



Mobile Food Facility (MFF) on Private Property Application Checklist

To process your Application for a Health Permit to Operate a Mobile Food Facility, the following items must be provided to the San Francisco Department of Public Health, Environmental Health Branch.

*Our mailing address is 49 South Van Ness Avenue, Suite 600, San Francisco, CA 94103.
Documents and payment may be dropped off at the Permit Center on the 2nd floor.*

Please provide your DBA (Doing Business As), and operating address and check off the box when the requirement has been completed.

DBA: _____ Business Address: _____

- 1. San Francisco Business Registration Certificate.
 - o Register your business at the SF Tax Collector in City Hall, Room 140 or complete an application by logging onto <https://sftreasurer.org/business/register-business>.
- 2. Obtain San Francisco Planning Department Approval
 - o Temporary Use Authorization is required if you will operate on a private lot
 - o A Planning Department Referral will be required at the time the application is received if you:
 - Use a food facility in San Francisco, that is not permitted as a Commissary or Catering Facility, and/or,
 - If you will operate your Mobile Food Facility within another business
- 3. Mobile Food Facility (MFF) Health Permit to Operate Application
- 4. Mobile Food Facility (MFF) Plan Check Application
 - o Submit two copies of schematic drawings of the Mobile Food Facility
 - o Submit photos of interior and exterior (all sides) of the Mobile Food Facility
 - o Copy of Menu
- 5. Submit photo of California Dept. of Housing & Community Development Certification. This is an insignia on the MFF. If your MFF does not have a HCD insignia, please contact their office to schedule an inspection and obtain an insignia. HCD can be reached at (916) 255-2501.
- 6. Fire Department Referral
 - o Schedule a fire inspection (415-558-3348) approximately 1 week after submitting this application.
- 7. Commissary "Food Headquarters" Verification Form for Mobile Food Facility (MFF)
 - o Additional forms must be submitted for each commissary used to prepare and/or store food and more MFF parking (when not in operation).
 - o This form must be signed by the local health department if the commissary is located outside of San Francisco.
- 8. Private Property Verification Form
- 9. Restroom Verification Form
- 10. Written Standard Operational Procedures Form for Mobile Food Facilities
- 11. Submit copy of Food Safety Manager Certification or proof of registration
- 12. Submit Declaration of Healthy and Safe Working Conditions
- 13. Payment*: Pay Application and Plan Check Fees if applicable. Other city agency fees may apply.

**Inquire with the Office of Economic Workforce Development and/or the Office of Small Business if you qualify for business incentive programs.*



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

Health Permit Application for Mobile Food Facilities (MFF)

Type of Application*:	<input type="checkbox"/> New MFF <u>OR</u> <input type="checkbox"/> Ownership Change	Date of Application: <small>(Expires after 5 months)</small>	
Classification* of MFF:	<input type="checkbox"/> MFF 1 <input type="checkbox"/> MFF 2 <input type="checkbox"/> MFF 3 <input type="checkbox"/> MFF 4 <input type="checkbox"/> MFF 5		
Type of Ownership:	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership		
Business Name (DBA):	MFF Operating Address:		
Registered Owner(s)/Corporation (If Corporation or LLC, in addition to the name, list all major officers):			
Registered Owner Address:			
Preferred Mailing Address:		Emergency Contact: (List name and Phone number)	
Owner Email (Required):		Owner Primary Phone:	
Business Phone:		San Francisco Business License Number (BAN):	
Driver's License Number:	License Plate Number:	HCD Insignia #:	
Vehicle ID Number (VIN):		Vehicle Make & Year:	
Commissary 1 DBA (food storage/cooking):		Commissary 1 Address:	
Commissary 1 Contact Person & Phone Number:			
Commissary 2 DBA (parking/cleaning):		Commissary 2 Address:	
Commissary 2 Contact Person & Phone Number:		Commissary 2 Contact Person & Phone Number:	
** SIGNATURE(S) OF ALL OWNER(S) OR OFFICER(S) **			
X		X	

***SEE PAGE 2 FOR DESCRIPTION OF CLASSIFICATIONS**

For Department of Public Health Office Use Only				
Payment Date:	Total Amount Paid: \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other: _____	Receipt #:		
App Fee \$	Zoning \$ _____ Out _____ In _____	SFFD \$ _____ Out _____ In _____		
Director of Public Health, after an inspection on _____ (Date), <input type="checkbox"/> I recommend the issuance of a New Permit to Operate <input type="checkbox"/> I disapprove the issuance of a New Permit to Operate for the following reasons:		Previous Owner OOB notification:		
		Permit activation date:		
		Permit closure date:		
Special application or facility notes:				
X _____ Inspector Signature		X _____ Principal Inspector Signature		
District #	Census Tract	Permit	Type of Permit/Classification/Limitation	Location ID

New or Change of Ownership? Choose only 1

NEW: Choose this option if the vehicle has not been permitted in San Francisco before. Examples include MFFs previously operating in neighboring counties, or newly built MFFs.

Change of Ownership: Choose this option if the vehicle has been permitted by the San Francisco Department of Public Health, Environmental Health Branch before under a different business name.

Classification List of Mobile Food Facilities:

MFF 1: MFF with prepackaged, non-potentially hazardous foods. Examples include carts selling prepackaged pastries, chips, candies, canned sodas, donuts.

MFF 2: MFF with prepackaged, potentially hazardous foods. Examples include carts selling prepackaged sandwiches, pasta, cold noodles, prepackaged ice cream trucks, etc.

MFF 3: MFF with non-prepackaged, non-potentially hazardous foods. Examples include carts selling non-prepackaged churros, salted bagels, cotton candy, shaving of ice, etc.

MFF 4: Unenclosed MFF with non-prepackaged potentially hazardous foods with limited food preparation. Examples include hot dog/tamales carts, coffee, etc.

MFF 5: Enclosed MFF with non-prepackaged potentially hazardous foods, with full food prepping/cooking. Examples include taco trucks, burrito, falafel, crepes, curry trucks.



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH

Plan Check Application for Mobile Food Facility (MFF)

Business Name (DBA):		MFF Operating Address:	
Registered Owner(s)/Corporation:			
Business Phone:		Emergency Contact: (List name and Phone number)	
Owner Address:			
Owner Email:		Owner Primary Phone:	
Driver's License Number:	License Plate Number:	HCD Insignia #:	
Vehicle ID Number (VIN):		Vehicle Make & Year:	
Vehicle is located in:			
<input type="checkbox"/> Public right of Way (sidewalk, street, alley, etc.) <input type="checkbox"/> Private (private parking lot, Rec & Park, SF Port Authority properties)			

Classification of MFF: (Please check the fees from current Fee Schedule)
<input type="checkbox"/> MFF 1: Unenclosed MFF with prepackaged, non-potentially hazardous foods. Examples include carts selling prepackaged pastries, chips, candies, canned sodas, donuts.
<input type="checkbox"/> MFF 2: Unenclosed MFF with prepackaged, potentially hazardous foods. Examples include carts selling prepackaged sandwiches, pasta, cold noodles, etc.
<input type="checkbox"/> MFF 3: Unenclosed MFF with non-prepackaged, non-potentially hazardous foods. Examples include carts selling non-prepackaged churros, salted bagels, cotton candy, shaving of ice, etc.
<input type="checkbox"/> MFF 4: Unenclosed MFF with non-prepackaged potentially hazardous foods with limited food preparation. Examples include hot dog/tamales carts, coffee, etc.
<input type="checkbox"/> MFF 5: Enclosed MFF with non-prepackaged potentially hazardous foods, with full food prepping/cooking. Examples include taco trucks, burrito, falafel, crepes, curry trucks.
I understand plans must be approved prior to purchase of any vehicle or before construction /installation of any equipment/appliances. I understand further, that approved plans are valid only for 8 months from the date of approval, unless work has begun, and that it is a misdemeanor to begin operation without a final inspection approval and a valid health permit.

Print Name	Signature	Date

FOR DEPARTMENT OF PUBLIC HEALTH USE ONLY		
Plan Check Fee Received	Date Received	Receipt #
Plans Reviewed by (print)	Signature	Approval Date



DPH Fire Marshal Referral

Fire Marshal
Division of Fire Prevention & Investigation
698 2nd Street, Room 109
San Francisco, CA 94107

This section to be completed by Owner/Operator

By filling out this form, I acknowledge that I am required to schedule and pass a Fire Clearance inspection with SFFD, and will contact SFFD to schedule and pay for the inspection, at (415) 554-8927.

Location: _____ DBA: _____ Bus. Type: _____

Change of ownership only and no change to previous operation: Yes NO

Is the occupancy or number of seats greater than 49? Yes NO

Do you have gas or open flame cooking equipment? Yes NO

Are you constructing a new facility? Yes NO

Are you remodeling the facility? Yes NO

Are you operating now? Yes NO

If no, what date do you anticipate opening: _____

Owner/Operator Name: _____ Owner Address: _____

Business Phone: _____ Email: _____ Cell to Arrange Inspection: _____

This section to be completed by Department of Public Health Staff

Date: _____ Inspector: _____ DPH Receipt #: _____

HD: _____ Phone: _____ Fax: _____

Fire Marshal, the business named above warrants your timely inspection for fire clearance:

Fire clearance is required before approval and issuance of a new Health Permit for this type of facility.

This facility was observed to have questionable or hazardous conditions: _____

For informational purposes only (No response required). Fire Inspection Fees to be collected by SFFD.

This section to be completed by SFFD Staff

Approved Fire Safety

Disapproved Fire Safety: _____

Pending Clearance: _____

(Attach a copy of pending SFFD document or NOV)

Date: _____ Inspector: _____ Phone _____



**Commissary Verification Form for Mobile Food Facilities (MFFs)
 and Mobile Support Units (MSUs)**

Classification of MFF:	<input type="checkbox"/> MFF 1	<input type="checkbox"/> MFF 2	<input type="checkbox"/> MFF 3	<input type="checkbox"/> MFF 4	<input type="checkbox"/> MFF 5	<input type="checkbox"/> MSU
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Mobile Food Facility Business Owner to Complete This Section

DBA	Operating Location(s)
Registered Owner Name(s)	Owner Address
Business Phone	Mobile Phone
License Plate Number	Vehicle Make/Model

By signing below, I agree under penalty of perjury that I will report to this commissary with my MFF at least once each operating day for the use of the facilities and/or services which I have indicated below. I understand that the use of personal or other unpermitted vehicle to transport foods to my MFF is prohibited.
 I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch, at 49 South Van Ness, Suite 600, San Francisco, CA 94103, immediately if I move to a new commissary or otherwise stop operating at this commissary. I understand that not reporting to a commissary may be grounds for denial or the suspension/revocation of my permit.

Registered Owner/Officer Printed Name	Registered owner Signature	Date

Commissary Owner	MFF Owner/Applicant
Select each facility/service you provide MFF owner/applicant at this commissary	Initial the lines below to indicate, under penalty of perjury, the service(s)/operation(s) you will utilize/conduct exclusively at this commissary

- Space for onsite storage of this MFF/MSU at all times it is not conducting business _____
- Adequate and protected space to store food, utensils, equipment and other supplies _____
- Adequate facilities for sanitary disposal of garbage, refuse and liquid wastes _____
- Adequate and approved space for food preparation _____
- Dedicated electrical outlets and hook-ups for MFFs that require electrical service _____
- Potable water with quick disconnect features for filling water supply tanks _____
- Hot and cold water under pressure and approved drainage for cleaning MFF/MSU _____
- NSF approved equipment for food prep, cleaning, and storage of supplies _____
- Approved janitorial sink, toilet, utensil washing and hand washing facilities with wall mounted paper towel and liquid soap dispensers _____

*The MFF applicant must provide a copy of this commissary's health permit and most recent facility health inspection report with this document if the commissary is not permitted by San Francisco Department of Public Health, Environmental Health).

To Be Completed By Commissary Owner

Commissary DBA	Commissary Address
Commissary Owner Name(s)	Commissary Owner Business Phone Number
Commissary Owner Alternative Phone Number	Agency Issuing Permit to Operate Commissary

I hereby declare that _____, at _____ has my permission to use
MFF Business Name MFF Operating Location
 my approved commissary, _____, at _____
Commissary DBA Commissary Address
 for a period of _____ months to service their Mobile Food Facility or Mobile Support Unit.

I certify, under penalty of perjury, that my space is well maintained and in compliance with the requirements of the California Retail Food Code.
 I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch at 49 South Van Ness Street, Suite 600, San Francisco, CA 94103 if this agreement is terminated or if this MFF has not utilized my commissary for five (5) consecutive days.

I certify under penalty of perjury that I am the legal owner/operator of this facility and abide by the contents of this document. I am aware that my Health Permit may be jeopardized if found to be in violation of this agreement.

Commissary Owner (Print Name)	Signature	Date

Out of County Commissary/ Approved Facility Authorization by Regulatory Agency

If commissary establishment is outside of San Francisco, the local environmental health jurisdiction must certify the current commissary health permit by signing below. The commissary is in _____ County and meets California Retail Food Code, Section 114294-114297 and 114326 commissary requirements.

REHS (Print Name)	Signature	Date

For Department of Public Health Use Only

Special application or facility notes:



Private Property Owner Verification Form for Mobile Food Facilities (MFFs)

	Date:
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To Be Completed by MFF Owner	
Business Name:	
Registered Owner Address:	
Owner Email Address:	Business Phone Number:
Property Address:	Mobile Phone Number:
Days and Times Operating at This Address:	
MFF License Plate #:	Vehicle Make & Model:

To Be Completed by Private Property Owner/Manager	
Business Name:	Property Owner/Manager Address:
Property Owner/Manager Email Address:	Property Owner/Manager Phone Number:
Designated Signee Name	Designated Signee Association with Property (owner, tenant, manager, etc.)

I, _____, owner/manager of the property located at _____
 certify under penalty of perjury the following:
 I have granted full permission to _____, owner of the Mobile Food Facility doing
 business as _____ to occupy and conduct business by vending foods
 from their MFF at the above mentioned property.
 I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch at (415)252-3800
 immediately if this agreement is changed or terminated.

Property Owner/Manager (Print Name)	Signature	Date
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MFF Owner/Applicant (Print Name)	Signature	Date
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For Department of Public Health Office Use Only

Special Application or facility notes: _____



Restroom Verification Form for Mobile Food Facilities (MFF)

	Date:
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To Be Completed by MFF Owner	
Business Name:	
Registered Owner Address:	
Owner Email Address	Business Phone Number:
MFF Operating Address Associated With This Restroom	Mobile Phone Number:
Days and Times Operating at This Address	

I, _____, owner of this MFF business, declare under penalty of perjury the following:

This restroom facility is available for use by myself and my employees. I understand and certify that the restroom has warm water, is maintained clean and sanitary, is stocked with paper towels and liquid hand soap, and shall be so at all times. I further agree to notify the Department of Public Health, Environmental Health Branch immediately if this agreement is terminated for any reason.

I certify that this restroom facility is within a travel distance of _____ feet of my mobile food facility.

To Be Completed by Restroom Facility Owner/Manager	
Business Name:	Restroom Address:
Registered Owner Email Address:	Mobile Phone Number:
Signee Name	Signee Role in the Business

I, _____, manager of the restroom facility located at _____ certify under penalty of perjury the following:

I have granted full permission to the above mentioned MFF owner and employees to use my restroom facility during the MFF hours of operation. I understand and certify that the restroom has warm water, is maintained clean and sanitary, and stocked with paper towels and liquid hand soap and shall be maintained in this condition at all times. I agree to notify the San Francisco Department of Public Health, Environmental Health Branch if this agreement is terminated for any reason.

Restroom Facility Owner/Manager (Print Name)	Signature	Date
MFF Owner/Applicant (Print Name)	Signature	Date

For Department of Public Health Office Use Only

Special Application or facility notes:

How and where will potable water tank and waste tank be cleaned and sanitized? _____

Which restroom facility will be used during hours of operation? _____

List all equipment and utensils that will be used on the MFF. Please be specific. (For example, condiment dispenser – indicate type (*pump, squeeze bottle, pour, etc.*); microwave, range, rice cooker, tongs, spoons, lids, knives, etc.)

How will you clean and sanitize food contact surfaces and utensils during operating hours?

How will you clean and sanitize utensils and equipment at the commissary? _____

What specific sanitizer or sanitizing method will you use? Indicate if using a commercial, pre-mixed solution or preparing own sanitizer? (check sanitizer to use below)

- 1. Chlorine @ 100 parts per million (ppm) must contact items for at least 30 seconds.
- 2. Quaternary ammonium @ 200 ppm must contact items for at least one (1) minute.
- 3. Iodine @ 25 ppm must contact items for at least one (1) minute.

At what address, and how, will you clean the interior and exterior of the vehicle? _____

List all San Francisco operating locations and DPW approved operating sites. Include days and times of operation.

Describe how you will reheat and/or maintain foods hot within the Mobile Food Facility

Where will your Mobile Food Facility be stored during non-operating times?

Describe when and how you will clean and maintain your sites of operation

MFF Owner (Print Name)

Signature

Date

For Department of Public Health Office Use Only

Reviewed by: Health Inspector (Print Name)

Signature

Approved on (Date)



Declaration of Healthy and Safe Working Conditions
Declaración de Condiciones de Trabajo Sanas Y Seguras
健康及安全工作條件聲明
Deklarasyon ng Mabuti at Ligtas na Kondisyon sa Trabaho

The Department of Public Health is responsible for ensuring healthy and safe conditions for those working and living in San Francisco. Establishments permitted by the Department must remain compliant with all laws.

El Departamento de Salud es responsable de asegurar condiciones saludables y seguras para las personas que trabajan y viven en San Francisco. Establecimientos permitidos por el Departamento deben cumplir con todas las leyes.

衛生署是負責確保於三藩市工作及居住的人士有一健康和安全的環境。從衛生署取得許可營運的設施/場所必須保持遵守所有法律。

Ang Kagawaran ng Pamublikong Kalusugan ay may pananagutan para sa pagtiyak ng mabuti at ligtas na mga kondisyon para sa mga nagtatrabaho at naninirahan sa San Francisco. Ang mga establisyemento na pinahihintulutan ng Kagawaran ay dapat manatiling sumusunod sa lahat ng mga batas.

Owner/Operator:	
DBA/Name of Business:	
Business Address:	San Francisco, CA 941

翻譯及你的簽署聲明在本頁後面。

¡Ojo! La traducción y firma de su declaración se encuentra en la parte posterior de esta página.

Ang pagsasalin at paglagda ng iyong deklarasyon ay nasa likod ng pahinang ito.

