



**ANNUAL COTTAGE FOOD OPERATION REGISTRATION
SELF-CERTIFICATION CHECKLIST**

The following is provided as a guide to minimum standards of health and safety for the preparation of approved cottage foods in a private home kitchen, as required by the California Health and Safety Code. Consult the official legislation for the most current legal requirements.

Shaded boxes Office Use Only

Business Owner Name:	FA	Permit #	
Business Name:	PR	PE	FEE
Business Address			
Phone:	Cell:	Email:	

Cottage Food Operation (CFO) Requirements:

Yes No

1. CFO is located in a private dwelling where the CFO owner currently resides.	<input type="checkbox"/>	<input type="checkbox"/>
2. All food preparation is conducted within the private kitchen in the dwelling.	<input type="checkbox"/>	<input type="checkbox"/>
3. Additional food/food item storage is within the dwelling.	<input type="checkbox"/>	<input type="checkbox"/>
a. Is the room used exclusively for food/food item storage?	<input type="checkbox"/>	<input type="checkbox"/>
b. List the room(s) that will be used for storage? _____		
4. Sleeping quarters are excluded from areas used for food preparation and/or storage.	<input type="checkbox"/>	<input type="checkbox"/>

Zoning Requirements: *(Home occupation permit or Special use permit)*

Yes No

5. The CFO is in compliance with applicable zoning requirements with the City or County.	<input type="checkbox"/>	<input type="checkbox"/>
6. Documentation from the Zoning Department is attached to this document.	<input type="checkbox"/>	<input type="checkbox"/>

Employee and Training Requirements:

Yes No

7. The California Department of Public Health food processor course has been passed by all persons preparing or packaging CFO products.	<input type="checkbox"/>	<input type="checkbox"/>
a. Copies of current food handler cards are attached.	<input type="checkbox"/>	<input type="checkbox"/>
b. Course will be completed within 3 months of CFO registration.	<input type="checkbox"/>	<input type="checkbox"/>
8. Only one person is employed? <i>(Immediate family or household members are not included.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

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Sanitation Requirements:

Yes No

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| 9. Kitchen equipment and utensils used to produce food products are clean, sanitary, and maintained in good repair. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of any food product is washed, rinsed, and sanitized before each use.
<i>(Chlorine Solution=100ppm, Quaternary Ammonia Solution=200ppm; Test strips required)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. All food, food preparation areas, and equipment storage areas are maintained free of nuisance, contamination, adulteration, filth, rodents, and insects. | <input type="checkbox"/> | <input type="checkbox"/> |

Food Preparation Requirements (includes packaging and handling):

Yes No

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| 12. Hands are washed immediately prior to handling food and after engaging in <u>any</u> activity that potentially contaminates hands. Such activities include, but are not limited to: using the restroom, coughing or sneezing, eating, smoking, domestic chores, family care, and/or pet care. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Warm water, single use soap and single use paper towels are used for hand washing. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. All food ingredients used are obtained from an approved source. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Only potable water is used for hand washing, dishwashing and as a food ingredient. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. The potable water source is a private domestic well. | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If YES, the bacteria, nitrate, and nitrite test results are attached to this document. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. The potable water source is a public water system or community services district? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If YES, the name of the system or district is: _____ | | |

During the storage, preparation, packaging or handling of CFO products:

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| 18. No domestic activities such as family meal preparation, dishwashing, clothes washing, ironing, and kitchen cleaning and/or guest entertainment take place in the kitchen. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Infants, small children, and/or pets are excluded from the kitchen. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Smoking is prohibited while cottage food is being prepared, packaged, stored, or handled in the approved designated area. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Any person with a contagious illness is excluded from work in the kitchen. | <input type="checkbox"/> | <input type="checkbox"/> |

Labeling Requirements:

Yes No

- | | | |
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| 22. A copy of each complete product label is attached to this document. | <input type="checkbox"/> | <input type="checkbox"/> |
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By signing this document I certify that I meet the requirements of the California Health and Safety Code as it pertains to my cottage food operation: "Class A"- Direct Sales of cottage food products or "Class B" Direct and Indirect sales of cottage food products. Prior to making any changes, I acknowledge that I must notify Tulare County Environmental Health Department prior to making any change to the CFO operation. This document is completed and submitted by the CFO owner/operator:

_____ *CFO Business Owner Signature*

_____ *Printed Name*

_____ *Date*