



Verification of Restroom for Mobile Food Facility (MFF)

| | |
|------|--|
| FA # | |
| PR# | |

Any time a MFF is parked in one location for longer than one hour; an approved restroom must be available for use within 200 feet (Chapter 10, Sec. 114315). Please provide all information requested.

NOTE: Porta-potties are not approved

MFF Information

MFF Name (DBA): _____

Address or Cross Street of operation: _____
Street Address _____ City _____ Zip Code _____

Hours of Operation: _____
(At this location) Days of Operation: _____
(At this location)

License Plate #: _____ Permit #: _____

MFF Owner Information

Owner Name: _____

Address of Owner: _____
Street Address _____ City _____ Zip Code _____

I have access to the restroom facilities at the following business during my business hours and I am parked less than 200 feet away from the restroom facilities. I will be responsible for maintaining the restroom as listed below.

Signature of MFF Operator

Date

Restroom Information

Business Name: _____ Phone : _____

Owner Name: _____

Address: _____
Street Address _____ City _____ Zip Code _____

Restroom Requirements:

- | | |
|-------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Toilet facilities in good repair | <input type="checkbox"/> Handwashing sink with hot and cold water |
| <input type="checkbox"/> Smooth cleanable surfaces | <input type="checkbox"/> Paper towels in a dispenser |
| <input type="checkbox"/> Toilet paper in a dispenser | <input type="checkbox"/> Liquid soap in a dispenser |
| <input type="checkbox"/> Ventilation fan or openable window | <input type="checkbox"/> Hours that restroom is available: _____ |

I, the business owner/operator, can and will provide restroom facilities for the operators of the above-mentioned MFF at my business and I understand that the restroom facilities are subject to Environmental Health Department inspection.

Signature of Business Owner

Date

OFFICIAL USE ONLY:

Approved by: _____ **Date:** _____
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