



Paul A. Pettit, MSL, CPH
Public Health Director

**GENESEE COUNTY
HEALTH DEPARTMENT**
3837 West Main Street Rd.
Batavia, NY 14020
(585) 344-2580 x5555

**ORLEANS COUNTY
HEALTH DEPARTMENT**
14016 State Route 31, Suite 101
Albion, NY 14411
(585) 589-3278

Mobile Food Operation Plan Checklist

1. Physical plan/photographs of mobile operation are attached.

2. Potable water source(s) for hand washing and sanitation:

Capacity in gallons: _____

3. Wastewater will be retained in holding tanks and disposed of at the following location(s):

Capacity in gallons: _____

4. Hand washing method/location:

5. Food supplies will be obtained from the following approved sources:

Attach a separate sheet, if needed

Menu Item:

Approved Source:

6. Name and Location of Commissary: _____

7. Onsite method of cold storage:

Power source:



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8. Onsite method of hot holding:

Power source:

9. No long term storage of potentially hazardous food items will be undertaken.
10. Single serve tableware will be used.
11. Trash will be collected, removed, and disposed of in an approved manner.
12. Food-contact surfaces will be washed, rinsed, and sanitized before service and throughout each day. Equipment will be cleaned and sanitized daily. All surfaces will be maintained free of dust, dirt, food residue, and other debris.
13. New York State Sanitary Code, Chapter 1, Subpart 14-4 will be strictly followed and used as guidance in all actions not specifically addressed in this plan.

Signature: _____

Date: _____

Revised: 07/19/2023