

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
REVIEW OF LABEL AND FOOD SAFETY COURSE
FOR COTTAGE FOODS PRODUCER**

Date: _____, 20____

County: _____

Name of Cottage Food Producer: _____

Address: _____

Phone: () _____ - _____

City/Town: _____ Zip Code: _____

Products Produced: _____

Copy of Label Included

(Name, address, list of ingredients in descending order, statement saying products are not inspected by the Health Department, and disclaimer that the food may contain allergens, all in at least 10-pt font)

Copy of Current Food Safety Course Certification

pH or Water Activity Verification from a Processing Authority (if applicable)

I understand that under these provisions, foods can only be produced in my primary home kitchen for direct sales to the final consumer within the state of Alabama.

Signed _____

Title _____

FOR OFFICIAL USE ONLY

Reviewed By:

Local Health Department

Date _____

Review Number:

Expiration Date of Food Safety Certificate:
