



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

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WRITTEN OPERATIONAL PROCEDURES FOR MOBILE FOOD FACILITIES

Facility Name: _____

FA Number: _____

Location of Operation: _____

Business Owner Name: _____ Phone No. _____

Email: _____

Mailing Address: (street, city, zip) _____

*****Please provide a copy of your route if there are multiple locations.*****

Hours of Operation:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
End	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm

AN APPROVED COPY OF THIS OPERATIONAL PROCEDURE SHALL BE MAINTAINED ON THE MOBILE FOOD FACILITY AT ALL TIMES.
Please note that any changes to the menu, equipment or procedures listed on this require prior approval by Nevada County Environmental Health.

1. Indicate the location where you will store food at the end of the day:

Address where Food is Stored: _____

2. Indicate the location where you will store the Mobile Food Facility at the end of the day.

Address where MFF is Stored: _____

3. Describe the procedure you will use to fill the MFF potable water tank and the location where it will be filled:

4. Describe the procedure you will use to empty the MFF waste water tank and the location where it will be emptied:

5. Describe the procedures you will use to clean and sanitize the potable water and waste tanks:

Tank	Cleaning Method	Sanitizing Method	How Often?
Potable Water			
Waste Water			

6. Name of facilities providing restroom facilities during hours of operation:

Name: _____ Site Address: _____

Name: _____ Site Address: _____

7. List equipment and utensils that will be used on the MFF. Please be specific on equipment's use and function.

For example: **Equipment:** Blender; **Intended Use:** Make Smoothies.

Equipment	Intended Use in Mobile Food Facility

8. Describe the procedures you will use to clean and sanitize food contact surfaces, equipment and utensils during working hours and at the commissary:

	During Working Hours	At the Commissary
Clean		
Sanitize		

9. Indicate the specific sanitizing method that you will use by checking the box below:

- Contact with a solution of 100 ppm (parts per million) 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.

Please check one option you will use:

- Commercial pre-mixed solution
- I will prepare my own sanitizer solution

Note: Appropriate test strips shall be on the MFF to check sanitizer concentration

10. Acknowledgement

I understand and agree that if I make changes to my operating procedures, I must notify Nevada County Department of Environmental Health within 7 days. Failure to notify Nevada County Department of Environmental Health of any changes may result in an administrative citation, suspension or revocation of the Health Permit issued to me to operate this Mobile Food Facility.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

OFFICE USE ONLY

Reviewer of Operational Procedures: _____, REHS

Date Approved: ____ / ____ / ____ Health Permit Number: _____

