



**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:	<b>FA</b>	<b>PT</b>	<b>PE</b>

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 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 only 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 all applicable city or county 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 California Department of Public Health (CDPH) food processor course?	<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, are copies of the certificates attached?	<input type="checkbox"/>	<input type="checkbox"/>
b. If NO, will you complete the course within 3 months of CFO registration?	<input type="checkbox"/>	<input type="checkbox"/>
8. The CFO has no more than one (1) full-time equivalent employee? (Immediate family or household members are not included.)	<input type="checkbox"/>	<input type="checkbox"/>

**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 are washed, rinsed, and sanitized before each use. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. All food preparation and food and equipment storage areas are maintained free of rodents and insects.  | <input type="checkbox"/> | <input type="checkbox"/> |

**Food Preparation Requirements (includes packaging and handling):**

Yes No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 12. Handwashing occurs immediately before 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 for handwashing.   | <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 (water safe for drinking) is used for handwashing, warewashing and as an ingredient.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is your water source a private well or other source that is not a public water system?   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If YES, have you sampled the well water and submitted results from a certified lab to this office testing for total coliform bacteria / E.Coli (TC/EC, initially & every quarter), nitrate as NO <sub>3</sub> (initially & annually) and nitrite (initially & every three years)? Additional testing may need to be completed*. | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>*Please attach initial test results that verify the water is potable. See "Important Note" (pg 3) for more details.</i>   |                          |                          |
| 17. Is your water source a public water system or community services district?   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If YES, what is the name of the system or district? _____   |                          |                          |
| <i>During the preparation, packaging or handling of CFO products:</i>  |                          |                          |
| 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 during.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Smoking is excluded.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Any person with a contagious illness will refrain from work in the CFO.  | <input type="checkbox"/> | <input type="checkbox"/> |

**Labeling Requirements:**

Yes No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 22. A sample copy of the CFO label is attached for review and approval. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

By signing below, I am certifying that I 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 Merced County Division of Environmental Health of any proposed changes to the Cottage Food Operation.

Cottage Food Operator Checklist completed and submitted by:

\_\_\_\_\_  
Signature\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date

**IMPORTANT NOTE**  
***Water Sampling Information  
for Cottage Food Operations***

The following must be analyzed:

Name of Test		Testing Frequency
Total Coliform Bacteria / E.Coli (TC/EC)		Initially and quarterly
Nitrate as NO <sub>3</sub>		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 (NO<sub>3</sub>) levels  $\geq$  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

**Dellavalle Laboratory, Inc.**

1910 W. McKinley, Suite 110  
Fresno, CA 93728  
(559) 233-6129 or 1-800-228-9896  
Fax (559) 268-8174

**Far West Laboratories, Inc.**

P.O. Box 955  
Riverbank, CA 95367  
(209) 869-9260  
Fax (209) 869-2278

**GeoAnalytical Laboratories, Inc.**

2300 Maryann Drive  
Turlock, CA 95380  
(209) 669-0100  
E-mail: [lab.geo@att.net](mailto:lab.geo@att.net)

**J L Analytical Services**

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

Laboratory results must be provided to: Merced County  
Division of Environmental Health  
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](mailto:LChildress@co.merced.ca.us) **and** Ka Vang: [Ka.Vang@co.merced.ca.us](mailto:Ka.Vang@co.merced.ca.us)