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COUNTY OF INYO
ENVIRONMENTAL HEALTH DEPARTMENT
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Cottage Food Operations – Class A

Self Certification Checklist

I hereby attest that I, and any other person(s) involved in this cottage food operation shall abide by the following regulations:

1. No cottage food preparation, packaging or handling may occur in the home kitchen concurrent with any other domestic activities, such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning, or guest entertainment.
2. No infants, small children or pets may be in the home kitchen during the preparation, handling or packaging of any cottage food products.
3. Kitchen equipment and utensils used to produce cottage food products shall be clean and maintained in a good state of repair.
4. All food contact surfaces, equipment and utensils used for the preparation, packaging or handling of any cottage food products shall be washed, rinsed and sanitized before each use.
5. All food preparation and food and equipment storage areas shall be maintained free of rodents and insects.
6. Smoking shall be prohibited in the portion of a private home used for the preparation, packaging, storage or handling of cottage food products and related ingredients or equipment, or both, while cottage food products are being prepared, packaged, stored or handled.
7. Any person with a contagious illness shall refrain from work in the permitted area of the cottage food operation.
8. Any person involved in the preparation or packaging of cottage food products shall keep his or her hands and exposed portion of his or her arms clean and shall wash his or her hands before any food preparation or packaging activity in a cottage food operation.

9. Water used during the preparation of cottage food products shall meet potable water standards. If your home is served by a public water system, please provide the name of the public water system below. If your house water supply is by a private source, or other source not part of a public water system, please provide a copy of a coliform bacteria water sample result. Water samples more than 90 days old will not be accepted.

Public Water System Name: _____

Non-Public Water Source: Provide bacteriological sample result.

Signed: _____ Date: _____

Name (*please print*): _____

Home Address: _____

Telephone Number: _____