



## Forms Required to be Completed/Signed Before Reporting to your Mobile Food Unit Inspection

Hard copy documents required – incomplete/missing forms will result in inspection failure and rescheduling by operator

### Mobile Food Trucks/Trailers/Carts that Prepare or Serve Open Foods/Beverages

Documents	New	Renewal	Change of Owner
<p>Stamped, approved plans</p> <p><b>Mobile Cart:</b> Site Plan (Map showing where unit will operate, kitchen facility where unit will be serviced, and area where unit will be stored when not operating. Show route from operating location to kitchen/service area and storage area indicating that cart can fit through all doors and passageways)</p>	✓	If remodel from original layout	<p>If remodeled from original layout, no previous HHD approved plans, or Ordinance change.</p> <p>Mobile cart: Reconfiguration, Location/commissary change.</p>
*Menu Disclosure	✓	If changed	✓
*New, signed, notarized <u>Property</u> Agreement Letter and signed <u>Restroom</u> Availability Letter for the next year. (For locations where unit operates for more than 1 hour per day)	✓	✓	✓
*List of Locations (Route List) Where Unrestricted Mobile Food Unit Operates (To obtain a Medallion a unit must have at least one approved location)	✓	✓	✓
<b>Mobile Cart:</b> New, signed Commissary Letter/Mobile Food Unit Property/Restroom Agreement Letter from food permitted establishment at location where unit will be serviced and stored.	✓	Location/commissary change	Location/commissary change
*S.O.P.'s & General Guidelines for MFU Operation / Check-list	✓	✓	✓
*Form 1-B: Conditional Employee Reporting Agreement for all Food Employees	✓	✓	✓
Valid Driver's License or Photo ID of the owner/operator	✓	✓	✓
Valid/Current Driver's License for person will drive or tow the MFU	✓	✓	✓
Proof of Current Vehicle Liability Insurance	✓	✓	✓
City of Houston Food Manager Certification - Current	✓	✓	✓





Proof of Food Handler Certification (within 60 days of employment)	✓	✓	✓
Commissary Receipt (indicating freshwater tank filled) issued within 24 hrs. preceding inspection for new Medallion.	✓	✓	✓
<b>*Requirements to pass Fire Safety Inspection (For units using propane)</b>			
(a) Proper fire extinguisher (3A-40BC minimum and Type K for units for fryers) with current inspection tag	✓	✓	✓
(b) LP Gas Permit (1002 Washington) issued within 90 days of inspection			
(c) Paid Invoice for Gas System Inspection			

**Mobile Food Trucks/Trailers/Carts/Tricycles with Pre-Packaged Foods/Beverages /Frozen Desserts**

Documents	New	Renewal	Change of Owner
Valid /Current Driver's License	✓	✓	✓
Proof of Current Vehicle Liability Insurance	✓	✓	✓
*Signed, notarized Property Agreement Letter, - if the unit will operate at the same location for more than 1 hour on any given day	✓	✓	✓
<b>Requirements to pass Fire Safety Inspection (For units using propane)</b> (same as chart above)	✓	✓	✓

**Mobile Food Units: Complies with all applicable Laws pertaining to motor vehicle and trailers in the state of Texas.** Road-worthy unit (current safety inspection and registration stickers on motor vehicles). VIN numbers on unit/vehicle/trailer hitch must match VIN number on vehicle liability document.





## Menu Disclosure

(New units & units changing ownership must fill out and submit before inspection)

Business Name	Unit #
Mailing Address	Business Phone #:
Email address:	Mobile Phone #:

**Print or type all information below clearly in English**

- List food sources: (Name and Address where foods will be purchased)

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- List **ALL TCS** (Time/**Temperature Control for Safety**) and non-TCS foods, **supplies/ingredients** you will use on unit to prepare products listed in #11 and 12. ***(Foods that are served raw, partially cooked, or prepared by specialized processes, such as sushi, ceviche or products prepared by sous vide are not allowed to be served from a mobile food unit.)***

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- Facilities where foods will be prepared and served on the mobile food unit

- Other facility where foods will be prepared for servicing on the mobile food unit (Establishment Name and Address)

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- Where will you store the supplies? (Check all that apply)

- On the unit
- Commissary Name and Address:
- Other (Provide explanation, such as a permitted food establishment [name and address])

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- How will you verify that your TCS foods are held/stored at 41° F or colder and 135° For above (check all that apply)

