



## **New Annual Mobile Food Unit Packet**

*Thank you for your interest in opening a new retail food establishment. In this packet, you will find all of the necessary paperwork and helpful documents that you will need in order to obtain approval for your new mobile unit. Each document is explained in detail below. Feel free to contact our office if you have further questions.*

☐ **MOBILE FOOD UNIT REQUIREMENTS**

The purpose of this document is to provide general requirements for those interested in opening a new retail food establishment. These requirements are designed to assist new operators with the procedure to obtain a proper permit from the Department of Health. Retail food establishments are required to meet all current requirements set forth in the Indiana Food Code (410 IAC 7-26).

☐ **ANNUAL MOBILE FOOD PERMIT APPLICATION**

The operator of a retail food establishment must submit an application for a food permit and pay all applicable fees. The application type will depend on the type of food service provided. For example, an Annual Mobile Food Service permit application is typically for food stored, sold or offered in open form, fresh or frozen, where an Annual Mobile Food Market permit application is typically for food stored, sold or offered in pre-packaged form, fresh or frozen. Once the establishment type is determined, the appropriate application will be provided.

☐ **MOBILE RETAIL FOOD ESTABLISHMENT AND COMMISSARY AGREEMENT FORM**

Each Mobile Food unit must operate from an approved/licensed commissary and shall report at least daily to such location for all supplies, extra food storage, and cleaning and servicing operations. The commissary must be a licensed food establishment that meets all applicable requirements of 410 IAC 7-26 and Title 10, Article 2 (Allen County Food and Beverage Ordinance). Private homes may not be used as commissaries. The commissary does not have to be located in Allen County, but it still must be an approved licensed food establishment.

☐ **PLAN REVIEW QUESTIONNAIRE**

This document is designed to serve as guidance for all new retail food establishments with regard to the minimum sanitation requirements set forth in 410 IAC 7-26. Please note there are two sections – one to be filled out by the operator and one to be filled out by the architect/contractor.

☐ **FOOD ESTABLISHMENT SIGN-OFF SHEET**

All Mobile Food units must be in compliance with current Fort Wayne Fire, Water Utility and Zoning regulations. It is the responsibility of the operator to contact the Fort Wayne Fire Department (or other appropriate fire department, based upon location of facility), Water Utility and the Allen County Department of Planning Services to schedule any necessary inspections and/or obtain signatures for approval. This sheet is to be submitted to the Department of Health once all signatures have been obtained (and must be submitted in completed form prior to final inspection by the Department of Health).

☐ **LIST OF CERTIFIED FOOD HANDLER PROVIDERS**

410 IAC 7-26-135 requires that retail food establishments (unless otherwise exempted) have at least one certified food handler who has demonstrated knowledge of food safety principles by passing a test that is part of an accredited program. This document provides a list of providers.



## **Guidelines for New Mobile Food Units**

**NOTE:** Newly constructed mobile food units or those mobile food units that have closed and are planning to be re-opened under new ownership must obtain a valid food permit prior to operation. In order to qualify for an annual mobile food permit, the unit must meet all current Indiana Food Code requirements. The procedure to obtain a proper permit is outlined below.

1. **CONTACT THE FIRE DEPARTMENT, DEPARTMENT OF PLANNING SERVICES AND FORT WAYNE CITY UTILITIES.** All mobile food units must be in compliance with current Fire, Water/Sewer and Zoning Codes. Contact the applicable departments using the contact information on the reverse side of this form for their requirements and approval on the signoff sheet included in this packet.
2. **SUBMIT PLANS AND RECEIVE APPROVAL.** A full set of plans must be submitted to this Department prior to construction of a new mobile unit. (See document titled, "Mobile Food Unit Requirements" for content and specific requirements for submitting plans).
3. **REVIEW THE FOOD ESTABLISHMENT PLAN REVIEW FORM ONCE SENT TO YOU.** The Health Department will conduct a plan review of submitted plans, and a copy of the plan review form/checklist will be mailed to the person listed on the "Plan Review Mailing Address" as noted on the Plan Receipt. **Note:** The plan review must be shared with all responsible parties involved in the project to ensure all requirements are met.
4. **SCHEDULE A PRELIMINARY INSPECTION OF THE MOBILE UNIT.** Contact the appropriate Department of Health food inspector (this information will be provided to you on the plan review) to conduct a preliminary inspection anytime during the construction process, allowing at least two working days for scheduling. An inspection report will be generated during that inspection and the report will list any items that have yet to be addressed or corrected to bring the establishment into compliance with current Food Codes prior to opening.
5. **SUBMIT A MOBILE FOOD UNIT PERMIT APPLICATION AND PAY FEES.** The operator of the mobile food unit, not the architect or contractor, must submit a permit application for a mobile food unit permit and pay all applicable fees. The Health Department must receive the application and fees before a final approval inspection will be scheduled. **Note:** Fees must be submitted to the Health Department in person or by mail, as no fees may be received in the field.
6. **SCHEDULE FINAL APPROVAL INSPECTION.** Once all items listed on the preliminary inspection have been completed and the mobile food unit permit application and fees have been submitted, a final inspection can be scheduled. Contact the appropriate inspector, allowing at least two working days for scheduling. If all Food Code requirements are met, the establishment will be approved for an annual mobile food permit. **Note:** *No food items may be brought into the mobile food establishment until a valid food permit is obtained.*

# BUILDING AND FIRE DEPARTMENT CONTACT INFORMATION



**Allen County Department of Health**  
(260) 449-7561

**Allen County Building Department**  
Commercial Building Inspector - (260) 449-7546

**Allen County Department of Planning Services**  
(260) 449-7607

**Fort Wayne Community Development**  
(260) 427-1129

## **FIRE DEPARTMENT INFORMATION:**

### **FORT WAYNE FIRE DEPARTMENT (within city limits)**

1 Main St., Suite 901 – Fort Wayne, IN 46802 – (260) 427-1478, or dial 3-1-1  
<https://www.fortwaynefiredepartment.org/>

### **ARCOLA FIRE DEPT**

11329 Railroad St. – Arcola, IN 46704 – (260) 625-3474

### **EAST CENTRAL FIRE & EMS**

910 Hartzell Road – New Haven, IN 46774 – (260) 493-7500  
<https://www.newhaven.in.gov/601/East-Central-Fire-EMS>

### **HOAGLAND FIRE DEPT**

11316 Hoagland Road – Hoagland, IN 46745 – (260) 639-6161  
<https://www.hoaglandfire.com/>

### **MONROEVILLE FIRE DEPT**

205 W. South St. – Monroeville, IN 46773 – (260) 623-6234  
<https://ivfa.org/departments/monroeville-vol-fire-dept/>

### **NORTHEAST ALLEN COUNTY FIRE PROTECTION DISTRICT**

13415 State St. – Grabill, IN 46741 – (260) 627-5133  
<https://ivfa.org/departments/north-east-allen-county-fire-ems/>

### **NORTHWEST ALLEN COUNTY FIRE PROTECTION DISTRICT**

15412 Lima Road – Huntertown, IN 46748 – (260) 449-3698  
<https://www.facebook.com/@nwfiredistrict/>

### **POE FIRE DEPT**

3619 Yoder Road – Fort Wayne, IN 46819 – (260) 639-3992

### **SOUTHWEST ALLEN FIRE PROTECTION DISTRICT**

12912 Indianapolis Road – Yoder, IN 46798 - (260) 747-7786  
<https://www.southwestfire.com/>

### **WEST CENTRAL ALLEN COUNTY FIRE PROTECTION DISTRICT**

11321 Aboite Center Road – Fort Wayne, IN 46814 – (260) 436-1449  
<https://www.facebook.com/westcentralfiredistrict/>

### **WOODBURN FIRE DEPT**

22371 Main St. – Woodburn, IN 46797 – (260) 632-5218  
<https://www.cityofwoodburn.org/government/departments/woodburn-fire/>



## MOBILE FOOD UNIT REQUIREMENTS

*All mobile food units must meet all the following requirements prior to permit approval by this Department.*

1. All equipment provided must be in good repair and meet the standards required in 410 IAC 7-26 (or as amended). All new refrigeration units installed in mobile food units must be able to maintain internal food temperatures at 41°F or below.
2. Each unit preparing/handling/selling open foods must be provided with either a three-compartment sink or a mechanical ware washing machine capable of proper sanitization. Proper drainboards, utensil racks or movable dish tables must be provided for storage of soiled and cleaned dishes.
3. A hand sink with hot and cold running water (as well as soap and paper towels) must be provided for adequate and accessible handwashing.
4. All floor, wall, ceiling, water tank and food-contact surfaces must be constructed of materials that are smooth, durable, corrosion-resistant, easily cleanable and non-absorbent.
5. Accurate and properly located thermometers must be provided in each cold-holding (refrigeration/freezer) unit. A probe/stem thermometer must also be provided for monitoring internal food temperatures.
6. Adequate space/equipment/shelving must be provided for the storage of all food products, supplies and cleaning implements and chemicals.
7. Proper backflow/back-siphonage devices must be installed at the water source of the mobile unit if water is continuously supplied at any given time (by a hose, pipe, etc.). The device must be approved for continuous pressure and no cross-connections or potential sources of contamination will be allowed.
8. Any hoses used for conveying water to or from a mobile unit must be: (1) safe, durable, corrosion-resistant, non-absorbent, (2) resistant to pitting, chipping, scratching, scoring, distortion, (3) finished with a smooth interior surface, and (4) clearly and durably identified as to their use if not permanently attached (so as not to be mistakenly used for another purpose). In other words, the hose should be a food-grade hose. Furthermore, hoses used for waste may not be used for any other purpose.
9. A sewage (wastewater) holding tank must be 15% larger in capacity than the water supply tank and must be sloped to a drain that is 1 inch in inner diameter or greater, equipped with a shut-off valve.
10. Liquid waste shall not discharge from the retention tank when the mobile retail food establishment is being moved.
11. All water must be obtained from an approved and potable source operated in accordance with the law. All plumbing codes must be met at all times.
12. A mobile retail food establishment requires a potable water system under pressure. The system must have sufficient capacity to furnish enough hot and cold water for food preparation, utensil cleaning, sanitizing and handwashing.
13. A mobile water tank must be: (1) sloped to an outlet that allows complete drainage of the tank, (2) have an inlet that is ¾ inch in inner diameter or less and provided with a hose connection that will prevent its use for any other service.
14. If provided, a water tank vent shall terminate in a downward direction and shall be covered with a proper screen and a protective filter when the vent is in an area that is not protected from windblown dirt and debris.
15. A cap and keeper chain, closed cabinet, closed storage tube, or other approved protective cover or device must be provided for a water inlet, outlet and hose – to protect it from contamination and the entrance of unwanted debris.
16. Sewage and other liquid wastes must be removed at an approved waste servicing area or by a sewage transport vehicle in such a way that a public health hazard or nuisance is not created.

## **COMMISSARY REQUIREMENTS**

*Each mobile food unit must operate from an approved/licensed commissary and shall report at least daily to such location for all supplies, extra food storage and cleaning and servicing operations.*

*(SEE NOTE BELOW FOR EXEMPTION FROM DAILY USE OF COMMISSARY).*

*The commissary must meet the following requirements:*

- (1) The commissary must be a licensed food establishment that meets all applicable requirements of 410 IAC 7-26 and Title 10, Article 2 (Allen County Food and Beverage Ordinance). Private homes may not be used as commissaries. The commissary does not have to be located in Allen County, but it still must be an approved, licensed food establishment.
- (2) If the owner of the mobile food unit and the owner of the commissary are not one in the same, a letter must be received from the owner of the commissary stating the operations that will be allowed to be conducted at that establishment.
- (3) The commissary is to be used for: (1) proper cleaning of the mobile food unit, (2) disposal of wastewater, (3) gaining potable water for the water tank, (4) storage of all extra food and supplies, (5) storage/refrigeration of foods that cannot be temperature maintained on the unit during times when the unit is not operating, (6) general servicing of the unit. If the mobile unit is motorized and is actually pulled into/parked inside of the commissary for servicing – all food storage and equipment must be completely separated to prevent any potential contamination.
- (4) The commissary must be provided with a utility/mop sink for proper cleaning of the unit (floors, exterior of unit, equipment, etc.). If grease is a primary waste product of the mobile food unit, the commissary must be equipped with adequate facilities for proper grease disposal.
- (5) If provided, the outdoor servicing area must be provided with overhead cover to prevent environmental contamination during the cleaning of the unit.
- (6) The mobile unit does not HAVE to return to the commissary each day of operation if it is involved in a fair or festival and moving the unit is impossible. *However, a commissary must still be provided and used when warranted.*

