



**Municipality of Anchorage**  
**Health Department**  
Environmental Health Services, Food Safety & Sanitation Program  
825 L Street  
907-343-4200 [www.muni.org/health](http://www.muni.org/health)



## Mobile Unit Check List

*Please answer each question and initial to the left.*

\_\_\_\_\_ **Are the floors, walls, and ceilings covered with an easily cleanable material?** Yes No

Please specify:

Floor: \_\_\_\_\_

Walls: \_\_\_\_\_

Ceiling: \_\_\_\_\_

\_\_\_\_\_ Is there a separate hand wash sink with hot and cold running water under pressure? Yes No

\_\_\_\_\_ Are the fresh water tanks NSF or FDA approved? Yes No

What is the make and model number of the tanks? \_\_\_\_\_

\_\_\_\_\_ What is the water inlet size of the fresh water tank(s)? \_\_\_\_\_

Is the inlet capped and protected? Yes No

\_\_\_\_\_ How many gallons of water do you expect to use each day? \_\_\_\_\_

\*Note: Include dish washing if washing on-site.

\_\_\_\_\_ How many gallons of water do the fresh water tank(s) hold? \_\_\_\_\_

How many gallons of water do the waste water tank(s) hold? \_\_\_\_\_

\*Note: Waste water tanks must be at least 15% larger than the fresh water tanks.

\_\_\_\_\_ What size is the waste water tank discharge connection? \_\_\_\_\_

Is it lower than the fresh water tank inlet? Yes No

\_\_\_\_\_ Are the fresh and waste tanks labeled potable and non-potable? Yes No

\_\_\_\_\_ Will the facility be doing any food preparation on-site? Yes No

Do you have a separate food preparation sink? Yes No

\_\_\_\_\_ Where will dishwashing be completed? \_\_\_\_\_

If on-site, do you have a 3-compartment sink? Yes No

What are the length, width, and depth of the inside of one of the 3-compartment sink basins?

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

\*Note: This information is used to determine the number of gallons of water the sink holds.

\_\_\_\_\_ What is the make and model number of the hot water heater? \_\_\_\_\_  
What is the storage capacity? \_\_\_\_\_  
What is the recovery rate at degrees Fahrenheit (example: 75 GPH @ 90 F)? \_\_\_\_\_  
How many BTU's or kW's input does it need? \_\_\_\_\_

\_\_\_\_\_ Do you have sufficient dry storage areas for your operation? Yes No  
Where are these located? \_\_\_\_\_  
Do you have sufficient refrigeration for your operation? Yes No  
Where are these located? \_\_\_\_\_

\_\_\_\_\_ Where will staff use the restroom? \_\_\_\_\_  
Do you have a letter stating you have permission to use another facilities rest room? Yes No  
\*Note: The restroom must be within 200 feet of the mobile unit.

\_\_\_\_\_ Is your facility completely mobile? Yes No  
\*Note: You may not hook up to city sewer or water or attach any structures to the mobile. If approved by Development Services to be hooked to electricity, you must have the ability to disconnect from electricity quickly

\_\_\_\_\_ Vent hood (if installed) filter cleaning plan submitted with plan review.

Please contact our customer service staff at 907-343-4200 if you have any questions.

Please contact Development Services at 907-343-8301 to discuss permit requirements such as hooking up to electricity or for land use questions.

Please contact the Municipal Clerk's Office at 907-343-4316 to discuss license requirements such as Roving Vendors licensing.