



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

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MOBILE FOOD FACILITY COMMISSARY NEEDS ASSESSMENT REVIEW FORM

To initiate the review of your request for a health permit to operate a mobile food facility from a commissary; complete and submit this form, along with all additional relevant documents indicated below, and a health permit application as a Mobile Food Facility permit with the applicable fee to the Environmental Health Services Division.

SUPPLEMENTAL FORMS AND DOCUMENTS

Indicate below all provided items included along with this form for review (check all that apply):

Form with checkboxes for: *Health Permit Application, *Commissary Use Agreement, Written Operational Procedures, Restroom Use Agreement, *Sample menu and/or product label(s), Business License Number, CDPH Processed Food Registration or Cannery Lic., CDFA License

MOBILE FOOD FACILITY OPERATOR INFORMATION

Form for operator information including: Name of Business, Owner's Name, Operator Name, Owner's Address, City, State, ZIP, Billing Address, Owner Phone Number, Operator Phone Number, Email(s)

COMMISSARY INFORMATION

Form for commissary information including: Facility Name, Contact Person & Title, PR#, Facility Address, City, State, ZIP, Email, Phone Number(s)

PROPOSED MOBILE FOOD FACILITY OPERATION

1. Days/Hours of Operation: Sun, Mon, Tue, Wed, Thu, Fri, Sat

2. Type of Mobile Food Facility: Seasonal Produce Vehicle, Year-Round Produce Vehicle, Pushcart, Bicycle cart, Open-air Food Truck, Enclosed Food Truck, Open-air Food Trailer, Enclosed Food Trailer, Other (describe)

3. Type of Food Preparation and Service: Prepackaged Non-Potentially Hazardous Foods (PHF) or Ready-To-Eat (RTE) frozen food, Prepackaged PHF (tamales, burritos, salads, sandwiches, etc.) or prepackaged frozen non-RTE foods (frozen meats, etc.), Non-prepackaged, non-PHF (churros, kettle corn, snow cones, etc.) or whole fish or whole aquatic invertebrates, Hot Dogs (steamed or boiled only) or tamales in original inedible wrapper or roasted corn on the cob, Non-prepackaged PHF (other than steamed/boiled hot dogs, tamales, roasted corn), Coffee Carts, Non-prepackaged pre-portioned raw fish, fruit cups, Non-prepackaged ready-to-eat PHF, prepared, assembled. No cooking, cooling, reheating, or hot holding will occur, Non-prepackaged PHF, prepared, assembled, cooked, and/or hot stored foods

†Non-PHF are similar to shelf-stable foods and do not need temperature control to prevent foodborne illness.
‡PHF foods require temperature control to prevent growth of organisms that cause foodborne illness.

FOOD STORAGE, PREPARATION, AND SANITIZATION EQUIPMENT NEEDS ASSESSMENT

- 1. Is the food preparation area fully enclosed in a building consisting of permanent floors, walls, and ceiling? Yes No
- 2. Is a dedicated handwashing station provided and supplied with soap and single-use towels in dispensers? Yes No
- 3. Is a dedicated food preparation sink provided for washing of produce, thawing, and/or cooling of food items? Yes No
- 4. If food is prepared or multi-use utensils and equipment are used, is washing and sanitizing equipment provided? Yes No
4a. If no, how will these items be washed and sanitized? clean-in-place protocols Other (describe): _____

5. Type of sanitizer to be used (test strips must be provided for confirmation):
 Chlorine (100 ppm/30 sec) Quaternary Ammonium (200 ppm/1 min) Iodine (25 ppm/1 min)

6. Indicate the equipment**/utensils at the commissary you plan to use:
 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): _____

7. Do you require the use of equipment not currently available in the commissary? Yes No
7a. If yes, identify the type of equipment (attach Equipment Specification Sheet): _____

8. Is mechanical exhaust ventilation provided over cooking equipment? Yes No

POTABLE WATER, WASTEWATER, REFUSE

- 1. Does your mobile food facility require potable water? Yes No
1a. If yes, is a potable water supply consisting of an inside faucet or protected outdoor faucet available at the commissary for filling the mobile food facility potable water tanks? Yes No
- 2. Does your mobile food facility create liquid waste? Yes No
2a. If yes, is a liquid waste disposal facility provided at the commissary? Yes No
2b. If yes, will the liquid waste contain grease? Yes No
2c. If yes, is a disposal system with a grease trap or interceptor provided at the commissary. Yes No
2d. How will liquid wastes be removed from the mobile food facility?
 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
 Mobile Support Unit
 Mobile sewage transport vehicle
- 3. Will your mobile create refuse during routine operations? Yes No
3a. If yes, is a facility for the disposal of refuse available at the commissary? Yes No
3b. Indicate refuse storage capacity and pick-up frequency: _____

MOBILE FOOD FACILITY STORAGE, CLEANING, & SERVICING ASSESSMENT

- 1. Are facilities provided (hot and cold water under pressure) for cleaning and servicing the mobile food facility? Yes No
1a. If yes, are facilities provided with overhead protection and sloped floor to an approved wastewater system for cleaning and servicing the exterior of the mobile food facility? Yes No
1b. If no, how and where will cleaning and servicing of unit be achieved? _____
1c. If no, how and where will the exterior of unit be cleaned? _____
The method and location will be evaluated for approval.

2. Do you require an electrical outlet? Yes No
2a. If yes, is an electrical outlet available for use by the mobile food facility at the commissary? Yes No

3. Is a dedicated, separate storage area available for storage of toxic substances? Yes No

4. Are restrooms facilities provided by the commissary for use by the mobile food facility operator and employees? Yes No

5. Are parking/mobile food facility storage areas available at the commissary which provide protection from unsanitary conditions during non-operational periods? Yes No
5b. If no, describe the storage location:
Storage must be in a manner that ensures protection from unsanitary conditions and the location must be approved by this office.

FOOD PRODUCT & PROCESSING / PACKAGING / SOURCE / FOOD & SUPPLIES STORAGE

FOOD PRODUCTS:

1. Generally speaking, what food products or types of food products will you produce? _____

*Indicates required item

** Equipment must be NSF approved or equivalent

2. List typical ingredients used for production. Indicate if ingredients are refrigerated or frozen, purchased raw or precooked: _____

3. Describe the process for making your product, or general procedures used when making numerous foods at one time. In brief terms, go from start to finish, including what types of equipment** will be used and if additional food preparation will occur at any off-site locations. Use reverse or additional pages if necessary: _____

4. Is cooling a part of your food process? If so, please describe what foods are cooled and how you do it: _____

5. Indicate below the final product sold or provided to the consumer (check all that apply):
 Prepared from refrigerated and served cold Cooked, cooled, then reheated and served hot (at or above 135oF)
 Cooked then held hot (at or above 135°F) Served at ambient temperature Served prepackaged
 Other (describe): _____

6. Describe what you will do with leftovers (note - potentially hazardous foods hot held at or above 135oF must be discarded at the end of each operating day): _____

FOOD PACKAGING

7. Indicate the type of food packaging that will be utilized:
 Cook-chill packaging Reduced Oxygen Packaging Vacuum Packaging Canning/bottling foods
 Sous Vide Prepackaged Juice Other (describe): _____

FOOD SOURCE (All food ingredients must be obtained from an approved source. Maintain receipts)

8. Indicate where food will be obtained: Retail store Delivery service **Store Name(s):** _____
Company Name(s): _____

9. How often will refrigerated or frozen foods be obtained/delivered? Daily Weekly Other (describe): _____

10. How often will dry foods or supplies be obtained/delivered? Daily Weekly Other (describe): _____

FOOD, UTENSILS, LINENS, AND OTHER SUPPLIES STORAGE

11. Identify amount of shelving utilized specifically assigned to your business:

	Dry Storage (sq ft)	Refrigerated Storage (sq ft)	Frozen Storage (sq ft)
Ingredients:			
Finished product:			
Utensils, linens, supplies:			

12. Are you storing any food items at any place other than the commissary or mobile food facility? Yes No

12a. If yes, describe: _____

STATEMENT OF INTENDED COMPLIANCE

NOTE: During the review of your food operation, you may be required to provide additional forms and/or obtain approvals (licenses, registrations etc.) from other State or Federal agencies for special processes such as canning/jarring, producing products with meat, poultry, eggs and/or milk, or mail order and/or online sales. These approvals will need to be obtained prior to operation. **You must contact this Agency in writing prior to changes in the menu, location, equipment, or operations are made, or the Dependent food facility operator's health permit may be void.**

Mobile Food Facility Operator Name (print and sign) _____ Date _____

OFFICE USE ONLY

MFF tier level established	Commissary tier level required	Proposed commissary is:	Approved	Rejected
Reviewed by:			Date:	