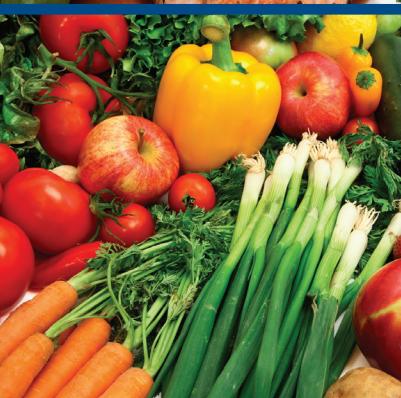
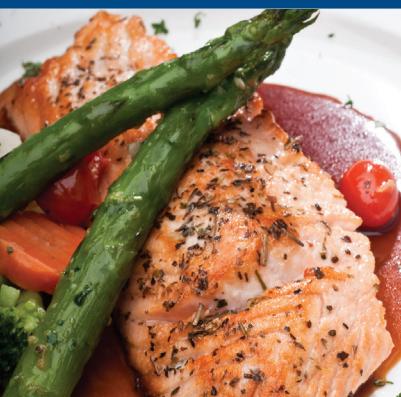


# CIFOR INDUSTRY GUIDELINES

## FOODBORNE ILLNESS RESPONSE GUIDELINES

For Owners, Operators and Managers of Food Establishments



**CIFOR**

Council to  
Improve  
Foodborne  
Outbreak  
Response

Detect • Investigate • Control • Prevent



## DISCLAIMER

Even though these Food Establishment *Guidelines* and the accompanying *Tools* provide comprehensive information for the Food Industry in preparation for, and/or involvement in, foodborne disease outbreak investigations, these documents are not intended to replace pre-existing company guidelines or local, state, or federal regulations or procedures. Industry should consider using the *Guidelines* and *Tools* to compare existing procedures, fill in gaps and update site-specific procedures, create procedures where they do not exist, and train staff.

## **ACKNOWLEDGMENTS**

CIFOR supported the establishment of the CIFOR Industry Guidelines Workgroup to develop foodborne illness response guidelines to help industry in day-to-day operations and during investigations of foodborne illness outbreaks.

The CIFOR Foodborne Illness Response Guidelines for Owners, Operators, and Managers of Food Establishments is the result of countless hours of work by the CIFOR Industry Guidelines Workgroup, CIFOR Council representatives, and others. The CIFOR Industry Guidelines Workgroup was made up of food industry representatives, consulting companies, government agencies, and CIFOR Council representatives (members).

This document represents CIFOR's strong commitment to assist the food industry in its efforts to take an active and educated role in the response and investigation of foodborne illness outbreaks. CIFOR expresses its deep gratitude to everyone who supported the development of these guidelines.

Development of this document was supported by FDA and Cooperative Agreement # U60HM000803 and 5U38HM000449 from CDC. Printing was supported by the CDC Foundation. The contents of the document are solely the responsibility of the authors and do not necessarily represent the official views of FDA , CDC, or the CDC Foundation.

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# BACKGROUND

In 2009, the Council to Improve Foodborne Outbreak Response (CIFOR) developed *\*Guidelines for Foodborne Disease Outbreak Response* to aid government agencies responsible for preventing and managing foodborne disease by establishing a foundation for outbreak response and encouraging a standardized foodborne disease investigation process across all government agencies.

There is no standard approach utilized by public health/regulatory authorities for foodborne disease outbreak response. No one set of steps is appropriate for all outbreaks. The response varies with the outbreak and surrounding circumstances (e.g., etiologic agent, number of cases, and likely source of exposure).

The *CIFOR Industry Guidelines* outlines, clarifies, and explains the recommended role of owners, operators, and managers of food establishments in a foodborne illness outbreak investigation. The *CIFOR Industry Guidelines* was developed by food industry leaders and local, state, and federal regulatory and non-regulatory public health agencies with expertise in epidemiology, environmental health, laboratory science, communications, and food industry operations and is an example of what can be achieved to promote food safety when public health and industry work in partnership.

*\*Council to Improve Foodborne Outbreak Response (CIFOR). Guidelines for Foodborne Disease Outbreak Response. Atlanta: Council of State and Territorial Epidemiologists, 2009.*

# INTRODUCTION TO FOOD ESTABLISHMENT RESPONSE GUIDELINES

**C**IFOR recognizes the critical role the food industry plays in the prevention of foodborne disease and the invaluable support they can provide during the foodborne disease investigation process. The Foodborne Illness Response Guidelines for Owners, Operators and Managers of Food Establishments was developed as voluntary guidance for owners/operators/managers of Food Establishments (“Industry”) to help outline, clarify, and explain Industry’s recommended role in a foodborne illness outbreak investigation. It provides a step-by-step approach that Industry can take, including preparation, detection, investigation, control, and follow-up. The Guidelines also describes key information to assist Industry in understanding what to expect when first notified of potential illnesses and provides Tools to help guide Industry through the process.

By using these *Guidelines* and included Tools, Industry can take an active and educated role in the outbreak response and investigation, reducing the impact to the public and their business. A fully coordinated investigation can then move more quickly and accurately, yielding dependable results that are in the interest of public health while limiting impact to Industry.

Even though these *Guidelines* and Tools provide comprehensive information for Industry in preparation for and/or involvement in foodborne disease outbreak investigations, these documents are not intended to replace pre-existing company guidelines or local, state, or federal regulations or procedures. Industry should consider using these *Guidelines* to compare existing procedures, fill in gaps and update site-specific procedures, create

procedures where they do not exist, and train staff.

While foodborne outbreaks represent unique events and government response may vary, CIFOR intends these *Guidelines* to serve as a foundation for Industry involvement in the foodborne outbreak investigation process and to provide a better understanding of how efforts to implement recommended safe food handling practices on a day-to-day basis can inform and support a foodborne outbreak investigation.

In summary, the best way you can prepare for an effective response in a foodborne outbreak is to follow basic food safety rules and regulations on a day-to-day basis.

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Note: The term “Food Establishment Owner/Operator/Manager” may be used interchangeably with the term “Industry” throughout this document and tools to describe the person or entity who owns and/or operates the food establishment.

# OUTBREAK INVESTIGATION PREPARATION – RECOMMENDATIONS FOR FOOD ESTABLISHMENTS

In the interest of public health, food safety should be a Food Establishment owner/operator/manager's top priority. It is also good business! By understanding and implementing recommended safe food handling practices on a day-to-day basis, Food Establishment owner/operator/managers can not only reduce opportunities for contamination, survival and or growth of foodborne pathogens and prevent illness, they can strengthen their ability to respond effectively should foodborne illness or an outbreak occur.