1.	I understand that this business must comply with all local, state, and federal labor laws in order to obtain and maintain a valid Permit To Operate from the Department. I affirm that as an operator of the above business, I am aware of and agree to comply with the following laws when applicable to my business:	
	<ul style="list-style-type: none"> • San Francisco Labor Codes <input type="radio"/> Yes <input type="radio"/> No • California Labor Code Division 4—Have and maintain Workers Compensation Insurance or be self-insured) <input type="radio"/> Yes <input type="radio"/> No • California Labor Code Division 2—Employment Regulation and Supervision <input type="radio"/> Yes <input type="radio"/> No • California Labor Code Division 5—Occupational Health and Safety <input type="radio"/> Yes <input type="radio"/> No • All other federal, state, and local labor codes <input type="radio"/> Yes <input type="radio"/> No 	
2.	I will request my provider of Workers Compensation Insurance to designate as a “Certificate Holder” the SF Environmental Health Branch at 49 South Van Ness Ave, #600, San Francisco, CA 94103.	<input type="radio"/> Yes <input type="radio"/> No

I am the owner or authorized agent of the owner of this business. I declare under penalty of perjury that the information on this Declaration of Healthy and Safe Working Conditions is true and correct.

Print Name	Signature	Date
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I acknowledge that failure to comply with all applicable federal, state, and local labor laws may result in suspension or revocation of my Permit To Operate issued by the San Francisco Department of Public Health or a referral to the applicable federal, state, or local agency for enforcement.

Print Name	Signature	Date
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1. 為了獲得與保持公共衛生署發出的有效營運許可証，我明白此設施/場所必須遵守全部本地、州、和聯邦政府的勞工法例。我申明作為上述設施/場所的營運商，我了解並同意遵守以下的法例：

- 三藩市勞工法 會 不會
- 加州勞工法第4部分 - 具備維護工人賠償保險或自我保險 會 不會
- 加州勞工法第2部分 - 就業監管與監督 會 不會
- 加州勞工法第5部分 - 職業健康及安全 會 不會
- 所有其它的聯邦、州、和本地勞工法 會 不會

2. 我將會要求我的工人賠償保險提供者指定位於49 South Van Ness Ave, #600, San Francisco, CA 94103 的三藩市環境衛生部 (SF Environmental Health Branch) 為“證書持有者”。 會 不會

本人是本企業的擁有者或其授權代理人。在會觸及偽證處罰情況下，本人聲明本健康及安全工作條件聲明中的資訊均是真實與正確。

以正楷英文清楚寫上姓名

簽名

日期

我確知如不遵守所有實施的聯邦、州、及本地勞工法例會導致三藩市公共衛生署簽發給我的營運許可証被中止或撤銷或我會被轉介到相關的聯邦、州、或本地執法機構。

清楚寫上姓名

簽名

日期

1. Yo entiendo que este negocio debe cumplir con todas las leyes laborales locales, estatales y federales con el fin de obtener y mantener un Permiso Para Operar válido del Departamento de Salud Pública. Yo afirmo que como operador del negocio mencionado arriba, estoy consciente de y acepto cumplir con las siguientes leyes, cuando si aplicable a mi negocio:

- Ordenanzas laborales de San Francisco Sí No
- División 4 del Código Laboral de California -Tener y mantener Seguro de Compensación de Trabajadores o tener su propio seguro) Sí No
- División 2 del Código Laboral de California - Regulación y Supervisión del Empleo Sí No
- División 5 del Código Laboral de California - Salud y Seguridad Ocupacional Sí No
- Todos los demás códigos laborales federales, estatales y locales Sí No

2. Solicitaré a mi proveedor de Seguro de Compensación del Trabajador que designe como "Titular de Certificado" la Subdivisión de Salud Ambiental de SF en el 49 South Van Ness Ave, #600, San Francisco, CA 94103 Sí No

Soy el propietario o un representante autorizado del propietario de este negocio. Declaro bajo pena de perjurio que la información en esta Declaración de Condiciones Trabajo Saludables y Seguras es verdadera y correcta.

Escribir Nombre

Firma

Fecha

Yo reconozco que incumplimiento de todas las leyes laborales federales, estatales y locales puede resultar en la suspensión o revocación de mi Permiso Para Operar emitido por el Departamento de Salud Pública de San Francisco o ser referido a la agencia federal, estatal, o local aplicable para hacer cumplir la ley.

