



**MSU WRITTEN OPERATIONAL PROCEDURES**

**OWNER NAME (PRINT AND SIGN):**

**MOBILE SUPPORT UNIT DBA:**

**DBA OF THE MOBILE FOOD FACILITY TO BE SUPPORTED:**

**NAME & LOCATION OF MOBILE SUPPORT UNIT COMMISSARY:**

**DATE OF SUBMITTAL:**

The enforcement agency shall review and approve the operating procedures prior to implementation. An approved copy shall be kept on the mobile support unit during period of operation. The following must be completed and returned to this office for approval before a permit is issued. **Any change to this form, the menu or the equipment will require prior approval by this Department.** Use additional paper if necessary.

1. List of all items to be stored and transported via the mobile support unit. Include food items, cleaning items, dry goods, equipment, etc...
2. Average timeframe for transport of Mobile Support Unit to and from commissary and Mobile Food Facility. Total distance from Commissary to Mobile Food Facility.
3. Method by which food and other items will be protected from contamination while being transported on the Mobile Support Unit.

4. Proposed number of trips per day that the Mobile Support Unit will make to and from the commissary to service the Mobile Food Facility.
  
5. How will Mobile Support Unit be used to clean and sanitize the Mobile Food Facility and its equipment?
  
6. Describe method(s) by which the Mobile Support Unit will deal with the fresh water and waste water of the Mobile Food Facility.
  
7. Describe Morning set-up and end of day shut down procedures for Mobile Food Facility in reference to usage of the Mobile Support Unit to support this operation.

Approved By: \_\_\_\_\_

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