

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

**PLEASE PRINT OR TYPE ALL INFORMATION.**

HOME KITCHEN OPERATOR INFORMATION			
Name of Operation:	Operator's Phone Number:		
MEHKO Owner's Name:	MEHKO Employee's Name (if applicable):		
MEHKO's Address:	City: _____	State: _____	ZIP: _____
Email: _____	Website (if applicable): _____		

### PROPOSED HOURS OF OPERATION

Please describe a typical schedule of your operation including day(s)/time(s) when food is prepared and served.

Sun: _____	Mon: _____	Tue: _____	Wed: _____	Thurs: _____	Fri: _____	Sat: _____
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Estimated number of meals to be prepared each day. Cannot exceed 30 meals per day, and no more than 60 meals per week.

Sun: _____	Mon: _____	Tue: _____	Wed: _____	Thurs: _____	Fri: _____	Sat: _____
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### GENERAL REQUIREMENTS

Please read each statement carefully and initial to confirm your understanding. Contact Santa Clara County Department of Environmental Health with questions.

I understand that no more than one full-time employee, not including family members or household members, is allowed.	_____ Initials
I understand that all food must be served, or delivered to the customer, on the same day as it is prepared or cooked. Leftovers will not be used, sold, or given away.	_____ Initials
I understand that food processes that require a Hazard Analysis Critical Control Point Plan, as specified, including but not limited to smoking, curing, reduced oxygen packaging, and sous vide are not allowed.	_____ Initials
I understand that the production, manufacturing, processing, freezing, or 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 is not allowed.	_____ Initials
The areas used for my MEHKO must always be clean, sanitary, in good repair, and free of vermin (i.e., cockroaches, rodents, flies).	_____ Initials
I understand that my MEHKO is subject to an annual inspection by Santa Clara County Department of Environmental Health and if a complaint is received or a food-illness investigation is needed. <i>The Department of Environmental Health may seek reimbursement of inspection costs if the MEHKO is found to be in violation.</i>	_____ Initials

## FOOD PROTECTION & STORAGE

I will use a calibrated probe thermometer to confirm that the temperature of all potentially hazardous food is held at, or above, 135°F or at, or below, 41°F.

Initials \_\_\_\_\_

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 as follows:

- 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

Initials \_\_\_\_\_

I understand that all food must be obtained from an approved source. An approved source means a place that has an operating permit with the Department of Environmental Health (i.e., grocery store, Farmer's Market, convenient store).

Initials \_\_\_\_\_

1. List and describe all areas where food and utensils used for the MEHKO will be stored.

## WARE WASHING

1. Multi-use utensils and equipment will be cleaned and sanitized using the following method(s): (check all that apply)

Utensil washing sink       Dishwasher

2. Type of sanitizer that will be used:

Chlorine (100 ppm – 1 tablespoon of unscented chlorine bleach per gallon of water)

Another approved sanitizer:\_\_\_\_\_

Describe your cleaning and sanitizing process. \*State law requires that kitchen utensils use the three-step cleaning process: 1) wash with soapy water, 2) rinse with just water, 3) sanitize with a sanitizing agent such as bleach.

## FOOD SERVICE/DELIVERY

I understand 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.

\_\_\_\_\_

Initials

1. Will you be allowing on-site dining in your home? If so, please describe all areas where the food will be served in your residence.

2. Will food be delivered to customers?  No  Yes (*If yes, please answer the following:*)

Will the food be delivered within 30 minutes of packaging?  No  Yes

If delivery, exceeds 30 minutes, how will food temperatures be maintained hot/cold?

3. Will food be available for pick up by customers?  No  Yes (*If yes, please answer the following:*)

Will the food be picked up within 30 minutes of packaging?  No  Yes

If pickup, exceeds 30 minutes, how will food temperatures be maintained hot/cold?

## LIQUID WASTE/ REFUSE

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

\_\_\_\_\_

Initials

I understand, grease and oil waste cannot be disposed down any sinks in the MEHKO residence.

\_\_\_\_\_

Initials

1. Where and how will garbage be discarded on your property?

2. How often is garbage picked up from your property?

## FOODS TO BE PREPARED

- . List all cooking equipment, such as ovens, stoves, etc. and food equipment, such as blenders, food processors, cutting boards, etc. used for the MEHKO. *Please note that food contact surfaces must be easily cleanable and non-absorbent.*
2. What constitutes a meal for your MEHKO? List all "meals" proposed. Example: 12" pizza = 1 meal, tamale plate combination = 1 meal.

Complete the following for all food and beverages offered. Attach additional pages if necessary.

Menu Item	Indicate if this item is an Appetizer Entrée, Side, Dessert, or Beverage	Ingredients (please be aware of the 8 major food allergens)	Will the food or beverage be offered hot, cold, or at room temperature? Where will it be stored to maintain proper temperature?

#### ACKNOWLEDGMENT

I understand and agree that any changes to my operating procedures, including the 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, Santa Clara County Ordinance, and all other information provided in this document. Failure to operate in accordance with these Standard Operating Procedures (SOP) may result in permit suspension and/or the repeal of approval to operate a MEHKO.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

#### For Office Use Only

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sr. REHS Specialist)

