

#### City and County of San Francisco

## DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH

# Commissary Verification Form for Mobile Food Facilities (MFFs) and Mobile Support Units (MSUs)

Classification	on of MFF:	☐ MFF 1	☐ MFF 2	☐ MFF 3	☐ MFF 4	□MFF 5	☐ MSU		
									_
		Mobil	e Food Faci	lity Business	Owner to Com	•	ction		
DBA					Operating Loc	cation(s)			
Registered	Owner Name	e(s)			Owner Addre	SS			
Business Ph	none				Mobile Phone	•			
License Pla	te Number				Vehicle Make	/Model			
By signing below, I agree under penalty of perjury that I will report to this commissary with my MFF at least once each operating day for the use of the facilities and/or services which I have indicated below. I understand that the use of personal or other unpermitted vehicle to transport foods to my MFF is prohibited.  I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch, at 49 South Van Ness, Suite 600, San Francisco, CA 94103, immediately if I move to a new commissary or otherwise stop operating at this commissary. I understand that not reporting to a commissary may be grounds for denial or the suspension/revocation of my permit.									
Registe	red Owner/Offic	cer Printed Name	e	Registered o	wner Signature			Date	
Registe				Registered o		MFF O	vner/Annlic		
-	Co facility/servi	mmissary Ov ce you provid	wner le MFF owner		wner Signature	es below to in peration(s) yo		ant penalty of perjury, th conduct exclusively at	
-	Co facility/servi t	mmissary Ov ce you provid this commissa	wner le MFF owner ry	/applicant at	wner Signature	es below to inc peration(s) yo this	dicate, under u will utilize/ commissary	ant penalty of perjury, th conduct exclusively at	
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To Be Completed By Commissary Owner					
Commissary DBA	-	Commissary Address			
Commissary Owner Name(s)		Commissary Owner E	Business Phone Number		
	-				
Commissary Owner Alternative Phone Num	nber	Agency Issuing Permi	t to Operate Commissary		
I hereby declare that	. at		has my pe	ermission to use	
I hereby declare that MFF Bus	iness Name	MFF Operatir	ng Location		
my approved commissary,	ommissary DBA	, at	Commissary Address		
for a period of months to service					
I certify, under penalty of perjury, that my Retail Food Code.	space is well maintain	ed and in compliance v	vith the requirements of the	California	
I further agree to notify the San Francisco	Department of Public	Health, Environmental	Health Branch at 49 South \	/an Ness,	
Suite 600, San Francisco, CA 94103 if this a	greement is terminat	ed or if this MFF has no	ot utilized my commissary fo	or five (5)	
consecutive days.					
I certify under penalty of perjury that I am	the legal owner/opera	ator of this facility and	abide by the contents of thi	s document.	
I am aware that my Health Permit may be	jeopardized if found to	be in violation of this	agreement.		
Commissary Owner (Print Name)	Signa	ture	Date		
-					
•		•	by Regulatory Agency		
If commissary establishment is outside o	of San Francisco, the Id	ocal environmental hea	olth jurisdiction must certify	the current	
commissary health permit by signing bel	ow. The commissary i	s in		County and	
maste California Batail Food Codo, Costi	on 114204 114207 on	d 111226 commission	roquiromonto		
meets California Retail Food Code, Section	ON 114294-114297 an	u 114326 Commissary	requirements.		
REHS (Print Name)	Signa	turo	Date		
KEHS (FIIII Name)	Sigila	ture	Date		
For [	Department of Publi	c Health Use Only			
Special application or facility notes:		,			
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#### City and County of San Francisco

# DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH

### **Restroom Verification Form for Mobile Food Facilities (MFF)**

	Date:				
To Be Completed by MFF Owner					
Business Name:					
Registered Owner Address:					
Owner Email Address	Business Phone Number:				
MFF Operating Address Associated With This Restroom	Mobile Phone Number:				
Days and Times Operating at This Address					
I,, owner of this MFF busi	ness, declare under per	nalty of perjury the follwing:			
This restroom facility is available for use by myself and my employees. I understand and certify that the restroom has warm water, is maintained clean and sanitary, is stocked with paper towels and liquid hand soap, and shall be so at all times. I further agree to notify the Department of Public Health, Environmental Health Branch immediately if this agreement is terminated for any reason.  I certify that this restroom facility is within a travel distance of feet of my mobile food facility.					
To Be Completed by Restroom Facility Owner/Manage					
Business Name:	Restroom Address:				
Registered Owner Email Address:	Mobile Phone Number:				
Signee Name	Signee Role in the Business	•			
Signee Name	Signee Role III the business	5			
certify under penalty of perjury the following:  I have granted full permission to the above mentioned MFF owner and employees to use my restroom facility during the MFF hours of operation. I understand and certify that the restroom has warm water, is maintained clean and sanitary, and stocked with paper towels and liquid hand soap and shall be maintained in this condition at all times. I agree to notify the San Francisco Department of Public Health, Environmental Health Branch if this agreement is terminated for any reason.					
Restroom Facility Owner/Manager (Print Name)	Signature	Date			
MFF Owner/Applicant (Print Name)	Signature	Date			
For Department of Public Health Office Use Only					
Special Application or facility notes:					
Special Application or facility notes:					



# City and County of San Francisco DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH

#### 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:	
-					
List each food i	tem to be served	Source of food	Where will the	Describe method of food preparation	
Prepackaged Foods	Unpackaged Foods	item	item be prepared?	(Use additional paper if necessary)	
How and where will	potable water tank b	e filled? Provide a li	st of equipment to be (	used	
How and where wil	l waste water tank be	emptied? Provide	a list of equipment to b	oe used (open buckets may not be used).	

How and where will potable water tank and waste tank be cleaned and sanitized?	Page 2 of 3
Which restroom facility will be used during hours of operation?	
List all equipment and utensils that will be used on the MFF. Please be specific. (For example, condiment dispendicate type (pump, squeeze bottle, pour, etc.); microwave, range, rice cooker, tongs, spoons, lids, knives, etc.)	
How will you clean and sanitize food contact surfaces and utensils during operating hours?	
How will you clean and sanitize utensils and equipment at the commissary?	
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.	
<ul> <li>Quaternary ammonium @ 200 ppm must contact items for at least one (1) minute.</li> </ul>	
☐ 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?	

List all San Francisoc operating locations and DPN	N approved operating sites. Include days and tim	nes of operation.			
Describe how you will reheat and/or maintain fo	ods hot within the Mobile Food Facility				
Where will your Mobile Food Facility be stored d	uring non-operating times?				
Describe when and how you will clean and maint	ain your sites of operation				
MFF Owner (Print Name)	Signature	Date			
For Department of Public Health Office Use Only					
Reviewed by: Health Inspector (Print Name)	Signature	Approved on (Date)			