



**LIMITED SERVICE CHARITABLE FEED OPERATION (LSCFO)
REGISTRATION FORM**

| ORGANIZATION INFORMATION | | | |
|--|--|----------------------|-------------|
| Name: | | | |
| Address: | | City: | State: Zip: |
| Website: | | Phone Number: | |
| Contact Person and Title: | | | |
| Email: | | Direct Phone Number: | |
| FOOD OPERATION | | | |
| Type of Food Operation (check all that apply): | | | |
| <input type="checkbox"/> *Distribution of whole produce or prepackaged shelf stable foods in original packaging (<i>Category 1</i>) | | | |
| <input type="checkbox"/> Type 1 foods <u>and</u> perishable (refrigerated or frozen) foods (<i>Category 2</i>) | | | |
| <input type="checkbox"/> Reheating or portioning commercially prepared foods with no further processing for same day food service to the consumer (<i>Category 3</i>) | | | |
| <input type="checkbox"/> Heating, portioning, or assembling a small volume of commercially prepared foods or ingredients that are not prepackaged (<i>Category 4</i>) | | | |
| * If you only distribute prepackaged foods in conjunction with a local food bank, you do not need to fill out this form. Contact your local food bank for more information | | | |
| FOOD SOURCES | | | |
| Food Sources: <input type="checkbox"/> Buy Food <input type="checkbox"/> Receive donated food | | | |
| List all food sources, restaurants, grocery stores, or other permitted kitchens that you will obtain food from. | | | |
| | | | |
| FOOD DISTRIBUTION | | | |
| Days and Time of Intended Operation: | | | |
| Distribution Locations, if Different Than Physical Address: | | | |
| | | | |

TYPICAL MENU ITEMS AND PREPARATION ACTIVITIES

If your LSCFO is a **type 3** or **4** (serves open food), provide information on typical menu items and how you prepare/serve the foods *(for example: Pre-made Pasta Salad. Open container and serve on individual plate with a serving spoon)*

(attach a separate sheet if additional space is needed)

I understand that the following regulations from the California Retail Food Code apply to a LSCFO including by not limited to the following. Initial to acknowledge:

_____ **Handwashing** (§113952, 113953.1, 113953.2, 113953.3): Hands are required to be washed with warm water, soap, and dried with a single use towel, immediately prior to handling foods and after engaging in any activity that contaminates the hands.

Protection from Contamination (§113980, 113982, 113984, 113988, 113990, 113992): All food must be pure and free from adulteration and spoilage and be fully fit for human consumption.

Time and Temperature (§113996, 113998, 114000, 114002, 114002.1, 114014, 114016, 114018, 114020): Maintain temperature of potentially hazardous food above 135° and below 41°.

Food Approved Sources (§114021, 114023, 114024, 114025, 114027, 114031): Food shall be obtained from sources that comply with all applicable laws.

Receipt of Food (§114035, 114037, 114041): Food shall be inspected as soon as practicable upon receipt and prior to any use, storage, or resale. Potentially hazardous food must be received above 135° if hot or below 45° if cold and cooled to below 41° within four hours.

Food Storage (§114047, 114049, 114051, 114053, 114055): Adequate and suitable space shall be provided for the storage of food that keeps food items protected from contamination.

Food Display and Service (§114079): After being served or sold and in the possession of a consumer, food that is unused or returned by the consumer shall not be offered as food for human consumption. _____

_____ **Enforcement** (§114390) and **Permit Suspension or Revocation** (§114405): Failure to meet all requirements specific to LSCFO may result in registration suspension and/or closure.

_____ **Review** the LSCFO Self-Assessment Tool, LSCFO Guide <https://deh.acgov.org/operations/LSCFO.page> to ensure your operation complies with state regulations

CERTIFICATION STATEMENT: I declare to the best of my knowledge and belief that the description of use and information contained on this document is correct and true. I agree to conform to all conditions, food safety best management practices and directions submitted with this document and understand that adherence to this checklist does not preclude this operation from being required to obtain a health permit as per the California Retail Food Code (CRFC) Sections 113789, 114380, and 114381. San Luis Obispo County Department of Environmental Health will investigate citizens' complaints and/or reports of suspected foodborne illnesses and may enforce all pertinent code sections in the CRFC

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|-----------------------|--------------|--------------|
| Authorized Signature: | | Date: |
| Printed Name: | | Title: |
| FOR OFFICE USE ONLY | | |
| Date Received: | Received By: | Assigned to: |
| Reviewed By: | Date: | PR# |