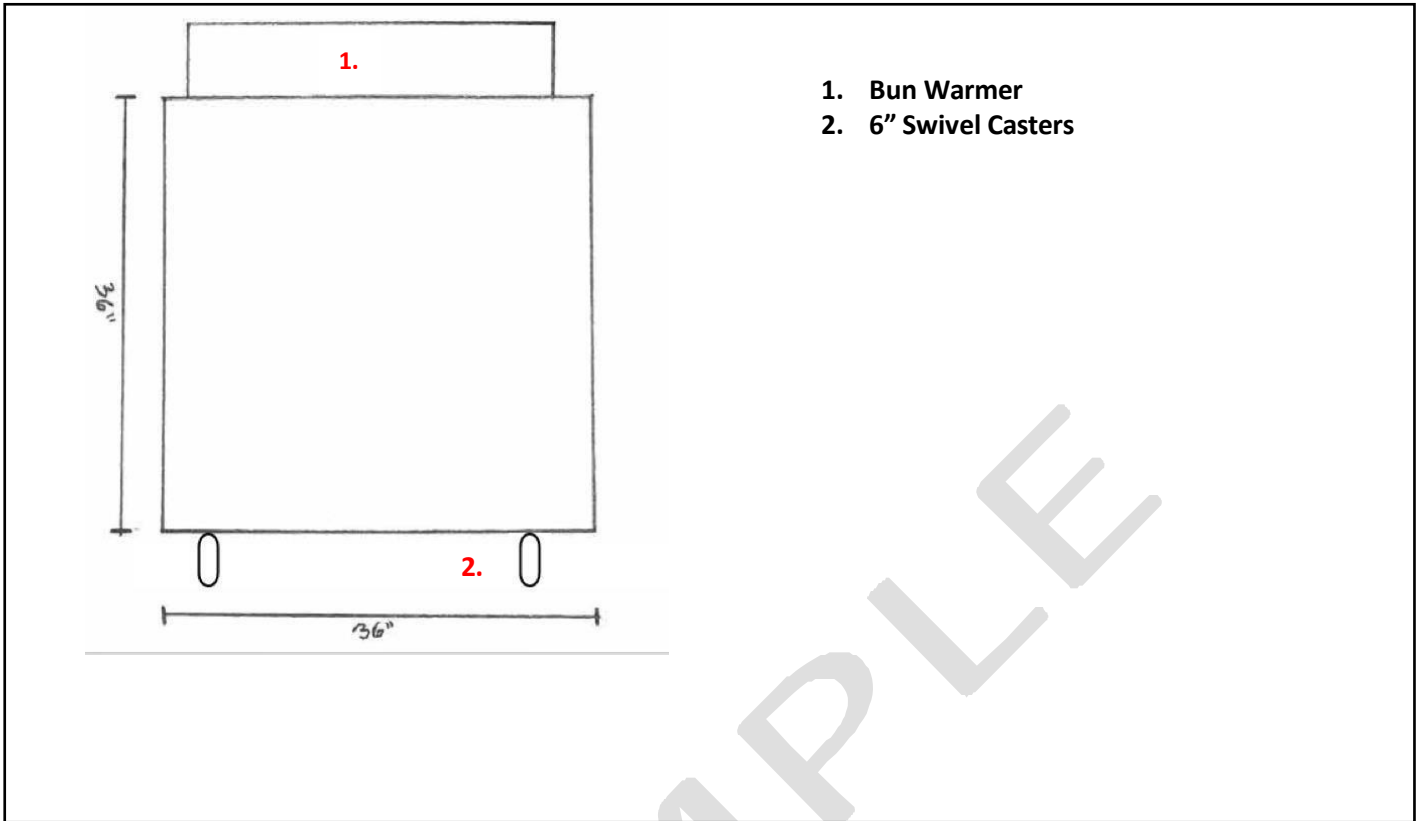
***NOTE:** Lettering of the business name: 3" high minimum
City, State, and Zip Code of the permit holder: 1" high minimum

TOP SIDE VIEW OF CART

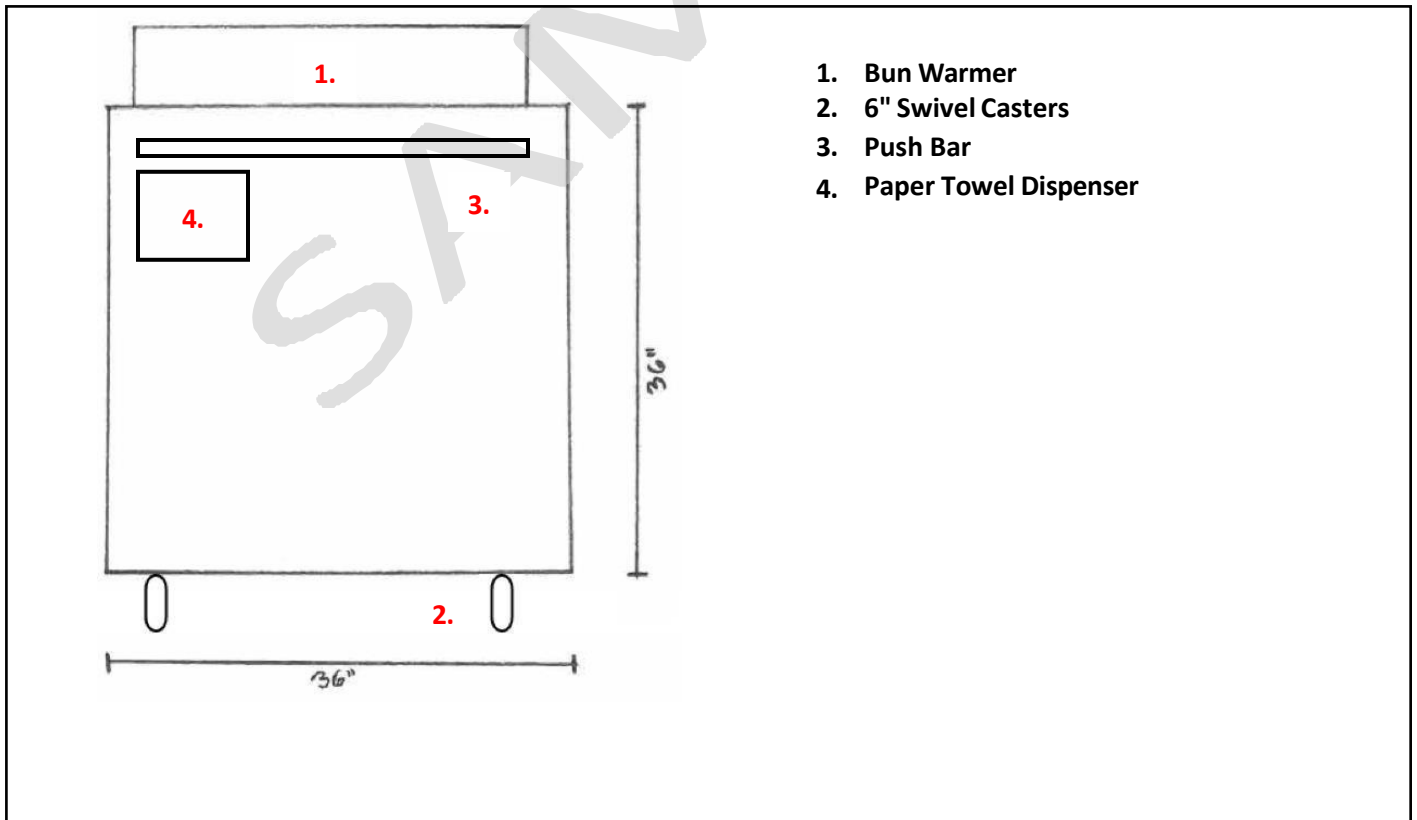


- 1. Bun Warmer
- 2. Drop-in Steam Table
- 3. Handwashing Sink with Soap and Paper Towel Dispenser
- 4. Grommet for Umbrella

