

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY ENVIRONMENTAL HEALTH SERVICES DIVISION

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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.

| MOBILE FOO | D FACILITY | OWNER/OPE | RATOR INFOR | MATION | | | | | |
|--|---------------------------------------|--------------------------|-----------------|---------------------|----------------------------|---------|--|--|--|
| Name of Business: | | | | | | | | | |
| Owner's Name: | me (if different from owner): | | | | | | | | |
| Owner's Address: | | City: | | State: | ZIP: | | | | |
| Billing Address: | ity: State: | | | ZIP: | | | | | |
| Owner Phone Number: | Operator Phone Number (if different): | | | | | | | | |
| Email(s): | 1 | | | | | | | | |
| MOBILE FO | OD FACILITY | OPERATION | INFORMATIO | N | | | | | |
| 1. Location(s)/Town(s) where the mobile food facility will be operated (please indicate all that apply): | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2. Hours/Days of Operation | | | | | | | | | |
| ☐ Sun: ☐ Mon: ☐ Tue: | □ Wed | : 🗆 | Thu: | □ Fri: □ |] Sat: | | | | |
| 3. Provide the specific location where restrooms ar Note: Mobile food facilities operating in one locat approved and readily available toilet and handw Name(s)/Location(s) of facilities providing restro | ion for one ho vashing facilit | <u>our or more m</u> | • | | vel distance | of the | | | |
| | | | | | | | | | |
| | | INFORMAT | | | | | | | |
| A mobile food facility must report to the commissar Commissary Name: | ry facility eve | Contact Pers | - | ess serviced by a m | obile suppor PR# | t unit. | | | |
| Commissary Name. | | & Title: | , on | | ГΙΛΉ | | | | |
| Commissary Address: | | City: | | State: | ZIP: | | | | |
| Commissary Email: Phone Number(s): | | | | | | | | | |
| 4. Will the mobile food facility be reporting to a con | mmissary eve | ery day that it | is operational? | | □Yes | □No | | | |
| 4a. If no, will the mobile food facility be support | ed by a mobi | le support uni | it? | | □Yes | □No | | | |
| 4b. If yes, complete the mobile support unit info | | | | | quirements | apply. | | | |
| MOBILE SUPPORT UNIT | (MSU) INFO | ORMATION (| | | | | | | |
| MSU Name: | | | Phone Number | ·(s): | | | | | |
| MSU Commissary Name (if different): | | Contact Pers & Title: | son | | PR# | | | | |
| MSU Commissary Address (if different): | | City: | | State: | ZIP: | | | | |

| FOOD PRODUCTS AND PREPARATION | | | | | | | | |
|---|--|-------------------------------|--------------------------|--|----------------|---|--|--|
| FO | OD PRODUCTS | | | | | | | |
| 5. | Indicate applicable menu items: | | | | | | | |
| ✓ | FOOD ITEM | | | ٧ | / | FOOD ITEM | | |
| | Beef or pork: ☐ frozen ☐ | □ra | w 🗆 precooked | d | | Gravies, Sauces, or Soups | | |
| | Fish: ☐ frozen ☐ | □ra | w 🗆 precooked | d | | Green salads | | |
| | Poultry: 🗆 frozen 🗆 | □raw □ precooked | | d | | Sandwiches | | |
| | Shellfish: 🗆 frozen 🗆 | □ra | w 🗆 precooked | d | | Condiments | | |
| Vegetables: □ frozen □ raw □ precooked | | d | | Beverages | | | | |
| Rice or Beans | | | | Other: | | | | |
| | Pasta | | | | | | | |
| , | | ☐ Retail store Store Name(s): | | | | | | |
| 6 Indicate where toods are obtained: | | | | Comp | npany Name(s): | | | |
| 7. | How often are refrigerated or froze | n fo | ods obtained/deliv | ered? | | Daily | | |
| | | | | | | | | |
| 8. | How often are dry foods or supplies | s ob | tained/delivered? | | | Daily | | |
| | | | | | | | | |
| FO | OD PREPARATION | | | | | | | |
| 9. | Owner/operator food safety certific | catio | on and employee fo | od har | ndl | er cards are valid and current: | | |
| 10. | Indicate the types of food preparat | ion a | activities | | | | | |
| ✓ | ACTIVITY | | | ٧ | / | ACTIVITY | | |
| | Refrigeration of foods | | | | | Washing foods (requires food prep sink at commissary) | | |
| | Cooking foods | | | | | Thawing frozen foods (requires food prep sink at commissary | | |
| Holding foods hot for more than 30 minutes | | | | Slicing, grinding, portioning of foods | | | | |
| Cooling foods which have been heated or cooked | | | | Packaging of foods | | | | |
| Reheating foods | | | | Acidification of foods | | | | |
| Preparing foods for next day service | | | | Other: | | | | |
| 11. | 11. Indicate which food items will be prepared at the commissary and the process of preparation: | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 12. Indicate which food items will be prepared on the mobile food facility and the process of preparation: | | | | | | | | |
| 12. | indicate which food items will be p | repa | ared on the mobile i | гооа та | ICIII | ity and the process of preparation: | | |
| | | | | | | _ | | |
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| | | | | | | | | |
| 13. | Describe in detail the methods of p | acka | aging food items – e | xplain | the | e method of packaging and include a sample food label: | | |
| | ☐ Cook-chill packaging ☐ Reduced Oxygen Packaging ☐ Vacuum Packaging ☐ Canning/bottling foods | | | | | | | |
| | ☐ Sous Vide ☐ Prepackage | ed Ju | uice 🗆 Other (de | escribe | :): | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1/1 | Describe what you will do with lefton | OVE | rs. | | | | | |
| 14. Describe what you will do with leftovers: | | | | | | | | |
| | Note: notentially hazardays foods | hot | held at ar above 13 | 50E m. | ır+ | he discarded at the end of each energting days | | |
| Note: potentially hazardous foods hot held at or above 135°F must be discarded at the end of each operating day) | | | | | | | | |
| 15. | Are you storing any food items at a | | | | | | | |
| | 14a. If yes, describe : | | | | | | | |
| | | | | | | | | |

