



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

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Standard Operational Procedures for Prepackaged Compact Mobile Food Operations

Compact Mobile Food Operation Name: \_\_\_\_\_ Health Permit Number: \_\_\_\_\_

Table with 8 columns (Time, Mon, Tue, Wed, Thur, Fri, Sat, Sun) and 3 rows (Start, End) for hours of operation. Each cell contains checkboxes for am and pm.

Location of Operation: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_
Street No. Street Name

Business Owner Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

1. Indicate the location where you will store food at the end of the day (note that left over hot foods must be discarded at the end of each operating day).

Food Stored At: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_
Street No. Street Name

2. Indicate the location where you will store the Compact Mobile Food Operation (CMFO) unit at the end of the day.

CMFO Stored at: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_
Street No. Street Name

3. Name of business providing restroom facility during hours of operation if operating at one location for more than 1 hour:

Business location: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_

4. Describe the procedures you will use to clean and sanitize the CMFO and equipment at the commissary. \_\_\_\_\_

\_\_\_\_\_

5. Indicate the specific sanitizer or sanitizing method that you will use by checking the box below:

- Contact with a solution of 100 ppm (parts per million) available chlorine for at least 30 seconds.
Contact with a solution of 200 ppm available quaternary ammonium for at least one minute.
Check the option you will use: [ ] Commercial pre-mixed solution or [ ] I will prepare my own sanitizer solution

6. Indicate location for disposal of trash and refuse: \_\_\_\_\_