Escribir Nombre

Firma

Fecha

1. Nauunawaan ko na itong negosyo ay dapat sumunod sa lahat ng lokal, estado, at pederal na batas sa paggawa upang makakuha ng at mapanatili ang isang may-bisang permiso na mangasiwa mula sa Kagawaran. Pinagtibay ko na bilang isang tagapangasiwa ng negosyong ito, nababatid at sinasang-ayunan ko ang mga sumusunod na batas kung naaangkop sa aking negosyo

- San Francisco Labor Codes Oo Hindi
- California Labor Code Division 4—Magkaroon at magpanatili ng Workers Compensation Insurance o self-insurance. Oo Hindi
- California Labor Code Division 2—Regulasyon ng trabaho at pangangasiwa Oo Hindi
- California Labor Code Division 5—Kalusugan at kaligtasan sa trabaho Oo Hindi
- Lahat ng iba pang mga pederal, estado at lokal na batas sa paggawa Oo Hindi

2. Ako ay hihiling sa aking tagalaan ng Workers Compensation Insurance upang maitalaga bilang isang "Certificate Holder" ang SF Environmental Health Branch sa 49 South Van Ness Ave, #600, San Francisco, CA 94103 Oo Hindi

Ako ang may-ari o ang awtorisadong ahente ng may-ari ng negosyong ito. Idinedeklara ko sa ilalim ng parusa sa panunumpa nang walang katotohanan na totoo at tama ang impormasyon sa Deklarasyon ng Mabuti at Ligtas na Kondisyon sa Trabaho na ito.

Pangalan

Lagda

Petsa

Tinatanggap ko na ang hindi pagsunod sa lahat ng mga pederal, estado, at lokal na batas sa paggawa ay maaaring magdulot ng suspensyon o pagbawi ng aking permiso na mangasiwa na ibinigay ng Kagawaran ng Pamublikong Kalusugan ng San Francisco, o isang pagsangguni sa angkop na pederal, estado, o lokal na ahensiya para sa pagpapatupad.

Pangalan

Lagda

Petsa



Labor Law Checklist For San Francisco Business Owners

AS A SMALL BUSINESS OWNER, YOU ARE RESPONSIBLE FOR COMPLYING WITH FEDERAL, STATE, AND LOCAL LABOR LAWS.

THIS CHECKLIST IS FOR YOUR USE AND DOES NOT NEED TO BE SUBMITTED. IT WILL HELP YOU COMPLY WITH THE MOST IMPORTANT SAN FRANCISCO AND CALIFORNIA LABOR LAWS. IT IS NOT A COMPLETE LIST, AND IT IS NOT INTENDED AS LEGAL ADVICE. CONTACT THE LABOR LAW AGENCIES LISTED AT THE END OF THIS CHECKLIST FOR DETAILED INFORMATION.

WAGES

- 1. Pay all workers the *San Francisco* Minimum Wage, which adjusts annually. Maintain time and payroll records.
- 2. Pay overtime pay of 1.5 times for hours over 8 per day or 40 per week.
- 3. Pay all wages within legal timeframe when employees terminate their employment.
- 4. Display posters about wages, unemployment, and pay day.

REST BREAKS

- 5. Provide 10 minutes of paid break for every 4 hours worked.
- 6. Provide 30 minutes of uninterrupted unpaid break for every 5 hours worked.

HEALTH BENEFITS

- 7. Provide 1 hour of paid sick leave for every 30 hours worked.
- 8. Contribute towards health care if you have more than 20 employees.
- 9. Provide up to 12 weeks of unpaid medical leave if you have more than 50 employees.
- 10. Purchase workers compensation insurance for all employees.
- 11. Deduct disability insurance.
- 12. Display posters about sick pay and workers compensation benefits.

