



Public Health Department

Environmental Health

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COTTAGE FOOD OPERATION (CFO) SELF-CERTIFICATION CHECKLIST

Registration or Permit Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal	CFO Type: <input type="checkbox"/> Class A <input type="checkbox"/> Class B				
Business (CFO) Name: _____					
Business (CFO) Address: _____					
City	Zip				
Owner's Name: _____					
Owner's Mailing Address: _____					
City	Zip				
Owner's Telephone: _____	Owner's Email: _____				
1. Land Use Compliance					
1.1. Does the CFO comply with all of the jurisdictional land use (ie. Planning Department) requirements?-----	<table style="border: none;"> <tr> <td style="text-align: center; padding: 0 10px;"><u>Yes</u></td> <td style="text-align: center; padding: 0 10px;"><u>No</u></td> </tr> <tr> <td style="text-align: center; padding: 0 10px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 0 10px;"><input type="checkbox"/></td> </tr> </table>	<u>Yes</u>	<u>No</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Yes</u>	<u>No</u>				
<input type="checkbox"/>	<input type="checkbox"/>				
2. Facility Requirements					
2.1. Is the CFO is located in a private dwelling where the CFO operator currently resides?-----	<input type="checkbox"/> <input type="checkbox"/>				
2.2. Will the CFO food preparation take place in the private kitchen within the home?-----	<input type="checkbox"/> <input type="checkbox"/>				
2.3. Will there be additional storage used for the CFO?-----	<input type="checkbox"/> <input type="checkbox"/>				
<ul style="list-style-type: none"> • If so, will it be exclusively for storage?----- Not applicable <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/>				
2.4. Are sleeping quarters excluded from areas used for CFO food preparation and storage?-----	<input type="checkbox"/> <input type="checkbox"/>				
2.5. Is the CFO served by a potable water supply?-----	<input type="checkbox"/> <input type="checkbox"/>				
<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Note: If your CFO is served by a municipal and community water system, we need to know the name of the system for our records. If your CFO is serviced by a private well, we need laboratory results from a sample taken within the last six months that confirms the absence of total and fecal coliform bacteria. Contact this office for further consultation on this matter.</p> </div>					
_____ -or- <input type="checkbox"/> Lab results attached					
Public Water System Name					
3. Employee and Training Requirements					
3.1. Do all persons preparing or packaging CFO products agree to complete the CDPH food processor course within 3 months of operation (after the training has become available)?-----	<input type="checkbox"/> <input type="checkbox"/>				
3.2. Does the CFO have no more than 1 full-time employee? (Note: Family members not included)---	<input type="checkbox"/> <input type="checkbox"/>				

Update: March 10, 2015



4. Sanitation Requirements

Yes **No**

- | | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 4.1. | Are kitchen equipment and utensils used in the CFO clean and in a good state of repair?----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2. | Are all food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of any CFO products washed, rinsed, and sanitized before each use?----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3. | Are food preparation and food/equipment storage areas maintained free of rodents and insects?----- | <input type="checkbox"/> | <input type="checkbox"/> |

5. Food Handling and Preparation Requirements

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|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 5.1. | Will hands be washed immediately prior to handling foods and after engaging in any activity that contaminates the hands, ie. after using the toilet, coughing /sneezing, eating or smoking?-- | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2. | Will hands be washed using warm potable water, pump soap, and clean towels?----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3. | Will all food ingredients used in the CFO products be from an approved source?----- | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4. | Will the following be excluded from the CFO area during the preparation, packaging, or handling of CFO products: | | |
| | • Domestic activities such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning, or guest entertainment?----- | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Infants, small children, or pets?----- | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Smoking?----- | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Any person with a contagious illness?----- | <input type="checkbox"/> | <input type="checkbox"/> |

6. Labeling Requirements

- | | | | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 6.1. | Will CFO foods be labeled in compliance with the Federal Food, Drug, and Cosmetic Act and to include: (a) Words “Made in a Home Kitchen” in 12-point type; (b) Common name of product or a descriptive name; (c) Name of the Cottage Food Operation; (d) Registration or permit number and county issuing permit; and (e) Ingredients listed in descending order of weight? ¹ ----- | <input type="checkbox"/> | <input type="checkbox"/> |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|

7. Permissible Sales Requirements

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|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 7.1. | Does the CFO owner agree to restrict gross sales in the year 2013 to no more than \$35,000, in the year 2014 to no more than \$45,000, and in the year 2015 and later to no more than \$50,000?----- | <input type="checkbox"/> | <input type="checkbox"/> |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|

Cottage Food Operation Owner Certification

I certified that I am the owner of the cottage food operation and that the information provided herein is true to the best of my knowledge.

Printed Name

Date

Signature

Date

¹ Labeling requirements are fully described by the California Department of Public Health that can be accessed at this link: <http://www.cdph.ca.gov/programs/Documents/fdbCFOlabel.pdf>