



## Written Operational Procedure for Mobile Food Facilities (MFF)

The Environmental Health section shall review and approve the operating procedure prior to the approval of permit application. An approved copy must be kept on MFF during hours of operation. Any change to the procedure, the menu and equipment will require approval by this office (please attach copy of menu).

Registered Owner Name(s): \_\_\_\_\_ Business Phone: \_\_\_\_\_

Location Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Registered DBA: \_\_\_\_\_ Days & Hours of Operation: \_\_\_\_\_

List each food item to be served		Source of food item	Where will the item be prepared?	Describe method of food preparation (Use additional paper if necessary)
Prepackaged Foods	Unpackaged Foods			

How and where will potable water tank be filled? Provide a list of equipment to be used

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How and where will waste water tank be emptied? Provide a list of equipment to be used (open buckets may not be used).

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How and where will potable water tank and waste tank be cleaned and sanitized?

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Which restroom facility will be used during hours of operation?

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List all equipment and utensils that will be used on the MFF. Please be specific. (For example, condiment dispenser – indicate type (*pump, squeeze bottle, pour, etc.*); microwave, range, rice cooker, tongs, spoons, lids, knives, etc.)

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How will you clean and sanitize food contact surfaces and utensils during operating hours?

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How will you clean and sanitize utensils and equipment at the commissary?

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What specific sanitizer or sanitizing method will you use? Indicate if using a commercial, pre-mixed solution or preparing own sanitizer? (check sanitizer to use below)

- ☐ 1. Chlorine @ 100 parts per million (ppm) must contact items for at least 30 seconds.
- ☐ 2. Quaternary ammonium @ 200 ppm must contact items for at least one (1) minute.
- ☐ 3. Iodine @ 25 ppm must contact items for at least one (1) minute.

At what address, and how, will you clean the interior and exterior of the vehicle?

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List all San Francisco operating locations and DPW approved operating sites. Include days and times of operation.

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Describe how you will reheat and/or maintain foods hot within the Mobile Food Facility

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Where will your Mobile Food Facility be stored during non-operating times?

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Describe when and how you will clean and maintain your sites of operation

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**MFF Owner (Print Name)**

**Signature**

**Date**

**For Department of Public Health Office Use Only**

**Reviewed by:** Health Inspector (Print Name)

**Signature**

**Approved on (Date)**