- Indicating thermometer inside of refrigerator/freezer
- Metal stem food/product thermometer





5. How will you properly thaw frozen TCS food products? (check all that apply or Not Applicable)
- In refrigerator unit not exceeding 41°F
  - As part of the conventional cooking process
  - Microwave oven, then transferred to a continuous conventional cooking process. (i.e. stove, grill, fryer)
  - Cook completely from frozen to ready to eat in the microwave oven
6. What methods will you use to properly cool hot TCS foods? (check all that apply or Not Applicable)
- Place food in shallow pans with food depth or 2 inches or less
  - Separate large quantities of heated foods into smaller or thinner portions
  - Use ice water bath to quick chill, stirring every 15 minutes
  - Other approved methods (i.e. food grade cooling paddles, adding ice as an ingredient, etc.)
- a. What time frame(s) is required to rapidly cool hot TCS foods based on the method(s) you checked?

\_\_\_\_\_

7. How will you rapidly reheat TCS foods? / Not Applicable
- What equipment will you use? \_\_\_\_\_
  - What is the required internal temperature for reheating TCS foods ? \_\_\_\_\_°F

8. How will you prevent bare hand contact with ready-to-eat foods?

\_\_\_\_\_

9. What equipment will be utilized for hot holding? (maintaining the internal temperature of ready to eat TCS foods at 135°F or above)

\_\_\_\_\_

10. Will you use leftovers?  Yes  No / If you marked yes,
- a. How will you handle them? (i.e. storing, date marking) \_\_\_\_\_
- \_\_\_\_\_
- b. How long will you keep them before using or disposing of them? \_\_\_\_\_

11. Will your menu include al pastor, gyros, trompo, or other similar foods?  Yes  No





If you marked yes, operator must describe the process/preparation steps/procedures of the product preparation from receiving to service on a separate page.

12. Name all food/menu items served, ( not the recipes) (except for foods obtained and sold in manufacturer's unopened packages that do not require refrigeration) AND **steps of preparation (including final cooking temperatures of TCS foods**, equipment/utensils used, hot and cold-holding equipment & temperatures)

**THE HEALTH OFFICER MAY PROHIBIT THE SALE/PREPARATION/SERVICE OF SOME TCS (TIME/TEMPERATURE CONTROL FOR SAFETY) FOODS. (Food processing is PROHIBITED on Mobile Food Units, whether by conventional or specialized methods.)**

**[\*You may attach additional pages if necessary.]**

FOOD / MENU ITEM	STEPS OF PREPARATION PROCEDURES (i.e. thawing, washing, cooking, cooling & holding)	INSPECTOR'S NOTES:
<b>Name:</b>  Final preparation temperature (yours): _____°F minimum required: _____°F		
<b>Name:</b>  Final preparation temperature (yours): _____°F minimum required: _____°F		
<b>Name:</b>  Final preparation temperature (yours): _____°F minimum required: _____°F		
<b>Name:</b>  Final preparation temperature (yours): _____°F minimum required: _____°F		





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<b>Name:</b>  Final preparation temperature (yours): _____°F minimum required: _____°F		
<b>Name:</b>  Final preparation temperature (yours): _____°F minimum required: _____°F		

Form completed by: Owner/ Manager/Representative

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**NOTE: The Mobile Food Unit owner/operator must present a current City of Houston Food Service Certified Manager in order to receive a Mobile Food Unit Medallion.**





## Mobile Food Unit Property Agreement Letter

(Complete all Parts of this Letter)

Account Number

I, \_\_\_\_\_  
(First, Last Name of Person signing Letter) (Write "Owner or Manager")

of the following property \_\_\_\_\_  
(Name of Business)

located at \_\_\_\_\_ give permission to:  
(Give full Address; Number and Street/City, State and Zip Code)

\_\_\_\_\_ of \_\_\_\_\_  
(First, Last Name of Mobile Unit Owner) (Name of Mobile Food Unit)

to operate the mobile unit on the above stated property for the period:

Beginning on: \_\_\_\_\_ And Ending on \* \_\_\_\_\_  
(Start Date for the Agreement) (End Date for the Agreement)

Property Owner's Name (if signer is not the owner) \_\_\_\_\_

Property Owner's Address (required) \_\_\_\_\_

Property Owner's Phone # (required) \_\_\_\_\_

Property Owner's Email Address: \_\_\_\_\_

Printed Name of Owner / Representative: \_\_\_\_\_  
FIRST MIDDLE LAST

Signature of Owner / Representative \*\* \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \*The end date shall not exceed the expiration date of the unit's current mobile food medallion.  
\*\* The person signing this letter must be the property owner or someone with the legal authority to authorize property use on behalf of the owner. (i.e. leasing agent or lessee whose contract authorized sub-leasing of the property). Falsification of any information provided on this document by any party will make this agreement null and void and may result in the revocation of the mobile food unit's medallion.

