



Allegheny County Health Department Food Safety Program

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MOBILE FOOD FACILITY OPERATIONS DISCLOSURE

Please provide up-to-date information regarding your Mobile Food Facility. If providing information on multiple Mobile Food Facilities, please use a separate form for each.

Mobile Unit Name: _____	ACHD Client ID: _____
Ownership Name: _____	License Plate #: _____
Contact Person: _____	Cell Phone #: _____
Website: _____	Facebook: _____
Twitter: _____	Instagram: _____

Planned Mobile Operations

Allegheny County Health Department [Article III, Food Safety Rules and Regulations](#) requires that operators of mobile food facilities provide “a current list of the proposed food service locations and approximate arrival times to those locations” (339.1.E). **Please attach a copy of your planned schedule for the next month or complete the information below.** Attach additional sheets if necessary.

Date(s)	Location Name	Location Address	Start Time	End Time

Planned Commissary Operations

“The commissary shall be inspected no less than once per year, or as deemed necessary” and “the mobile food facility should be present for the inspection” (339.2.C). **Please attach a copy of your planned commissary use schedule for the next month or complete the information below.** Attach additional sheets if necessary.

Date(s)	Start Time	End Time	Date(s)	Start Time	End Time