



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

WRITTEN OPERATIONAL PROCEDURES FOR MOBILE FOOD FACILITIES

These written Operational Procedures must be completed and returned to this office for approval before the permit to operate will be issued. An approved and signed copy must be maintained on the food facility during all operational periods.

BUSINESS INFORMATION

MOBILE FOOD FACILITY BUSINESS NAME
BUSINESS TELEPHONE NUMBER
BUSINESS MAILING ADDRESS
OWNER(S) NAME
OWNER'S CELL PHONE NUMBER
NAME OF OPERATOR (IF DIFFERENT FROM OWNER'S NAME)
CELL PHONE NUMBER OF OPERATOR
NAME OF COMMISSARY
COMMISSARY ADDRESS
COMMISSARY PHONE NUMBER

OPERATION INFORMATION

1. LOCATION(S) OR TOWN(S) WHERE MOBILE FOOD FACILITY WILL BE OPERATED (PLEASE INDICATE ALL THAT WILL APPLY):

2. DAYS OF OPERATION:

MON [] TUES [] WED [] THURS [] FRI [] SAT [] SUN []

3. HOURS OF OPERATION

Provide the specific location where restrooms are available for use during hours of operation. Mobile food facilities operating in one location for one hour or more must be operated within 200 feet travel distance of the approved and readily available toilet and handwashing facilities.

4. NAME OF FACILITY PROVIDING RESTROOM
RESTROOM LOCATION

5. LOCATION WHERE MOBILE FOOD FACILITY WILL BE STORED:

COMMISSARY [] PRIVATE HOME [] OTHER []

6. IF NOT STORED AT COMMISSARY, PLEASE WRITE ADDRESS OF LOCATION:

IS THE MOBILE FOOD FACILITY SERVICED BY A MOBILE SUPPORT UNIT (MSU) : YES NO

PLEASE NOTE: Mobile Food Facilities not approved for limited food prep may not be supported by an MSU. If "Yes", provide the Name of the Mobile Support Unit and Name, Address, and Phone number of the Mobile Support Unit commissary if different from the commissary information provided above:

MOBILE SUPPORT UNIT NAME _____

MOBILE SUPPORT UNIT COMMISSARY NAME AND ADDRESS IF DIFFERENT FROM MOBILE FACILITY INFORMATION _____

MOBILE SUPPORT UNIT COMMISSARY PHONE NUMBER _____

FOOD HANDLING OPERATIONAL PROCEDURES:

THE OWNER, MANAGER, OR OPERATOR OF ANY FOOD FACILITY IS RESPONSIBLE FOR ANY ACTION OF AN EMPLOYEE RESULTING IN A VIOLATION OF ANY OF THE MOBILE FOOD FACILITY REQUIREMENTS SET FORTH IN THE HEALTH AND SAFETY CODE §113700-114437.

MENU ITEMS AND FOOD OPERATIONS (THIS INFORMATION WILL BE USED TO DETERMINE YOUR EQUIPMENT AND REFRIGERATOR NEEDS)

- CHECK THE MENU ITEMS IN THE LEFT COLUMN BELOW WHICH WILL BE PREPARED AND SERVED.

- CHECK THE FOOD OPERATION IN THE RIGHT COLUMN BELOW WHICH WILL OCCUR AT YOUR COMMISSARY/ COMMERCIAL KITCHEN

FOOD ITEM		FOOD OPERATION	
Beef or pork (circle one: raw, precooked, or both)		Refrigeration of foods	
Fish (circle one: raw, precooked, or both)		Cooling foods which have been heated or cooked	
Poultry (circle one: raw, precooked, or both)		Cooking foods	
Shellfish (circle one: raw, precooked, or both)		Holding foods hot for more than 30 minutes	
Rice or Beans		Reheating foods	
Pasta		Preparing foods for next day service	
Gravies, Sauces, or Soups		Washing produce	
Green salads		Thawing fish, meat, and/or poultry	
Sandwiches		Slicing, grinding portioning of foods	
Condiments		Packaging of foods	
Beverages			

1. WHERE WILL FOOD BE PURCHASED/ OBTAINED _____

2. INDICATE WHICH MOBILE FOODS WILL BE PREPARED ON THE MOBILE FOOD FACILITY _____

3. INDICATE WHICH FOODS WILL BE PREPARED AT THE COMMISSARY _____

4. IS A FOOD PREPARATION SINK PROVIDED AT THE COMMISSARY YES NO

A FOOD PREPARATION SINK IS REQUIRED FOR ALL OPERATIONS WHERE FOOD ITEMS ARE THAWED OR CLEANED. THAWING OR CLEANING OF FOOD ITEMS MAY NOT OCCUR INSIDE WARE WASHING OR HANDWASHING SINKS.

_____ INITIAL TO INDICATE INTENT TO COMPLY FOR ALL OF THE ABOVE

5. DESCRIBE IN DETAIL HOW FOODS WILL BE PREPARED AT THE COMMISSARY ON THE MOBILE FOOD FACILITY

UNPACKAGED FOODS

6. **PREPACKAGED FOODS**– EXPLAIN METHOD OF PACKAGING AND INCLUDE A SAMPLE FOOD LABEL (FOR FOODS PREPARED AND PACKAGED BY FOOD SERVICE/ CATERING OPERATOR). SAMPLE LABEL DETAILS ARE NOT NECESSARY FOR FOODS PURCHASED FROM A COMMERCIAL SUPPLIER IN THE PREPACKAGED STATE AND INTENDED FOR SERVICE IN THE SAME PREPACKAGED STATE.

