

# THE ABC'S OF MOBILE FOOD FACILITIES

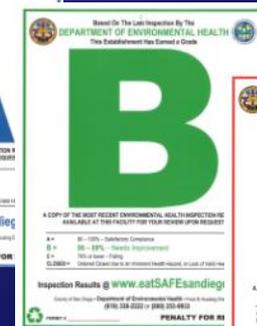


SPECIALIZED INSPECTION AND  
ENFORCEMENT (SIE) TEAM

FOOD AND HOUSING DIVISION

DEPARTMENT OF ENVIRONMENTAL HEALTH

COUNTY OF SAN DIEGO



# Learning Objectives



- Requirements for Employee Food Safety Knowledge and Experience
- Food Safety Procedures and Tools
- How to Earn the “A” Grade
- The New Inspection Report
- Plan Check Requirements for New Facilities and Changes of Ownership
- Frequently Asked Questions

# Mobile Food Facility Program

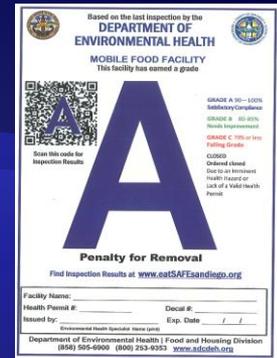
Over 1200 mobile food facilities in the County of San Diego

- Inspected for compliance with sanitary laws specified in the California Retail Food Code
- Issued Health Permit Decals when they pass annual re-certification inspection

**FOOD SAFETY IS MOST IMPORTANT!!!**



# Why Grade Mobile Food Facilities?



- Restaurants have been successfully graded in the County of San Diego County since the 1950's
- Chairman Roberts proposed ABC grading for mobile food facilities
- DEH presented implementation report to the Board on July 11, 2012
- Board adopted ordinance granting DEH the authority to grade mobile food facilities

# Imminent Health Hazard



A significant threat or danger to health that can cause **food infection, food intoxication, disease transmission, vermin infestation, or hazardous condition** that requires **immediate correction or cessation of operation to prevent injury/illness/death.**

No hot water

Ill Food Handlers

Vermin

Improper Cooking

Improper Liquid Waste Disposal

Unsafe Food Temperature

Not Properly Washing Hands

Unapproved Food Sources

Improper Sanitizing

# Why Promote Food Safety?

## To Prevent Food-Borne Illnesses in San Diego County

### 2010 Statistics

- 535 *Salmonella* cases
- 34 *E coli* 0157:H7 cases
- 16 Foodborne Illness Outbreaks
- 15 *Vibrio* cases
- 7 *Listeria* cases
- 4 Scombroid Fish Poisoning cases

*Number of cases is under reported!*



## To Protect Children, the Elderly, and the Immune-compromised

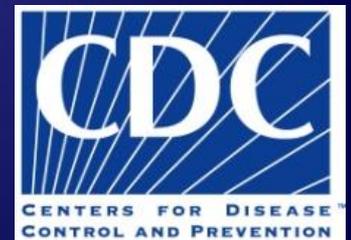
- Food-safety vulnerable populations
- Their Immune systems may not be as strong as that of a healthy adult

# What Can Make People Sick at My Mobile Food Facility?

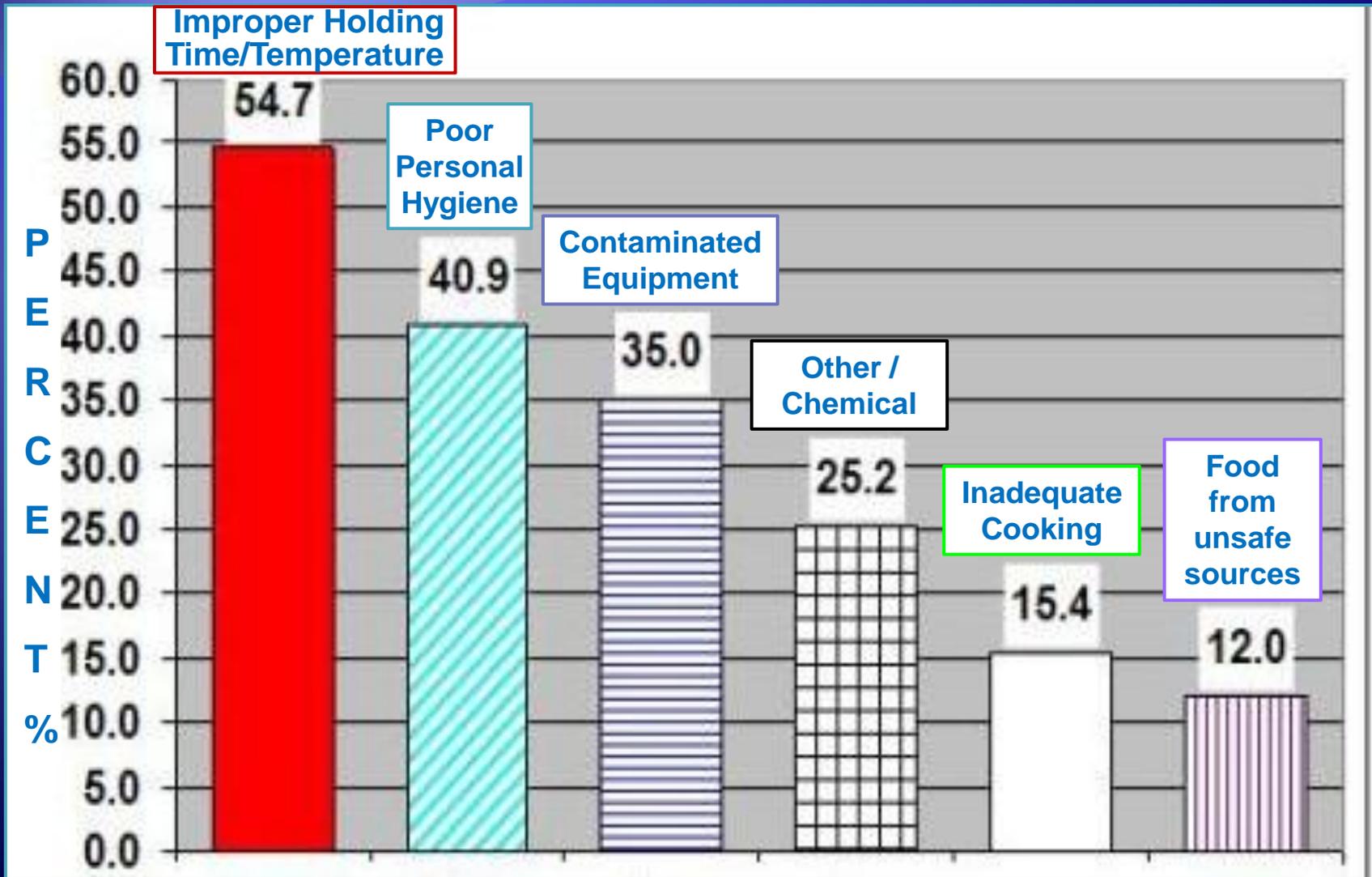
## The Five Major Risk Factors

Identified by the Centers for Disease Control (CDC) and Prevention as contributors to foodborne illness

1. Improper hot/cold holding temperatures of potentially hazardous food
2. Improper cooking temperatures
3. Dirty and/or contaminated utensils and equipment
4. Poor employee health and hygiene
5. Food from unsafe sources



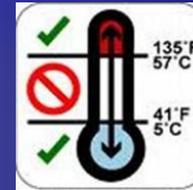
# Risk Factors Observed and their Relative Occurrence



# Risk Factor 1:

## Improper Holding Temperatures of Potentially Hazardous Food (PHF)

TEMPERATURE DANGER ZONE (41°F-135°F)



MAINTAIN PHFs AT THEIR CORRECT HOT AND COLD HOLDING TEMPERATURES

(steam table and refrigeration temperatures)



-Cold food must be kept at 41°F or below

-Hot food must be held at 135°F or above



## Risk Factor 2:

# Improper Hand Washing/Glove Use



## WASH YOUR HANDS

### When

- Changing tasks
- Starting a shift
- Removing the trash

### After touching

- Your face
- Contaminated contact surfaces

### Before

- Using hand sanitizer

## PRACTICE PROPER GLOVE USE

- Wash hands before donning gloves
- Do not use them as a substitute for handwashing
- Do not reuse them

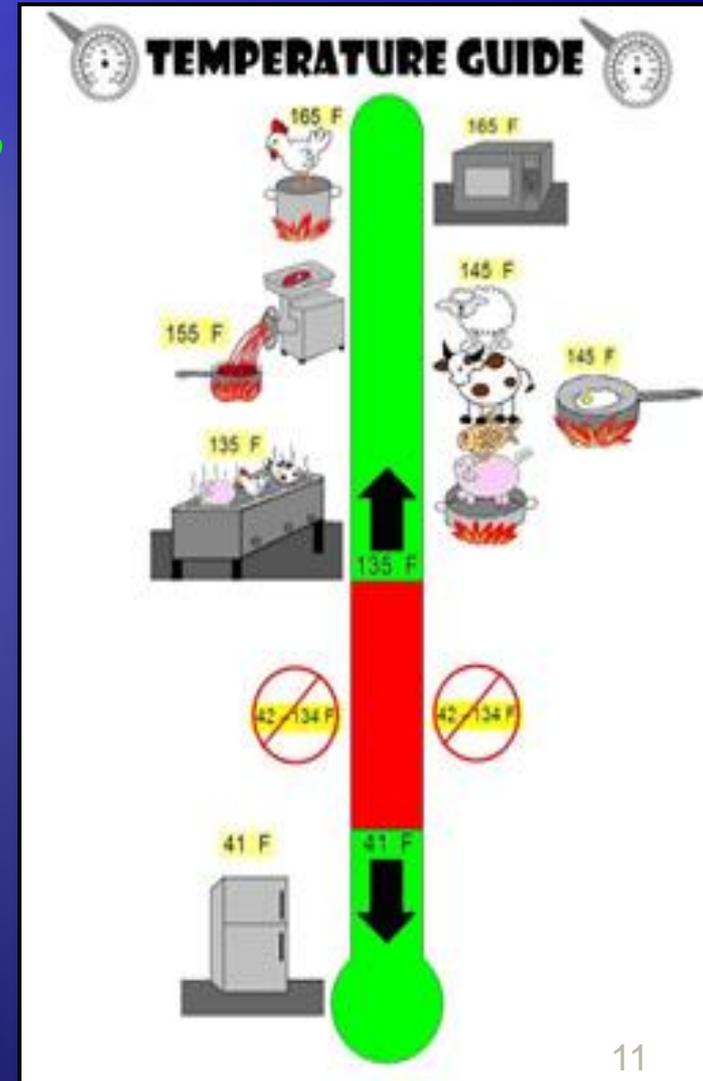
# Risk Factor 3:

## Improper Cooking Temperatures

USE PROPER COOKING TEMPERATURES  
FOR THE FOODS YOU ARE PREPARING

| FOOD ITEM       | TEMPERATURE |
|-----------------|-------------|
| Fish, steak     | 145°F       |
| Hamburger       | 155°F       |
| Chicken         | 165°F       |
| Reheating foods | 165°F       |

<http://ocfoodinfo.com/risk>



# Risk Factor 4:

## Foods from Unsafe Sources

### ENSURE THAT FOOD COMES FROM APPROVED SOURCES

- All Food must be made and stored at the commissary or in your mobile food facility
- DO NOT MAKE FOOD AT HOME!



# Risk Factor 5: Contaminated Equipment



## PREVENT CROSS-CONTAMINATION

When preparing food and switching from raw food to cooked food, employees must thoroughly:

- Wash their hands
- Wash any equipment used for raw food before using it to manipulate cooked food

## PREVENT DIRTY/CONTAMINATED EQUIPMENT

- Always use the proper type and amount of sanitizer
- Sanitizer kills bacteria and other organisms not seen by the naked eye that may contaminate equipment and dishes

# Proper Warewashing

**WASH**, **RINSE** and **SANITIZE**  
Pots-pans- glasses-dishes- utensils



THREE STEP PROCESS: **WASH-RINSE-SANTIZE**

- 1. WASH** with soap equipment/dishes in a minimum 100F water.
- 2. RINSE** the equipment/dishes in clear water.
- 3. SANITIZE** the equipment/dishes in solution of -
  - 100 ppm chlorine for 30 seconds, or
  - 200 ppm quat ammonium for one minute.

- WASH utensils in the first compartment filled with a wash solution that consists of detergent and hot water. Wash solution shall be maintained at 100°F or at the temperature specified on the detergent label instructions.
- RINSE utensils in the middle compartment filled with clear water maintained at 110°F. Refill sink compartment if water cools or gets cloudy.
- SANITIZE utensils in the last compartment filled with sanitizing solution using one of the following methods:
  - Contact with a solution of 100 ppm available chlorine solution for 30 seconds.
  - Contact with a solution of 25 ppm available iodine for one minute.
  - Contact with a solution of 200 ppm quaternary ammonium for one minute.

# Earning the "A" Grade



Based on the last inspection by the  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

**MOBILE FOOD FACILITY**  
This facility has earned a grade



Scan this code for  
Inspection Results

**A**

**Penalty for Removal**

Find Inspection Results at [www.eatSAFEsandiego.org](http://www.eatSAFEsandiego.org)

GRADE A 90—100%  
Satisfactory Compliance

GRADE B 80-89%  
Needs Improvement

GRADE C 79% or less  
Failing Grade

CLOSED  
Ordered closed  
Due to an Imminent  
Health Hazard or  
Lack of a Valid Health  
Permit

Facility Name: \_\_\_\_\_  
Health Permit #: \_\_\_\_\_ Decal #: \_\_\_\_\_  
Issued by: \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Environmental Health Specialist Name (print)

Department of Environmental Health | Food and Housing Division  
(858) 505-6900 (800) 253-9353 [www.sdcdeh.org](http://www.sdcdeh.org)

QR code

**A 90—100% Satisfactory Compliance**

**B 80-89% Needs Improvement**

**C 79% or less Failing Grade**

**CLOSED** Ordered closed  
Due to an **Imminent Health Hazard**  
or **Lack of a Valid Health Permit**

# Inspection Report

**Major Violations** represent high risk factors for a **foodborne illness**.

Violations more likely to cause a foodborne illness are worth more points

A hand washing violation is a **Major Violation** and takes **4 points** off the inspection score

A dirty floor is a minor violation and takes **1 point** off the inspection score



Mobile Food Facility Inspection Report  
 County of San Diego, Department of Environmental Health  
 P.O. Box 128251, San Diego, CA 92112-9251  
 (619) 505-6900 (800) 253-9933 [www.sdcdeh.com](http://www.sdcdeh.com)

Inspection Date:

Permit #:   
 Inspection Seq. No.:   
 Business Type:   
 Guidelines ID:

Facility Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ CT \_\_\_\_\_ District \_\_\_\_\_ # of Employees \_\_\_\_\_

Permit Owner \_\_\_\_\_ Permit Exp. Date \_\_\_\_\_ Record Status \_\_\_\_\_ Inspection Type \_\_\_\_\_ Inspection Status \_\_\_\_\_ Total Time \_\_\_\_\_ # Violations \_\_\_\_\_

Related Record \_\_\_\_\_ Related Record ID \_\_\_\_\_ Related Permit Exp. Date \_\_\_\_\_ Related Record Status \_\_\_\_\_ Related Record Business Type \_\_\_\_\_

Location of Inspection \_\_\_\_\_ Decal # \_\_\_\_\_ Vehicle License Plate # \_\_\_\_\_ VIN \_\_\_\_\_

**RISK FACTORS AND INTERVENTIONS**  
 In = In Compliance Out = Out of Compliance NIO = Not Observed NIA = Not Applicable  
 MAJ OUT = Major Violation Observed MIN OUT = Minor Violation Observed COS = Corrected On Site SA = Suitable Alternative PTS = Points

| DEMONSTRATION OF KNOWLEDGE             |                                                                                                             | MAJ OUT                  | MIN OUT                  | COS/SA | PTS | PTS LOST |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------|-----|----------|
| In                                     | 1a. Food Safety Certification and Exp. Date                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |        | 2   |          |
| NIO                                    | NIA                                                                                                         |                          |                          |        |     |          |
| In                                     | 1b. Food Handler Training                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |        | 2   |          |
| NIO                                    | NIA                                                                                                         |                          |                          |        |     |          |
| EMPLOYEE HEALTH AND HYGIENIC PRACTICES |                                                                                                             |                          |                          |        |     |          |
| In                                     | 2. Communicable disease - reporting, restrictions, and exclusions                                           | <input type="checkbox"/> | <input type="checkbox"/> |        | 4   |          |
| NIO                                    | NIA                                                                                                         |                          |                          |        |     |          |
| In                                     | 3. No discharge from eyes, nose or mouth                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |        | 2   |          |
| NIO                                    | NIA                                                                                                         |                          |                          |        |     |          |
| In                                     | 4. Proper eating, testing, drinking or tobacco use                                                          | <input type="checkbox"/> | <input type="checkbox"/> |        | 2   |          |
| NIO                                    | NIA                                                                                                         |                          |                          |        |     |          |
| PREVENTING CONTAMINATION BY HANDS      |                                                                                                             |                          |                          |        |     |          |
| In                                     | 5. Hands clean and properly washed; gloves used properly                                                    | <input type="checkbox"/> | <input type="checkbox"/> |        | 4   |          |
| NIO                                    | NIA                                                                                                         |                          |                          |        |     |          |
| In                                     | 6. Adequate handwashing facilities supplied and accessible                                                  | <input type="checkbox"/> | <input type="checkbox"/> |        | 4/2 |          |
| NIO                                    | NIA                                                                                                         |                          |                          |        |     |          |
| TIME AND TEMPERATURE RELATIONSHIPS     |                                                                                                             |                          |                          |        |     |          |
| In                                     | 7. Proper hot and cold holding temperatures<br>Hot: <input type="checkbox"/> Cold: <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        | 6/2 |          |
| NIO                                    | NIA                                                                                                         |                          |                          |        |     |          |
| In                                     | 8. Time as a Public Health Corbin - procedures and records available                                        | <input type="checkbox"/> | <input type="checkbox"/> |        | 4/2 |          |
| NIO                                    | NIA                                                                                                         |                          |                          |        |     |          |
| In                                     | 9. Proper cooling methods / not allowed in Limited Food Preparation MFF                                     | <input type="checkbox"/> | <input type="checkbox"/> |        | 4   |          |
| NIO                                    | NIA                                                                                                         |                          |                          |        |     |          |
| In                                     | 10. Proper cooking time and temperatures                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |        | 4   |          |
| NIO                                    | NIA                                                                                                         |                          |                          |        |     |          |
| In                                     | 11. Proper reheating procedures for hot holding; For limited food prep, food cooked to order                | <input type="checkbox"/> | <input type="checkbox"/> |        | 4   |          |
| NIO                                    | NIA                                                                                                         |                          |                          |        |     |          |

| ITEM / LOCATION | TEMP (°F) | ITEM / LOCATION | TEMP (°F) | ITEM / LOCATION | TEMP (°F) |
|-----------------|-----------|-----------------|-----------|-----------------|-----------|
|                 |           |                 |           |                 |           |
|                 |           |                 |           |                 |           |

| SUPERVISION / PERSONAL CLEANLINESS                                                                                                |                          | OUT                      | PTS | PTS LOST |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----|----------|
| 23. Person in charge present and performs duties; Personal cleanliness and hair restraints                                        | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| GENERAL FOOD SAFETY REQUIREMENTS                                                                                                  |                          |                          |     |          |
| 24. Approved heating methods used, frozen food                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| 25. Food separated and protected; Limited Food Prep in food compartment                                                           | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| 26. Fruits and vegetables washed                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| 27. Toxic substances properly identified, stored, used                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| FOOD STORAGE / DISPLAY / SERVICE                                                                                                  |                          |                          |     |          |
| 28. Food storage / containers identified; food stored, displayed, served from mobile food facility adequate food preparation area | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| 29. Food properly labeled and honestly presented                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| EQUIPMENT / UTENSILS / LINENS                                                                                                     |                          |                          |     |          |
| 30. Warewashing facilities - installed, maintained, used; Test strips available                                                   | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| 31. Non-food contact surfaces clean                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| 32. Wiping clothes - properly used, stored                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |

| PROTECTION FROM CONTAMINATION |                                                                                                                                                                                                 | MAJ OUT                  | MIN OUT                  | COS/SA | PTS | PTS LOST |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------|-----|----------|
| In                            | 12. No returned and re-service of food; For Limited Food Prep, no pouring of food                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |        | 2   |          |
| NIO                           | NIA                                                                                                                                                                                             |                          |                          |        |     |          |
| In                            | 13. Food in good condition, safe and unadulterated                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |        | 4/2 |          |
| NIO                           | NIA                                                                                                                                                                                             |                          |                          |        |     |          |
| In                            | 14. Food contact surfaces clean and sanitized<br>Sanitizer: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quat Amm<br>Location and Concentration Temp: _____                       | <input type="checkbox"/> | <input type="checkbox"/> |        | 4/2 |          |
| NIO                           | NIA                                                                                                                                                                                             |                          |                          |        |     |          |
| FOOD FROM APPROVED SOURCES    |                                                                                                                                                                                                 |                          |                          |        |     |          |
| In                            | 15. Food obtained from approved source; Compliance with specialized process                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |        | 4   |          |
| NIO                           | NIA                                                                                                                                                                                             |                          |                          |        |     |          |
| In                            | 16. Compliance with shell stock tags, condition, display: <input type="checkbox"/> Oysters <input type="checkbox"/> Mussels <input type="checkbox"/> Clams <input type="checkbox"/> Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |        | 4   |          |
| NIO                           | NIA                                                                                                                                                                                             |                          |                          |        |     |          |
| In                            | 17. Compliance with Gulf of Mexico Regulations                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |        | 4   |          |
| NIO                           | NIA                                                                                                                                                                                             |                          |                          |        |     |          |
| CONSUMER ADVISORY             |                                                                                                                                                                                                 |                          |                          |        |     |          |
| In                            | 18. Consumer advisory provided for raw or undercooked foods                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |        | 2   |          |
| NIO                           | NIA                                                                                                                                                                                             |                          |                          |        |     |          |
| POTABLE WATER / HOT WATER     |                                                                                                                                                                                                 |                          |                          |        |     |          |
| In                            | 19. Potable hot and cold water available; Handwashing: _____                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |        | 4/2 |          |
| NIO                           | NIA                                                                                                                                                                                             |                          |                          |        |     |          |
| LIQUID WASTE DISPOSAL         |                                                                                                                                                                                                 |                          |                          |        |     |          |
| In                            | 20. Toilet and handwashing sink facility readily available                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |        | 2   |          |
| NIO                           | NIA                                                                                                                                                                                             |                          |                          |        |     |          |
| In                            | 21. No waste water discharge to the ground; Sewage system and components maintained                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |        | 4/2 |          |
| NIO                           | NIA                                                                                                                                                                                             |                          |                          |        |     |          |
| VERMIN                        |                                                                                                                                                                                                 |                          |                          |        |     |          |
| In                            | 22. No rodents, insects, birds or animals                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |        | 4/2 |          |
| NIO                           | NIA                                                                                                                                                                                             |                          |                          |        |     |          |

| EQUIPMENT / UTENSILS / LINENS (cont)                                                                                                             |                          | OUT                      | PTS | PTS LOST |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----|----------|
| 33. Commissary / Mobile Support Unit - equipped, maintained                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| 34. Equipment / Utensils - approved, installed, good repair, capacity; Equipment / Utensils / Linens - storage, use                              | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| 35. Thermometers - provided, accurate                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| 36. Adequate ventilation / lighting - designated areas, use                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| PHYSICAL FACILITIES                                                                                                                              |                          |                          |     |          |
| 37. Premises, personal / cleaning items, vermin-proofing; Garbage and refuse - properly disposed; Facilities maintained - clean surroundings     | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| 38. Plumbing - proper backflow devices / water tank design and accessibility                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| 39. Compliance with fire safety requirements - first aid kit, emergency exit, self-closing lid on door                                           | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| 40. Floors, walls and ceilings - built, maintained, clean; Unobstructed height of at least 7'4" and 30" horizontal aisle space for occupied MFFs | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| NOTIFICATION REQUIREMENTS                                                                                                                        |                          |                          |     |          |
| 41. Grade card, signs, last inspection report available; Written operational procedures available and followed                                   | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |
| 42. Proper identification on vehicle / cart                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | 1   |          |

Inspection Score: \_\_\_\_\_  
 Grade: \_\_\_\_\_

Received by (Print): \_\_\_\_\_ Received by (Signature): \_\_\_\_\_ Title: \_\_\_\_\_  
 Specialist (Print): \_\_\_\_\_ Specialist (Signature): \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Secondary Inspectors: \_\_\_\_\_

# Inspection Report

- Demonstration of Knowledge
- Employee Health and Hygiene
- Time & Temperature Relationship
- Protection from Contamination
- Food from Approved Sources
- Water / Hot Water
- Liquid Waste Disposal
- Vermin
- Facilities / Equipment / Utensils
- Compliance and Enforcement
- Operation



**Mobile Food Facility Inspection Report**  
 County of San Diego, Department of Environmental Health  
 P.O. Box 128251, San Diego, CA 92112-9251  
 (619) 595-6900 (800) 253-9933 [www.sdcdeh.com](http://www.sdcdeh.com)

Inspection Date: 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Permit #: 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

  
 Inspection Seq. No: \_\_\_\_\_  
 Business Type: \_\_\_\_\_  
 Guidelines ID: \_\_\_\_\_

|                        |                   |                          |                       |                              |            |                |
|------------------------|-------------------|--------------------------|-----------------------|------------------------------|------------|----------------|
| Facility Name          | Address           | City                     | Zip Code              | CT                           | District   | # of Employees |
| Permit Owner           | Permit Exp. Date  | Record Status            | Inspection Type       | Inspection Status            | Total Time | # Violations   |
| Related Record         | Related Record ID | Related Permit Exp. Date | Related Record Status | Related Record Business Type |            |                |
| Location of Inspection | Decal #           | Vehicle License Plate #  | VIN                   |                              |            |                |

**RISK FACTORS AND INTERVENTIONS**  
 In = In Compliance    Out = Out of Compliance    NIO = Not Observed    N/A = Not Applicable  
 MAJ OUT = Major Violation Observed    MIN OUT = Minor Violation Observed    COS = Corrected On Site    SA = Suitable Alternative    PTS = Points

|                                               |                                                                                                                                                                                           | MAJ OUT | MIN OUT                  | COS                      | SA | PTS | PTS LOST |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------|--------------------------|----|-----|----------|
| <b>DEMONSTRATION OF KNOWLEDGE</b>             |                                                                                                                                                                                           |         |                          |                          |    |     |          |
| In / Out / NIO / N/A                          | 1a. Food Safety Certification and Exp. Date                                                                                                                                               |         | <input type="checkbox"/> |                          |    | 2   |          |
| In / Out / NIO / N/A                          | 1b. Food Handler Training                                                                                                                                                                 |         | <input type="checkbox"/> |                          |    | 2   |          |
| <b>EMPLOYEE HEALTH AND HYGIENIC PRACTICES</b> |                                                                                                                                                                                           |         |                          |                          |    |     |          |
| In / Out / NIO / N/A                          | 2. Communicable disease – reporting, restrictions and exclusions                                                                                                                          |         | <input type="checkbox"/> |                          |    | 4   |          |
| In / Out / NIO / N/A                          | 3. No discharge from eyes, nose or mouth                                                                                                                                                  |         | <input type="checkbox"/> |                          |    | 2   |          |
| In / Out / NIO / N/A                          | 4. Proper eating, testing, drinking or tobacco use                                                                                                                                        |         | <input type="checkbox"/> |                          |    | 2   |          |
| <b>PREVENTING CONTAMINATION BY HANDS</b>      |                                                                                                                                                                                           |         |                          |                          |    |     |          |
| In / Out / NIO / N/A                          | 5. Hands clean and properly washed; gloves used properly                                                                                                                                  |         | <input type="checkbox"/> |                          |    | 4   |          |
| In / Out / NIO / N/A                          | 6. Adequate handwashing facilities supplied and accessible                                                                                                                                |         | <input type="checkbox"/> | <input type="checkbox"/> |    | 4/2 |          |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>     |                                                                                                                                                                                           |         |                          |                          |    |     |          |
| In / Out / NIO / N/A                          | 7. Proper hot and cold holding temperatures<br><input type="checkbox"/> Hot <input type="checkbox"/> Cold                                                                                 |         | <input type="checkbox"/> |                          |    | 6/2 |          |
| In / Out / NIO / N/A                          | 8. Time as a Public Health Control – procedures and records available                                                                                                                     |         | <input type="checkbox"/> | <input type="checkbox"/> |    | 4/2 |          |
| In / Out / NIO / N/A                          | 9. Proper cooking methods / not allowed in Limited Food Preparation MFF                                                                                                                   |         | <input type="checkbox"/> |                          |    | 4   |          |
| In / Out / NIO / N/A                          | 10. Proper cooking time and temperatures                                                                                                                                                  |         | <input type="checkbox"/> |                          |    | 4   |          |
| In / Out / NIO / N/A                          | 11. Proper reheating procedures for hot holding; For limited food prep, food cooked to order                                                                                              |         | <input type="checkbox"/> |                          |    | 4   |          |
| <b>PROTECTION FROM CONTAMINATION</b>          |                                                                                                                                                                                           |         |                          |                          |    |     |          |
| In / Out / NIO / N/A                          | 12. No returned and re-service of food; For Limited Food Prep, no porting of food                                                                                                         |         | <input type="checkbox"/> |                          |    | 2   |          |
| In / Out / NIO / N/A                          | 13. Food in good condition, safe and unadulterated                                                                                                                                        |         | <input type="checkbox"/> | <input type="checkbox"/> |    | 4/2 |          |
| In / Out / NIO / N/A                          | 14. Food contact surfaces clean and sanitized<br>Sanitizer: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quat Amm<br>Location and Concentration/Temp:                       |         | <input type="checkbox"/> | <input type="checkbox"/> |    | 4/2 |          |
| <b>FOOD FROM APPROVED SOURCES</b>             |                                                                                                                                                                                           |         |                          |                          |    |     |          |
| In / Out / NIO / N/A                          | 15. Food obtained from approved source; Compliance with specialized process                                                                                                               |         | <input type="checkbox"/> |                          |    | 4   |          |
| In / Out / NIO / N/A                          | 16. Compliance with shell stock tags, condition, display: <input type="checkbox"/> Oysters <input type="checkbox"/> Mussels <input type="checkbox"/> Clams <input type="checkbox"/> Other |         | <input type="checkbox"/> |                          |    | 4   |          |
| In / Out / NIO / N/A                          | 17. Compliance with Gulf of Mexico Regulations                                                                                                                                            |         | <input type="checkbox"/> |                          |    | 4   |          |
| <b>CONSUMER ADVISORY</b>                      |                                                                                                                                                                                           |         |                          |                          |    |     |          |
| In / Out / NIO / N/A                          | 18. Consumer advisory provided for raw or undercooked foods                                                                                                                               |         | <input type="checkbox"/> |                          |    | 2   |          |
| <b>POTABLE WATER / HOT WATER</b>              |                                                                                                                                                                                           |         |                          |                          |    |     |          |
| In / Out / NIO / N/A                          | 19. Potable hot and cold water available; Handwashing sink:    Warewashing sink:                                                                                                          |         | <input type="checkbox"/> | <input type="checkbox"/> |    | 4/2 |          |
| <b>LIQUID WASTE DISPOSAL</b>                  |                                                                                                                                                                                           |         |                          |                          |    |     |          |
| In / Out / NIO / N/A                          | 20. Toilet and handwashing sink facility readily available                                                                                                                                |         | <input type="checkbox"/> |                          |    | 2   |          |
| In / Out / NIO / N/A                          | 21. No waste water discharge to the ground; Sewage system and components maintained                                                                                                       |         | <input type="checkbox"/> | <input type="checkbox"/> |    | 4/2 |          |
| <b>VERMIN</b>                                 |                                                                                                                                                                                           |         |                          |                          |    |     |          |
| In / Out / NIO / N/A                          | 22. No rodents, insects, birds or animals                                                                                                                                                 |         | <input type="checkbox"/> | <input type="checkbox"/> |    | 4/2 |          |

