



# County of San Diego

## DEPARTMENT OF ENVIRONMENTAL HEALTH FOOD AND HOUSING DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261  
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### WRITTEN OPERATIONAL PROCEDURES FOR MOBILE FOOD FACILITIES

Facility Name: \_\_\_\_\_ Health Permit Number: \_\_\_\_\_

Hours of Operation:

Time	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Start:	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am
	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm
End:	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am
	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm

Location of Operation: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_  
Street No. Street Name

Business Owner Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_@\_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street No. Street Name

AN APPROVED COPY OF THIS OPERATIONAL PROCEDURE SHALL BE MAINTAINED ON THE MOBILE FOOD FACILITY AT ALL TIMES. Please note that any changes to the menu, equipment, or procedures listed on this form require prior approval by the Food and Housing Division (FHD) of the Department of Environmental Health.

#### MENU DESCRIPTION (use additional sheet on page 3, if necessary)

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

1. Indicate the location where you will store 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?
<b>Potable Water</b>			
<b>Waste Water</b>			

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
<b>Clean</b>		
<b>Sanitize</b>		

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

### 10. Acknowledgment

I understand and agree that if I make changes to my operating procedures, I must notify the Food and Housing Division (FHD) within 7 days. Revised operating procedures may be provided by Fax: 858-505-6848, E-mail: [fhdpermits@sdcounty.ca.gov](mailto:fhdpermits@sdcounty.ca.gov), in person at 5500 Overland Avenue, San Diego, CA 92123 or by U.S. Mail to P.O. Box 129261, San Diego, CA 92112-9261, Attn: FHD Mobile Food Inspection Program. Failure to notify FHD 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