

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>Marcie's Cupcake Kitchen</i>		Inspection Date: <i>3/25/13</i>	
Address: <i>257 Stony Creek Dr, Orland 95963</i>		Reinspection Date (on or after): <i>Next Inspection</i> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <i>Marcie Anderson</i>	Phone Number: <i>300-4303</i>	Inspection Time In: <i>4:25pm</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 type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Initial/Pre-Opening	Permit/Registration # <i>TBD.</i>	Expiration Date:

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
Employee Health and Hygiene Practices		Labeling	
3. No ill employees or workers	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	17. CFO located in private dwelling/operator residence	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
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 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 checked="" type="checkbox"/> In <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Prevent Contamination by Hands		Vermin	
6. Hand washing station stocked and available	<input checked="" type="checkbox"/> In <input type="checkbox"/> N/A <input type="checkbox"/> N/O	20. Name of CFO 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	21. Ingredients list on 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	22. Registration or permit number of package	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Approved Food Items		Compliance and Enforcement	
9. Food prepared from approved food list only water	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	23. CFO operating with valid permit/registration	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
10. Potable Water Source	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	24. Approved direct sales to customers	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Protection from Contamination		Other	
11. Food free from contamination and adulteration	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	25. 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	26. 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	27. 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	28. Other	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
		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: *Cottage Food operation approved to open as a "Class B" CFO*

Correct the following:

- 6) Provide towels from a dispenser (immediately abated)*
- 19) Provide common name of product on label.*

Received By: *Marcia Clendenen*

REHS: *John H. Wells*