

Placer County Health and Human Services Department

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Director of Environmental Health,
Public Health and Animal Services

WRITTEN OPERATIONAL PROCEDURES FORM FOR MOBILE FOOD FACILITY (MFF)

(Attached with your application)

NOTE: Enforcement Agency (Environmental Health) shall review and approve the operating procedures for compliance with the California Retail food Code prior to approval of permit application. An approved copy must be kept by the facility during hours of operation. Any change to the procedure, menu and equipment will require approval by this office (please attached copy of the menu).

MFF Owner's Name ______DBA _____

Home Address _____ Phone/Mobile _____

Days and hours of Operation				
Pre-packaged foods	Unpackaged foods			

PLEASE ANSWER THE FOLLOWING AS BEST YOU CAN: How and where will food and supplies be stored? How and where will potable tank be filled? _____ How and where will waste water tank be emptied? How and where will potable water and waste water tanks be cleaned and sanitized? _____ Which restroom facility will be used during hours of operation? List all equipment and utensils that will be used on the MFF. Please be specific (example: condiment dispensers - indicate the type; squeeze bottle, pour type, etc...;tongs, spoons, lids, pots, pans, trays, knives etc...) How will you clean and sanitize (circle sanitizer type; bleach, quat ammonia, iodine) food contact surfaces and utensils during hours of operation? How will you clean and sanitize utensils and equipment at the commissary? _____

Print Name:

Approved By (REHS): ______

Date:

Date: