Health and Human Services Department
Placer County Environmental Health

WRITTEN OPERATIONAL PROCEDURES

For MFF, Caterer, Satellite Kitchens, & Small Processor

(Include with Permit Application)

NOTE: Environmental Health shall review and approve the operating procedures for compliance with the California Retail Food Code. An approved copy must be kept by the facility during hours of operation. Any change of commissary, procedure, menu, and/or equipment will require prior approval by this office.

Business Name: _____**Owner's Name:** _____

Email: _____**Phone/Mobile:** _____

Mailing Address: _____

Commissary Name & Address: _____

Commissary Contact's Name & Phone number: _____

Days and hours of Operation_____**Vehicle License #:**_____

List of menu items (include beverages and condiments)	**Place of Preparation** Ex: Commissary, restaurant, CFO, etc...	**Method of Preparation** Ex: heating, cooling, cooking, holding, boiling, frying, thawing, etc...

PLEASE ANSWER THE FOLLOWING AS APPLICABLE:

Are any foods provided by a Cottage Food Operation (CFO)? (Circle one) **Yes or No**

If yes, provide CFO Name & permit or registration number _____

How and where will food and supplies be stored? _____

_____

Does food prep include <u>thawing</u>? Yes or No**. If yes, please describe process.**_____

_____

Does food prep include <u>cooling</u>? Yes or No. I**f yes, please describe process.** _____

_____

Does food prep include <u>cooking</u>? Yes or No. **If yes please describe process.**_____

_____

Does food prep include <u>reheating</u>? Yes or No. I**f yes please describe process.**_____

_____

How are you transporting Potentially Hazardous Foods? _____

_____

List equipment and utensils that will be used:

Cold Holding: _____

_____

Hot Holding: _____

_____

Buffet Service: _____

_____

Food Service: _____

_____

_____

Other utensils or equipment: _____

_____

_____

CATERERS: (Circle type of service): **1. delivery only, 2. delivery + set up, 3.full service from start to finish**

Will staff be serving the food or buffet style by customers? _____

_____

If buffet style, how will food be protected from customers coughing, sneezing? _____

_____

MFFs: **When will you report to commissary?** Circle one: **1. before starting work, 2. after work, 3. before & after**

How and where will potable water tank(s) be filled? _____

_____

How and where will potable water tank(s) be cleaned and sanitized? _____

_____

How and where will waste water tank be emptied and cleaned? _____

_____

Is your facility stationary for more than one hour? Yes or No. **If yes, provide Restroom Verification Form.**

Caterers & MFFs what type of sanitizer will be used? Circle one: **1. Chlorine (bleach) 2. Quat Ammonia**
NOTE: make sure to provide correct test strips

I certify that all foods used are from approved sources and that no foods will be stored or processed in a private home (unless it is an approved CFO facility). Foods will be stored, processed, and transported so as to be kept free from contamination and foods will be held at proper temperatures.

All food staff will have required Food Safety Certification or Food Handler Card as applicable.

I agree that the above information is true and that I will follow these procedures.

Print Name: _____

Signature: _____ *Date:* _____

Approved By (REHS): _____ *Date:* _____