

STANDARD OPERATING PROCEDURE (SOP)

ph.lacounty.gov/mehko | homebasedfoods@ph.lacounty.gov | (626) 430-9855

Please complete and submit this form, along with all requested attachments, to the Los Angeles County, Department of Public Health, Environmental Health Division (Environmental Health). **PLEASE PRINT OR TYPE ALL INFORMATION.** Note that all information for Public Health permit holders may be made available to the public upon request.

By completing this document and initialing each field below, you certify that you agree to and understand these food safety requirements. You must always keep a copy of these procedures at the Microenterprise Home Kitchen Operation (MEHKO) and have these available during inspections. Contact the Homebased Food Operations Program with any questions or changes to the operation.

If you are planning to operate a Compact Mobile Food Operation (CMFO) in conjunction with a MEHKO, please use the Written Operational Procedures for a food cart and refer to the CMFO website for the application process at: <https://bit.ly/LAC-CMFO>.

MEHKO OWNER/OPERATOR INFORMATION

Name of Business (Doing Business As):

MEHKO EMPLOYEE(S)

I understand that I am allowed one full-time employee (for 40 hours) or multiple employees where combined hours **do not exceed 40 hours per week**.

Initials

Number of Employees: _____

Number of hours each employee will work per week:

Employee 1: _____ Employee 2: _____ Employee 3: _____ Employee 4: _____

Include additional sheets if needed.

COMPACT MOBILE FOOD OPERATION (CMFO)

Do you plan to operate a Compact Mobile Food Operation (CMFO) in combination with the MEHKO?

☐ **No.** Skip to the "Operation" section.

☐ **Yes.** Indicate how many carts: ☐ One (1) ☐ Two (2)

I understand that an additional permit is required for CMFO.

Please refer to the CMFO website for the application process: <https://bit.ly/LAC-CMFO>.

Initials

I understand that if a MEHKO wishes to use their home as a commissary for their own permitted CMFO, they may do so only after receiving approval from Environmental Health, and that any mobile carts used must obtain all necessary permits from Environmental Health prior to operation.	Initials
I understand that the MEHKO operating in conjunction with CMFO is limited to 80 meals per day or 200 meals per week. Environmental Health can also limit the number of meals prepared to fewer meals based on operational capacity.	Initials
I understand that the MEHKO operating in conjunction with CMFO may not have more than \$150,000 in annual gross sales, as adjusted annually for inflation based on the California Consumer Price Index. Verification of annual gross sales may be requested.	Initials

OPERATION

I understand that food preparation is limited to no more than 30 individual meals per day and no more than 90 individual meals per week. This department can also limit the number of meals prepared to fewer meals based on operational capacity.	Initials
I understand that the MEHKO may not have more than one hundred thousand dollars \$100,000 in verifiable gross annual sales, as adjusted annually for inflation based on the California Consumer Price Index. Verification of annual gross sales may be requested.	Initials
I understand that food may only be sold directly to consumers, not to any wholesaler, caterer, or retailer (i.e., restaurants and markets). MEHKOs may not act as a caterer and may not be permitted/registered as a Cottage Food Operation (CFO).	Initials
<p>How will the number of meals served per day and per week be tracked?</p> <div> <input type="checkbox"/> Log <input type="checkbox"/> Phone app <input type="checkbox"/> Receipts <input type="checkbox"/> Other (specify) _____ </div>	

ADVERTISEMENT

I understand that I am prohibited from using outdoor signs and advertisements at my residence.	Initials
I understand that advertisements for my MEHKO business can be done online, but must include: <ul style="list-style-type: none"> • Permit # • "Los Angeles County, Department of Public Health, Environmental Health Division" • MEHKO's name and address • "Made in a Home Kitchen" 	Initials
I understand that any advertisements cannot use the word "catering" or any form of the word.	Initials



How will food be advertised?

- ☐ Website (provide website address) _____
- ☐ Social Media (provide platform name is business profile name)

Platform (i.e., Facebook, Instagram, etc.)

Business Profile Name

_____	_____
_____	_____
_____	_____
_____	_____

- ☐ Internet Intermediary (provide website address or mobile app name) _____
- ☐ Other (please specify) _____

FOODS TO BE PREPARED / PROPOSED MENU

Please list the menu items in the space below for the proposed MEHKO. The menu items should include all foods and beverages to be served. Include any seasonal menus and allergens, if applicable.

****If offering raw or undercooked food, customers shall be informed in writing, that there is a significantly increased risk in getting food-borne illness**.**

Note: Cooking equipment will be evaluated during the initial inspection to determine compliance with all applicable requirements established in the California Health and Safety Code.

MENU/ LIST OF FOODS PREPARED

Mark all that applies:

☐ **Non-Potentially Hazardous Foods Only**
Food that does not require refrigeration or hot holding to prevent bacterial growth and is unlikely to cause food borne illness.

☐ **Potentially Hazardous Foods**
Food that can cause illness and poses a threat to the public if the food is not stored at the correct temperatures or cooked properly.

Major Food Allergens:

Mark all that apply:

- ☐ 1. Milk ☐ 2. Eggs ☐ 3. Fish ☐ 4. Crustacean Shellfish ☐ 5. Tree Nuts
☐ 6. Wheat ☐ 7. Peanut ☐ 8. Soybean ☐ 9. Sesame

A food ingredient containing protein that comes from allergens 1 through 9.

Menu Items: (Burrito, Tamales, Eggrolls, etc.)

List of Ingredients:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



[Attach additional pages if menu item exceeds the space provided above.]

FOOD STORAGE	
List all locations where food, equipment, utensils, or linens used for the MEHKO will be stored. Complete the following table below. Attach additional pages, if necessary.	
Location/Room	List the food, equipment, utensils, or linens that are stored in this location

FOOD SERVICE/DELIVERY

I understand that local cities may prohibit food from being served in the front yard, and I will check local regulations to ensure compliance.	Initials
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Identify the locations where food will be served at your home: (check all that apply)

- ☐ Dining room
 ☐ Kitchen table
 ☐ Backyard
 ☐ Patio
 ☐ Not served on site
☐ Other _____

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

Will the MEHKO deliver food products to customers? ☐ Yes ☐ No

a. If yes, who will deliver the food? _____

b. How will food be transported? _____

MEHKO's may not use third-party delivery apps such as Uber Eats, Postmates, Grubhub, DoorDash, etc., except for individuals who have a physical or mental condition as indicated in the California Retail Food Code, Section 114367.5.

I understand that all food must be delivered in-person directly to the customer, and that food cannot be delivered using US Mail, UPS, FedEx, or any other indirect delivery method.	Initials
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If the MEHKO will be delivering food, what will be the maximum geographical distance (miles) and maximum time (minutes) in transit?

Distance: _____ **Time:** _____

I understand that food shall be transported in hot or cold holding equipment which keeps the temperature safe if the delivery time is over 30 minutes.	Initials
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How will food be properly held hot/cold during transportation (if delivery time is over 30 minutes)?

Describe how food will be packaged for transport:

GENERAL REQUIREMENTS

I understand that I am required to obtain and maintain a Health Permit from EH and have it available upon request.	Initials
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I understand that an approved copy of this operational procedure must be available. Any changes to the menu, equipment, or procedures must first be approved by EH. I also, understand that there will be a fee for any changes made after the initial application submission.	Initials
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I understand the operation is limited to my private home, where the food will be stored prepared, and served.	Initials
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I understand that food served must be prepared, cooked, and served or delivered on the same day.	Initials
I understand that I may not engage in food processes that require a Hazard Analysis Critical Control Point (HACCP) plan as specified in California Retail Food Code section 114419, including but not limited to smoking, curing, reduced oxygen packaging, canning, fermenting, and sous vide.	Initials
I understand raw milk products and raw oysters are prohibited.	Initials
I understand that the production, manufacturing, processing, freezing, or packaging of milk and milk products (cheese, ice cream, yogurt, sour cream, butter, etc.) is prohibited.	Initials
I understand that animals must be kept outside of the kitchen and dining areas during food preparation and service. Service animals may be allowed in dining areas.	Initials
I understand that I must comply with all noise ordinances.	Initials
I understand that I must keep all MEHKO areas clean, sanitary, in good repair, and free of vermin (e.g., cockroaches, rodents, flies) at all times.	Initials
I understand that the MEHKO will have one scheduled routine inspection per year and additional inspections if a complaint, or notification of possible food borne illness is received.	Initials
I understand that a license from the California Department of Alcoholic Beverage Control is required to serve or consume alcohol on the MEHKO premise.	Initials
I understand that a first aid kit and a fire extinguisher (Type 10:BC), are stored in the kitchen area, away from food items.	Initials
I understand that food orders and payments can be accepted on the internet, by mail, in-person or over the phone. A record of sales must be kept, and it may be requested during inspections.	Initials

TRAINING / LICENSING

I understand that, as the owner of a MEHKO, I must possess a valid American National Standards Institute (ANSI) approved Food Safety Manager Certification that must be submitted as part of the application process . Email a copy of the certification to the Homebased Food Operations Program at homebasedfoods@ph.lacounty.gov .	Initials
I understand that all other people who handle food, equipment, or utensils at the MEHKO must possess a valid Los Angeles County approved food handler certification and submit it as part of the application process, or within 30 days of hire .	Initials
I understand that failure to submit proof of certification may result in violations and applicable fees.	Initials

FOOD HANDLER HEALTH & HYGIENE

I understand that in the event a food employee or resident of a private home is experiencing symptoms of acute gastrointestinal illness (diarrhea and/or vomiting; alone or with fever or abdominal cramps) or diagnosed with an illness that can be transmitted by food or by a food handler, the owner shall notify EH to obtain guidance on the requirements to either restrict or exclude food handlers or cease food operations.	Initials
I understand that food handlers experiencing sneezing, coughing, or runny nose will not work with exposed food, clean equipment, utensils, or linens.	Initials

