

ASSESSMENT FOR IDAHO COTTAGE FOODS, LOW RISK FOOD OPERATIONS, AND FRATERNAL, BENEVOLENT, OR NON-PROFIT CHARITABLE ORGANIZATIONS

Business Name:		Business Phone #:		
Business Address or P	roduction Location:			
Name of Owner:	(P. O. Box/Street)	(City)	(State) e #:	(Zip)
			c #	
Owner's Mailing Addr	CSS:(P. O. Box/Street)	(City)	(State)	(Zip)
Name of Operator/Ma	inager:		()	
Type of Business:				
Dates of Operation(s):				
	PLEASE PROVIDE A COMPLET (Either below or on a			
Owner/Agent's Signature:		Date:		
honey, fruit pies, breads, ca	ples of cottage foods/low risk foods include, but are not lin kes that do not require refrigeration, pastries and cookies t nixtures, cereals, trail mixes and granola, nuts, vinegar, pop	that do not require refrigeration, candies a	and confections, dried fruit	s,
As an operator of a fraterna 39-1602, Idaho Code.	I, benevolent, or non-profit charitable organization (FBN), v	you are exempt from licensure requirement	nts if operating in accord w	ith Title
	e finished product, please attach a sample label with this fo onsult with your Public Health District for more information	-	more detail such as allerge	n
must be regulated and mee	foods that require time/temperature control for safety (To t all the requirements described in the <u>IDAHO FOOD CODE</u> .	Refer to the Idaho Food Code for a comp	lete definition of TCS foods	
	HEALTH DIST	RICT USE		
Risk Assessment	Action			
1. Low Risk or FBN				
 Medium Risk High Risk 	2. Regulated under Idano Food Code			
Environmental Health	Specialist:	Date:		
Comments:				

If the above listed items are considered low risk at this time, the consumer is to be informed by a clearly visible placard at the sales or service location that the food is prepared in a kitchen that is not subject to regulation and inspection by the regulatory authority. Please follow safe food handling practices.