

Shasta County Department of Resource Management

Environmental Health Division

1855 Placer Street, Suite 201, Redding CA 96001

Telephone (530)225-5787 Fax (530)225-5413

**COMPACT MOBILE FOOD OPERATION
WRITTEN OPERATIONAL PROCEDURES**

FACILITY NAME		HOURS OF OPERATION	
LOCATION OF COMPACT MOBILE FOOD OPERATION			
BUSINESS OWNER NAME			
MAILING ADDRESS	CITY	STATE	ZIP
PHONE	FAX	E-MAIL	

The enforcement agency shall review and approve the written operational procedures prior to operation. An approved copy shall be kept on the Compact Mobile Food Operation (CMFO) at all times when in operation. The following must be completed and returned to this office for approval before a permit is issued. **Any change to this form, menu, equipment, assigned commissary, or mobile support unit (MSU) will require prior approval by this Enforcement Agency.** Use additional paper if necessary.

1. List of all foods you will be offering for sale/service and where each of these foods will be purchased and prepared. Attach an additional page if more space is needed.

Foods served	Where purchased/prepared

2. Explain how food will be stored, prepared, and served. Include how food will be kept at the correct temperature. Attach an additional page if more space is needed.

3. Indicate where food will be stored at the end of each operating day.

4. Indicate how and where the freshwater tanks will be filled and sanitized.

5. Indicate how and where the wastewater tanks (and steam table, if applicable) will be emptied.

6. Indicate location of the restroom(s) used.

7. List **ALL** food-contact surfaces and utensils that will be used on this MFF. Please be specific.

8. Describe the procedures you will use to clean and sanitize food contact surfaces, equipment, and utensils during working hours and at the commissary.

	During working hours	At the Commissary
Clean		
Sanitize		

9. Indicate the specific sanitizer or sanitizing method that you will use by checking the box below:
- a Contact with a solution of 100 ppm (parts per million) available chlorine for at least 30 seconds.
 - b 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

10. Indicate how food-contact surfaces and utensils will be cleaned and sanitized.

11. Describe how often the CMFO is transported to the commissary or whether an approved Mobile Support Unit (MSU) that reports daily to the commissary is provided. (Indicate MSU plan or permit number).

12. Describe how and where the CMFO will be stored during non-operational hours and protected from contamination.

Permit Holder Signature _____ Date _____

Permit Holder Name and Title _____

For Office Use Only:

Operational Procedures Reviewed By _____

Date Approved _____ Permit Number/Type _____