Monthly Commissary Log-In Sheet Month_____ Year: 20_____

Commissary Name:		:	Mobile Food Facility Name:				
Commissary Operator Name:			Mobile Operator Name:				
FA Number:			FA Number:				
Contact Number:			Contact Number:				
Mobile Food Itinerary (Days and Times of Operation):							
Date:	Na	ame of Mobile Operator:			Signature:		
Date:	Na	ame of Mobile Operator:			Signature:		
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Date:	Name of Mobile Operator:	Signat	ure:				
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Date:	Name of Mobile Operator:	Signat	ure:				
I, THE COMMISSARY PERMIT HOLDER, CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT: Commissary Operator Signature Date							
		Commissary Operator Signature	Date				
Commissary Operator Name							

LOG-IN SHEETS ARE TO REMAIN AT THE COMMISSARY AND MADE AVAILABLE FOR INSPECTION AND REVIEW. COPIES OF LOGS ARE REQUIRED TO BE SUBMITTED TO ENVIRONMENTAL HEALTH DIVISION BY EITHER FAX AT (661) 862-8701 OR EMAIL AT EH@KERNCOUNTY.COM NO LATER THAN THE 5TH OF EVERY MONTH.