



Glenn County Environmental Health

247 N Villa Ave, Willows, CA 95988
 (530) 934-6102 • fax (530) 934-6103

Cottage Food Operation Application Self-Certification Checklist

CFO Business Name:		Date:
CFO Physical Address:	City:	Zip:
Owner Name:	Owner Phone:	Owner Cell:

Facility Requirements	Yes	No
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|---|--------------------------|--------------------------|
| 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 <i>yes</i> , is the room used exclusively for storage? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Specify 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
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|---|--------------------------|--------------------------|
| 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 Department (if required) | <input type="checkbox"/> | <input type="checkbox"/> |

Employee and Training Requirements	Yes	No
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|---|--------------------------|--------------------------|
| 7. Have all persons preparing or packaging CFO products completed the CDPH food processor course? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If <i>yes</i> , copies of certificates are attached | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If <i>no</i> , complete course within 3 months of 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"/> |

Sanitation Requirements	Yes	No
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|---|--------------------------|--------------------------|
| 9. Kitchen equipment and utensils used to produce CFO products are clean and maintained in good 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 areas and food/equipment storage areas shall be maintained free of rodents, insects, animals, or other vermin | <input type="checkbox"/> | <input type="checkbox"/> |

Food Preparation Requirements (including packaging & 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 source a private well supply (well, spring, surface)?	<input type="checkbox"/>	<input type="checkbox"/>
	a. If <i>yes</i> , 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 <i>yes</i> , what is the name of the system or district? _____		

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

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 years old), and 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 working in the CFO	<input type="checkbox"/>	<input type="checkbox"/>

Labeling Requirements		Yes	No
22.	A copy of the label has been submitted to our 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 certify that you meet the requirements of the California Homemade food Act (AB 1616) as it pertains to a "Class A" Cottage Food Operation. Prior to making any changes, I acknowledge that I must notify Glenn County Environmental Health of any intended changes to the above statement.

Owner's Signature

Print Name

Date