

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

Please complete and submit this form, along with the all requested attachments, to Santa Barbara County Environmental Health Services. **PLEASE PRINT OR TYPE ALL INFORMATION.**

HOME KITCHEN OPERATOR INFORMATION			
<b>Provide a copy of the owner's picture identification. If the address does not match the MEHKO property address, another proof of residency is required. Please note that home kitchen operator information for permit holders may be publicly posted.</b>			
Name of Business (DBA):			
Owner's Name:	Phone Number:		
Owner's Address:	City:	State:	ZIP:
Email:	Website:		
Food Employee(s) Name	Number of hours per week:		
Additional Food Employee Name (if applicable)	Number of hours per week:		

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	
<b>Please read each statement carefully and initial to confirm your understanding. Contact this Department with questions.</b>	
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, canning, fermenting, 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 I may not make dairy products such as ice cream, yogurt, milk, kefir, butter, cheese or sour cream without a license from the California Department of Food and Agriculture.	_____ 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 fewer as determined by this office.	_____ Initials
I understand that the MEHKO 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, caterer, or retailer.	_____ Initials
I understand that food may not be sold or provided to food carts, trucks, or other mobile food facilities and that the MEHKO may not operate as a commissary for mobile food facilities.	_____ 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 a routine inspection per year and additional inspections if a consumer complaint 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

<b>FOOD HANDLER HEALTH &amp; HYGIENE</b>	
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. I understand I must sanitize this thermometer with an approved sanitizer before each use.	_____ Initials
I understand that all food must be obtained from an approved source.	_____ Initials
I understand that all food must be stored in a way that protects it from potential contamination	_____ Initials

**WAREWASHING**

1. Multi-use utensils and equipment will be cleaned and sanitized using what methods: *(check all that apply)*

Utensil washing sink     Dishwasher     Clean-in-place protocols

2. Type of sanitizer that will be used:

Chlorine (100 ppm)     Quaternary ammonium (200 ppm)     Iodine (25 ppm)     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, garage, etc.).

2. List all locations where food or utensils used for the MEHKO 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?     Yes     No

5.	Will the MEHKO deliver food products to customers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	a. If yes, who will deliver the food? (in general, a third-party delivery service may not be used): _____	
	b. What means of transportation will be used? _____	
6.	How will food be held hot/cold during transportation?	
7.	If the MEHKO will be delivering food, 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. Records of sales will be made available for inspection upon request.		_____ Initials

WATER SOURCE		
Identify the household water source		
	<input type="checkbox"/> Public water system or community services department: _____	
	<input type="checkbox"/> Private water supply* Identify source (i.e., well, spring, surface, etc.): _____	
	<i>*All private water supplies must have water quality testing by a State Certified Laboratory. Attach a copy of the results for the following:</i>	
	Bacteriological Test (quarterly results) Nitrate Test (annual results) Nitrite Test (every three years) Inorganic Chemicals (one time only) 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 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

DISPOSAL OF WASTE		
Check the type of wastewater disposal used for this MEHKO.		
	<input type="checkbox"/> Public sewer system	
	<input type="checkbox"/> Private septic system* <i>*Septic system must be properly sized for additional waste flows based on household size and number of meals to be served. Review and approval by EHS Technical Services required prior to permit issuance.</i>	
I understand that in the event of septic failure or plumbing issues the MEHKO must immediately cease and desist all MEHKO 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 notification will be provided to the public sewer system agency of your MEHKO location to monitor fats, oils, and greases being generated from your property.		_____ Initials
1.	Where and how will refuse be stored on your property? <i>Additional waste bins may be required to ensure proper disposal.</i>	

2. How often will refuse be picked up from property?
3. How will you dispose of fats, oils and greases generated by your MEHKO?

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	
I understand that the owner of a MEHKO must possess a valid ANSI-approved Food Safety Manager Certification within 60 days of opening and that all other people who handle food, equipment or utensils at the MEHKO must possess a valid California-approved food handler certification within 30 days of opening.	_____ Initials

FOODS TO BE PREPARED / PROPOSED MENU	
<b>Attach a copy of your menu. Include all foods, beverages, and seasonal menus if applicable.</b>	
1. List all cooking equipment and food equipment used for the MEHKO.	
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 MEHKO operation must immediately discontinue operation and close for the safety of the public if any of the following conditions exist at your residence:

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

_____ Initials
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**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 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 any other applicable agencies, cities, landlord, or homeowner's association prior to operation of my MEHKO.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_