



Rose Mary Rahn
Director

Milton Teske, M.D.
Health Officer

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.



COTTAGE FOOD OPERATIONS (CFOs) SELF CERTIFICATION CHECKLIST

The following requirements are outlined in the Cottage Food Operations (CFO) regulations and are provided as minimum standards of health and safety for the preparation of approved cottage foods in the home.

CFO Business Name:		CFO Owner Name:		
CFO Address:		CFO City:		CFO ZIP:
Phone:	FA	PR	PE	

Above bold boxes for office use only.

Facility Requirements:

Yes No

1. The CFO is located in a private dwelling where the CFO operator currently resides.	<input type="checkbox"/>	<input type="checkbox"/>
2. All CFO food preparation will take place in the CFO's private kitchen within that home.	<input type="checkbox"/>	<input type="checkbox"/>
3. Additional storage used for the CFO will be within the home.	<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, is the room used exclusively for storage?	<input type="checkbox"/>	<input type="checkbox"/>
b. Specify the room(s) that will be used for storage: _____		
4. Sleeping quarters are excluded from areas used for CFO food preparation or storage.	<input type="checkbox"/>	<input type="checkbox"/>

Zoning Requirements:

Yes No

5. I have complied with the applicable zoning requirements for the CFO.	<input type="checkbox"/>	<input type="checkbox"/>
6. I have attached documentation from the zoning office.	<input type="checkbox"/>	<input type="checkbox"/>

Employee and Training Requirements:

Yes No

7. Have all persons preparing or packaging CFO products completed the CDPH food processor course?	<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, copies of certificates are attached.	<input type="checkbox"/>	<input type="checkbox"/>
b. If NO, complete course within 3 months of CFO registration.	<input type="checkbox"/>	<input type="checkbox"/>
8. The CFO has no more than 1 full-time equivalent employee? (Immediate family or household members are not included.)	<input type="checkbox"/>	<input type="checkbox"/>



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Sanitation Requirements:

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 9. Kitchen equipment and utensils used to produce CFO products are clean and maintained in a good state of repair. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of any CFO products shall be washed, rinsed, and sanitized before each use. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. All food preparation and food and equipment storage areas shall be maintained free of rodents and insects. | <input type="checkbox"/> | <input type="checkbox"/> |

Food Preparation Requirements (includes packaging and handling):

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 12. Hand washing is required immediately prior to handling foods and after engaging in any activity that contaminates the hands such as after using the toilet, coughing or sneezing, eating or smoking. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Warm water, hand soap and single use paper towels are available and must be used for hand washing. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. All food ingredients used in the CFO products are from an approved source. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Potable water shall be used for hand washing, ware washing and as an ingredient. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is your water source a private well? | <input type="checkbox"/> | <input type="checkbox"/> |
| a.If YES, have you had the well water sampled for total coliform bacteria (initially & every quarter) and Nitrate(initially & annually) then submitted results to this department | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is your water source a public water system or community service district? | <input type="checkbox"/> | <input type="checkbox"/> |
| a.If YES, what is the name of the system or district? _____ | | |

During the preparation, packaging or handling of CFO products:

- | | | |
|--|--------------------------|--------------------------|
| 18. Domestic activities such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning or guest entertainment are excluded from the kitchen. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Infants, small children, or pets are excluded from the kitchen. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Smoking is excluded. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Any person with a contagious illness shall refrain from work in the CFO. | <input type="checkbox"/> | <input type="checkbox"/> |



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Labeling Requirements:

Yes No

22. Copies of product labels have been submitted to this Department for review and approval.

23. I have attached a sample label(s).

By signing below you are certifying that you meet the requirements of the California Homemade Food Act, AB 1616 (Gatto) as it pertains to a Cottage Food Operation. Prior to making any changes, I acknowledge that I must notify Kings County Environmental Health Services of any intended changes to the above statement.

Cottage Food Operator Checklist completed and submitted by:

Signature

Print Name

Date