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OPERATIONAL PROCEDURE FOR MOBILE FOOD FACILITIES

Facility Name: _____ Hours of Operation: _____

Location of Operation: _____ City: _____ Zip: _____

Business Owner: _____ Mailing Address: _____

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

HQ/Commissary Address: _____ City: _____ Zip: _____

An approved copy of this operational procedure shall be maintained on the mobile food facility at all times. Compliance with this form is a contingency of the Environmental Health permit. Any change to the menu, the equipment, or any procedures listed on this form will require prior approval by this Department. Failure to obtain prior approval will make the approval null and void. *Please attach additional sheets if necessary.*

Complete list of food and beverages to be served on menu.		Source of food	Where is the Food Prepared?	Describe Method of Preparation. (Use additional sheet as needed)
Prepackaged foods	Unpackaged foods			

1. Where and how is food stored at the end of the day?

2. Where is the mobile food facility unit stored at the end of the day? Provide address location on space below:
Address of Business: _____

3. How is the potable water tank filled?

4. How and where is the waste water tank emptied?

5. How and where will potable water tank and waste tank be cleaned and sanitized?

6. Which restroom facility will be used during hours of operation?

Address of Business:

7. List equipment and utensils that will be used on mobile food facility. Please be specific on use and function. Example: blender to make smoothies.

Equipment	Intended use in mobile food facility

8. How will you clean and sanitize food contact surfaces and utensils during operating hours?

9. How will you clean and sanitize utensils and equipment at commissary?

10. What specific sanitizer or sanitizing method will be used? Indicate if using a commercial pre-mixed solution or preparing own sanitizer solution? Check 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.
- Contact with a solution of 25 ppm available iodine for at least one minute.

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this document are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. I also agree to conform to all conditions, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances.

Authorized Signature:

Date:

Print Name and Title Here:

OPERATIONAL PROCEDURES REVIEWER: _____

DATE APPROVED: _____ PERMIT TYPE/ PERMIT NUMBER: _____