



CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF ENVIRONMENTAL HEALTH

2525 GRAND AVENUE ROOM 220 • LONG BEACH, CALIFORNIA 90815 • (562) 570-4132
WWW.LONGBEACH.GOV/HEALTH/EH



LIMITED SERVICE CHARITABLE FOOD OPERATION (LSCFO) SURVEY

Facility Name: _____ Date: _____
 Address, City: _____ Phone: _____
 Organization: _____ Website: _____
 Organization Address: _____
 Mailing Address: _____
 Facility Manager: _____ Kitchen Manager: _____
 Email: _____ Email: _____
 Phone: _____ Phone: _____
 Year-Round Seasonal-dates: _____ LSCFO Registration #: _____

FOOD OPERATION	
Days of service: Su M T W Th F Sa	Service: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snack Times: _____
# of meals served: _____ /day _____ /week	Food Safety Manager Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No
Food handlers: <input type="checkbox"/> Staff <input type="checkbox"/> Volunteers	Food Handler Card(s) for staff: <input type="checkbox"/> Yes <input type="checkbox"/> No
Food sources: <input type="checkbox"/> Purchase <input type="checkbox"/> Donations <input type="checkbox"/> Food Bank <input type="checkbox"/> Permitted facility <input type="checkbox"/> Private individual (<input type="checkbox"/> prepared food)	
LSCFO: <input type="checkbox"/> Pre-packaged non-potentially hazardous foods, whole produce <input type="checkbox"/> Pre-packaged cold potentially hazardous foods <input type="checkbox"/> Heat, portion, assemble commercially-prepared foods/ingredients <input type="checkbox"/> Reheat, portion commercially prepared food with no further processing, for same day	
Food prep: <input type="checkbox"/> Boil (pasta, rice) <input type="checkbox"/> Raw meat/poultry/seafood/eggs/pork (permit required) <input type="checkbox"/> Cool <input type="checkbox"/> Heat/Reheat <input type="checkbox"/> Cut (fruit, vegetables) <input type="checkbox"/> Assemble (PB&J, salad bag) <input type="checkbox"/> None	
Food service: <input type="checkbox"/> Packaged <input type="checkbox"/> Cook/warmer line <input type="checkbox"/> Buffet <input type="checkbox"/> Table (no hot/cold hold) <input type="checkbox"/> Protection/sneeze guard	
Food distribution: <input type="checkbox"/> Onsite <input type="checkbox"/> To permitted facility <input type="checkbox"/> To unpermitted facility/location <input type="checkbox"/> Offsite locations (<input type="checkbox"/> structure or <input type="checkbox"/> park, parking lot)	

KITCHEN EQUIPMENT / FACILITIES	
Handwashing: # of sinks _____ <input type="checkbox"/> Soap/PT dispensers <input type="checkbox"/> None Sink locations: _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Food prep sink: <input type="checkbox"/> Direct connection <input type="checkbox"/> Indirect connection <input type="checkbox"/> None # of basins: _____ # of Drainboards: _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Warewashing: <input type="checkbox"/> Manual - compartments: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 # of Drainboards: _____ <input type="checkbox"/> Automatic: <input type="checkbox"/> Chemical <input type="checkbox"/> High temperature	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential

