

MICROENTERPRISE HOME KITCHEN OPERATION (MEHKO) STANDARD OPERATING PROCEDURES (SOP)

Please complete and submit this form, along with any additional documents, to Imperial County Public Health Department (ICPHD) Division of Environmental Health for review to operate a food business within your residential private kitchen.

PLEASE PRINT OR TYPE ALL INFORMATION

HOME KITCHEN OPERATOR INFORMATION			
Name of Business (DBA):			
Owner's Name:		Phone Number:	
Owner's Address:	City:	State:	ZIP:
Food Employee(s) Name:		Number of hours per week:	
Additional Food Employee Name (if applicable)		Number of hours per week:	
Email:		Website:	
Name of Internet Food Service Intermediary (If applicable):		Contact number for Internet Food Service Intermediary:	
PROPOSED HOURS OF OPERATION			
Identify day(s)/times when food production may occur <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	Proposed number of meals to be prepared on each day Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____	Identify days when food may be offered for consumption on the premises <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	Identify days when food may be offered for delivery <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
How will food products be sold? <input type="checkbox"/> Onsite within home <input type="checkbox"/> Internet (web address) _____ <input type="checkbox"/> Third Party Intermediary (Name) _____ <input type="checkbox"/> Other: _____			
FOOD EMPLOYEE HYGIENE/HEALTH			
The following food employee hygiene/health requirements are not inclusive of all requirements outlined in the California Retail Food Code (CRFC 113945-113978) that must be followed. Refer to Chapter 3 Management and Personnel for all requirements.			
<ul style="list-style-type: none"> If a food employee or resident of a private home is experiencing symptoms of a gastrointestinal illness or is diagnosed with an illness that can be transmitted by food or by a food handler, the permit holder shall notify ICPHD Environmental Health Division to obtain guidance on the requirements to either restrict or exclude food employees or cease food operations. Food employees 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. 			

- The handwashing sink in the restroom must be supplied with warm water, soap and paper towels.
- Food employees are required to keep their fingernails trimmed, filed and maintained clean, wear hair restraints when preparing food and wear clean outer clothing.
- Food employees who have a wound that is open or draining shall not handle food, unless the wound is protected to prevent food contamination.
- Food employees are required to minimize bare hand and arm contact with ready-to-eat unpackaged food. This may include the use of utensils (e.g. tongs, paper wrappers, single-use gloves or other implements).
- Food must be delivered (in person) to the customer. No food can be delivered via US Mail, UPS, FedEx, or using any other direct delivery. No catering may occur.

Foods TO BE PREPARED
(limited to 30 individual meals per day or 90 individual meals per week)

According to California Retail Food Code (CalCode) section 113825(d), a **“meal”** means the amount or quantity of food that is intended to be consumed by one customer in one sitting. A meal may include one or more of the following:

- | | |
|----------------|---------------|
| 1. A main dish | 2. Appetizers |
| 3. Side dishes | 4. Beverages |
| 5. Baked goods | 6. Desserts |

Additionally, a “meal” must be:

- **Be prepared and served on the same day** (no batch prepping meals for future sales or next-day delivery)
- **Be sold directly to the end consumer** (no resale by third parties)
- **Be limited in volume** – MEHKOs can serve no more than 30 meals per day or 90 meals per week

Example of acceptable MEHKO **“meals”**:

- | | | |
|---|--|---|
| • 3-4 tacos with side(s) (beans & rice) and a drink | • 3-4 pupusas with side(s) (cabbage,beans) and a drink | • 3-4 tamales with side(s) (beans & rice) |
| • A chicken curry with rice and vegetables | • One (1) 12-inch pizza/cheesecake/cake/pie | • One (1) 12-ounce drink (coffee, matcha) |

1. In the table below, identify the meal, list the ingredients for each food item and equipment utilized to prepare each meal. Attach list if additional space is needed. Prohibited items: raw oysters; raw milk or raw milk products; production, manufacturing, processing, freezing, or packaging of milk or milk products; any items requiring a Hazard Analysis Critical Control Point (HACCP) plan.

