



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 SATELLITE FOOD SERVICE

PERMANENT FOOD FACILITY INFORMATION

Facility Name _____ Health Permit Number _____

Address _____ City _____ Zip _____

Contact Name _____ Phone _____

E-Mail Address _____ @ _____

Event Name (if applicable) _____

AN APPROVED COPY OF THIS OPERATIONAL PROCEDURE SHALL BE MAINTAINED ONSITE AND AVAILABLE DURING HOURS OF OPERATION.

Note: Any changes made to the procedures, menu, or equipment listed below will require re-evaluation and approval by the Department of Environmental Health (DEH) Food and Housing Division (FHD) prior to operation.

HOURS OF OPERATION

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
END TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

SATELLITE OPERATION SET-UP

1. Where will the satellite food service operation be located in relation to the permanent food facility?

2. Where will the satellite food service equipment and utensils be stored when not in use?

3. What type of overhead protection will be provided during operation?

4. How will the food be transported from the kitchen to the satellite food service area?

5. How will the cooking and cold/hot holding temperatures of the food be monitored?

6. How will food be stored and protected from cross contamination during operation?

7. What will be done with any remaining food after the satellite food service hours of operation?

HANDWASHING

8. Describe the type of handwashing station that will be provided.

9. Where will the handwashing station be located?

EQUIPMENT/UTENSILS - CLEANING AND SANITIZATION

10. What are the procedures for cleaning utensils and equipment **during** the satellite food service hours of operation?

11. What are the procedures for cleaning utensils and equipment **after** the satellite food service hours of operation?

12. 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.

MENU & EQUIPMENT

Provide a complete list of foods and beverages that will be offered from the satellite.	Where will the food be prepared/cooked?		What equipment will be utilized for holding and/or cooking of the specific food item?
FOOD ITEM	PERMANENT FACILITY	SATELLITE OPERATION	EQUIPMENT TYPE

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. I also understand that the approval to operate a satellite food service location is based upon following the guidelines outlined in the California Retail Food Code (CRFC) and failure to do so will result in the removal of the approval to operate a satellite food service operation.

Authorized Signature: _____ Date: ____ / ____ / ____
 Print Name: _____ Title: _____

REVIEWER OF OPERATIONAL PROCEDURES: _____, REHS
 DATE APPROVED: ____ / ____ / ____ HEALTH PERMIT TYPE/NUMBER: _____