

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

Observations/Comments Section

Local health department received a complaint or possible foodborne illness regarding:

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OBSERVATIONS AND CORRECTIVE ACTIONS

Observation	Corrective Action	Correct by Date or Corrected on Site

The cottage food registration for CFO named above is in good standing at this time.

OR

Due to item(s) observed above this cottage food operation must cease until all corrections noted on this investigation form have been corrected and determined to be in compliance by the local health department.

Name of person interviewed: _____ Signature: _____

LHD Representative: _____ Signature: _____

Follow-up: Yes No

Follow-up Date: _____

Note: The local health department may impose a fee for this inspection.