The U.S. Food and Drug Administration (FDA) has published a model Food Code approximately every two years from 1993 through 2001; and since that time, a revised version every 4 years. This model represents FDA's best advice for a uniform system of regulation to ensure that food at retail is safe and properly protected and presented. The Food Code is available for adoption by government agencies as the legal basis for their food inspection program and assists regulatory jurisdictions in initiating and maintaining effective programs for prevention of foodborne illness. While the recommendations in these Industry Guidelines is based, in part, on Food Code recommendations, specifically those found in Chapter 2 and its annex on Public

Health Reasons, it is important for users to understand that:

- Local and/or State regulatory and/or public health requirements may vary;
- Government agencies leading a foodborne outbreak investigation may differ from the agency engaged on a daily basis, and;
- Depending on specific outbreak events, these Industry recommendations may be modified by the government agency leading the outbreak investigation.

Here are suggested steps to prepare for a possible outbreak investigation:

A. Have a list of key contact names and phone numbers (including after-hours numbers) available for reference. Consider listing information for:

- Regulatory/Health Authority Office
- Specific Regulatory/Health Inspector(s)
- Food Establishment Owner
- Food Establishment Operator/Manager(s)
- Corporate Office (if applicable)
- Quality Assurance/QA Hotline (if applicable)
- All Employees
- Distributors and Suppliers, including those used only occasionally
- Attorney or Legal Representative

B. Get to know the Regulatory/Health Authority inspector and build a good working relationship ahead of time. Trying to do so during a crisis is difficult.

C. Identify the media spokesperson for the Food Establishment before any emergencies occur. Consult with the Regulatory/Health Authority, Public Relations representative and/or Legal Counsel before releasing any media statements regarding the outbreak.

D. Remember, no one knows the operation better than the owner/operator/manager. Cooperate with Regulatory/Health Authorities and be willing to offer information to them about the operations, food safety systems/tools, etc. that might help them to identify the possible source of illness.

E. Be prepared to provide contact information for customers, especially for large group reservations, special events, or orders catered outside the facility. Loyalty cards may be a source of contact information; however, ensure compliance with local privacy laws and company policy.

F. If Confidential or Proprietary information is requested, be sure to tell this to the Regulatory/Health Authority and notify the Food Establishment's legal counsel.

G. The Regulatory/Health Authority is prevented by law from giving out the names of ill customers and other identifying information. The Regulatory/Health Authority will clarify what information they can release specific to an ill employee or customer. They may be able to provide information on numbers of people reporting illness and other information that does not identify individuals.

H. The Food Establishment owner/operator/manager must share all needed records, such as purchasing invoices, work schedules, etc. Certain records, such as customer credit card receipts, may or may not be able to be provided based on various local/state laws or privacy policies of credit card companies. Check with the corporate office/owner/management person to coordinate the data transfer while ensuring privacy laws or policies are followed.

I. The Food Establishment owner/operator/manager must retain records/record-keeping including:

- Records of employee work schedules;
- Employee work duties;
- Purchase invoices for all foods received;

- Records of all foods picked up locally by the Food Establishment (purchased at wholesale food establishments, grocery stores and produce markets, etc., if applicable).

Should illness occur, it is in a Food Establishment owner/operator/manager's best interest to work with the Regulatory/Health Authority

to determine what happened and what actions may be needed to prevent future illness. The owner/operator/manager should fully cooperate with the Regulatory/Health Authority, obtain all information needed for the investigation, and respond quickly. Failure to do so may result in additional illnesses, as well as a loss of reputation impacting sales, future business and growth.

## HOW TO KNOW IF YOU HAVE A POSSIBLE OUTBREAK

- Have customers complained of any illness from consuming the food from your Food Establishment? (To record multiple illnesses, refer to Appendix TOOL 1 - ILLNESS COMPLAINT TRACKING LOG FORM. To record specific information on individuals, refer to Appendix TOOL 2 – CUSTOMER FOODBORNE ILLNESS COMPLAINT FORM.)
- Were multiple illnesses reported to the Food Establishment by the Regulatory/Health Authority?

- Has the Food Establishment owner/operator/manager (or the Food Establishment's corporate office) been notified of illness in its employees or customers that may be part of a larger outbreak associated with a food product or ingredient?

**NOTE:** If an outbreak is suspected, share any information collected from customers with the Regulatory/Health Authority. If there are no additional illness reports, consult the Regulatory/Health Authority before continuing with any further steps in these guidelines.

## MENU / FOOD SERVED

The Regulatory/Health Authority may need to gather more information on specific foods eaten by customers to potentially identify common foods or ingredients that might be associated with the suspected illnesses. Be prepared to supply it, if asked:

- A copy of the menu or food served for the time period requested and meals/foods identified.
- Information about garnishes, sauces, side dishes and variations on basic menu items.

- A recipe or list of ingredients for each menu item in question —(Refer to Appendix TOOLS 3A and 3B – MENU INGREDIENT LISTING FORM AND EXAMPLE MENU INGREDIENT LISTING FORM.)
- If possible, determine the total number of meals and transactions (dine-in, delivery, or carry-out) served or sold during the time period in question and provide this to the Regulatory/Health Authority.

## LARGE ORDERS, SPECIAL EVENT ORDERS, CATERING OR DELIVERY

If the Food Establishment participates in catering, large group reservations/special event orders, or delivery, be prepared to provide any available contact information and meals served.

### EMPLOYEE COMMUNICATIONS

If there is a suspected outbreak involving the Food Establishment, it is important to communicate early and regularly with employees to inform them of the situation, control rumors and clarify expectations.

At a minimum, it is suggested the following might be shared with employees:

- A. General information about the outbreak including the organism or chemical causing illness, if known.
- B. Preventive measures employees can take to protect themselves or others from becoming ill. Be specific to the illness in question, if known.
- C. The expectation that all employees provide all relevant information requested by the Regulatory/Health Authority, including their health status.
- D. Specific guidance on responding to questions by the public and/or the media, e.g. all question should be directed to management or a designated media spokesperson.

E. Possible collection of clinical specimens, e.g. stool or blood if requested by the Regulatory/Health Authority.

F. The expectation of the employee to have a positive interaction with the Regulatory/Health Authority when they visit the Food Establishment.

G. Potential for recommended treatment of the employee by the Regulatory/Health Authority if exposed to certain diseases or chemicals.

