



MOBILE FOOD FACILITY OPERATIONAL PROCEDURES

Owner's Name: Business Name:

Table with 3 columns: List of menu items, Place of Preparation, Method of Preparation

»How and where will food and supplies be stored? (Include photos if possible)

»Type of sanitizer used :(Check one) [] 100ppm Chlorine (bleach) [] 200ppm Quaternary Ammonia [] 25ppm Iodine

»When will you report to commissary? (Check one) [] Before starting work only [] Before & after work

»Power Supply: (Check one) [] Generator [] Inverter with batteries to: [] Engine Alternator or [] Second/dedicated Alternator

»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... 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.

Print Name: Signature: Date: