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## WRITTEN OPERATIONAL PROCEDURES

**This Written Operational Procedure shall be completed and returned to this office for approval before the permit is issued. An approved copy shall be maintained on the food facility at all times.**

114397. Responsibility of Management

**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** \_\_\_\_\_ **Site #** \_\_\_\_\_

**PHP #** \_\_\_\_\_ **Vehicle #** \_\_\_\_\_ **Cert #** \_\_\_\_\_

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

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

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

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

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

FOOD HANDLING OPERATIONAL PROCEDURE:

**1. Provide a complete menu. List all food to be offered to the public including bottled beverages, pre-package and unpackaged foods. Include sample packaging with labels.**

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**2. Indicate which foods will be sold from the mobile food facility.**

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**3. Describe how foods/condiments will be prepared at the commissary, i.e., portioned foods and fruits.**

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**4. Describe how potentially hazardous foods will be maintained at proper temperatures.**

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**5. Describe how prepackaged fruits will be protected from the cooling ice in the cart (ice melt cannot enter the package).**

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**6. Describe how potentially hazardous foods will be served to the customer.**

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**7. Describe in detail the procedures for the sanitizing of utensils in the three compartment sink, at the commissary and on the mobile food facility in the field. Indicate an approved sanitizer containing one of the following chemicals at the specific rate (test strips are required):**

- (a) Chlorine at 100 parts per million (ppm) available chlorine for at least 30 seconds of contact:**
- (b) Quaternary ammonium at 200 ppm for at least one minute of contact; or**

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- (c) Iodine at 25 ppm for at least one minute of contact.**

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**8. Describe how food contact surfaces will be cleaned and sanitized during hours of operation.**

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**9. Describe how food supplies (including ice) will be transported on the MSU.**

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**10. Describe the equipment that will be used on the MSU to maintain proper temperature while transporting potentially hazardous foods. Equipment must be pre-approved.**

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**11. Describe how foods will be protected from contamination during transport on the MSU.**

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**12. Describe how the MSU will be cleaned and sanitized.**

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**13. How will the MSU be transported and maintained in a sanitary condition?**

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**ADDITIONAL INFORMATION**

**1. APPROVED RESTROOM**

**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 hand washing facilities wherever the mobile food facility is stopped to conduct business for more than a one-hour period. A restroom letter shall be attached to the operational procedures and shall contain the following information regarding the restroom location:**

**Name of business:** \_\_\_\_\_

**Public Health Permit Number:** \_\_\_\_\_

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

**2. COMMISSARY**

**Commissary Space # for MFF** \_\_\_\_\_

**Commissary Space # for MSU** \_\_\_\_\_

**MFF Commissary** \_\_\_\_\_

**Is your mobile food facility serviced by a Mobile Support Unit:** \_\_\_Yes \_\_\_No

**MSU Commissary** \_\_\_\_\_