



County of Fresno

DEPARTMENT OF PUBLIC HEALTH
DAVID POMAVILLE, DIRECTOR

COTTAGE FOOD OPERATIONAL STATEMENT AND 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:	FA	PR	PE

Above bold boxes for office use only.

Class A, Class B

Yes means: "yes," "agree," or "true"
No means: "no," "disagree," or "false"

Facility Requirements:

	Yes	No
1. The CFO is located inside a private dwelling where the CFO operator currently resides	<input type="checkbox"/>	<input type="checkbox"/>
2. All food preparation will take place in the private kitchen within that home.	<input type="checkbox"/>	<input type="checkbox"/>
3. No operations will take place in the out-of-doors, garage, out-buildings, or other location that is not the private kitchen or nearby room inside the home used solely for the storage of sealed packaged food and/or ingredients and clean equipment.	<input type="checkbox"/>	<input type="checkbox"/>
4. Will you have an additional storage room used for the CFO within the home other than the home's primary kitchen?	<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, is the room used exclusively for your CFO storage?	<input type="checkbox"/>	<input type="checkbox"/>
b. Specify the room that will be used for storage? _____		
5. <u>Attach</u> floor plans of house identifying areas used for CFO food preparation and storage. You may draw the floor plans yourself. Plans must be to scale (example: one inch = one foot) and include the location of: <ul style="list-style-type: none"> • equipment, sinks, and counters • storage shelving, cabinets, and racks • all rooms in house with one(s) used for CFO storage identified 	<input type="checkbox"/>	<input type="checkbox"/>
6. Sleeping quarters are excluded from areas used for CFO food preparation or storage.	<input type="checkbox"/>	<input type="checkbox"/>



Promotion, preservation and protection of the community's health

1221 Fulton Mall / P.O. Box 11867 / Fresno, California 93775 / Phone (559) 600-3357 / FAX (559) 600-7629

Email: EnvironmentalHealth@co.fresno.ca.us ❖ www.co.fresno.ca.us ❖ www.fcdph.org

Equal Employment Opportunity ❖ Affirmative Action ❖ Disabled Employer

Zoning Requirements:

Yes No

- 7. I have complied with the applicable zoning requirements for the CFO.
- 8. I have attached documentation from the zoning office.



Employee and Training Requirements:

Yes No

- 9. Have all persons preparing or packaging CFO products completed the CDPH food processor course?
 - a. If YES, copies of certificates are attached.
 - b. If NO, complete course within 3 months of CFO registration and FAX certificates to this office at 559-600-7629.
- 10. Does the CFO have no more than 1 full-time equivalent employee? (Immediate family or household members are not considered employees. *Check "YES" if you have no employees.*)



Sanitation Requirements:

Yes No

- 11. Kitchen equipment and utensils used to produce CFO products are clean and maintained in a good state of repair.
- 12. 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.
- 13. All food preparation and food and equipment storage areas shall be maintained free of family pets, rodents, insects, and/or other means of contamination.

Food Preparation Requirements (includes packaging and handling):

Yes No

- 14. 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.
- 15. Warm water, hand soap and single use paper towels are available for hand washing.
- 16. All food ingredients used in the CFO products are from an approved source.
- 17. Potable water shall be used for hand washing, dish washing and as an ingredient.
- 18. Is your water source a private well?
 - a. If YES, have you completed testing for bacteria, nitrate, and nitrite?
- 19. Is your water source a public water system (example: municipal or city water) or community services district?
 - a. If YES, what is the name of the system or district?
(examples: City of Fresno, Raisin City Water District) _____

Food Preparation Requirements (continued):

Yes No

During the preparation, packaging or handling of CFO products:

- | | | |
|--|--------------------------|--------------------------|
| 20. 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"/> |
| 21. Infants, small children, or pets are excluded from the home kitchen. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Smoking is prohibited in the kitchen and any CFO storage areas of the home. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Any person with a contagious illness shall refrain from work in the CFO. | <input type="checkbox"/> | <input type="checkbox"/> |

Labeling Requirements:

Yes No


- | | | |
|--|--------------------------|--------------------------|
| 24. A copy of the label has been submitted to this Department for review and approval. | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. I have <u>attached</u> a sample label. | <input type="checkbox"/> | <input type="checkbox"/> |



By signing below you are certifying that you meet the requirements of the California Retail Food Code, as it pertains to “Class A” or “Class B” cottage food operations and the above information is true and correct. Prior to making any changes to the above certification, I acknowledge that I must notify Fresno County Environmental Health Division in writing of any intended changes to the above statement.

Cottage Food Operator Self-Certification Checklist / Operational Statement completed and submitted by:

_____ *Signature* _____ *Print Name* _____ *Date*

*Don't forget to attach any required support documentation noted at the above attachment () reminders.