PLAN REVIEW APPLICATION
FOR MOBILE FOOD VENDORS

TO BE COMPLETED BY THE ESTABLISHMENT OPERATOR / OWNER

Date: ________________________

A plan review fee of $200.00 must be paid when completed application is submitted. This application, fully completed, must be submitted before Environmental Health staff will approve or disapprove. Failure to include all requested material will delay the processing of your request. After application and plans are submitted and deemed complete, Environmental Health staff will respond within 10 working days.
<table>
<thead>
<tr>
<th>SECTION</th>
<th>ACTION</th>
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<tbody>
<tr>
<td>1. Mobile Unit Information</td>
<td>Complete Section attach documents</td>
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<td>2. Owner Information</td>
<td>Complete Section</td>
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<td>3. Applicant Information</td>
<td>Complete Section</td>
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<td>4. Authority/Department Permits and Applications</td>
<td>Complete Section</td>
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<tr>
<td>5. Food Supply and Storage</td>
<td>Complete Section</td>
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<tr>
<td>6. Food Preparation Procedures</td>
<td>Complete Section</td>
<td>6</td>
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<tr>
<td>7. Thawing Frozen PHF TCS Food</td>
<td>Complete Section</td>
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<tr>
<td>8. Hot/Cold Holding</td>
<td>Complete Section</td>
<td>8</td>
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<tr>
<td>9. Cooling</td>
<td>Complete Section</td>
<td>8</td>
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<tr>
<td>10. Re-Heating</td>
<td>Complete Section</td>
<td>9</td>
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<tr>
<td>11. Finish Schedule</td>
<td>Complete Section</td>
<td>9</td>
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<tr>
<td>12. Pest Control</td>
<td>Complete Section attach documents</td>
<td>10</td>
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<tr>
<td>13. Refuse, Recyclables and Returnable’s</td>
<td>Complete Section attach documents</td>
<td>10</td>
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<tr>
<td>14. Water Supply / Heater</td>
<td>Complete Section attach documents</td>
<td>11</td>
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<tr>
<td>15. Sewage Disposal</td>
<td>Complete Section attach documents</td>
<td>12</td>
</tr>
<tr>
<td>16. Backflow Prevention</td>
<td>Complete Section</td>
<td>12</td>
</tr>
<tr>
<td>17. Warewashing</td>
<td>Complete Section</td>
<td>13</td>
</tr>
<tr>
<td>18. Handwashing Sink(s)</td>
<td>Complete Section attach documents</td>
<td>13</td>
</tr>
<tr>
<td>19. Other</td>
<td>Complete Section</td>
<td>14</td>
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<tr>
<td>20. Check List</td>
<td>Complete Section attach documents</td>
<td>15</td>
</tr>
<tr>
<td>21. Operational</td>
<td>Complete Section attach documents</td>
<td>16</td>
</tr>
<tr>
<td>22. Statement</td>
<td>Sign and date</td>
<td>19</td>
</tr>
</tbody>
</table>

Submit plans/Drawing, completed plan review form, and all attachments to the City of Lubbock Environmental Health Department at:

1625 13\textsuperscript{th} St.  Ste.105  
Lubbock, TX  79401  
(806) 775-2928  Fax (806) 775-3281
1. MOBILE UNIT INFORMATION

<table>
<thead>
<tr>
<th>Name Of Unit</th>
<th>Planning Unit #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Where Mobile Unit will be Stored</td>
<td>Phone</td>
</tr>
<tr>
<td>Facility Web Site</td>
<td>Emergency Contact Phone</td>
</tr>
<tr>
<td>License Plate Number on Unit</td>
<td>VIN Number of Unit, If Applicable</td>
</tr>
</tbody>
</table>

☐ Attach detailed drawing of Unit showing placement of all equipment and plumbing.

☐ Attach 6 x 6 photos of Unit showing front, back, both sides of unit and 2 photos showing inside of unit.

<table>
<thead>
<tr>
<th>Unit Type</th>
<th>Push Cart</th>
<th>Trailer</th>
<th>Motorized</th>
<th>Other: Describe</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Unit Construction</th>
<th>New Commercial Built NSF Certified.</th>
<th>Used Commercial Built NSF Certified.</th>
<th>Converted Trailer or Truck</th>
<th>Self Fabricated</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hours of Operation</th>
<th>SUN</th>
<th>THUR</th>
<th>MON</th>
<th>FRI</th>
<th>TUES</th>
<th>SAT</th>
<th>WED</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
2. OWNER INFORMATION

Name ___________________________ Phone ___________________________
Address ___________________________ Phone ___________________________
Fax __________________________________ Email __________________________

3. APPLICANT INFORMATION

☐ Same as Owner Information

Name ___________________________ Phone ___________________________
Address ___________________________ Phone ___________________________
________________________________ Email __________________________

4. AUTHORITY / DEPARTMENT PERMITS AND APPLICATIONS

I have submitted plans/applications to the following (where applicable) on the dates listed:

<table>
<thead>
<tr>
<th>Authority / Department</th>
<th>Contact</th>
<th>Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning/Zoning</td>
<td>(806) 775-2109</td>
<td></td>
</tr>
<tr>
<td>*IWMP</td>
<td>(806) 775-3221</td>
<td></td>
</tr>
<tr>
<td>Environmental Health</td>
<td>(806) 775-2928</td>
<td></td>
</tr>
<tr>
<td>Code Enforcement</td>
<td>(806) 775-2123</td>
<td></td>
</tr>
<tr>
<td>Fire Marshal</td>
<td>(806) 775-2646</td>
<td></td>
</tr>
<tr>
<td>Police Department</td>
<td>(806) 775-2809</td>
<td></td>
</tr>
</tbody>
</table>

* Environmental Health cannot issue a permit to you until IWMP has approved your source for waste water disposal.
5. FOOD SUPPLY AND STORAGE

All food must be from an approved source.
All food must be stored on/in Mobile Food Unit. No food for service may be stored at home.

Where will frozen or refrigerated food be purchased?
______________________________________________________________________________
______________________________________________________________________________

Where will dry goods be purchased?
______________________________________________________________________________

Provide information on the number of units and the amount of space in each unit (in cubic feet) allocated for the following:

<table>
<thead>
<tr>
<th>Storage Type</th>
<th>Number of Units</th>
<th>Shelf Area</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry Storage</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Shelf area</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Refrigerated Storage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelf area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frozen Storage</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Shelf area</td>
<td></td>
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</tbody>
</table>

Identify the location of containers that will be used to store bulk food products (rice, flour, sugar, spices, etc.) Containers must be food grade.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
6. FOOD PREPARATION PROCEDURES

Explain the handling/preparation procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored.
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc.
- When (time of day and frequency/day) food will be handled/prepared.
- Will food served cold be pre-chilled before preparation?
- How required cooking / holding temperatures will be verified.

Attach additional sheets if necessary.

READY-TO-EAT FOOD (e.g., salads, cold sandwiches, raw molluscan shellfish)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

PRODUCE

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

POULTRY

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

MEAT

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

SEAFOOD

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
FOOD PREPARATION PROCEDURES CONTINUED

List all foods that will be cooked and served:___________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

List all foods that will be hot-held prior to service:____________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

List all foods that will be cooked and cooled:___________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

List all foods that will be cooked, cooled and reheated:___________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Provide a HACCP plan for specialized processing methods of foods such as ROP (Reduced Oxygen Packaging) including vacuum packaging, cook-chill, etc.; use of additives to render a food non-PHF (TCS) food, curing and smoking for preservation; and molluscan shellfish tanks.

7. THAWING FROZEN PHF (TCS) FOOD

Thawing Method(s) (check all that apply and indicate where thawing will take place).

☐ Under Refrigeration:_______________________________________________________________________

☐ Microwave (as part of cooking process):_____________________________________________________

☐ Cooked from frozen state:___________________________________________________________________

☐ Other, (describe):_________________________________________________________________________
8. HOT/COLD HOLDING
How will hot food be maintained at 135°F (57°C) or above during holding for service? Indicate type, number and location of hot holding units.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How will cold food be maintained at 41°F (5°C) or below during holding for service? Indicate type, number and location of cold holding units.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

9. COOLING
Indicate by checking the appropriate boxes how PHF (TCS) food will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours).

<table>
<thead>
<tr>
<th>COOLING METHOD</th>
<th>*THICK MEATS</th>
<th>*THIN MEATS</th>
<th>HOT FOODS</th>
<th>COLD FOODS</th>
<th>OTHER</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow Pans in Refrigerator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ice Baths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Reduce Volume or Size and Place in Refrigerator</td>
<td></td>
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<tr>
<td>Stirring with Ice Paddle</td>
<td></td>
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<tr>
<td>Other (describe)</td>
<td></td>
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</tbody>
</table>

* Thick Meats = more than one inch; Thin Meats = one inch or less.
10. **REHEATING**

How and where will PHF (TCS) foods that are cooked, cooled and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds within 2 hours? Indicate type and number of units used for reheating foods.

<table>
<thead>
<tr>
<th>Type of Unit</th>
<th>Number</th>
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11. **FINISH SCHEDULE**

Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforced Panels (FRP), ceramic tile, 4” plastic coved molding, etc.) will be used in the following areas:

Mobile Unit

<table>
<thead>
<tr>
<th>Area</th>
<th>Material</th>
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<tbody>
<tr>
<td>Floor</td>
<td>_________________________</td>
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<td></td>
<td>_________________________</td>
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<tr>
<td>Floor/Wall Juncture</td>
<td>_________________________</td>
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<td></td>
<td>_________________________</td>
</tr>
<tr>
<td>Walls</td>
<td>_________________________</td>
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<tr>
<td></td>
<td>_________________________</td>
</tr>
<tr>
<td>Ceiling</td>
<td>_________________________</td>
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<td>_________________________</td>
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</tbody>
</table>

Identify the finishes of cabinets, countertops, and shelving:

<table>
<thead>
<tr>
<th>Finish</th>
<th>Details</th>
<th>Details</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
12. PEST/RODENT CONTROL

1. Will all outside doors be self-closing and rodent-proof?  
   YES ☐  NO ☐  NA ☐
2. Will screens be provided on all entrances open to the outside?  
   YES ☐  NO ☐  NA ☐
3. Will all openable windows have a minimum #16 mesh screening?  
   YES ☐  NO ☐  NA ☐
4. Will electrical insect control devices be used?  
   YES ☐  NO ☐
5. Identify how all pipes, electrical conduit, or openings to the outside will be sealed.

__________________________________________________________________________

13. REFUSE, RECYCLABLES, AND RETURNABLES

1. Where will refuse/garbage be stored inside Mobile Food Unit?

__________________________________________________________________________
__________________________________________________________________________

2. Where will refuse/garbage generated in the Mobile Food Unit be disposed of?

__________________________________________________________________________
__________________________________________________________________________

3. Identify how and where garbage cans and floor mats will be cleaned.

__________________________________________________________________________
__________________________________________________________________________

4. Identify location of grease/oil storage containers.

__________________________________________________________________________
__________________________________________________________________________

5. How will used grease/oils be disposed of? Must be approved by IWMP

__________________________________________________________________________

__________________________________________________________________________
14. WATER SUPPLY / HEATER

1. Where will water tank(s) be filled?
__________________________________________________________________________
__________________________________________________________________________

2. If non-public (private), has the source been approved?  □ Yes □ No  Attach copy of approved water test and TCEQ public water supply number.