I understand that food handlers 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.	Initials
I understand the handwashing sink in the restroom must have warm water, dispensable soap, and single use paper towels.	Initials
I understand that food handlers are required to keep their fingernails trimmed, filed, and clean, wear hair restraints when preparing food, and wear clean outer clothing.	Initials
I understand that food handlers who have a wound that is open or draining shall not handle food, food-related items, clean equipment, utensils, or linens unless the wound is protected and properly covered to prevent contamination.	Initials

FOOD PROTECTION

I will verify food of raw animal origin will be cooked to meet their minimum temperature requirements.	Initials
I will verify all potentially hazardous food will be held hot at or above 135°F or held cold at or below 41°F.	Initials
I have a calibrated probe thermometer which measures both hot and cold temperatures and will use it to monitor internal food temperatures. I understand I must sanitize this thermometer with an approved sanitizer before each use. Probe thermometers may be purchased at grocery stores, department stores, hardware stores, kitchenware stores, online and more.	Initials
I understand that all food must be stored in a manner that protects it from potential contamination.	Initials

WAREWASHING

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

- ☐ 1 or 2 Compartment sink ☐ Dishwasher

Type of sanitizer that will be used:

- ☐ Chlorine (100 ppm) ☐ Quaternary ammonium (200 ppm) ☐ Other: _____

How will the sanitizer concentration be tested? _____

I understand that sink(s), countertops, knives, cutting boards, dishes, utensils, and all other equipment used must be cleaned and sanitized.

Initials

Please refer to "A Guide to Food Safety in a Microenterprise Home Kitchen Operation":

<https://bit.ly/mehko-lacounty>

Describe the cleaning, sanitizing, and drying process to be used:

POTABLE WATER SOURCE

I understand that the water supply shall be from a water system approved by the Environmental Health Division.	Initials
<p>Indicate the potable water source:</p> <p><input type="checkbox"/> Public water system</p> <p><input type="checkbox"/> Private well – All private water supplies must have water quality testing by a State Certified Laboratory. Attach a copy of the results for the following to verify the water supply meets at minimum a "Transient Non-Community Water System" standard, as defined in California Health and Safety Code section 116275(o): nitrate, nitrite, and bacteriological water quality.</p> <p>Contact the Homebased Food Operations Program at (626) 430-9855 regarding application or inspection requirements.</p> <p>Contact the Environmental Health, Drinking Water Program at (626) 430-5420 for potable water and well water quality issues.</p>	
I understand that in the event of a water outage (public or private system) or improper water test results (private water system only) the MEHKO must immediately cease and desist all MEHKO food preparation and service until water is restored or water is retested to show acceptable bacteriological levels.	Initials
I understand that Bacteriological and nitrite/nitrate testing results will need to be submitted at the time of the application.	Initials
I understand that Bacteriological and nitrite/nitrate testing results will need to be made available upon annual inspection.	Initials

WASTEWATER/ GARBAGE/ ORGANIC WASTE/ FAT, OIL, AND GREASE DISPOSAL

<p>Indicate the type of system that will be used to dispose of wastewater:</p> <p><input type="checkbox"/> Public sewer system</p> <p><input type="checkbox"/> Private septic system – Ensure your septic system is properly sized for the increase of wastewater as a result of your MEHKO. If any modifications need to be made, contact Environmental Health, Onsite Wastewater Treatment Program at (626) 430-5380 for permitting/approval requirements.</p>	
I understand that in the event of septic failure or plumbing issues (plumbing blockage, septic/sewer backup, etc.) the MEHKO must immediately cease and desist all food preparation and service until repairs are completed and all affected areas are cleaned and sanitized.	Initials
Where and how will garbage be stored on your property until pick-up? Additional waste bins may be required to ensure proper disposal.	
How often will garbage be picked up from property?	
I understand that organic waste shall be separated per the local ordinance.	Initials
How will you dispose of fats, oils and greases generated by your MEHKO?	
I understand that fats, oils, and greases may not be disposed of directly into the drain/sewer system and that a referral will be made to the public sewer system agency if any evidence of this is observed during an inspection.	Initials

OBLIGATION TO CLOSE

The MEHKO operation must immediately stop retail food operation for the safety of the public if any of the following conditions exist:

- No hot (minimum 100°F) or cold running water
- No potable water
- Plumbing back-up or sewage overflow
- Lack of working handwashing facilities
- Lack of working toilet facilities
- No electricity
- Insufficient refrigeration
- No food contact surface sanitizer available
- Fire or fire hazard
- Cockroach, rodent, or fly infestation
- Any condition that poses an imminent health hazard to the public
- Lack of a valid health permit available

Initials

ACKNOWLEDGMENT

I hereby certify under penalty of perjury that the above information is true and correct and will operate my MEHKO in compliance with the requirements set forth in the California Health and Safety Code. Any changes to my approved operations, including menu and equipment, must be reported to Environmental Health in writing prior to the change within twenty (20) days.

Signature: _____

Date: _____

Print Name: _____

Title: _____

OFFICE USE ONLY

This agreement has been approved by:

Date:

