



# SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

TRACEY BELTON, DIRECTOR  
CHERYL SCOTT MD, MPH, PUBLIC HEALTH OFFICER

Environmental Health  
351 Tres Pinos Road, Ste. C-1  
Hollister, California 95023  
(831) 636-4035  
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## COTTAGE FOOD OPERATIONS (CFOs – Class A) SELF CERTIFICATION CHECKLIST

*The following requirements are outlined in the Cottage Food Operations (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 Physical Address:	CFO City:	CFO ZIP:	
CFO Phone:	<b>FA</b>	<b>PR</b>	<b>PE</b>

**Above bold boxes for office use only.**

### Facility Requirements:

Yes No

1. Is the CFO is located in a private dwelling where the CFO operator currently resides?
2. Will all CFO food preparation will take place in the private kitchen within that home?
3. Additional storage used for the CFO will be within the home? a. If YES, is the room used exclusively for storage? b. Specify the room(s) that will be used for storage: _____
4. Are sleeping quarters are excluded from areas used for CFO food preparation or storage?

### Zoning Requirements:

Yes No

5. I have complied with the applicable zoning requirements for the CFO
6. I have attached documentation from the Planning office (If required)

### Employee and Training Requirements:

Yes No

7. 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, will the course be completed within 3 months of CFO registration
8. Does the CFO has no more than 1 full-time equivalent employee? (Immediate family or household members are not included.)



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## Sanitation Requirements:

Yes No

9. Are kitchen equipment and utensils used to produce CFO products are clean and maintained in a good state of repair?
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.
11. All food preparation and food and equipment storage areas shall be maintained free of rodents and insects.

## Food Preparation Requirements (includes packaging and 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.
13. Warm water, hand soap and clean towels are available for hand washing.
14. All food ingredients used in the CFO products are from an approved source.
15. Potable water shall be used for hand washing, ware washing and as an ingredient.
16. Is your water source a private water supply (well, spring, surface)?
  - a. If YES, have you completed testing for bacteria, nitrate & nitrite?
17. Is your water source a public water system or community services district?
  - a. If YES, what is the name of the system or district?

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

Yes No

18. Domestic activities such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning or guest entertainment are excluded from the kitchen.
19. Infants, small children (younger than 12 yr. old), or pets are excluded from the kitchen.
20. Smoking is excluded.
21. Any person with a contagious illness shall refrain from work in the CFO.

## Labeling Requirements:

Yes No

22. A copy of the label has been submitted to this Department for review and approval.
23. I have attached a sample label

By signing below you are certifying that you meet the requirements of the California Homemade Food Act, AB 1616 (Gatto), as it pertains to a "Class A" Cottage Food Operation. Prior to making any changes, I acknowledge that I must notify **San Benito County Health & Human Services Agency Environmental Health Jurisdiction** of any intended changes to the above statement. Cottage Food Operator Checklist completed and submitted by:

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Printed Name

\_\_\_\_\_  
Date