3. What is the capacity of potable water tank(s) on Mobile Food Unit in gallons?  __________

4. What material is potable water tank(s) constructed of?  Describe construction of tank.
__________________________________________________________________________
__________________________________________________________________________

5. Describe the connections used to fill potable water tank
__________________________________________________________________________

6. Describe hoses that will be used to fill potable water tank(s).  Must be approved for food
__________________________________________________________________________
__________________________________________________________________________

7. Describe materials used for plumbing water system inside the mobile unit.
__________________________________________________________________________
__________________________________________________________________________

8. Describe where and how potable water tanks will be cleaned and sanitized.  How often?
__________________________________________________________________________
__________________________________________________________________________

9. Will ice be used for service in Mobile Food Unit?  □ Yes □ No  If yes ice must be purchased commercially from an approved source.

10 What is the type, capacity, recovery time, and location of the water heater?  Please attach copy of water heater specifications:
Type  ______________________________________________________________
Capacity ______________________________________________________________
Recovery time __________________________________________________________
Location  ______________________________________________________________
15. SEWAGE DISPOSAL
Waste water disposal must be approved by IWMP before food permit will be issued.

1. What is the capacity of waste water tank(s) on Mobile Food Unit in gallons? Must be 15% larger than potable water tank(s).

2. Describe the location of waste water tank(s) on the Mobile Food Unit.

3. Where will waste tank(s) on Mobile Food Unit be evacuated? Must be approved by IWMP.

4. Describe the outlet used to drain waste tank. Size, valve, location.

5. Describe how and where waste water tank(s) will be cleaned.

16. BACKFLOW PREVENTION

<table>
<thead>
<tr>
<th></th>
<th>Air Gap</th>
<th>Air Break</th>
<th>Vacuum Breaker</th>
<th>N/A</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ice storage bins</td>
<td># ___</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. 2 or 3 compartment sink(s)</td>
<td># ___</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Handwash sink(s)</td>
<td># ___</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Steam Table(s)</td>
<td># ___</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Dipper well(s)</td>
<td># ___</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Condensate line(s)</td>
<td># ___</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Beverage dispenser(s) with carbonator(s)</td>
<td># ___</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Other ________________</td>
<td># ___</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>
17. WAREWASHING

1. Identify the length, width, and depth of the compartments of the 3-compartment sink:
   Sink _______________  Length _________  Width _________  Depth __________

2. Will the largest pot and pan fit into each compartment of the 3-compartment sink?
   □ Yes  □ No  If no, Mobile Food Unit must be associated with a City of Lubbock Permitted Food Establishment.

3. Identify the length, width, and depth of the compartments of the 2-compartment sink:
   Sink _______________  Length _________  Width _________  Depth __________

4. Describe size, location and type (drainboards, wall mounted or overhead shelves, stationary or portable racks) of air drying space:
   ________________________________________________________________
   ________________________________________________________________

5. Total square feet of air drying space available _________________ft²

6. What type of sanitizer will be used in 3-compartment sink?
   □ Chemical, Indicate type: __________________________________________
   □ Hot water (171°F Minimum)

18. HANDWASHING SINK(S)

Identify the locations of the handwashing sink(s):

____________________________________________________________
Soap, paper towels must be located by hand wash sink. Water temperature must be a minimum of 100°F and under pressure.
1. Identify the location for the storage of poisonous or toxic materials:
__________________________________________________________________________
__________________________________________________________________________

2. Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces?
__________________________________________________________________________
__________________________________________________________________________

4. Identify location of clean and soiled linen storage:
__________________________________________________________________________
__________________________________________________________________________

6. Identify location and procedures for cleaning and re-supplying Mobile Food Unit
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

7. Indicate all areas where exhaust hoods will be installed:
__________________________________________________________________________
__________________________________________________________________________
20. CHECK LIST
Following completion of plan review form use this check list to ensure information has been answered

☐ 1. Drawing or factory schematics of Mobile Food Unit (minimum scale of ¼ inch = 1 foot) locating all equipment, plumbing, electrical and mechanical services.

☐ 2. Menu or complete list of food and beverages to be offered. Include seasonal, special event menus and projected daily meal volume for the Mobile Food Unit.

