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## Compact Mobile Food Operation

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On September 23, 2022, Governor Newsom signed SB 972, a bill that modifies the California Retail Food Code (CRFC) and allows some sidewalk food vendors to obtain public health permits. The new law established a new category of Mobile Food Facilities termed Compact Mobile Food Operation (CMFO) and is effective on January 1, 2023.

Compact Mobile Food Operation in the California Retail Food Code section 113831; “means a mobile food facility that operates from an individual or from a push cart, stand, display, pedal-driven cart, wagon, showcase, rack, or other nonmotorized conveyance.”

A CMFO is restricted to prepackaged foods or Limited Food Preparation only as defined in the CRFC. The menu that can be prepared from a CMFO depends on the equipment present on the CMFO.

**Exemptions: Health permits and routine inspections may not apply for CMFOs that have less than 25 square feet of display space AND sell only non-potentially hazardous prepackaged food or whole, uncut produce.**

### DEFINITIONS:

**A. Commissary** means a health permitted food facility that services mobile food facilities where any of the following occur: food, containers, or supplies are stored; food is prepared or prepackaged for sale or service at other locations; utensils are cleaned; liquid and solid wastes are disposed, or potable water is obtained.

**B. Prepackaged Food** means any properly labeled processed food, prepackaged to prevent any direct human contact with the food product upon distribution from the manufacturer, a food facility, or other approved source.

**C. Unpackaged Food** means any food that is not prepackaged. Examples of menu items that easily fit within Limited Food Preparation include, but are not limited to: hot dogs, shaved ice, roasted nuts, sliced fruit, boiled corn, popcorn, or churros.

**D. Cottage Food Operation (CFO)** means a registered or permitted area of a private home where the CFO operator resides and where cottage food products are prepared or packaged for direct or indirect sales.

**E. Non-Potentially Hazardous Food (nonPHF)** means a food that does not require time or temperature control. Examples include prepackaged chips, sodas, pretzels, cookies, and popsicles.

**F. Potentially Hazardous Food (PHF)** means a food that requires time or temperature control to limit pathogenic micro-organism growth or toxin formation. Examples include tamales, burritos, and ice cream sandwiches.

**G. Food Compartment** means an enclosed space, including, but not limited to, an air pot, blender, and bulk dispensing system, covered chafing dish, and covered ice bin, with all of the following characteristics:

- a) The space is defined by a physical barrier from the outside environment that completely encloses all food, food-contact surfaces, and the handling of nonprepackaged food.
- b) All access openings are equipped with tight-fitting closures, or one or more alternative barriers, that effectively protect the food from contamination, facilitate safe food handling, while minimizing exposure to the environment.
- c) It is constructed from materials that are nontoxic, smooth, easily cleanable, and durable and is constructed to facilitate the cleaning of the interior and exterior of the compartment.

**H. Limited Food Preparation** is limited to:

- Heating, frying, baking, roasting, popping, shaving of ice, blending, steaming or boiling of hot dogs, or assembly of nonprepackaged food.
- Dispensing and portioning of non-potentially hazardous food or dispensing and portioning for immediate service to a customer of food that has been held at the required temperatures.
- Slicing and chopping of non-potentially hazardous food or produce that has been washed at an approved facility.
- Slicing and chopping of food on a heated cooking surface during the cooking process.
- Juicing or preparing beverages that are for immediate service, in response to an individual consumer order, that do not contain frozen milk products.
- Hot and cold holding of food that has been prepared at an approved permanent food facility.
- Reheating of food that has been previously prepared at an approved permanent food facility and held at required temperatures.

# **Compact Mobile Food Operation Application Packet**

## **Application checklist:**

- Review Compact Mobile Food Operation (CMFO) guidelines**
- Complete and submit Application for Permit to Operate**
- Complete Commissary/Out of County Commissary Verification Form**
- Submit CMFO menu at initial application and every year thereafter**
- Obtain and submit a Private Home Storage Endorsement (if using private home to store CMFO)**
- Complete and submit CMFO route sheet**
- Complete and submit Restroom Verification form (if less than two employees is operating the CMFO and staying at location for more than one hour)**
- Complete and submit Procedure for Cleaning and Sanitizing CMFO form.**
- Submit a photograph of your CMFO**
- Pay annual permit fees**
- Submit a copy of your Food Handler Card**



## COMPACT MOBILE FOOD OPERATION GUIDELINES

<b>CMFO CATEGORIES</b>	<b>EXAMPLES</b>
<p><b>Prepackaged PHF</b> (hot/cold holding of potentially hazardous foods)</p>	<ul style="list-style-type: none"> <li>• Prepackaged tamales</li> <li>• Prepackaged burritos</li> <li>• Prepackaged ice cream (dairy)</li> <li>• Frozen prepackaged meat</li> </ul>
<p><b>Nonprepackaged food and conducting limited food preparation</b> (hot/cold holding, dispensing and portioning, slicing/chopping on a heated surface)</p>	<ul style="list-style-type: none"> <li>• Blending of smoothies</li> <li>• Dispensing beverage drinks</li> <li>• Snow cones and shaved ice</li> <li>• Popping and portioning popcorn</li> <li>• Hot holding corn on the cob, steamed or boiled hot dogs</li> <li>• Cutting or slicing of fruits</li> </ul>
<p><b>Nonprepackaged food and conducting limited food preparation with raw meat, raw poultry or raw fish</b> (hot/cold holding, dispensing and portioning, slicing/chopping on a heated surface)</p>	<ul style="list-style-type: none"> <li>• Grilled cheese steak sandwich to order</li> <li>• Bacon wrapped hot dogs</li> <li>• Cooking meat tacos to order</li> <li>• Frying eggrolls to order</li> </ul>

## COMPACT MOBILE FOOD OPERATION GUIDELINES CONTINUED...

<b>All food equipment and utensils need to be certified for sanitation by an ANSI-accredited certification program, or a certification program accredited by another accreditation body recognized by the enforcement agency.</b>			
<b>REQUIREMENTS</b>	<b>Prepackaged potentially hazardous food</b>	<b>Limited food preparation (hot/cold holding, dispensing, portioning, and slicing/chopping)</b>	<b>Limited food preparation with raw meat, raw poultry or raw fish</b>
<b>Overhead Protection</b>	Required	Required	Required
<b>Food Compartment</b>	Required	Required	Required
<b>Food From Approved Source</b>	Required	Required	Required
<b>Integral Equipment</b>	Required	Required	Required
<b>Mechanical Refrigeration</b>	Required if cold holding PHF	Required if cold holding PHF	Required
<b>Hot Holding Unit</b> *Keep food hot at 135 F or above	Required if hot holding PHF	Required if hot holding PHF	Required if hot holding PHF
<b>Raw meats and vegetables that require cooking during service may only be cooked to order</b>			
<b>PHF cooked and properly cooled at an approved commissary may be reheated on the CMFO for hot holding</b>			
<b>PHF that is prepared on or served from a CMFO shall be disposed of at the end of each operating day</b>			
<b>Handwashing Sink</b> *Basin must be 9" L X 9" W X 5" D	Not Required	Required *warm water not required	Required * Water temperature 100F-108F
<b>Three- Compartment Warewashing Sink</b> *3 basins/2 drain boards Basin sizes: 12"W x 12"L x 10"D and 10"W x 14"L x 10"D Drainboard: shall be at least the size of one of the compartments	Not Required	Not required if adequate utensils are stored on the CMFO	Required
<b>Commissary</b>	Required	Required	Required
<b>Potable water tank capacity: at least 5 gallons of water shall be provided exclusively for handwashing.</b>			
<b>Potable Water Tank</b>	Not Required	Required 5 gal. handwash	Required 20 gal. = 15 gal. warewash + 5 gal. handwash
<b>Waste Water Tank</b>	Not Required	<b>CMFO without warewashing sink:</b> 7.5 gallons	<b>Food compartment/Limited food preparation:</b> 30 gallons
<b>Waste water tank capacity: shall have a minimum capacity that is 50% greater than the potable water tank.</b>			

**COMPACT MOBILE FOOD OPERATION  
GUIDELINES CONTINUED...**

<b>Water Heater</b>	Not Required	Not Required	Handwashing sink - a water heater with minimum 0.5-gallon capacity or an instantaneous heater is required and must be capable of supplying a minimum of 100°F running water.  Warewashing sink - a minimum 4-gallon capacity water heater is required and must be capable of supplying a minimum of 120°F running water.
<b>Food safety certificate</b>	Not Required	Not Required	Not Required
<b>Food handler card</b>	Required if handling open food at approved commissary	Required	Required
<b>Health Permit</b>	Required	Required	Required
<b>Access to restrooms</b> *A restroom within 200 feet is not required if the CMFO is operated by two or more people	Required  When operating at a single location for longer than one hour	Required  When operating at a single location for longer than one hour	Required  When operating at a single location for longer than one hour

**The CMFO must have the business name in letters of at least 3 inches in a location that is clearly visible to the customer. The city, state, zip code, and name of the operator must be present in letters of at least 1 inch in size. The letters must be of a color that contrasts with the background.**

**Private Home Storage**

Senate Bill (SB) 972 authorizes the storage of CMFO in a private home when endorsed by Sacramento County Environmental Health Division. In order to obtain approval for the storage of a CMFO within a home, the residential home will be evaluated to ensure that the proposed storage safeguards public health.



## APPLICATION FOR PERMIT TO OPERATE

<b>FACILITY</b>	Business Name (DBA): _____ Phone: _____
	Site / Commissary Address: _____ City: _____ State: _____ Zip: _____
	Days of operation: _____ Hours of operation: _____
	<b>If this facility has a semi-frozen (soft serve) processing machine please call the State of California Milk &amp; Dairy Food Safety Branch at (209) 466-7186</b>
<b>BILL</b>	Billing Name: _____ Phone: _____
	Billing Address: _____ City: _____ State: _____ Zip: _____
<b>OWNER</b>	Owner(Corp/LLC) Name: _____ Phone: _____
	Address (home or office): _____ City: _____ State: _____ Zip: _____
	Owner E-mail: _____ Business E-mail: _____

TYPE OF PERMIT	FEE	PE	TYPE OF PERMIT	FEE	PE
<input type="checkbox"/> RESTAURANT*	\$1470.00	1622	<input type="checkbox"/> SWAP MEET PRE-PKG FOOD STAND	\$235.00	1648
<input type="checkbox"/> BAR	870.00	1620	<input type="checkbox"/> ADMIN REVIEW/CONFIRMATION	73.00	1649
<input type="checkbox"/> RESTAURANT W/BAR*	1860.00	1621	<input type="checkbox"/> COMMISSARY*	640.00	1680
<input type="checkbox"/> FOOD PREP ESTAB W/O HOOD <2000 SQ FT*	1090.00	1623	<input type="checkbox"/> SEASONAL LOW RISK	295.00	1675
<input type="checkbox"/> SCHOOL/NONPROFIT SR. MEAL PROGRAM	725.00	1625	<input type="checkbox"/> SEASONAL HIGH RISK	360.00	1676
<input type="checkbox"/> SCHOOL SATELLITE FACILITY	560.00	1626	<input type="checkbox"/> SEASONAL RESTAURANT	890.00	1603
<input type="checkbox"/> CHARITABLE FEEDING REGISTRATION	200.00	1690	<input type="checkbox"/> BAKERY – NO PREPARATION	625.00	1652
<input type="checkbox"/> SATELLITE FOOD DISTRIBUTION FACILITY	300.00	1693	<input type="checkbox"/> HOST FACILITY CATEGORY A	73.00	1686
<input type="checkbox"/> RETAIL MARKET (OVER 15,000 SQ. FT.)	1160.00	1614	<input type="checkbox"/> HOST FACILITY CATEGORY B	420.00	1687
<input type="checkbox"/> RETAIL MARKET (6,000 – 14,999 SQ FT.)	990.00	1613	<input type="checkbox"/> RESTRICTED FOOD SERVICE ESTABLISHMENT	690.00	1681
<input type="checkbox"/> RETAIL MARKET (LESS THAN 6,000 SQ. FT.)	619.00	1612	<input type="checkbox"/> STORMWATER	86.00	6770
<input type="checkbox"/> RETAIL MARKET (25-300 SQ FT PRE-PACKAGED, NON PHF)	380.00	1611	<input type="checkbox"/> VENDING MACHINE	200.00	1608
<input type="checkbox"/> VETERAN'S ORGANIZATION FOOD FACILITY*	930.00	1609	<input type="checkbox"/> OTHER		
<input type="checkbox"/> CERTIFIED FARMERS' MARKET	990.00	1619			
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY A	190.00	1631			
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY B	381.00	1632			
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY C	455.00	1633			
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY D	770.00	1635	<input type="checkbox"/> SWIM POOL	683.00	3611
<input type="checkbox"/> COMPACT MOBILE FOOD OPERATOR	381.00	1632	<input type="checkbox"/> SPA POOL	623.00	3612
<input type="checkbox"/> MULTI-EVENT VENDOR – LOW RISK	322.00	1662	<input type="checkbox"/> POOLS ON SINGLE RECIRCULATING SYSTEM	683.00	3613
<input type="checkbox"/> MULTI EVENT VENDOR – HIGH RISK	490.00	1663	<input type="checkbox"/> WADING POOL	482.00	3615
<input type="checkbox"/> SECONDARY OPERATOR	305.00	1682	<input type="checkbox"/> TEMPORARILY INACTIVE	207.00	3617
<input type="checkbox"/> CATERING OPERATION	425.00	1683	<input type="checkbox"/> SPRAY GROUND	422.00	3618

