



**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
- ___ Product testing requirements (if applicable)
- ___ Label sample
- ___ Packaging confirmation
- ___ Recall plan
- ___ Floor plan



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 Yes No
 - Dry food storage areas Yes 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



Poisonous and toxic materials

- a) Toxic Materials storage area Yes No
- b) Medicine and first aid supply storage Yes 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 background label Yes No

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

Yes No



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