| ITEM / LOCATION | TEMP (°F) | ITEM / LOCATION | TEMP (°F) | ITEM / LOCATION | TEMP (°F) |
|-----------------|-----------|-----------------|-----------|-----------------|-----------|
|                 |           |                 |           |                 |           |
|                 |           |                 |           |                 |           |
|                 |           |                 |           |                 |           |

|                                                                                                                                                  |  | OUT                      | PTS | PTS LOST |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|-----|----------|
| <b>SUPERVISION / PERSONAL CLEANLINESS</b>                                                                                                        |  |                          |     |          |
| 23. Person in charge present and performs duties; Personal cleanliness and hair restraints                                                       |  | <input type="checkbox"/> | 1   |          |
| <b>GENERAL FOOD SAFETY REQUIREMENTS</b>                                                                                                          |  |                          |     |          |
| 24. Approved heating methods used; frozen food                                                                                                   |  | <input type="checkbox"/> | 1   |          |
| 25. Food separated and protected; Limited Food Prep in food compartment                                                                          |  | <input type="checkbox"/> | 1   |          |
| 26. Fruits and vegetables washed                                                                                                                 |  | <input type="checkbox"/> | 1   |          |
| 27. Toxic substances properly identified, stored, used                                                                                           |  | <input type="checkbox"/> | 1   |          |
| <b>FOOD STORAGE / DISPLAY / SERVICE</b>                                                                                                          |  |                          |     |          |
| 28. Food storage / containers identified; food stored, displayed, served from mobile food facility adequate food preparation area                |  | <input type="checkbox"/> | 1   |          |
| 29. Food properly labeled and honestly presented                                                                                                 |  | <input type="checkbox"/> | 1   |          |
| <b>EQUIPMENT / UTENSILS / LINENS</b>                                                                                                             |  |                          |     |          |
| 30. Warewashing facilities – installed, maintained, used; Test strips available                                                                  |  | <input type="checkbox"/> | 1   |          |
| 31. Non-food contact surfaces clean                                                                                                              |  | <input type="checkbox"/> | 1   |          |
| 32. Wiping clothes – properly used, stored                                                                                                       |  | <input type="checkbox"/> | 1   |          |
| <b>EQUIPMENT / UTENSILS / LINENS (cont)</b>                                                                                                      |  |                          |     |          |
| 33. Commissary / Mobile Support Unit – equipped, maintained                                                                                      |  | <input type="checkbox"/> | 1   |          |
| 34. Equipment / Utensils – approved, installed, good repair, capacity; Equipment / Utensils / Linens – storage, use                              |  | <input type="checkbox"/> | 1   |          |
| 35. Thermometers – provided, accurate                                                                                                            |  | <input type="checkbox"/> | 1   |          |
| 36. Adequate ventilation / lighting – designated areas, use                                                                                      |  | <input type="checkbox"/> | 1   |          |
| <b>PHYSICAL FACILITIES</b>                                                                                                                       |  |                          |     |          |
| 37. Premises, personal / cleaning items, vermin-proofing; Garbage and refuse – properly disposed; Facilities maintained – clean surroundings     |  | <input type="checkbox"/> | 1   |          |
| 38. Plumbing – proper backflow devices / water tank design and accessibility                                                                     |  | <input type="checkbox"/> | 1   |          |
| 39. Compliance with the safety requirements – first aid kit, emergency exit, self-closing lid on flyer                                           |  | <input type="checkbox"/> | 1   |          |
| 40. Floors, walls and ceilings – built, maintained, clean; Unobstructed height of at least 7'4" and 30" horizontal aisle space for occupied MFPS |  | <input type="checkbox"/> | 1   |          |
| <b>NOTIFICATION REQUIREMENTS</b>                                                                                                                 |  |                          |     |          |
| 41. Grade card, signs, last inspection report available; Written operational procedures available and followed                                   |  | <input type="checkbox"/> | 1   |          |
| 42. Proper identification on vehicle / cart                                                                                                      |  | <input type="checkbox"/> | 1   |          |

Inspection Score: \_\_\_\_\_  
 Grade: \_\_\_\_\_

Received by (Print): \_\_\_\_\_ Received by (Signature): \_\_\_\_\_ Title: \_\_\_\_\_  
 Specialist (Print): \_\_\_\_\_ Specialist (Signature): \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Secondary Inspectors: \_\_\_\_\_

# Demonstration of Knowledge

## Food Safety Certification for the owner/manager

- Owner/Manager may use certificate at only one mobile food facility

Valid for 5 years



- **Food Handler Cards or Tests for all employees**

- 3-hr Food Handler's class from an approved school (card), or
- County-issued Food Handler test given by owner/manager with Food Safety Certification

Valid for 3 years



# Employee Health and Hygiene

## Prevent Contamination !

Food Employees must **notify** the person in charge when they experience any of these symptoms:

- Diarrhea
- Fever
- Vomiting
- Jaundice (yellowing of skin or eyes)
- Sore throat with fever
- Lesions (cut or open sore)



### Wash Hands!!!

- Hand sink must have 100 – 108F water, be easily accessible and have soap and paper towels in dispensers

**Do not Smoke** in food preparation areas

# Time and Temperature Relationship



Avoid the **TEMPERATURE DANGER ZONE** (41°F-135°F)

Bacteria that cause food poisoning grow and multiply to dangerous levels when allowed enough time in the temperature danger zone.

Potentially Hazardous Foods (PHFs)

- Meat, poultry, seafood, dairy, raw eggs, cooked vegetables, garlic in oil, sliced melons/tomatoes, etc.
- Hold below 41°F or above 135°F

# Time and Temperature Relationship



## Proper Cooking Temperatures kill bacteria

| Food Item                                                              | Internal Temperatures                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <i>Cooked Fruits and Vegetables for Hot Holding</i>                    | <i>135°F</i>                                                              |
| <i>Single Pieces of Meat: Beef, Veal, Lamb, Game Animals, and Pork</i> | <i>145°F for 15 seconds</i>                                               |
| <i>Comminuted Meats, such as Hamburger; Raw Eggs for later service</i> | <i>158°F</i>                                                              |
| <i>Chicken, Duck, Turkey; Stuffed Fish, Meat or Poultry</i>            | <i>165°F for 15 seconds</i>                                               |
| <i>Roasts (Beef, Pork and Ham)</i>                                     | <i>130°F or as specified in the California Retail Code Section 114004</i> |

**Use a Probe Thermometer!**

# Time and Temperature Relationship



## Proper Reheating Procedures for Hot Holding Food

Food must have been previously prepared in an approved kitchen

- Reheat rapidly on grill/stove to 165°F
- Hold on steam table 135°F or above
- Discard all food hot-held at the end of the day

## Practices not allowed in mobile food facilities:

- Cooling of cooked foods inside the mobile food facility
- Using steam tables or hot holding units for reheating or cooking

# Time and Temperature Relationship

## Proper Thawing

- Inside the refrigerator
- Under clean, running water at 70°F or lower for up to 2 hrs
- As part of the cooking procedure
- In a microwave



# Protection from Contamination

Equipment Washing  
and Sanitizing

Approved Source

Shell Fish Tags

- Oysters, mussels, clams, or scallops (unshucked)
- Keep with shell stock batch until all are sold
- Keep in mobile food facility for at least 90 days

Shellfish stock without tags may be impounded!!!



# Protection from Contamination

## Food Display and Service

- No food shall be stored, prepared, displayed or served outside of a mobile food facility
- Condiments and sauces shall be dispensed from protected containers

## Spoilage, Contamination, Adulteration

- Inspect food
- Prevent cross-contamination!



# Protection from Contamination



## Food Storage in your Mobile Food Facility

- Store ready-to-eat foods safe and covered
- Store uncooked foods in commissary refrigerators at end of day
- Do not leave any PHF on the vehicle overnight
- Separate food from chemical storage

## Labeling: Sherman Law

- Prepackaged foods must be labeled in English
  - ◆ Name of food
  - ◆ Name and address of manufacturer
  - ◆ Quantity
  - ◆ List of ingredients
  - ◆ Nutrition facts (if required)

# Potable Water and Waste Water Requirements



Electric Water Heater

- Hot water: 120° or above
- ANSI-approved and No plumbing leaks
- Appropriate size

| TYPE OF TANK                         | WATER USE         | REQUIRED TANK SIZE             |                          |                               |
|--------------------------------------|-------------------|--------------------------------|--------------------------|-------------------------------|
|                                      |                   | NON POTENTIALLY HAZARDOUS FOOD | LIMITED FOOD PREPARATION | OCCUPIED MOBILE FOOD FACILITY |
| Potable Water Tank                   | Hand sink         | 5 Gallons                      | 5 Gallons                | 5 Gallons                     |
|                                      | Ware washing sink | Not Applicable                 | 15 Gallons               | 25 Gallons                    |
| Total Potable Water Tank Requirement |                   | 5 Gallons                      | 20 Gallons               | 30 Gallons                    |
| Waste Water Tank                     | Hand sink         | 7.5 Gallons                    | 7.5 Gallons              | 7.5 Gallons                   |
|                                      | Ware washing sink | Not Applicable                 | 22.5 Gallons             | 37.5 Gallons                  |
| Total Waste Water Tank Requirement   |                   | 7.5 Gallons                    | 30 Gallons               | 45 Gallons                    |

# Liquid Waste Disposal



- **Into waste tanks – No DISPOSAL INTO BUCKETS OR PANS!**
  - Written sanitation operating procedures for servicing potable and waste water tanks
  - Removable tanks labeled “waste” to distinguish from “potable” water tanks
  - Tanks adequately vented for flow
  - Immediate correction of back-ups implemented
  - Mobile Food Facility to close when waste tank full and cannot hold more waste water
  - Waste water discarded into approved disposal stations
- **Sinks in good repair**
  - Lines maintained free of leaks
  - Sinks to drain freely
- **Cross-connection control or backflow prevention devices available**

# Protection from Vermin



## Prevent cockroaches, flies, rodents and birds

- Eliminate openings where insects or rodents can enter (open doors or holes on walls).
- Always inspect delivered products to detect insects or rodent damage.
- Only use pesticides in accordance with instructions on the label
- Keep pets and other animals outside the mobile food facility

# Facilities/Equipment Utensils



## Exterior Requirements

- Self-closing doors
- Pass-through windows with maximum size of 216 in<sup>2</sup>
- Windows screened with at least a 16" mesh screen
- Propane tanks properly vented and located outside of the mobile food facility
- Business Identification/certification

## Floors, Walls, Ceilings

- Free of grease, dirt, debris
- Windows, screens, exhaust vents, fans, areas around conduits and floor mats maintained clean

# Facilities/Equipment Utensils

**OUT OF THIS WORLD SUSHI**  
**San Diego, CA 92120**

## Business Identification:

- Business name/operator's name
- City, state, zip code
- Legible, clearly visible to consumers
- Permanently affixed on the consumer side of the mobile food facility
- Minimum dimensions: 3 inch lettering

Note: A certification insignia issued by the California Department of Housing and Community Development (HCD) is required on a mobile food facility that is occupied and has 110 volt electrical, plumbing, a gas appliance/equipment or a mechanical generator or compressor.

Contact HCD at (951) 782-4420.



# Facilities/Equipment/Utensils

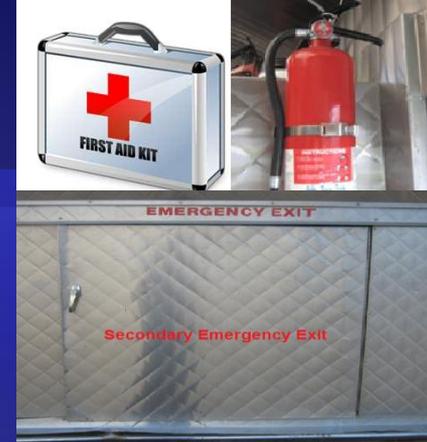
## Occupied MFF

### Height and Width Requirements



- **Height:** Minimum of 74 inches from floor to ceiling
- **Width:** Minimum of 30 inches of unobstructed aisle space

# Facilities/Equipment Utensils



## Fire Safety-Maintain the following equipment:

- 10 BC-rated fire extinguisher
  - ♦ Readily available
  - ♦ Inspected annually by the Fire Department
- First aid kit
- Secondary emergency exit
  - ♦ With minimum size of 24 by 36 in

Ensure that coffee urns, deep fryers, steam tables and similar equipment have positive closing lids, fitted with secure latch mechanism

# Facilities/Equipment/ Utensils



## Lighting

- Maintain adequate lighting
- Light bulbs shall be shielded, coated or shatter-resistant

## Ventilation

- Provide exhaust ventilation equipment, fans, grease baffles, vents and suppression systems
- Maintain them clean and in good repair
- Ensure that mechanical ventilation for all units with cooking equipment meets and is maintained according to the requirements of the Uniform Mechanical Code

# Facilities/Equipment/Utensils

## ANSI Certified



### Equipment and Utensils

- New and replacements must be certified by American National Standards Institute (ANSI)
- Maintain clean and in good repair
- Discard or resurface (contact surfaces of) utensils such as cutting boards when they are no longer cleanable
- Clean all non-food contact surfaces frequently
- Store multi-use towels in a labeled sanitizer bucket
- Store dirty towels and other soiled linens in designated containers at commissary storage areas, away from food preparation areas.

# Facilities/Equipment/Utensils

## Refuse Disposal

- Discard food waste and rubbish in water-proof disposable bags
- Contain bags in leak proof container with tight fitting lids
- Remove and dispose of food waste and rubbish in a sanitary manner as frequently as necessary



# Facilities/Equipment Utensils



## Required Signs/Permits

- Health permit -decals must be posted
- Hand sink –Must have a sign or poster notifying food employees to wash their hands
- Graded MFF – Must post grade card in a location visible to the public during hours of operation

**NOTE: Mobile food operators must verify with other local and state agencies for other permits requirements in the areas where they conduct business**

# Health Permit Decals

## Post on two sides of the unit



COUNTY OF SAN DIEGO  
DEPT. ENVIRONMENTAL HEALTH  
**HEALTH PERMIT**  
Expires Dec. 31, 2010  
61480

COUNTY OF SAN DIEGO  
DEPT. ENVIRONMENTAL HEALTH  
**HEALTH PERMIT**  
Expires Dec. 31, 2010  
61480

# Compliance and Enforcement

## Documentation Required by Plan Check

- Menu
- Standard Operational Procedures to include
  - Food handling
  - Cleaning & sanitizing of food contact surfaces and utensils
- Commissary Letter
- Restroom Letter
- Route Sheet

# Compliance and Enforcement

## Commissary Letter

- All mobile food facilities must operate in conjunction with an approved commissary or other approved location
- Commissary letters must be submitted annually or when a commissary change occurs
- Mobile food facility must be cleaned and stored daily within a commissary or other approved location



County of San Diego  
Department of Environmental Health  
P.O. Box 129261  
San Diego, CA 92112-9261  
(858) 505-6900

### COMMISSARY/HEADQUARTERS LETTER OF AGREEMENT

This section must be completed by the Mobile Food Vendor and renewed annually

Permit Name: \_\_\_\_\_  
Permit Owner: \_\_\_\_\_  
Permit Mailing Address: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_  
Permit #: FB \_\_\_\_\_ - \_\_\_\_\_

### COMMISSARY/HEADQUARTERS LETTER OF AGREEMENT

This section must be completed by the Commissary /HQ and renewed annually

Commissary/Headquarters Name: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_  
Commissary Permit #: \_\_\_\_\_

Mr./Ms. \_\_\_\_\_ has my permission to use my health regulated business located at \_\_\_\_\_ FOR THE PURPOSES OF ESTABLISHING A COMMISSARY/ HEADQUARTERS FOR THEIR MOBILE FOOD/CATERING OR FOOD PROCESSING BUSINESS. This permission includes the use of the premises for the food storage, maintenance of supplies and storage of mobile food unit.

Signed \_\_\_\_\_ Date \_\_\_\_\_

#### OFFICE USE ONLY

VERIFICATION OF HEADQUARTERS Vending Yr: \_\_\_\_\_  
Current DEB-FHD Permit Yes/No Exp Date: \_\_\_\_\_ DMV Rec'd Yes/No Verified by: \_\_\_\_\_  
OTHER AGENCY - Copy of Current Permit Yes/No Date of Approval \_\_\_\_\_

# Compliance and Enforcement



## Restroom Letter

- ◆ Within 200 feet of mobile food facility
- ◆ Located in a commercial business (does not have to be a restaurant)

## Restroom Must Have:

- ◆ Single use soap and towels inside a dispenser
- ◆ Cold and hot running water at a temperature of at least 100°F

County of San Diego  
Department of Environmental Health  
P.O. Box 129261  
San Diego, CA 92112-9261  
(619) 338-2222

**MOBILE FOOD TOILET FACILITIES PERMISSION LETTER**  
This section be completed by the Mobile Food Vendor and renewed annually

Permit Name: \_\_\_\_\_  
Permit Owner: \_\_\_\_\_  
Permit Mailing Address: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_  
Permit #: FB \_\_\_\_\_ - \_\_\_\_\_

**MOBILE FOOD TOILET FACILITIES PERMISSION LETTER**  
This section be completed by the Facilities Owner and renewed annually

The toilet facilities located at: \_\_\_\_\_  
\_\_\_\_\_ may be used by the operators of the above listed mobile food facility business.

These toilet facilities include water, flush toilets, hot and cold running water, and single service soap and towels in wall-mounted dispensers.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Responsible Party)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

**OFFICE USE ONLY**

|                                  |                               |
|----------------------------------|-------------------------------|
| Vending Yr: _____                | Verified by (initials): _____ |
| Specialist: _____                | Date Approved: _____          |
| Field Check of Toilet Facilities |                               |

DEH:FH-264 (Rev. 11/06)

# Compliance and Enforcement

## STANDARD OPERATING PROCEDURE

### Written Standard Operating Procedures

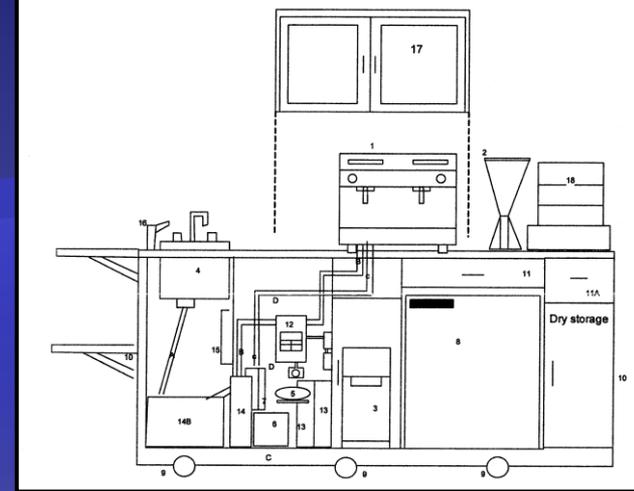
Procedures must include clear instructions to properly:

- Clean and sanitize utensils and equipment
- Fill up water tank
- Dispose of waste water
- Store food at the end of business day
- Maintain all vehicle and food preparation equipment
- Clean interior and exterior of mobile food facility
- Dispose of used grease from fryer
- Dispose of garbage

# Plan Check

## Required for the following:

- New Mobile Food Facilities (MFFs)
- MFFs that changed owner
- MFFs where new equipment will be installed
- MFFs changing their menu or food process
- MFFs changing the location of their business, if they conduct business longer than 60 minutes in a given location



# At the End of the Inspection:



## Your Environmental Health Specialist will:

1. Review with you the results of the inspection
2. Explain how to prevent and correct violations found during inspection
3. Issue a score and grade card

# What Happens if there is a Major Violation in My Mobile Food Facility?

Major Violation observed (**Major Risk Factors**) during inspections must be corrected on site (COS).

## **Violation #1: Hot water at 95°F**

COS: Adjust water heater so water reaches 120°F

## **Violation #2: Broken refrigerator holding multiple items at 52°F**

COS: Discard food

## **Violation #3: No sanitizer while washing dishes**

COS: Rewash the dishes by hand at the warewashing sink with proper sanitizer

**CORRECT ON SITE!!!**

# What should I do if I notice a Major Violation myself?

Use same COS/closure principles:

*1. No hot water: despite attempts, employees are unable to repair the water heater*

COS: Employees should self-close the facility until hot water is restored.

*2. Employee takes the temperature at a refrigerator upon opening and finds food at 55F.*

COS: Employee should discard food, notify other employees that unit is not to be used, and contact repair service.

**Reasoning for self-closure?**

**To Prevent Food-Borne Illness!**

# How do I prevent Major Violations in my Mobile Food Facility?



## Implement procedures and educate your employees

- **Write down your procedures and train employees**

Let your employees know what you expect them to do and how you expect them to do it.

- **Let your employees know that food safety is a priority**

Your priorities are your employees' priorities. If you stress food safety, so will your employees.

- **Explain to your employees why safe food handling is so important**

Remind employees of the importance of safe food handling. Many employees have years of experience in the food industry, but may have forgotten food safety training or have picked up bad habits. Others may need to learn why it is important to have safe food handling habits.

# Examples of Interventions to Prevent/Correct Violations



## 1. Improper hot and cold holding temperatures (steam table and refrigeration temperatures):

- Provide employees with an accurate probe thermometer.
- Temperature logs. Ensure employees are using logs and check to ensure the temperatures are being taken correctly.

## 2. Improper Hand washing and Glove Use:

- Provide employees constant education about hand washing. Identify and list example situations when employees must wash their hands.
- Ensure soap and towels are available at the hand sink.
- Periodically watch and remind employees to ensure proper hand washing techniques are followed





# Examples of Interventions to Prevent/Correct Violations

## 3. Improper cooking temperatures:

- Educate employees about proper temperatures
- Post proper cooking temperatures in the MFF
- Use a temperature log.
- Provide accurate probe thermometer.



## 4. Foods from unsafe sources:

- Ensure food is not purchased from illegal vendors or made at home.

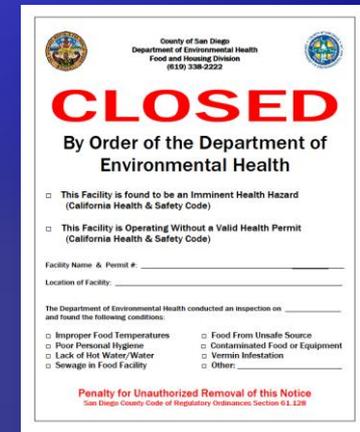
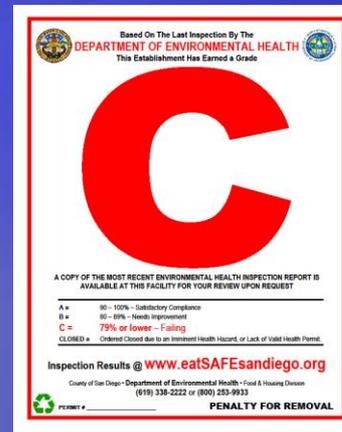
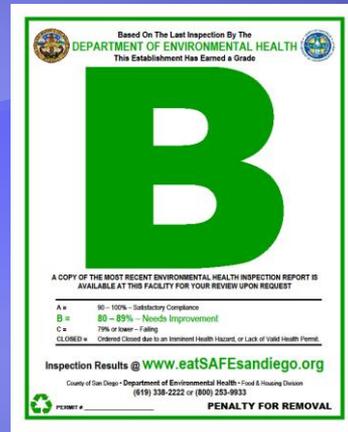
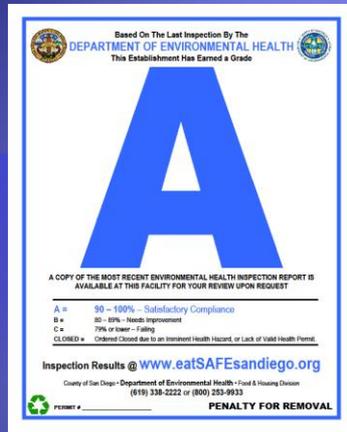
## 5. Contaminated Equipment

- Employee training
- Sanitizer log
- Proper test strips



Verify employees are following procedures and completing temperature logs. This practice holds employees accountable and demonstrates that your business is being proactive about food safety

# Grade Cards



**A** - Score is between 90 and 100 points  
Facility is in substantial compliance with state law

**B** - Score is between 80 and 89 points  
Facility needs significant improvement

**C** - Score is 79 points or less - This is a failing grade

**CLOSED**- When Major Violations cannot be COS

# What happens if my facility scores a "B" or a "C" Grade?

## ALL MAJOR VIOLATIONS MUST BE CORRECTED ON SITE

- The letter grade earned during the inspection will be posted on your facility
- Letter grade must stay posted; it cannot be removed or camouflaged
- You can request a reinspection when all violations are corrected
- If you do not request a reinspection, your facility will be automatically reinspected in 30 days

Reinspection fees apply for all reinspections

# What happens if my facility must be closed?



## ALL MAJOR VIOLATIONS MUST BE CORRECTED ON SITE

- A closed sign and decal will be posted on your facility
- The closed sign must remain posted; it must not be removed or camouflaged
- A full inspection must be completed and passed before you can re-open
- The letter grade earned during inspection will be posted when your facility is approved to reopen.

# Mobile Food Facility (MFF) Permit Types

FB11 – **Commisary:** Vending Machines

FB12 – **Commisary:** Mobile Food Facilities

FB14 – **Vending Machine**

FB15 – **MFF:** Full Food Preparation

FB16 – **MFF:** Packaged Food

FB19 – **MFF:** Prepackaged Food

FB22 – **MFF:** Limited Food Preparation

FB23 – **MFF:** Limited Food Preparation (Single Operating Site)

FB30 – **Mobile Support Unit**



# Limited Food Preparation (Carts: B22 and B23)

## Cart types:

- Hot Dog
- Coffee
- Churro
- Pretzel
- Shaved Ice



# Limited Food Prep (B22 & B23)

## CalCode § 113818

**PREPARATION MUST OCCUR IN A FOOD  
COMPARTMENT IN THE FOOD CART**



## What is limited food prep?

- ◆ Heating, frying, baking, roasting, popping, shaving ice, blending, steaming or boiling hot dogs, assembly
- ◆ Dispensing and portioning nonpotentially hazardous food
- ◆ Holding, portioning and dispensing packaged foods
- ◆ Slicing and chopping food on a heated cooking surface
- ◆ Cooking and seasoning to order
- ◆ Preparing beverages for immediate service that do not contain frozen milk products

# Limited Food Prep (B22 & B23)

## CalCode § 113818

### What is NOT limited food prep?

- ◆ Slicing and chopping not on a cooking surface
- ◆ Cooling cooked food
- ◆ Grinding raw food
- ◆ Reheating for hot holding, except for hot dogs or tamales
- ◆ Hot holding of food, except for corn on the cob, hot dogs or tamales
- ◆ Washing foods
- ◆ Cooking foods for later use

# Zoning Contact Information

| JURISDICTION     | REQUIREMENTS/ALLOWANCES                                  | CONTACT 📞 #    |
|------------------|----------------------------------------------------------|----------------|
| Co. of San Diego | Insert County's information here                         | (858) 565-5981 |
| Carlsbad         | Allowed Stationary, private property, not on streets     | (760) 434-2820 |
| Chula Vista      | Allowed for 10 minutes                                   | (619) 691-5250 |
| Coronado         | Allowed for 10 minutes, requires police approval         | (619) 522-7320 |
| Del Mar          | Allowed, requires permit and approved location           | (760) 755-9313 |
| El Cajon         | Allowed for 10 minutes, must be 200 feet from schools    | (619) 441-1776 |
| Encinitas        | Allowed Stationary with approval from Zoning Dept.       | (760) 633-2600 |
| Escondido        | Allowed Stationary with approval from Planning Dept.     | (760) 839-4880 |
| Imperial Beach   | Not allowed                                              | (619) 423-8300 |
| La Mesa          | Not allowed outdoors, only at Grossmont Center           | (619) 463-6611 |
| Lemon Grove      | Allowed Stationary, requires Conditional Use Permit      | (619) 464-6934 |
| National City    | Not allowed                                              | (619) 336-4200 |
| Oceanside        | Allowed Stationary with approval from Planning Dept.     | (760) 966-4410 |
| Poway            | Allowed in 4 zones, requires Conditional Use Permit      | (760) 966-4410 |
| San Diego        | Allowed Stationary, private property, not on streets     | (619) 236-5555 |
| San Marcos       | Allowed Stationary, requires Conditional Use Permit      | (760) 744-1050 |
| Santee           | Allowed Stationary, private property, not on streets     | (619) 258-4100 |
| Solana Beach     | Allowed Stationary, private property, not on streets     | (858) 720-2400 |
| Vista            | Allowed Stationary, requires approval from Permit Center | (760) 630-3108 |

# DEH Contact Info

## PRIMARY OFFICE

5500 Overland Avenue  
San Diego, CA 92123

### Technical Questions

(858) 505-6900

### Report a Food-Borne Illness:

(858) 505-6814

### Sanitation Complaint:

(858) 505-6903

### Temporary Food Events:

(858) 505-6809

### Plan Check Technical Questions:

(858) 505-6659

### Permit Questions:

(858) 505-6666

### Plan Check Scheduling:

(858) 505-6660

### Food Handler Questions:

English (858) 505-6654

Spanish (858) 505-6652

## NORTH COUNTY

151 E. Carmel St  
San Marcos, CA 92078

### Email

[fhduyeh@sdcounty.ca.gov](mailto:fhduyeh@sdcounty.ca.gov)

### Email

[fhdepi@sdcounty.ca.gov](mailto:fhdepi@sdcounty.ca.gov)

### Email

[fhdcomplaints@sdcounty.ca.gov](mailto:fhdcomplaints@sdcounty.ca.gov)

### Email

[fhdtempevents@sdcounty.ca.gov](mailto:fhdtempevents@sdcounty.ca.gov)

### Email

[plnchk@sdcounty.ca.gov](mailto:plnchk@sdcounty.ca.gov)

### Email

[fhdpermits@sdcounty.ca.gov](mailto:fhdpermits@sdcounty.ca.gov)

### Email

[plnchk@sdcounty.ca.gov](mailto:plnchk@sdcounty.ca.gov)

### Email

[fhduyeh@sdcounty.ca.gov](mailto:fhduyeh@sdcounty.ca.gov)

# Frequently Asked Questions

## 1. Do I always have to have the food handler training cards/exams in the mobile food facility?

- Yes! Even if we have seen it before, it has to be on site and available at all times. Each inspection we have to verify that the training is still valid and the employees may have changed.

## 2. Why do you close for cockroaches?

- Cockroaches seen on a food contact surface or with the potential to contaminate a food contact surface are an immediate health risk. Cockroaches carry disease, and spread disease on the surfaces they walk on.

## 3. Can we barbeque outside of our mobile food facility?

- No! All cooking and food preparation must be done inside the mobile food facility.

# Questions?

