TOWN OF EXETER

EXETER HEALTH DEPARTMENT

20 COURT STREET, EXETER NH 03833

603-773-6132 FAX 603-773-6128

**MOBILE FOOD ESTABLISHMENT APPLICATION FOR FOOD LICENSE**

Instructions:

This application must be completed to the best of your ability and submitted to the Regulatory Authority for review prior to operating a Mobile Food Establishment (MFE).

In addition, a floor plan of the Servicing Area (Attachment C) and a plan of the Mobile Food Establishment (Attachment A) must be provided for review.

Name of MFE: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name and Address printed on the MFE (For Customer Identification)

Vehicle License Plate Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Owner/Operator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of MFE (circle one): Self-Sufficient Vehicle or Trailer

Vehicle or Trailer that is not Self-Sufficient

Push Cart

Pre-packaged, Non-TCS Push Cart

Other (describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Address, Telephone Number for the Servicing Area

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe the location of the MFG in relation to the Servicing Area.

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Locations, days and approximate times the MFE will stop service to its customers.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Numbers of Meals/Servings per day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the name of the Person in Charge who will be present at the MFE during its hours of operation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the name of the Person in Charge who is responsible for the operation of the Servicing Area:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List ALL food and beverage items to be prepared and/or served at the MFE. Attach a separate sheet if necessary. (Note: Any changes to the menu must be submitted to and approved by the Regulatory Authority prior to their service): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List ALL of the food and beverage items to be prepared at the Servicing Area.

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Identify the sources for all food items. Include the source of the ice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will all foods be prepared at and stored on the MFE?

Yes Complete attachment D, Food Preparation at the MFE

No Complete attachment B, Food Preparation at the Servicing Area and Attachment D, Food preparation at the MFE and describe how the food will be transported to the

MFE.

How will food temperatures be monitored at the MFE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the equipment and procedures that will be used at the MFE to maintain temperatures of PHF/TCS foods:

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Specifically identify how ready-to-eat foods will be protected from raw foods of animal origin during storage, transportation, preparation by food workers and cooking at the MFE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will food and related items that are not temperature sensitive (paper products, utensils, etc) be stored at the MFE?

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Describe the location and set-up of the hand washing facility to be used at the MFE.

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Identify the source of the potable water supply and describe how water will be provided to the MFE. If non-public water supply is to be used, provide the results of the most recent water tests.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify how, how often and how much water will be provided to the MFE. Specify the location, number, and volume of any potable water tanks to be used. Describe the procedures for cleaning and refilling tanks. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify the location, source and capacity of the hot water supply for the MFE.

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Describe where utensil washing will take place. Describe where extra supplies of clean utensils will be stored.

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Identify which sanitizers (s) will be used at the MFE and where they will be stored.

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Describe how and where wastewater from hand washing and utensil washing will be collected, stored and disposed of. Specify the volume and location of the wastewater collection vessels and the procedures for emptying the tanks:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify the location of toilet facilities for the MFE workers:

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Describe the number, location and types of garbage disposal containers at the MFE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify, how, when and where the garbage disposal containers will be emptied.

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Describe the structure of the MFE (floors, walls, overhead protection, surfaces and general facilities for food protection).

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Describe how electricity, gas, propane and other utilities will be provided to the MFE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Regulatory Authority may nullify final approval.

Signature (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Submission:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval of these plans and specifications by the Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required (federal, state or local). Furthermore, it does not constitute endorsement or acceptance of the completed MFE (structure or equipment). A pre-opening inspection of the MFE with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing MFEs.

Regulatory Authority Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Restrictions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Permit Effective Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disapproval Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasons for Disapproval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please add any information about the MFE & Servicing Area that should be considered.

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Attachment A

In the following space, provide a scaled plan layout of the Servicing Area. Identify and describe all equipment including cooking equipment and hot and cold holding equipment, hand washing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, the potable water supply and waste water disposal system at the Servicing Area.

ATTACHMENT B

List each food item and its preparation procedures that will take place at the servicing area.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FOOD** | **THAW**  How?  Where? | **CUT/WASH/**  **ASSEMBLE**  How? Where? | **COLD**  **HOLDING**  How? Where? | **COOK**  How? Where? | **COOLING**  How? Where? | **REHEATING**  How? Where? |  |
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**ATTACHMENT C**

**Proposed Floor Layout – Mobile Food Establishment**

In the following space, provide a scaled plan layout of the MFE. Identify and describe all equipment and hot and cold holding equipment, hand washing facilities, work tables dishwashing facilities, food and single service storage, garbage containers and customer service areas.

