



AMADOR COUNTY ENVIRONMENTAL HEALTH

810 Court Street
 Jackson, CA 95642
 Phone: (209) 223-6439
 Fax: (209) 223-6228
 Email: ACEH@amadorgov.org

COTTAGE FOOD OPERATIONS (CFOs – Class A) SELF CERTIFICATION CHECKLIST

The following requirements are outlined in the Cottage Food Operations (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 Physical Address:		CFO City:	CFO ZIP:
Phone:	FA	PR	PE

Above bold boxes for official 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 exclusively 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 the applicable zoning requirements for the CFO.	<input type="checkbox"/>	<input type="checkbox"/>
6. I have attached documentation from the Planning office (new applicants only)	<input type="checkbox"/>	<input type="checkbox"/>

Employee and Training Requirements:

	Yes	No
7. Have all persons preparing or packaging CFO products completed the CDPH food processor course?	<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, copies of certificates are attached.	<input type="checkbox"/>	<input type="checkbox"/>
b. If NO, complete course within 3 months of CFO registration.	<input type="checkbox"/>	<input type="checkbox"/>
8. The CFO has no more than 1 full-time equivalent employee? (Immediate family or household members are not included.)	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

Sanitation Requirements:

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

Food Preparation Requirements (includes packaging and handling):

Yes No

12. 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 or sneezing, eating or smoking.	<input type="checkbox"/>	<input type="checkbox"/>
13. Warm water, hand soap and clean towels are available for hand washing.	<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 shall be used for hand washing, ware washing and as an ingredient.	<input type="checkbox"/>	<input type="checkbox"/>
16. Water source is a private water supply (well or spring)?	<input type="checkbox"/>	<input type="checkbox"/>
a. If PRIVATE SUPPLY, have you completed initial testing for bacteria, nitrate & nitrite?	<input type="checkbox"/>	<input type="checkbox"/>
b. If PRIVATE SUPPLY, ongoing <u>annual</u> sampling for coliform bacteria will be performed.	<input type="checkbox"/>	<input type="checkbox"/>
c. If PRIVATE SUPPLY, minimum 3 years of coliform bacteria results will be kept on site.	<input type="checkbox"/>	<input type="checkbox"/>
17. If NO to 16, is your water source a municipal 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>		
	Yes	No
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 (younger than 12 yr. old), or pets are excluded from the kitchen.	<input type="checkbox"/>	<input type="checkbox"/>
20. Smoking is excluded.	<input type="checkbox"/>	<input type="checkbox"/>
21. Any person with a contagious illness shall refrain from work in the CFO.	<input type="checkbox"/>	<input type="checkbox"/>

Labeling Requirements:

Yes No

22. A copy of the label for each food product has been submitted to this Department for review and approval.	<input type="checkbox"/>	<input type="checkbox"/>
23. I have attached a sample label for each food product.	<input type="checkbox"/>	<input type="checkbox"/>

Temporary Events:	Yes	No
24. I intend to sell my CFO approved products at community events.	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, I agree to apply for, and obtain, a temporary food facility permit for \$112 before participating in such events. I understand this permit will remain valid until the end of the calendar year provided the menu, personnel and equipment remain unchanged.	<input type="checkbox"/>	<input type="checkbox"/>

By signing below you are certifying that you meet the requirements of the California Homemade Food Act, AB 1616 (Gatto), as it pertains to a "Class A" Cottage Food Operation. Prior to making any changes, I acknowledge that I must notify Amador County Environmental Health of any intended changes to the above statement.

Cottage Food Operator Checklist completed and submitted by:

<i>Owner's Signature</i>	<i>Print Name</i>	<i>Date</i>
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