



**Public Health Department**

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[buttecounty.net/publichealth](http://buttecounty.net/publichealth)

## COTTAGE FOOD OPERATION (CFO) SELF-CERTIFICATION CHECKLIST

<b>Registration or Permit Type:</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal	<b>CFO Type:</b> <input type="checkbox"/> Class A <input type="checkbox"/> Class B
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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

**Yes**   **No**

1.1. Does the CFO comply with all of the jurisdictional land use (ie. Planning Department) requirements?-----   

### 2. Facility Requirements

2.1. Is the CFO is located in a private dwelling where the CFO operator currently resides?-----   

2.2. Will the CFO food preparation take place in the private kitchen within the home?-----   

2.3. Will there be additional storage used for the CFO?-----   

    • If so, will it be exclusively for storage?----- Not applicable   

2.4. Are sleeping quarters excluded from areas used for CFO food preparation and storage?-----   

2.5. Is the CFO served by a potable water supply?-----   

**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.

\_\_\_\_\_ -or-    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)?-----   

3.2. Does the CFO have no more than 1 full-time employee? (Note: Family members not included)---



**4. Sanitation Requirements**

**Yes**    **No**

- 4.1. Are kitchen equipment and utensils used in the CFO clean and in a good state of repair?-----
- 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?-----
- 4.3. Are food preparation and food/equipment storage areas maintained free of rodents and insects?-----

**5. Food Handling and Preparation Requirements**

- 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?--
- 5.2. Will hands be washed using warm potable water, pump soap, and clean towels?-----
- 5.3. Will all food ingredients used in the CFO products be from an approved source?-----
- 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?-----
  - 
  - Infants, small children, or pets?-----
  - Smoking?-----
  - Any person with a contagious illness?-----

**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?<sup>1</sup>-----

**7. Permissible Sales Requirements**

- 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?-----

**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

<sup>1</sup> 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>