

## Catering Standard Operating Procedures

**This document will help you prepare the required written description of your proposed catering activities and the equipment and standard operating procedures that you propose to use for your catering operation. All required documents will be reviewed and when these procedures and Production Kitchen are approved, a facility evaluation will be required at the proposed Host facility location. A signed and APPROVED copy of this document must be maintained with your catering operation during all operating hours.**

**Please note that any changes to the menu, equipment, or procedures listed on your approved form will require another review and written approval by Environmental Health.**

Catering Operation Name: \_\_\_\_\_ Health Permit #: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Documents to Include

|                          |   |
|--------------------------|---|
| ✓                        | <b>Check the following items as you include them with this document.</b>  |
| <input type="checkbox"/> | Complete and submit an application. Ensure that all information is legible.   |
| <input type="checkbox"/> | <b>Commissary Agreement-</b> The Caterer must prepare and store all food and equipment at a commissary kitchen (permitted food facility). The Caterer and the proposed commissary must complete and sign a commissary agreement form. Caterers operating at host facilities are subject to limited food preparation only (HSC 113818).  |
| <input type="checkbox"/> | <b>Specification Sheets-</b> Submit specification or cut sheets for your equipment, including the portable mechanical refrigeration, overhead protection/enclosure, and portable hand-washing sink(s) carts that will be utilized during a Catering event. Provide documentation that shows the certification for sanitation and electrical standards by an American National Standards Institute (ANSI) accredited certification program such as NSF, UL, ETL, etc. for all equipment and refrigeration. |
| <input type="checkbox"/> | <b>Menu-</b> Include any menus. List all food and beverages items to be served or sold. (Refer to page 2 & 5)   |
| <input type="checkbox"/> | <b>Food Protection Manager Certification-</b> Provide proof that an owner or employee has a valid Food Protection Manager certificate or card.  |
| <input type="checkbox"/> | <b>Food Handler Card-</b> Provide documentation that all employees have a valid food handler card.  |
| <input type="checkbox"/> | <b>Log-</b> A written log must be maintained for a minimum of 90 days after each operation to include the event organizer name and contact information, location of service, menu of foods and beverages served. When operating at a host facility, the log shall include your menu and location/date/time of operation. Please describe how you will log this information (i.e. What type of database) and provide a sample of that log.   |



# Food Production

**1. Indicate the location where you will store food and equipment at the end of the day.**

Commissary Name: \_\_\_\_\_ Permit #: \_\_\_\_\_

Address: \_\_\_\_\_

| <b>MENU DESCRIPTION</b> <small>(USE ADDITIONAL SHEET ON PAGE 5, IF NECESSARY)</small> |                                  |                          |
|---|----------------------------------|--------------------------|
| Indicate all the food and beverage items for sale.                                    | WHERE WILL THE FOOD BE PREPARED? |                          |
| FOOD ITEM   | COMMISSARY                       | ON-SITE                  |
|   | <input type="checkbox"/>         | <input type="checkbox"/> |
|   | <input type="checkbox"/>         | <input type="checkbox"/> |
|   | <input type="checkbox"/>         | <input type="checkbox"/> |
|   | <input type="checkbox"/>         | <input type="checkbox"/> |
|   | <input type="checkbox"/>         | <input type="checkbox"/> |

**2. List equipment and utensils that will be used. Please be specific on equipment's use and function.  
For example: Equipment: Blender Intended use: Make Smoothies**

| Equipment    | Intended use during food preparation or catering event |
|--------------|--|
| Refrigerator |  |
|              |  |
|              |  |
|              |  |
|              |  |
|              |  |
|              |  |
|              |  |
|              |  |
|              |  |

3. **Transport and Storage-** Describe the procedures for transportation (more than 30 minutes) and storage of food and equipment. Include methods to cold-hold and hot-hold potentially hazardous foods and the methods to hold food until service (e.g., covered chafing dishes, etc.). Include information about the proposed catering enclosure and handsink. Please note that all potential hazardous foods not held at 41°F or below during operation shall be discarded at the end of service.

