

DEPARTMENT OF PUBLIC HEALTH Division of Environmental Health

COTTAGE FOOD OPERATION (CFO) SELF-CERTIFICATION CHECKLIST

The following requirements are outlined in the Cottage Food Operation (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		FA		PT	PE				
	Above bold boxes for office use								
Facility Requirements:						No			
The CFO is located in a private dwelling where the CFO operator currently resides.									
2. All CFO food preparation will take place in the private kitchen within that home.									
3.	3. Additional storage used for the CFO will be within the home.								
	a. If YES, is the room used only for storage?								
	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.								
Zoning Requirements:						No			
5.	I have complied with all applicable city or county zoning requirements for the CFO.								
6.	I have attached documentation from the zoning office.								
Employee and Training Requirements:					Yes	No			
7.	Have all persons preparing or packaging CFO products completed the California Department of Public Health (CDPH) food processor course?								
	a. If YES, are copies of the certificates attached?								
	b. If NO, will you complete the course within 3 months of CFO registration?								
8.	. The CFO has no more than one (1) full-time equivalent employee? (Immediate family or household members are not included.)								

Sanitation Requirements:		Yes	No
Kitchen equipment and utensils us maintained in a good state of repart	sed to produce CFO products are clean and ir.		
	ent, and utensils used for the preparation, packaging, are washed, rinsed, and sanitized before each use.		
11. All food preparation and food and rodents and insects.	equipment storage areas are maintained free of		
Food Preparation Requirements (in	cludes packaging and handling):	Yes	No
	before handling foods and after engaging in any ds such as after using the toilet, coughing or		
13. Warm water, hand soap and singl	e use paper towels are available for handwashing.		
14. All food ingredients used in the Cl	FO products are from an approved source.		
15. Potable water (water safe for drint an ingredient.	king) is used for handwashing, warewashing and as		
16. Is your water source a private wel	or other source that is not a public water system?		
to this office testing for total control every quarter), nitrate as NO ₃ years)? Additional testing may	well water and submitted results from a certified lab bliform bacteria / E.Coli (TC/EC, initially & (initially & annually) and nitrite (initially & every three need to be completed*. Water is potable. See "Important Note" (pg 3) for more details.		
17. Is your water source a public water	er system or community services district?		
a.If YES, what is the name of th	e system or district?		
During the preparation, packaging or han	adling of CFO products:		
	meal preparation, dishwashing, clothes washing or entertainment are excluded from the kitchen.		
19. Infants, small children, or pets are	excluded from the kitchen during.		
20. Smoking is excluded.			
21. Any person with a contagious illne	ess will refrain from work in the CFO.		
Labeling Requirements:		Yes	No
22. A sample copy of the CFO label is	attached for review and approval.		
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Cinnet	Print Name	Dete	
Signature	1 THE INCHE	Date	

IMPORTANT NOTE

Water Sampling Information for Cottage Food Operations

The following must be analyzed:

Name of Test	Testing Frequency	
Total Coliform Bacteria / E.C	Initially and quarterly	
Nitrate as NO₃	Initially and annually*	
Nitrite		Initially and every three years
Fluoride	Calcium	Initially Once
Iron	Magnesium	Initially Once
Manganese	Sodium	Initially Once
Bicarbonate	Total Hardness	Initially Once
Carbonate	Specific Conductance	Initially Once
Hydroxide Alkalinity	pH	Initially Once

The top three constituents must be tested for as specified.

*Quarterly testing for one year will be required if the initial test shows the Nitrate (NO3) levels > 1/2 MCL (Maximum Contaminant Level). The highest level taken during the quarterly testing will designate which quarter it will be tested annually thereafter.

Tests marked as "Initially Once" may have been tested when the well was first drilled. The results from earlier tests may be able to be used in place of new testing.

Obtain a State-certified laboratory to perform water sampling, analysis and reporting services. Some approved laboratories are listed below:

BSK Analytical Laboratories

1414 Stanislaus Street Fresno, CA 93706-1623 (559) 497-2888

Fax (559) 485-6935

GeoAnalytical Laboratories, Inc.

2300 Maryann Drive Turlock, CA 95380 (209) 669-0100

E-mail: <u>lab.geo@att.net</u>

Dellavalle Laboratory, Inc.

1910 W. McKinley, Suite 110 Fresno, CA 93728 (559) 233-6129 or 1-800-228-9896 (209) 869-9260

Fax (559) 268-8174

J L Analytical Services

217 Primo Wav Modesto, CA 95358 (209) 538-8111 Fax (209) 538-3966

Laboratory results must be provided to: Merced County

Division of Environmental Health

Far West Laboratories, Inc.

P.O. Box 955

Riverbank, CA 95367

Fax (209) 869-2278

260 E. 15th St. Merced, CA 95341 Fax (209) 384-1593

Laboratory may directly e-mail results to:

Loreina Childress: LChildress@co.merced.ca.us and Brent Cronk: BCronk@co.merced.ca.us