



MICROENTERPRISE HOME KITCHEN OPERATION (MEHKO) APPLICATION/STANDARD OPERATING PROCEDURES

To initiate the review of your application for the preparation and sales of food from your home kitchen, please complete and submit this form, along with other requested documents, to Alameda County Department of Environmental Health (DEH). Additional information may be found on the Department's website at https://deh.acgov.org/operations/index.page.

PLEASE PRINT OR TYPE ALL INFORMATION

HOME KITCHEN OPERATOR INFORMATION
Provide a copy of the operator's photo identification. Another proof of residency may be considered.
Name of Operation (DBA): Operator's Phone Number:
Operator's Name: Food Employee's Name:
Operator's Address: City: State: ZIP:
Email: Website:
Property Owner Name: Property Owner Address and Phone Number:

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 the MEHKO be advertised? (NO posting of signage or other outdoor displays advertising the MEHKO.)
List website/mobile applications (apps):
Internet Intermediary (List companies used):

GENERAL REQUIREMENTS
Please read each statement carefully and initial to confirm your understanding. Contact this Department with questions.
I understand that I am required to obtain and display a valid Health Permit from the Alameda County Department of Environmental Health.
I understand I must obtain an approved food safety manager certification by this date:
I understand my employee must obtain an approved food handler card by this date:
I understand the operation is limited to my residence, where the food will be stored, handled, prepared, and served.
I understand that no more than one full-time employee, not including family members or household members, is allowed.
I understand that food served must be prepared, cooked, and served or delivered on the same day.

I understand that no food processes that require a HACCP plan, as specified, including but not limited to smoking, curing, reduced oxygen packaging, and sous vide are allowed.	_____ Initials
I understand that the production, manufacturing, processing, freezing, and packaging of milk or milk products such as cheese, ice cream, yogurt, sour cream, butter, and the service and sale of raw oysters and raw milk are prohibited.	_____ Initials
I understand that animals must be kept outside of the kitchen and dining areas during food preparation and service.	_____ 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 the approximate equivalent of meal components when sold separately, per week.	_____ Initials
I understand that the MEHKO may not have more than fifty thousand dollars (\$50,000) in gross annual sales. <i>*Provide Verification of annual gross sales documentation upon request.</i>	_____ Initials
I understand that food may only be sold directly to consumers, not to any wholesaler or retailer.	_____ Initials
I understand that I am prohibited from posting signage or outdoor advertising displays and must comply with all applicable nuisance ordinances.	_____ Initials
I understand that the areas essential to my MEHKO must be clean, sanitary, in good repair, and free of vermin (i.e., cockroaches, rodents, flies) at all times.	_____ Initials
I understand that my MEHKO is subject to inspection by this Department if a consumer or other complaints are received.	_____ Initials

FOOD HANDLER HEALTH & HYGIENE

The permit holder shall notify this Department if a person is experiencing symptoms of gastrointestinal illness (i.e. diarrhea, vomiting) or diagnosed with an illness that can be transmitted by food or by a food handler. Person suffering from symptoms should be prevented from entering the kitchen when food is being prepared.	_____ Initials
Food handlers experiencing sneezing, coughing, or runny nose are not allowed to work with unpackaged food, clean equipment, utensils, or linens.	_____ Initials
Food handlers are required to wash their hands prior to food preparation, before putting on new gloves, after using the restroom, after touching body parts, after touching any animal, after taking out trash, or after any other activity that contaminates 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 gloves over nail polish or artificial nails, wear hair restraints when preparing food, and wear clean outer clothing. Ring other than a plain ring is prohibited.	_____ Initials
Food handlers who have an open or draining wound shall not handle food or food related items, unless the wound is protected and properly covered by a bandage and a non-latex glove to prevent contamination.	_____ Initials

FOOD PROTECTION

I will verify, with a calibrated probe thermometer, that food of raw animal origin or containing food of raw animal origin will be cooked to meet minimum internal temperature requirements.	_____ Initials
I will verify with a calibrated probe thermometer all potentially hazardous food will be hot held at or above 135°F or cold held at or below 41°F.	_____ Initials

<p>I understand food must be cooked to the following minimum internal cooking temperatures:</p> <ul style="list-style-type: none"> • poultry, ground poultry, stuffed meat/fish/poultry, pasta stuffed with meat to 165°F for 15 secs • ground meat to 155°F for 15 secs • pork, fish, eggs to 145°F for 15 secs 	<hr/> Initials
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<p>I understand that all food must be obtained from an approved source.</p>	<hr/> Initials
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WAREWASHING

<p>1. Multi-use utensils and equipment will be cleaned and sanitized using what methods: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Utensil washing sink <input type="checkbox"/> Dishwasher</p> <p>2. Type of sanitizer that will be used:</p> <p><input type="checkbox"/> Chlorine (100 ppm – 1 tablespoon of unscented chlorine bleach per gallon of water)</p> <p><input type="checkbox"/> Other approved sanitizer: _____</p>
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<p>Describe cleaning and sanitizing process:</p>
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FOOD SERVICE/DELIVERY

<p>1. List all areas where the food will be served in your MEHKO.</p>
<p>2. List all areas where food and utensils used for the MEHKO will be stored.</p>
<p>3. Describe how you will be disposing any remaining food after the food service hours of operation.</p>
<p>4. Will food products be available for customer pick-up? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Will food products be available for delivery to customers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. How will food be held hot/cold during transportation?</p>
<p>7. Will deliveries be within 30 minutes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Describe how food will be packaged for transportation:</p>

<p>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 third-party delivery service (non-employee, non-household, and non-family members), unless the customer has a physical or mental condition that is a disability which limits their ability to access the food without the assistance of a third-party delivery service. Records must be maintained on the number and dates of food deliveries.</p>	<hr/> Initials
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WATER SOURCE

Verify the MEHKO is on a potable water source.

Public water system or community services department: _____

Private water supply*

Identify source (i.e., well, etc.): _____

**All private water supplies must have water quality testing by a State Certified Laboratory. Attach a copy of the results for the following:*

Bacteriological Test (annual results)

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 all MEHKO food preparation and service until water is restored or water is re-tested to show acceptable bacteriological levels.

Initials

DISPOSAL OF WASTE

Check the type of wastewater disposal used for this MEHKO.

Public sewer system

Private septic system

I understand that in the event of septic failure or plumbing issues the MEHKO must immediately contact this Department and cease all MEHKO preparation until repairs are completed and all affected areas are cleaned and sanitized.

Initials

1. Where and how will refuse be stored on your property?

2. How often will refuse be picked up from property?

3. Describe how grease and oil waste will be properly stored and recycled.

SAFETY

1. Explain how gases, odors, steams, heat, grease, vapors, and smoke are able to escape from the kitchen.

2. Identify the location of fire extinguisher:

3. Identify the location of the first aid kit:

TRAINING/LICENSING

Provide copies documenting the following certifications/licenses:

Food Safety Manager Certification

Food Handler Card

For all persons involved in the preparation, storage or service of food in a MEHKO, except the Food Safety Manger

**OBLIGATION TO DISCONTINUE
OPERATION**

The MEHKO must discontinue operation for the safety of the public. This includes, but is not limited to the following reasons:

- | | |
|---|--|
| <ul style="list-style-type: none">○ No hot or cold running water○ Sewage back-up○ Cockroach, rodent, or fly infestation○ No electricity○ Fire | <ul style="list-style-type: none">○ Lack of refrigeration○ No sanitizer available○ Any condition that poses an imminent health hazard to the public○ Ill food handler |
|---|--|

Initials

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, Alameda County Ordinance 6.68, 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.

Signature: _____ Date: _____

Print Name: _____ Title: _____

For Office Use Only

Comments:

Approved By: _____

Date: _____

Print Name: _____