



COUNTY OF RIVERSIDE

DEPARTMENT OF ENVIRONMENTAL HEALTH

(888)722-4234 • RIVCOEH.ORG

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):		
DAYS AND HOURS OF OPERATION:		

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.

Complete the chart below. List all foods you will be serving and where each food item will be purchased. Include pre-packaged 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 Department.

Food item	Where food item will be purchased	Location where food item will be prepared	How food item will be prepared

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.

Describe hand washing procedure to take place during operating hours on Mobile Food Facility.

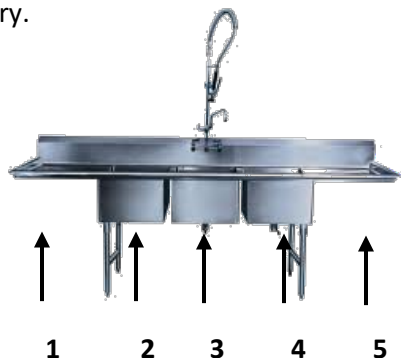
FOOD CONTACT AND UTENSIL CLEANING & SANITIZING PROCEDURE

NOTE: All equipment used on the Mobile Food Facility must be washed, rinsed, and sanitized (or replaced) at least once every four hours.

1. Check **ALL** equipment and utensils that will be used on the Mobile Food Facility. All equipment and utensils are subject to approval by this Department.

- | | | |
|--|--|---|
| <input type="checkbox"/> Popcorn popper | <input type="checkbox"/> Tongs | <input type="checkbox"/> Spatulas |
| <input type="checkbox"/> Ice shaver | <input type="checkbox"/> Pump type condiment dispenser | <input type="checkbox"/> Single-use gloves |
| <input type="checkbox"/> Coffee dispenser | <input type="checkbox"/> Spoons | <input type="checkbox"/> Single-use deli-tissue |
| <input type="checkbox"/> Steam trays | <input type="checkbox"/> Ladles | <input type="checkbox"/> Other (specify below): |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Scoops | _____ |
| <input type="checkbox"/> Roaster | <input type="checkbox"/> Crank type condiment dispenser | _____ |
| <input type="checkbox"/> Blender | <input type="checkbox"/> Squeeze type condiment dispenser | _____ |
| <input type="checkbox"/> Beverage dispenser with approved spigot | <input type="checkbox"/> Condiment dispenser with self-closing lid | _____ |

2. All food contact surfaces and utensils shall be washed, rinsed, and sanitized during operating hours and at the commissary.



How to Properly Wash Utensils:

1. Scrape excess food into trash
2. Wash in soap and water at least at 100°F
3. Rinse in clear water
4. Soak every item in sanitizing solution
5. Air dry

3. Which specific sanitizer will you be using at the **3 compartment warewashing sink at the commissary?**

- ☐ Chlorine at 100 parts per million (ppm). Must soak 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.

4. Which specific sanitizer will you be using on your Mobile Food Facility **during operating hours**?
- ☐ 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

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.
- _____ 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.
- _____ All propane tanks must be securely mounted, either outside or in a well-ventilated enclosure if applicable.
- _____ Proper fire protection equipment provided, if applicable. List type: _____

For Office Use Only:

Approved By: _____

Date: _____

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