H. A review of the Food Establishment's sick leave policy. It is suggested that employees who become ill with certain symptoms must notify the Person-in-Charge and leave work immediately. (Refer to Appendix TOOL 4 – EMPLOYEE COMMUNICATIONS MEETING)

## EMPLOYEE WORK HISTORY

Since outbreaks sometimes involve employees who may have infected others, were victims of the outbreak, or whose actions may have led to the outbreak, the Regulatory/Health Authority may ask for information regarding their duties, illness history, and work schedules. Be prepared to provide this information to the Regulatory/Health Authority if asked.

Employee schedules, duties, and work habits may assist the Regulatory/Health Authority in determining whether the Food Establishment is connected to the illnesses and, if so, what the causative factor(s) may be and what control measures are necessary.

Provide a list of current and former employees (within the time period in question) with contact information. (Refer to Appendix TOOL 5 – EMPLOYEE LIST FORM.) The list should include:

- A. Ex-employees who worked at the restaurant/Food Establishment.
- B. Employees transferred in or out of the Food Establishment (identify Food Establishment transfer locations, dates, and tasks performed).

## EMPLOYEE ASSESSMENTS

The FDA Food Code recommends that the Food Establishment's owner/operator/manager require employees to report certain information regarding their health or activities as they may relate to diseases that can be transmitted through food. Information provided by employees should include symptoms such as vomiting, diarrhea, jaundice, etc.; date when symptoms started; any diagnosis from a health care provider of illness that could be food-related; such as norovirus, hepatitis A, *Shigella spp.*, etc. If this information is collected by industry on a routine basis for the purposes of excluding and restricting employees from work, this would provide the owner/operator a good model of employee health management practices that will help ensure better response during a foodborne outbreak event.

During a suspected or confirmed foodborne illness outbreak, it is important to communicate with employees to assess their health, provide information to help in protecting them from illness, and to assist the Regulatory/Health Authority with their investigation. The Regulatory/Health Authority will usually ask to conduct employee interviews outside the presence of a Food Establishment owner/operator/manager. The Food Establishment owner/operator/manager or corporate representative may also wish to conduct individual assessments with all employees after the Regulatory/Health Authority conducts their own, as these can provide valuable information on the following:

- Recent or current employee illness(es) or exposures that could trigger employee testing, restriction of work duties and/or exclusion from work.
- Potential exposure to communicable illness(es) that could require medical follow-up; e.g., healthcare visits, vaccination, etc. (Refer to Appendix TOOL 6 – EMPLOYEE HEALTH ASSESSMENT FORM.)

These recommendations are intended for day-to-day operation and management of a Food Establishment. While this can be used as general guidance in a foodborne outbreak event, consultation with the Regulatory/Health Authority to get outbreak-specific employee health guidance is recommended.

If employees are ill, the Food Establishment owner/operator/manager may need to restrict their activities or exclude them from working. If the Food Establishment does not already have a policy in place, consult with the Regulatory/Health Authority for information on worker restrictions or exclusions.

- To assist in decision making when other guidance is not available on what actions to be taken if employees are/were ill, and return-to-work guidance, refer to Appendix TOOL 7A – EMPLOYEE ILLNESS DECISION GUIDE. This tool is based on the 2009 Food Code recommendations, and may differ from local/state regulations in the area where the Food Establishment is located.
- If a Food Establishment owner/operator/manager has knowledge of the guidance or regulations for worker exclusion/restriction in their jurisdiction, they may

wish to create a quick policy reference for themselves. (Refer to Appendix TOOL 7B - EXAMPLE OF EMPLOYEE ILLNESS DECISION QUICK GUIDE FOR PERSON-IN-CHARGE, for Establishments not serving highly susceptible populations, for a sample.) Keep in mind that this is an example only, and does not replace what may be required by local or state law in your area.

- Provide the Regulatory/Health Authority a list of all employees and specify which employees have indicated they have reported being ill. (SEE TOOL 5.)
- Provide the Regulatory/Health Authority a copy of the employee health policies.
- Also useful before, during, or after an investigation are the following \*FDA posters:

**TOOL 7c**

*My Story Could Change Your Life*

**TOOL 7d**

*Do I Feel Well Today?*

**TOOL 7e**

*I Should Have Stayed Home*

**TOOL 7f**

*Would You Want These People in Your Kitchen?*

**TOOL 7g**

*Don't Let What Happened to Me Happen to You*

\*NOTE: These and more posters may be found at [www.fda.gov/foodemployeeeducation](http://www.fda.gov/foodemployeeeducation)

## CONSUMER AND EMPLOYEE PRIVACY

It is important to protect the privacy and health information of both employees and consumers; recognize that Regulatory/Health Authorities are typically bound by privacy laws to do this. Consult with the Regulatory/Health Authority and the Food Establish-

ment's legal counsel regarding local, state and/or federal laws regarding employee and consumer privacy and the protections required in safeguarding individual health information.

## EMPLOYEE SPECIMEN TESTING

Along with interviews, clinical specimens as indicated by the Regulatory/Health Authority may be required from the employee by the Regulatory/Health Authority for testing to assess employee health and provide the Regulatory/Health Authority and/or the Food Establishment owner/operator/manager with valuable information regarding the investigation. Employee test results may do the following:

- Provide information to help determine if the employee may be associated with the outbreak;
- Determine whether employee restrictions or exclusions should be put in place;

- Determine whether medical follow-up and/or treatment may be necessary;
- Provide information to the investigation;
- Assist with control measures.

Be ready to provide assistance to the Regulatory/Health Authority if they determine that employees should undergo a health evaluation and/or laboratory testing. If suspect employee testing is necessary, as directed by the Regulatory/Health Authority, and the testing services are provided by a non-government medical facility through the Food Establishment, Industry must ensure local/federal privacy laws and any internal Risk Management policies are followed.

## EMPLOYEE HEPATITIS A VACCINATION (WHERE APPLICABLE)

In some outbreak situations, it might be necessary as directed by the Regulatory/Health Authority for employees to be vaccinated. If employees do not consent to vaccination and/or other treatment (immune globulin-IgG), the Regulatory/Health Authority or Food

Establishment owner/operator/manager may restrict or exclude the employee from work. (For more information, refer to the Regulatory/Health Authority and TOOLS 7A and 7B.)

## PRODUCT SAMPLES

The Regulatory/Health Authority may sample foods from the Food Establishment or its supply chain and perform laboratory analysis in an attempt to find the source of the illness. The source of illness could be a food that was contaminated prior to its arrival at the Food Establishment or contaminated onsite by a sick employee; mishandled; cross contaminated from raw food or equipment; or contaminated by the consumer or other food handler/preparer. It is important to rapidly determine the source of the problem and initiate control measures at all appropriate levels including the Food Establishment, Distributor, Supplier, etc.

