

DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Community Environmental Health Services

INFORMATION SHEET COTTAGE FOOD ESTABLISHMENTS (CFE)

IDENTITY OF PLANS
Name of Cottage Food Establishment
Address of Cottage Food Establishment
Phone
Applicant Name
Address of Applicant
Phone number of Applicant
Plan review for: New Renovation
Itemized list of the following: Application Plan review forms Product list Water source testing Sewage system confirmation Training requirements confirmation Training requirements (if applicable) Label sample Packaging confirmation Recall plan

____ Floor plan



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- 1. (3.0) Allowable Products and sale venues
 - a) List foods and ingredients that will be used and produced in the CFE attach separate sheet.
 - b) List venues where CFE products will be sold attach separate sheet.
- 2. (3.3) Water source ____ Private ____ Public
 - a) Attach copies of bacteriological and chemical results where water meets State of Delaware drinking water standards.
- 3. (3.3) Sewage disposal system Private Public
 - a) Attach a copy of sewage disposal system approval from the Department of Natural Resources and Environmental Control.
- 4. (5.0) Training requirements
 - a) At least one employee during hours of operation shall be on location and have shown proficiency in food safety through passing a test that is part of a program approved by the Office of Food Protection. Attach copy of course certificate.
- 5. (7.0) Facility requirements

Outdoor areas

- a) Refuse containers storage room provided ____ Yes ____ No
- b) Outer openings, doors, and windows properly fitted and closed ____ Yes ____ No
- c) Windows tight fitting ____ Yes ____ No
 d) Exterior doors closable ____ Yes ____ No

Indoor areas

a) Appropriate materials installed Food preparation areas <u>Yes</u> No Dry food storage areas <u>Yes</u> No b) No carpeting Food preparation areas ____ Yes ____ No Dry food storage areas ____ Yes ____ No

Utility lines installed inside walls, above ceiling, or below floors ____ Yes ____ No

Insect control devices installed properly ____ Yes ____ No

Lighting – 50 foot candles at a surface where a producer or employee is working ____Yes ____No

Animals - None allowed during preparation, packing, or handling ____ Yes ____ No



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Poisonous and toxic materials

a) Toxic Materials storage area ____ Yes
b) Medicine and first aid supply storage ____ Yes ____ No

No

Plumbing

- a) Meets requirements of all municipal, county, or state codes ____ Yes ____ No
- b) Accessible permanent restroom ____ Yes ____ No

Temperature measuring devices

- a) Located in all mechanically refrigerated food storage units ____ Yes ____ No
- b) Accessible to measure food temperatures ____ Yes ____ No
- c) Accurate Yes No
- d) Constructed of glass Yes No

Refrigeration and cold holding equipment

- a) Freezer shall be capable of maintaining stored food solidly frozen Yes No
- b) Refrigeration and cold holding units shall be capable of maintaining stored food at 41 degrees F or below ____ Yes ____ No

6. (8.0) Product requirements

Testing – if required by the Division

Product Labeling

- a) Sample label provided ____ Yes ____ No
- b) Name of CFE ____ Yes ___ No
- c) Name of Product ____ Yes ____ No
- d) Name, address, phone number, and email of CFE ____ Yes __ No
- e) Net weight or unit count ____ Yes ____ No
- f) Date of production / lot number ____ Yes ____ No
- g) List of ingredients in decreasing order by weight ____ Yes ____ No
- h) The following statement is included, "This food is made in a CFE and is NOT subject to routine government food safety inspections." Yes No
- i) Labels printed at least 10-point font in a color that provides a clear contrast to the back ground label ____ Yes ____ No

Packaging - only food grade quality packaging shall come into contact with food

____ Yes ____ No



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Recall plan

- a) Provide and maintains a current written contingency plan for use in initiating and affecting a recall of products ____ Yes ____ No
- b) Use sufficient coding or regulated products to make possible identification and to facilitate effective recall of all violative lots ____ Yes ____ No
- c) Maintain product distribution records to facilitate location of products that are being recalled.

Reporting and Records - System to maintain records for three years ____ Yes ____ No

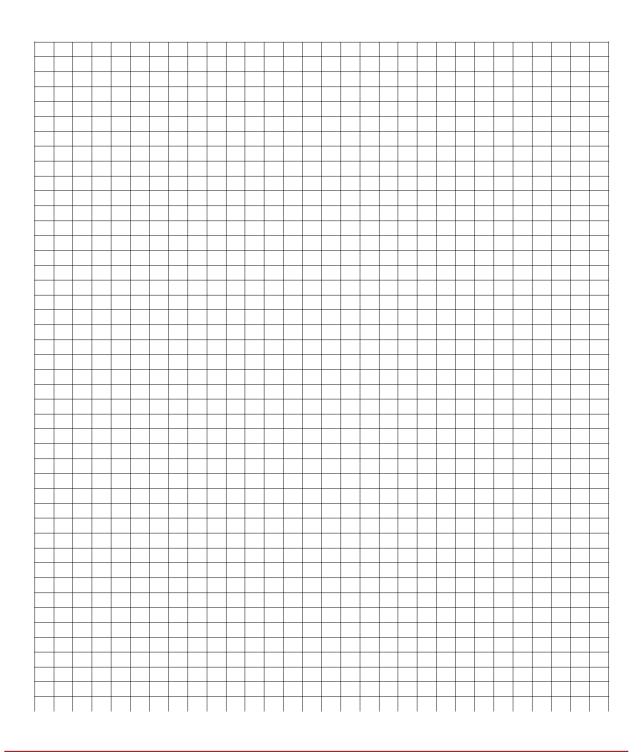


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