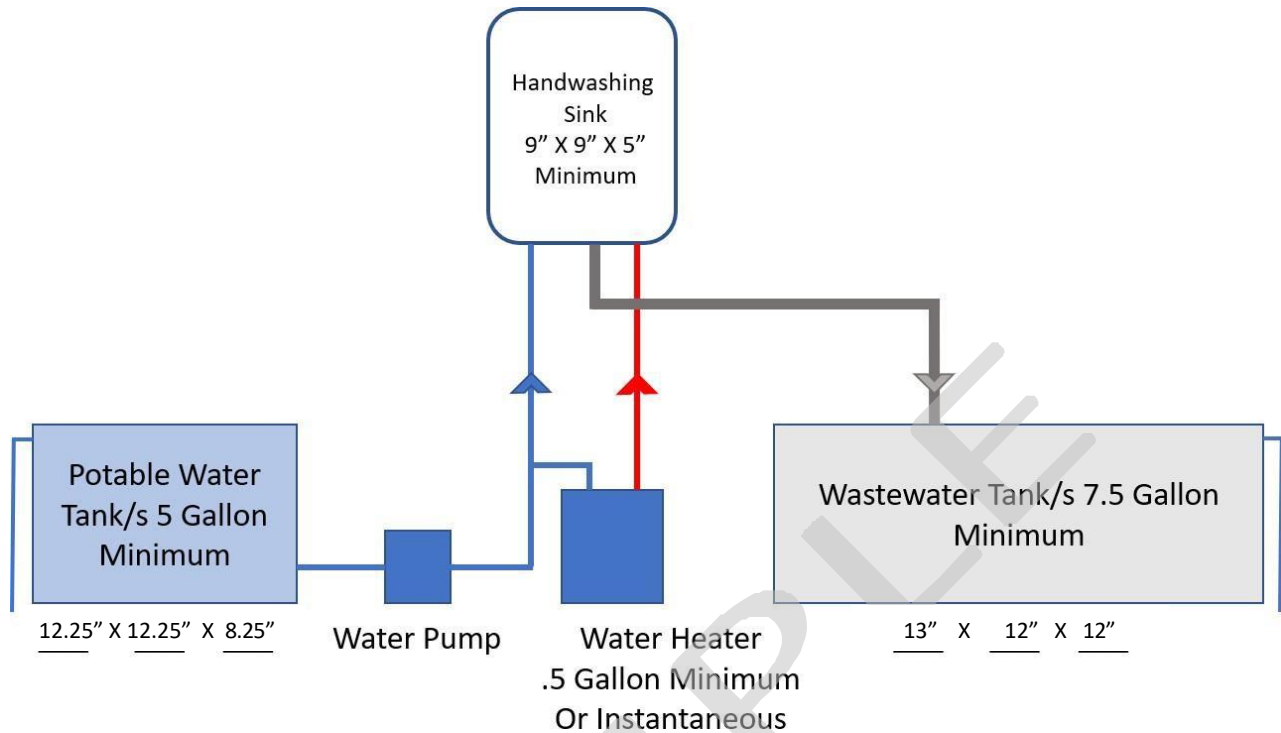
LEFT END FROM CUSTOMER SIDE VIEW OF CART



RIGHT END FROM CUSTOMER SIDE VIEW OF CART



PLUMBING DIAGRAM WITHOUT 3 COMPARTMENT SINK



Plumbing Notes:

- Hot water heater IS REQUIRED if there is handling or preparation of raw meat, raw poultry, or raw fish.
- All plumbing lines shall be connected to the tanks with watertight seals.
- Potable water lines, couplings, and valves shall be listed to NSF standards for drinking water.
- Potable water tanks and wastewater tanks mounted in the cart shall have an air vent overflow installed draining outside of the cart in a downward direction covered with 16 mesh per square inch screen.
- Tanks may be removeable. If they are not removeable, they must be equipped with a fill line that has a nonthreaded quick disconnect coupler. They must also be installed sloped towards a drainage outlet equipped with a valve.
- Tanks and hose inlets and outlet fittings shall be protected with a cap and keeper chain, quick disconnect, or closed cabinet when not in use.
- Waste lines must be a different color than the lines for potable water.

WATER PUMP MANUFACTURER AND MODEL: Pentair Shurflo 2088-594-144

WATER HEATER MANUFACTURER AND MODEL: Chronomite Labs SR-20L/120 HTR-I

PLUMBING NOTE EXAMPLES

The following are some examples of the types of equipment that can be used to accomplish the code requirements.

1. All plumbing lines shall be connected to the tanks with watertight seals.



Watertight seal with attached ball valve on the side wall of a tank

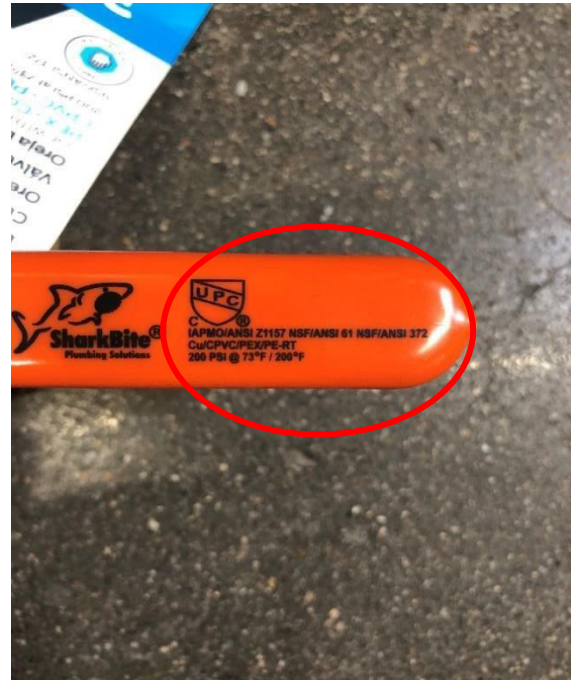


Inside tank view of watertight seal

2. Potable water lines, couplings, and valves shall be listed to NSF standards for drinking water.



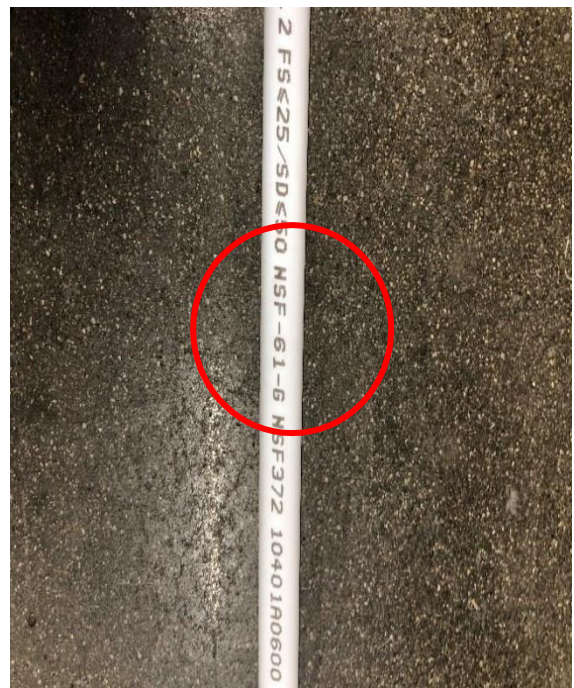
PEX Piping Ball Valve



ANSI/NSF 61 Label on handle



Straight Coupler with ANSI/NSF Label on bag



PEX Potable Water line with NSF- 61 label

3. Potable water tanks and wastewater tanks mounted in the cart shall have an air vent overflow installed draining outside of the cart in a downward direction covered with 16 mesh per square inch screen.



Pipe with mesh



Typical mesh screens

4. Tanks may be removable. If they are not removable, they must be equipped with a fill line that has a nonthreaded quick disconnect coupler. They must also be installed sloped towards a drainage outlet equipped with a valve.



Fill line to non-portable tank with a quick disconnect coupler



Removable portable tanks



Non-portable tank with connections to vent, fill, drain, and for the water pump



Removable portable tank with quick disconnect for supply or waste water (black lines typically denote waste)

5. Tanks and hose inlets and outlet fittings shall be protected with a cap and keeper chain, quick disconnect, or closed cabinet when not in use.



Cap with keeper chain



Closed cabinet



Quick disconnect coupler

6. Waste lines shall not be the same color as the lines for potable water.



Potable white PVC line with NSF label



Non-potable/wastewater black PVC pipe



Blue potable PEX line with NSF label



Clear potable vinyl line with NSF label