**Merced County Department of Public Health**
**Division of Environmental Health**
*260 E. 15th Street ● Merced, CA 95341-6216*
*Phone: (209) 381-1100 ● Fax: (209) 384-1593*
*www.countyofmerced.com/eh*

# MOBILE FOOD FACILITY OPERATIONAL LOG

Mobile Business Name: _____ Facility ID #: FA000☐☐☐☐ License Plate: _____

*Commissary's Name:* _____ *Commissary's Facility ID #: FA000☐☐☐☐ (if in Merced County)*

Mark the appropriate box to indicate which calendar quarter this report covers and mark all dates the mobile food facility operated.

(*Mark one box below*) YEAR: 20☐☐

| ☐ Q1 | ☐ Q2 | ☐ Q3 | ☐ Q4 | DAY OF THE MONTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| JAN | APR | JUL | OCT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEB | MAY | AUG | NOV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAR | JUN | SEP | DEC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**All vehicles must visit their commissary each operating day. Each vehicle operator must also submit this form by the 10th day following the end of the calendar quarter to the Merced County Division of Environmental Health, 260 E. 15th Street, Merced, CA 95341 either by mail, in person, by fax to (209) 384-1593, or email a copy to MobileFood@countyofmerced.com .**

**By signing below, I verify that I am visiting my commissary each day the mobile food facility is operating.**

_____ _____ _____ (___)_____-_____

**Mobile Owner/Operator's Signature** **Mobile Owner/Operator's Printed Name** **Date** **Phone Number**

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***By signing below, I verify the above-specified Mobile Food Facility has visited this commissary location on the dates indicated above.***

_____ _____ _____ (___)_____-_____

***Commissary Representative Signature*** ***Commissary Representative Printed Name*** ***Date*** ***Phone Number***