

## Placer County Health and Human Services Department

## MOBILE FOOD FACILITY OPERATIONAL PROCEDURES

Owner's Name:	Business Name:	Business Name:	
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	
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ow and where will food and supplies b	pe stored? (Include photos if possible)		
Type of sanitizer used :(Check one) ☐ 100 Llways provide correct test strips during operate		rnary Ammonia 🔲 25ppm Iodine	
When will you report to commissary? (	Check one) Before starting work only	Before & after work	
Cower Supply: (Check one)  Generator Inverter with batteries of the control of th		dedicated Alternator	
What will you do with food left at the en	nd of the day?		
ow and where will potable water tank	c(s) be filled?		
low will potable water tank(s) be clean	ned and sanitized?		
low and where will waste water tank b	e emptied and cleaned?		
I certify that all foods used are from appr nless it is an approved CFO facility). Food ntamination and foods will be held at pro All food staff will have required Food Saf I agree that the above information is true will notify Placer County Environmenta	s will be stored, processed, and transport per temperatures at all times. Tety Certification or Food Handler Card as and that I will follow these procedures.	applicable.	
copy of these procedures must be kept in th d/or equipment will require prior approva		hange of commissary, procedure, menu	
int Name:	Signature:	Date:	