



COUNTY OF LOS ANGELES  
**Public Health**

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**WRITTEN OPERATIONAL PROCEDURES**

These Written Operational Procedures 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 \_\_\_\_\_

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 handwashing facilities wherever the mobile food facility is stopped to conduct business for more than a one-hour period. \_\_\_\_\_

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 \_\_\_\_\_

**FOOD HANDLING OPERATIONAL PROCEDURE:**

1. Provide a complete menu. List all foods to be offered to the public including bottled beverages, prepackagd and unpackaged foods. Include Sample packaging with labels. \_\_\_\_\_

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2. Indicate which foods will be prepared at the Commissary. \_\_\_\_\_

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3. Explain how food preparation will be conducted without the use of a food preparation sink. For example, how will fresh produce be cleaned? \_\_\_\_\_

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4. Describe in detail how foods will be prepared at the commissary for use on the mobile food facility. Include sample packaging with labels. \_\_\_\_\_

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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 in detail, the procedures for the sanitizing of utensils in the three compartment sink. Indicate an approved sanitizer, containing one of the following chemicals at the specified rate:

- (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 (c) Iodine at 25 ppm
- (c) for at least one minute of contact. Test strips are required. \_\_\_\_\_

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7. List all equipment and utensils that will be used on the mobile food facility. All equipment and utensils are subject to approval by this Department. \_\_\_\_\_

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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 and where the potable water tank will be filled. \_\_\_\_\_

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10. Describe how and where the waste water will be disposed of. \_\_\_\_\_

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11. Describe how food supplies, (including ice), will be transported on the MSU. \_\_\_\_\_

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12. Describe the equipment that will be used on the MSU to maintain proper temperatures while transporting potentially hazardous foods. Equipment must be pre-approved. \_\_\_\_\_

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13. Describe how foods will be protected from contamination during transport on the MSU. \_\_\_\_\_

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14. Describe how potable water hoses will be maintained free from contamination on the MSU. \_\_\_\_\_

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15. How and where will the MSU potable water tanks be filled? \_\_\_\_\_

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16. How and where will the MSU wastewater tanks be emptied? \_\_\_\_\_

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17. Describe how the MSU will be cleaned and sanitized. \_\_\_\_\_

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18. How will the MSU be transported and maintained in a sanitary condition? \_\_\_\_\_

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