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 (MFF) OPERATIONAL LOG

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

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

Below, fill in the correct year and mark the appropriate box to indicate which calendar quarter this report covers. Each operating day, mark the box in the grid corresponding to the date that the MFF operated and visited the approved commissary location for servicing and/or restocking, as required:

(*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 MFF units 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 taking my permitted MFF unit to my approved commissary for servicing and/or restocking 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 unit has visited this commissary location on the dates indicated above.

_____ _____ _____ ( ) -_____
Commissary Representative Signature ***Commissary Representative Printed Name*** ***Date*** ***Phone Number***