| EQUIPMENT, UTENSILS, LINENS, AND SUPPLIES |
|--|
| 16. Indicate the equipment/utensils used for operation: |
| ☐ Handwashing sinks ☐ Food prep sink ☐ Three-compartment sink ☐ Commercial dishwashing machine ☐ Mixers |
| ☐ Cooking equipment ☐ Prep tables ☐ Hot holding equipment ☐ Rapid cooling blast chiller |
| ☐ Refrigerator (☐ walk-in) ☐ Freezer (☐ walk-in) ☐ Barbeque (permitted use only at commissary or community events) |
| □ Other (describe): |
| 17. Describe the procedures, methods and schedules for cleaning and sanitizing of utensils, equipment, and structures: |
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| |
| 18. Indicate the type of sanitizer to be used for the sanitization of food contact utensils and equipment? Provide test strips for |
| confirmation): ☐ Chlorine (100 ppm/30 sec) ☐ Quaternary Ammonium (200 ppm/1 min) ☐ Iodine (25 ppm/1 min) |
| POTABLE WATER AND WASTEWATER |
| 19. Describe how potable water is supplied to the mobile food facility at the commissary: |
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| Note: hoses used for conveying potable water shall be safe; durable; resistant to structural damage; finished with a smooth interior; protected |
| from contamination; clearly and durably identified as to its use (if not permanently attached) |
| 20. Indicate below how liquid wastes are removed from the mobile food facility: |
| Note: sewage and other liquid wastes shall be removed at an approved waste servicing area or by an approved sewage transport vehicle in a way |
| that a public health hazard or nuisance is not created. Discharge into a ground surface not connected to sewer or into a storm drain is prohibited. |
| ☐ Via wastewater servicing that uses a closed system of hoses at the commissary, or |
| ☐ At the commissary service area provided with overhead protection and sloped floor to and approved wastewater system, or |
| □MSU |
| ☐ Mobile sewage transport vehicle |
| 21. Describe the method for inspecting, cleaning, and flushing potable and wastewater lines and tanks: |
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| MOBILE FOOD FACILITY STORAGE, CLEANING & SERVICING |
| 22. Location where mobile food facility will be stored: Commissary Other (describe): |
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| Mathew it must be stored in a manner that ensures protection from unconitory conditions and the location must be approved by this office |
| If other, it must be stored in a manner that ensures protection from unsanitary conditions and the location must be approved by this office. |
| 23. If applicable, location where mobile support unit will be stored: MSU Commissary Other (describe): |
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| If other, it must be stored in a manner that ensures protection from unsanitary conditions and the location must be approved by this office. |
| |
| 24. Indicate below how cleaning and servicing of the interior and exterior of the mobile food facility will be achieved: |
| ☐ At the commissary service area provided with overhead protection and sloped floor to and approved wastewater system, or |
| Other (describe): |
| |
| STATEMENT OF INTENDED COMPLIANCE; DEPARTMENT APPROVAL |
| 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. Any changes to approved operation must be reported |
| to this Agency in writing prior to changes in the menu, location, equipment, or operations, or the mobile food facility |
| operator's health permit may be void. |
| operator o nearth permit may be void. |
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| Mobile Food Facility Operator Name (print and sign): Date: |
| |
| Approved by: Date |