

Cottage Food Operation Official Inspection Report

DBA/Name: <i>Amaya's Magical Treats</i>	Date: <i>6-12-2020</i>	Time: <i>11:30 am</i>
Address: <i>1125 Shadow Mtn Dr</i>	Recheck Date:	
Owner/Operator: <i>Nicole Lofton</i>	Violation Correction Date:	

Class A Class B Facility #: *CFO 000131* Routine Complaint Reinspection Initial Inspection

Violations pose a threat to public health and must be corrected. Uncorrected violations may warrant closure of the Cottage Food Operation (CFO). See reverse side for the California Retail Food Code sections and general requirements that correspond to each violation listed below

IN - In Compliance OUT - Out of Compliance N/A - Not Applicable N/O - Not Observed

Demonstration of Knowledge	IN	OUT	N/A	N/O	Facility Requirements	IN	OUT	N/A	N/O
1a. Self-certification checklist submitted (Class A)					7a. Adequate storage for food and related equipment	<input checked="" type="checkbox"/>			
1b. Food processor course complete <i>10/5/2018</i>	<input checked="" type="checkbox"/>				7b. Food preparation occurs in private kitchen of CFO	<input checked="" type="checkbox"/>			
Employee Health & Hygiene Practices					7c. CFO located in private dwelling /operator residence	<input checked="" type="checkbox"/>			
2a. No ill employees or workers	<input checked="" type="checkbox"/>				Labeling				
2b. No smoking in CFO	<input checked="" type="checkbox"/>				8a. "Made in a Home Kitchen" on package	<input checked="" type="checkbox"/>			
2c. Employees shall not contaminate food	<input checked="" type="checkbox"/>				8b. Common name of product on package	<input checked="" type="checkbox"/>			
Prevent Contamination by Hands					8c. Name of CFO on package	<input checked="" type="checkbox"/>			
3a. Hand washing station stocked and available	<input checked="" type="checkbox"/>				8d. Ingredients listed on package	<input checked="" type="checkbox"/>			
3b. Hands washed prior to food preparation	<input checked="" type="checkbox"/>				8e. Registration or permit number on package		<input checked="" type="checkbox"/>		
3c. Proper glove use	<input checked="" type="checkbox"/>				Vermin				
Approved food item					9. No rodents, insects or animals within CFO	<input checked="" type="checkbox"/>			
4. Food prepared from approved food list only	<input checked="" type="checkbox"/>				Compliance and Enforcement				
Water					10a. CFO operating with valid permit or registration	<input checked="" type="checkbox"/>			
5. Potable water source	<input checked="" type="checkbox"/>				10b. Approved direct sales to consumers	<input checked="" type="checkbox"/>			
Protection from Contamination					10c. Approved indirect sales in county of origin	<input checked="" type="checkbox"/>			
6a. Food free from contamination and adulteration	<input checked="" type="checkbox"/>				10d. Approved number of employees	<input checked="" type="checkbox"/>			
6b. Kitchen equipment and utensils clean and in good repair	<input checked="" type="checkbox"/>				10e. Meets gross sales requirements	<input checked="" type="checkbox"/>			
6c. Food contact surfaces are cleaned and sanitized	<input checked="" type="checkbox"/>				Other:				
6e. No infants, small children, or pets in kitchen during CFO hours	<input checked="" type="checkbox"/>								

• Hot water 135°f + (ok)
 • Hand washing station (ok)
 • Refridge 40°f (ok)
 • Storage (ok)
 • Registration permit # CFO 000131 needs to be in the ALL the labels/packages please submit another copy of the label with your permit number on the ~~label~~ label.

[Signature]
 Environmental Health Specialist

[Signature]
 Received By: