



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

To initiate the review of your application to operate a food business within your residential kitchen, please complete and submit this form, along with the following applicable documents, and non-refundable review fee to San Mateo County Environmental Health Services.

### HOME KITCHEN OPERATOR INFORMATION

NAME OF BUSINESS (DBA)	
OWNER'S NAME	PHONE
OWNER'S ADDRESS /CITY/ZIP CODE	
FOOD EMPLOYEE(S) NAME	NUMBER OF HOURS PER WEEK
ADDITIONAL FOOD EMPLOYEE NAME (IF APPLICABLE)	NUMBER OF HOURS PER WEEK
EMAIL	WEBSITE
NAME INTERNET FOOD SERVICE INTERMEDIARY (IF APPLICABLE)	CONTACT NAME INTERNET FOOD SERVICE INTERMEDIARY

### PROPOSED HOURS OF OPERATION

Identify day(s)/times when food production may occur	Proposed number of meals to be prepared on each day	Identify days when food may be offered for consumption on the premises	Identify days when food may be offered for delivery
<input type="checkbox"/> SUN	<input type="checkbox"/> SUN	<input type="checkbox"/> SUN	<input type="checkbox"/> SUN
<input type="checkbox"/> MON	<input type="checkbox"/> MON	<input type="checkbox"/> MON	<input type="checkbox"/> MON
<input type="checkbox"/> TUES	<input type="checkbox"/> TUES	<input type="checkbox"/> TUES	<input type="checkbox"/> TUES
<input type="checkbox"/> WED	<input type="checkbox"/> WED	<input type="checkbox"/> WED	<input type="checkbox"/> WED
<input type="checkbox"/> THURS	<input type="checkbox"/> THURS	<input type="checkbox"/> THURS	<input type="checkbox"/> THURS
<input type="checkbox"/> FRI	<input type="checkbox"/> FRI	<input type="checkbox"/> FRI	<input type="checkbox"/> FRI
<input type="checkbox"/> SAT	<input type="checkbox"/> SAT	<input type="checkbox"/> SAT	<input type="checkbox"/> SAT

#### HOW WILL FOOD PRODUCTS BE SOLD? Check all that apply.

<input type="checkbox"/> Onsite within home	<input type="checkbox"/> Internet (web address)
<input type="checkbox"/> Third party intermediary	<input type="checkbox"/> Other _____

## FOOD EMPLOYEE HYGIENE/HEALTH

1. In the event that a food employee or resident of a private home is experiencing symptoms of a gastrointestinal illness or diagnosed with an illness that can be transmitted by food or by a food handler, the permit holder shall notify Environmental Health Services to obtain guidance on the requirements to either restrict or exclude food employees or cease food operations.
2. Food employees are required to wash their hands prior to food preparation, after using the restroom, after touching body parts, after touching any animal, or after any other activity that can contaminate the hands.
3. The handwashing sink in the restroom must be supplied with warm water, soap, and paper towels.
4. Food employees are required to keep their fingernails trimmed, filed and maintained clean, wear hair restraints when preparing food, and wear clean outer clothing.
5. Food employees who have a wound that is open or draining shall not handle food, unless the wound is protected to prevent food contamination.

## FOOD TO BE PREPARED

1. List all food items and products that will be used to make the food(s). Attach list if additional space is needed. All food ingredients must be obtained from an approved source. Maintain receipts.

FOOD AND BEVERAGES TO BE PREPARED	INGREDIENTS	EQUIPMENT TO BE USED

2. Does your food preparation include any of the following steps? (Check all that apply.)  
☐ Cooking      ☐ Re-heating      ☐ Cooling      ☐ Packaging
3. How will the final product be held/stored?  
☐ Refrigerated      ☐ Hot held      ☐ Room temperature
4. How will cooking, cooling, and reheating temperature requirements be verified?

## WAREWASHING

1. Multi-use utensils and equipment will be cleaned and sanitized using the following methods:

☐ Kitchen sink    ☐ Dishwasher    ☐ Clean in place protocols

2. Type of sanitizer\* that will be used (\*Test strips are to be provided to verify sanitizer concentration)

☐ Chlorine 100 ppm    ☐ Quaternary ammonium 200 ppm    ☐ Clean in place protocols

Describe cleaning and sanitizing process to be followed: \_\_\_\_\_  
\_\_\_\_\_

## FOOD/UTENSIL STORAGE

1. Are you storing food (ingredients or finished product) in any place other than within the kitchen? ☐ Yes ☐ No

If yes, please indicate where: \_\_\_\_\_

## FOOD SERVICE

1. List any locations where the food will be served at your home (i.e. dining room, kitchen table, backyard, patio, etc.)

\_\_\_\_\_

2. What will be done with any remaining food after the food service hours of operation?

\_\_\_\_\_

## FOOD PICK UP AND DELIVERY

1. Will food products be available for customer pick up? ☐ Yes ☐ No

2. Will food products be available for delivery to customers? ☐ Yes ☐ No

If yes, who will deliver the food, what means of transportation will be used, and how will food be held hot/cold during transportation? \_\_\_\_\_

3. How will food be kept hot/cold during transportation? \_\_\_\_\_

4. What will be the maximum geographical distance for the delivery of food? \_\_\_\_\_

5. How often will food be delivered ☐ Daily ☐ Weekly Other \_\_\_\_\_

6. Indicate the type of food packaging that will be used: \_\_\_\_\_

## PREMISES

1. Do you have weekly curbside garbage collection service? ☐ Yes ☐ No

If no, where and how often will garbage be disposed? \_\_\_\_\_

2. Identify source of potable water? ☐ Public water system ☐ Private well \*

\*Bacteriological test (quarterly), Nitrates (annually), Nitrites (every 3 years), and constituents of concern such as Fluoride and Arsenic (once) may be required by Environmental Health Services.

3. Identify how waste water is discharged? ☐ Public water system ☐ Private Onsite Wastewater System

4. Identify types of ventilation that will be provided to remove gases, odors, steam, heat, vapors, and smoke from the food preparation area? \_\_\_\_\_

5. Is this a rental unit? ☐ Yes ☐ No    If not, please fill out property management/landlord authorization form.

## PERMITTEE RESPONSIBILITIES

- I understand that I am required to obtain and maintain a Health Permit from Environmental Health Services and have available when requested.
- I understand that any approval of a MEHKO is limited to only my private home, where the food will be stored, handled, prepared, and served.
- I understand that I may have no more than one full-time equivalent employee, not including family members or household members.
- I understand that food served at the MEHKO must be prepared, cooked, and served or delivered on the same day.
- I understand that I may not engage in food processes that would require a HACCP plan as specified in CRFC section 114419 or produce, serve or sell raw milk or raw milk products, or serve or sell raw oysters.
- I understand that the service of raw oysters and raw milk is prohibited.
- 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.
- 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.
- I understand that MEHKO may not have more than fifty thousand dollars (\$50,000) in gross annual sales in the calendar year. Verification of annual gross sales may be requested by Environmental Health Services.
- I understand that MEHKO may only sell food directly to consumers and not to any wholesaler or retailer.
- I understand that I am prohibited from outside advertising displays and must comply with all applicable noise ordinances.
- I understand that the premises used as part of the MEHKO must be kept clean in good repair and free of vermin (e.g. cockroaches, rodents, flies) at all times.
- I understand that I must submit a copy of successful completion of an approved and accredited food safety certification examination within 60 days of commencing operation.
- I understand that I must submit a copy of successful completion of an approved food handler course for any food employees within 30 days of commencing food preparation.
- I understand that the MEHKO is subject to inspection as a result of a consumer complaint or upon reasonable advance notice to ensure compliance with California Retail Food Code.

## ACKNOWLEDGEMENT

I understand and agree that if I make changes to my operating procedures, I must notify Environmental Health Services within 7 days. I also understand that the approval to operate a MEHKO is based upon following the guidelines outlined in the California Retail Food Code (CRFC) and failure to do so may result in the suspension or revocation of the health permit to operate a MEHKO.

SIGNATURE

DATE

PRINTED NAME

TITLE

REVIEWER OF OPERATIONAL PROCEDURES

DATE

HEALTH PERMIT NUMBER