

County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY 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									
Fac	Facility Name Health Permit Number								
			City			Zip			
Contact Name Phone									
E-Mail Address									
Eve	nt Na	me (if applicabl	e)						
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	
	ART ME	□AM □PM	□AM □PM	□AM □PM	□ AM □ PM	□AM □ PM	□am □pm	□AN □ PN	
	ND ME	□AM □ PM	□AM □ PM	□ AM □ PM	□AM □ PM	□AM □ PM	□AM □ PM	□AM □PM	
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.	ow 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?						
<u>HAI</u>	NDWASHING						
8.	Describe the type of handwashing station that will be provided.						
9.	Where will the handwashing station be located?						
<u>EQI</u>	JIPMENT/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 FACILTIY	SATELLITE OPERATION	EQUIPMENT TYPE						
	TAGILITI	OI LIXATION							
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: ///									
Print Name:									
REVIEWER OF OPERATIONAL PROCE	EDURES:		, REHS						
DATE APPROVED:/ HEALTH PERMIT TYPE/NUMBER:									