

# MOBILE FOOD FACILITY ROUTE SHEET

**PART E**

If a health inspector attempts an inspection of this mobile food facility based on the route sheet on file and the facility is not at the location specified the next inspection may be charged as a rescore inspection. Failure to be at a location specified on the route sheet may be considered a refusal to permit entry or inspection, concealment or withholding of evidence or interference of the duties of an enforcement officer. This may be considered a violation of the retail food code, ordinance and regulations.

Submit updates by mail to 1131 Harbor Bay Pkwy, Alameda, CA 94502 or email your inspector  
 My current route location of operation is posted on our website: \_\_\_\_\_

<b>Name of Mobile Food Facility:</b>	
<b>PR #:</b>	<b>License Plate #:</b>

Location(s)/Temp Event(s) Address, w/City and Zip	Days of Operation							Start Time	End Time
	M	Tu	W	Th	F	Sat	Sun		
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Name of Owner/Operator: \_\_\_\_\_ Signature: \_\_\_\_\_

Mobile Ph #: \_\_\_\_\_ Alt Mobile#: \_\_\_\_\_ Date: \_\_\_\_\_