

**ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH**

**COMMUNITY FOOD PRODUCTION (CFP)  
SELF CERTIFICATION CHECKLIST**

*The following requirements are outlined in the Community Food Production and Safety Act (AB 1990) and are provided as minimum standards of health and safety for community gardens, personal gardens, school gardens, and culinary gardens per California Retail Food Code (Cal Code).*

CFP Business Name:		CFP Producer:	
CFP Physical Address:		CFP City:	CFP ZIP:
Phone:	<b>FA</b>	<b>PR</b>	<b>PE</b>

**Above bold boxes for office use only.**

**CFP Growing Area Requirements:**

	Yes	No
1. I will grow my CFP produce (vegetables, fruit, unshelled nuts) in accordance with the "California Small Farm Food Safety Guidelines published by the Department of Food and Agriculture. The guideline can be found at <a href="http://www.cdffa.ca.gov/is/i_&amp;_c/pdfs/SFFSGbooklet-QuickPrintEnglish.pdf">http://www.cdffa.ca.gov/is/i_&amp;_c/pdfs/SFFSGbooklet-QuickPrintEnglish.pdf</a>	<input type="checkbox"/>	<input type="checkbox"/>
2. I will plan the harvest time to avoid problems with harvesting and storing the produce.	<input type="checkbox"/>	<input type="checkbox"/>
3. The CFP Growing area is located at the private dwelling where I as the CFP Producer currently reside.	<input type="checkbox"/>	<input type="checkbox"/>
4. I will have control over the CFP Growing area at all times.	<input type="checkbox"/>	<input type="checkbox"/>
5. I am not aware of any past usages of the CFP growing area or adjacent areas that might have resulted in contamination to the CFP growing area soil.	<input type="checkbox"/>	<input type="checkbox"/>
6. I will use raised beds if soil contamination is suspected.	<input type="checkbox"/>	<input type="checkbox"/>
7. I will only use raised beds.	<input type="checkbox"/>	<input type="checkbox"/>
8. I will only use garden beds, containers, stakes and trellises that are constructed of nontoxic, non-leaching materials (no pressure treated wood or used tires).	<input type="checkbox"/>	<input type="checkbox"/>
9. I will locate my CFP growing area away from all sources of contamination (manure, compost, machinery, garbage, chemicals, standing water, over or within ten feet of a septic system or leech field and any other source of contamination).	<input type="checkbox"/>	<input type="checkbox"/>
10. I will minimize vegetation at the edge of the CFP vegetable growing areas.	<input type="checkbox"/>	<input type="checkbox"/>
11. I will provide a buffer or fence for the CFP growing area to exclude pets and wild animals.	<input type="checkbox"/>	<input type="checkbox"/>
12. I will use composting procedures that are in compliance with the California Department of Agriculture. The use of compost teas is prohibited.	<input type="checkbox"/>	<input type="checkbox"/>

13. I understand that raw manure is not an approved fertilizer or compost ingredient. Composted manure, purchased from a commercial outlet is approved for use as a compost ingredient.	<input type="checkbox"/>	<input type="checkbox"/>
14. I will only use potable water from a municipal source to irrigate my CFP growing area.		
15. I will minimize vector attractants by removing decaying vegetation, standing water and any other conditions that may attract insects and rodents.	<input type="checkbox"/>	<input type="checkbox"/>
16. I will contact the County Agricultural Commissioner for approval, prior to using pesticides for CFP produce.	<input type="checkbox"/>	<input type="checkbox"/>

**CFP Worker Hygiene:**

Yes No

17. I will use good hand washing practices by:		
a) Thoroughly washing my hands (under finger nails between fingers etc.) with soap, rinse with clear water and dry with paper towels before starting, returning to work	<input type="checkbox"/>	<input type="checkbox"/>
a) Washing my hands prior to harvesting, washing or storing produce and after using the restroom, coughing sneezing, touching animals and handling any other unsanitary items Location of hand sink _____	<input type="checkbox"/>	<input type="checkbox"/>
18. Location of the nearest toilet facilities _____ (within 300 feet travel distance from the CFP)	<input type="checkbox"/>	<input type="checkbox"/>
19. If I have symptoms of fever, jaundice, diarrhea and vomiting, or infected wounds, I will not handle any CFP produce or food contact surfaces.	<input type="checkbox"/>	<input type="checkbox"/>
20. I will bandage any cuts, open sores, burns and wear food grade gloves until the wound is completely healed.	<input type="checkbox"/>	<input type="checkbox"/>

**CFP Produce Harvesting and Storage Requirements:**

Yes No

21. I will wash, rinse, and sanitize all food contact equipment, and utensils (knives, scissors, sinks, bowls, tubs etc.) used for harvesting cleaning or storing CFP produce, before and after each use. These harvesting tools/utensils will not be used for any other purpose. Location of utensil sink _____	<input type="checkbox"/>	<input type="checkbox"/>
22. I will discard CFP produce with signs of contamination, discoloration, bruises or torn surfaces.	<input type="checkbox"/>	<input type="checkbox"/>
23. I will discard eggs with visible stains discoloration or with shells that are cracked, broken, leaking or with foreign material adhering to the shell surface.	<input type="checkbox"/>	<input type="checkbox"/>
24. I will not eat, smoke, drink, spit or store personal items in the growing area.	<input type="checkbox"/>	<input type="checkbox"/>
25. I will rinse field dirt off the CFP produce with potable water in the growing area before transferring the produce to my kitchen.	<input type="checkbox"/>	<input type="checkbox"/>
26. I will provide a final produce rinse at my kitchen sink to remove any remaining soil or insects.	<input type="checkbox"/>	<input type="checkbox"/>

27. I will store ready to eat produce in my refrigerator at or below 41°F promptly after the CFP produce goes through the final rinse.	<input type="checkbox"/>	<input type="checkbox"/>
28. I will store eggs in a clean and dry place that is protection from contamination	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
29. I will store all CFP utensils and equipment in areas protected from dirt, rodents and insects and any other sources of contamination.	<input type="checkbox"/>	<input type="checkbox"/>

**Produce Sales and Transportation Requirements:**

	Yes	No
30. I understand that I can sell whole, uncut fruits and vegetables, unshelled nuts and unrefrigerated shell eggs directly to consumers, cottage food operators, restaurants, and at the garden site and any other area under the Producer's control. 114376a	<input type="checkbox"/>	<input type="checkbox"/>
31. I understand that I am limited to selling 15 dozen shell eggs per month. 114376(a)(5)	<input type="checkbox"/>	<input type="checkbox"/>
32. I must receive approval from Alameda County Department of Environmental Health to sell sprouts and mushrooms.	<input type="checkbox"/>	<input type="checkbox"/>
33. I understand that I must contact the County Agricultural Commissioner's office and the Market Manager to participate at a Certified Farmer's Market.	<input type="checkbox"/>	<input type="checkbox"/>
34. I am aware that in transporting produce, I may also transport unwanted pests from one location to another. I will check with the County Agricultural Commissioner's Office regarding movement of produce outside the county.	<input type="checkbox"/>	<input type="checkbox"/>
35. I will transport my produce in clean vehicles, protected from pets and other contamination sources.	<input type="checkbox"/>	<input type="checkbox"/>

**Labeling and Record Keeping Requirements:**

36. I will maintain records of my CFP harvest and selling dates.	<input type="checkbox"/>	<input type="checkbox"/>
37. I will maintain a list of all events, where I sell my CFP produce.	<input type="checkbox"/>	<input type="checkbox"/>
38. I will maintain records of the hatch and sell dates of my CFP shell eggs.	<input type="checkbox"/>	<input type="checkbox"/>
39. I will label my CFP produce and shell eggs with the name and address of my CFP produce/egg production. 114376(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>
40. If I sell my CFP produce at the CFP growing area, I will post conspicuous signage in lieu of the product label. At minimum, the signage will include the name and address of my CFP produce production. 114376(a)(3).	<input type="checkbox"/>	<input type="checkbox"/>

**Zoning Requirements:**

40. I have complied with the applicable zoning requirements for the CFP.	<input type="checkbox"/>	<input type="checkbox"/>
41. I have attached documentation from the planning office (if required).	<input type="checkbox"/>	<input type="checkbox"/>

By signing below you are certifying that you meet the requirements of the Community Food Production and Safety Act, AB 1990. Cal Code Section 114376. Prior to making any changes, I acknowledge that I must notify the Alameda County Department of Environmental Health Jurisdiction of any intended changes to the above statement.

Community Food Production Operator Checklist completed and submitted by:

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*Owner's Signature*                      *Print Name*                      *Date*