



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION**

2156 Sierra Way STE. B, San Luis Obispo, CA 93401
PO Box 1489, San Luis Obispo, CA 93406
Phone: (805) 781-5544 Fax: (805)781-4211
Email: ehs@co.slo.ca.us



Standard Operational Procedures for Unpackaged/PHF Compact Mobile Food Operations

Compact Mobile Food Operation Name: _____ **Health Permit Number:** _____

Hours of Operation:	Time	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Start:		<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am
		<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm
End:		<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am
		<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm

Location of Operation: _____ **City:** _____, CA **Zip:** _____
Street No. Street Name

Business Owner Name: _____ **Phone:** () _____

Fax: () _____ **E-Mail:** _____

Mailing Address: _____ **City:** _____ **State:** __ **Zip:** _____

1. Indicate the location where you will store food at the end of the day.

Food Stored At: _____ **City:** _____, CA **Zip:** _____
Street No. Street Name

2. Indicate the location where you will store the Compact Mobile Food Operation (CMFO) unit at the end of the day.

CMFO Stored at: _____ **City:** _____, CA **Zip:** _____
Street No. Street Name

3. Name of business providing restroom facility during hours of operation:

Business location: _____ **City:** _____, CA **Zip:** _____

4. Describe the procedures you will use to clean and sanitize food contact surfaces, equipment, and utensils during working hours and at the commissary.

	During Working Hours	At the Commissary
Clean		
Sanitize		

5. Indicate the specific sanitizer or sanitizing method that you will use by checking the box below:

- Contact with a solution of 100 ppm (parts per million) available chlorine for at least 30 seconds.
 - Contact with a solution of 200 ppm available quaternary ammonium for at least one minute.
- Check the option you will use: Commercial pre-mixed solution or I will prepare my own sanitizer solution

6. Indicate location for disposal of trash and refuse:

Street Name: _____

City: _____, CA **Zip:** _____