



**Food Protection  
Mobile/Temps  
How to Copy a Record**



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## How to Copy Records in Mobile/Temporary

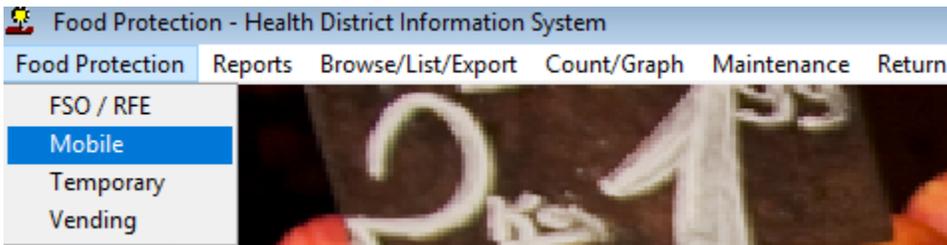
There are only 2 areas in the Food Protection module where you can copy and duplicate records:

- Food Protection > Mobile
- Food Protection > Temporary

Navigate to **Food Protection**:



Click on **Food Protection > Mobile**



This should open a window:

Name	Street	License #	Operator's name
A A A REALLY NEW TEST		973	
EVERY EATS MOBILE #10	10 FLEET STREET	169	WILLIAM WONKA
EVERY EATS MOBILE #100	100 FLEET STREET	37	WILLIAM WONKA
EVERY EATS MOBILE #101	101 SQUARE CIRCLE	38	MARTHA WASHINGTON
EVERY EATS MOBILE #102	102 MAIN STREET	39	AMELIA EHRHART
EVERY EATS MOBILE #105	105 MAIN STREET	5448	WILLIAM WONKA
EVERY EATS MOBILE #105	105 MAIN STREET	41	WILLIAM WONKA
EVERY EATS MOBILE #105	105 MAIN STREET	76	WILLIAM WONKA
EVERY EATS MOBILE #107	107 SQUARE CIRCLE	43	AMELIA EHRHART
EVERY EATS MOBILE #109	109 FLEET STREET	42	JULIUS CAESAR
EVERY EATS MOBILE #11	11 SQUARE CIRCLE	636	MARTHA WASHINGTON
EVERY EATS MOBILE #110	110 SQUARE CIRCLE	44	WILLIAM WONKA
EVERY EATS MOBILE #111	111 MAIN STREET	45	MARTHA WASHINGTON
EVERY EATS MOBILE #112	112 FLEET STREET	46	AMELIA EHRHART
EVERY EATS MOBILE #115	115 FLEET STREET	48	WILLIAM WONKA
EVERY EATS MOBILE #116	116 SQUARE CIRCLE	40	MARTHA WASHINGTON
EVERY EATS MOBILE #119	119 SQUARE CIRCLE	47	JULIUS CAESAR
EVERY EATS MOBILE #12	12 MAIN STREET	637	AMELIA EHRHART
EVERY EATS MOBILE #121	121 FLEET STREET	49	MARTHA WASHINGTON
EVERY EATS MOBILE #122	122 MAIN STREET	50	DARWIN BAILEY

Select the record you would like to copy:

Mobile RFEO - EVERY EATS MOBILE #105

Find Mobile Licensing Information Inspections Plan Review E-mail / GIS / GPS

**Retail Food Establishment Operation**

FSO  RFE Endorsement  Catering  Seasonal  Limited License # 5448 Ext Lic # (optional) 41test41  
 RFE  FSO Endorsement

Name of Food Service Operation: EVERY EATS MOBILE #105 Name of Operator: WILLIAM WONKA

Street address: 105 MAIN STREET City: SHIRE VILLAGE State: OH Zip code: 99972

Phone: 1-555-555-3246 Fax: 1-555-555-1244 Name of individual certified in food protection: 287-7090 (CELL) Certificate #:

Mailing address for annual Renewal if different than above

Name of parent company or owner: ALFRED REX & BETH COE Mail to Person (optional):

Street address: 105 MAIN STREET City: SHIRE VILLAGE State: OH Zip code: 99972

Phone: 1-937-372-2531

Print Previous Mobile Next Mobile Delete Mobile Add Mobile Modify

- Click the **Modify** button
- Press the keys: **Ctrl – C**

*After pressing Ctrl – C you will not notice anything different*

Press the **Add Mobile** button

The screenshot shows a web application window titled "Mobile ????" with a navigation menu at the top containing "Find", "Mobile", "Licensing Information", "Inspections", "Plan Review", and "E-mail / GIS / GPS". The main form area includes several sections:

- Checkboxes:**  FSO,  RFE Endorsement,  Catering,  Seasonal,  Limited,  RFE,  FSO Endorsement.
- License Information:** License # (77), Ext Lic # (optional).
- Operational Details:** Name of Food Service Operation, Name of Operator, Street address, City, State, Zip code, Phone, Fax, Name of individual certified in food protection, Certificate #.
- Mailing address for annual Renewal if different than above:** Name of parent company or owner, Mail to Person (optional), Street address, City, State, Zip code, Phone.

At the bottom of the form, there is a row of buttons: Print, Previous Mobile, Next Mobile, Delete Mobile, Add Mobile, and Modify. The "Add Mobile" button is highlighted with a blue border.

You will see a blank record with the License # automatically filled in.

- Press the keys: **Ctrl – P**

After hitting Ctrl - P the contents you copied should be pasted into the new record with the given License #

Mobile ??? - EVERY EATS MOBILE #105

Find   Mobile   Licensing Information   Inspections   Plan Review   E-mail / GIS / GPS

FSO    RFE Endorsement    Catering    Seasonal    Limited   License #    Ext Lic # (optional)

RFE    FSO Endorsement

Name of Food Service Operation    Name of Operator

Street address    City    State    Zip code

Phone    Fax    Name of individual certified in food protection    Certificate #

Mailing address for annual Renewal if different than above

Name of parent company or owner    Mail to Person (optional)

Street address    City    State    Zip code

Phone

Print   Previous Mobile   Next Mobile   Delete Mobile   Add Mobile   Modify