



## Transitory Food Unit (TFU) and Mobile Food Establishment Plan Review Worksheet and Standard Operating Procedures (SOPs)

TFU/Mobile Name:	
Owner:	
Address:	E-mail:
City/State/ZIP Code:	Phone:
Mark One: <input type="checkbox"/> TFU <input type="checkbox"/> MOBILE	Date:

**Instructions:** Answer all questions. If a question does not apply, mark the section as Not Applicable (N/A). This document is to be used in conjunction with the "TFU and Mobile Food Establishment Plan Review Manual."

### Definitions:

1. **TCS Food** – a food that requires a time and or temperature control for safety to limit pathogenic microorganism growth or toxin formation (e.g., raw animal foods, dairy, cooked foods).
2. **Ready-to-Eat (RTE)** – a food that is edible without additional preparation to achieve food safety (e.g., deli meat, cooked food, cut lettuce, bread, taco shell).

### MENU, FOOD, AND FOOD PROCESSES:

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

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**The customer must be informed by means of a consumer advisory that a menu item contains raw or undercooked foods of animal origin (e.g., medium rare hamburger).**

Menu items contain raw or undercooked animal-based foods:

Yes

No

If YES, the menu contains a consumer advisory:

Yes

No

**Food Source:** List where you buy all your food. **Home prepared foods or cottage foods are not allowed.**

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**Food 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, plastic bin, cambro, dry goods shelf, etc.).

\_\_\_\_ (initial) I verify that I am aware that food storage may not be conducted in a private residence or home and must be stored in the licensed TFU or a licensed commissary in between days of operation.

Where will cold food and dry food and supplies be stored in between days of operation?

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How will cold food be stored to prevent cross-contamination (e.g., raw animal foods, ready-to eat foods, and produce)?

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Will ice be used as a refrigerant for TCS food?

☐ YES

☐ NO

If YES, list the types of foods involved.

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How will dry foods and supplies be stored to prevent contamination?

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**Food Handling:** The handling of ready-to-eat foods with bare hands is prohibited. Mark which methods will be used to prevent bare hand contact with any ready-to-eat foods.

☐ Single use gloves    ☐ Utensils    ☐ Deli papers    ☐ Other (describe): \_\_\_\_\_

**Food Transportation:** List all methods of transporting food to the TFU/Mobile.

Food to Be Transported	Transportation Method (e.g., refrigerated truck, cooler with ice, Cambro, etc.)	Where is the food coming from (e.g., Commissary, Food Supplier)
Hot Foods (list):		
Cold Foods (list):		
Dry/Canned Goods		
Other Items (list):		

**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:	

**Cooking:** Indicate how all foods will be cooked and how temperatures will be monitored. NOTE: Please indicate any foods that are cooked to order (i.e., raw animal foods served undercooked or raw).

Food	Cooking Equipment	Final Cooking Temperature
Method for monitoring:		

**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:			

**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	Temperature	Time (how long)
Method for monitoring:				

**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:	

**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
Method for monitoring:	

**Time Alone as Control** – List foods where only time, and not temperature, will be used to control the safety of food items. Explain the procedure of time control for each food item.

Food	How long will this food be held out of temperature control	Marking Method	Monitoring method and action taken when time limit is reached

**Date Marking** – Ready-to-eat TCS foods held over 24 hours in refrigeration must be date marked with a method that indicates when they will be discarded. Indicate the food, date marking method to be used including the maximum number of days between preparation/opening and discarding.

Food	Date Marking Method

## EMPLOYEE HEALTH AND HYGIENE:

**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.	
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 fingernail polish or will cover fingernails with gloves.	
Fingernails 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.	

**Handwashing – Employees must wash hands: (INITIAL BELOW)**

- \_\_\_\_\_ After touching bare human body parts other than clean hands and clean, exposed portions of arms;
- \_\_\_\_\_ After using the restroom;
- \_\_\_\_\_ After caring for or handling service animals or aquatic animals;
- \_\_\_\_\_ After coughing, sneezing, using a handkerchief or disposable tissue;
- \_\_\_\_\_ After using tobacco, eating, or drinking;
- \_\_\_\_\_ After handling soiled equipment or utensils;
- \_\_\_\_\_ During food preparation, as often as necessary to prevent cross contamination when changing tasks;
- \_\_\_\_\_ When switching between working with raw food and working with ready-to-eat food;
- \_\_\_\_\_ Before putting on gloves for working with food; and
- \_\_\_\_\_ After engaging in other activities that contaminate the hands, such as handling cell phone, trash or chemicals.

Description of handwashing sink:

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Describe how hot water will be provided.

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**Employee Health – The person in charge (PIC) at the facility is required to: (INITIAL BELOW)**

- \_\_\_\_\_ Recognize symptoms of diseases that are transmitted by foods. Common symptoms of illnesses that can be spread by food include: diarrhea, vomiting, jaundice, sore throat with fever, or infected wounds and boils on the hands or arms.
- \_\_\_\_\_ Employees must notify management when they experience any of the common symptoms that can be easily spread by food including diarrhea, vomiting, jaundice, sore throat with fever, infected wounds and boils on the hands or arms.
- \_\_\_\_\_ Employees must notify management if they are diagnosed as being ill as a result of any of the following pathogens: Norovirus, Hepatitis A virus, *Shigella spp.*, Enterohemorrhagic or Shiga toxin-producing *Escherichia coli* (*E. coli*), or *Salmonella typhi* (the Big Five).
- \_\_\_\_\_ Employees must notify management if they are exposed to, or are suspected of causing, a confirmed foodborne illness outbreak of any of the Big Five.
- \_\_\_\_\_ Employees must notify management if living 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 establishment with the following conditions: diagnosed as having an illness associated with a Big Five pathogen, signs of jaundice (yellowing of skin and/or eyes), and onset occurred in the last 7 calendar days, and if having 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 following listed pathogens or is jaundiced: Norovirus, Hepatitis A virus, *Shigella spp.*, Enterohemorrhagic or Shiga toxin-producing *Escherichia coli* (*E. coli*), or *Salmonella typhi* (the Big Five).
- \_\_\_\_\_ 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 records of exclusions and restrictions, and contact the regulatory authority when required and if there are any questions.



How will employees be made aware of their responsibility to report listed symptoms and illnesses within this procedure (e.g., signed forms, posters, etc.) and what records will be kept?

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## FOOD CONTACT SURFACES:

**Warewashing** – Describe how all utensils, equipment, and food contact preparation surfaces will be washed, rinsed, and sanitized. Identify the location as 3-compartment sink, dishwashing machine or clean-in-place (CIP).

Equipment/Utensil	Frequency	Location	Procedure	Sanitizer and Manufacturer's Concentration

\_\_\_\_\_ **Test strips must be provided to monitor concentrations of each type of sanitizer used. Indicate by initialing on the line provided that test strips will be provided and used routinely.**

Warewashing Methods, mark all that apply. ☐ Dish Machine ☐ 3-Compartment Sink ☐ 3 Plastic Tubs

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)
3-compartment sink – indicate size of each compartment			

What is the largest item that will have to be washed in a sink and its size? List all dimensions (length, width, and depth or height and diameter)

Equipment	Length (inches)	Width (inches)	Depth (inches)	Height (inches)

**Chemical Storage** – Describe where sanitizers and other chemicals will be stored in the TFU/Mobile during operation.

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**WATER SUPPLY:**

**Water Source and Storage** – Indicate the source of potable water, how water is supplied/delivered (e.g., food grade hoses) to TFU/Mobile, and how this water will be stored on board (e.g., water jugs, holding tank). List size of holding tanks or water containers.

Source of Water:	<input type="checkbox"/> Municipal <input type="checkbox"/> Existing Well <input type="checkbox"/> Bottled Water <input type="checkbox"/> Other: (describe):
Delivery of Water to TFU/Mobile: If connected to public water supply describe protection of the water supply.	
Storage of Water and Wastewater:	<input type="checkbox"/> Potable Water Total Gallons of Storage = _____ <input type="checkbox"/> Wastewater Total Gallons of Storage = _____

**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

**Backflow Prevention** – List equipment that will require backflow prevention and the method of backflow prevention.

Backflow Prevention Device Abbreviations: **AVB** = atmospheric *vacuum breaker*    **PVB** = pressure *vacuum breaker*  
**RPZ** = reduced pressure *backflow* preventer    **DC w/AV** = Double check valve with an atmospheric vent

Fixture	Sewage Disposal			Water Supply					
	Air Gap	Air Break	Direct Connect	AVB	PVB	RPZ	Hose Bibb	DC w/AV	Air Gap
Ice Machine									
Ice Storage Bin									
3-Compartment Sink									
Food Preparation Sink									
Handwashing Sink									
Steam Table									
Beverage Dispenser w/Carbonator									
Coffee Machine/Non-Carbonated									
Hose Connection									
Other:									
Other:									

**SEWAGE DISPOSAL:****Note: Sewage must be disposed of at an approved sewage disposal site. Check all that apply:**

- ☐ RV disposal site: Location: \_\_\_\_\_
- ☐ Commissary: Location: \_\_\_\_\_
- ☐ Licensed Septage Hauler: (Business Name) \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**Grease Waste Disposal** – Describe how and where grease waste from equipment such as deep fryers will be collected and disposed of.

