

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

Business Name:		Business Phone #:			
Business Address or Pr	oduction Location:				
(P. O. Box/Street) Name of Owner:		(City) (State) (Zip)Contact Phone #:			
Owner's Mailing Addre	P. O. Box/Street)				
	(P. O. Box/Street)	(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, cal	ples of cottage foods/low risk foods include, but are not linkes that do not require refrigeration, pastries and cookies in intuitives, cereals, trail mixes and granola, nuts, vinegar, pop	that do not require refrigeration, candies a	nd confections, dried fruit	s,	
As an operator of a fraterna 39-1602, Idaho Code.	l, benevolent, or non-profit charitable organization (FBN),	you are exempt from licensure requiremer	nts if operating in accord w	ith Title	
consignment) you are a regu	foods that require time/temperature control for safety (Traillated food establishment and must meet all the requirem d safety reasons. Refer to the Idaho Food Code for a comp	ents of <u>IDAHO FOOD CODE</u> regulations. A T		2S	
information, if applicable. Co	finished product, please attach a sample label with this fo onsult with your Public Health District for more informatio	n.			
	HEALTH DIST				
Risk Assessment 1. Low Risk or FBN 2. Medium Risk 3. High Risk	Action 1. Exempt from licensure requirements of 2. Regulated under IDAHO FOOD CODE	e requirements of Idaho Food Code and legal to be sold HO 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.