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

PREOPERATIONAL CHECKLIST FOR MOBILE FOOD SERVICE ESTABLISHMENTS

Name of Establishment: _____

Owner/Operator Name: _____ Phone: _____ Email: _____

The following section is to be completed for all proposed mobile food establishments & foodcarts

MOBILE FOOD SERVICE ESTABLISHMENT TYPE	☐ Vehicle ☐ Moveable Stand ☐ Pushcart* ☐ Other: _____ *Limited Prep
FOOD PREPARATION/ PROCESSING LOCATION	☐ Commissary ☐ Food Service Establishment (Restaurant) ☐ On Unit
FOOD SERVED	☐ Menu Provided ☐ Food From Approved Source(s) Food Requires Temperature Control for Safety: ☐ Yes ☐ No *If Yes, Type: ☐Refrigerated Storage ☐Hot Storage
COMMISSARY	Commissary Exempted: ☐ Yes ☐ No *If Yes, Explain: _____ Commissary Name: _____ Commissary Address: _____ Phone: _____ ☐ Copy of Food Service Establishment permit provided (required if Commissary is located outside of Genesee or Orleans County) Commissary Operations: Food: ☐Manufactured ☐Stored ☐Prepared ☐Portioned ☐Packaged Unit: ☐Serviced ☐Cleaned ☐Supplied ☐Maintained *If mobile unit is a vehicle (Food Truck, Food Trailer, etc.) provide storage address/location: _____ Equipment, Utensils, Facilities: ☐Serviced ☐Cleaned ☐Sanitized
REFRIGERATED STORAGE	☐ Yes ☐ No *If Yes, Type: ☐Refrigerators ☐Insulated Facilities* (Coolers) *Drain Plug on Cooler(s) *Must be adequate to maintain temperature ≤ 45°F ☐Indicating Thermometer in All Refrigeration Units ☐Power Source (Explain): _____

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HOT STORAGE	☐ Yes ☐ No *If Yes, Explain Type: _____ *Must be adequate to maintain temperature at ≥ 140°F ☐ Power Source (Explain): _____
WATER SUPPLY	☐ Approved Source (Public Water Supply Name): _____ ☐ Water Storage Tank ☐Minimum 40 Gallon Capacity ☐Other Gallon Capacity (Explain): _____ ☐Adequate Tank, Fill Piping, Distribution Piping (gravity drained, protected from contamination, food grade hose)
WASTE WATER	☐ Sewage and Liquid Waste Holding Tank ☐Capacity is 15% Greater than Water Supply Tank Capacity ☐Acceptable Wastewater Disposal (Location): _____ ☐ Other (Explain): _____
HANDWASHING	☐ Adequate Handwashing Facilities (Explain): _____ ☐Running Hot and Cold or Tempered Potable Water ☐Handwash Soap, Paper Towels, Handwashing Signs
TRANSPORTATION	☐ Food, Utensils, Equipment, Tableware Protected From Contamination ☐ Maintenance of Hot or Cold Temperature Requirements When in Transport Explain: _____
REQUIRED FOOD TRAINING	******ORLEANS COUNTY ONLY****** ☐ Low (Food Handler) ☐ Medium/High (Food Manager)
MISCELLANEOUS	☐ 0-220 Degrees F Thermometer ☐ Floor Plan ☐ NYS Allergen Notice ☐ Choking Poster

Office Use Only:

Permit Application Receive Date: _____

Environmental Health Specialist: _____ Review Date: _____

Risk Level: ☐ Low ☐ Medium ☐ High

Comments:

Revised 4.14.25