



Mobile Unit Information Packet



**Warrick County Health  
Department**  
107 W. Locust St Suite 111  
Boonville, IN. 47601  
Phone: (812) 897-6105 Ext. 5  
E-mail : [tlatham@warrickcounty.gov](mailto:tlatham@warrickcounty.gov)  
[ksizemore@warrickcounty.gov](mailto:ksizemore@warrickcounty.gov)

---

Follow these steps when starting a new mobile operation or renovating an existing mobile operation in Warrick County:

**1. Find a Commissary <sup>1</sup>**

- All mobile food service units must have an **approved, licensed** commissary meeting the water, sewer & utility grease trap requirements for the city it is located in. (410 IAC 7-26) (Section 488)
- All mobile food service units must complete a Commissary Agreement with their commissary annually.
- Unit shall return to the commissary to be serviced after each day's use.
- There will be no food service operations (water supply, food preparation, food storage, utensil, or unit cleaning) in conjunction with a private residence or other living quarters. (Section 136, 427).
- Food service operations are to be done at the approved commissary or mobile unit ONLY.

**2. Complete Application**

- The health department needs a completed application as well as a full and complete menu of items that will be served on the mobile food unit.
- **Please submit all completed paperwork from this packet to WCHD for review.**
- It may take up to **7 business days** to review and approve.
- If any information changes, you must notify the health department ASAP.

**3. Request Opening Inspection**

- The mobile unit must meet all requirements of the Indiana food code Title 410 IAC 7-26 **BEFORE** they request an opening inspection.
- A final inspection of the food truck is needed by the Health Department before operation can begin.

**4. Receive Permit**

- A permit is required for operation.
- Food Permit shall be conspicuously displayed on the mobile unit and is not transferable.
- Must be renewed yearly.

**5. Obtain a Certified Food Employee**

- Within 6 months of starting a new mobile food service, the owner/operator shall obtain an accredited food handler manager's certification to demonstrate knowledge of food safety principles and practices. (Section 135).
- The owner or operator shall have a person-in-charge <sup>2</sup> present at the mobile unit during all hours of operation. This person shall demonstrate to the regulatory authority knowledge of foodborne disease prevention, application of the HACCP principles, and requirements of 410 IAC 7-26 (Section 146, 147).

---

**References:**

1. *"Commissary" means a registered catering establishment, restaurant, or any retail food establishment in which food, food containers, or food supplies are: (1) kept; (2) handled; (3) prepared; (4) packaged; or (5) stored; from which meals are catered and mobile retail food establishments or push carts are serviced. (410 IAC 7-26-21 Sec. 12)*
2. *"Person-in-charge" means the individual present at a retail food establishment who is responsible for the operation at the time of inspection. (410 IAC 7-26-81 Sec. 19)*



**Warrick County Health  
Department**  
107 W. Locust St Suite 111  
Boonville, IN. 47601  
Phone: (812) 897-6105 Ext. 5  
E-mail : [tlatham@warrickcounty.gov](mailto:tlatham@warrickcounty.gov)  
[ksizemore@warrickcounty.gov](mailto:ksizemore@warrickcounty.gov)

Appendix A

## **Requirements for Mobile Units**

### **Equipment**

- Three Compartment sink
  - Three compartment sink is required for mobile units if they are cooking food within the unit and for those for complex menu operations. (Section 274)
  - Three (3) compartments shall be provided for manually washing, rinsing, and sanitizing equipment and utensils. Sink compartments shall be large enough to accommodate immersion of the largest equipment and utensils. If equipment or utensils are too large for the mobile unit ware-washing three (3) compartment sink then the commissary must be able to accommodate or alternative containers must be utilized. (Section 274)
  - Three Compartment sink shall be equipped with drain boards and be self-draining (Section 267).
  - Drain boards, utensil racks, or tables large enough to accommodate all soiled and cleaned items that may accumulate during hours of operation shall be provided for necessary utensil holding before cleaning and after sanitizing (Section 275).
- Hand Sink
  - Hand sinks are required if all products are not prepackaged.
  - Hand washing sink must have hot water of at least 85° F. (Section 347)
- Refrigeration
  - It is required to have adequate mechanical refrigeration units to maintain 41°F or lower for storage of potentially hazardous food. (Section 213, 273)
  - A thermometer is required to be placed in the refrigeration in order to monitor temperature. (Section 260)
- Hot holding/Reheating
  - If holding hot food, it is required have adequate mechanical hot holding units to maintain 135 °F. (Section 213, 273)
  - Residential grade crock pots are prohibited. Commercial grade warmers/steamers are allowed provided that they have a temperature gauge on the unit.
- Sanitizer
  - Sanitizer for food contact surfaces and ware washing must be available. (Section 299, 316, 461)
  - Test strips for the all-sanitizing solutions in use must be available. (Section 301)
- Food product thermometers
  - Food product thermometers shall be provided and readily accessible for use in ensuring attainment and maintenance of food temperatures. (Section 279)
  - Thermometers must be durable and accurate. (Section 237, 246)

### **Ventilation**

- Exhaust ventilation hood systems, including components, such as hoods, fans, guards, and ducting, shall be designed to prevent grease or condensation from draining or dripping onto the following: (1) Food. (2) Equipment. (3) Utensils. (4) Linens. (5) Single-service and single-use articles (Section 249).
- A K Class fire extinguisher is required to be provided and easily accessible in the mobile unit.



**Warrick County Health  
Department  
107 W. Locust St Suite 111  
Boonville, IN. 47601  
Phone: (812) 897-6105 Ext. 5  
E-mail : [tlatham@warrickcounty.gov](mailto:tlatham@warrickcounty.gov)  
[ksizemore@warrickcounty.gov](mailto:ksizemore@warrickcounty.gov)**

---

### **Plumbing**

- Adequately sized potable and non-potable water tanks are required.
- The tanks shall be of sufficient capacity to furnish enough hot and cold water for food preparation, utensil cleaning and sanitizing, and hand washing. The waste tank shall be at least fifteen percent (15%) larger capacity than the water supply tank (Section 378).
- Hoses for water must be food grade.
- Both water hoses for potable water supply and waste non-potable lines shall be clearly and durably identified as to its use (Section 370).
- Hoses shall be properly sized for filling potable water and properly disposing waste water at commissary and properly stored to prevent contamination of the mobile unit.
- A mobile retail food establishment's water tank inlet shall be as follows: (1) Three-fourths ( $\frac{3}{4}$ ) inch in inner diameter or less. (2) Provided with a hose connection of a size or type that will prevent its use for any other service (Section 373).
- A water tank, pump, and hoses shall be flushed and sanitized before being placed in service after the following: (1) Construction. (2) Repair. (3) Modification. (4) Periods of nonuse (Section 374).

### **Floors, Walls, Ceilings, Doors**

- Walls, floors and ceilings shall be smooth, durable, non-absorbent, and easily cleanable (Section 407).
- Adequate fly, insect and rodent control, i.e., screening, air curtain. Doors shall be tight fitted (Section 421).

### **Other Requirements**

- All food products must be from an approved source and prepared in an approved, licensed facility. (Section 155)
- A Commissary Agreement must be completed and renewed yearly.
- All cooking shall be done inside an enclosed mobile unit. An extension of the mobile unit for large events may operate with additional canopies and tables set up outside of their mobile unit to include food preparation and hot/cold holding **only with the approval and payment of an additional temporary permit**. (Please contact our office for additional permitting prior to event).
- Light bulbs shall be shielded, coated, or otherwise shatter resistant to protect exposed food, clean equipment. The light intensity shall be at least (50) foot-candles to allow for daily operation. (Section 417, 436)
- Grease trap maintenance log shall be on mobile units for inspection review (Section 381).
- Food Permit shall be conspicuously displayed on the mobile unit and is not transferable. Must be renewed yearly.

### **Additional Offices that may need to be contacted**

(Warrick County has several small towns within it. You will need to contact the Town Hall if you are within the town limits to ensure you can park your food truck in a certain area.)

- Boonville City Hall: 812-897-1230
- Chandler Town Hall: 812-925-6882
- Elberfeld Town Hall: 812-983-4365
- Lynnville Town Hall: 812-922-5111
- Newburgh Town Manager: 812-853-3578
- Tennyson Town Hall: 812-567-8816



**Warrick County Health  
Department**  
**107 W. Locust St Suite 111**  
**Boonville, IN. 47601**  
**Phone: (812) 897-6105 Ext. 5**  
**E-mail : [tlatham@warrickcounty.gov](mailto:tlatham@warrickcounty.gov)**  
**[ksizemore@warrickcounty.gov](mailto:ksizemore@warrickcounty.gov)**

Appendix B

## **Requirements for Push Carts**

### **Menu**

- Limited to time & temperature controlled for safety (TCS) foods, pre-packaged foods, or manufactured precooked foods that require limited assembly.
  - Examples: manufactured hot dogs, manufactured tamales, lemon aide, popcorn, and shaved ice.
- The menu items must be commercially manufactured, processed, and packaged.
- No preparation, assembly, or cooking of raw animal foods. Foods may be reheated only.
- Self-service by customers of unpackaged food is not allowed.
- Potentially hazardous condiments or toppings that require temperature control are not allowed.
- Food must be maintained at proper temperatures.
- **Please make us aware of ANY menu changes made after permitting.**

### **Equipment**

- An attached handwashing sink is required if all products are not prepackaged.
  - Must have hot and cold plumbed water capable of reaching 85°F. (Section 347)
- Must have potable and non-potable water tanks of at least 5 gallons each.
  - The tanks shall be of sufficient capacity to furnish enough hot and cold water for food preparation, utensil cleaning and sanitizing, and hand washing. The waste tank shall be at least fifteen percent (15%) larger capacity than the water supply tank (Section 378).
- Must be provided with attached overhead cover. (i.e. attached umbrella)
- Cold holding (if required) shall be adequate. Non mechanical means of temperature control may be approved if the time products are held is limited and adequate temperatures are maintained. (Section 273, 213)
- Hot holding (if required) shall be done by mechanical means and must be adequate to maintain product temperature of 135°F for the duration of service. (Section 273, 213)
  - Steam tables with covered lids shall be used for hot holding. Other processes of cooking or reheating are not allowed.
- If serving a reheated precooked food, food product thermometers shall be provided and readily accessible for use in ensuring attainment and maintenance of food temperatures. (Section 279)
- All equipment and the cart itself shall be smooth, durable, non-absorbent, and easily cleanable. (Section 407)

### **Other Requirements**

- Push carts must have an **approved, licensed** commissary. (410 IAC 7-26) (Section 488)
- A Commissary Agreement must be completed and renewed yearly.
- There will be no food service operations (water supply, food preparation, food storage, utensil, or unit cleaning) in conjunction with a private residence or other living quarters. (Section 136, 427).
- Grease trap maintenance log shall be on the push cart for inspection review (Section 381).
- Food Permit shall be conspicuously displayed on the mobile unit and is not transferable. Must be renewed yearly.



**Warrick County Health  
Department**  
107 W. Locust St Suite 111  
Boonville, IN. 47601  
Phone: (812) 897-6105 Ext. 5  
E-mail : [tlatham@warrickcounty.gov](mailto:tlatham@warrickcounty.gov)  
[ksizemore@warrickcounty.gov](mailto:ksizemore@warrickcounty.gov)

Appendix C

### **Annual Commissary Agreement**

The Commissary Agreement is to be completed and signed only by the duly authorized owner, manager, or representative of the licensed commissary. Warrick County Health Department may contact the commissary to verify vendor usage and agreement. The commissary agreement is valid for the current calendar year only and non-transferable.

Name of Commissary: \_\_\_\_\_

Address: \_\_\_\_\_

Commissary Food Permit # \_\_\_\_\_

Commissary Authorized Individual: \_\_\_\_\_

I, \_\_\_\_\_ do hereby grant permission for Name Title/Position

\_\_\_\_\_ to use  
Mobile Food Owner/Operator

\_\_\_\_\_ facilities to perform the following:  
Commissary

**The commissary must be able to meet the individual needs of the mobile food unit and have facilities for supply storage, equipment cleaning, food preparation, and other servicing activities. Indicate the services allowed for use at the commissary. Check all applicable:**

<input type="checkbox"/> 3-Compartment Sink	<input type="checkbox"/> Refrigeration Space	<input type="checkbox"/> Freezer Space
<input type="checkbox"/> Food Prep Sink	<input type="checkbox"/> Dry Storage Space	<input type="checkbox"/> Ice Machine
<input type="checkbox"/> Hand Sink	<input type="checkbox"/> Cooking Equipment	<input type="checkbox"/> Off Street Parking
<input type="checkbox"/> Mop Sink	<input type="checkbox"/> Preparation Table/Equipment	
<input type="checkbox"/> Filling Clean Water	<input type="checkbox"/> Dumping Wastewater	<input type="checkbox"/> Grease Disposal
<input type="checkbox"/> Accessibility to Commissary	<input type="checkbox"/> Other _____	

\_\_\_\_\_  
Signature of Authorized Individual of Commissary/Commercial Kitchen/Shared Kitchen

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Mobile Food Operator/Shared Kitchen User

\_\_\_\_\_  
Date Signed

**Failure to report to the commissary at least once each day of operation may result in civil penalties & license suspension.**

**410 IAC 7-26 Section 488**

**(INCLUDE THIS PAGE WITH YOUR APPLICATION)**



Warrick County Health  
Department  
107 W. Locust St Suite 111  
Boonville, IN. 47601  
Phone: (812) 897-6105 Ext. 5  
E-mail : [tlatham@warrickcounty.gov](mailto:tlatham@warrickcounty.gov)  
[ksizemore@warrickcounty.gov](mailto:ksizemore@warrickcounty.gov)

### Commissary Log

As a licensed mobile food unit owner/operator, I agree to the following requirements as stated in the Indiana Retail Food Establishment Sanitation Requirements, 410 IAC 7-26.

Mobile Food Unit Name: \_\_\_\_\_

Commissary Name: \_\_\_\_\_ Phone Number.: \_\_\_\_\_

The agreement is to be complete and signed only by the duly authorized owner, manager, or representative. Warrick County Health Department may contact the commissary to verify vendor usage and agreement. The commissary agreement is valid for the current calendar year only and non-transferable. **Should there be a change in ownership of either the commissary or mobile unit, modification or cancellation of the agreement between parties, or failure to report to the commissary at least once each day of operation may result in civil penalties and license suspension.**

Date	Time IN	Time OUT	Commissary Owner's Name	Commissary Owner's Signature

I affirm the above listed mobile unit has been granted permission to use the commissary as indicated on the above chart.

\_\_\_\_\_  
*Signature of Authorized Individual of Commissary/Commercial Kitchen/Shared Kitchen*

\_\_\_\_\_  
*Date Signed*



**Warrick County Health  
Department**  
**107 W. Locust St Suite 111**  
**Boonville, IN. 47601**  
**Phone: (812) 897-6105 Ext. 5**  
**E-mail : [tlatham@warrickcounty.gov](mailto:tlatham@warrickcounty.gov)**  
**[ksizemore@warrickcounty.gov](mailto:ksizemore@warrickcounty.gov)**

Appendix D

### **Food Preparation Flow Chart**

List each menu item and check mark each food preparation step that will occur at the **commissary**:

FOOD	thaw	cut/ assemble	cook/ bake	cool	cold holding	reheat	hot holding	portion/ package	storage
Example: Clam Chowder		✓	✓	✓	✓				
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

List each menu item and check mark each food preparation step that will occur on the **mobile food unit**:

FOOD	cold holding	cook/ grill	reheat	hot holding	assemble	other
Example: Clam Chowder			✓	✓		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**(INCLUDE THIS PAGE WITH YOUR APPLICATION)**





**Warrick County Health  
Department**  
**107 W. Locust St Suite 111**  
**Boonville, IN. 47601**  
**Phone: (812) 897-6105 Ext. 5**  
**E-mail : [tlatham@warrickcounty.gov](mailto:tlatham@warrickcounty.gov)**  
**[ksizemore@warrickcounty.gov](mailto:ksizemore@warrickcounty.gov)**

Appendix E

## **Employee Health and Hygiene**

The person in charge (PIC) is required to:

- Recognize symptoms of diseases that are transmitted by foods. Common symptoms of illnesses that can be easily spread by food include:
  - Diarrhea, Vomiting, Jaundice, Sore throat with fever, or Infected wounds or boils on the hands or arms.
- Notify employees of their reporting requirements regarding their health and activities. Employees must notify PIC when:
  - They experience any of the common symptoms that can be easily spread by food (listed above).
  - They are diagnosed as being ill as a result of any of the following pathogens (Big Six):
    - Salmonella, Shigella, E. Coli, Hepatitis A, Norovirus, Typhi
  - They are exposed to or are suspected of causing a confirmed foodborne illness outbreak of any of the Big Six.
  - They live with a household member who has any of the Big Six, or if a household member works in or attends a setting where any of the Big Six have caused a confirmed outbreak.
- Exclude food employees from the unit with the following conditions:
  - Diagnosed as having an illness associated with a Big Six pathogen.
    - For employees diagnosed with one of the Big Six but experiencing no illness symptoms, 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.
- Restrict food employees with the following conditions from working with exposed food, clean equipment, utensils, 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 Big Five pathogens or is jaundiced.
- Reinstate affected food workers who are restricted or excluded.
  - Reinstatement will be performed in the following manner:
    - Any employee excluded due to jaundice or diagnosis with one of the Big Six will be reinstated per written medical documentation from a physician and approval from the regulatory authority.
    - Any employee excluded due to symptoms of vomiting or diarrhea 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 sore throat and fever 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 infected wound or pustular boil 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 on other parts of the body, a dry, durable, tight-fitting bandage.
- 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 record of exclusions and restrictions.
  - 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 Indiana Retail Food Establishment Sanitation Requirements Title 410 IAC 7-26 Food Code.**

**Initials: \_\_\_\_\_**

**(INCLUDE THIS PAGE WITH YOUR APPLICATION)**

Company Name: \_\_\_\_\_

[illegible]

**IMPORTANT: This form should be used to record the cleaning and maintenance of the grease interceptor. All records and paperwork MUST be kept on site and available during inspections**