- Immediately consult the Regulatory/Health Authority prior to sampling, using, moving or discarding any food that may have been served during the time period of interest for the outbreak. Any food that is implicated in an outbreak should be held under control until the Regulatory/Health Authority determines if they will need to collect samples for laboratory analysis.
- Industry may voluntarily choose to sample products and have laboratory tests performed, but should consult with the Regulatory/Health Authority before collecting and submitting any samples to find out if the Regulatory/Health Authority plans to do so. This is to ensure adequate product is available for Regulatory/Health testing (“split samples”) and to protect against accidental contamination of product.
- Before collecting its own samples, Industry should ensure that their laboratory is

accredited for food testing and collaborate with the Regulatory/Health Authority to identify key products of interest for sampling, what laboratory tests should be done, and to ensure sample integrity is maintained and accidental contamination does not occur during sampling. All sample results should be shared with the Regulatory/Health Authority. (Refer to Appendix TOOL 8 – PRODUCT SAMPLING PROCEDURE.)

- Consult with food testing professionals, legal advisors, and/or the accredited laboratory before having the samples tested to make sure that correct tests are done on the key products of interest.
- Unopened packages of food from the same lot suspected of causing illness may be the most reliable laboratory sample. Be sure to secure unopened packages and store appropriately until release by the Regulatory/Health Authority.
- If independent sampling is done, it is important for the Food Establishment owner/operator/manager or their representative to collect the samples appropriately and maintain the Chain of Custody of the samples. (Refer to Appendix TOOL 9 SAMPLE CHAIN OF CUSTODY FORM.)
- The Regulatory/Health Authority’s test results will typically be considered “official” and used to determine further public health and/or regulatory actions.

## DISTRIBUTOR AND/OR SUPPLIER INFORMATION

The Regulatory/Health Authority may need to determine if food received by the Food Establishment is the source of the illness. The Food Establishment owner/operator/manager needs to provide detailed information about what products were received from each Distributor or Supplier that delivered to the Food Establishment in the time period in question. This includes lot numbers or other identifying information on the suspected foods and when those lot numbers were actually used by the Food Establishment and consumed by the public.

It is also important that the Food Establishment owner/operator/manager identify any unusual occurrences that required them to use a different Supplier or product during the time period in question.

- Identify Distributors and/or Suppliers of suspected products and provide invoices to the Regulatory/Health Authority.
- Identify code # or lot # of suspected/implicated product – (Refer to Appendix TOOL 10 - DISTRIBUTOR AND SUPPLIER INFORMATION FORM.)

# FOOD ESTABLISHMENT SELF-ASSESSMENT

**I**n the event of an outbreak, the Food Establishment owner/operator/manager should be aware that the Regulatory/Health Authority may conduct an environmental assessment. Work closely with investigators to answer questions, provide information and ensure cooperation by employees.

- A Food Establishment owner/operator/manager should consider completing a Food Safety Checklist as a means of assessing existing operations for food safety risks. (Refer to TOOL 11 –SAMPLE FOOD ESTABLISHMENT FOOD SAFETY CHECKLIST FORM.) Keep the completed form(s) on file and be prepared to share with the Regulatory/Health Authority. **If food safety risks are identified, address them immediately and tell the Regulatory/Health Authority what actions were taken.** If unsure how to minimize the risk, work with the Regulatory/Health Authority to establish the most appropriate means of dealing with it.
- Identify if there were any unusual circumstances that occurred during the suspected time in question (e.g., power outage, bro-

- ken equipment, large unexpected order, labor shortage, etc.). Be advised that the FDA Food Code requires reporting of an imminent health hazard. (8-404.11)
- Be prepared to answer questions regarding receiving, storage, thawing, preparation/cooking, holding, cooling and serving of suspected food items or ingredients. (Refer to Appendix TOOL 12 – FOOD FLOW CHART FORM.)
- If an employee is identified as a possible cause of the outbreak, provide an employee work location schematic that shows where they worked (prep, service, washing etc.) including date and times they worked. (Refer to Appendix TOOL 13 – EXAMPLE OF EMPLOYEE WORK STATION SCHEMATIC.)

- Identify appropriate prevention and control measures.
  1. If the Regulatory/Health Authority identifies the potential cause/agent and the Food Establishment still has the product on-hand, immediately pull AND hold the implicated product under the same conditions it would usually be stored (i.e., if refrigerated, keep it that way, etc.)— **STOP SELLING THE ITEM.**
  2. Do not discard food products until the Regulatory/Health Authority directs the Food Establishment to do so. (Remember, the Regulatory/Health Authority may want to collect food samples.)

# MEDIA

If the public has heard about the investigation and the Food Establishment is being contacted by media, it is important for the Food Establishment owner/operator/manager to coordinate with the Regulatory/Health Authority to ensure an accurate and consistent message is communicated.

- The Regulatory/Health Authority, not Industry, typically has the primary responsibility for public notifications/media announcements related to foodborne illness investigations.
- Industry has the responsibility to work with Regulatory/Health Authorities to warn consumers of any unsafe products that may be in commerce or people's homes.
- Releasing information prior to any Regulatory/Health Authority statement may disrupt, confuse or confound the outbreak investigation and result in prolonging the investigation process.
- It is advisable that the Food Establishment owner/operator/manager review their media responses in advance with the Regulatory/Health Authority to prevent any conflict with

the facility's operation or the Regulatory/Health Authority's handling of the investigation.

- Employees should refer any media questions directed at the Food Establishment to a designated single point of contact.
- Consult with the Food Establishment's public relations representative and legal counsel (if any) before making any statements through the media spokesperson. Consulting with a risk communications professional may be helpful.
- Create talking points to ensure that all staff are responding to customers correctly and consistently. This may be done in collaboration with the Regulatory/Health Authority.

## STORE CLOSURE AND REOPENING

If a Food Establishment has closed due to the investigation, the Regulatory/Health Authority may ask the Food Establishment to comply with certain requirements prior to re-opening.

- In addition to meeting the requirements specified by the Regulatory/Health Authority, a Food Establishment owner/operator/manager should successfully complete a Re-Opening Self Inspection and correct any violations prior to re-opening. (Refer to Appendix TOOL 14 – SAMPLE RE-OPENING SELF INSPECTION CHECKLIST FORM.)

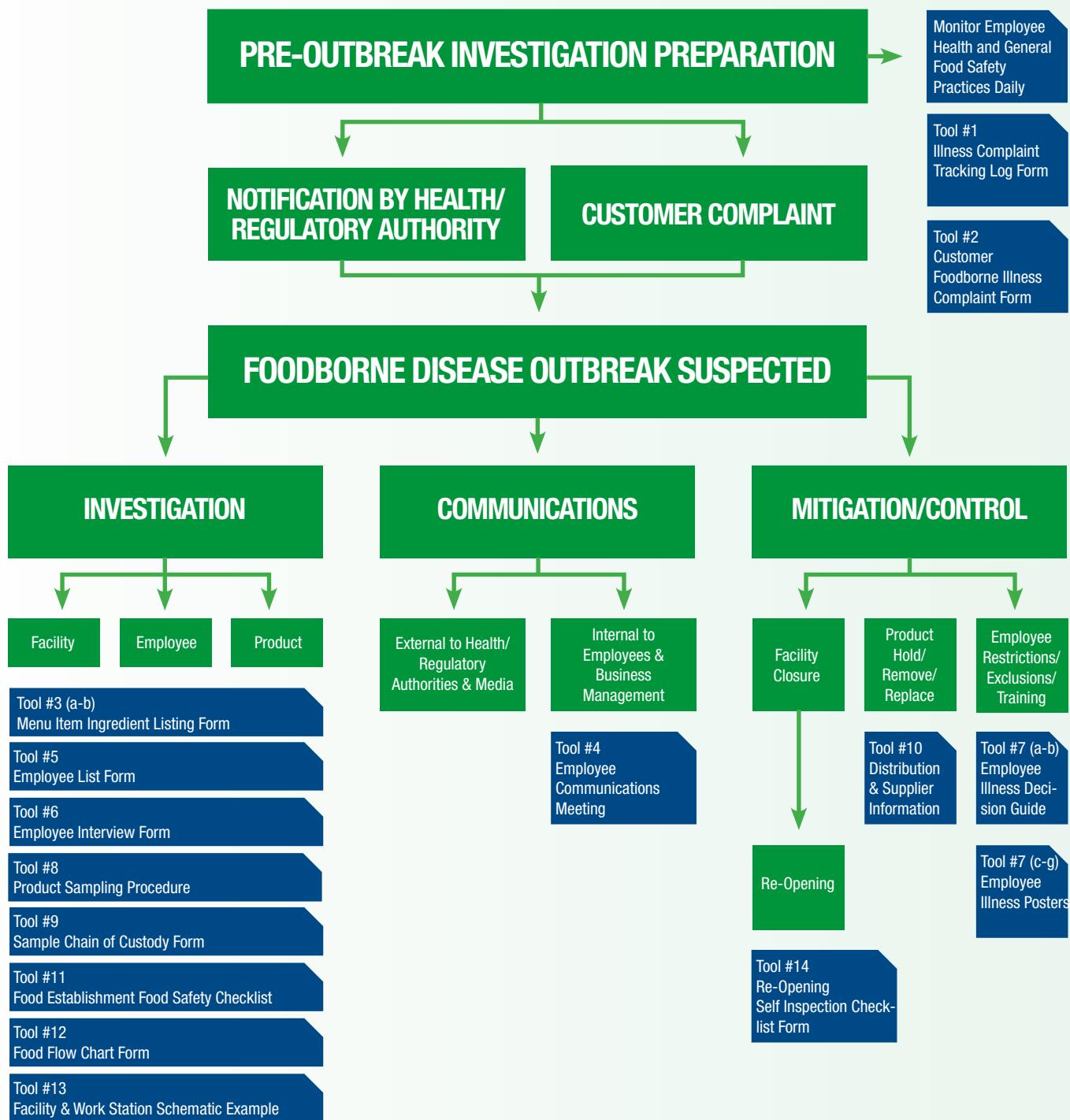
- If the Regulatory/Health Authority has asked or required the Food Establishment to close, it is likely they will conduct an official re-opening inspection.

## CONTROL MEASURES

**I**t is recommended that a Food Establishment owner/operator/manager complete a Food Safety Checklist daily as a means of monitoring food safety and preventing foodborne illnesses. If no checklist is available, refer to Appendix TOOL 11 – SAMPLE FOOD ESTABLISHMENT FOOD SAFETY CHECKLIST FORM.

- Review the most recent internal and Regulatory/Health Authority food safety inspections (i.e., formal inspections/audits, temperature logs, employee illness logs, daily Food Safety Checklists, etc.) to look for potential issues, including:
  - Were critical/priority violations identified?
  - Could the critical/priority violations have contributed to this outbreak?
  - Were all critical/priority violations corrected?

## FLOW DIAGRAM FOR GUIDELINES AND TOOLS



# **TERMS AND DEFINITIONS**

### TERMS AND DEFINITIONS

Terms and definitions are based on those found in the FDA 2009 Food Code and the CIFOR Guidelines and have been converted to plain language.

**Asymptomatic:** When a person shows no evidence of disease or symptoms of illness.

**Chain of Custody:** A method of tracking evidence from the time it is collected until it is presented, with the goal of showing that it has not been tampered with while in custody. A chain of custody affidavit documents the evidence's collection, transportation, and storage. It is often in the form of written documentation clearly showing who had control of the evidence and that at no time did the evidence leave their possession.

**Close Contacts:** Family members, coworkers, associates, and other persons who are or have been exposed to persons with possible foodborne illness symptoms, confirmed foodborne infection, or virus.

**Critical/Priority Violation:** A provision of the applicable food laws, that if not followed, is more likely than other violations to contribute to food contamination, foodborne illness, or other environmental health hazard.

**Food Establishment:** An operation that stores, prepares, packages, serves, vends, or otherwise provides food for human consumption, such as (1) a restaurant; satellite, or catered feeding location; catering operation if the operation provides food directly to a consumer or to a conveyance used to transport people; market; vending location; conveyance used to transport people; institution; or food bank; and (2) a business that relinquishes posses-

sion of food to a consumer directly, or indirectly, through a delivery service such as home delivery of grocery orders or restaurant take-out orders, or delivery service that is provided by common carriers.

**Food Establishment Operator/Manager:**

A person who manages the practice or business of making, transporting, holding, serving, or dispensing foods, such as in a restaurant or other food establishment.

**Food Safety Professional:** An individual who is trained and experienced in food safety, including food microbiology, quality assurance, and food regulation. Examples of food safety professionals include internal quality assurance personnel and consultants. Resources may be obtained by contacting Regulatory/Health Authorities, state or national restaurant and retail associations.

**Highly Susceptible Population (HSP):**

Regulatory definition for persons who are more likely than other people in the general population to experience foodborne disease because they are:

A. Immuno-compromised; preschool age children, or older adults;

AND

B. Obtaining food at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.

**Industry:** The entity engaged in the processing, preparing, preserving, distributing, holding and/or serving of foods and beverages.

