

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

Business Name:		Business Phone #:		
Business Address or Prod	duction Location:			
(P. O. Box/Street) Name of Owner:		(City) (State) (Zip)Contact Phone #:		
Owner's Mailing Address	s:			
Name of Operator/Mana	(P. O. Box/Street) ager:	(City)Email:	(State)	(Zip)
Type of Business:				
Dates of Operation(s):				
	PLEASE PROVIDE A COMPLE (Either below or on a			
Owner/Agent's Signature:		Date:		
honey, fruit pies, breads, cakes	es of cottage foods/low risk foods include, but are not li s that do not require refrigeration, pastries and cookies tures, cereals, trail mixes and granola, nuts, vinegar, po	that do not require refrigeration, candies and	d confections, dried fruits,	ellies,
As an operator of a fraternal, b 39-1602, Idaho Code.	penevolent, or non-profit charitable organization (FBN),	you are exempt from licensure requirements	if operating in accord with	ı Title
	nished product, please attach a sample label with this fo sult with your Public Health District for more informatio		ore detail such as allergen	
	ods that require time/temperature control for safety (T Il the requirements described in the <u>IDAHO FOOD CODE</u>			hment
	HEALTH DIST	RICT USE		
Risk Assessment	Action			
1. Low Risk or FBN				
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.