

Cottage Food Operation Complaint/Foodborne Illness Investigation Report

_____ Local Health Department (LHD) Address: City/State/ZIP:		Name of LHD representative:	Date:
Cottage Food Operation (CFO) Name:	Name of Cottage Food Operator:	CFO Registration Number:	Time In: Time Out:
Address of CFO: Address: City/State/ZIP:	CFO Phone number(s):	CFO Email:	Purpose of Inspection: Complaint <input type="checkbox"/> Foodborne Illness <input type="checkbox"/> Follow-up <input type="checkbox"/>

Mark each item: IN=in compliance Out=out of compliance NA=not applicable NO=not observed			
CFO operating with valid registration, annual registration, copy provided, may submit self-certification checklist.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Certified Food Protection Manager Certificate(s) provided.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
CFO located in person's primary domestic residence where operator resides or appropriately designed/equipped kitchen on a farm under the control of CFO.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Labels: Name of CFO and LHD, registration number and LHD, common name of product, ingredients listed, produced in home kitchen on label, process date, allergens.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Only approved food prepared.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Point of sale placard; website notice.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Canned tomato approved recipe or commercial lab results annually.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Direct sales to consumers-no resale, public events, farmers markets, delivery.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Approved recipes for fermented/acidified foods, Food Safety Plan submitted annually, pH testing every three years.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	In-state sales only by website, only non-potentially hazardous foods shipped, tamper seal.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Fermented or acidified canned must be processed in boiling water in Mason jar or glass container.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Cessation of sale, suspension of registration.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Fermented or acidified not canned shall be sold in new container and at 41 degrees F or below.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Private water well-provide a copy of water test results showing satisfactory E. coli/coliform bacteria results.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Baked food with cheese; LHD may require commercial lab testing to verify it is non-potentially hazardous.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Proper hot and/ or cold, frozen temperatures.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO

Employees are trained and follow good hygienic practices, no ill employees or workers, hair restrained, employees shall not contaminate food.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Separate domestic activities from CFO operations.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
No eating, drinking, chewing gum is allowed.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Toxic chemicals properly labeled, used according to label, stored away from food.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
No smoking, vaping, tobacco use inside.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Food contact surfaces (kitchen equipment and utensils) are clean and in good condition.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Adequate handwashing sink, soap and paper towels supplied, hands washed prior to food preparation, proper glove use, avoid bare hand contact.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Food is properly stored; food free from contamination and adulteration including during transportation.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
No rodents or insects within CFO.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	All food contact surfaces, equipment, utensils used for the preparation, packaging, or handling shall be washed, rinsed, and sanitized before each use.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
No pets in kitchen during CFO hours of operation.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Proper functioning sink in toilet room for handwashing.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Adequate equipment for temperature control; thermometers provided and accurate.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Utensils used for tasting used once.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Sleeping quarters are excluded from areas of food prep or storage.	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	OTHER: _____	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO

All items listed on this investigation report are from the Food Handling Regulation Enforcement Act Section 4- Cottage Food Operation and the Cottage Food Operation Registration form, Food Safety Plan, and the Self-Certification Checklist.

CFPM Verification (name, expiration date, ID#):		

Water Supply: _____ **Waste Water System:** _____

Temperature and Sanitizer Observations

Item	Location	Temperature °F	ppm

