



**SECTION B**

**Department of Health and Human Services, Environmental Health Division**

Auburn Office: 3091 County Center Drive, Suite 180, Auburn, CA 95603 (530) 745-2300

Tahoe Office: 775 N Lake Blvd, Suite 203, Tahoe City, CA 96145 (530) 581-6240

**MOBILE FOOD FACILITY OPERATIONAL PROCEDURES**

MFF Owner Name: \_\_\_\_\_ MFF Business Name: \_\_\_\_\_

List of Menu Items (Include beverages and condiment.)	Place of Preparation Ex: Commissary, restaurant, CFO, etc.	Method of Preparation Ex. Heating, cooling, cooking, holding, boiling, frying, thawing, etc.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How and where will food and supplies be stored? (Include photos, if possible) \_\_\_\_\_

Type of sanitizer used: 100 ppm Chlorine (bleach)    200 ppm Quaternary Ammonia    25 ppm Iodine  
*Always provide correct test strips during operation.*

When will you report to commissary?    Before starting work only    Before and after work

Power supply:  
Generator    Inverter with Batteries to \_\_\_\_\_ engine alternator or \_\_\_\_\_ second/dedicated alternator  
Electrical Outlet    Other \_\_\_\_\_

What will you do with food left at the end of the day? \_\_\_\_\_

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

How will potable water tank(s) be cleaned and sanitized? \_\_\_\_\_

How and where will waste water tank be emptied and cleaned? \_\_\_\_\_

\_\_\_ 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 at all times.

\_\_\_ 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.

\_\_\_ I will notify Placer County Environmental Health as to any changes in my operation.

\_\_\_ A copy of these procedures must be kept in the facility during hours of operation. Any change of commissary, procedure, menu and/or equipment will require prior approval from Environmental Health.

Owner Name Printed: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_