



MOBILE FOOD FACILITY
AUTHORIZATION FOR USE OF RESTROOM FACILITIES

A mobile food facility (MFF) must operate within 200 feet travel distance of an approved and readily available toilet and hand washing facility, to ensure that restroom facilities are available to facility employees whenever the MFF is stopped to conduct business for more than a one-hour period (CA Health & Safety Code Section 114315(a)).

This form must be completed for a mobile food cart or mobile food preparation unit operating at a fixed location, and the original signature by the owner/permittee of the business providing the restroom facilities. A copy of the food handler cards for the employee(s) working at the facility must be submitted along with this form.

RESTROOM FACILITY INFORMATION

Business Name: Facility Permit Number:
Business Address:
City: State: Zip Code: Phone Number:

REQUIREMENTS FOR RESTROOM FACILITY

The restroom must have a hand washing sink equipped with warm (minimum 100°F) and cold water, a self-mixing faucet, and is supplied, as needed, with soap and single service towels in permanently mounted dispensers.

Your signature on the line below indicates that you agree to allow the MFF, _____, to use your restroom facilities. Name of MFF

Electronic Signature Only: By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form. Date:

Facility Owner with Restroom (Print & Sign): Date:

Vehicle Owner (Print & Sign): Date:

COMPACT MOBILE FOOD OPERATION REQUIREMENTS

A compact mobile food operation (CMFO) is exempt from the requirements of CA Health & Safety Code Section 114315(a) if the CMFO operates with multiple employees or operators and the CMFO can remain operable by a single individual so that employees or operators may alternate use of a restroom.

The restroom agreement exemption only applies if there is more than one person operating the MFF during all times of operation.

CMFO Owner Acknowledgement: I acknowledge that I am required to provide a restroom agreement if there is only one person operating the CMFO. Initial _____

REQUIRED TO BE COMPLETED BY CMFO OWNER/OPERATOR

Provide information for the designated employees that will be operating the CMFO. (Submit additional pages as needed)

Table with 2 columns: Full Name of Employee, FHC/ Manager Certification Number. Rows 1, 2, 3.

NOTE: If there are any changes to staff, a new MFF Authorization for Use of Restroom Facility form MUST be submitted to San Bernardino County EHS within a week of hire.

CMFO Owner (Print & Sign): Date: