

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

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

**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	
<b>How will food products be sold?</b> <input type="checkbox"/> Onsite within home <input type="checkbox"/> Internet (web address) _____ <input type="checkbox"/> Third Party Intermediary (Name) _____ <input type="checkbox"/> Other: _____				
<b>Describe what constitutes a meal? List "meals" proposed.</b>  _____  _____				
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"> <li>If a food employee or resident of a private home is experiencing symptoms of a gastrointestinal illness or diagnosed with an illness that can be transmitted by food or by a food handler, the permit holder shall notify ICPHD Div. of Environmental Health to obtain guidance on the requirements to either restrict or exclude food employees or cease food operations.</li> </ul>				

- 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.

**FOODS TO BE PREPARED**  
**(limited to 30 individual meals per day or 60 individual meals per week)**

1. List all food items and ingredients that will be used to make the food(s). Attach list if additional space is needed.  
**All food ingredients must be obtained from an approved source. Maintain all receipts.**

Food and Beverages to be Prepared	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

**WAREWASHING**

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

Kitchen Sink  Dishwasher  Clean-in-place protocols

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

Chlorine (100 ppm)  Quaternary ammonium (200 ppm)  Other: \_\_\_\_\_

Describe the cleaning and sanitizing processes that will be followed:

\_\_\_\_\_

\_\_\_\_\_

**FOOD /UTENSIL STORAGE**

1. Are you storing food (ingredients or finished product) 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...)

\_\_\_\_\_

2. What will be done with any remaining food after the food service hours of operation?

\_\_\_\_\_

**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? \_\_\_\_\_

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: Bacteriological(quarterly), Nitrate (annual), Fluoride(once)

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 60 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 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.
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- 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.
- 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 Div. of Environmental Health within 7 days. I also understand that the approval to operate a MEHKO is based upon following the guidelines outlined in 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: \_\_\_\_\_