DEPARTMENT OF RESOURCE



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www.solanocounty.com

MICROENTERPRISE HOME KITCHEN OPERATION (MEHKO) STANDARD OPERATING PROCEDURES

To initiate the review of your application to operate a food business within your residential private kitchen, please complete and submit this form, along with any additional documents, and fee to the Solano County Environmental Services Division. **PLEASE PRINT OR TYPE ALL INFORMATION**

HOME KITCHEN OPERATOR INFORMATION							
Name of Business (DBA):							
Owner's Name:		Phone Number:					
Owner's Address:		City:		State:	ZIP:		
Food Employee(s) Name:			Number of hours per week:				
Additional Food Employee Nar		Number of hours per week:					
Email:		Website:					
Liliali.	website:						
Name of Internet Food Service	Intermediary (If applicable):	Contact number for Internet Food Service Intermediary:					
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PROPOSED HOURS OF OPERATION							
Identify day(s)/times when	Proposed number of meals to	Identify days when food may	fy days when food may be Identify days when food may		nen food may		
food production may occur	be prepared on each day	offered for consumption on t			elivery		
□ Sun:	Sun:	premises Sunday		1.6.1			
☐ Mon:	Mon:	☐ Monday	☐ Sunday				
☐ Tues:	Tues:	☐ Monday ☐ Monday ☐ Tuesday					
□ Wed:	Wed:	☐ Wednesday ☐ Wednesday					
☐ Thurs:	Thurs:			Thursday	•		
□ Fri:	Fri:	☐ Friday ☐ Friday					
□ Sat:	Sat:	☐ Saturday					
How will food products be sold? Onsite within home Third Party Intermediary Internet (web address)							
□ Other:							
FOOD EMPLOYEE HYGIENE/HEALTH							
The following food employee hygiene/health requirements, are not inclusive of all requirements outlined in the							
California Retail Food Code that must be adhered to. Refer to Chapter 3 Management and Personnel for all							
requirements.							

- In the event that a food employee or resident of a private home is experiencing symptoms of a gastrointestinal illness or diagnosed with an illness that can be transmitted by food or by a food handler, the permit holder shall notify the local enforcement agency to obtain guidance on the requirements to either restrict or exclude food employees or cease food operations.
- Food employees are required to wash their hands prior to food preparation, after using the restroom, after touching body parts, after touching any animal, or after any other activity that can contaminate the hands.
- The handwashing sink in the restroom must be supplied with warm water, soap and paper towels.
- Food employees are required to keep their fingernails trimmed, filed and maintained clean, wear hair restraints when preparing food and wear clean outer clothing.
- Food employees who have a wound that is open or draining shall not handle food, unless the wound is protected to prevent food contamination.
- Food employees are required to minimize bare hand and arm contact with ready-to-eat unpackaged food. This may include the use of utensils (e.g. tongs, paper wrappers, single-use gloves or other implement).

MEAL COMPONENTS TO BE PREPARED

(limited to 30 individual meals per day or 90 individual meals per week)

1. List all food items and ingredients that will be used to make the food(s). Attach list if additional space is needed.

All food ingredients must be obtained from an approved source. Maintain receipts.

Food and Beverages to be Prepared	Ingredients	Equipment to be used
es your food preparation include any of the f	following steps (check all that ap	pply):
Cooking Reheating Cooling Pa	ackaging	
w will the final product be held/stored? Re	efrigerated 🗆 Hot Held 🗆 Roc	om Temperature

