



# 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

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
<b>START TIME</b>	<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
<b>END TIME</b>	<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?

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\_\_\_\_\_

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

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

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

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**HANDWASHING**

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

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9. Where will the handwashing station be located?

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**EQUIPMENT/UTENSILS - CLEANING AND SANITIZATION**

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

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

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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.

