



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY  
ENVIRONMENTAL HEALTH SERVICES DIVISION**

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**WRITTEN OPERATIONAL PROCEDURES FOR MOBILE FOOD FACILITIES**

These written operational procedures must be **completed and returned to this office for approval before the permit to operate will be issued**. An approved and signed copy must be maintained on the food facility during all operational periods.

| MOBILE FOOD FACILITY OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                   |  |                                          |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--------|
| Name of Business:                                                                                                                                                                                                                                                                                                                                                                 |  |                                          |        |
| Owner's Name:                                                                                                                                                                                                                                                                                                                                                                     |  | Operator Name (if different from owner): |        |
| Owner's Address:                                                                                                                                                                                                                                                                                                                                                                  |  | City:                                    | State: |
| Billing Address:                                                                                                                                                                                                                                                                                                                                                                  |  | City:                                    | State: |
| Owner Phone Number:                                                                                                                                                                                                                                                                                                                                                               |  | Operator Phone Number (if different):    |        |
| Email(s):                                                                                                                                                                                                                                                                                                                                                                         |  |                                          |        |
| MOBILE FOOD FACILITY OPERATION INFORMATION                                                                                                                                                                                                                                                                                                                                        |  |                                          |        |
| 1. Location(s)/Town(s) where the mobile food facility will be operated (please indicate all that apply): _____                                                                                                                                                                                                                                                                    |  |                                          |        |
| 2. Hours/Days of Operation                                                                                                                                                                                                                                                                                                                                                        |  |                                          |        |
| <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tue: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thu: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____                                                                                                                       |  |                                          |        |
| 3. Provide the specific location where restrooms are available for use during hours of operation.<br><i>Note: Mobile food facilities operating in one location for one hour or more must be operated within 200 feet travel distance of the approved and readily available toilet and handwashing facilities.</i><br>Name(s)/Location(s) of facilities providing restrooms: _____ |  |                                          |        |
| COMMISSARY INFORMATION                                                                                                                                                                                                                                                                                                                                                            |  |                                          |        |
| <i>A mobile food facility must report to the commissary facility every day that it is operated unless serviced by a mobile support unit.</i>                                                                                                                                                                                                                                      |  |                                          |        |
| Commissary Name:                                                                                                                                                                                                                                                                                                                                                                  |  | Contact Person & Title:                  | PR#    |
| Commissary Address:                                                                                                                                                                                                                                                                                                                                                               |  | City:                                    | State: |
| Commissary Email:                                                                                                                                                                                                                                                                                                                                                                 |  | Phone Number(s):                         |        |
| 4. Will the mobile food facility be reporting to a commissary every day that it is operational? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>                                                                                                                                                                                       |  |                                          |        |
| 4a. If no, will the mobile food facility be supported by a mobile support unit? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>                                                                                                                                                                                                       |  |                                          |        |
| 4b. If yes, complete the mobile support unit information section below. Please note, additional permitting requirements apply.                                                                                                                                                                                                                                                    |  |                                          |        |
| MOBILE SUPPORT UNIT (MSU) INFORMATION (SKIP IF NOT APPLICABLE)                                                                                                                                                                                                                                                                                                                    |  |                                          |        |
| MSU Name:                                                                                                                                                                                                                                                                                                                                                                         |  | Phone Number(s):                         |        |
| MSU Commissary Name (if different):                                                                                                                                                                                                                                                                                                                                               |  | Contact Person & Title:                  | PR#    |
| MSU Commissary Address (if different):                                                                                                                                                                                                                                                                                                                                            |  | City:                                    | State: |
|                                                                                                                                                                                                                                                                                                                                                                                   |  | ZIP:                                     |        |



**EQUIPMENT, UTENSILS, LINENS, AND SUPPLIES**

**16. Indicate the equipment/utensils used for operation:**

- Handwashing sinks     Food prep sink     Three-compartment sink     Commercial dishwashing machine     Mixers
- Cooking equipment     Prep tables     Hot holding equipment     Rapid cooling blast chiller
- Refrigerator ( walk-in)     Freezer ( walk-in)     Barbeque (permitted use only at commissary or community events)
- Other (**describe**): \_\_\_\_\_

**17. Describe the procedures, methods and schedules for cleaning and sanitizing of utensils, equipment, and structures:** \_\_\_\_\_

**18. Indicate the type of sanitizer to be used for the sanitization of food contact utensils and equipment? Provide test strips for confirmation):**     Chlorine (100 ppm/30 sec)     Quaternary Ammonium (200 ppm/1 min)     Iodine (25 ppm/1 min)

**POTABLE WATER AND WASTEWATER**

**19. Describe how potable water is supplied to the mobile food facility at the commissary:** \_\_\_\_\_

*Note: hoses used for conveying potable water shall be safe; durable; resistant to structural damage; finished with a smooth interior; protected from contamination; clearly and durably identified as to its use (if not permanently attached)*

**20. Indicate below how liquid wastes are removed from the mobile food facility:**

*Note: sewage and other liquid wastes shall be removed at an approved waste servicing area or by an approved sewage transport vehicle in a way that a public health hazard or nuisance is not created. Discharge into a ground surface not connected to sewer or into a storm drain is prohibited.*

- Via wastewater servicing that uses a closed system of hoses at the commissary, or
- At the commissary service area provided with overhead protection and sloped floor to and approved wastewater system, or
- MSU
- Mobile sewage transport vehicle

**21. Describe the method for inspecting, cleaning, and flushing potable and wastewater lines and tanks:** \_\_\_\_\_

**MOBILE FOOD FACILITY STORAGE, CLEANING & SERVICING**

**22. Location where mobile food facility will be stored:**     Commissary     Other (**describe**): \_\_\_\_\_

*If other, it must be stored in a manner that ensures protection from unsanitary conditions and the location must be approved by this office.*

**23. If applicable, location where mobile support unit will be stored:**     MSU Commissary     Other (**describe**): \_\_\_\_\_

*If other, it must be stored in a manner that ensures protection from unsanitary conditions and the location must be approved by this office.*

**24. Indicate below how cleaning and servicing of the interior and exterior of the mobile food facility will be achieved:**

- At the commissary service area provided with overhead protection and sloped floor to and approved wastewater system, or
- Other (**describe**): \_\_\_\_\_

**STATEMENT OF INTENDED COMPLIANCE; DEPARTMENT APPROVAL**

I hereby certify under penalty of perjury that the above information is true and correct, that I have read and understand the "[Mobile Food Facility Requirements](#)" handout, and that I will operate my mobile food facility in compliance with the requirements set forth in the California Health and Safety Code. Any changes to approved operation must be reported to this Agency in writing prior to changes in the menu, location, equipment, or operations, or the mobile food facility operator's health permit may be void.

Mobile Food Facility Operator Name (print and sign): \_\_\_\_\_

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

Approved by: \_\_\_\_\_

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