ATTACHMENT D

**Food Preparation at the MFE**

List each food item and its preparation procedures that will take place on the MFE.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FOOD** | **THAW**  How?  Where? | **CUT/WASH**  **ASSEMBLE**  How?  Where? | **COLD**  **HOLDING**  How?  Where? | **COOK**  How?  Where? | **COOLING**  How?  Where? | **REHEATING**  How?  Where? | **COMMERCIAL**  **PRE-PACKAGED ITEM** |
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Appendix II

**FDA FOOD CODE MOBILE FOOD ESTABLISHMENT MATRIX**

This table is a plan review and inspectional guide for mobile food establishments based on the mobile unit’s menu and operation. Mobile units range in type form push carts to food preparation catering vehicles.

To use the table, read down the columns based on the menu and operation in use. For example, if only prepackaged potentially hazardous food (time/temperature control for safety food) is served, then requirements listed in the **Potentially Hazardous (TCS)**

**Menu – *Prepackaged*** column apply. Likewise, if only food that is not potentially hazardous (time/temperature control for safety food) is prepared on board, and then requirements in the **Potentially Hazardous (TCS) – Food Preparation** column apply. Note: that if a mobile food establishment has available for sale to the consumer, both prepackaged potentially hazardous food (time/temperature control for safety food) and potentially hazardous (time/temperature control for safety food) prepared on board, and then the more stringent requirements of the **Potentially Hazardous (TCS) – Food Preparation** column apply.

It is important to remember that mobile units may be subject to all Food Code provisions that apply to food establishments. Consult the local regulatory authority for specific local requirements.

The local regulatory authority’s decision may require auxiliary support services such as a commissary or servicing area should be based on the menu, type of operation and availability of on-board or on-site equipment.

NOTE: The Food Code definition of “Food Establishment” does not include an establishment that offers only prepackaged foods that are not potentially hazardous (time/temperature control for safety food).

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| **FDA FOOD CODE MOBILE FOOD ESTABLISHMENT MAXTRIX** | | | |
| Food Code | Potentially Hazardous Food (TCS food) Menu | | Not potentially Hazardous Food (TCS Food) Menu |
| Areas/Chapter | Food Preparation | Prepackaged | Food Preparation |
| Personnel | Applicable Sections of Parts 2-2 , 2-4, 5-203.11 (C) | Applicable Sections of Parts 2-2 , 2-4, 5-203.11 (C) | Applicable Sections of Parts 2-2 , 2-4, 5-203.11 (C) |
| Food | 3-101.11, 3-201.11-.16, 3-202.16; Applicable Sections of Part 3-3; 3-501-16, 3-501.18 (A) | 3-101.11, 3-201.11-.16, 3-303.12 (A), 3-501.16, 3-305.11, 3-305.12,(Applicable to Service Area or Commissary) | 3-101.11, 3-201.11, 3-202.16, Applicable to Sections of Part 3.3 |
| Temperature Requirements | 3-202.11; Applicable Sections of Parts 3-4 & 3-5 | 3-202.11, 3-501.16 | None |
| Equipment Requirements | Applicable Sections of Parts 4-1, 4-9 and 5-5 | Applicable Sections of Parts 4-1, 4-2 4-6 and 5-5 | Applicable Sections of Parts 4-1, 4-2, 4-5, 4-6 and 5-5 |
| Water & Sewage | 5-104.12, 5-203.11 (A) & (C), Parts 5-3, 5-401.11, 5-402.13-15 | 5-104.12, 5-203.11 (A) & (C), Parts 5-3, 5-401.11, 5-402.13-15 | 5-104.12, 5-203.11 (A) & (C), Parts 5-3, 5-401.11, 5-402.13-15 |
| Physical Facility | 6-101.11, 6-201.11, 6-102.11 (A & B), 6-202.15, 6-501.11, 6-501.12, 6-501.111 | 6-101.11, 6-201.11, 6-102.11 (A & B), 6-202.15, 6-501.111 | 6-101.11, 6-101.11, 6-102.11 (A & B), 6-202.15, 6-501.11, 6-501.12, 6-501.111 |
| Toxic Materials | Applicable Sections of Chapter 7 | Applicable Sections of Chapter 7 | Applicable Sections of Chapter 7 |
| Servicing | 6-202.18/As necessary to comply with all the Food Code. | 6-202.18/As necessary to comply with all the Food Code. | 6-202.18/As necessary to comply with all the Food Code. |
| Compliance and Enforcement | Applicable Sections of Chapter 8 and Annex 1 | Applicable Sections of Chapter 8 and Annex 1 | Applicable Sections of Chapter 8 and Annex 1 |
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