All food ingredients must be obtained from an approved source. Maintain all receipts.

Meal	Ingredients	Equipment to be used
Example: Garlic Shrimp Pasta, 3 pieces of garlic bread, and one Italian soda can (store bought)	<p>Garlic Shrimp Pasta: Linguine pasta, olive oil, raw shrimp, salt, ground black pepper, old bay seasoning, heavy cream (store bought), parmesan cheese (store bought), fresh parsley, butter</p> <p>Garlic bread: Italian bread loaf (store bought), butter, garlic, parsley, sea salt, chives</p>	<p>Garlic Shrimp Pasta: Saucepans, skillet, measuring cups, spatula, strainer, knife, cutting board</p> <p>Garlic bread: Cutting board, knife</p>

All food ingredients must be obtained from an approved source. Maintain all receipts. Additional pages are attached to the back of application.

Meal	Ingredients	Equipment to be used

2. Does your food preparation include any of the following steps (check all that apply):

☐ Cooking ☐ Reheating ☐ Cooling ☐ Packaging
3. How will the final product be held/stored? ☐ Refrigerated ☐ Hot Held ☐ Room Temperature
4. How will cooking, cooling and reheating temperature requirements be verified? _____

5. Will you be using an ☐ Open-air Barbecue ☐ Outdoor Wood-burning Oven ☐ Not Applicable

6. How will you keep track of meals sold and gross annual sales? ☐ Paper log ☐ Electronic log Other _____

WAREWASHING

1. Multi-use utensils and equipment will be cleaned and sanitized using what methods:

☐ Kitchen Sink ☐ Dishwasher ☐ Clean-in-place protocols

Manual Warewashing procedure:

1. Pre-clean – Remove food debris from equipment/utensils
2. Wash – Solution containing detergent and minimum 100°F hot water
3. Rinse – Clear water
4. Sanitize – Immersion, manual swabbing, or brushing using an approved sanitizer
5. Air dry

2. Type of sanitizer that will be used (*Test strips are to be provided to verify sanitizer concentration):

Sanitizer	Concentration and Contact Time	Dilution
<input type="checkbox"/> Chlorine (unscented bleach)	100 ppm for at least 30 seconds	1 tablespoon per gallon of water
<input type="checkbox"/> Quaternary ammonium (bar rinse)	200 ppm for at least one minute	Follow manufacturer's instructions
<input type="checkbox"/> Iodine	25 ppm for at least one minute	Follow manufacturer's instructions

Cleaning frequency of equipment food-contact surfaces and utensils:

- When changing to a different type of raw animal food
- When changing from working with raw food to ready-to-eat (RTE) food
- When changing from raw produce to potentially hazardous food (PHF)
- Before using or storing a food temperature measuring device
- At least every four hours during continuous use of food-contact surfaces with PHFs
- At any time during the operation when contamination may have occurred

FOOD /UTENSIL STORAGE

1. Are you storing food (ingredients or finished products) in any place other than within the kitchen? ☐ Yes ☐ No

If yes, please indicate where: _____

FOOD SERVICE/DELIVERY

FOOD SERVICE:

1. List any locations where the food will be served at your home (i.e. dining room, kitchen table, backyard, patio, etc.)

☐ Kitchen/Dining Area ☐ Backyard ☐ Patio ☐ Garage Other: _____

2. What will be done with any remaining food that wasn't sold?

FOOD PICK-UP & DELIVERY:

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

2. Will food products be available for delivery to customers? ☐ Yes ☐ No

a. If yes, who will deliver the food, what means of transportation will be used during transportation?

