



# Queen Anne's County Environmental Health

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## Bake Sale Assessment Form

*This form must be complete and returned to the Queen Anne's County Environmental Health Office for review at least 2 weeks prior to the event date.*

Approval of the bake sale is contingent on the following requirements:

1. **Acceptable Baked goods** prepared in private home kitchens can be sold at farmer's markets and traditional "bake sales" provided they are non-potentially hazardous baked goods according to the definition contained within COMAR 10.15.03.  
*Not Acceptable* – Baked goods that may promote rapid growth of bacteria. Such items include cream pies, cream or meat filled pastries, custards and custard pies, pumpkin pie/rolls, éclairs, cream puffs, meringue, mousse, ganache, curd, cream cheese icing, cheesecake, traditional butter cream icing, "no bake" cookies, fudge, soft caramels, soft toffee, potato candy, chocolate "Easter" eggs, chocolate covered fruit, canned fruits/vegetables, flavored oils, salsas, sauerkraut, pickles, relish, etc., foccacia bread with vegetables or cheese, baked goods may not be decorated or garnished with fresh fruits or vegetables.
2. **Food Protection** - All bake goods must be packaged or placed in containers so as to afford protection from weather, dust, insects, birds, and other contamination during transport, storage and sale. Product must be held for sale in a clean area and never placed or stored on the ground.
3. **Labeling** - Products should identify any of the 8 major food allergens that may be contained in the food: milk, eggs, fish, shellfish, peanuts, tree nuts, wheat, and soybeans.
4. **Cleanliness/Hygiene** - Personnel must be healthy, have their hair restrained and not smoke while in the food area. Disposable gloves should be worn by all personnel who handle foods which are ready to eat. Remember to change gloves often and between tasks.

Fill out the following information:

Organization Name:		
Location of Sale:		Date:
Name:		Phone:
E-mail:		
Baked Goods to be Sold:		

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Environmental Health Office Use Only*

- Approved  
 Disapproved

Assessed By: \_\_\_\_\_  
Date: \_\_\_\_\_