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 COPY OF THIS OPERATIONAL PROCEDURE SHALL BE MAINTAINED ON THE MOBILE FOOD FACILITY AT ALL TIMES.

Mobile Food Facility Name: _____ **FA:** _____ **PR:** _____

Days & Hours of Operation:

Time	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Start:	❑am ❑pm	❑am ❑pm	❑am ❑pm	❑am ❑pm	❑am ❑pm	❑am ❑pm	❑am ❑pm
End:	❑am ❑pm	❑am ❑pm	❑am ❑pm	❑am ❑pm	❑am ❑pm	❑am ❑pm	❑am ❑pm

Locations of Operation:

A. _____ **City:** _____ , **CA Zip:** _____
Street No. Street Name

B. _____ **City:** _____ , **CA Zip:** _____
Street No. Street Name

C. _____ **City:** _____ , **CA Zip:** _____
Street No. Street Name

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

Mailing Address: _____ **City:** _____ **State:**____ **Zip:** _____
Street No. Street Name

E-Mail: _____

Please note that any changes to the menu, equipment, or procedures listed on this form require prior approval by Environmental Health office.

1. Indicate the location where you will be storing the 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 food facility (MFF) unit at the end of the day.

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

3. Describe the procedure you will use to fill the MFF potable water tank and the location where it will be filled:

_____

4. Describe the procedure you will use to empty the MFF waste water tank and the location where it will be emptied:

_____

WRITTEN OPERATIONAL PROCEDURES FOR MOBILE FOOD FACILITIES

5. Describe the procedures you will use to clean and sanitize the potable water and waste tanks.

Tank	Cleaning Method	Sanitizing Method	How often?
Potable Water			
Waste Water			

6. Name of business providing restroom facility during hours of operation: _____

Business location: _____ City: _____, CA Zip: _____
Street No. Street Name

7. List equipment and utensils that will be used on the mobile food facility. Please be specific on equipment's use and function. For example: **Equipment:** Blender **Intended use:** Make Smoothies

Equipment	Intended use in mobile food facility

8. 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		

9. 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
I will provide the respective test strips (Chl, QAC) to monitor the sanitizer solution concentration levels

10. Acknowledgment

I understand and agree that if I make changes to my operating procedures, I must notify Environmental Health Services (EHS) within 7 days. Revised operating procedures may be provided by Fax: 559-624-7400, in person at 5957 S. Mooney Blvd. Visalia, CA 93277 Attn: Mobile Food Facility Inspection Program. Failure to notify EHS of any changes may result in an administrative citation, suspension or revocation of the Health Permit issued to me to operate this Mobile Food Facility.

Authorized Signature: _____ Date: ___/_____/_____

Print Name: _____ Title: _____

REVIEWER OF OPERATIONAL PROCEDURES: _____, REHS

DATE APPROVED: / / HEALTH PERMIT TYPE/NUMBER:

MENU DESCRIPTION
(continued)

SOURCE OF MENU AND PREPARATION METHODS

Write below a complete list of food and beverages that will be offered on the mobile food facility menu			Where was this food purchased?	Where will the food be prepared?	
FOOD ITEM	**UNPACKAGED FOOD**	**PREPACKAGED FOOD**		**COMMISSARY**	**ON SITE**

Environmental Health Services
5957 S. Mooney Blvd. Visalia, CA 93277-9394
OFFICE: 559/624-7400 FAX: 559/ 733-6932
www.tchhsa.org www.tularecountyeh.org