



**SOLANO COUNTY**  
**Department of Resource Management**  
**Environmental Health Division**

675 Texas St., Suite 5500  
 Fairfield, CALIFORNIA 94533  
 (707) 784-6765 Fax (707) 784-4805  
[www.solanocounty.com](http://www.solanocounty.com)

**OFFICIAL USE ONLY**

Registration # \_\_\_\_\_

Site #: 16F- \_\_\_\_\_ - \_\_\_\_ B

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

**COTTAGE FOOD OPERATION (CFO) - CLASS A (DIRECT SALES ONLY)**  
**SELF CERTIFICATION CHECKLIST**

CFO Business Name: \_\_\_\_\_

CFO Owner Name(s): \_\_\_\_\_

CFO Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (if different from above)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

The following requirements are contained in the California **Homemade Food Act** that amended sections 109947, 110050, 110460, 111955, 113789, 113851, 114021, 114023, 114390, 114405, and 114409 and added Sections 113758 and 114088 and added Chapter 11.5 (commencing with Section 114365) to Part 7 of Division 104 of, the Health and Safety Code, relating to food safety, specifically Cottage Food Operations.

**Facility Requirements:**

Yes No

1. The CFO is located in a private dwelling where the CFO operator currently resides	<input type="checkbox"/>	
2. All CFO food preparation will take place in the private kitchen within that home.	<input type="checkbox"/>	
3. Additional storage used for the CFO will be within the home.	<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, is the room used exclusively for storage?	<input type="checkbox"/>	
b. Specify the room(s) that will be used for storage? _____		
4. Sleeping quarters are excluded from areas used for CFO food preparation or storage.	<input type="checkbox"/>	

**Zoning Requirements:**

Yes No

5. Applicable zoning requirements for operation of the CFO are met.	<input type="checkbox"/>	
6. I have attached documentation from the Planning office (If required)	<input type="checkbox"/>	<input type="checkbox"/>

**Employee and Training Requirements:**

Yes No

7. All persons preparing or packaging CFO products have completed the California Department of Public Health food processor course?	<input type="checkbox"/>	<input type="checkbox"/>
a. If YES, proof of completion attached.	<input type="checkbox"/>	
b. If NO, complete course within 3 months of CFO registration.	<input type="checkbox"/>	
8. The CFO has no more than 1 full-time equivalent employee? (Immediate family or household members are not included.)	<input type="checkbox"/>	

**Sanitation Requirements:**

Yes No

- |  |                          |  |
|--|--------------------------|--|
| 9. Kitchen equipment and utensils used to produce CFO products are clean and maintained in a good state of repair.   | <input type="checkbox"/> |  |
| 10. All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of any CFO food products shall be washed, rinsed, and sanitized before each use. | <input type="checkbox"/> |  |
| 11. All food preparation and food and equipment storage areas shall be maintained free of rodents and insects.   | <input type="checkbox"/> |  |

**Food Preparation Requirements (includes packaging and handling):**

Yes No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 12. Hand washing is performed 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"/> |                          |
| 13. Warm water, hand soap and clean towels are available for hand washing.  | <input type="checkbox"/> |                          |
| 14. All food ingredients used in the CFO products are from an approved source.  | <input type="checkbox"/> |                          |
| 15. Potable water shall be used for hand washing, utensil and ware washing and as an ingredient.  | <input type="checkbox"/> |                          |
| 16. Is your water source a private water supply (well, spring, surface)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, testing for bacteria, nitrate & nitrite is completed and water is potable.  | <input type="checkbox"/> | <input type="checkbox"/> |

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

Yes No

- |  |                          |  |
|--|--------------------------|--|
| 17. 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"/> |  |
| 18. Infants, small children (younger than 12 yr. old), or pets are excluded from the kitchen.  | <input type="checkbox"/> |  |
| 19. Smoking is not allowed.  | <input type="checkbox"/> |  |
| 20. Any person with a contagious illness shall refrain from work in the CFO.   | <input type="checkbox"/> |  |

**Labeling Requirements:**

Yes No

- |  |                          |  |
|--|--------------------------|--|
| 21. A copy of the label is attached or has been submitted to the Solano County Environmental Health Services Division for review and approval for all CFO food products. | <input type="checkbox"/> |  |
| 22. CFO food product labels comply with all federal and state labeling requirements.   | <input type="checkbox"/> |  |

I certify that I am the operator of the Cottage Food Operation listed and that my Cottage Food Operation will meet and comply with 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 the Solano County Environmental Health Services Division of any intended changes. I certify that to the best of my knowledge and belief the statements made herein are true and correct.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_