

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION**

Keep and use this checklist to ensure you have completed your application package and submitted all supporting documents.

FOOD VENDING APPLICATION CHECKLIST

To expedite the processing of your District of Columbia Mobile Food Vending Application be sure to follow the instructions carefully before submitting your application package. It is important to provide all the required supporting documents listed throughout the instructions.

Only the most recent version of the Application will be accepted.

Applicants must complete and return Forms A, B, & C including all applicable supporting documents. Before submitting your application, refer to the vending checklist BELOW to ensure that you have enclosed all supporting documents to avoid delays with processing your application in a timely manner.

The required supporting documents are:

Computerized floor plan layout, identifying the aisle space length in trucks, and all equipment that will be used during your operation. **NO HAND DRAWINGS** -- This is to be attached and submitted with the **Application – Form A**

Clear copy of a State-issued photo ID for all vendors and vehicle owner along with a clear copy of the **vehicle registration**. NO Temporary vehicle tags allowed.

Copy of complete menu items to be sold

Provide copies of the **manufacturer specification sheets** for all equipment and appliances that will be utilized on the mobile food unit during operation.

Copy of the food preparation **business license** and most **recent health inspection report of facility** if located outside of the District of Columbia. You can **only** use a facility licensed as a food establishment for your food preparation. This is to be attached to the original signed food preparation **DEPOT LETTER – Form B**

Any additional support service facilities used MUST submit **additional DEPOT LETTER(s) – Form B**, if other support services are done at different Depot(s) than food prep Depot.

All mobile food vending units must be parked at the Service Support (Depot) facility or at a secured location after operating hours. Include Depot Letter if parked at different facility than food prep depot. **RESIDENTIAL PARKING is not permitted.**

A Mobile Vending Hazard Analysis Critical Control Point (MvHACCP) plan – Form C submitted with fee of \$75.

A Hazard Analysis Critical Control Point (HACCP plan) is required for all operations that **prepare or serve food requiring further processing from its original state.**

Once DCRA process is complete, provide DOH with copies of all licensing documents for all vendors.

FOR CURRENT EXISTING VENDOR OPERATIONS that may be ONLY adding unit(s) or changing/expanding menu –

Please submit all of the above **and** be sure to include clear copies of the **DCRA Mobile Food Vending License** as well as clear copies of the Vendor Employee Badge (**VEB**) for all workers

Payment in the form of a check or money order made payable to: DC TREASURER

It is STRONGLY recommended that all applicants make copies of their application and supporting documents before submitting to DOH

Submit forms along with all supporting documents and fee payable to DC Treasurer to:

DOH – FOOD SAFETY (Vending Application)
P.O. Box 37489
Washington, DC 20013

You can email your questions to vending.applications@dc.gov or call Ms. Bronya Crawford at:
(Desk) (202) 442-9083 * (Main) (202) 535-2180 * (Fax) (202) 724-5145

Failure to comply with the Food Code Requirements in Title 25-A of the District of Columbia Municipal Regulations may result in suspension of your operation.

INSTRUCTIONS TO COMPLETE FOOD VENDING APPLICATIONS

This package contains the instruction guidelines and forms to apply to operate a mobile food vending business in the District of Columbia. Applicants must complete and return Forms A, B, & C including all supporting documents. Reference the application checklist – the first page of this packet for the applicable supporting documents.

MUST SUBMIT THE MOST RECENT VERSION OF APPLICATION

<p align="center">APPLICATION INSTRUCTIONS</p>	<p>After submitting your application and supporting documents, a thorough review will be conducted. Upon conditional approval you will be scheduled for inspection of the mobile unit.</p> <p>Per regulations, the DOH has up to thirty (30) calendar days from the date of submission of a <i>COMPLETE PACKAGE</i> to conclude the review.</p> <p>All applications must be completely filled out and include all supporting documents in order to be processed. HANDWRITTEN APPLICATION FORMS CAN BE THE CAUSE FOR THE DELAY IN PROCESSING. All application forms are to be typed.</p>	
<p align="center">WHERE TO FILE YOUR APPLICATION</p>	<p align="center">IN PERSON: Department of Health Processing Center 899 North Capitol St NE - 1st floor Washington, DC 20002</p>	<p align="center">BY MAIL: DOH – FOOD SAFETY (Vending Application) P.O. Box 37489 Washington, DC 20013</p>
<p align="center">APPLICABLE REGULATIONS</p>	<p>The Department of Health encourages all applicants to become familiar with the District of Columbia Food Code as it relates to mobile and sidewalk vending.</p> <p>You can access an electronic copy of the DC Food Code Regulations at: http://dchealth.dc.gov/service/food-safety-and-hygiene-inspection-regulations Select FOOD and FOOD OPERATIONS</p> <p>To apply for a DCRA vending license, or employee vending badges, please visit that office to complete their licensing process, located at 1100 4th Street SW (202-442-4400).</p> <p>All potential vendors are encouraged to read the DCRA vending information and regulations which can be accessed at: https://dcra.dc.gov/page/vending/</p>	
<p align="center">GENERAL REQUIREMENTS FOR ALL OPERATIONS</p>	<p>All mobile food vending businesses operating in the District of Columbia are required to be inspected every six (6) months to determine if the vending operation is in compliance with the District of Columbia Food Code Regulations (DCMR Title 25-A). All Vending Health Certificates will be issued and valid for a six (6) month period. After passing the pre-operational inspection(s), your inspection report will serve as your temporary certificate and is valid for 30 days only. Once the mobile food vending business has passed ALL necessary inspection(s) and the vendor has received the DCRA vending license and vendor employee badge(s), send that information along with the Trade name of the truck and DOH sticker number to DOH by email at: vending.certificates@dc.gov.</p> <p>DCRA vending license, DCRA vendor employee badge(s), DOH CFPM ID card(s), DOH Vending Health Certificate and DOH MvHACCP plan and approval (if applicable) must be available for review upon request. Failure to provide the Certificate, plan, approval and/or ID cards may result in fines and/or summary suspension.</p> <p>To request changes to your menu, contact DOH for approval. All vendors are responsible for serving ONLY THE APPROVED menu items included in the original application packet. Failure to notify DOH of any changes may result to fines and/or suspension of services.</p>	

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INSTRUCTIONS TO COMPLETE FOOD VENDING APPLICATIONS

<p align="center">DEPOT (Service Support) FACILITIES Form B</p>	<p>All applicants must maintain access to an approved service support facility (i.e. depot, commissary, shared kitchen, service support kitchen or any other licensed food establishment). The service support facility should have the ability to support your entire operation with regards to:</p> <ul style="list-style-type: none"> Ø Food Preparation Ø Food Storage Ø Water Supply Ø General Supply Storage Ø Storage/overnight parking of the mobile food unit Ø Cleaning of equipment/utensils Ø Waste/disposal Ø Cooking grease/oil recycling <p>When not in operation, mobile units must be parked in a secured depot location. Street parking or residential parking is not permitted by DCRA, DOH, and MPD.</p> <p>All mobile and sidewalk vending units must have permanent state vehicle registration tags; NO TEMPORARY TAGS.</p> <p>Depot, commissary or service support facilities must meet the food vending operational needs. If the service support facility is located outside of the District of Columbia, include a copy of the business license and most recent health inspection. The inspection report must indicate that the facility is in "good standing", with no priority or priority foundation violations. Usage of a service support facility must be approved by DOH, according to your operation.</p>
<p align="center">VENDORS WITH MULTIPLE TRUCKS or EXPANDING WITH ADDITIONAL TRUCKS</p>	<p>You must apply for each unit separately if you are starting with multiple trucks/stands. If you are a current vendor and wish to expand your mobile food business with more mobile units; you are required to submit a new application for each additional unit with all the necessary information pertaining to the new unit's operation.</p>
<p align="center">VENDING POTENTIAL HAZARDOUS FOODS (PHF/TCS)</p>	<p>All vending operations that prepare, sell, offer for sale, or give away any food requiring further processing from its original state are required to submit a Mobile vending Hazardous Analysis Critical Control Point (MvHACCP) Plan with your application package. For guidance with your MvHACCP plan, see Form C. If you have additional questions about the MvHACCP plan, please send an email to haccp.plans@dc.gov.</p>

