



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

Operating Procedures

- a. Please check any of the following specialized processes or reduced oxygen packaging that will be utilized. Attach a copy of California Department of Public Health approval letter(s) if applicable.

<input type="checkbox"/> vacuum packaging	<input type="checkbox"/> sous vide	<input type="checkbox"/> cook chill
<input type="checkbox"/> canning	<input type="checkbox"/> bottling	<input type="checkbox"/> jarring
<input type="checkbox"/> acidification (pickling)	<input type="checkbox"/> smoking	<input type="checkbox"/> curing
<input type="checkbox"/> other (please specify):		

- b. You will be required to have a labeled designated storage area and/or refrigeration. Describe your storage space (include linear feet).

- c. Where will your food items be sold? A log sheet indicating all events must be maintained.

- d. Describe the type of food transport vehicle, transport cold holding and hot holding units utilized.

- e. If participating in community events, what additional type of cooking appliances will you require at the event?

- f. If participating in community events, where will you store the additional cooking appliances, cold holding units, hot holding units?



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Applicant Statement

I agree to abide by this agreement and all health and safety codes to protect the health and safety of the public and my patrons. Any change to the operation, menu or the equipment will require prior approval by this Department.

Applicant Signature: _____ Date: _____

Print Name: _____ Driver's License #: _____

Owner Statement

As owner of the Shared Kitchen or his/her designated representative, I agree to allow the applicant to use the health regulated business indicated for the purpose of preparing and storing food, the cleaning and storing of utensils and equipment. Any change to the operation, menu or the equipment will require prior approval by this Department.

Signature: _____ Date: _____

Printed Name: _____ Driver's License #: _____

The enforcement agency shall review and approve this informational packet prior to implementation and a copy shall be kept at the shared kitchen. The enforcement agency is familiar with the shared kitchen and has verified that it meets the standards for space, storage and operation.

Approved by: _____ Date: _____

EHS Signature

*If you have question, please do not hesitate to contact your nearest Environmental Health office.
Offices located in: Blythe, Corona, Hemet, Indio, Murrieta, Palm Springs and Riverside
1(888) 722-4234*

OFFICE USE ONLY
<input type="checkbox"/> APPROVED
<input type="checkbox"/> NOT APPROVED / REASON:
ENVIRONMENTAL HEALTH SPECIALIST NOTES: