



# Mobile Food Facilities (MFF): On Site Inspection Program

**Monterey County Environmental Public  
Health Leadership Institute  
(MEPHLI)**

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## Current Status:

There is a current problem in how Monterey County inspects Mobile Food Facilities (MFF):

- Currently MFF show up at Salinas office with a pre-schedule appointment for inspection.
- MFF are usually clean, and with out food preparation.
- This method does not give a true and accurate inspection of how mobile food facilities operate.
  - There is no food, no preparation, no cooking
  - no opportunity to make observations and necessary corrections

## Project Plan:

1. Update the current application process
  - Commissary application and tracking
  - Restroom agreement
  - MFF tracking route sheet
2. Implement on site field inspections of Mobile food facilities during operation



# Types of Mobile Food Trucks:



We currently have 141 permitted mobile food facilities in Monterey County including:

- 48 - MFF with full food preparation
- 7 - MFF with limited food prep
- 51 - Non-potentially hazardous food MFF
  - Produce MFF
  - Pre-package only
- 34 - Ice Cream operators



# Updating Permit Process:

**MOBILE FOOD FACILITY COMMISSARY AGREEMENT LETTER**  
 I/WE, THE MOBILE FOOD FACILITY OPERATOR(S)  AND THE COMMISSARY  HAVE ENTERED INTO THE FOLLOWING AGREEMENT:

MOBILE FOOD FACILITY NAME(S) \_\_\_\_\_ MOBILE FOOD FACILITY OWNER \_\_\_\_\_

MOBILE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

COMMISSARY BUSINESS # \_\_\_\_\_ MOBILE BUSINESS # \_\_\_\_\_ YEAR AND MONTH OF COMMENCEMENT \_\_\_\_\_

**TERMS AND CONDITIONS (I/we as the operator of a food facility) - "I/We" required for approval:**

1. I/We, the Mobile Food Facility Operator(s), hereby permit the commissary to use my commissary food facility for preparing, packaging, storing, and displaying food products for sale to the public in a commissary food facility located at the Mobile Food Facility, provided that the commissary food facility is approved by the Department and complies with the following:

1. The commissary food facility shall be used for the preparation, packaging, storing, and displaying of food products for sale to the public.
2. The commissary food facility shall be used for the preparation, packaging, storing, and displaying of food products for sale to the public.
3. The commissary food facility shall be used for the preparation, packaging, storing, and displaying of food products for sale to the public.
4. The commissary food facility shall be used for the preparation, packaging, storing, and displaying of food products for sale to the public.
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7. The commissary food facility shall be used for the preparation, packaging, storing, and displaying of food products for sale to the public.
8. The commissary food facility shall be used for the preparation, packaging, storing, and displaying of food products for sale to the public.
9. The commissary food facility shall be used for the preparation, packaging, storing, and displaying of food products for sale to the public.
10. The commissary food facility shall be used for the preparation, packaging, storing, and displaying of food products for sale to the public.

Note: Once approved as a mobile food facility commissary, you must also agree to notify the local Health Department within 30 days of the commencement of mobile food facility use or of any change in use, or to suspend use of the facility if you are no longer in compliance with the terms of this agreement.

COMMISSARY BUSINESS # \_\_\_\_\_ COMMISSARY OWNER'S NAME \_\_\_\_\_

COMMISSARY ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COMMISSARY PHONE # \_\_\_\_\_

COMMISSARY OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 This permit is granted as a mobile food facility. THIS AGREEMENT MUST BE PRINTED AND RETURNED ANNUALLY.

**MOBILE FOOD FACILITY OPERATOR**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Submit all copies of this agreement to the Mobile Food Facility Program for final approval.

1. Commissary Agreement Letter

**COMMISSARY SCHEDULE**  
 (OPTIONAL)

OWNER NAME (FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_

MOBILE BUSINESS # \_\_\_\_\_ PHONE # \_\_\_\_\_

LOCATION OF OPERATIVE (Address, street name, or route) \_\_\_\_\_

COMMISSARY BUSINESS # \_\_\_\_\_

TYPE OF PERMIT(S): \_\_\_\_\_

Fill out the table below with the hours that you check in at your commissary in the morning and the time that you check off your mobile food facility at the end of your operating day.

The enforcement agency shall review and approve the commissary schedule prior to implementation and the yellow copy shall be kept on the mobile food facility at all times. The following must be completed and returned to the office for approval before a permit is issued.  
 Any change to your schedule will require prior approval by this Department.

Day	Not On The	BUSINESS HOURS	Drop Off The
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

**FAILURE TO COMPLY WITH THE TERMS LISTED ON THIS DOCUMENT MAY RESULT IN LEGAL ACTIONS BEING BROUGHT AGAINST YOU.**

For Office Use Only:  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

2. Commissary Schedule

**RESTROOM AGREEMENT LETTER**

Name of Mobile Food Facility Operator(s): \_\_\_\_\_

Owner: \_\_\_\_\_ CO# \_\_\_\_\_ PO# \_\_\_\_\_

Mobile Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Location of Mobile Food Facility operation: \_\_\_\_\_

This permit is to be completed by the commissioner of the facility, which will be used by the above named operator for use of their restroom facilities. This agreement is not valid until approved and signed by an authorized representative of the local county environmental health. This requirement remains in effect for the duration of this permit for the use of any food.

Name of Facility: \_\_\_\_\_  
 Address of Facility: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Business Hours: \_\_\_\_\_

Day(s) of the week when mobile will be using your restroom: \_\_\_\_\_  
 Time of day the mobile will be using your restroom: \_\_\_\_\_

The above named mobile food operator permit to use my restroom facilities at the above stated facility. I agree to provide a functioning toilet, handwash and hot and cold running water, soap, paper towels or hand blow drier for the mobile to use. I understand the facilities used for use of my restroom facilities as provided herein shall be in good condition.

I understand this agreement is between myself and Mobile \_\_\_\_\_ and that I shall notify the Department of Environmental Health, within 10 days of activation of this agreement, or when the above named individual has not used my restroom facilities for a period of 30 days.

I declare the information above to be accurate and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, an authorized representative of the Department, am familiar with the above facility and have verified that it meets standards for a functioning restroom.

Signature of Environmental Health Operator \_\_\_\_\_ Date \_\_\_\_\_

3. Restroom Agreement Form

**MOBILE FOOD FACILITY ROUTE SHEET**

Mobile Food Facility Name: \_\_\_\_\_ Vehicle Street Address #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Commissary Name: \_\_\_\_\_ Commissary Address: (Street, Street Name, City, and Zip Code) \_\_\_\_\_ Phone #: \_\_\_\_\_

**SINGLE LOCATION:**  
 Current address of all single locations: Street # \_\_\_\_\_ Section \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Days of Operation: Sun \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ Sat \_\_\_ Time of Operation: Start Time \_\_\_\_\_ End Time \_\_\_\_\_

**MULTIPLE LOCATIONS:**  
 Please provide your current route locations below:

STOP #	LOCATION / STOP ADDRESS (Street #, Street Name, City, & Zip Code)	DAYS OF OPERATION							START TIME	END TIME
		Sun	Mon	Tue	Wed	Thu	Fri	Sat		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

I understand and agree that if I make any changes to my mobile food facility, I will notify the Barbour County Department of Environmental Health within 10 days. Failure to notify this Department of any changes may result in an administrative citation, and suspension or revocation of the Health Permit to operate a Mobile Food Facility.

Owner name (print): \_\_\_\_\_ Owner Signature: \_\_\_\_\_ Telephone / Cell Number: \_\_\_\_\_

Date: \_\_\_\_\_

4. Mobile Food Facility Route Sheet

# Factors that will affect my project:

- REHS staff shortage:
  - Not enough inspectors to search and inspect all MFF currently permitted in the County
- Budget:
  - Will current MFF permits fees be able justify the resources needed for this project?
- MFF hours of operation:
  - Some MFF may only operate after hours which will add to possible issues like overtime and REHS staffing
- Enforcement Challenges:
  - What if need to close the MFF per not having hot water, or having cockroaches? How do REHS inspectors regulate this?

## Project Outcome:

By updating our current MFF inspection program, REHS inspectors to will be able to;

- Monitor, investigate, and educate the MFF operator
- Improve communication and expectations between inspectors and MFF operators
- Reduce the number of food borne illness complaints related to MFF

Questions?