**THIS DOCUMENT IS REQUIRED TO BE POSTED IN PLAIN VIEW OF THE PUBLIC IN THE MOBILE FOOD UNIT AT ALL TIMES**





## Mobile Food Unit Restroom Availability Letter

(Complete all Parts of this Letter)

Account Number

I, \_\_\_\_\_  
(First, Last Name of Person signing Letter) (Write "Owner or Manager")

of the following business \_\_\_\_\_  
(Name of Business)

located at \_\_\_\_\_ give permission  
to: \_\_\_\_\_  
(Give full Address; Number and Street/City, State and Zip Code)

\_\_\_\_\_ OF \_\_\_\_\_  
(First, Last Name of Mobile Unit Owner) (Name of Mobile Food Unit)

and his/her employees to use the restroom located within my business. This restroom is located within 500 feet of where the mobile food unit will operate at:

\_\_\_\_\_  
(Record Full Address: Number and Street/City, State and Zip Code where Unit will operate)

The restroom is available on the following days:

\_\_\_\_\_ and hours: \_\_\_\_\_  
(Record Days of the Week) (Record Hours and Indicate AM or PM)

**THE CITY OF HOUSTON HEALTH DEPARTMENT INSPECTOR HAS MY PERMISSION TO ENTER FOR THE PURPOSE OF INSPECTING THIS RESTROOM. THE RESTROOM SHALL BE MAINTAINED CLEAN AND PROVIDE THE FOLLOWING FACILITIES: (WORKING TOILET, TOILET PAPER, HAND SINK WITH HOT AND COLD RUNNING WATER, SOAP, PAPER TOWELS OR HAND DRYER)**

Printed Name of Business Owner or Manager: \_\_\_\_\_  
FIRST MIDDLE LAST

Signature of Business Owner or Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Manager's Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Business Owner's email address: \_\_\_\_\_

Notes: This agreement shall be valid only through the expiration date of the unit's mobile food medallion. Falsification of any information provided on this document by any party will make this agreement null and void and may result in the revocation of the mobile food unit's medallion.

**THIS DOCUMENT IS REQUIRED TO BE POSTED IN PLAIN VIEW OF THE PUBLIC IN THE MOBILE FOOD UNIT AT ALL TIMES**







## List of Locations Where Unrestricted Mobile Food Unit Operates

- Submit to the department this list of location(s) to receive a new/renewal/change of owner medallion.
- Provide written notice to the Health Department at least two business days before beginning operations at additional locations (fax or email this form or other written notification).
- REMINDER: Post in view of the public Property and Restroom letters at each location.

<b>Date:</b>	<b>Unit #:</b>
<b>Owner Name:</b>	<b>Unit Name:</b>

Location Address/Zip Code	Operating Days	Operating Times

Name and address of commissary(s) used:

\_\_\_\_\_

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





# SOP- Standard Operating Procedures and General Guidelines for Unrestricted Mobile Food Unit Operation/Checklist

I owner/operator \_\_\_\_\_ of Mobile Unit \_\_\_\_\_  
account number \_\_\_\_\_ have read and acknowledge the following:

1. I will use \_\_\_\_\_ Commissary for filling the freshwater tank, disposing of waste water, and cleaning and servicing the unit. The hose used for filling the fresh water tank is provided by: **Check one**
  - Commissary
  - Mobile Food Unit Operator
2. The commissary provides the following servicing operations: **Check all that apply**
  - Fill fresh water tank
  - Empty waste water tank
  - Wash bay for interior/exterior cleaning of unit
  - Trash disposal into a dumpster
  - Grease disposal rendering bin
  - Kitchen for washing equipment/food preparation
  - Storage space for food/equipment/utensils
3. Mobile food unit must be serviced at an approved commissary within the 24-hour period preceding operating for each day of operation. Commissary receipts must always be kept in the unit for at least 1 year. **(Failure to present the commissary receipt at the time of an inspection/investigation, will result in a temporary closure and citations issued to the person-in-charge of the mobile food unit.)**
4. Operator must notify the Department in writing at least 2 business days before operating at a new location.
5. Fresh water tanks are required to be filled **ONLY at an approved commissary.**
6. Waste water tanks are required to be emptied **ONLY at an approved commissary** into a drain that flows to a grease trap. **(Failure to do so will result in a Municipal Courts fine up to \$2,000.00 and temporary closure of the unit.)**
7. Always provide a person on duty during food operations (cooking, cleaning, etc.) who has a Food Service Manager Certification issued by the Houston Health Department and posted in public view. Additional food workers must have Food Handler Training within 60 days of employment and copy of card/certificate kept on the mobile food unit.
8. All TCS (time and temperature control for safety) foods shall always be maintained at 41° F or below or 135°F or above; provide thermometers (metal stem and indicating) to measure food/water/ambient air temperatures in all coolers/hot storage units containing TCS foods.
9. **The Following Activities are Not Allowed:**
  - Food/beverage preparation at home or any unpermitted site (All food and/or beverages must be





- prepared in the mobile unit, at an approved commissary or another permitted food establishment.)
- Storage of food in another non-permitted vehicle or structure on site.
- Igloos/coolers sitting outside of unit (conduct all food operations/servicing/storage from inside of the unit).
- Free-standing canopies, tents, or other overhead structures within 100 feet of the mobile food unit.
- Outside dining area (tables, chairs, stools, stand up counters, picnic tables, etc.) within 100 feet of the unit.
- BBQ pit, fish frying, crawfish boiling or other food preparation activities outside of the mobile food unit.
- Unscreened windows and doors open when not in actual use.
- Portable toilets within 100 feet of the unit (and if provided, for customer use only).
- Waste water or grease dripping on the ground under or around the unit; disposal of waste water, including mop water/grease/solid waste at operational site. **Emptying, allowing, or threatening to introduce any waste into a city drain will result in any or all the following; closure of the unit and issuance of a court citation, revocation of the medallion and/or arrest. The Department may suspend the medallion, which will require the unit to be closed for up to 10 days pending a hearing.**

All the information above is to be distributed and explained to all employees in the Mobile Food Unit.

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





# ATTENTION FOOD EMPLOYEES

## Report to your Supervisor Immediately!

IF you have any of the following Symptoms caused by Illness or Infection:

- Vomiting
- Diarrhea
- Jaundice (yellowing of the eyes and skin)
- Sore Throat with Fever
- Infected wounds or lesions with pus (on Hands, wrist or exposed body parts)

## Report to your Supervisor Immediately!

IF you or a Household Member have been Diagnosed by a Doctor with:

- Norovirus
- Hepatitis A
- Salmonella Typhi (Typhoid fever)
- Shigellosis
- E. Coli 0157:H7 (or Other shiga toxin producing Escherichia coli)
- Non-typhoidal Salmonella

## You Could make your Customers Sick!

The Person in Charge shall notify the Health Officer that a Food Employee is diagnosed with any of the referenced illnesses. Reporting your illness or symptoms is MANDATORY.

Houston Food Ordinance - Article II. Section 20-19(d) and Section 20-21.07(b)

I, \_\_\_\_\_ Acknowledge that I have reviewed and understand the above information.

Date \_\_\_\_\_





# ATENCIÓN EMPLEADOS DE ALIMENTOS

## ¡ Informe a su Supervisor Inmediatamente!

Si usted tiene cualquiera de los siguientes síntomas causados por enfermedad o infección:

- Vómitos
- Diarrea
- Norovirus
- Ictericia (coloración amarillenta de los ojos y la piel)
- Dolor de garganta con fiebre
- Heridas o lesiones infectadas con pus (en las manos, la muñeca o las partes del cuerpo expuestas)

## ¡ Informe a su Supervisor Inmediatamente!

Si usted o un miembro de su hogar han sido diagnosticados por un doctor con:

- Norovirus
- Hepatitis A
- Salmonella typhi (fiebre tifoidea)
- Shigelosis
- E. coli 0157: H7 (u otra toxina de Shiga produciendo escherichia coli)
- Salmonella no tifoidal

## Que Podría hacer que sus Clientes Enfermos!

La persona encargada **Notificará** el funcionario de salud que un empleado de alimentos es diagnosticado con cualquiera de las enfermedades referenciadas. Reportar su enfermedad o síntomas es Obligatorio.