## **MISCELLANEOUS REQUIREMENTS**

- (1) Only single-service, disposable utensils and dishware shall be provided for consumer use.
- (2) If the mobile food unit is a trailer and preparation and/or grilling takes place outside of the unit, the outdoor area must also be provided with proper handwashing facilities. The preparation area must be properly covered to protect the food from contamination (except that the actual grilling unit itself does not need to be covered due to fire safety reasons). Adequate water supply must be provided at the mobile unit for any subsequent cleaning that may be required of the outdoor area.
- (3) Provisions must be made on the mobile food unit to protect all areas from insects, rodents and outdoor weather conditions (screens, fans, etc.).
- (4) Entry/Exit doors to the mobile food unit must be tight-fitting and self-closing. If the door is left open, a proper screen must be provided, kept closed and in good repair.

## **MOBILE FROZEN FOOD SALES**

*If the mobile unit offers for sale ONLY frozen food products, the following applies:*

- (1) The mobile food unit (truck, etc.) must be able to maintain all potentially hazardous foods frozen at 0°F or below. Mechanical refrigeration is not required. However, if a domestic freezer/refrigeration unit is used, it must be located so there is no potential for environmental contamination. (For example, if located on the back of a pick-up truck, it must be provided with a “cap” that protects it from rain, birds, etc.) Furthermore, if mechanical refrigeration is not provided and temperature violations are encountered, the unit will not be allowed to operate until such time as proper temperatures can be maintained at all times.
- (2) A thermometer must be provided and properly located to monitor ambient air temperature of the unit at all times.
- (3) Display items/products may not be sold.
- (4) The mobile food unit must operate from an approved and licensed commissary. The commissary must be provided with a utility/mop sink for cleaning of the unit. If the commissary is designed only for servicing of

the mobile food unit, then certain Code exemptions can be granted by this Department – based on the situation.

- (5) Unless the commissary is approved for such a purpose, no repackaging of foods may take place. All foods must be sold in their original manufacturer's packaging, provided with proper labeling.
- (6) If the owner of the mobile food unit and the owner of the commissary are not one in the same, a letter must be received from the owner of the commissary stating the operations that will be allowed to be conducted at that establishment.

***Application and fee payment must take place prior to opening a mobile food unit. All mobile food units must be inspected prior to permit approval. (All other applicable food protection requirements in 410 IAC 7-26 must be followed at all times.)***



Food Protection Division ♦ 200 E. Berry Street, Suite 360 ♦ Fort Wayne, IN 46802

Phone: (260) 449-7562 ♦ Fax: (260) 449-3010 ♦ www.allencountyhealth.com

## ANNUAL MOBILE FOOD SERVICE PERMIT APPLICATION

All Food Establishments must comply with 410 IAC 7-26 and Allen County Code, Title 10, Article 2 at all times or be subject to the penalties therein.

NAME OF ESTABLISHMENT: \_\_\_\_\_  
(this is how it will appear on your permit and in our files)

COMMISSARY ADDRESS for the Mobile Unit: \_\_\_\_\_  
(street) (city) (state) (ZIP)

Mailing Address for Permit: \_\_\_\_\_  
(street) (city) (state) (ZIP)

Mailing Address for permit renewal letter: \_\_\_\_\_  
(street) (city) (state) (ZIP)

Establishment Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Owner Address: \_\_\_\_\_

Type of Ownership: (\*see back) Individual Partnership Corporation LLC Other: \_\_\_\_\_

If corporation, list name: \_\_\_\_\_ Resident Agent: \_\_\_\_\_

### -- THE FOLLOWING QUESTIONS MUST BE ANSWERED OR PERMIT WILL NOT BE ISSUED --

(1) Vehicle Identification Number (VIN) for the Mobile Unit: \_\_\_\_\_

(2) Vehicle License Plate Number: \_\_\_\_\_ (3) Gross weight of the vehicle/unit: \_\_\_\_\_

(4) Detailed Description of Vehicle/Unit (make, model, color, etc.): \_\_\_\_\_

(5) Please list all foods sold from the unit: \_\_\_\_\_

(6) What is the name of the Person-In-Charge? \_\_\_\_\_ Position: \_\_\_\_\_

(7) Name of Certified Food Handler? \_\_\_\_\_ Position: \_\_\_\_\_ Cert. Expiration: \_\_\_\_\_

(8) Please list your days and hours of operation or sales route on the back of this form.

### PERMIT FEE SCHEDULE (This is a non-refundable fee.)

**LATE FEES APPLY IF THE PAYMENT IS BEING MADE AFTER THE 15<sup>TH</sup> OF THE MONTH IT IS DUE.**  
**IF LATE, USE FEE ON THE RIGHT, BELOW.**

**ON-TIME RENEWALS, use the fee below**  
**FOR ONE YEAR OF OPERATION**  
\$200.00

**LATE RENEWALS, use the fee below**  
**FOR ONE YEAR OF OPERATION**  
\$250.00

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW ESTABLISHMENTS & CHANGES OF OWNERSHIP, SEE BACK OF APPLICATION FOR FEE SCHEDULE**

**Make all checks or money orders payable to the Allen County Department of Health.**

**NOTE #1:** This permit is solely for the facility located at the address listed above. Any sale and/or food preparation at an off-site event is beyond the definition of catering and is not in compliance with state law/local ordinance and subject to penalties.