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<p>RECEIVING THE DOH VENDING CERTIFICATE</p>	<p>YOU MAY NOT CONDUCT ANY BUSINESS UNTIL YOUR OPERATION HAS RECEIVED ALL APPROVALS. After passing all inspections and obtaining all licenses, email a copy of the DCRA vending license, copy of the VEB for you and all staff members and CFPM ID card information to vending.certificates@dc.gov and your certificate will be sent to you by email. You will be allowed to operate using your approved inspection report for thirty (30) days from the date of inspection.</p> <p>To ensure your Certificate is emailed, be sure to have included the email address that is clear and legible as well as all information required on Form A.</p>
<p>IT IS PREFERRED THAT DOH EMAIL VENDING HEALTH CERTIFICATES.</p>	
<p>VENDING CERTIFICATE RENEWALS</p>	<p>All existing vendors should submit a Renewal Certificate application/payment form along with the following documents, in order, to renew Mobile Vending Health Certificates thirty (30) days prior to the expiration of the current health certificate:</p> <ul style="list-style-type: none"> Copy of current Certificate or original expired Certificate Copy of DCRA vehicle safety form Copy of FEMS fire permit for propane Copy of State-issued ID Copy of DCRA Vending License and Vending Employee Badge(s) for all staff Original, signed food preparation Depot Letter of current facility MvHACCP renewal plan, if required based on menu or as requested by Department Check or Money Order in the amount of \$100.00 for certificate only and \$175 for certificate and HACCP Plan approval - all payments must be made payable to: DC Treasurer. Credit card and cash payments only accepted in the Processing Center
<p>REPLACEMENT COPIES</p>	<p>To request a replacement copy of your DOH health inspection Certificate, you will need to submit a Renewal Certificate application/payment form with the following:</p> <ul style="list-style-type: none"> ○ Obtain and include a police report for STOLEN or LOST certificates ○ Original, signed food preparation Depot Letter of current facility (if changed) ○ Include copy of State-issued driver's license or non-driver identification card of the named vendor on Certificate Ⓣ Check or Money Order in the amount of \$15.00, all payments must be made payable to: DC Treasurer. Credit card and cash payments only accepted in the Processing Center
<p>EXTENDED BREAK</p>	<p>You are required to notify the Department in writing and surrender your DOH mobile health certificate if you will not be operating the unit for more than three (3) months.</p>
<p>FEE SUMMARY</p>	<p>You may mail a Check or Money Order (made payable to: DC Treasurer) Credit/Debit Card and cash payments ONLY ACCEPTED Floor Processing Center.</p> <ul style="list-style-type: none"> • Six (6) month Mobile Vending Health Inspection Certificate \$100.00 • Six (6) month Mobile Vending HACCP Plan \$ 75.00 • Replacement Mobile Vending Health Inspection Certificate \$15.00 • Restoration Inspection due to Closure/Summary Suspension \$100.00 • Certified Food Protection Manager (CFPM) ID Card \$35.00 • Duplicate/Replacement Certified Food Protection Manager ID (CFPM) Card \$15.00
<p>FAILURE TO SUBMIT A VALID FORM OF PAYMENT WILL RESULT IN A SUMMARY SUSPENSION OF THE VENDING OPERATION UNTIL THE DEBT IS SATISFIED.</p>	
<p>REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.</p>	

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION**

Mobile Food Vending OPERATION APPLICATION - FORM A

Below is the vending application, including the critical requirements that all mobile and sidewalk vending units must adhere to operating in the District of Columbia.

Please refer to the completed Mobile Food Vending information packet for additional information
(Use "NONE" or "N/A" if not applicable – DO NOT LEAVE ANY BLANKS)

New/Initial **[select ONLY one]** New/Addition

Stationary Roadway (SRV) Mobile Roadway (MRV) Sidewalk Other _____
(Select what applies)

All-year/Full-time Seasonal/Part-Time

Vending Business Trade Name

Lead Vendor First Name

Middle Initial

Lead Vendor Last Name

Home/Mailing Address (if applicable, include Floor/Location/Apartment #)

City

State

Zip Code

area code) Daytime Phone

(area code) Cell/Evening Phone

***Email Address**

Lead Vendor FS#

Lead Vendor VEB# (if existing)

DCRA License# (if existing)

_____ CAP - _____

DOH Exp. Date

DCRA Issue Date

DCRA Exp. Date

Additional Vendor First Name

Middle Initial

Additional Vendor Last Name

Home/Mailing Address (if applicable, include Floor/Location/Apartment #)