Houston Food Ordinance - Article II. Section 20-19(d) and Section 20-21.07(b)

Confirmo que he revisado y entendido la información anterior \_\_\_\_\_

Fecha \_\_\_\_\_





## Form 1-B Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, Salmonella Typhi, Shigella spp., or Shiga toxin-producing Escherichia coli (STEC), nontyphoidal Salmonella or Hepatitis A Virus.

**The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.**

### I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

### Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A virus infection)

### Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Houston Food Ordinance under Section 20-21.7 Employee Health and the Texas Food Establishment Rules under Section 228.35, 228.36, and 228.37 with respect to reporting, exclusions and restrictions from opportunities to transmit disease in a food establishments and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) \_\_\_\_\_

Signature of Conditional Employee \_\_\_\_\_ Date \_\_\_\_\_

Food Employee Name (please print) \_\_\_\_\_

Signature of Food Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Permit Holder or Representative \_\_\_\_\_ Date \_\_\_\_\_

**MUST BE COMPLETED BY ALL FOOD EMPLOYEES AND A COPY KEPT ON THE UNIT**





## CONTAMINATION EVENT: Cleanup of Vomit and Diarrheal Events

**Establishments must have written procedures for employees to follow when responding to contamination events.**

When someone vomits, germs such as norovirus can spread through the air and contaminate surfaces and food up to 25 feet away. Consumers and employees are at risk of contracting norovirus or other illnesses from direct exposure to vomit or from exposure to airborne norovirus from vomit. Effective clean-up of vomit & diarrhea in a food establishment should be handled differently from routine cleaning procedures, and involves a more stringent cleaning & disinfecting process. A clean-up and response plan is intended to address proper procedures to reduce exposures to norovirus or other contaminants. Timely effective clean-up is imperative.

### First Steps

- ✓ Remove all individuals within a 25-foot radius and ask them to wash hands immediately.
- ✓ Block entry to contaminated area.
- ✓ Dispose all uncovered food, and single use containers and utensils within 25-foot radius.
- ✓ Wash all utensils and equipment within 25-foot radius.

### Disinfect surfaces by applying a chlorine bleach solution

- ✓ Prepare a chlorine bleach solution (CDC & EPA recommendations):
- ✓  $\frac{3}{4}$  cup of concentrated bleach + 1-gallon water (concentration ~3500ppm) –OR–
- ✓ 1 cup of regular strength bleach + 1-gallon water
- ✓ Use a spray bottle and saturate the area and surfaces (25-foot radius).
- ✓ Leave surface wet for at least 5 minutes.
- ✓ Rinse all surfaces intended for food or mouth contact with plain water before use.

Steam cleaning may be preferable for carpets and upholstery. Chlorine bleach could permanently stain these. Mixing directions are based on EPA-registered bleach product directions to be effective against norovirus.

### Clean up

- ✓ Be prepared to remove vomit or diarrhea immediately
- ✓ Wear protective clothing, such as disposable gloves, shoe covers, apron and face mask. Change if they become contaminated.
- ✓ Work from the clean areas towards the most contaminated areas to minimize the spread of infectious material.
- ✓ Use kitty litter, baking soda, or other absorbent material on carpets and upholstery to absorb liquid.
- ✓ Scoop and/or scrape to remove the absorbent material
- ✓ Wipe up remaining vomit or diarrhea with disposable towels – place the disposable towels over the waste then carefully remove the towels and its contents – do not vacuum the material!
- ✓ Dispose of disposable towels/cleaning clothes and waste in a plastic trash bag or biohazard bag.
- ✓ Place contaminated tablecloths, cloth napkins, and cloth towels into a separate plastic bag for transport to laundry or discard.
- ✓ Wash, Rinse and Sanitize all surfaces that contacted the vomit or diarrhea and all nearby surfaces, such as doorknobs and toilet handles.
- ✓ Clean and disinfect any non-disposable tools (mop heads) used.
- ✓ Place disposable protective clothing, rags, and towels in a sealed garbage bag. Seal and place in disposal area.
- ✓ Remove all clothing or fabrics that may be contaminated. Machine wash and dry with detergent and hot water on longest cycle and high heat setting.

**Wash your hands thoroughly with soap and water**  
**Hand sanitizers may not be effective against norovirus.**





# Steps for Cleaning Contamination Events

Segregate the Area



Wear disposable gloves



Disposable cover gown/apron/mask/shoe covers



Wipe with towels. Dispose in plastic garbage bag.



Mixture of chlorine bleach: (5.25% - ¾ cup) per gallon of water.







## Houston Fire Department Information for Mobile Food Units

- A permit is required for mobile food units (MFU) using any amount of LP Gas for commercial cooking. Any other mobile food units at the same property address will also be required to have their own individual permit. Permit fee is **\$208.07**, office located at **1002 Washington Avenue**.
- An **approved inspection sticker** valid for **12 months** must be displayed on all LP-Gas appliances (Stoves, Fryers, etc.) indicating that a licensed LP-Gas company has inspected the equipment. (Excluding LP gas cylinders). Present a valid receipt for gas inspection.
- All (MFU) shall carry a **(3A-40BC minimum)** Fire Extinguisher. In addition, a **Type K** portable extinguisher shall also be carried in the MFU when deep-fry cooking is used involving vegetable oils or animal oils. Both fire extinguishers shall have **current annual inspection date tag**.
- **"No Smoking"** signs approved by the Fire Marshal shall be visible near propane containers. No Smoking signs shall be provided in **English and Spanish**.
- An approved ventilation system shall be installed over cooking equipment. Hoods shall be operated at the required rate of air movement. Classified grease filters shall be in place and cleaned as needed.
- All LP-gas containers (**empty or full**) shall be secured in an upright position in such a manner as not to fall over. All MFU shall be position in a manner that will reduce the exposure of the LP-Gas cylinder to vehicle impact. Do not park MFU with LP gas cylinders facing oncoming traffic. Always utilize available protection for LP gas cylinders such as fences or barricades.
- All (MFU) within the boundaries of the District of Limitations No.1 (Downtown) and No.2 (Medical Center) shall be LIMITED TO A 60 LB. LP- gas cylinder and operate on private property only.
- Only personnel licensed by the *RAILROAD COMMISSION*' OF TEXAS (Life Safety Bureau Standard 10, section 3 .4) shall perform connections for LP-gas appliances located within District Of Limitation No. 1 (Downtown) and District of Limitation No.2 (Medical Center).
- Refueling of generators shall be performed in an approved location not less than 20 feet from the mobile food units (MFU). Fuel shall be stored in UL or FM approved flammable liquid safety containers and in an approved location.
- The operator of a (MFU) that uses any amount of LP-gas to prepare food shall not operate such unit within **25 feet** of another mobile food unit, except, at festivals or events approved by the Fire Marshall.

**Houston Fire Department**  
**Fire Marshal's office: 1002 Washington Ave Houston, TX 77002**  
**832-394-8811**





## CARTS-Mobile Food Unit Commissary (Property/Restroom) Agreement Letter

(Complete all Parts of this Letter)

Account Number

I, \_\_\_\_\_  
(First, Last Name of Person signing Letter) (Write "Owner or Manager")

of the following property \_\_\_\_\_  
(Name of Business)

located at \_\_\_\_\_ give permission to:  
(Give full Address; Number and Street/City, State and Zip Code)

\_\_\_\_\_ of \_\_\_\_\_  
(First, Last Name of Mobile Unit Owner) (Name of Mobile Food Unit)

**to operate the mobile unit on the above stated property and his/her employees to use the restroom located within my business for the period**

**Beginning on:** \_\_\_\_\_ **And Ending on \*** \_\_\_\_\_  
(Start Date for the Agreement) (End Date for the Agreement)

### **Business Must Provide the Following:**

- Overnight Storage Inside Establishment**
- Access to the Following**
  - Hand sink
  - 3 Compartment sinks (access to fresh water)
  - Mop sink or floor drain connected to the grease trap

**Printed Name of Owner / Representative:** \_\_\_\_\_  
FIRST MIDDLE LAST

**Signature of Owner / Representative \*\*** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Notary:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes:**

\*The end date shall not exceed the expiration date of the unit's current mobile food medallion.  
\*\* The person signing this letter must be the property owner or someone with the legal authority to authorize property use on behalf of the owner. (i.e. leasing agent or lessee whose contract authorized sub-leasing of the property)  
Falsification of any information provided on this document by any party will make this agreement null and void and may result in the revocation of the mobile food unit's medallion.

