MARION COUNTY PUBLIC HEALTH DEPARTMENT
Prevent. Promote. Protect.

Department of Food and Consumer Safety
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Main office: 317-221-2222 | Fax: 317-221-3070
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Mobile Food Unit Owner/Operator Attestation

As a licensed mobile food unit owner/operator, I agree to the following requirements as stated in the Indiana Retail Food Establishment Sanitation Requirements, 410 IAC 7-24.

Commissary Usage

Initial

_____I will return the mobile unit to the commissary following each day of operation. 410 IAC 7-24-113
_____I will use an approved commissary to obtain fresh water and dispose of wastewater. 410 IAC 7-24-373
_____I will use an approved commissary for overnight storage of potentially hazardous foods. 410 IAC 7-24-16
_____I will obtain approval from Food & Consumer Safety Department when changing commissaries.
_____I will conduct complex food preparation at the approved commissary.

Mobile Unit Procedures

Initial

_____I will maintain hot and cold water under pressure on mobile unit while operating. 410 IAC 7-24-330, 7-24- 329, 7-24-324
_____I will maintain potentially hazardous foods at proper temperatures. 410 IAC 7-24-187
_____I will maintain a sufficient power source while operating the mobile unit.
_____I will provide adequate mechanical refrigeration/hot holding as it relates to menu. 410 IAC 7-24-259, 410 IAC 7-24-187
_____I will serve food only at point of sale/through the service window.
_____My menu may be limited based on equipment and/or commissary access. 410 IAC 7-24-110

I understand that failure to comply with these regulations may result in license suspension, legal action, citation and/or civil penalties.

_____ _____
Printed name of Mobile Food Unit Owner/Operator Name of Mobile Food Unit

_____ _____
Signature Date