7. INDICATE THE UTENSILS, EQUIPMENT AND MATERIALS USED ON THE MOBILE FOOD FACILITY. ALL UTENSILS, EQUIPMENT AND MATERIALS ARE SUBJECT TO APPROVAL BY THIS DEPARTMENT.

8. INDICATE THE EQUIPMENT USED TO COOK FOODS EITHER AT THE COMMISSARY OR ON THE MOBILE FOOD FACILITY.

EQUIPMENT TYPE:

- GRIDDLE
- FRYER
- BARBECUE SMOKER
- STOVE
- MICROWAVE
- OVEN
- OTHER TYPE OF COOKING EQUIPMENT (SPECIFY): _____
- BARBECUE

(NOTE– BARBEQUE PERMITTED ONLY AT THE COMMISSARY OR AT COMMUNITY EVENTS).

9. MANUAL WARE WASHING OF UTENSILS AND EQUIPMENT MUST BE COMPLETED USING THE FOLLOWING METHOD IN A THREE-COMPARTMENT SINK AT YOUR COMMISSARY OR ON THE MOBILE FOOD FACILITY, OR BOTH (AS REQUIRED)

- A. FIRST COMPARTMENT/TUB: **WASH** WITH HOT SOAPY WATER (100°F OR ABOVE)
- B. SECOND COMPARTMENT/TUB: **RINSE** IN HOT WATER
- C. THIRD COMPARTMENT/TUB: **SANITIZE** WITH ONE OF THE FOLLOWING APPROVED SANITIZERS
- D. **AIR DRY** IN A CLEAN LOCATION, NEVER TOWEL DRY.

INDICATE WHICH OF THE FOLLOWING APPROVED SANITIZERS WILL BE USED (SANITIZER TEST STRIPS MUST BE PROVIDED TO VERIFY PROPER CONCENTRATIONS ARE MET):

- A. 100 PPM BLEACH-WATER SOLUTION FOR 30 SECONDS (**TWO TEASPOONS BLEACH TO ONE GALLON OF WATER**).
- B. 200 PPM QUATERNARY AMMONIUM SOLUTION FOR 60 SECONDS (**FOLLOW INSTRUCTIONS ON LABEL**)
- C. 25 PPM IODINE FOR 60 SECONDS (**FOLLOW INSTRUCTIONS ON THE LABEL**)

_____ INITIAL TO INDICATE INTENT TO COMPLY FOR ALL OF THE ABOVE

10. FOOD CONTACT SURFACES, SUCH AS CUTTING BOARDS AND FOOD SLICERS, MUST BE CLEANED AND SANITIZED AFTER EACH USE, OR IF USED CONTINUALLY, AT LEAST EVERY FOUR (4) HOURS.

WIPING CLOTHS FOR SURFACE SANITIZING MUST BE STORED INSIDE AN APPROVED SANITIZING SOLUTION BETWEEN USES (CHECK WHICH BELOW).

IF WORKING WITH RAW MEATS, A SEPARATE CONTAINER OF SANITIZING SOLUTION FOR STORAGE OF WIPING CLOTHS USED FOR CLEANING AND SANITIZING OF RAW MEAT CONTACT SURFACES MUST BE PROVIDED. WIPING CLOTHS USED ON RAW MEAT CONTACT SURFACES MAY NOT BE USED ON READY-TO-EAT FOOD CONTACT SURFACES.

INDICATE WHICH OF THE FOLLOWING APPROVED SANITIZERS WILL BE USED (SANITIZER TEST STRIPS MUST BE PROVIDED TO VERIFY PROPER CONCENTRATIONS ARE MET):

- A. 100 PPM BLEACH-WATER SOLUTION FOR 30 SECONDS (**TWO TEASPOONS BLEACH TO ONE GALLON OF WATER**)
- B. 200 PPM QUATERNARY AMMONIUM SOLUTION FOR 60 SECONDS (**FOLLOW INSTRUCTIONS ON LABEL**)
- C. 25 PPM IODINE SOLUTION FOR 60 SECONDS (**FOLLOW INSTRUCTIONS ON LABEL**)

11. DESCRIBE WHERE AND HOW THE POTABLE WATER FOR USE AT REMOTE LOCATIONS WILL BE OBTAINED AND STORED. (PLEASE **NOTE** :HOSES USED TO CONVEY POTABLE WATER MUST BE LABELED AS DRINKING WATER SAFE, DURABLE, NOT SHOWING ANY SIGNS OF DAMAGE, AND STORED TO BE PROTECTED FROM CONTAMINATION.) _____

12. DESCRIBE HOW AND WHERE THE WASTEWATER WILL BE DISPOSED. WASTEWATER MAY NOT BE DISCHARGED INTO A STORM DRAIN OR ONTO A GROUND SURFACE WITHOUT DRAINAGE TO SEWER.

_____ INITIAL TO INDICATE INTENT TO COMPLY FOR ALL OF THE ABOVE

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

SIGNATURE

PRINT NAME

DATE