**NOTE #2:** Payments made by check that result in non-sufficient funds will result in the requirement for immediate payment to the Allen County Department of Health (plus an additional NSF check fee) via cash, money order or certified check within 5 business days. If payment is not received within 5 business days of notification, the establishment will be closed until fees are paid in full.

**NOTE #3 (Collections):** Any and all charges for services and permits are your sole responsibility and are to be paid in full upon application. In the event any legal proceeding must be instituted to recover the amount due, the Allen County Department of Health shall be entitled to recover the cost of the collections, including reasonable attorney fees.

**By signing below I agree to ALL terms and conditions listed on this permit application**

**Signature of Applicant(s) or Corporate Officer:** \_\_\_\_\_

**Printed Name of Applicant(s):** \_\_\_\_\_

Permit will not be issued  
if not properly signed!

-----FOR OFFICE USE ONLY BELOW THIS LINE -----

Signature of Food Division Representative \_\_\_\_\_

Date \_\_\_\_\_

District #: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Estab. #: \_\_\_\_\_ Permit #: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Clerk: \_\_\_\_\_

## COMMISSARY INFORMATION

**\*\*If you DO NOT OWN the establishment being used as your commissary, you must complete the attached “*Mobile Retail Food Establishment and Commissary Agreement Form*” with the commissary owner. This form must be submitted with your application in order to be considered for a permit. If your commissary changes, the Allen County Department of Health must be notified immediately.**

## SALES AREA (ROUTE) INFORMATION

### **DUE TO ONGOING PROBLEMS LOCATING MOBILE UNITS FOR NECESSARY INSPECTIONS – THE FOLLOWING INFORMATION IS REQUIRED.**

Detail on the lines below your normal sales route information each day. In other words, where do you make stops during the day to vend your food products? This information must be provided in order for our Department to conduct unannounced inspections. If your daily schedule slightly deviates from the information you provide below, that is not a problem, as long as it is not significantly different.

**\*\* If you do not have a normal route, it will be necessary for you to provide weekly listings of where you plan to sell your food products (via fax or mail).**

**\*\* If your route changes, it will be necessary for you to fax or mail in any updates on a routine basis.**

**\*\* Please be sure to list approximate times as well for the locations you list below.**

**\*\* If this information is not completed or is found to be significantly inaccurate without you attempting to provide updated locations/times – a review of your permit status will be conducted prior to any renewals being allowed.**

### **\*ESTABLISHMENTS WITH SHARED OWNERSHIP, A PARTNERSHIP, OR ANY FORM OF MULTIPLE OWNERSHIP OR MEMBERSHIP – please complete the following for each:**

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ownership %: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ownership %: \_\_\_\_\_

### **NOTE TO NEW ESTABLISHMENTS OR NEW OPERATORS – Non-Probationary**

**New Establishment Fee:    \$280.00**

Each new food establishment shall be required to pay a fee of **two hundred and eighty dollars (\$280.00)** for the review of plans and specifications and for the initial inspection of the Food Establishment. This fee is in addition to the permit fee.

### **NOTE TO NEW OPERATORS – (90-day Probationary) Fee: \$175.00**

Each new permittee of a food establishment which is in existence and has been operating on a continual basis up to the time that the new permittee takes over the ownership or possession of said food establishment, shall be required to pay a fee of one hundred and seventy five dollars (\$175.00) for the initial inspection of the food establishment. This is an addition to the permit fee as set out herein.

**(Food establishments under new ownership are required to meet all applicable current codes within 90 days.)** There will be no extensions on this 90-day probationary period. All codes must be met at the time for the annual permit to be issued. If codes are not met at that time, the probationary permit will be revoked and the establishment will be closed. Refer to Title 10, Article 2 (Food and Beverage Ordinance) for further information.

**New Operator:** I, \_\_\_\_\_, have read and understand the above paragraph and I  
(Please sign)

also understand I will need to schedule an initial inspection of the facility to determine what needs to be done to meet all applicable requirements.

**Actual date that the change of ownership will become effective:** \_\_\_\_\_





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## MOBILE RETAIL FOOD ESTABLISHMENT AND COMMISSARY AGREEMENT FORM

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### MOBILE RETAIL FOOD ESTABLISHMENT INFORMATION:

Establishment Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List the foods prepared at the commissary: \_\_\_\_\_

Days/times you engage in food preparation at the commissary: \_\_\_\_\_

### LICENSED FOOD ESTABLISHMENT/COMMISSARY INFORMATION:

Establishment Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Establishment Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Days/times the operator report to the commissary for servicing, storage, cleaning, etc.: \_\_\_\_\_

What functions are the operator(s) approved to conduct at the commissary:

Food Storage      Food Preparation      Dishwashing      Food Packaging      Other: \_\_\_\_\_

By signing this agreement form, both aforementioned parties agree to follow all food safety regulations set forth in the Indiana State Food Protection Rule (410 IAC 7-26) and the Allen County Food and Beverage Ordinance (Allen County Code, Title 10, Article 2) while engaging in food preparation/service/related activities at the above-mentioned licensed food establishment. In addition, both parties agree to comply with all Fort Wayne/Allen County Building, Fire and Zoning regulations at all times with regard to the food service operations that take place in the licensed food establishment. Additionally, the owner of the above-mentioned licensed food establishment agrees that any food safety violations that are observed during the routine inspection of his/her food establishment will be documented on the inspection form for the licensed food establishment, regardless of which party was responsible for the violation. The owner of the commissary will be held liable/responsible for all food service operations within his/her licensed facility.

\_\_\_\_\_  
Printed Name of Commissary Owner

\_\_\_\_\_  
Signature of Commissary Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Mobile Food Unit Owner

\_\_\_\_\_  
Signature of Mobile Food Unit Owner

\_\_\_\_\_  
Date



## PLAN REVIEW QUESTIONNAIRE

Please answer the following questions and return this form with your floor plan and menu to our office. If you have any questions, please call (260) 449-7111. This questionnaire is not designed as a complete list of requirements, but should be used as a guideline only. The sanitation requirements noted in this document are ones specified under the Retail Food Establishment Sanitation Requirements, 410 IAC 7-26. Please use this rule as it pertains to section numbers referenced at the end of each question.

Name of the facility:

Address of facility:

Contact name and phone number:

It is recommended you provide plans that are a maximum of 11x14 inches in size including the layout of the floor plan.

Number of Seats

Total square feet of the facility

Number of Employees

Number of floors on which operations are conducted

Maximum meals to be served: Breakfast  
(approximate number)

Lunch

Dinner

Type of service: Sit down meals  
(check all that apply) Take out

Mobile vendor  
Other:

Caterer

Who (job title) will be your certified food manager? (sect. 135)

How will employees be trained in food safety? (sect.136)

The following procedures / questions should be considered before any further planning / construction begins or continues to ensure special consideration is given to these standard sanitary operating procedures (SSOP's). This section should be completed by the operator. Please indicate (by either checking or completing the answers) whether or not a section applies to your operation.

### **FOOD**

1. Please provide a list of all planned food vendors. (sect. 155) (who you will be purchasing product from)

2. What is the procedure for receiving food shipments? (sect. 162) Are temperatures checked and containers inspected for damage?

3. What is the anticipated frequency of food deliveries for: Frozen Fresh Dry

4. Is your facility required to have pasteurized products? (sect. 225) Yes No

5. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? Yes No  
If so, have you passed the Better Process and Control School exam? (sect. 156) Yes No  
*Please include a copy of the certificate.*

6. Do you intend to make reduced oxygen packaged (ROP, def. 97) foods? (sect. 218)      Yes                      No  
If yes, please list out the ROP foods:

### **FOOD PREPARATION**

1. If foods are prepared a day or more in advance, please list them out:
2. What will be your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked or heat treated (such as sushi, lettuce, buns, etc.)? (sect. 173)
3. Describe your date marking system (described under sect. 214) for time/temperature control for safety food (defined under sect. 125) ready-to-eat foods (defined under sect. 96). (sect. 214)
4. Will all produce be washed prior to use? (sect. 179)      Yes                      No                      NA  
If no, why?
5. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone (41°F-135°F) during preparation. (sect. 211)
6. Provide a list of the types of food that will need to be thawed before cooking. (sect. 210)

PROCESS	TYPES OF FOOD
Refrigeration	
Running water less than 70°F	
Microwave as part of the cooking process	
Cook from frozen	
Other (describe)	

7. Provide a list of the types of food that will need to be cooled (ex: leftovers). (sects. 211, 212)

PROCESS	TYPES OF FOOD
Shallow pans under refrigeration	
Ice and water bath	
Reduced volume (quartering a large roast)	
Ice paddles	
Rapid chill devices (blast freezer)	
Other (describe)	

8. What procedures will be in place to ensure foods are reheated to 165°F or above? (sect. 206)
9. Will a buffet be served?      Yes                      No  
If yes, who will be responsible for ensuring the buffet is protected from consumer contamination? (sect. 195)

### **HOT AND COLD HOLDING**

1. Will "Time as a Public Health Control" (see sect. 216) be used for potentially hazardous food(s) (either hot or cold)?  
Yes      No      *Note: Written procedures must be developed in advance, maintained in the retail food establishment and made available to the regulatory authority upon request.*
2. Whom (line cook, kitchen manager, etc.) will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken (cooking, cooling, reheating and hot holding)? (sect. 136)
3. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in a refrigeration unit(s) (ex: walk-in coolers, under the counter coolers). (sect. 175)
4. Describe the storage of different types of raw meat and seafood in the same unit, and how cross-contamination will be prevented. (sect. 175)

### **SANITIZATION**

1. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? (sect. 136)
2. What type of chemical sanitizer(s) will the facility use? (sect. 299)
3. Will the facility have test kits / papers on site for all types of chemical sanitizers? (sect. 301) Yes      No
4. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in a sink or put through a dishwasher be sanitized? (sect. 316)

### **POISONOUS OR TOXIC MATERIALS**

1. Where will poisonous or toxic materials be stored (including the ones for retail sale)? (sect. 457)
2. Will the facility use a hand sanitizer? (sect. 144) Yes      No      If yes, what brand?
3. Will the facility ensure insecticides and rodenticides are "Approved for User in Food Establishments" and that they are applied in a safe manner? (sect. 136) Yes      No
4. Will all spray bottles be clearly labeled? (sect. 456) Yes      No
5. Where will first aid supplies be stored? (sect. 471)

**MISCELLANEOUS**

1. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters? (sect. 427)  
Yes      No
2. Has the facility registered or applied for a permit from the regulatory authority? (sect. 477) Yes      No
3. Will laundry facilities be provided on-site? (sect. 277, 323, 283) Yes      No
4. Will any outdoor food operations take place at the licensed food establishment? Yes      No  
(sect. 489)

**MENU**

1. Will raw animal food(s) be offered to the public in an undercooked form (sushi, rare hamburgers, eggs over easy, made from scratch dressing, etc.)? Yes      No  
If so, please attach your consumer advisory statement. (sect. 223)
2. List food and beverages to be served below or attach a menu.

**The following list of questions should generally be completed by the architect / contractor / engineer.**

**WAREWASHING / DISHWASHING**

1. Dishwashing methods (check one or both):                      3 Compartment Sink                      Dish machine
2. If a 3 compartment sink is used, which sanitizing method will you use? Hot water                      Chemical
3. If a dish machine is used, which sanitizing method will you use? Hot water                      Chemical  
If hot water, do you have a booster heater? Yes                      No  
If hot water, how will you ensure the unit is sanitizing the utensils? (sects. 280, 316)
4. Does your chemical dish machine have an alarm that indicates when more chemical sanitizer needs to be added?  
(sect. 265) Yes                      No
5. What type of alarm will be used to detect when the sanitizer is too low? Sound                      Visual
6. Can the largest piece of equipment be submerged into the 3 compartment sink or dish machine? (sect. 274)  
Yes                      No
7. Does the facility plan to use alternative manual ware washing equipment? (sect. 274) Yes                      No  
*If yes, please submit your procedure for review.*
8. Does your facility have enough drain boards / utensil racks/carts for the air drying of equipment and utensils for either  
the 3 compartment sink or the dish machine? (sect. 275)

**WATER SUPPLY**

1. Type of water supply:                      Public                      Private                      If public, skip question #2.
2. If private, has the source been tested? (sect. 339) Yes                      No  
If so, when was the last test? \_\_\_\_\_ Did you send us a copy of the lab result? Yes                      No

**WASTE WATER / SEWAGE DISPOSAL**

1. Type of sewage disposal system:                      Public                      Private                      If public, skip question #2.
2. If private, has the waste treatment been approved by the state or local septic inspector? (sect. 385) Yes                      No  
*Please provide a copy of the approval.*

**PLUMBING**

1. Are hot and cold water fixtures provided at every sink? (sect. 342) Yes                      No
2. If a water supply hose is to be used for potable water, is it made from food-grade materials? (sect. 370) Yes                      No
3. What is the recovery time, volume and capacity of the hot water heater? (sect. 341)
4. Is an adequate and properly located utility (mop) sink or curbed cleaning facility provided? (sect. 353) Yes                      No

5. The following technical information is needed on the proposed plumbing. This section is best completed by a licensed plumber or engineer.

Fixture	Water Supply					Sewage Disposal		
	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Dishwasher								
Ice Machine(s)								
Mop/Service Sink								
3 Compartment Sink								
2 Compartment Sink								
1 Compartment Sink								
Hand Sink(s)								
Dipper Well								
Hose Connections								
Asian Wok/Stove								
Toilet(s)								
Kettle(s)								
Thermalizer								
Overhead Spray Hose								
Other Spray Hose(s)								
Other:								
Other:								
AVB=Atmospheric Vacuum Breaker				HB=Hose Bib Vacuum Breaker				
PVB=Pressure Vacuum Breaker				VDC=Vented Double Check Valve				

6. Has contact been made to City Utilities to determine if a grease trap is required?    Yes        No

7. What would be the frequency of cleaning for the grease trap? (sect. 381)

### **HANDWASHING / TOILET FACILITIES**

1. Handwashing sinks are required in each food preparation and dishwashing area. (sect. 356)

How many hand sinks will be provided?

2. Are all toilet room doors self-closing where applicable? (sect. 420) Yes        No

3. Are all toilet rooms equipped with adequate ventilation? (sect. 437) Yes        No

**ROOM FINISH SCHEDULE (What the interior of the facility will look like)**

1. Please indicate which materials (ex: quarry tile, stainless steel=SS, plastic cove molding, etc.) will be used in the following areas. (sect. 410)

AREA	FLOOR	COVING	WALL	CEILING
KITCHEN				
CONSUMER SELF SERVICE				
SERVING LINE				
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS				
GARBAGE STORAGE				
MOP/SERVICE SINK AREA				
DISHWASHING				
OTHER				
OTHER				

**PERSONAL BELONGINGS**

1. Are separate dressing rooms / lockers provided? Sect. 438) Yes      No

2. Describe the storage location for employees' coats, purses, medicines and lunches. (sects. 440, 472)

3. Where is the designated area for employees to eat, drink and use tobacco? (sect. 148)

**EQUIPMENT**

1. Will all of the equipment meet the design and construction for the American National Standards Institute (ANSI) standards or meet section 226? Yes      No

2. Will the utensils and food storage containers be made from food-grade quality materials? (sect. 226) Yes      No

3. Will any pieces of used equipment be utilized? (sect. 474) Yes      No  
If so, please list equipment types:

4. Is the ventilation hood system sufficient for the needs of the facility? (sect. 276) Yes      No      NA

5. Will all of the equipment used for the storage of potentially hazardous foods be able to meet the minimum temperature requirements (frozen food 0°F, cold food 41°F, hot food 135°F)? Yes      No



6. Please list equipment types for the hot and cold holding of foods; also during serving or transporting. (sect. 213)

7. Will each refrigeration unit have a thermometer? (sect. 260) Yes      No

8. What types of counter protective guards for food (sneeze guards) will be used for consumer self-service? (sect. 193)

### **INSECT AND RODENT HARBORAGE**

1. Will all outside doors be self-closing, when applicable, and rodent / insect proof? (sect. 421) Yes      No

2. Will screens be provided on any open windows / doors to the outside? (sect. 421) Yes      No

3. Will air curtains be installed (made from either plastic or mechanical); if so, where on outer openings? (sect. 421)

4. Will all pipes and electrical conduit chases be sealed (ex: ventilation systems, exhaust and intake protection)?  
(sect. 422) Yes      No

5. Is the area around the building clear of unnecessary debris, brush and other harborage conditions? (sect. 453)  
Yes      No

6. Do you plan to use a pest control service? Yes      No      Frequency      Company

### **REFUSE AND RECYCLABLES**

1. Describe the surface (for refuse / recyclables) the outside dumpster will be located on: (sect. 388)

2. Where will recyclables be stored prior to pick-up?

### **LIGHTING**

1. What are the foot candles of light for the following areas? (sect. 436)

Food prep areas

Dishwashing areas

Dry storage areas

Restrooms

Walk-in refrigeration units



Food Protection Division ♦ 200 E. Berry Street, Suite 360 ♦ Fort Wayne, IN 46802

Phone: (260) 449-7562 ♦ Fax: (260) 449-3010 ♦ www.allencountyhealth.com

## Food Establishment Sign-Off Sheet

**THIS FORM MUST BE SIGNED BY ALL APPLICABLE DEPARTMENTS, AND THE ORIGINAL DOCUMENT (NO COPIES) MUST BE RETURNED TO THE DEPARTMENT OF HEALTH BEFORE ANY FOOD ESTABLISHMENT OPERATIONAL PERMITS CAN BE ISSUED.**

New Establishment      New Operator      Probationary      Remodel/Fire      Other: \_\_\_\_\_

NAME OF ESTABLISHMENT \_\_\_\_\_

OPERATING ADDRESS \_\_\_\_\_

**Type of Establishment:**

Permanent      Mobile/trailer      Off-Site Outdoor Grilling      Other: \_\_\_\_\_

**Operation Information:**

# of days/month or months/year \_\_\_\_\_ At what location(s): \_\_\_\_\_

**Structural Information:**

Permanent Building      Trailer      Tent      Other (please list) \_\_\_\_\_

OWNED BY \_\_\_\_\_ PHONE \_\_\_\_\_

OPERATED/MANAGED BY \_\_\_\_\_ PHONE \_\_\_\_\_

*Allen County Code, Title 10, Article 2 (Allen County Food and Beverage Ordinance) states: "All Food Establishments must fully comply at all times with all local and state Building, Zoning and Fire codes." Therefore, the following departments are required to approve this establishment under their respective rules and regulations before a food establishment permit can be issued by the Department of Health.*

The applicant is required to contact the Allen County Building Department for approval between the hours of 8 a.m. to 4:30 p.m. (SEE BACK). Applicants should allow sufficient time for approval, as an inspection may be required by the Bldg. Dept.