- Transport Vehicle**
- Interior is constructed of smooth, washable, impervious material.
  - Holding area does not drain liquid to street, sidewalk, or premises.

|  |                   |
|--|-------------------|
| <b>Hot Holding Method</b><br>(135°F and above) | During Transport- |
|  | At Event-         |
| <b>Cold Holding Method</b><br>(41°F and below) | During Transport- |
|  | At Event-         |
| <b>Other Food Storage</b>                      | During Transport- |
|  | At Event-         |
| <b>Equipment</b>                               | During Transport- |
|  | At Event-         |
| <b>Enclosure and Handsink</b>                  | Enclosure-        |
|  | Handsink-         |
| <b>Closing Procedures</b>                      | Food Disposal-    |
|  | Transport-        |

**4. Cleaning- Describe the procedures you will use to clean and sanitize food contact surfaces, equipment, and utensils at the commissary.**

Indicate the specific sanitizer or sanitizing method that you will use by checking the box below:  
 Contact with a solution of 100 ppm (parts per million) available chlorine for at least 30seconds.  
 Contact with a solution of 200 ppm available quaternary ammonium for at least one minute.  
 Check the option you will use:  Commercial pre-mixed solution or  I will prepare my own sanitizer solution

**Statements**

**Initial next to the below statements indicating that you understand and will abide by them.**

|    |   |
|----|---|
| 1  | <b>A Catering Operation Permit may be used to prepare and serve food at private events and permitted Host Facilities only. Operating at a Community Event or Certified Farmer's Market requires a separate health permit.</b> |
| 2  | <b>All food must be stored and prepared at the approved facility. Home preparation of food is prohibited. Only limited food preparation, as defined in CRFC Section 113818, is allowed at an off-site food service event.</b> |
| 3  | <b>When operating at an off-site food service event, a sign and permit must be posted/provided at the event premises stating the Catering Operation's business name, address, and permit number.</b>                          |
| 4  | <b>The review and approval of this Catering Operation SOP and health permit for a Caterer must be completed and paid for prior to operating.</b>  |
| 5  | <b>Operating at a host facility is limited to a four (4) hour duration in any one twelve (12) hour period. Upon request, you must provide your operation schedule to Environmental Health for review.</b>                     |
| 6  | <b>At the end of the operational period, all multi-use utensils will be washed and sanitized at the approved commissary/permitted food facility.</b>  |
| 7  | <b>Have access to potable water.</b>  |
| 8  | <b>All garbage, refuse and liquid waste will be disposed of in an approved manner as approved by Environmental Health.</b>  |
| 9  | <b>All equipment, utensils and food related items shall not be stored in a private home when not conducting catering activities.</b>  |
| 10 | <b>Any food that has become contaminated, suspected of becoming contaminated or presumed unsafe must be discarded.</b>  |

**Acknowledgment**

I understand and agree that if I make changes to my operating procedures, I must notify Environmental Health within 7 days. Revised operating procedures may be provided by fax, E-mail: [info@nameyourcounty.us](mailto:info@nameyourcounty.us), in person or mailed to one of our offices listed at the on this form. Failure to notify Environmental Health of any changes may result in a Notice of Violation, suspension, or revocation of the Health Permit issued to me to operate as a Catering Operation. Ensure approvals are obtained from all applicable agencies prior to operation (e.g., fire, zoning, etc.).

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Additional Menu Description**

| Indicate all the food and beverage items for sale. | Where will the food be prepared? |                          |
|--|----------------------------------|--------------------------|
| FOOD ITEM  | COMMISSARY                       | ON-SITE                  |
|  | <input type="checkbox"/>         | <input type="checkbox"/> |
|  | <input type="checkbox"/>         | <input type="checkbox"/> |
|  | <input type="checkbox"/>         | <input type="checkbox"/> |
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