**COTTAGE FOOD OPERATIONS (CFO) SELF CERTIFICATION CHECKLIST**

(Submit With Your Registration/Permit Application)

<table>
<thead>
<tr>
<th>CFO Business Name:</th>
<th>CFO Owner's Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFO Physical Address:</td>
<td>City</td>
</tr>
<tr>
<td>CFO website:</td>
<td>CFO email:</td>
</tr>
</tbody>
</table>

CFO Product List (attached additional lists if necessary):

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The following requirements are outlined in the Cottage Food Operations (CFO - AB1616) regulations and are provided as minimum standards of health and safety for in home preparation of cottage food products approved by the California Department of Public Health (CDPH).

### Facility Requirements:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The CFO is located in a private dwelling where the CFO operator currently resides</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2. All CFO food preparation will take place in the private kitchen within that home</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3. Additional storage used for the CFO will be within the home.</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>a. If Yes, is the room used exclusively for storage?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4. Sleeping quarters are excluded from areas used for food preparation and storage</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5. I have Attached the floor plan showing kitchen and storage area</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

### Other Requirements:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. I have contacted the county, city or town planning, and or business license department</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>7. I have required documentation or licenses to operate a home business</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

### Employee and Training Requirements:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Have all persons preparing or packaging CFO products completed Food Safety training</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>a. If Yes, copy of certificate attached (Food handler’s Card or Food Safety Certificate)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. If No, complete the course within 3 months of registration or permitting (please submit certificate ASAP or within 7 days of receiving them) (or circle N/A)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>9. The CFO has no more than 1 full time equivalent employee (immediate family or household members are not considered employee(s))</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
### Food Preparation Requirements:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>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…</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Warm water, hand soap and single used paper towels are available</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. All food ingredients used in CFO products are from an approved source</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Potable water shall be used for food preparation, hand washing and ware washing</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Is your water source a private water supply (well, spring, surface water)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a. If Yes, attach test results for bacteria, nitrate and nitrite (or circle N/A)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Is your water source a public water system or community service district</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a. If yes, what is the name of the system or district? ___________________________</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**During preparation, packaging and handling of CFO products:**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Domestic activities such as family meal preparation, dishwashing, clothes washing, ironing, cleaning, guest entertainment, etc… are excluded from the kitchen</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>17. Infants, small children (younger than 12 yrs. old), or pets are excluded from the kitchen</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>18. Smoking is excluded during preparation or packaging</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>19. Any person with contagious illness shall refrain from work in the CFO</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Sanitation Requirements:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>YES</th>
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</tr>
</thead>
<tbody>
<tr>
<td>20. Kitchen equipment and utensils used to produce CFO products are clean and maintained in good state of repair</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22. All food, utensils, food preparation, and equipment storage areas shall be maintained free of rodents and insects</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>23. Sanitizers like bleach (Clorox) or quat ammonia are available</td>
<td>☐</td>
<td>☐</td>
</tr>
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</table>

### Labeling Requirements:

<table>
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<tr>
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<th>YES</th>
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<tbody>
<tr>
<td>24. All CFO products are labeled in compliance with the Federal Food, Drug and Cosmetic Act, which include the words “Made in a Home kitchen” in 12-point font type</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>25. I have attached sample labels</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### Permissible Sales Requirements:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. CFO products will be sold via direct sales only <em>(Class A only)</em></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>27. CFO products will be sold via both direct and indirect sales <em>(Class B only)</em></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>28. CFO products ordered via internet, mail or phone, must be delivered directly In person to the customer. <em>(CFO products MAY BE 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)</em></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>29. CFO Gross Annual Sales not to exceed $50,000 in 2018 and beyond</td>
<td>☐</td>
<td>☐</td>
</tr>
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</table>

### Registration/Permit Requirements:

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

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.*

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

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**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: ___________________________