YOUNG WORKERS

- 13. Ask for work permits if under 18.
- 14. Schedule them to work not too many hours or too early or late in the day.
- 15. Assign teens low-risk job tasks.

SAFETY AND HEALTH PROTECTION

- 16. Prepare and implement an Injury and Illness Prevention Program.
- 17. Identify and correct unsafe and hazardous conditions.
- 18. Establish safe working procedures.
- 19. Provide and maintain all safety tools and equipment that employees need.
- 20. Make available to employees a Material Safety Data Sheets for each chemical used.
- 21. Provide training on hazards, safe operating procedures, and the use of safety equipment. Use visual aids (signs, labels, posters) to reinforce training.
- 22. Keep 3 feet clearance (no storage) in front of electrical panels. Replace damaged electrical cords. Replace missing covers of electrical boxes.
- 23. Inspect first aid kits regularly, replenish materials as needed.
- 24. Keep aisles and exit route clear of obstructions. Keep floors clean and dry or supply mats. Clean up spills immediately.
- 25. Report serious injury, illness, or death to Cal-OSHA immediately.
- 26. Keep records of injuries and illnesses as well as insurance claims related to work place injuries. If using a Log 300, records workplace injuries and illnesses on the log.
- 27. Provide medical exams if required by law and provide employees access to their medical records and results of workplace chemical exposure records.
- 28. Post Cal-OSHA Safety & Health Protection on the Job poster.

OTHER GENERAL RESPONSIBILITIES

- 29. Provide equal employment opportunities regardless of race, color, religion, sex, or national origin, disabilities, marital status, or age.
- 30. Prohibit sexual harassment or other types of harassment towards employees who have refused to do unsafe work or have made a complaint to a labor law enforcement agency.
- 31. Allow workers to organize and form a union.

WHERE TO GET MORE INFORMATION

Item #	Agency
1	SF-OSLE
2	CA-DLSE
3	CA- DLSE
4	SF-OSLE
5	CA- DLSE
6	CA- DLSE
7	SF-OSLE
8	SF-OSLE
9	FEH
10	WC
11	EDD
12	WC, SF-OSLE
13	CA- DLSE
14	CA- DLSE
15	CA- DLSE
16	Cal-OSHA
17	Cal-OSHA
18	Cal-OSHA
19	Cal-OSHA
20	Cal-OSHA
21	Cal-OSHA
22	Cal-OSHA
23	Cal-OSHA
24	Cal-OSHA
25	Cal-OSHA
26	Cal-OSHA
27	CA-OSHA
28	Cal-OSHA
29	FEH
30	FEH
31	NLRB

Agency List

- ➔ **(CA-DLSE)** Department of Industrial Relations
Division of Labor Standards Enforcement
455 Golden Gate Ave., 10th fl.
San Francisco, CA 94102
(415) 703-5300 www.dir.ca.gov/dlse
- (Cal-OSHA)** Department of Industrial Relations
California Occupational Safety and Health Administration
121 Spear Street, Room 430
San Francisco, CA 94105
(415) 972-8670 www.dir.ca.gov/dosh
- ➔ **(EDD)** Employment Development Department
745 Franklin Street, #300
San Francisco, CA 94102
(800) 480-3287 www.edd.ca.gov
- (FEH)** Department of Fair Employment and Housing
2218 Kausen Dr., #100
Elk Grove, CA 95758
(800) 884-1684 www.dfeh.ca.gov
- (NLRB)** National Labor Relations Board
901 Market Street, #400
San Francisco, CA 94103
(415) 356-5130 www.nlr.gov
- ➔ **(SF-OSLE)** Office of Labor Standards Enforcement
1 Dr. Carlton B. Goodlett Place, Room 430
San Francisco, CA 94102
(415) 554-6271 www.sfgov.org/olse
- (WC)** Department of Industrial Relations
Division of Workers' Compensation
455 Golden Gate Ave., 2nd fl.
San Francisco, CA 94102
(415) 703-5011 www.dir.ca.gov/dwc