



Prince George's County Food Protection and Policy Program

Depot Letter (Mobile Unit Base of Operation)



If you have questions regarding this form contact the **Food Protection and Policy Program** at FoodProtectionProgram@co.pg.md.us or **301-883-7690**.

Name of Mobile Unit			Contact Number - -		
Name of Mobile Unit Operator			E-mail address		
Mailing Address	Apt. No.	City	State	Zip Code - -	
Name of Depot			Facility Phone Number - -		
Physical Address		City	State	Zip Code - -	
Describe days and times the mobile unit utilizes the depot					
<p>The mobile unit operator and/or employees from the mobile unit operation will conduct the following activities at the Mobile Unit Depot: (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Empty wastewater and refill fresh water tank(s) <input type="checkbox"/> Dispose of garbage <input type="checkbox"/> Dispose of waste oil and/or grease <input type="checkbox"/> Utilize dishwashing facilities to wash, rinse and sanitize utensils <input type="checkbox"/> Use of refrigeration (including freezers) to store food requiring temperature control <input type="checkbox"/> Storage of dry goods <input type="checkbox"/> Storage of single service items <input type="checkbox"/> Preparation of foods by employees of the mobile unit including chopping vegetables, assembling salads or sandwiches or portioning cold foods such as potato salad. <input type="checkbox"/> Cooking of foods including baking, frying, broiling, steaming or roasting. <input type="checkbox"/> Cooling of foods such as chili or soups, chicken, roasts or noodles. <input type="checkbox"/> Reheating of foods that were cooled. <input type="checkbox"/> Purchase of hot foods prepared by the food service facility (depot) to be placed hot or cold on mobile unit (e.g. tamales, pizza, cold sandwiches). <p>A copy of the current food service license MUST be attached if the licensed food service facility is outside Prince George's County</p>					
The person who holds the food service license must sign below:					
_____		_____		_____	
Signature		Printed name		Date	
Date of Food Program Review		Reviewer's signature		Facility Number	