



SHARED KITCHEN: DEPENDENT FACILITY OPERATIONAL PROCEDURES

Facility Name		Days/Hours of Operation	
Location of Operation			
Business Owner Name			
Mailing Address	City	State	Zip
Email	Phone	Fax	

The enforcement agency shall review and approve the written operational procedures prior to operation. An approved copy shall be kept on site at all times when in operation. The following must be completed and returned to this office for approval before a permit is issued. **Any change to this form, the menu or the equipment will require prior approval by San Bernardino County Environmental Health Services.** Use additional paper if necessary.

1. List all foods you will be offering for sale, where each of these foods will be purchased and where you will be selling the food.

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2. Explain how food will be stored, prepared and transported.

Note: Mechanical refrigeration is required for any potentially hazardous foods that need to stay at 41°F or below and are transported for more than 30 minutes.

3. Indicate how and where food items will be stored as raw ingredients (supplies) and as final product.

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4. Indicate how much space is allotted for:

Dry storage	
Refrigeration	
Freezer	

5. List **ALL** food preparation equipment and utensils that will be used at this food facility. Please be specific.

6. Indicate how food-contact surfaces and utensils will be cleaned and sanitized.

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continued

7. If potentially hazardous food items are to be cooled after cooking describe how this process is to be accomplished using the following Cal Code requirements:

114002. (a) *Whenever food has been prepared or heated so that it becomes potentially hazardous, it shall be rapidly cooled if not held at or above 135°F. (b) After heating or hot holding, potentially hazardous food shall be cooled rapidly from 135°F to 41°F or below within six hours and, during this time the decrease in temperature from 135°F to 70°F shall occur within two hours. (c) Potentially hazardous food shall be cooled within four hours to 41°F or less if prepared from ingredients at ambient temperature.*

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8. Approved sanitizers must contain one of the following chemicals at the specified concentrations. Indicate which of the following method(s) will be used:
- Contact with a solution of 100 parts per million (ppm) available chlorine for at least 30 seconds.
 - Contact with a solution of 200 ppm available quaternary ammonium for at least one minute.
 - Contact with a solution of 25 ppm available iodine for at least one minute.

Permit Holder Signature: _____ Date _____

Permit Holder Name and Title: _____

THIS SECTION TO BE COMPLETED BY THE REGISTERED ENVIRONMENTAL HEALTH SPECIALIST (REHS)		
REHS Signature		
REHS Signature		Date
Print REHS Name		Contact Phone Number
REHS Registration Number	Permit Number/Type	Email Address