WAREWASHING

5. Will you be using an □ Open-air Barbecue □ Outdoor Wood-burning Oven □ Not Applicable

1. Multi-use utensils and equipment will be cleaned and sanitized using what methods:					
□ Kitchen Sink □ Dishwasher □ Clean-in-place protocols					
2. Type of sanitizer* that will be used (*Test strips are to be provided to verify sanitizer concentration):					
□ Chlorine (100 ppm) □ Quaternary ammonium (200 ppm) □ Other:					
Describe cleaning and sanitizing process that will be followed:					
FOOD /UTENSIL STORAGE					
1. Are you storing food (ingredients or finished product) in any place other than within the kitchen? Yes No					
If yes, please indicate where:					
FOOD SERVICE/DELIVERY					
FOOD SERVICE: 1. List any locations where the food will be served at your home (i.e. dining room, kitchen table, backyard, patio, etc)					
3					
2. What will be done with any remaining food after the food service hours of operation?					
FOOD PICK-UP & DELIVERY: 1. Will food products be available for customer pick-up? □ Yes □ No					
2. Will food products be available for delivery to customers? ☐ Yes ☐ No					
a. If yes, who will deliver the food, what means of transportation will be used during transportation?					
a. If yes, who will deliver the lood, what means of transportation will be used during transportation:					
3. How will food be held hot/cold during transportation?					
4. What will be the maximum geographical distance for delivery of food?					
5. How often will food be delivered? Daily Weekly Other:					
Indicate the type of food packaging that will be utilized:					
PREMISES					
1. Do you have weekly curbside garbage collection service? ☐ Yes ☐ No If No, where and how often will garbage be disposed?					
2. Identify source of potable water? □ Public Water System □ Private Well*					
* Bacteriological test (quarterly), Nitrates (annually), Nitrites (every 3 years), are required.					
Identify how waste water is discharged? □ Public Sewer System □ Private Onsite Wastewater System					
4. Identify types of ventilation that will be provided to remove gases, odors, steam, heat, gases, vapors and smoke from the					
food preparation area?					
PERMITTEE RESPONSIBILITIES					
Please read each statement carefully and sign below to confirm your understanding.					
• I understand that I am required to obtain and maintain a Health Permit from the local enforcement agency and have available					

when requested.

- I understand that any approval of a MEHKO is limited to only my private home, where the food will be stored, handled, prepared and served.
- I understand that I may have no more than one full-time equivalent employee, not including a family member or household member.
- I understand that food served at the MEHKO must be prepared, cooked and served or delivered on the same day.
- I understand that I may not engage in food processes that would require a HACCP plan as specified in CRFC section 114419 or produce, serve or sell raw milk products, or serve or sell raw oysters.
- I understand that animals must be kept outside of the kitchen and dining areas during food preparation and service. Service animals may be kept in dining areas.
- I understand that food preparation is limited to no more than 30 individual meals per day and no more than 90 individual meals per week.
- I understand that the MEHKO may not have more than fifty thousand dollars (\$100,000) in gross annual sales in the calendar year. Verification of annual gross sales may be requested by the local enforcement agency.
- I understand that a MEHKO may only sell food directly to consumers and not to any wholesaler or retailer.
- I understand that I am prohibited from outdoor advertising displays and must comply with all applicable noise ordinances.
- I understand that the premises used as part of the MEHKO must be kept clean, in good repair and free of vermin (e.g. cockroaches, rodents, flies) at all times.
- I understand that I must submit a copy of successful completion of an approved and accredited food safety certification examination within 60 days of commencing operation.
- I understand that I must submit a copy of successful completion of an approved food handler course for any food employees within 30 days of commencing food preparation.
- I understand that I must maintain a valid business license or other applicable approval from planning or the local governing authority.
- I understand that the MEHKO is subject to inspection as a result of a consumer complaint or upon reasonable advance notice to ensure compliance with the California Retail Food Code.

ACKNOWLEDGMENT

I understand and agree that if I make changes to my operating procedures, I must notify the local enforcement agency within 7 days. I also understand that the approval to operate a MEHKO is based upon following the guidelines outlined in the California Retail Food Code (CRFC) and failure to do so may result in the suspension or revocation of the health permit to operate a MEHKO.					
Signature:	Date: / /				
Print Name:	Title:				
REVIEWER OF OPERATIONAL PROCEDURES:	_				
DATE APPROVED:/PERMIT NUMBER:					