City

State

Zip Code

area code) Daytime Phone

(area code) Cell/Evening Phone

***Email Address**

Add'l Vendor FS#

Add'l Vendor VEB# (if existing)

DCRA License # (if existing)

_____ CAP - _____

DOH Exp. Date

DCRA Issue Date

DCRA Exp. Date

Check One Type of Unit	Push Cart	Stand	Step Van	Truck	Tow Unit	Other _____
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MENU TYPE HACCP Plan Needed	Baked Good Beverage/ Coffee Prepared Foods	Processed Foods Raw/Par-cooked Soft Serve Ice cream	MENU TYPE no HACCP Plan needed	Hot dogs/chili only pre-packaged Ice Cream Whole Produce Popcorn
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Days of Operation	<input type="checkbox"/> Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Seasonal Vending	Which season applies to your operation? (check all that apply)	Winter	Spring	Summer	Autumn/Fall
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Time of Operation	Start Time:	A.M.	P.M.	End Time:	A.M.	P.M.
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Please enter the Mobile Unit Vehicle Registration information

NO TEMPORARY TAGS ACCEPTED

Vehicle Registration Tag #	State Reg	VIN # (last nine [9] digits)

Mobile Food Vending Operation Application Form A

MOBILE UNIT and FOOD OPERATION QUESTIONNAIRE (please complete all questions)

1. Do you have **multiple vending units** operating in D.C.? YES NO
If yes, please provide the DOH 5-digit sticker numbers: _____
2. Is this a **Lottery** Unit? YES NO If yes, please provide the Lottery number VSP #: _____
3. Is this a **Sidewalk** Unit? YES NO If yes, please provide the Street location: _____
4. Will **cooking grease waste be generated**? YES NO
5. What is the capacity (gallons) of the **FRESH** water tank? ___ gallons Capacity of **WASTE** water tank? ___ gallons
6. Will **propane** be used on this unit? YES NO Will an **electric generator** be used on this unit? YES NO
7. Are there **waste/trash containers with lids**? YES NO Indicate the **number (#)** of containers with lids: _____
8. Are there **thermometers for the cooking and holding temperature reading**? YES NO
Please indicate the **number (#)** of each type: # ___ cooking # ___ holding
9. Where is the **food prepared** for cooking? Mobile Unit DC Depot Other
10. Where is the **food cooked**? Mobile Unit DC Depot Other

If you have selected "OTHER" for Q9 and/or Q10, then you must provide separate business license and current health inspection report for facility where food is prepared or cooked which is outside of D.C.

You will not be able to obtain an appointment for pre-operational inspection without a current depot letter and supporting documents.

11. Where will the mobile unit be **parked after hours**?

Name of Parking Facility: _____

Provide Address if **not at food prep depot**, along with separate **Depot Letter** for this facility

City

State

Zip Code

Please indicate below the location(s) of the of the toilet facility used during hours of vending operation to properly "WASH" your hands. This facility must be in close proximity to your vending location or service operation area.

Business Name : _____

Address including zip code: _____

zip

Business Name : _____

Address including zip code: _____

zip

Please provide the name and contact information of the person authorized to communicate with DOH on your behalf:

Alternate Contact's Name

(area code) Cell Phone

***Email Address**

Please select ONE:

Certificate & HACCP review (\$175)

or

Certificate Only (\$100)

Payment Amount: \$ _____

Check #: _____

or

Money Order #: _____

Credit/Debit Card and Cash can ONLY be used in the Processing Center

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By entering your name/signing this Agreement, I am attesting that I and all of my employees/workers/staff/helpers will follow all regulations pursuant to Title 25-A of the District of Columbia Municipal Regulations (DCMR) also known as the Food Code.

I understand that anyone who makes a false statement on this application can be criminally prosecuted; and, if convicted, fined up to \$1000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405.

Signature: _____

Date: _____

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FOR OFFICE USE ONLY

Rec'd Date: _____

Proc Date: _____

Rec'd/Proc'd by: _____

Email Date: _____

CC # above

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
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 HEALTH REGULATION AND LICENSING ADMINISTRATION**

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Computerized floor plan layout, identifying the aisle space length in trucks, and all equipment that will be used during your operation. **NO HAND DRAWINGS** This is to be attached and submitted with the **Application – Form A**

Clear copy of a State-issued photo ID for all vendors and vehicle owner along with a clear copy of the **vehicle registration**. NO Temporary vehicle tags allowed.

Copy of complete menu items to be sold

Provide copies of the **manufacturer specification sheets** for all equipment and appliances that will be utilized on the mobile food unit during operation.

Copy of the food preparation **business license** and most **recent health inspection report of facility** if located outside of the District of Columbia. You can *only* use a facility licensed as a food establishment for your food preparation. This is to be attached to the original signed food preparation **DEPOT LETTER – Form B**

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FOR CURRENT EXISTING VENDOR OPERATIONS that may be ONLY adding unit(s) or changing/expanding menu –

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Payment in the form of a check or money order made payable to: DC TREASURER

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GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION AND LICENSING ADMINISTRATION

Mobile Food Vending SERVICE SUPPORT FACILITY (DEPOT LETTER) - FORM B

PRINT CLEARLY USING CAPITAL LETTERS

All mobile food businesses operating in the District of Columbia are required to have a Depot, Commissary, or Service Support Facility (licensed kitchen) agreement, according to the Food Code Regulation in the District of Columbia Municipal Regulations Title 25-A. The service support location identified below must include the services selected for all necessary preparation, supplies, storage, after hours parking, basic maintenance, grease disposal, cleaning, including proper disposal for trash, and food waste.

Please refer to instruction sheet for additional information - (use "NONE" or "N/A" if not applicable)

*Service Support Facility (Depot) Trade Name:

[Empty text box for Service Support Facility (Depot) Trade Name]

*Depot Contact: First Name Middle Initial Last Name

[Empty text boxes for Depot Contact: First Name, Middle Initial, Last Name]

*Depot Establishment Address Floor/Unit

[Empty text boxes for Depot Establishment Address, Floor/Unit]

City State Zip Code

[Empty text boxes for City, State, Zip Code]

area code Daytime Telephone (area code) Cell/Evening Telephone

[Empty text boxes for area code, Daytime Telephone, (area code), Cell/Evening Telephone]

*Depot or Depot Contact Email Address

[Empty text box for Depot or Depot Contact Email Address]

Business License Type/Code # *ST/County/Cit *Business License #

[Empty text boxes for Business License Type/Code #, *ST/County/Cit, *Business License #]

License Issue Date License Begin Date License Exp. Date

[Empty text boxes for License Issue Date, License Begin Date, License Exp. Date]

VENDOR'S Days/Hours of Operation AT Facility:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Weekday: Open: ___ a.m. p.m. Close: ___ a.m. p.m. Weekend: Open: ___ a.m. p.m. Close: ___ a.m. p.m.

By entering your name/signing this Agreement, I am attesting that I, as the Depot Contact, and all of my employees/workers/staff/helpers will follow all regulations pursuant to Title 25-A of the District of Columbia Municipal Regulations (DCMR) also known as the Food Code.

I understand that, anyone who makes a false statement on this application can be criminally prosecuted; and, if convicted, fined up to \$1000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405.

Depot Contact Signature: _____ Date: _____

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Please select all the support services that will be used by the vendor at this Depot:

(a separate form will need to be completed for each facility providing a service)

- | | | | |
|-----------------------------|------------------|---------------------|----------------------|
| Food Storage | Food Preparation | Food Waste Disposal | Food Supply |
| Grease Recycling | Trash Disposal | Fresh Water Supply | Waste Water Disposal |
| Utensils/Equipment Cleaning | | Dry Ice Supply | Other _____ |

Will the vendor's unit **report** to this facility **daily** as required by Food Code? YES NO

Will the vendor's unit be **parked** at the address provided **after hours**? YES NO

If the unit will not be parked at the food preparation Depot after hours, state why and provide the address where the unit will be parked.

Name of Parking Facility:

Address: ZipCode:

Reason unit not parked at food preparation Depot:

By entering your name/signing this Agreement, I am attesting that I, as the lead vendor, and all of my employees/workers/staff/helpers will follow all regulations pursuant to Title 25-A of the District of Columbia Municipal Regulations (DCMR) also known as the Food Code.

I understand that, anyone who makes a false statement on this application can be criminally prosecuted; and, if convicted, fined up to \$1000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405.

Vendor Signature: _____

Date:

Vending Operation Trade Name:

DOH #: _____
(if applicable)

Failure to comply with the Food Code Requirements in Title 25-A of the District of Columbia Municipal Regulations may result in suspension of your operation.

FOR OFFICE USE ONLY


Depot Verified: _____ Rec'd/Proc'd by: _____ Unit # at Depot: _____ of **Total #** of Units at Depot: _____

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DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION


Mobile Food Vending Hazard Analysis Critical Control Point HACCP) PLAN Guidance

PRINT CLEARLY USING CAPITAL LETTERS

All mobile food businesses operating in the District of Columbia that are required to have a Depot, Commissary, or Service Support Facility (licensed kitchen) agreement, according to the *Food Code Regulation in the District of Columbia Municipal Regulations Title 25-A*. The service support location identified below must include the services selected for all necessary preparation, supplies, storage, after hours parking, basic maintenance, grease disposal, cleaning, including proper disposal for trash, and food waste.



Hazard Analysis Worksheet



#	Process Step	Hazard	CCP?	Critical Limit	Monitoring	Corrective Action	Verification	Records
1	Receive eggs	Salmonella	No	45F or below	Receiver will take temperature of truck for each delivery	Reject product	Chef reviews all receiving logs at the beginning of the shift	Receiving logs will be kept for 6 months
2	Store eggs	Salmonella	No	45F or below	Chef will monitor walk-in temperature every 6 hours	Destroy product	Manager will review logs daily	Cold holding logs will be kept for 6 months
3								
4	Prep	Salmonella	Yes	Cross contamination 45F or above	Cook or Prep Staff will ensure all equipment and utensils used have been cleaned and sanitized	Discard products	Wash and sanitize all equipment and utensils before use or remove from protective covers	Sufficient temp water, detergent and sanitizer available
5	Cook eggs	Salmonella	Yes	145F for 15 seconds immediate service / 155F for 15 seconds hot holding	Cook will take final cook temperature of eggs	Continue to cook until eggs reach proper temperature	Chef will review cook logs after each shift	Cook logs will be kept for 6 months
6	Hot holding	Salmonella	No	135F or above	Cook will take temperature every 4 hours	Discard product	Chef will review logs every 6 hours	Hot holding logs will be kept for 6 months
7								
8	Serve	Salmonella	possible	If not for immediate service or proper hot holding at correct temp	Immediate serve or follow hot holding monitoring	Discard product	Chef will review logs every 6 hours	Hot holding logs will be kept for 6 months

Vendor – TRADE NAME or Vendor name if not a truck - #99999 (DOH sticker)

Establishment Name _____

899 North Capitol St NE, 20002 _____

Address _____

(202) 555-1212 _____ best.contact@email.com _____ Pg ____ of ____

Phone Number _____ Email Address

This is an example of Page 1 for illustration purposes only.

Copy and complete the Worksheet as many times as necessary to describe **all** relevant menu items or recipes.

Failure to comply with the Food Code Requirements in Title 25-A of the District of Columbia Municipal Regulations, may result in suspension of your operation.

Flow Chart



Cold holding 41°F or below
 Hot holding 135°F or above

Vendor – TRADE NAME or Vendor name if not a truck - #99999 (DOH sticker)
 Establishment Name _____
 Address 899 North Capitol St NE, 20002 _____
 Phone Number (202) 555-1212 _____
 Email Address best.contact@email.com _____

Pg ____ of ____

This is an example of Page 2 for illustration purposes only.

Copy and complete the Flow Chart as many times as necessary to describe **all** relevant menu items or recipes.

Must Select Option: **New Submission** **Renewal** **Menu Item:** _____ **Date Submitted:** _____

#	Process Step	Hazard	CCP?	Critical Limit	Monitoring	Corrective Action	Verification	Records
1								
2								
3								
4								
5								
6								
7								
8								

 Vendor Trade Name / Lead Vendor's Name

 DOH Sticker #

 Phone Number

 Email Address

Flow Chart for Menu Item: _____



Vendor Trade Name / Lead Vendor's Name

DOH Sticker #

Phone Number

Email Address