



COMMUNITY DEVELOPMENT DEPARTMENT

Quincy Yaley, AICP
Director

Land Use and Natural Resources – Housing and Community Programs – Environmental Health – Building and Safety – Code Compliance

48 Yaney Avenue, Sonora
Mailing: 2 S. Green Street
Sonora, CA 95370
(209) 533-5633
(209) 533-5616 (Fax)
(209) 533-5909 (Fax – EHD)
www.tuolumnecounty.ca.gov

COTTAGE FOOD OPERATION (CFO) SELF-CERTIFICATION CHECKLIST

CFO Business Name: _____

CFO Owner Name(s): _____

CFO Address: _____

Mailing address if different from above: _____

Phone: _____ Email: _____

Please confirm compliance with the following minimum requirements:

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. Besides the kitchen, will there be additional storage areas used for the business within the home?

Specify the room(s) that will be used for additional storage: _____

Specify what will be stored in the additional storage areas: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 filed for a fictitious business name with the County Clerk (209-533-5573). | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I have attached a copy of the CFO's business license from the City of Sonora (if applicable). | <input type="checkbox"/> | <input type="checkbox"/> |

Employee and Training Requirements:

Yes No

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| 7. All food/utensil handlers have obtained a Food Handler Card, and copies are attached. Your application will not be processed without this. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The CFO has no more than one (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 a good state of 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 are washed, rinsed, and sanitized before each use. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. All food preparation and food and equipment storage areas are maintained free of rodents and insects. | <input type="checkbox"/> | <input type="checkbox"/> |

Food Preparation Requirements (includes packaging and handling):

Yes No

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| 12. Handwashing occurs 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 single use paper towels are available for handwashing. | <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 is used for handwashing, ware washing and as an ingredient. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is your water source a private well? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If YES , have you sampled the well water and submitted test results to this office for bacteria (initially and twice yearly – must include one test between December and April), nitrite (initially and every 3 years) nitrate (initially and yearly). Homes served by wells in certain areas, including but not limited to sections of Jamestown and Sonora, including Quartz, Twist Road, Jacksonville Road, Rawhide Road, and The Stent Cutoff, are to submit Arsenic results initially.
<i>*Please attach test results that verify the water is potable.</i> | | |
| 17. Is your water source a public water system or community services district? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If YES, what is the name of the system or district? _____ | | |

During the preparation, packaging or handling of CFO products:

- | | | |
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| 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, or 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 will refrain from work in the CFO. | <input type="checkbox"/> | <input type="checkbox"/> |

Labeling Requirements:

Yes No

- | | | |
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| 22. A copy of the label for each food is included for each food for review and approval. | <input type="checkbox"/> | <input type="checkbox"/> |
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Sales Venues:

Yes No

- | | | |
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| 23. I will sell my CFO products only at facilities approved by the local Environmental Health, and only with that Division's explicit approval. | <input type="checkbox"/> | <input type="checkbox"/> |
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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 Cottage Food Operation. Prior to making any changes, you acknowledge that you must notify Tuolumne County Division of Environmental Health of any intended changes to the above statements. Submittal of this form does not constitute approval to begin operation.

*Signature*_____
*Printed Name*_____
Date