**Will any new equipment be installed?**      Yes      No      If yes, what: \_\_\_\_\_

**APPROVED BY BUILDING DEPARTMENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

Comments \_\_\_\_\_

Note: The Allen County Building Department must be contacted as soon as possible to discuss the requirements regarding any ventilation hood system. A new air balance test is required when any construction takes place or when any hood modifications occur. Further, if there is a change of ownership (even with no building/hood modifications), a new air balance test is required if one has not been performed during the past 12 months. The new owner is responsible for working with the Building Department to either provide documentation of a valid/accepted air balance report or obtaining a new air balance test if required.

**APPROVED BY FIRE INSPECTOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

Comments \_\_\_\_\_

This section below must be completed if the establishment is going through a change of ownership, conducting remodeling, or for establishments for which plans will not be going through a traditional plan review "routing" process. Obtain the appropriate signature below based on the location of the property/business. Additionally, a signature must be obtained from the appropriate Water Pollution Control authority (Fort Wayne City Utilities Development Services or Aqua Indiana) to ensure compliance with all applicable codes and regulations.

Approved      Not Approved      **Dept. of Planning Services** \_\_\_\_\_ **DATE** \_\_\_\_\_

Approved      Not Approved      **Leo-Cedarville Planning District** \_\_\_\_\_ **DATE** \_\_\_\_\_

Approved      Not Approved      **New Haven Planning Department** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Comments** (from applicable Planning Dept.) \_\_\_\_\_

Approved      Not Approved      **Fort Wayne City Utilities** \_\_\_\_\_ **DATE** \_\_\_\_\_

Approved      Not Approved      **Aqua Indiana** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Comments** (from applicable Water Pollution Control) \_\_\_\_\_

## Helpful Telephone Numbers and Department Information

### **Building Department**

Allen County Building Department (260) 449-7131

1<sup>st</sup> Floor – Citizens Square Building 200 E. Berry St., Ste 180

*Applicants should contact the Building Department office regarding any needs regarding this form.  
The Building Department will decide if an inspection is needed and arrange the scheduled inspection.*

### **Planning and Zoning**

Allen County Department of Planning Services (260) 449-7607

1<sup>st</sup> Floor – Citizens Square Building, Ste 150

Leo-Cedarville Planning District (260) 627-6321

New Haven Planning Department (260) 748-7040

### **Water Pollution Control**

Fort Wayne City Utilities Development Services (260) 427-5064

2<sup>nd</sup> Floor – Citizens Square Building, Room 250

Aqua Indiana (260) 625-4700

1111 W. Hamilton Rd. South

### **Fire Departments**

Fort Wayne Fire Code Enforcement Dial 3-1-1

Arcola Fire Dept. (260) 625-3474

Northeast Allen Fire (260) 627-5133

Northwest Allen County Fire (260) 449-3698

Hoagland Fire Dept. (260) 639-6161

Monroeville Fire Dept. (260) 623-6234

East Central Fire & EMS (260) 493-7500

Poe Fire Dept. (260) 639-3992

Southwest Allen Co. Fire Dept. (260) 747-2938

West Central Allen County Fire (260) 436-1449

Woodburn Fire Dept. (260) 632-5218

### **ADDITIONAL COMMENTS:**

Department Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

# Food Handler Certification Examination and Training Program Providers

The following organizations offer nationally accredited food safety certification programs and examinations utilizing the Conference for Food Protection standards. This list is subject to change as additional programs are accredited or discredited by the standards set forth by the American National Standard Institute (ANSI).

**Certified Professional Food Manager®**  
Thomson Prometric (formerly Experior Assessments, LLC)  
1360 Energy Park Drive  
St. Paul, MN 55108  
Phone: 1-800-786-3926  
Fax: 1-800-247-9362  
Internet: [www.experioronline.com](http://www.experioronline.com)  
Certification lasts for 5 years

**Food Safety Manager Certification Examination**  
The National Registry of Food Safety Professionals  
5728 Major Blvd., Suite 750  
Orlando, FL 32819  
Phone: 1-800-446-0257  
Internet: [info@nrfsp.com](http://info@nrfsp.com)  
Certification lasts for 5 years

**ServSafe®**  
Indiana Restaurant and Hospitality Association  
200 South Meridian Street, Suite 350  
Indianapolis, IN 46225  
Contact: Debbie Scott  
Phone: 1-800-678-1957  
Internet: [www.indianarestaurants.org](http://www.indianarestaurants.org)  
Certification lasts for 5 years

The following organizations offer training programs and one or more of the approved examinations from the aforementioned accredited testing organizations:

**Safe Food Handlers Corporation**  
665 South Farmingdale Road  
New Berlin, Illinois 62670  
PH: 888-793-5136  
FAX: 217-793-5163  
Internet: [www.sfhcorp.com](http://www.sfhcorp.com)  
Email: [sfhcorp@aol.com](mailto:sfhcorp@aol.com)  
Contact: Ron Thomas, Director of Marketing and Education  
Using ServSafe® exam

**EcoSure, a service of Ecolab**  
60 Revere Drive, Suite 800  
Northbrook, IL 60062  
PH: (847) 480-9898  
FAX: (847) 480-1838  
Contact: Dave Schoen  
Email: [dave.schoen@ecolab.com](mailto:dave.schoen@ecolab.com)  
Internet: [www.ecosure.com](http://www.ecosure.com)  
Using the ServSafe® exam

