



Special Transitory Food Unit (STFU) and Mobile Food Establishment Plan Review Worksheet and Standard Operation Procedures (SOP)

STFU/MOBILE Name: Click or tap here to enter text.	
Owner: Click or tap here to enter text.	
Address: Click or tap here to enter text.	City: Click or tap here to enter text.
State/Zip: Click or tap here to enter text.	Phone: XXX-XXX-XXXX
Mark one: <input type="checkbox"/> STFU <input type="checkbox"/> MOBILE	Date: MM/DD/YYYY

Instructions: Answer all questions. Use additional pages if needed. If a question does not apply, mark the section as “N/A”. This document is to be used in conjunction with the “Special Transitory Food Unit and Mobile Food Establishment Plan Review Manual” found at:

https://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51203---,00.html

By initialing this statement, I verify that food establishment operations may not be conducted in a private home, a room used as living or sleeping quarters, or an area directly opening into a room used as living or sleeping quarters and that all food handling must comply with Michigan Food Law and Michigan Modified Food Code.

Initial: Initial Here

PART 1 MENU, FOOD, & FOOD PROCESSES

(Note: Any changes to the menu must be submitted and approved by the regulatory authority (LHD or MDARD) prior to their service, you may be required to show approval during inspections.)

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

Click or tap here to enter text.

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Item B - Food Source: List where you buy all your food (e.g. GFS). Home prepared foods or cottage foods are not permitted.

Click or tap here to enter text.

Item C - 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, Cambro, dry goods shelf, etc.).

Raw meats:	Cold cooked or ready to eat food:
Hot cooked or ready to eat food:	Unopened canned products:
Ice:	Perishable beverages:
Condiments:	Dry goods:
Vegetables/Fruits:	Non-perishable beverages:

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Item D - Food Transportation: List all methods of transporting food to the STFU/Mobile.

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

Item E - Thawing: List foods that will be thawed by one of the following approved methods.

Method	Food
Under Refrigeration:	Click or tap here to enter text.
Under Cold Running Water:	Click or tap here to enter text.
In a Microwave Oven followed by Cooking:	Click or tap here to enter text.
During Cooking:	Click or tap here to enter text.

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Item F - Preparation: The handling of ready-to-eat foods with bare hands is prohibited. Mark which methods will be used to avoid bare hand contact with ready-to-eat foods.

- Single use gloves
 Utensils
 Deli papers
 Other (describe): [Click or tap here to enter text.](#)

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.

<p>Unwashed fruits and vegetables: Click or tap here to enter text.</p>	<p>Eggs: Click or tap here to enter text.</p>
<p>Beef: Click or tap here to enter text.</p>	<p>Fish/Seafood: Click or tap here to enter text.</p>
<p>Pork: Click or tap here to enter text.</p>	<p>Lamb: Click or tap here to enter text.</p>
<p>Poultry: Click or tap here to enter text.</p>	<p>Ready-to-eat food: Click or tap here to enter text.</p>
<p>Other:</p>	

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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	Final Cooking Temperature
<i>(Example) Burgers</i>	<i>Charbroiler</i>	<i>155°F</i>
Method for monitoring:		

Item I - 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:			

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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.

Food	Individual (I) or Bulk (B)	Equipment Used (e.g., microwave)	Temperature	Time (how long)
Method for monitoring:				

Item K - Hot Holding: Indicate what foods will be held hot, equipment used, and method for monitoring. Time/temperature controlled for safety foods must be hot held at 135°F or above.

Food	Equipment Used
Method for monitoring:	

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Item L - Cold Holding: Indicate the foods that will be held cold and the equipment used. Time/temperature controlled for safety foods must be held at 41°F or below.

Food	Equipment Used
<i>(Example) Burgers</i>	<i>True refrigerator</i>
Method for monitoring:	

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
<i>(Example) Corn Dogs</i>	<i>4 hours</i>	<i>Running list of time when batch is made</i>	<i>Insure corn dogs from batch are used or discarded within four hours of batch made</i>

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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.

Food	Date Marking Method

PART 2 EMPLOYEE HEALTH AND HYGIENE

Item A - Hygiene Practices: Complete the following, by initialing to verify agreement to comply.

	Initial
Employees will report to work clean and in clean clothes:	Initial Here
Employees will use proper hair restraints, describe restraint to be used:	Initial Here
Employees will not use tobacco in the food areas.	Initial Here
Employees will not eat in the food areas.	Initial Here
Employees will drink only from covered cups with a straw, or equivalent, in the food area.	Initial Here
Employees will cover all cuts with waterproof bandages.	Initial Here
Employees will cover cuts on hands with a bandage and a proper glove.	Initial Here
Employees will not wear nail polish or will cover the nails with gloves. Nails will be kept trimmed and clean.	Initial Here
Employees will not wear hand/wrist jewelry, with the exception of a plain wedding band.	Initial Here
Soap, paper towels, waste receptacle and a reminder notice will be provided at each hand washing location.	Initial Here

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Item B - Handwashing: Indicate how and when employees will wash their hands, number and description of handwashing station(s) and how warm water will be provided to handwashing station(s).

How and when will employees wash hands:

Click or tap here to enter text.

Number and description of handwash station(s):

Click or tap here to enter text.

How is warm water provided to handwash station(s):

Click or tap here to enter text.

Item C - Employee Health: Describe how employees will be made aware of health reporting requirements (reportable illnesses and symptoms) as it relates to diseases transmissible through food. Provide copies of any handouts or posters used in this training. Note: Guidance documents, including posters and forms, are available from the regulatory authority.

Click or tap here to enter text.

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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 and 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:
 - Diarrhea
 - Vomiting
 - Jaundice
 - Sore throat with fever
 - Infected wounds and boils on the hands or arms
 - 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:
 - Diagnosed as having an illness associated with a Big Five pathogen
 - For employees diagnosed with one of the Big Five 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.
 - 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.
 - Norovirus
 - Hepatitis A virus
 - *Shigella spp.*
 - 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 jaundice or diagnosis with one of the Big Five 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 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 Michigan Modified Food Code.

Initials: Initial Here

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:	Click or tap here to enter text.
Delivery of water to STFU/mobile:	Click or tap here to enter text.
Storage of water (include size of holding tanks/containers):	Click or tap here to enter text.

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.

Equipment	Cleaning/Sanitizing Method	Frequency	Protection when not in use
<i>(Example) Food grade hose</i>	<i>Rinsed out with chlorinated water</i>	<i>After each event</i>	<i>Stored in cabinet within unit</i>

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Item 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
<i>(Example) Carbonator</i>	<i>ASSE 1022 device</i>
If connection to public water system is needed, how will the public water system will be protected from unit: Click or tap here to enter text.	

PART 5 SEWAGE DISPOSAL

Note: Sewage must be disposed of at an approved sewage disposal site.

Item A - Liquid Waste Disposal: Describe how liquid waste generated in the STFU/mobile will be collected and disposed. Include the capacity/size of waste holding tanks/containers.

Click or tap here to enter text.

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 protected from sewage “back up” through this drainline.

Equipment	Backflow Prevention Method
<i>(Example) Ice bin</i>	<i>Air gap between ice bin and waste water holding tank</i>

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Item C - Toilet Facilities: If the STFU/mobile does not have an on-board toilet facility, describe anticipated toilet facilities and how hand washing after bathroom use will be handled.

Click or tap here to enter text.

Item D - Service Sink: If applicable to STFU/mobile, describe how floors will be cleaned and where waste water from wet floor cleaning will be disposed of.

Click or tap here to enter text.

PART 6 ENVIRONMENTAL HAZARDS

Item A - Pest & 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 STFU/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.; lidded food containers).

Area of Concern	Method of Pest & Environmental Contaminate Control
Service windows:	Click or tap here to enter text.
Cooking/grilling/smoking locations:	Click or tap here to enter text.
Other equipment exposed to open air:	Click or tap here to enter text.
Food exposed to open air:	Click or tap here to enter text.
Other areas of concern:	Click or tap here to enter text.

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PART 7 Floors/Walls/Ceiling

Item A - 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.

Click or tap here to enter text.

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.

Click or tap here to enter text.

Item C - Ceiling: Describe the type of indoor ceiling to be installed. If indoor ceiling is not installed, describe how overhead protection will be provided.

Click or tap here to enter text.

Item D - Exterior: Describe the exterior construction material of the unit.

Click or tap here to enter text.

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Item B - Hot Water Capacity: 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.)

Click or tap here to enter text.

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.

Click or tap here to enter text.

PART 9 ELECTRICITY

Item A: 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: YES NO

If YES, mark how electricity be provided: Generator as part of STFU/mobile Electrical connection by another entity

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:

Click or tap here to enter text.

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If electrical connection by another entity is used, describe how you will ensure electricity is left running overnight, if applicable.

Click or tap here to enter text.

PART 10 VENTILATION

Item A: Mark if mechanical ventilation hood will be provided. If provided, indicate if the hood is a Type I or Type II and how make up air will be provided.

Mechanical ventilation hood will be provided: YES NO

If provided, mechanical ventilation hood is a: Type I Type II

If applicable, describe how make up air will be provided:

Click or tap here to enter text.

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

Click or tap here to enter text.

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PART 11 ADDITIONAL CIRCUMSTANCES

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

Click or tap here to enter text.

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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.

Click or tap here to enter text.

MM/DD/YYYY

Owner/Representative

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):

Click or tap here to enter text.

Click or tap here to enter text.

MM/DD/YYYY

Sanitarian/Inspector

Date

Click or tap here to enter text.

Agency

Additional Comments:

Click or tap here to enter text.

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