



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

2156 Sierra Way STE. B, San Luis Obispo, CA 93401 | PO Box 1489, San Luis Obispo, CA 93406  
Phone: (805) 781-5544 | Fax: (805)781-4211 | Email: ehs@co.slo.ca.us

**MOBILE FOOD FACILITY ANNUAL UPDATE FORM**

**COMMISSARY INFORMATION (filled out and signed by commissary owner/permit holder)**

Name of Business <i>(please print):</i>		Email:	
Facility Address:		City:	Zip:
Representative:	Business Phone:	Cell:	

I, the approved facility can and will provide the necessary facilities and equipment for the mobile food facility operator at my permitted permanent food facility as checked below (check all that apply):

<b>Food Storage</b>	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Walk-in refrigerator	<input type="checkbox"/> Produce	<input type="checkbox"/> Dry food	<input type="checkbox"/> Frozen food	<input type="checkbox"/> Walk-in freezer
<b>Food Preparation</b>	<input type="checkbox"/> Prep tables/counter space	<input type="checkbox"/> Cooking equipment	<input type="checkbox"/> Mixers	<input type="checkbox"/> Quick chillers		
<b>Washing and Sanitizing</b>	<input type="checkbox"/> Handwashing sink	<input type="checkbox"/> Food preparation sink	<input type="checkbox"/> 3-compartment sink	<input type="checkbox"/> Commercial dishwashing machine		
<b>Supply Storage</b>	<input type="checkbox"/> Utensils	<input type="checkbox"/> Linens	<input type="checkbox"/> Food Packaging	<input type="checkbox"/> Cleaners/chemicals		
<b>Water Supply and Waste</b>	<input type="checkbox"/> Potable cold and hot water	<input type="checkbox"/> Potable water tank filling ability	<input type="checkbox"/> Liquid waste disposal to approved wastewater system	<input type="checkbox"/> Refuse disposal		
<b>Premises</b>	<input type="checkbox"/> Restroom with handwashing facilities	<input type="checkbox"/> Overnight Parking	<input type="checkbox"/> Electrical service	<input type="checkbox"/> Covered Vehicle Servicing Area		

**By signing below, I, the commissary permit holder, declare that I have read, understand, and will comply with the conditions of approval and that the information I have provided is accurate and correct.**

**Signature of commissary owner/permit holder:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MOBILE FOOD FACILITY (MFF)/MOBILE SUPPORT UNIT (MSU)**

Name of Business <i>(please print):</i>		Email:	
Owner Mailing Address:		City:	St: Zip:
Representative:	Business Phone:	Cell:	

**POTABLE WATER, WASTEWATER, STORAGE, CLEANING & SERVICING**

**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)*

**1. 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
- Mobile Support Unit       Mobile sewage transport vehicle

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

**3. Location where MFF/MSU (if applicable) 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.*

**4. 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 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:** \_\_\_\_\_

**MENU ITEMS AND FOOD OPERATIONS**

<b>Facility Name</b>	<b>Owner Name</b>	
<b>Facility Address</b>	<b>City</b>	<b>Zip</b>
<b>Owner Phone</b>	<b>Owner Email</b>	

<input checked="" type="checkbox"/>	<b>TYPE OF FOOD FACILITY OPERATION:</b> Check the box below which best describes your food facility.
<input type="checkbox"/>	<b>Commercially, Prepackaged Food Service:</b> All food (100%) onsite is commercially prepackaged. There is no food or drink preparation or service
<input type="checkbox"/>	<b>Non-Prepackaged Food Service:</b> Unpackaged foods are stored, prepared, and served.
<input type="checkbox"/>	<b>Minimal Food Preparation:</b> Unpackaged beverages and commercially prepackaged foods are sold. There is no cooking, cooling, reheating, or hot holding of perishable food items.
<input type="checkbox"/>	<b>Full Food Preparation:</b> Complete food preparation occurs, including the handling, cooking, and serving of unpackaged foods
<input type="checkbox"/>	<b>Countywide Vending:</b> Mobile Food Facility, Temporary Food Facility, Catering Operation, Dependent Food Service Operation

*Check the menu items in the left-hand column below which will be prepared and served at your food establishment. Check those food operations in the right-hand column below which will occur at your establishment. This information will be used to determine your equipment and refrigeration needs.*

<input checked="" type="checkbox"/>	<b>FOOD ITEM</b>	<input checked="" type="checkbox"/>	<b>FOOD OPERATION</b>
<input type="checkbox"/>	Meat or meat dishes	<input type="checkbox"/>	Refrigeration of foods
<input type="checkbox"/>	Fish or fish dishes	<input type="checkbox"/>	Cooling foods which have been heated or cooked
<input type="checkbox"/>	Poultry or poultry dishes	<input type="checkbox"/>	Cooking foods
<input type="checkbox"/>	Shellfish	<input type="checkbox"/>	Holding foods hot for more than 30 minutes
<input type="checkbox"/>	Vegetables	<input type="checkbox"/>	Reheating foods which have been prepared on site
<input type="checkbox"/>	Rice or Beans	<input type="checkbox"/>	Preparing foods one day for service the next day
<input type="checkbox"/>	Pasta	<input type="checkbox"/>	Washing:      produce      fish      poultry
<input type="checkbox"/>	Gravies, Sauces, or Soups	<input type="checkbox"/>	Food handling:      Slicing      grinding      portioning
<input type="checkbox"/>	Green salads	<input type="checkbox"/>	Thawing Frozen Foods
<input type="checkbox"/>	Sandwiches	<input type="checkbox"/>	Packaging of foods
<input type="checkbox"/>	Beverages	<input type="checkbox"/>	Acidification of foods
<input type="checkbox"/>	Condiments	<input type="checkbox"/>	Other (describe):
<input type="checkbox"/>	Other (describe):	<input type="checkbox"/>	

*Potentially hazardous foods (such as meats, poultry, fish, shellfish, rice, beans, pasta, gravies) must be rapidly cooled after they have been cooked or heated if they are not going to be served immediately or held in a hot holding device. Rapid cooling must be completed by one or more of the following methods listed below based on the type of food being cooled. Check the method(s) below which you plan to use to cool hot food.*

<input checked="" type="checkbox"/>	<b>APPROVED COOLING METHODS</b>
<input type="checkbox"/>	Placing foods in shallow heat-conducting pans such as stainless steel with product 2-3 inches deep.
<input type="checkbox"/>	Separating the food into smaller or thinner portions
<input type="checkbox"/>	Using rapid cooling equipment
<input type="checkbox"/>	Using containers that facilitate heat transfer
<input type="checkbox"/>	Adding ice as an ingredient
<input type="checkbox"/>	Inserting appropriately designed containers in an ice bath and stirring
<input type="checkbox"/>	In accordance with a HACCP plan. (HACCP plan must be submitted for review and approval).

<input checked="" type="checkbox"/>	<b>DISHES AND UTENSILS</b>
<input type="checkbox"/>	Food will be served with reusable dishes and utensils, to be washed and sanitized on site.
<input type="checkbox"/>	Food will be served with disposable dishes and utensils.