



County of San Diego
DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
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MICROENTERPRISE HOME KITCHEN OPERATION (MEHKO)
STANDARD OPERATING PROCEDURES (SOP)

Please complete and submit this form, along with all requested attachments, to the County of San Diego, Department of Environmental Health and Quality (DEHQ)

PLEASE PRINT OR TYPE ALL INFORMATION. Please note that all information for DEHQ permit holders may be made available to the public upon request.

MEHKO OWNER INFORMATION			
Name of Business (DBA):			
Owner's Name:		Phone Number:	
Owner's Address:		City:	State: CA ZIP:
Mailing Address (if different from above):		City:	State: Zip:
Email:		Website:	
Food Employee Name:		Employee number of hours worked per week:	
Additional Food Employee Name(s) (if applicable):		Additional employee number of hours worked per week:	

PROPOSED HOURS OF OPERATION
Day(s)/time(s) when food production/food service will occur. Sun: Mon: Tue: Wed: Thurs: Fri: Sat:
Proposed number of meals to be prepared each day. Sun: Mon: Tue: Wed: Thurs: Fri: Sat:
Describe how the number of meals served per day and per week will be monitored/tracked:
How will food be advertised? <input type="checkbox"/> Internet (List website/applications used): <input type="checkbox"/> Internet Food Service Intermediary (List companies used): <input type="checkbox"/> Other:

GENERAL REQUIREMENTS

Please read each statement carefully and initial to confirm your understanding. Contact this Department with any questions.

I understand that I am required to obtain and maintain a Health Permit from DEHQ and have it available upon request.	_____ Initials
I understand that an approved copy of this operational procedure shall be maintained on site at all times, and that any changes to the menu, equipment, or procedures listed on this form require prior approval by DEHQ. I also, understand that a fee will be assessed for any review time after the initial submittal and approval.	_____ Initials
I understand the operation is limited to my private home, where the food will be stored, handled, prepared, and served.	_____ Initials
I understand that I may have no more than one full-time employee, not including family members or household members.	_____ Initials
I understand that food served must be prepared, cooked, and served or delivered on the same day.	_____ Initials
I understand that I may not engage in food processes that require a HACCP plan as specified in CRFC section 114419, including but not limited to smoking, curing, reduced oxygen packaging, canning, fermenting, and sous vide.	_____ Initials
I understand that the production, service, or sale of raw milk products and the service, and sale of raw oysters is prohibited.	_____ Initials
I understand that the production, manufacturing, processing, freezing, or packaging of milk and milk products (cheese, ice cream, yogurt, sour cream, butter, etc.) is prohibited.	_____ Initials
I understand that children and animals must be kept outside of the kitchen and dining areas during food preparation and service. Service animals may be allowed in dining areas.	_____ Initials
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. If operating a permitted mobile cart in conjunction with the MEHKO, the maximum is 80 meals per day or 200 meals per week. This department can also limit the number of meals prepared to fewer meals based on operational capacity.	_____ Initials
I understand that the MEHKO may not have more than one hundred thousand dollars (\$100,000) in verifiable gross annual sales, as adjusted annually for inflation based on the California Consumer Price Index. If operating a permitted mobile cart in conjunction with the MEHKO, the gross annual sales cap increases to \$150,000. <i>*Verification of annual gross sales may be requested.</i>	_____ Initials
I understand that food may only be sold directly to consumers, not to any wholesaler, caterer, or retailer. MEHKOs may not act as a caterer, may not also be permitted/registered as a Cottage Food Operation (CFO), and may not serve individual items that are not considered a meal.	_____ Initials
I understand that if a MEHKO wishes to use their home as a commissary for their own permitted mobile cart operation, they may do so only after receiving approval from this department, and that any mobile carts used must obtain all necessary permits from DEHQ prior to operation.	_____ Initials
I understand that I am prohibited from outdoor advertising displays at my residence and must comply with all applicable noise ordinances.	_____ Initials
I understand that I must keep the areas used as part of the MEHKO clean, sanitary, in good repair, and free of vermin (e.g., cockroaches, rodents, flies) at all times.	_____ Initials
I understand that the MEHKO is subject to one routine inspection per year and additional inspections if a complaint or notification of possible food borne illness is received.	_____ Initials
I understand that I may not serve alcohol or allow alcohol to be consumed on the premises of the MEHKO or allow patrons to bring their own alcohol to the premises without a license from the California Department of Alcoholic Beverage Control.	_____ Initials