☐ 3. Show location of all food equipment. Each piece of equipment must be clearly labeled and show plumbing, drain, and electrical connections. Include food equipment schedule/manufacturer specification sheets with the make and model number, and list any equipment that is certified or classified for sanitation by an ANSI accredited certification program. Include manufacturer’s cleaning and sanitation instructions for each piece of equipment.

☐ 4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot and cold-holding PHF / TCS foods.

☐ 5. Show location, number, and size/capacity of hand-washing sinks, warewashing sinks, and food preparation sinks.

☐ 6. Indicate areas on unit that will be used to store food items and dry goods.

☐ 7. Include complete finish schedules for floors, walls, ceilings, and all food contact/preparation surfaces.

☐ 8. Include plumbing schedule showing location of water supply lines, waste-water lines, as well as hot-water-generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections.

☐ 9. Show location of lighting fixtures, including covers or shields for lighting above food storage, prep, or serving areas.

☐ 10. Document source of water and method of sewage disposal. Supply documentation of current water tests if water supply is from a well. Disposal must be approved by IWMP.

☐ 11. Furnish color-coded flow chart demonstrating flow patterns for:
   Food (receiving, storage, preparation, service)
   Dishes / Wares (clean, soiled, cleaning, storage)
   Trash and garbage (service area, holding, storage, disposal)

☐ 12. Provide ventilation schedule

☐ 13. Show storage location of poisonous or toxic materials, all cleaning supplies and bulk sanitizers.

☐ 14. Locate areas for storage of employee personal items.
15. Show location of refuse, recyclable, and or returnable containers.

16. Provide a HACCP plan for specialized cooking / processing methods of foods.

17. Copy(s) of approved, current Certified Food Safety Managers Certificate(s).

18. Copy(s) of approved, current Certified Food Handlers Certificate(s). All food workers must have a current food handlers certificate / card.

21. OPERATIONAL

The following items will be used for plan review of your facility and will be checked during the facility pre-inspection conducted by Environmental Health Sanitarians prior to opening. All equipment should be installed and operational for pre inspection.

1. Will all food service employees be Certified Food Safety Managers? If no, how many employees will be certified? ________________

2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent bare hand contact of ready-to-eat-foods?

3. Provide a copy of the facilities written policy to exclude or restrict food workers who are sick or have infected cuts and lesions.

4. Are handwashing sink(s) functional with hot and cold running water under pressure? Water temperature must reach 100°F with-in 2 minutes. Are handwash signs posted at handsink?

5. Are antibacterial soap and disposable paper towels properly dispensed, with signage and waste container available at each handwash sink?

6. Are tip sensitive thermometers available for employees to check thin-mass food temperatures?

7. Are thermometers present in all cold hold units?

8. Are test kits available for all sanitizers used?

9. Describe storage facilities for employees’ personal items (i.e., purse, coats, boots, umbrellas, etc.)

____________________________________________________________________

10. Are all spray bottles and containers clearly labeled?

11. Are all toxics for use on-premise or for retail sale (this includes personal medications) stored away from food preparation and storage areas?

12. Will facility operate under a HACCP plan? If yes attach copy of HACCP plan.

13. Include written policy (SOP) for washing produce, fruits and vegetables received whole (including lemons and limes used for drinks), before service? List procedures and locations where items will be washed. List procedures to prevent bare hand contact with lemons and limes.
14. Will Generator supply sufficient power to operate all electrical equipment in mobile unit? List type and capacity of generator.
************

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from City of Lubbock Environmental Health Department may delay final approval.

Signature _____________________________________________________________________

Owner or Responsible Representative

Printed Name _____________________________________________________________________

Date __________________________________________________________________________

************

Approval of these plans and specifications by the City of Lubbock Environmental Health Department does not indicate compliance with any other code, law or regulation that may be required - federal, state, or local. It further does not constitute endorsement or acceptance of the completed Mobile Food Unit. A preopening inspection of the unit with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing Mobile food service establishments.