

IDAHO COTTAGE FOOD/LOW RISK FOOD ASSESSMENT

Business Name:		Business Phone #:		
Business Address or F	Production Location:			
Name of Owner:	(P. O. Box/Street)	(City)Contact Phone	(State) #:	(Zip)
Owner's Mailing Addı	ress:			
	(P. O. Box/Street) anager:	(City) Email:	(State)	(Zip)
Type of Business:				
Dates of Operation(s)	<u>:</u>			
	PLEASE PROVIDE A COMPLET (Either below or on a			
Owner/Agent's Signa	ture:	Date		
Owner/Agent s signa	ture	Date		
honey, fruit pies, breads, c	nples of cottage foods/low risk foods include, but are not lin akes that do not require refrigeration, pastries and cookies t mixtures, cereals, trail mixes and granola, nuts, vinegar, pop	hat do not require refrigeration, candies a	nd confections, dried fruit	S,
consignment) you are a reg	e foods that require time/temperature control for safety (TG gulated food establishment and must meet all the requirement and safety reasons. Refer to the Idaho food Code for a compl	ents of <u>IDAHO FOOD CODE</u> regulations. A T		es
	e finished product, please attach a sample label with this for Consult with your Public Health District for more information		nore detail such as allerge	en
	HEALTH DISTF	PICT LISE		
Risk Assessment	Action	NCT OSE		
1. Low Risk	1. Exempt from licensure requirements of	daho Food Code and legal to be so	old	
2. Medium Risk3. High Risk	2. Regulated under IDAHO 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.