I understand that advertisements for food that is prepared shall include the name of this department, permit number, and a statement that food prepared is "Made in a Home Kitchen". Advertisements cannot include the use of the word catering or any other variation of the word.	_____ Initials
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FOOD HANDLER HEALTH & HYGIENE	
I understand that in the event a food employee or resident of a private home is experiencing symptoms of acute gastrointestinal illness or diagnosed with an illness that can be transmitted by food or by a food handler, the owner shall notify this Department to obtain guidance on the requirements to either restrict or exclude food handlers or cease food operations.	_____ Initials
I understand that food handlers experiencing sneezing, coughing, or runny nose will not work with exposed food, clean equipment, utensils, or linens.	_____ Initials
I understand that food handlers 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.	_____ Initials
I understand the handwashing sink in the restroom must be supplied with warm water, dispensable soap, and single use paper towels.	_____ Initials
I understand that food handlers are required to keep their fingernails trimmed, filed, and maintained clean, and wear hair restraints when preparing food, and wear clean outer clothing.	_____ Initials
I understand that food handlers who have a wound that is open or draining shall not handle food, food related items, clean equipment, utensils, or linens unless the wound is protected and properly covered to prevent contamination.	_____ Initials

FOOD PROTECTION	
I will verify food of raw animal origin or containing food of raw animal origin will be cooked to meet their minimum temperature requirements.	_____ Initials
I will verify all potentially hazardous food will be hot held at or above 135°F or cold held at or below 41°F.	_____ Initials
I have a calibrated probe thermometer which measures both hot and cold temperatures and will use it to monitor internal food temperatures. I understand I must sanitize this thermometer with an approved sanitizer before each use.	_____ Initials
I understand that all food that is purchased for my business must be properly labeled and purchased from an approved source (licensed by the county, state, or federal government).	_____ Initials
I understand that all food must be stored in a manner that protects it from potential contamination.	_____ Initials

WAREWASHING	
Multi-use utensils and equipment will be cleaned and sanitized using the following method(s): <i>(check all that apply)</i> <input type="checkbox"/> Utensil washing sink <input type="checkbox"/> Dishwasher/Utensil washing sink combination Type of sanitizer that will be used: <input type="checkbox"/> Chlorine (100 ppm) <input type="checkbox"/> Quaternary ammonium (200 ppm) <input type="checkbox"/> Iodine (25 ppm) <input type="checkbox"/> Other: _____ How will the sanitizer concentration be tested? Describe the cleaning, sanitizing, and drying process to be used:	

FOOD SERVICE / DELIVERY

Identify the locations where food will be served at your home: *(check all that apply)*

- ☐ Dining room
 ☐ Kitchen table
 ☐ Backyard
 ☐ Patio
 ☐ Garage
 ☐ Not served on site

☐ Other: _____

List all locations where food, equipment, utensils, or linens used for the MEHKO will be stored.

Complete the following table below. Attach additional pages if necessary.

Location/Room	List the food, equipment, utensils, or linens that are stored in this location.

Will food products be available for customer pick-up? ☐ Yes ☐ No

Will the MEHKO deliver food products to customers? ☐ Yes ☐ No

a. If yes, who will deliver the food? _____

b. What means of transportation will be used? _____

If the MEHKO will be delivering food, what will be the maximum geographical distance and maximum time in transit?

Distance _____ Time _____

How will food be properly held hot/cold during transportation *(if delivery time is over 30 minutes)*?

Describe how food will be packaged for transport:

I understand that food orders and payments may be accepted via internet, mail, or phone. All food must be delivered directly (in person) to the customer. All food should be delivered within a safe time period based on holding equipment capacity. No food can be delivered via US Mail, UPS, FedEx, or using any other indirect delivery method. Records of sales will be made available for inspection upon request. **A third-party delivery service may only be used to deliver food to individuals that have a physical or mental condition impairing them from picking up the food themselves.**

Initials

POTABLE WATER SOURCE

Indicate the potable water source.

- ☐ Public water system
☐ Private well*

**All private water supplies must have water quality testing completed by a State Certified Laboratory. Attach a copy of the results for the following:*

Initial Testing - full panel of testing that consists of a total coliform bacteria test which shows the absence of coliform bacteria and an inorganic chemicals test (metals, nitrates) which demonstrates all required constituents tested are at or below the maximum contaminant levels (MCL).

Renewal Testing - The annual analysis shall consist of a total coliform bacteria test which shows the absence of coliform bacteria.

I understand that in the event of a water outage (public or private system) or improper water test results (private water system only) the MEHKO must immediately cease and desist all MEHKO food preparation and service until water is restored or water is retested to show acceptable bacteriological levels.

Initials

WASTE WATER / REFUSE DISPOSAL

Indicate the type of system that will be used to dispose of wastewater.

- ☐ Public sewer system
☐ Private septic system*

**Ensure your septic system is properly sized for the increase of wastewater as a result of your MEHKO. If any modifications need to be made to the existing system, contact DEHQ at (858) 565-5173 for permitting/approval requirements.*

I understand that in the event of septic failure or plumbing issues (ex. plumbing blockage, septic/sewer backup, etc.) the MEHKO must immediately cease and desist all food preparation and service until repairs are completed and all affected areas are cleaned and sanitized.

Initials

I understand that fats, oils, and greases may not be disposed directly into the drain/sewer system and that a referral will be made to the public sewer system agency if any evidence of this is observed during an inspection.

Initials

Where and how will refuse be stored on your property until pick-up? *Additional waste bins may be required to ensure proper disposal.*

How often will refuse be picked up from property?

How will you dispose of fats, oils and greases generated by your MEHKO?

SAFETY

Identify the types of ventilation that will be used to remove gases, odors, steam, heat, vapors, and smoke from the food preparation area (ex. fans, exhaust hood, operable screened windows, etc.):

Identify the type (minimum 10 BC-rated) and location of the fire extinguisher:

TRAINING / LICENSING

I understand that, as the owner of a MEHKO, I must possess a valid ANSI-approved Food Safety Manager Certification that must be submitted as part of the application process and that all other people who handle food, equipment or utensils at the MEHKO must possess a valid San Diego County approved food handler certification within 10 days of the start of their employment.

Initials

FOODS TO BE PREPARED / PROPOSED MENU

Please attach a copy of the menu for the proposed MEHKO. The menu should include all foods and beverages to be served. Include any seasonal menus if applicable.

Note: Cooking equipment will be evaluated during the initial inspection to determine compliance with all applicable requirements established in the California Retail Food Code.

OBLIGATION TO CLOSE

The MEHKO operation must immediately discontinue operation and close for the safety of the public if any of the following conditions exist:

- | | |
|---|--|
| <ul style="list-style-type: none">• No hot (minimum 100°F) or cold running water• Plumbing back-up or sewage overflow• Cockroach, rodent, or fly infestation• No electricity• Lack of functioning toilet facilities• Lack of functioning employee handwashing facilities• Lack of a valid health permit | <ul style="list-style-type: none">• Insufficient refrigeration• No food contact surface sanitizer available• No potable water• Fire or fire hazard• Any condition that poses an imminent health hazard to the public |
|---|--|

Initials

ACKNOWLEDGMENT

I understand and agree that any changes to my standard operating procedures, including menu, will require prior approval from this Department. I also understand that the approval to operate a MEHKO is based upon my adherence to the California Retail Food Code, and all information provided in this document. Failure to operate in accordance with these Standard Operating Procedures may result in permit suspension and/or the repeal of approval to operate a MEHKO. It is my responsibility to obtain approvals or licenses from all other applicable agencies, cities, landlord(s), or homeowner's association prior to operation of the MEHKO. I understand and hereby consent to any information I provide on this procedure to be considered a public record subject to disclosure under the California Public Records Act.

Signature: _____ Date: ____/____/____

Print Name: _____ Title: _____

OFFICE USE ONLY:

REVIEWER OF OPERATIONAL PROCEDURES: _____/_____

Name

Signature

DATE APPROVED: ____/____/____

Email SOP