## LASSEN COUNTY ENVIRONMENTAL HEALTH DIVISION

707 Nevada Street Suite 5, Susanville, CA 96130 Phone: (530) 251-8269 Fax: (530) 251-8373

## Cottage Food Operation Official Inspection Report

| DBA/Name: The Humble Homestead Date: 12/4/23 Time: 12:05   |                    |        |          |        |          |   |           |                       |     |       |  |
|--|--------------------|--------|----------|--------|----------|---|-----------|-----------------------|-----|-------|--|
| Address: 712 - 960 Sunnyside Rd, Janesville CA Recheck Date:   |                    |        |          |        |          |   |           |                       |     |       |  |
| Owner/Operator: Rachelle Baressia Violation Correction Date:   |                    |        |          |        |          |   |           |                       |     |       |  |
| Owner/Operator: Rachelle Bonson Violation Correction Date:   |                    |        |          |        |          |   |           |                       |     |       |  |
| □ Class A ☑ Class B Facility #: 105 ☑ F  |                    |        |          |        |          | 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 Ap | plicab   | le N/C | <u> </u> | lot 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)   |                    |        | <b>/</b> |        |          | 7a. Adequate storage for food and related             |           |                       |     |       |  |
| 1b. Food processor course complete   | ~                  |        |          |        |          | equipment   | Υ         |                       |     |       |  |
| Employee Health & Hygiene Practices  |                    |        | 1000     |        | 1        | 7b. Food preparation occurs in private kitchen        | /         |                       |     |       |  |
| 2a. No ill employees or workers  |                    |        |          | 1      |          | of CFO  | /         | ,                     |     |       |  |
| 2b. No smoking in CFO  |                    |        |          | V      |          | 7c. CFO located in private dwelling /operator         | <b>/</b>  |                       |     |       |  |
| 2c. Employees shall not contaminate food   |                    |        |          | V      |          | residence   | Same Park | According to the last |     |       |  |
| Prevent Contamination by Hands   | THE REAL PROPERTY. |        |          | 10000  |          | Labeling  | 1         |                       |     |       |  |
| 3a. Hand washing station stocked and available   | $\vee$             |        |          | /      |          | 8a. "Made in a Home Kitchen" on package               | /         |                       |     |       |  |
| 3b. Hands washed prior to food preparation   | /                  |        |          | V      |          | 8b. Common name of product on package                 | V         |                       |     |       |  |
| 3c. Proper glove use   | ~                  |        |          |        |          | 8c. Name of CFO on package                            | 1         | 1                     |     |       |  |
| Approved food item   |                    |        |          |        |          | 8d. Ingredients listed on package                     | 1         | 1                     |     |       |  |
| 4. Food prepared from approved food list only  | <b>V</b>           |        |          |        |          | 8e. Registration or permit number on package          | V         |                       |     | _     |  |
| Water  |                    | /      |          |        |          | Vermin  |           | 1                     |     | ( S   |  |
| 5. Potable water source  | V                  | 1      |          |        | 1        | 9. No rodents, insects or animals within CFO          | V         |                       |     |       |  |
| Protection from Contamination  |                    | 1      |          |        | 1        | Compliance and Enforcement                            |           |                       |     | W. L. |  |
| 6a. Food free from contamination and adulteration  | <b>/</b>           |        |          |        |          | 10a. CFO operating with valid permit or registration  | 1         |                       |     |       |  |
| 6b. Kitchen equipment and utensils clean and in  | /                  |        |          |        |          | 10b. Approved direct sales to consumers               | /         |                       |     |       |  |
| good repair  | V                  |        |          |        |          | 10c. Approved indirect sales in county of origin      | /         |                       |     |       |  |
| 6c. Food contact surfaces are cleaned and  | 1                  |        |          |        | 1        | 10d. Approved number of employees                     | V         |                       |     |       |  |
| sanitized  |                    | _      |          |        |          | 10e. Meets gross sales requirements                   | V         |                       |     |       |  |
| 6e. No infants, small children, or pets in kitchen   | <b>—</b>           |        |          |        | 1        | Other:  |           |                       |     | -     |  |
| during CFO hours   | V                  |        |          |        |          |   |           |                       |     |       |  |
|  |                    |        |          |        |          |   |           |                       |     |       |  |
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| No wiolations noted a  | + -                | tine   | 8        | +      | 17       | gaction 4   |           |                       |     |       |  |
|  |                    |        |          |        |          |   |           |                       |     |       |  |
| 11   |                    |        |          |        |          |   |           |                       |     |       |  |
| Note: Please contact Europemental Health for appoint prov to   |                    |        |          |        |          |   |           |                       |     |       |  |
| Vote, years conjust confu  | vonn               | entel  | - 1      | celin  |          | The apparent prise to                                 | -         |                       |     |       |  |
| alling new Herrs   | to                 |        | 246      |        |          |   |           |                       |     |       |  |
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Environmental Health Specialist

Received By:

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