County of Riverside

DEPARTMENT OF ENVIRONMENTAL HEALTH

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NON PREPACKAGED MOBILE FOOD FACILITIES WRITTEN OPERATIONAL PROCEDURES

The yellow copy of this form must be kept on the Mobile Food Facility during all hours of operation

OWNER NAME (PRINT):

SIGNATURE OF OWNER:

NAME OF MOBILE FOOD FACILITY (DBA):

DATE OF SUBMITTAL:

NAME AND LOCATION OF OPERATION (Address, cross streets, or route):

The enforcement agency shall review and approve the operating procedures prior to operation, and the yellow copy shall be kept on the Mobile Food Facility during operation. The following must be completed and returned to this office for approval before a permit can be issued. Any change to the operation, menu or equipment will require approval by this Department prior to implementation of changes. Use additional forms if necessary.

1. Complete the chart below. List all foods you will be serving and where each food item will be purchased. Include pre-packed foods, unpackaged foods, hot and cold (iced) beverages, condiments (and how they will be dispensed).

Describe where and how foods will be prepared. As stated above, all menu changes must be pre-approved by this

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Department.

HANDWASHING AND GLOVE-USE

NOTE: Operators shall limit bare hand contact with ready-to-eat foods. Suitable utensils such as deli tissue, spatulas, tongs, single-use gloves or approved dispensing unit shall be used to limit bare hand contact.

1.	FOOD CONTACT AND U		urs on Mobile Food Facility. ANITIZING PROCEDURE
	: All equipment used on the Mobile F four hours.	food Facility must be washed,	rinsed and sanitized (or replaced) at least once
1.	Check ALL equipment and utensils are subject to approval by this Depart Popcorn popper Ice shaver Coffee dispenser Steam trays Refrigerator Roaster Blender Beverage dispenser with approved spigot		☐ Single-use deli-tissue ☐ Other (specify below): ppenser dispenser
2.	All food contact surfaces and utens commissary. 1 2 3 4	How to P 1. Scrape ex 2. Wash in s 3. Rinse in c	d sanitized during operating hours and at the roperly Wash Utensils: cess food into trash oap and water at least at 100°F elear water ry item in sanitizing solution
3.	commissary?☐ Chlorine at 100 parts per☐ Quaternary Ammonium a	million (ppm). Must soak item t 200 ppm. Must soak items for at least one minu	or at least one minute.

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4.	Which specific sanitizer will you be using on your Mobile Food Facility <u>during operating hours</u> ? ☐ Chlorine at 100 parts per million (ppm). Must soak or contact items for at least 30 seconds.			
	☐ Quaternary Ammonium at 200 ppm. Must soak items for at least one minute.			
	☐ Iodine at 25 ppm. Must soak items for at least one minute.			
5.	Which method(s) of sanitation will you be using on your Mobile Food Facility during operating hours? ☐ Approved sanitizer solution inside of spray bottle.			
	☐ 3 compartment warewashing sink on the Mobile Food Facility. ☐ Other:			
	ADDITIONAL REQUIREMENTS			
1.	Please initial next to each statement to indicate that you (the operator) agree to the following statements:			
	Fresh water tanks will be filled from a potable water source at the approved commissary listed on this form.			
	Wastewater tanks will be emptied at an approved location at the commissary connected to sanitary sewer.			
	Restrooms shall be located within 200 feet from your Mobile Food Facility during all hours of operation.			
	Please list the location of restroom: *A signed Restroom Agreement Letter, granting the Mobile Food Facility operator permission to use facility listed above, is required and shall be attached if a non-public restroom is used.			
	Refuse and wastewater shall be properly disposed of. Please indicate location of refuse and wastewater disposal: A first-aid kit shall be provided and located in a convenient area in an enclosed case.			
	Proper fire protection equipment provided, if applicable. List type:			
Fo	or Office Use Only:			
A	pproved By: Date:			

Please contact your local area office if you have any questions or to submit information on changes to your operation.

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