



4. Indicate how and where the wastewater tanks (and steam table, if applicable) will be emptied.

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5. Indicate location of the restroom(s) used.

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6. List **ALL** food-contact surfaces and utensils that will be used on this MFF. Please be specific.

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

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8. Describe how often the MFF is transported to the commissary or whether an approved MSU that reports daily to the commissary is provided. (Indicate MSU plan or permit number).

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9. Describe how and where the MFF will be stored during non-operational hours and protected from contamination.

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10. What specific sanitizer and/or sanitizing method will you use? Indicate if you will be using a commercial pre-mixed solution or if you will be preparing your own sanitizer solution. Approved sanitizers must contain one of the following chemicals at the specified concentrations. Check the sanitizer you will use:

- 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.
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Permit Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit Holder Name and Title \_\_\_\_\_

**For Office Use Only:**

Operational Procedures Reviewed By \_\_\_\_\_

Date Approved \_\_\_\_\_ Permit Number/Type \_\_\_\_\_