\_\_\_\_\_

\_\_\_\_\_

**ENVIRONMENTAL HAZARDS:**

**Pest and Environmental Controls** – Describe the methods you will use to keep flying and crawling pests as well as environmental contaminants (e.g., leaves, blowing dust) out of the TFU/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., covered food containers, air curtain, self-closing device).

Area of Concern	Method of Pest and Environmental Contaminate Control
Service windows:	
Cooking/Grilling Area	
Other equipment exposed to open air:	
Food exposed to open air:	
Other areas of concern:	

**INTERIOR SURFACES:**

**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 upon when operating.

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**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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**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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**APPROVED INTERIOR FINISHES:**

1. Enamel coated steel - or other corrosion resistant surface	9. Stainless steel
2. Filled block with epoxy painted or glazed surface	10. Aluminum
3. Commercial grade vinyl composition tile	11. Ceramic tile
4. Commercial grade vinyl composition sheets	12. Painted drywall
5. Fiberglass reinforced polyester (FRP) panel	13. Epoxy painted drywall
6. Vinyl clad acoustic tile	14. Plastic laminate
7. Poured seamless sealed concrete	15. Acoustic tile
8. Poured synthetic sealed concrete	16. Quarry tile

**VENTILATION:**

Mark if mechanical ventilation hood will be provided. If provided, indicate if the hood is a Type I (includes fire suppression) or Type II (no fire suppression).

Mechanical ventilation hood will be provided: ☐ YES ☐ NO

If provided, mechanical ventilation hood is: ☐ Type I (has fire suppression) ☐ Type II (does not have fire suppression)

If applicable, list what equipment will be located underneath the mechanical ventilation hood.

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**EQUIPMENT SPECIFICATIONS:**

**Food Equipment** – List the food equipment (including cooking, cold storage, hot holding, and food preparation).

Equipment	Cooking	Reheating	New	Used	Floor Mounted	Counter Mounted

Equipment	Cold Holding	Hot Holding	New	Used	Floor Mounted	Counter Mounted

**ELECTRICITY:**

Mark if electricity is needed for operation of the TFU/Mobile. If needed, mark if electricity will be supplied by a generator that is part of the TFU/Mobile or by an electrical connection from another entity.

Electricity is needed for operation: ☐ YES ☐ NO

If YES, mark how electricity will be provided: ☐ Generator ☐ Electrical connection by another entity

If a generator as part of TFU/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:

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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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**EQUIPMENT FLOOR PLAN:**

Attach an equipment floor plan of the TFU/Mobile. It does not have to be scale, but it cannot be handwritten. Also, include photos of the interior and exterior of the TFU/Mobile and equipment.

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It is my intention as the Owner/Operator of this TFU/Mobile to have the information listed above serve as the Standard Operating Procedures (SOPs) for this unit. I understand that the Michigan Food Law requires:

- The approved SOPs for a TFU must be kept with the unit when it is operating and be available for review.
- Before serving food within the jurisdiction of a local health department (LHD) it is required to inform the LHD in writing by submitting the Notice of Intent to Operate form not less than 4 business days prior to operating.
- While in operation, request and receive 2 inspections per licensing year spaced generally over the span of the operating season. **Please be aware this office considers that to be a minimum 30 days between inspections.**
- I must operate consistent with these SOPs and the approved menu. Any changes to the menu and/or SOPs must be submitted and approved by this office.

**Michigan Food Law Section 289.6137 (3)**

**If a license holder fails to comply with any of the requirements of this section or the food code, the food establishment is ineligible for licensure as a transitory food establishment for the following licensing period and must apply for temporary or other type of food establishment license.**

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 Owner/Representative

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 Date

☐ 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):

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 Steven J. Ellis, R.E.H.S.  
 Assistant Director Environmental Health

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 Date

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 Environmental Health Services  
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 Saginaw, MI 48602  
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