**Allen County Extension Office**  
4001 Crescent Ave.  
Ft. Wayne, IN 46815  
PH: (260) 481-6826  
Using course and examination from ServSafe®

**Indiana School Food Service Association**  
SFS Division, SFS Serves  
P.O. Box 702  
Mishawaka, IN 46546  
Contact: Michael Miller  
PH: (800) 348-0823  
FAX: (574) 257-0895  
Internet: [www.sfsserves.com](http://www.sfsserves.com)  
Email: [Michael@sfsserves.com](mailto:Michael@sfsserves.com)  
Using the ServSafe® exam

**SuperSafeMark®**  
Food Marketing Institute  
655 15<sup>th</sup> Street, NW  
Washington, D.C. 20005  
Contact: Laurie Williams  
PH: (202) 220-0660  
Internet: [www.supersafemark.com](http://www.supersafemark.com)  
Using the National Registry exam

**NEHA Training LLC**  
720 S. Colorado Blvd., Ste 900-S  
Denver, CO 80246  
PH: (303) 756-9090, ext. 347  
FAX: (303) 691-9490  
Internet: [www.nehatraining.com](http://www.nehatraining.com)  
Contact: Shawn Sheridan, Program Coordinator  
Using examination from National Registry of Food Professionals

**Purdue University**  
Department of Food Science  
Food Science Building  
745 Agriculture Mall Dr.  
West Lafayette, IN 47907-2009  
Contact: Ann Guentert  
PH: (765) 496-3827  
Internet: [www.foodsci.purdue.edu/outreach/retailfoodsafety/](http://www.foodsci.purdue.edu/outreach/retailfoodsafety/)  
Using the National Registry exam

**Indiana Licensed Beverage Association**  
Food Handling Certification  
47 South Pennsylvania Street, Suite 702  
Indianapolis, IN 46204  
PH: (800) 843-5288  
Contact: Kimberly Blakely  
Email: [kblakeley@indianalba.com](mailto:kblakeley@indianalba.com)  
Internet: [www.indianalba.com](http://www.indianalba.com)  
Using the National Registry exam

<b>Danger Zone Consulting</b> 14565 Cherry Tree Rd. Carmel, IN 46033 PH: (317) 571-8026 Internet: <a href="mailto:dangerzone41-140@prodigy.net">dangerzone41-140@prodigy.net</a> Contact: Melissa Ackerman Using the ServSafe® or National Registry exam	<b>Food Safety Training</b> 848 Executive Drive Oviedo, FL 32765 PH: (800)232-1917 Contact: John Burgos Cell phone: (800) 406-2334 Email: <a href="mailto:jburos@foodsafetyusa.com">jburos@foodsafetyusa.com</a> Using the Exporior Assessments exam
<b>HP Product</b> 4220 Saguaro Trail Indianapolis, IN 46268 PH: (317) 298-9950 ext. 132 PH: (800) 382-5326 Contact: James F. Krohn Email: <a href="mailto:jkrohn@sales.hpproducts.com">jkrohn@sales.hpproducts.com</a> Using the National Registry exam	<b>Kentucky Food Safety Consulting</b> P.O. Box 7535 Louisville, KY 40257-0535 PH: (502) 552-2204 Contact: Mark S. Ohlmann, CFSP Email: <a href="mailto:kyfoodsafety@msn.com">kyfoodsafety@msn.com</a> Using NEHA Trainings Food Safety program and using the National Registry exam
<b>MD Consulting</b> P.O. Box 133 West Boylston, MA 01583 PH: (508) 835-9898 Contact: Sam Wong, PhD Email: <a href="mailto:mdconsulting@charter.net">mdconsulting@charter.net</a>  Using the ServSafe® exam. Teaches in Chinese language	<b>IVY Tech State College- Region 5</b> 1942 E. North Street Kokomo, IN 46903-1373 PH: (765) 454-5112 ext 704 PH: (866) 454-5742 ext 704 FAX: (765) 454-5126 Contact: Janice Hulet, CCES Coordinator Email: <a href="mailto:jhulet@ivytech.edu">jhulet@ivytech.edu</a>
<b>Indiana University-Purdue University at Indianapolis</b> Tourism, Conventions, and Event Management Dept. 901 West New York Street Indianapolis, IN 46202 PH: (317) 274-0810 Contact: Jim Bennett Email: <a href="mailto:jbennett@iupui.edu">jbennett@iupui.edu</a> Using the ServSafe® exam	<b>NSF International, Inc.</b> Center for Public Health Education 789 Dixboro Road Ann arbor, MI 48105 PH: 800/NSF-MARK <b>Internet:</b> <a href="http://www.nsf.org">www.nsf.org</a> Email: <a href="mailto:hazan@nsf.org">hazan@nsf.org</a> Contact: Stan Hazan Using all of the ANSI approved examinations
<b>IVY Tech State College- Region 8</b> 1 West 26th Street Indianapolis, IN 46208 PH: (317) 921-4808 Contact: Sally Eisbrenner, CCES Coordinator Email: <a href="mailto:seisbren@ivytech.edu">seisbren@ivytech.edu</a>	<b>Shamrock Food Safety Education &amp; Consulting</b> 254 Pleasant Dr. Elk Grove Village, IL 60007 PH: (219) 714-7647 Contact: Shane Sexton Email: <a href="mailto:shamrockfoods@yahoo.com">shamrockfoods@yahoo.com</a> Using the National Registry exam
<b>SES</b> 5750 Castle Creek Parkway, Suite 314 Indianapolis, IN 46250 PH: (877) 882-1925 FAX: (317) 334-1998 Internet: <a href="http://www.SESadvantage.com">www.SESadvantage.com</a> Contact: Melissa Using the ServSafe® exam	
<b>Vincennes University</b> 1002 N. 1 <sup>st</sup> Street, GVH 72 Vincennes, IN 47591 PH: (812) 888-5743 Contact: Lori Marchino Email: <a href="mailto:lorimarchino@aol.com">lorimarchino@aol.com</a> Using the ServSafe® exam	