



# County of Santa Cruz

## HEALTH SERVICES AGENCY

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ENVIRONMENTAL HEALTH

[www.co.santa-cruz.ca.us/eh/ehhome.htm](http://www.co.santa-cruz.ca.us/eh/ehhome.htm)

### Mobile Food Facility/Mobile Support Unit Written Operational Procedures

These written operational procedures shall be completed and returned to this office for approval before the permit is issued. **An approved copy of these procedures shall be maintained on the mobile food facility at all times.**

#### Responsibility of Management

H. & S Code, Chapter 1, Sec. 114397: The owner, manager, or operator of any food facility is responsible for any violation by an employee of any provision of this chapter or any regulation adopted pursuant to this chapter.

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

Owner Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Location: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Provide the specific location where restrooms are available for use during hours of operation. Mobile food facilities shall be operated within 200 feet travel distance of approved and readily available toilet and handwashing facilities wherever the mobile food facility is stopped to conduct business for more than a one-hour period.

\_\_\_\_\_  
\_\_\_\_\_

MFF Commissary: \_\_\_\_\_

Is your mobile food facility serviced by a Mobile Support Unit:  Yes  No

MSU Commissary: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

\_\_\_\_\_

Food Handling Operational Procedure:

1. Provide a complete menu. List all foods to be offered to the public including beverages, prepackaged and unpackaged foods. Include sample packaging with labels.

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2. Indicate which foods will be prepared at the commissary. \_\_\_\_\_

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3. Explain how food preparation will be conducted without the use of a food preparation sink. For example, how will fresh produce be cleaned? \_\_\_\_\_

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4. Describe in detail how foods will be prepared at the commissary for use on the mobile food facility. Include sample packaging with labels. \_\_\_\_\_

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5. Describe in detail, the procedure for the sanitizing of utensils in the warewashing sink. Indicate an approved sanitizer, containing one of the following chemicals in the specified concentration: (a) Chlorine at 100 parts per million (ppm) for at least 30 seconds of contact; (b) Quaternary ammonium at 200 ppm for at least one minute of contact. Test strips are required. \_\_\_\_\_

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6. List all equipment and utensils that will be used on the mobile food facility. All equipment and utensils are subject to approval by the Environmental Health Service.

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7. Describe how food contact surfaces will be cleaned and sanitized during hours of operation. \_\_\_\_\_

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8. Describe how and where the potable water tank will be filled. \_\_\_\_\_

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9. Describe how and where the wastewater will be disposed. \_\_\_\_\_

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10. Describe how hot foods will be held hot (@ 135°F or above). Potentially hazardous foods held at or above 135°F shall be destroyed at the end of the operating day. Thermometers are required.

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11. Describe how precooked foods will be heated prior to hot holding on the mobile food facility.

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12. Describe how cleaning chemicals, spare tires and specialty tools will be stored separate from food and utensils. \_\_\_\_\_

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13. Describe how foods will be protected from contamination during transport on the mobile food facility. \_\_\_\_\_

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14. Describe how potable water hoses will be maintained free from contamination on the mobile support unit. \_\_\_\_\_

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15. Describe how the mobile food facility will be transported to the commissary on a daily basis. Describe how and where the mobile food facility or mobile support unit will be stored overnight.

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16. Describe other operational procedures specific to this mobile food facility. \_\_\_\_\_

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Attach additional information as needed to describe all operating procedures for the mobile food facility or mobile support unit.

Reviewed and Approved by:

\_\_\_\_\_  
Environmental Health Specialist

Date of Approval:

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A copy of the Written Operational Procedures must be kept on the Mobile Food Facility or Mobile Support Unit during all periods of operation. These approved procedures are conditions of approval for your Mobile Food Facility or Mobile Support Unit Health Permit.