3. How will food be kept hot/cold during transportation? ☐ Insulated bag ☐ Cooler ☐ Ice/Ice Packs Other: _____
4. What will be the maximum geographical distance for delivery of food? _____
5. How often will food be delivered? ☐ Daily ☐ Weekly ☐ Other: _____
6. Indicate the type of food packaging that will be utilized: _____

PREMISES

1. Do you have weekly curbside garbage collection service? ☐ Yes ☐ No If No, where and how often will garbage be disposed? _____

2. Identify source of potable water ☐ Public Water System _____
☐ Private **All private water supplies must have water quality testing by a State Certified laboratory.*
Attach a copy of the results for:

Testing Frequency	Analyte
Initial	Total coliform, E. coli, Nitrates, Nitrites
Quarterly	Total coliform, E. coli
Annual	Nitrates
Triennial	Nitrites

3. Identify where wastewater is discharged ☐ Public Sewer System ☐ Private Onsite Wastewater System **Septic system must be properly sized for additional waste flows based on household size and number of meals to be served.*

PERMITTEE RESPONSIBILITIES

Please read each statement carefully, initial boxes and sign below to confirm your understanding.

- I understand that I am required to obtain and display a Health Permit from the local enforcement agency and have it available whenever the microenterprise home kitchen is in operation.
- I understand that any approval of a MEHKO is limited to only my private home, where the food will be stored, handled, prepared and served.
- I understand that I may have no more than one full-time equivalent employee, not including a family member or household member.
- I understand that food served at the MEHKO must be prepared, cooked and served or delivered on the same day.
- I understand that I may not engage in food processes that would require a HACCP plan as specified in CRFC section 114419 or produce, serve or sell raw milk or raw milk products, serve or sell raw oysters, smoking of food as a method of preservation, curing, reduced oxygen packaging or sous vide.
- 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.
- 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.

- I understand that the MEHKO may not have more than fifty thousand dollars (\$50,000) in gross annual sales in the calendar year. * *Verification of annual gross sales may be requested.*
- I understand that I must keep logs of meals sold. * *Verification of meals sold may be requested.*
- I understand that a MEHKO may only sell food directly to consumers and not to any wholesaler or retailer.
- I understand that I am prohibited from outdoor advertising displays and I must comply with all applicable noise ordinances.
- I understand that the premises used as part of the MEHKO must be kept clean, in good repair and free of vermin (e.g. cockroaches, rodents, flies) at all times.
- I understand that linens used in the MEHKO must be laundered separately from the household laundry.
- I have submitted a copy of an approved and accredited Food Safety Certification.
- I have submitted a copy of an approved food handler course for any food employees.
- I understand that the MEHKO is subject to inspection because of a consumer complaint or upon reasonable advance notice to ensure compliance with the California Retail Food Code.
- **I understand that I may not cater. I may only deliver food or serve from my home.**
- **I understand that I may not also hold a Cottage Food Operation permit.**
- The MEHKO must discontinue operation and close for the safety of the public if the following should occur:

- | | |
|--|------------------------------|
| ▪ No hot or cold running water. | ▪ Insufficient refrigeration |
| ▪ Plumbing back up | ▪ No electricity |
| ▪ Cockroach, rodent or fly infestation | ▪ No sanitizer available |
| ▪ Any condition that poses an imminent health hazard to the public | |

ACKNOWLEDGMENT

I understand and agree that if I make changes to my operating procedures, I must notify ICPHD Environmental Health Division within 7 days. I also understand that the approval to operate a MEHKO is based upon the California Retail Food Code (CRFC) and failure to do so may result in the suspension or revocation of the health permit to operate a MEHKO.

Signature: _____ Date: ____ / ____ / ____

Print Name: _____ Title: _____

REVIEWER OF OPERATIONAL PROCEDURES: _____

DATE APPROVED: ____ / ____ / ____ HEALTH PERMIT NUMBER: _____

All food ingredients must be obtained from an approved source. Maintain all receipts.

Meal	Ingredients	Equipment to be used

All food ingredients must be obtained from an approved source. Maintain all receipts.

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