



**County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rivcoeh.org

District Environmental Services

MICROENTERPRISE HOME KITCHEN OPERATION – STANDARD OPERATING PROCEDURES

To initiate the review of your application to operate a food business within your residential kitchen, please complete and submit this form, along with the all requested attachments, to Riverside County Department of Environmental Health.

PLEASE PRINT OR TYPE ALL INFORMATION

HOME KITCHEN OPERATOR INFORMATION			
Provide a copy of the owner's picture identification. If the address does not match the MHKO property address, another proof of residency is required.			
Name of Business (DBA):			Phone Number:
Owner's Name:		Food Employee's Name:	
Owner's Address:		City:	State: ZIP:
Email:		Website:	

PROPOSED HOURS OF OPERATION
Identify day(s)/time(s) when food production 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: _____
How will food be advertised?
<input type="checkbox"/> Internet <i>List website/applications used:</i> _____ <input type="checkbox"/> Intermediary <i>List companies used:</i> _____ <input type="checkbox"/> Other: _____

GENERAL REQUIREMENTS	
Please read each statement carefully and initial to confirm your understanding. Contact this Department with questions.	
I understand that I am required to obtain and maintain a Health Permit from the local enforcement agency and have it available upon request.	_____ 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, and sous vide.	_____ Initials
I understand that the production, service, or sale of raw milk and the service, or sale of raw oysters is prohibited.	_____ Initials
I understand that animals must be kept outside of the kitchen and dining areas during food preparation and service. Service animals may be kept in dining areas.	_____ Initials
I understand that food preparation is limited to no more than 30 individual meals per day and no more than 60 individual meals per week or as determined to be _____.	_____ Initials
I understand that the MHKO may not have more than fifty thousand dollars (\$50,000) in gross annual sales in the calendar year. <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 or retailer.	_____ Initials
I understand that I am prohibited from outdoor advertising displays and must comply with all applicable noise ordinances.	_____ Initials
I understand that I must keep the areas used as part of the MHKO clean, sanitary, in good repair, and free of vermin (e.g., cockroaches, rodents, flies) at all times.	_____ Initials
I understand that the MHKO is subject to inspection if a consumer complaint is received.	_____ Initials

FOOD HANDLER HEALTH & HYGIENE

In the event that a food employee or resident of a private home is experiencing symptoms of gastrointestinal illness or diagnosed with an illness that can be transmitted by food or by a food handler, the permit holder shall notify this Department to obtain guidance on the requirements to either restrict or exclude food handlers or cease food operations.	_____ Initials
Food handlers experiencing sneezing, coughing, or runny nose will not work with exposed food, clean equipment, utensils, or linens.	_____ Initials
Food handlers are required to wash their hands prior to food preparation, after using the toilet room, after touching body parts, after touching any animal, or after any other activity that can contaminate the hands.	_____ Initials
The handwashing sink in the restroom must be supplied with warm water, soap, and paper towels.	_____ Initials
Food handlers are required to keep their fingernails trimmed, filed and maintained clean, wear hair restraints when preparing food, and wear clean outer clothing.	_____ Initials
Food handlers who have a wound that is open or draining shall not handle food or food related items, 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 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.	_____ Initials
I understand that all food must be obtained from an approved source.	_____ Initials

WAREWASHING	
1. Multi-use utensils and equipment will be cleaned and sanitized using what methods: <i>(check all that apply)</i>	
<input type="checkbox"/> Utensil washing sink <input type="checkbox"/> Dishwasher <input type="checkbox"/> Clean-in-place protocols	
2. 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: _____	
3. How will the sanitizer concentration be tested? _____	
Describe cleaning and sanitizing process:	

FOOD SERVICE/DELIVERY	
1. List all locations where the food will be served at your home (i.e., dining room, kitchen table, backyard, patio, etc.).	
2. List all locations where food or utensils used for the MHKO will be stored.	
3. What will be done with any remaining food after the food service hours of operation?	
4. Will food products be available for customer pick-up? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Will food products be available for delivery to customers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If yes, who will deliver the food? _____	
b. What means of transportation will be used? _____	
6. How will food be held hot/cold during transportation?	
7. For delivery, what will be the maximum geographical distance and maximum time in transit?	
Distance _____ Time _____	
8. Describe how food will be packaged for transport:	
Food orders and payments may be accepted via internet, mail, or phone. All food must be delivered directly (in person) to the customer. No food can be delivered via US Mail, UPS, FedEx, or using any other indirect delivery method.	_____ Initials

WATER SOURCE

Identify the household water source

☐ Public water system or community services department: _____

☐ Private water supply*

Identify source (i.e., well, spring, surface, etc.): _____

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

Bacteriological Test (quarterly results)

Nitrate Test (annual results)

Fluoride (one time only)

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

Initials

DISPOSAL OF WASTE

Check the type of wastewater disposal used for this MHKO.

☐ Public sewer system

☐ Private septic system*

**Septic system must be properly sized for additional waste flows based on household size and number of meals to be served. Provide the following information:*

a. Number of persons residing in the home: _____

b. Number of restrooms: _____

c. Number of sinks: _____

I understand that in the event of septic failure or plumbing issues the MHKO must immediately cease and desist all MHKO preparation and service until repairs are completed and all affected areas are cleaned and sanitized.

Initials

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

2. How often will refuse be picked up from property?

SAFETY

1. Identify types of ventilation that will be used to remove gases, odors, steam, heat, vapors, and smoke from the food preparation area:

2. Identify the location of fire extinguisher:

3. Identify the location of the first aid kit:

TRAINING/LICENSING

Attach the following certifications/licenses:

☐ Food Safety Manager Certification

☐ Riverside County Food Handler Certification(s)

For all persons involved in the MHKO, except the Food Safety Manager

FOODS TO BE PREPARED

Attach a copy of your menu. Include all foods, beverages, and seasonal menus if applicable.

1. List all cooking equipment and food equipment used for the MHKO.

2. What constitutes a meal? List all "meals" proposed.

Complete the following for all food and beverages offered. Attach additional pages if necessary.

Food or Beverage	Ingredients	Will the food or beverage be offered hot, cold, or room temperature? Where will it be stored to maintain proper temperature?

OBLIGATION TO CLOSE

The MHKO operation must discontinue operation and close for the safety of the public. This includes, but is not limited to the following reasons:

- | | |
|--|--|
| ➤ No hot (minimum 120°F) or cold running water | ➤ Insufficient refrigeration |
| ➤ Plumbing back-up | ➤ No sanitizer available |
| ➤ Cockroach, rodent, or fly infestation | ➤ Any condition that poses an imminent health hazard to the public |
| ➤ No electricity | |

Initials

ACKNOWLEDGMENT

I understand and agree that any changes to my operating procedures, including menu, will require prior approval from this Department. I also understand that the approval to operate a MHKO is based upon my adherence to the California Retail Food Code, Riverside County Ordinance 949, 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 MHKO. It is my responsibility to obtain approvals from any other applicable agencies prior to operation of my MHKO.

Signature: _____ Date: ____ / ____ / ____

Print Name: _____ Title: _____

For Office Use Only

Approved By: _____ Date: _____