



**Department of Public Health  
Division of Environmental Health Services**

**COMMUNITY FOOD PRODUCER REGISTRATION FORM**

Please return this form to:

- 385 N. Arrowhead Ave. 2nd Floor, San Bernardino 92415-0160 - (800) 442-2283
- 15900 Smoke Tree St., Ste. 131, Hesperia 92345 - (800) 442-2283
- 8575 Haven Ave., Ste. 130, Rancho Cucamonga 91730 - (800) 442-2283

CONTACT INFORMATION				
FACILITY				
Name of Operator	E-mail Address		Phone Number	
Location of Garden/Egg Production	City	State	Zip Code	
Water Source: (i.e. private well, city water, etc.)				
FOOD DISTRIBUTION				
LOCATION FOR DIRECT PUBLIC SALES	FACILITY ID IF APPLICABLE	LOCATION ADDRESS		
FOOD FACILITY RECEIVING PRODUCE/EGGS	FACILITY ID (SEE HEALTH PERMIT)	FACILITY ADDRESS		
GENERAL GARDEN/EGG INFORMATION				
TYPE OF PRODUCE/EGGS	TYPE OF PRODUCE/EGGS			

I UNDERSTAND CRITICAL FACTORS THAT PLAY A ROLE IN PREVENTING MICROBIAL OR CHEMICAL CONTAMINATION OF PRODUCE AS IDENTIFIED BY THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE AND THE DIVISION OF ENVIRONMENTAL HEALTH SERVICES (DEHS). FURTHERMORE, I HAVE RECEIVED A COPY OF AND AGREE TO ABIDE BY THE **GENERAL GUIDELINES FOR A COMMUNITY FOOD PRODUCER** INCLUDING BEST MANAGEMENT PRACTICES. I HEREBY UNDERSTAND MY APPROVAL TO PREPARE AND SELL PRODUCE/EGGS FROM THE STATED GARDEN/EGG PRODUCTION SITE IS CONTINGENT UPON ADHERENCE TO THESE REQUIREMENTS AND RECOMMENDATION. COMMUNITY FOOD PRODUCERS ARE REQUIRED TO REGISTER WITH DEHS. ALL GARDEN/EGG PRODUCTION FACILITIES; EQUIPMENT, OPERATIONS AND RECORDS SHALL BE SUBJECT TO INSPECTION BY THE COUNTY OF SAN BERNARDINO, DEPARTMENT OF PUBLIC HEALTH, DIVISION OF ENVIRONMENTAL HEALTH SERVICES (DEHS) UPON REQUEST. INSPECTIONS, WHEN REQUIRED, WILL BE BILLED AT THE CURRENT HOURLY RATE.

**ADDITIONAL INFORMATION ABOUT BEST MANAGEMENT PRACTICES FROM CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE AT THE FOLLOWING LINK: [http://www.cdafa.ca.gov/is/i\\_&c/sffsq.html](http://www.cdafa.ca.gov/is/i_&c/sffsq.html)**

Signature	Print Name	Title	Date
<i>For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only For Office Use Only</i>			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	Supervisor Signature	Date