\*Add one stormwater fee if any of the following permits are applied for:  
**1603, 1609, 1621, 1622, 1623, 1624 or 1680. One stormwater fee per facility.**

**I hereby certify that I am the owner, or authorized representative of the owner, and this business will comply with all State and local laws now in force or which may hereafter be enacted pertaining to this business.**

Print \_\_\_\_\_ Signature \_\_\_\_\_ Title/Position \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL USE ONLY**

EMD RECEIPT#: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

NEW FACILITY  CHANGE OF OWNERSHIP ANNIVERSARY DATE (date of ownership change/opening date): \_\_\_\_\_

FACILITY ID #: \_\_\_\_\_ CT: \_\_\_\_\_ SPECIALIST: \_\_\_\_\_

PREVIOUS NAME OF FACILITY/BUSINESS: \_\_\_\_\_

PREVIOUS OWNER'S NAME: \_\_\_\_\_ OW #: \_\_\_\_\_ OLD AR #: \_\_\_\_\_

PROGRAM RECORD #: \_\_\_\_\_ VEHICLE LIC. #: \_\_\_\_\_ DECAL #: \_\_\_\_\_

RESTRICTIONS/COMMENTS: \_\_\_\_\_

APPROVED     DISAPPROVED    BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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**COMMISSARY or MSU VERIFICATION  
MOBILE FOOD FACILITY (MFF)/ MULTI EVENT VENDORS  
(MEV)/ CATERER/ COMPACT MOBILE FOOD OPERATOR (CMFO)**

FA #	
PR#	

**MFF/MEV/CATERER/CMFO BUSINESS INFORMATION:**

Type of Facility:  MEV  MFF – Cat. A  MFF – Cat. B  MFF –Cat. C  MFF- Cat. D  CATERER  CMFO  
(Food prep. at commissary) (MFF Cat B, C, D, & CMFO must fill out back page)

MFF/MEV/Caterer/CMFO Business Name: \_\_\_\_\_

License Plate Number (if applicable): \_\_\_\_\_

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

Owner Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (Work) \_\_\_\_\_ Mobile: \_\_\_\_\_

*I, the above-mentioned MFF/MEV/Caterer/CMFO Owner will operate out of the below mentioned commissary and report to the commissary at least once each operating day for cleaning and servicing (As noted below) (Calcode Sec. 114297). I will store the vehicle (if applicable) at the approved commissary or another approved location. If the use of the commissary is discontinued, I will notify the Environmental Health Division at (916)875-8440 to make the necessary changes.*

\_\_\_\_\_  
Signature of MFF/MEV/Caterer/CMFO Owner

\_\_\_\_\_  
Date

**COMMISSARY INFORMATION:**

Type of Facility:  Commissary  MSU  Restaurant  Market  Other

Commissary Business Name: \_\_\_\_\_

Commissary Owner's Name: \_\_\_\_\_

Commissary Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Commissary Contact Phone: \_\_\_\_\_ MFF Access Hours: \_\_\_\_\_

Y / N Preparation or packaging of food      Y / N Sewage disposal      Y / N Overnight parking      Y / N Toilet & handwashing

Y / N Potable water supply (  hot  cold )      Y / N Warewashing      Y / N Electrical hook-up

Y / N Refrigerated/ frozen food storage      Y / N Garbage      Y / N Supplies storage

Y / N Cleaning Areas drained to wastewater/sewer system      Y / N Dry food storage      Y / N Supply food products

*I, the Commissary Owner/Representative, can and will provide the necessary facilities as checked for the above-mentioned MFF/MEV/Caterer/CMFO at my permitted facility:*

\_\_\_\_\_  
Signature of Commissary Owner/Representative

\_\_\_\_\_  
Date

**Note:** The signature of Commissary Owner must be a wet/original within 30 days of applying for permit. No copies.

**Note:** Use of an unapproved facility for any of above purposes can lead to revocation of your permit to operate.

**Commissary Approval:**  Pending  Approved  Disapproved

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_





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## OUT OF COUNTY COMMISSARY

Name of MFF/CMFO: \_\_\_\_\_

Name of Commissary: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

If the proposed facility is located outside of Sacramento County, the local Environmental Health Department shall verify that the commissary and/or commercial kitchen has a current health permit or is approved by signing below. The establishment is in \_\_\_\_\_ County/City.

An REHS signature verifies that the facility indicated above meets CALCODE Section 114294-114297.

\_\_\_\_\_  
Out of County REHS Name (Please Print)

\_\_\_\_\_  
REHS number

\_\_\_\_\_  
Out of County REHS Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address



**MFF/CMFO MENU AND FOOD PREPARATION QUESTIONNAIRE**

(Required to be completed for all new permit or renewal of permit applicants)

**Menu Items:** \_\_\_\_\_

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**Cooking equipment used on the MFF/CMFO:** \_\_\_\_\_

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**Cooking equipment used at the commissary:** \_\_\_\_\_

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**Where are the food items prepared/cooked:** \_\_\_\_\_

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**Where are the food ingredients/supplies stored:** \_\_\_\_\_

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**Comments:** \_\_\_\_\_

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\_\_\_\_\_  
Signature of MFF/CMFO Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Date



**Private Home Storage Endorsement  
for Compact Mobile Food Operation**

FA#	
PR#	

Senate Bill (SB) 972 authorizes the storage of CMFO in a private home when endorsed by Sacramento County Environmental Health Division. If endorsed by Environmental Health Division, a private home may be able to store up to two CMFOs.

The site evaluation is conducted to ensure the sanitary and safe storage of the CMFO and any prepackaged nonpotentially hazardous foods. A home may be endorsed for CMFO cart storage only. Depending on the CMFO approval, a permitted food facility may also be required to support food preparation, food storage, cart cleaning, wastewater disposal, and potable water requirements for the CMFO.

A site evaluation of the private home must be conducted by Sacramento County Environmental Health Division to receive an endorsement.

The following services and functions must be provided and approved by the Department:

**Cart Storage Area:**

- 1.) Identify the storage area where the food cart(s) will be stored: \_\_\_\_\_
- 2.) Is the space fully enclosed, vermin proofed and maintained clean? Yes / No
- 3.) How will the cart be cleaned prior to storage: \_\_\_\_\_  
\_\_\_\_\_

**Food Storage:**

- 1.) Will prepackaged nonperishable (e.g., candy, soda, prepackaged chips) and raw whole produce be stored in a private home? Yes / No / NA
- 2.) Is prepackaged food properly labeled with manufacturer name, address, ingredients, and nutritional information and obtained from an approved source? Yes / No / NA
- 3.) Are foods stored at least 6" off the floor and protected from any contamination, rodents, and other vermin at all times? Yes / No / NA
- 4.) Identify the location within the home that will be used for food storage: \_\_\_\_\_

I agree to comply above mentioned requirement for the storage of the proposed CMFO,

CMFO Business Name: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

Home Storage Address: \_\_\_\_\_

I agree to notify the Sacramento County Environmental Health Division by written document where there are any changes for the operation.

\_\_\_\_\_  
Name of Private Homeowner (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***A local ordinance may prohibit the storage of CMFOs in a private home. Please check with your local city for any restrictions or additional requirements.***

**Home Endorsement Approval:**

Approved

Disapproved

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_



## MFF / CMFO Route Sheet

FA#	
PR#	

Name of MFF/CMFO: \_\_\_\_\_ Lic plate : \_\_\_\_\_

Name of operator: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**How will the refrigeration be powered on the mobile unit when it is operating away from the commissary? (i.e. generator, inverter, etc.,)**

**Please list your current route information/location of operation in the spaces provided below:**

Location/Address w/ city and zip code:	Days of Operation:							Start Time:	End Time:
	Mon	Tue	Wed	Thu	Fri	Sat	Sun		
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTE: Additional agency approval may be required for the MFF/CMFO operating locations (i.e code enforcement, zoning/planning). If you are going to park your MFF/CMFO at one location for longer than one hour, you must complete the Restroom Verification Form.

**CMFO with more than one employee does not require a Restroom Verification Form.**

Revised route information may be provided by fax: (916) 875-8513, email: [emdinfo@saccounty.net](mailto:emdinfo@saccounty.net) or US mail.

I understand and agree that if I make changes to my route or business location, I must notify the Environmental Management Department (EMD) within 30 days.

Signed: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

### OFFICE USE ONLY

Received/Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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**Verification of Restroom for Mobile Food Facility / CMFO**

FA #	_____
PR#	_____

Any time a MFF / CMFO is parked in one location for longer than one hour; an approved restroom must be available for use within 200 feet (Chapter 10, Sec. 114315). Please provide all information requested.

**NOTE:** Porta-potties are not approved

**MFF / CMFO Information**

MFF / CMFO  
Name (DBA): \_\_\_\_\_

Address or Cross Street of operation: \_\_\_\_\_  
Street Address City Zip Code

Hours of Operation: \_\_\_\_\_ Days of Operation: \_\_\_\_\_  
(At this location) (At this location)

License Plate #: \_\_\_\_\_ Permit #: \_\_\_\_\_

**MFF Owner Information**

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

Address of Owner: \_\_\_\_\_  
Street Address City Zip Code

I have access to the restroom facilities at the following business during my business hours and I am parked less than 200 feet away from the restroom facilities. I will be responsible for maintaining the restroom as listed below.

\_\_\_\_\_  
Signature of MFF Operator Date

**Restroom Information**

Business Name: \_\_\_\_\_ Phone : \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street Address City Zip Code

**Restroom Requirements:**

- |   |   |
|---|---|
| <input type="checkbox"/> Toilet facilities in good repair   | <input type="checkbox"/> Handwashing sink with hot and cold water |
| <input type="checkbox"/> Smooth cleanable surfaces          | <input type="checkbox"/> Paper towels in a dispenser              |
| <input type="checkbox"/> Toilet paper in a dispenser        | <input type="checkbox"/> Liquid soap in a dispenser               |
| <input type="checkbox"/> Ventilation fan or openable window | <input type="checkbox"/> Hours that restroom is available: _____  |

I, the business owner/operator, can and will provide restroom facilities for the operators of the above-mentioned MFF at my business and I understand that the restroom facilities are subject to Environmental Health Department inspection.

\_\_\_\_\_  
Signature of Business Owner Date

**OFFICIAL USE ONLY:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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**Procedures for Cleaning and Sanitizing of Food-Contact Surfaces/Utensils  
For Mobile Food Facility (MFF) Categories B, C, and CMFO  
THIS PROCEDURE MUST BE KEPT ON MFF/CMFO**

Business Name (DBA) \_\_\_\_\_  
Commissary Name \_\_\_\_\_  
Commissary Address \_\_\_\_\_ Phone \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

List food contact surfaces and utensils (tongs, spoons, lids, pans, knives, blenders etc.)

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Provide procedure for having clean utensils throughout the day.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Procedures for cleaning and sanitizing utensils and food contact surfaces at end of the day.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Notes:**

1. Utensils from MFF/CMFO cannot be taken home for cleaning and sanitizing.
2. Food-contact surfaces shall be cleaned and sanitized at any time during the food handling operation when contamination may have occurred.
3. Food-contact surfaces and utensils shall be cleaned and sanitized throughout the day at least every four hours if handling potentially hazardous foods and multiple clean utensils are not available.
4. Non food-contact surfaces shall be cleaned and sanitized as needed.

**To make sanitizer Solution:**

- Add one tablespoon of bleach per gallon of water (100 ppm)
- Add one tablespoon of quaternary ammonium per 2 gallons of water (200 ppm)
- Provide appropriate test strips to check sanitizer concentration.