



County of Monterey
Environmental Health Bureau

LIMITED FOOD PREP MOBILE FOOD FACILITIES
Written Operational Procedures

FACILITY NAME	HOURS OF OPERATION		
MOBILE FOOD FACILITY (MFF) LOCATION OF 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 mobile food facility (MFF) 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 approval by this Enforcement Agency.** Use additional paper if necessary.

- List all foods you will be offering for sale/sample and where each of these foods will be purchased and prepared. Attach additional pages if more space is needed.

Foods to be Served	Where purchased/prepared

- Explain how food will be stored, prepared and served. Attach an additional page if more space is needed.

- Indicate how and where the fresh water tanks will be filled and sanitized.

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

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

6. List **ALL** food contact surfaces and utensils that will be used on the MFF. Please be specific.

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

8. Describe how often the MFF is transported to the commissary or whether an approved MSU that reports daily to the commissary is provided. (Indicate MSU plan or permit number).

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

10. What specific sanitizer and/or sanitizing method will you use? Indicate if you will be using a commercial premixed 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 the sanitizer you will use:

- Contact with a solution of 100 parts per million (ppm) available chlorine for at least 30 seconds.
- Contact with a solution of 200 ppm available quaternary ammonium for at least one minute.
- Contact with a solution of 25 ppm available iodine for at least one minute.

Permit Holder Signature _____ Date _____

Permit Holder Name and Title _____

For office use only:	
Operational Procedures Reviewed By:	
Date Approved:	Permit Number/Type: