COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION
2156 SIERRA WAY STE. B/ PO BOX 1489, SAN LUIS OBISPO, CA 93401
PHONE : (805)781-5544 FAX: (805)781-4211
EMAIL: EHS@CO.SLO.CA.US

Public Health
Prevent. Promote. Protect.
County of San Luis Obispo
Public Health Department

OPERATIONAL PROCEDURES FOR MOBILE SUPPORT UNITS (MSU)

TO BE ATTACHED TO OPERATIONAL PROCEDURES FOR MOBILE FOOD FACILITIES FORM

1. DESCRIBE HOW FOOD SUPPLIES, INCLUDING ICE, WILL BE TRANSPORTED ON THE MSU_____

_____

_____

2. DESCRIBE THE EQUIPMENT THAT WILL BE USED ON THE MSU TO MAINTAIN PROPER TEMPERATURES WHILE TRANSPORTING POTENTIALLY HAZARDOUS FOODS. EQUIPMENT MUST BE PRE-APPROVED _____

_____

_____

3. DESCRIBE THE METHOD OF PROTECTING FOOD FROM CONTAMINATION DURING TRANSPORT ON THE MSU

_____

_____

4. DESCRIBE HOW POTABLE WATER HOSES WILL BE MAINTAINED FREE FROM CONTAMINATION ON THE MSU

_____

_____

5. DESCRIBE HOW AND WHERE THE MSU POTABLE WATER TANKS WILL BE FILLED_____

_____

_____

6. DESCRIBE HOW AND WHERE THE MSU WASTEWATER TANKS WILL BE EMPTIED_____

_____

_____

7. DESCRIBE HOW THE MSU WILL BE CLEANED AND SANITIZED _____

_____

_____

8. DESCRIBE HOW THE MSU WILL BE TRANSPORTED AND MAINTAINED IN A SANITARY CONDITION _____

_____

_____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, THAT I HAVE READ AND UNDERSTAND THE "MOBILE FOOD FACILITIES REQUIREMENTS" HANDOUT, AND THAT I WILL OPERATE MY FOOD FACILITY IN COMPLIANCE WITH THE REQUIREMENTS SET FORTH IN THE CALIFORNIA HEALTH AND SAFETY CODE, CALIFORNIA RETAIL FOOD CODE §113700-114437.

_____ _____

SIGNATURE DATE