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

Business Name: ___________________________________________ Business Phone #: ________________________________

Business Address or Production Location: ________________________________

(P. O. Box/Street) ________________________________ (City) ________________________________ (State) ________________________________ (Zip) ________________________________

Name of Owner: ___________________________________________ Contact Phone #: ________________________________

Owner’s Mailing Address: ___________________________________________ 

(P. O. Box/Street) ________________________________ (City) ________________________________ (State) ________________________________ (Zip) ________________________________

Name of Operator/Manager: ___________________________________________ Email: ________________________________

Type of Business: _____________________________________________

Dates of Operation(s): ____________________________________________

PLEASE PROVIDE A COMPLETE LIST OF MENU ITEMS
(Either below or on a separate page)

________________________________________________________________________

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Owner/Agent’s Signature: ________________________________ Date: ________________________________

NOTE TO OPERATOR: Examples of cottage foods/low risk foods include, but are not limited to: baked goods that do not require refrigeration, fruit jams and jellies, honey, fruit pies, breads, cakes that do not require refrigeration, pastries and cookies that do not require refrigeration, candies and confections, dried fruits, dry herbs, seasonings and mixtures, cereals, trail mixes and granola, nuts, vinegar, popcorn and popcorn balls, tinctures that do not make medicinal claims.

As an operator of a fraternal, benevolent, or non-profit charitable organization (FBN), you are exempt from licensure requirements if operating in accord with Title 39-1602, Idaho Code.

If you intend to package the finished product, please attach a sample label with this form. The Public Health District may ask for more detail such as allergen information, if applicable. Consult with your Public Health District for more information.

If you intend to sell or serve foods that require time/temperature control for safety (TCS), and/or you sell the product to a third party, then your food establishment must be regulated and meet all the requirements described in the IDAHO FOOD CODE. Refer to the Idaho Food Code for a complete definition of TCS foods.

________________________________________________________________________

HEALTH DISTRICT USE

<table>
<thead>
<tr>
<th>Risk Assessment</th>
<th>Action</th>
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<tbody>
<tr>
<td>1. Low Risk or FBN</td>
<td>1. Exempt from licensure requirements of Idaho Food Code and legal to be sold</td>
</tr>
<tr>
<td>3. High Risk</td>
<td></td>
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</tbody>
</table>

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.

5/2021