



# County of Riverside DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.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.*

<b>CFO BUSINESS NAME:</b>	<b>OWNER NAME:</b>	
<b>PHYSICAL ADDRESS:</b>	<b>CITY:</b>	<b>ZIP:</b>

FOR OFFICE USE					
FA	PR	SR	EHS	PE	DISTRICT

### 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 (If required)	<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 and forward a copy to the Environmental Health Office where registration was completed.	<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"/>

### 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 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. Is your water source a private water supply (well, spring, surface)?                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If YES, have you completed testing for bacteria, nitrate & nitrite?                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?                                                                                                                                                   | _____                    |                          |

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

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 is prohibited from working in the CFO.                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |

**Labeling Requirements:**

Yes No

- |                                                                                        |                          |                          |
|----------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 22. A copy of the label has been submitted to this Department for review and approval. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. I have attached a sample label.                                                    | <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 RIVERSIDE COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH OF ANY INTENDED CHANGES TO THE ABOVE STATEMENT.

COTTAGE FOOD OPERATOR CHECKLIST COMPLETED AND SUBMITTED BY:

DATE: \_\_\_\_\_ OWNER/OPERATOR: \_\_\_\_\_

SIGNATURE

DRIVERS LICENSE# / EXP. DATE

BUSINESS TELEPHONE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_