



**Food Preparation Requirements:****YES NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 10. 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, sneezing, eating, handling of garbage, smoking, handling pets, changing diapers, etc... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Warm water, hand soap and single used paper towels are available  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. All food ingredients used in CFO products are from an approved source   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Potable water shall be used for food preparation, hand washing and ware washing   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is your water source a private water supply (well, spring, surface water)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If Yes, <b>attach test results</b> for bacteria, nitrate and nitrite <b>(or circle N/A)</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. 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 preparation, packaging and handling of CFO products:**

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|--|--------------------------|--------------------------|
| 16. Domestic activities such as family meal preparation, dishwashing, clothes washing, ironing, cleaning, guest entertainment, etc...are excluded from the kitchen | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Infants, small children ( <i>younger than 12 yrs. old</i> ), or pets are excluded from the kitchen   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Smoking is excluded during preparation or packaging  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Any person with contagious illness shall refrain from work in the CFO  | <input type="checkbox"/> | <input type="checkbox"/> |

**Sanitation Requirements:****YES NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 20. Kitchen equipment and utensils used to produce CFO products are clean and maintained in good state of repair  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. 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"/> |
| 22. All food, utensils, food preparation, and equipment storage areas shall be maintained free of rodents and insects   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Sanitizers like bleach (Clorox) or quat ammonia are available   | <input type="checkbox"/> | <input type="checkbox"/> |

**Labeling Requirements:****YES NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 24. All CFO products are labeled in compliance with the Federal Food, Drug and Cosmetic Act, which include the words <b><i>"Made in a Home kitchen"</i></b> in 12-point font type | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. I have <b>attached sample labels</b>  | <input type="checkbox"/> | <input type="checkbox"/> |

**Permissible Sales Requirements:**

**YES NO**

26. CFO products will be sold via direct sales only ( <b>Class A only</b> )	<input type="checkbox"/>	<input type="checkbox"/>
27. CFO products will be sold via both direct and indirect sales ( <b>Class B only</b> )	<input type="checkbox"/>	<input type="checkbox"/>
28. CFO products ordered via internet, mail or phone, must be delivered directly In person to the customer. ( CFO products <b>MAY BE</b> delivered via US Mail, UPS, FedEx, Or using any other indirect delivery method be sure to check with CDPH Registration and State and Federal Requirements) <b>(or circle N/A)</b>	<input type="checkbox"/>	<input type="checkbox"/>
29. CFO Gross Annual Sales not to exceed \$50,000 in 2018 and beyond	<input type="checkbox"/>	<input type="checkbox"/>

**Registration/Permit Requirements:**

**YES NO**

30. As a Class A CFO, I agree to grant access to Placer County Environmental Health <b>(or N/A)</b> to conduct inspection of my operation ( <i>in the event of consumer complaint or reported food-borne illness</i> ). <input type="checkbox"/>	<input type="checkbox"/>
31. As a Class B CFO, I agree to grant access to Placer County Environmental Health to <b>(or N/A)</b> conduct initial inspection prior to permit issuance and annually ( <i>and or if there is a complaint</i> ) <input type="checkbox"/>	<input type="checkbox"/>
32. CFO registration and permit are not transferable, and valid only for the person, location, type of food sales, and distribution activity as specified. <input type="checkbox"/>	<input type="checkbox"/>
33. CFO has obtained all other necessary approvals from their local City, or County Planning Departments (Building, Fire, Business License, etc...) <input type="checkbox"/>	<input type="checkbox"/>

By signing below you are certifying that you meet the requirements of the California Homemade Food Act, AB1616. I certify that I am familiar with the laws and regulations pertaining to Cottage Food Operations as stated in the California Retail Food Code section 114365 and agree to operate in a manner consistent with these laws.

**Prior to making any changes** (*i.e. modifying my list of products or ingredients, change of operation, location, or methods of selling or distributing, changing business name or moving to another residence*), **I acknowledge that I must notify Placer County Environmental Health and secure their approval.**

\_\_\_\_\_  
**Signature of Cottage Food Operator**                      **Name in Print**                      **Date**

Note: An approved copy of this checklist will be mailed back to you, please keep this in a safe place.

**BELOW IS FOR OFFICIAL USE ONLY**

Approved as:    **Class A**                       YES                       NO                      **Class B**                       YES                       NO

**By (REHS):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Self-Certification and Permit/Registration mailed back to the CFO Owner on:** \_\_\_\_\_