

# 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: □ STFU □ MOBILE	Date:
oom used as living or sleeping quarters, or an a	ablishment operations may not be conducted in a private home, a area directly opening into a room used as living or sleeping with Michigan Food Law and Michigan Modified Food Code.
Note: Any changes to the menu must be submit prior to their service, you may be required to sho	ted and approved by the regulatory authority (LHD or MDARD) ow approval during inspections.)
tem A-Menu: List all foods, including beverages, that	at will be served (attach an additional sheet or menu if necessary)
tem B-Food Source: List where you buy all your for	od (e.g. GFS). Home prepared foods or cottage foods are not
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Food to Be Transp	orted	Transportation Method truck, stock truck, 0		Where is the food coming from (e.g., Commissary, Food Supplier)
Hot Foods (list):		and the second s		common and adaption
Cold Foods (list):				
Dry/Canned Goods				
Fruit/Vegetables				
Other Items (list):				
Item E-Thawing: List fo	ods that will	be thawed by one of the	e following approve	d methods.
Method			Food	
Under Refrigeration:				
Under Cold Running				
Water:				
In a Microwave Oven followed by Cooking:				
During Cooking:				
Item F-Preparation: The to avoid bare hand contains				hibited. Mark which methods will be used
☐ Single use gloves			☐ Other (describe	9):
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**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 controlled 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	Fir	nal Cooking Tem	perature
(Example) Burgers	6	Charbroiler		155°F	
Method for monitoring:	·				
tem I-Cooling: Indicate whand method for monitoring.		will be cooled, cooling method used, time	e frame for	cooling to listed	temperatures,
Food		Cooling Method		Time to 70°F	Time to 41°F

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.

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Food	Individual (I) or Bulk (B)	Equipment Used (e.g., microwave)	Temperature	Time (how long)
	or Bank (B)	(o.g., miorowavo)		iong)
Method for monitoring:	l			
		will be held hot, equipment used, and method for	or monitoring. Ti	me/temperat
ntrolled for safety food				
Foo	od	Equipment Us	ed	
Method for monitoring:				
m L-Cold Holding: In	ndicate the foods t	hat will be held cold and the equipment used. T	ime/temperature	controlled for

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safety foods must be held at 41°F or below.

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F1	Familians and Hand
Food	Equipment Used
(Example) Burgers	True refrigerator
Method for monitoring:	
g.	

**Item M-Time Alone as Control**: List foods where only time, and not temperature, will be used to control the safety of time/temperature controlled 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
(Example) Corn Dogs	4 hours	Running list of time when batch is made	Insure corn dogs from batch are used or discarded within four hours of batch made
Dogs		whom batter is made	within roar nours of batter made

**Item N-Date Marking**: Ready-to-eat time/temperature controlled 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, date marking method to be used including the maximum number of days between preparation/opening and discarding.

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Food	Date Marking Method			
PART 2 EMPLOYEE HE	ALTH AND HYGIENE			
tem A-Hygiene Practices: C	complete the following, by initialing to verify agreement to comply.	Initial		
Employees will report to wor	k clean and in clean clothes:			
Employees will use proper h	air restraints, describe restraint to be used:			

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Employees will report to work clean and in clean clothes:	
Employees will use proper hair restraints, describe restraint to be used:	
Employees will not use tobacco in the food areas.	
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 area.	
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, with the exception of a plain wedding band.	
Soap, paper towels, waste receptacle and a reminder notice will be provided at each hand washing location.	

<b>Item B-Handwashing</b> : Indicate	how and when emp	oloyees will wash	n their hands, r	number and des	cription of han	idwashing
station(s) and how warm water v	will be provided to ha	andwashing stat	tion(s).			

How and when will employees wash hands:

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Number and description of handwash station(s):	
How is warm water provided to handwash station(s):	
·	
Item C-Employee Health: Describe how employees will be made a illnesses and symptoms) as it relates to diseases transmissible throused in this training. Note: Guidance documents, including posters	ough food. Provide copies of any handouts or posters
The person in charge (PIC) is required to:  • Recognize symptoms of diseases that are transmitted by for easily spread by food include:  • Diarrhea	oods. Common symptoms of illnesses that can be
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- Vomiting
- Jaundice
- Sore throat with fever, or
- o Infected wounds and boils on the hands or arms
- Notify employees of their reporting requirements regarding their health and activities. Employees must notify PIC when:
  - o They experience any of the common symptoms that can be easily spread by food:
    - Diarrhea
    - Vomiting
    - Jaundice
    - Sore throat with fever
    - Infected woods and boils on the hands or arms
  - o 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
    - They are exposed to or are suspected of causing a confirmed foodborne illness outbreak of any
      of the Big Five.
    - 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:
  - o Diagnosed as having an illness associated with a Big Five pathogen
    - For employees diagnosed with one of the Big Five <u>but experiencing no illness symptoms</u>, 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 below listed pathogens or is jaundiced.
  - o Norovirus
  - o Hepatitis A virus
  - Shigella spp.
  - o Enterohemorrhagic or Shiga toxin-producing Escherichia coli (E. coli)
  - Salmonella typhi
- Reinstate affected food workers who are restricted or excluded. Reinstatement will be performed in the following manner:
  - Any employee excluded due to <u>jaundice</u> or <u>diagnosis with one of the Big Five</u> 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 <u>vomiting</u> or <u>diarrhea</u> 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 <u>sore throat and fever</u> 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 <u>infected wound or pustular boil</u> 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

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- On other parts of the body, a dry, durable, tight-fitting bandage
- Assure that the following procedures are met:
  - o Require all employees to review this procedure.
  - Monitor employees for visible or obvious symptoms.
  - Assure that all employees notify the PIC when required.
  - o Assure that all food employees comply with exclusions or restrictions.
  - o Maintain documents and record of exclusions and restrictions.
  - o 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 concentration as listed on the manufacturer's label for that sanitizer. (NOTE: In-use utensils for time/temperature controlled foods must be washed, rinsed and sanitized at least every four hours)

Equipment/Utensil	Frequency	Method/Facility (Basin/compartments, In-Place, or CIP)	Procedure	Sanitizer & Manufacturer's Concentration
(Example) Tongs	Every 4 hours	3 basin sink	Wash/rinse/sanitize	Chlorine 50 ppm
	+			
	+			_
Test strips must	be provided to m ided that test strip	onitor concentrations of os will be provided and u	each type of sanitizer ι used.	used on site. Indicate by
tem B-Chemical Stora peration.	age: Describe whe	ere sanitizers and other ch	emicals will be stored in t	he STFU/mobile or during

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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, 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.

Cleaning/Sanitizing Method	Frequency	Protection when not in use
Rinsed out with chlorinated water	After each event	Stored in cabinet within unit
	Rinsed out with chlorinated	Rinsed out with chlorinated

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tem 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
(Example) Carbonator	ASSE 1022 device
	90.0 miletin material material will be producted from material
If connection to public water system is needed, no	ow will the public water system will be protected from unit:
DART FORWARD DICEOLAI	
PART 5 SEWAGE DISPOSAL	
Note: Sewage must be disposed of at an approv	ved sewage disposal site.
The contract was an appearance and an appearance	rou contage and postal site.
Item A-Liquid Waste Disposal: Describe how liqu	uid waste generated in the STFU/mobile will be collected and disposed.
Include the capacity/size of waste holding tanks/co	
· ·	
Item B-Backflow Prevention: List equipment that	has a drainline and in which food, portable equipment, or utensils are
placed. Describe how this equipment will be protect	cted from sewage "back up" through this drainline.
Equipment	Backflow Prevention Method
Equipment (Example) Ice bin	Air gap between ice bin and waste water holding tank
(Example) ice bili	All gap between ice bill and waste water nothing tank

Item D-Service Sink: If app floor cleaning will be dispos	olicable to STFU/mobile, describe how floors will be cleaned and where waste water from wet sed of.
PART 6 ENVIRONME	NTAL HAZARDS
	s (e.g., leaves, blowing dust) out of the STFU/mobile (e.g., service windows with air curtains of and/or food is in an open-air environment, describe how this food and/or equipment will be containers).
Area of Concern	Method of Pest & Environmental Contaminate Control
Area of Concern Service windows:	Method of Pest & Environmental Contaminate Control
	Method of Pest & Environmental Contaminate Control
Service windows:  Cooking/grilling/smoking	Method of Pest & Environmental Contaminate Control
Service windows:  Cooking/grilling/smoking locations:  Other equipment	Method of Pest & Environmental Contaminate Control

## PART 7 Floors/Walls/Ceiling

<b>Item A-Floors</b> : Describe the type of indoor flooring to be used. If indoor flooring is not applicable, describe the ground surface the unit will be placed upon when operating.
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.
<b>Item C-Ceiling</b> : Describe the type of indoor ceiling to be installed. If indoor ceiling is not installed, describe how overhead protection will be provided.
Item D-Exterior: Describe the exterior construction material of the unit.

### **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.

Equipment	Make	Model	Floor Mounted	Counter Mounted
			1	

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<b>Item B-Hot Water Capacity</b> : 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.)
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.
PART 9 ELECTRICITY
<b>Item A</b> : 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:
If YES, mark how electricity be provided: ☐ Generator as part of STFU/mobile ☐ Electrical connection by another entit
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. Indicate where this generator will be located:

electrical connection by another entity is used plicable.	, describe ho	w you will ensure electricity is left running overnight, if
	<del></del>	
ART 10 VENTILATION		
<b>m A</b> : Mark if mechanical ventilation hood will w make up air will be provided.	be provided.	If provided, indicate if the hood is a Type I or Type II and
echanical ventilation hood will be provided:	☐ YES	□ NO
provided, mechanical ventilation hood is a:	☐ Type I	☐ Type II
applicable, describe how make up air will be p	provided:	
m B: If applicable, list what equipment will be	located unde	arnoath the machanical ventilation head
iii b. ii applicable, list what equipment will be	iocated unde	emeant the mechanical ventilation hood.

## **PART 11 ADDITIONAL CIRCUMSTANCES**

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

### **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 upon your regulatory authority, both a scaled diagram and photos may be needed.

It is my intention as the Owner/Operator of this STFU/Mobile to have the information listed above 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.

Date
to be complete and technically accurate. The SOPs are approved.
approved, subject to the following stipulation(s):
Date

Reviewers Initials: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Additional Comments:	