



Mason County Health Department

1002 East Laurel Ave, Havana, IL 62644

Phone: (309) 210-0110 ■ Fax: (309) 543-2063

BAKE SALE REQUIREMENTS

Initial each line to verify you have read and will follow each action:

_____ The menu must be limited to cookies, brownies, highly acidic fruit pies, cakes, breads and breakfast-type rolls. These are foods that do not normally support the rapid growth of microorganisms. The sale of potentially hazardous food (PHF) is prohibited. PHF includes pumpkin pie, sweet potato pie, cream pies, meringue pies or cream filled pastries (pH has to be below 4.6). Additional non-potentially hazardous foods may be allowed with prior approval. If you have any questions concerning which goods are permitted, please contact the MCHD.

_____ Foods must be individually pre-packaged before traveling to event site. Portions should be wrapped in see-through wrap or baggies. Slicing, wrapping, or exposing foods at sale or distribution site is prohibited.

_____ In order to lessen the risk of a foodborne illness or transmittable disease, menu items should be prepared and wrapped by individuals that are familiar with safe food practices.

_____ Items must be individually labeled or have a placard placed in a conspicuous place stating the common name of food item, ingredients, and allergens in the product. Labels or placards must include the following:

- Name, address and phone number of the person preparing the goods or the distributing organization if for a charitable or non-profit organization
- Common name of item
- List of ingredients
- Any potential allergens [milk, eggs, fish, crustacean shellfish, tree nuts (almonds, walnuts, pecans), peanuts, wheat, and soybeans]

_____ A clearly visible placard (see attached) is required at the point of sale or service location stating that the food is prepared in a kitchen that is not subject to regulation and inspection by the Mason County Health Department or any other regulatory authority.

BAKE SALE REGISTRATION FORM

Name of Organization: _____

Name of Representative: _____

Title: _____

Organization Address: _____

Phone: _____

Date(s) of Event: _____

Time: _____

Location of Event: _____

List of Food Items:

I certify that I have received a copy of the above requirements for conducting a bake sale and that my organization will comply with said requirements.

Signature: _____ Date: _____

FOR HEALTH DEPARTMENT USE ONLY

The organization named above has registered to conduct a bake sale in accordance with the bake sale requirements.

MCHD Representative: _____

Date: _____

NOTICE:

This product was
produced in a home
kitchen not subject to
public health inspection
that may also process
common food allergens.