



CONTRA COSTA ENVIRONMENTAL HEALTH

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

SECTION 1: Business/Owner Information

OWNER NAME:

BUSINESS NAME/ DBA:

FOOD EMPLOYEE NAME(S)*: ☐ Not applicable (N/A)

FOOD EMPLOYEE HOURS WORKED PER WEEK*: ☐ N/A

*Excludes family and/or household members

SECTION 2: Business Operations

Day(s)/time(s) when food preparation/service will occur:

Sun: _____ Mon: _____ Tue: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Proposed number of meals to be prepared each day:

Sun: _____ Mon: _____ Tue: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Maximum 30 meals per day and 90 meals per week

Describe how the number of meals served per day and per week will be monitored/tracked:

The MEHKO shall only sell food directly to consumers (catering operations are prohibited). Sales may be completed on the internet or mobile applications through the use of an [internet food service intermediary](#) (IFSI). The IFISI must be [registered](#) with the California Department of Public Health – Food and Drug Branch.

List companies used, if applicable: _____

SECTION 3: Proposed Menu

Attach proposed menu(s) or list of all food types/products that will be handled. Include description if applicable/appropriate.

Prohibited items: Raw oysters; raw milk or raw milk products; production, manufacturing, processing, freezing, or packaging of milk or milk products; any items requiring a Hazard Analysis Critical Control Point (HACCP) plan.

SECTION 4: Food Preparation/Handling

Describe proposed procedures and methods of food preparation and handling:

List source/supplier(s) of all food items/beverages: _____

Where food will be stored (Check all that apply): ☐ Kitchen ☐ Pantry ☐ Garage Other: _____

Equipment to maintain food at required hot and cold holding temperatures (Check all that apply):

☐ Refrigerator ☐ Freezer ☐ Stove ☐ Oven Other: _____

Equipment to prepare/cook food (Check all that apply): ☐ Stove ☐ Oven ☐ Outdoor Grill Other: _____

Food must be prepared, cooked, and served on the same day.

SECTION 5: Food Service/Delivery

Food will be available for:

☐ Take-out

☐ Dine-in (Check all that apply): ☐ Kitchen/Dining Area ☐ Backyard ☐ Patio ☐ Garage Other: _____

☐ Delivery – **Food delivery personnel must be an employee of the MEHKO or family/household member of the MEHKO owner.**

List name(s) of food delivery personnel: _____

Indicate the delivery service area: Maximum distance _____ miles Maximum travel time _____ minutes

If travel time is greater than 30 minutes, indicate how food will be maintained at the required temperatures (Check all that

apply): ☐ Insulated bag ☐ Cooler ☐ Ice/Ice Packs Other: _____

Third-Party Delivery Service

A third-party delivery service may only be used to deliver food to individuals that have a physical or mental condition. The MEHKO and/or internet food service intermediary must maintain a record of the date and number of food deliveries to individuals that have a physical or mental condition. Records must be available upon request.

SECTION 6: Warewashing

Describe proposed procedures, methods, and schedules for cleaning multi-use utensils and equipment:

Where equipment/utensils will be cleaned and sanitized: ☐ Kitchen sink ☐ Dishwasher ☐ Other: _____

Warewashing procedure:

1. Pre-clean – Remove food debris from equipment/utensils
2. Wash – Solution containing detergent and minimum 100°F hot water
3. Rinse – Clear water
4. Sanitize – Immersion, manual swabbing, or brushing using an approved sanitizer
5. Air dry

Type of sanitizer:

Sanitizer	Concentration and Contact Time	Dilution
<input type="checkbox"/> Chlorine (unscented bleach)	100 ppm for at least 30 seconds	1 tablespoon per gallon of water
<input type="checkbox"/> Quaternary ammonium	200 ppm for at least one minute	Follow manufacturer's instructions
<input type="checkbox"/> Iodine	25 ppm for at least one minute	Follow manufacturer's instructions

Cleaning frequency of equipment food-contact surfaces and utensils:

- When changing to a different type of raw animal food
- When changing from working with raw food to ready-to-eat (RTE) food
- When changing from raw produce to potentially hazardous food (PHF)
- Before using or storing a food temperature measuring device
- At least every four hours during continuous with PHFs
- At any time during the operation when contamination may have occurred

SECTION 7: Water Supply

Indicate the potable water source:

☐ Public water system – Name of supplier: _____ ☐ Private Well*

* Water from private wells must be tested by a [State Certified Laboratory](#). Submit test results for the following:

Testing Frequency	Analyte
Initial	Total coliform, E. coli, Nitrates, Nitrites
Quarterly	Total coliform, E. coli
Annual	Nitrates
Triennial	Nitrites

SECTION 8: Wastewater/Refuse Disposal

Indicate how wastewater is disposed: ☐ Public sewer system ☐ Private septic system*

*Attach written evidence demonstrating that the septic system was lawfully installed and is functioning properly.

Describe proposed procedures, methods, and schedules for the disposal of refuse: _____

OBLIGATION TO CLOSE

The MEHKO must immediately discontinue operation and close for the safety of the public if any of the following conditions exist:

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

ACKNOWLEDGEMENT

I understand and agree that any changes to the SOP, including menu, will require prior approval from Contra Costa Environmental Health. I also understand that the approval to operate a MEHKO is based upon my adherence to the California Retail Food Code, Contra Costa County Ordinance, and all other information provided in this document. Failure to operate in accordance with this SOP may result in permit suspension/revocation.

Owner Name (Print): _____

Owner Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved By: _____ Date: _____
Environmental Health Specialist