

# COTTAGE FOOD OPERATION – OFFICIAL INSPECTION REPORT

## GLENN COUNTY ENVIRONMENTAL HEALTH

257 North Villa Avenue, Willows, CA 95988  
Phone: (530) 934-6102 • Fax: (530) 934-6103

Name of Cottage Food Operation/DBA: <i>Cupcake Couture</i>		Inspection Date: <i>8/8/14</i>	
Address: <i>7750 Lindsay Ave, Orland, CA 95963</i>		Reinspection Date (on or after): <i>Next Inspection</i> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <i>Julie Vogt</i>	Phone Number: <i>865-3792</i>	Inspection Time In: <i>10:45am</i>	Inspection Time Out:
Operation Type: <input type="checkbox"/> Class A – Direct Sales Only <input checked="" type="checkbox"/> Class B – Direct or Indirect Sales	Service: <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Initial/Pre-Opening	Permit/Registration #: <i>756</i>	Expiration Date: <i>3/3/15</i>

Demonstration of Knowledge	Out	Facility Requirements	Out
1. Self-certification checklist submitted (class A)	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	15. Adequate storage for food and related equipment	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
2. Food processor course completed	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	16. Food preparation occurs in kitchen of CFO	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
<b>Employee Health and Hygiene Practices</b> Out		17. CFO located in private dwelling/operator residence	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
3. No ill employees or workers	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<b>Labeling</b> Out	
4. No smoking in CFO	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	18. "Made in Home Kitchen" on package	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O
5. Employees shall not contaminate food	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	19. Common name of product on package	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
<b>Prevent Contamination by Hands</b> Out		20. Name of CFO on package	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
6. Hand washing station stocked and available	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	21. Ingredients list on package	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
7. Hands washed prior to food preparation	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	22. Registration or permit number of package	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
8. Proper glove use	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<b>Vermin</b> Out	
<b>Approved Food Items</b> Out		23. No rodents, insects, or animals in CFO	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
9. Food prepared from approved food list only water	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<b>Compliance and Enforcement</b> Out	
10. Potable Water Source	<input checked="" type="checkbox"/> In <input type="checkbox"/> N/A <input type="checkbox"/> N/O	24. CFO operating with valid permit/registration	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
<b>Protection from Contamination</b> Out		25. Approved direct sales to customers	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
11. Food free from contamination and adulteration	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	26. Approved indirect sales to customers	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
12. Kitchen equipment and utensils clean and in good repair	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	27. Approved number of employees	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
13. Food contact surfaces cleaned and sanitized	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	28. Meets gross sales requirements	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
14. No infants, small children, or pets in kitchen during CFO hours	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<b>Other</b> Out	
		29.	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O

**Out = Out of compliance In = In Compliance N/A = Not Applicable N/O = Not Observed**

Comments:

*Correct the following:*

*10) Perform coliform test far well. Last test was 3/13/14; test due every 3 months*

Received By: *Julie Vogt* REHS: *John H. Wells*