

**WRITTEN OPERATIONAL PROCEDURES**

OWNER NAME (PRINT AND SIGN):

MOBILE FOOD FACILITY DBA:

LOCATION OF OPERATION:

DAYS AND HOURS OF OPERATION:

DATE OF SUBMITTAL:

The enforcement agency shall review and approve the operating procedures prior to implementation and 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 foods you will be serving. Include hot and cold (iced) beverages, condiments (and how they will be dispensed), pre-packaged foods and unpackaged foods. As stated above, all menu changes must be pre-approved by this Department.
2. Where will each of these foods be purchased and prepared?
3. Describe the method of preparation of all foods you will be serving.
4. How and where will the fresh water tanks be filled?

5. How and where will the wastewater tanks (and steam table, if applicable) be emptied?
  
6. Where will restrooms be available for use during your hours of operation?

### **FOOD CONTACT AND UTENSIL CLEANING & SANITIZING PROCEDURE**

NOTE: All equipment used on the mobile food facility must be washed, rinsed and sanitized (or replaced) at least every four hours of operation.

1. List **ALL** equipment and utensils that will be used on the mobile food facility. All equipment and utensils are subject to approval by this Department. Please be specific. (Examples: Condiment dispensers – indicate type: pump, squeeze bottle, etc...)
  
2. How will you be cleaning and sanitizing the food contact surfaces and utensils during operating hours, at the operating location?
  
3. How will you be cleaning and sanitizing utensils and equipment at the commissary?
  
4. What specific sanitizer and/or sanitizing method will you use? Indicate if you will be using a commercial pre-mixed solution or if you will be preparing your own sanitizer solution. Approved sanitizers must contain one of the following chemicals at the specified concentrations. Check to the sanitizer you will use:
  - Chlorine at 100 parts per million (ppm). Must contact items for at least 30 seconds
  - Quaternary Ammonium at 200 ppm. Must contact items for at least one minute
  - Iodine at 25 ppm. Must contact items for at least one minute

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

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