**Jaundice:** A yellow discoloration of the skin, whites of the eyes, etc., due to an increase of bile pigments in the blood. This is often a sign of liver inflammation, which can arise from infection with hepatitis A or other infections and conditions.

**Outbreak\*:** Two or more cases of a similar illness shown by an investigation to result from a common exposure, such as ingestion of a common food. An outbreak is a cluster with a clear association between cases, with or without a recognized common source or known disease agent. However, even single cases of certain rare and serious conditions, such as gastrointestinal anthrax, botulism, or cholera, are considered public health emergencies and should elicit an outbreak-like response.

**Person-in-Charge:** The individual present at a Food Establishment who is responsible for the operation at the time of inspection.

**Potentially Hazardous Food (Time/Temperature Control for Safety Food):** Food that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation. Some examples are:

- A. An animal food that is raw or heat-treated;
- B. A plant food that is heat-treated or consists of raw seed sprouts, cut melons, cut leafy greens, cut tomatoes or mixtures

\*Reference: *Council to Improve Foodborne Outbreak Response (CIFOR). Guidelines for Foodborne Disease Outbreak Response.* Atlanta: Council of State and Territorial Epidemiologists, 2009.

Note: Local and State public health officials may have a different definition of “Outbreak.”

of cut tomatoes that are not modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation; or

C. Garlic-in-oil mixtures that are not modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation.

**Privacy Laws:** Local, State and/or Federal laws designed to protect personal health information from public disclosure. An example may be the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, enacted in 2003, which established regulations for the use and disclosure of Protected Health Information (PHI). PHI is any information which concerns health status, provision of health care, or payment for health care that can be linked to an individual. This is interpreted rather broadly and includes any part of an individual’s medical record or payment history.

**Regulatory/Health Authority:** The governmental agency responsible for matters of public health and/or regulatory jurisdiction over the food establishment. This may include the local and/or State Public Health Department, State Departments of Agriculture, Environmental Health or any other agencies with jurisdiction over food safety issues. It may also include the U.S. Food and Drug Administration (FDA), U.S.D.A Food Safety Inspection Service (FSIS), or the U.S. Centers for Disease Control and Prevention (CDC).



# TOOLS FOR GUIDANCE

NOTE: THESE TOOLS ARE EXAMPLE FORMS.

## TOOL 1 - ILLNESS COMPLAINT TRACKING LOG FORM

**Purpose:** To provide an electronic linelist of complaints.

**Instructions:** A designated person(s)-in-charge should be reviewing this log on a regular basis and communicating with the Regulatory/Health Authority as appropriate.

---

## **GUIDELINES FOR OWNERS, OPERATORS AND MANAGERS OF FOOD ESTABLISHMENTS**

## **ILLNESS COMPLAINT TRACKING LOG FORM**

TOOL

## TOOL 2 - CUSTOMER FOODBORNE ILLNESS COMPLAINT FORM

**Purpose:** This form is to be used for documenting calls and/or person-to-person conversations with customers who complain that they became sick after eating at, or purchasing food from, the Food Establishment.

**Instructions:** If the Food Establishment already has a form or uses another system of documentation, compare forms to ensure that the information collected is complete. If the person is currently experiencing symptoms or the Food Establishment owner/operator/manager suspects this complaint could be part of a suspected or confirmed outbreak, they should report this information to the Regulatory/Health Authority in their jurisdiction.

---

## **CUSTOMER FOODBORNE ILLNESS COMPLAINT FORM**

Food Establishment Name: .....

Address: .....

Name of person taking complaint: .....

Date complaint received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year)

Did staff person read the following statement to the complainant?  Yes  No

### **SUGGESTED COMMENTS AND QUESTIONS:**

"Thank you for calling (contacting) us. We are sorry for any inconvenience or illness you may have suffered. We investigate claims of illness brought to our attention and would like to ask you some questions about your experience. Would you be willing to take a few minutes to provide us with more information?"  Yes  No

What is your name? .....

What is your relationship to the ill person? .....

Name of person complaining of illness (if not the caller): .....

Ill person's Phone: .....

Ill person's Email/Other: .....

Ill person's Address: .....

How many people ate the meal or food (regardless of whether they are ill)? .....

How many people are ill? .....

When was the meal, food consumed? Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year) Time: .....

What did you (or the ill person) have to eat?

(ask specific questions, be sure to include beverages/ice)

.....  
When did people become ill? Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year) Time: .....

What symptoms are/were you (or the person you are reporting for) experiencing? .....

NOTE: If a person still has symptoms, recommend that they consider seeking medical attention and directly notify the Regulatory/Health Authority.

### **SUGGESTED ENDING COMMENTS:**

"Thank you for your call. We regret that you had an unpleasant food experience. We hope that you are doing well and will give us the opportunity to serve you again in the near future."

Customer comments: .....

Food Establishment Follow-Up Actions:

Was this complaint reported to Regulatory/Health Authority?  Yes  No

If yes, name of organization and date sent: .....

Other follow-up actions: .....

## TOOL 3A - FOOD ITEM – INGREDIENT LISTING FORM

**Purpose:** The purpose of this document is to identify each ingredient used in a food item identified as being of interest in an investigation.

**Instructions:** Complete this form listing each ingredient in detail along with brand(s), source or sources, and other information. Make sure the information is specific (example: List “Fresh Roma Tomatoes” not just “Tomatoes.”) Use as many pages as necessary and be prepared to provide copies to the Regulatory/Health Authority.

TOOL 3A

### FOOD ITEM:

Is it made in the food establishment?

- YES (If YES, complete ingredient listing below)  
 NO (If NO, who is the Supplier?): .....

Lot code #s, “Use By” dates, etc.: .....

### INGREDIENT LISTING (Specify type, brand and source, if possible)

What are the ingredients (including garnishes) for the FOOD ITEM?

Ingredient: .....

### IF YOU SUBSTITUTED INGREDIENTS, WHAT DID YOU USE?

.....  
.....

## TOOL 3B - MENU INGREDIENT LISTING EXAMPLE (PIZZA)

**Purpose:** This document provides an example of how to fill out Tool 3A.

**Instructions:** Review prior to filling out Tool 3A. Be prepared to provide an ingredient listing for any food items in question to the Regulatory/Health Authority. Below is a sample for reference:

### MENU ITEM: Fabulous Jimmy's Pizza

Is it made in the food establishment?

YES (If YES, complete ingredient listing below)

NO (If NO, who is the Supplier?): .....

Lot code #s, "Use by" dates, etc.: .....

### INGREDIENT LISTING (Specify type, brand and source, if possible)

What are the ingredients (including garnishes) for the pizza?

Sauce:

Canned tomato sauce: Miller brand, Italian style

Fresh garlic: purchased at XYZ grocery

Fresh basil: purchased at XYZ grocery

Toppings:

Pizza cheese: Mama's Mozzarella, pre-shredded

Pepperoni: Bobby's brand, pre-sliced, cooked

Sausage: Wolfy's sausage bits, precooked, 5# bag

Green Peppers: Fresh, whole, from Linda's Great produce and chopped onsite

Onions: Red onion, fresh, whole, from Linda's Great Produce

Mushrooms: Sparky's brand sliced button mushrooms, canned, #10 size

Crust:

Flour: White bread flour, Marcus brand

Yeast: Self-starting, Marcus brand

Salt: Iodized, Kosher-style, Marcus brand

Water: Municipal

### IF YOU SUBSTITUTED INGREDIENTS, WHAT DID YOU USE?

If we run out, we may purchase precooked sausage from XYZ grocery store, usually 123 brand, precooked. We didn't run out of it this time.

## TOOL 4 - EMPLOYEE COMMUNICATIONS MEETING

**Purpose:** This document provides suggested Agenda and Talking Points for communications and meetings with employees.

**Instructions:** Review this information and prepare your own talking points prior to a meeting with employees. Items marked with “ ” are Meeting Leader duties. The recommendations under Recommended Policies, part C - Illness Prevention and Management are general in nature. Guidance specific to an actual outbreak event should be sought from the Regulatory/Health Authority.

### EMPLOYEE MEETING ATTENDANCE - RECOMMENDED POLICY:

It is suggested that attendance at an employee meeting be required. Employees cannot return to work unless they have attended one of the employee meetings or have been briefed by the management. It is recommended that a meeting roster be created so that you and the regulatory authority know who has attended the meeting and can be placed back on the schedule. The following is a script outlining suggested talking points for the employee meeting.

“We are meeting today to inform you of a confirmed (or suspected, if that’s the case) foodborne illness outbreak that is related (or possibly related) to our establishment. We will provide an overview of the outbreak, reinforce our illness and hygiene policies, and provide some instruction. We are also here to answer any questions that you might have.”

#### 1. Overview of Confirmed Foodborne Illness:

- Describe foodborne illness outbreak and name the disease agent (if known).

“We or a representative of the Regulatory/Health Authority may speak to each of you in private to make sure you understand what this means and see if you have any questions about the foodborne outbreak.”

- Review Fact Sheet (Obtain disease fact sheet from your Regulatory/Health Authority. An example could be found on [www.foodsafety.gov](http://www.foodsafety.gov). Consider whether you may need this information in other languages).

“We are providing you with a “Fact Sheet” that should answer many of the questions you might have.”

#### 2. Employee Interviews:

“We are working closely with the Regulatory/Health Authority to gather information. You may be contacted to answer questions. The purpose of these questions is to gather information to determine a possible exposure/cause for the outbreak.

The questions may cover employee work history, job duties and other issues. You may be asked to give a specimen (e.g., stool, blood, etc.). You should cooperate fully with them. Please be open and honest with your responses and provide as much information as you can. This will also be an opportunity for you to ask questions.”

### 3. Confidentiality:

“DO NOT discuss this foodborne illness event with anyone other than your supervisor and the Regulatory/Health Authorities.”

### 4. Media Contact:

“If you are contacted by any member of the media (e.g. television, radio or newspaper reporter), direct any questions to <Media Contact> \_\_\_\_\_ at <Media Contact Phone #> \_\_\_\_\_ and let your supervisor know immediately.” Do not answer any questions from the media unless your supervisor directs you to do so.

### 5. Review of policies:

At this time, you may want to review recommended policies regarding employee health and hygiene with employees. Recommended policies can be found below. Reinforcement of proper hand washing, good hygienic practices and illness prevention and management is very important! If it is necessary to temporarily make the glove policy more stringent, discuss any new requirements at this time.

“We will now review the company policies on handwashing, glove use, and illness prevention and management.”

### 6. Recommended Policies:

These are considered model practices. They may be used as is or refined based on local and state regulatory codes within your jurisdiction.

#### A. Proper Hand Washing

##### How to Wash Hands:

- Wash hands at designated hand wash sinks only.
- Wet hands with clean, warm running water.
- Apply soap to hands and rub hands vigorously to produce lather for at least 20 seconds.
- Thoroughly rinse soap from hands using clean, warm running water.
- Immediately follow the rinse procedure by drying hands using any of the following methods:
  - Individual, disposable towels.
  - Continuous towel system that supplies the user with a clean towel.
  - A heated-air hand drying device.
  - A high velocity, pressurized hand drying device at ambient air temperatures.
- If individual disposable towels are used, use the same towel to turn off the faucet and then discard paper towel.

##### When to Wash Hands:

- After using the rest room and again upon entering the kitchen.
- Arriving at work and after changing into your uniform.
- Each time you enter the food preparation area. (Wait staff, servers and non-food handling position employees are to wash hands before performing direct food han-

dling task if they have performed a non-food handling task immediately prior).

- After treating a cut or wound on the body.
- Before preparing food.
- Before handling clean equipment and serving utensils.
- When changing tasks.
- When switching between handling raw protein/meat foods (such as chicken, beef etc.) and working with Ready-to-Eat foods (such as sandwiches, produce etc.).
- After handling non-food items or touching non-food contact surfaces.
- After touching your face, hair, clothes or other people, such as shaking hands.
- After handling cash, trash, washing dishes, sweeping, mopping, wiping dining room tables, chemicals or cleaning - and returning to a direct food handling task.
- Coughing, sneezing, using a handkerchief or disposable tissue, or blowing your nose.
- After taking a break.
- After smoking, eating or drinking.
- Before putting on clean, single-use disposable gloves.
- Between disposable glove changes.
- After caring for or handling service animals or aquatic animals (such as molluscan shellfish or crustacea in display tanks).
- Anytime contamination may have occurred.

### B. Disposable glove use (Gloves are never a substitute for hand washing):

- Single-use disposable gloves shall be used for only one task such as working with ready-to-eat food or raw animal foods.
- Single-use disposable gloves may be required when touching ready-to-eat foods.
- Employees must wash hands prior to putting on a new pair of gloves.
- Never reuse a pair of disposable gloves that have been removed.

- Gloves must be immediately disposed of and replaced after:
  - Touching the body or other people.
  - Sneezing or coughing.
  - Drinking, eating or smoking.
  - Contact with non-food contact surface or item.
  - They have become damaged (e.g. torn) or soiled.
  - Changing tasks.

### C. Illness Prevention and Management:

Do not come to work if you are experiencing ONE OR MORE of the following:

- Have any foodborne illness or any infectious or contagious disease that can be transmitted by food
- Are vomiting, nauseous or have a fever
- Have diarrhea or loose stools
- Jaundice (yellowish eyes or skin)

“You might want to see a doctor depending on how sick you feel.”

**Employees must immediately inform the Person-in-Charge if they:**

- Have recently been or are currently experiencing nausea, vomiting, fever, sore throat with fever, jaundice or diarrhea.
- Have been exposed to any foodborne illness or a communicable disease that can be transmitted through food.
- Are being tested by a physician for any foodborne illness or communicable disease that can be transmitted by food.
- Have been confirmed by a physician with any foodborne illness or communicable disease that can be transmitted through food.

- Are aware of another employee who is ill with, or has been exposed to, a foodborne illness or communicable disease that can be transmitted by food.
- Live with a family member that has been diagnosed with a foodborne illness or communicable disease that can be transmitted by food.
- Live with an employee that has been diagnosed with a foodborne illness or communicable disease that can be transmitted by food.
- Become ill or begin to feel ill before, during, or after their shift.
- Have been exposed to anyone with symptoms of vomiting, diarrhea, sore throat with fever or jaundice.

Employees must immediately inform the Person-in-Charge if they are diagnosed with:

- *Salmonella* Typhi
- *Shigella* spp.
- Norovirus
- Enterohemorrhagic or Shiga Toxin-producing *Escherichia coli* (*E. coli*)
- Hepatitis A virus
- Other foodborne diseases reportable in your state (ask your local Regulatory/Health Authority for the list)

Employees diagnosed with any of the diseases listed above might be restricted or excluded from work, depending on local or State regulations. In some cases approval from the Regulatory/Health Authority or your physician may be required to return to work.

## TOOL 5 - EMPLOYEE LIST FORM

**Purpose:** To identify all current and past employees who worked at the Food Establishment to assist in information collection by Health/Regulatory Authorities and for the Food Establishment Owner/Operator/Manager's use.

**Instructions:** To be completed by Food Establishment.

TOOL 5

### OWNER/OPERATOR/MANAGER DURING THE PERIOD

FROM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YY)

TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YY)

(Time frame to be designated by the Regulatory/Health Authority)

**FOOD ESTABLISHMENT NAME:** .....

**ADDRESS:** .....

**FOOD ESTABLISHMENT CONTACT:** .....

**PHONE NUMBER:** .....

## **GUIDELINES FOR OWNERS, OPERATORS AND MANAGERS OF FOOD ESTABLISHMENTS**

## **EMPLOYEE LIST FORM**

## CURRENT EMPLOYEES

(Time period to be defined by the Regulatory/Health Authority as \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yy) (mm/dd/yy))

Tool 5

TOOL 5

## **44 EMPLOYEE LIST FORM**

## PAST EMPLOYEES

(Time period to be defined by the Regulatory/Health Authority as \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yy) (mm/dd/yy))

## TOOL 6 - EMPLOYEE HEALTH ASSESSMENT

**Purpose:** This tool will be used to determine if an employee should be restricted or excluded\* and to support the investigation. This assessment tool also allows the person asking the questions to remind the employee of company health policies and provide an opportunity for the employee to answer any questions the employee may have.

**Instructions:** This form is based on one found in the 2009 FDA Food Code. The Person-in-Charge or other designated Food Establishment person may assess the health of the employees using this tool, to cover a time period determined by the Regulatory/Health Authority. Local regulations may be different, so consult the Regulatory/Health Authority before beginning to use this form routinely.

\*NOTE: If employee has a reason for any symptoms that may be unrelated to foodborne illness, such as vomiting due to pregnancy, etc., please note the reason on the form next to the symptom. It should be clearly indicated to the employee that this information may be shared with Regulatory/Health Authorities, and may be followed by additional questions.

# CIFOR FOODBORNE ILLNESS RESPONSE

## EMPLOYEE HEALTH ASSESSMENT

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yy)

Establishment: \_\_\_\_\_ City/State: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yy)

1. Have you experienced any of the following symptoms within the time period of  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yy) to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ? (mm/dd/yy) (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Diarrhea               | <input type="checkbox"/> Fever                             |
| <input type="checkbox"/> Vomiting               | <input type="checkbox"/> Jaundice (yellowing of skin/eyes) |
| <input type="checkbox"/> Abdominal pain         | <input type="checkbox"/> Nausea                            |
| <input type="checkbox"/> Sore throat with fever | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> No symptoms            |  |

2. Has anyone in your household, family member or close contacts experienced any of the following symptoms within the period mentioned? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Diarrhea               | <input type="checkbox"/> Fever                             |
| <input type="checkbox"/> Vomiting               | <input type="checkbox"/> Jaundice (yellowing of skin/eyes) |
| <input type="checkbox"/> Abdominal pain         | <input type="checkbox"/> Nausea                            |
| <input type="checkbox"/> Sore throat with fever | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> No symptoms            |  |

3. Did you work at this or any other food establishment during the period of

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ? (mm/dd/yy)

Yes (If yes, answer questions below)    No

Dates worked: \_\_\_\_\_

Positions/Tasks (examples: cook, cashier, wait staff, prep staff, dishwasher, etc.)  
\_\_\_\_\_

Foods prepared: \_\_\_\_\_

### Additional instructions for the Person-in-Charge or Owner/Operator/Manager:

- Review the following disease/illness prevention guidelines with employee:

- o Review of disease/illness symptoms
- o Proper hand washing
- o Workplace exclusion if ill
- o Proper hygiene
- o Immediate notification of Person-in-Charge if symptomatic

- Let the employee know that the Food Establishment is working with the Regulatory/Health Authorities, so it is important to remind the employee to cooperate, stay calm and not spread rumors.

- Ask the employee if they have any questions and thank them for their assistance

### CURRENTLY SYMPTOMATIC:

Yes (if YES, consult with the Regulatory/Health Authority for clinical testing directions)

No

\*For more information on exclusions and restrictions, refer to the Regulatory/Health Authority and Tools # 7A or 7B.

## TOOL 7A - EMPLOYEE ILLNESS DECISION GUIDES FOR PERSON-IN-CHARGE

For Use by Food Establishment Person-In-Charge.

**CONTACT YOUR REGULATORY AUTHORITY FOR THE SPECIFIC GUIDELINES IN YOUR AREA.**

**Purpose:** This tool is modeled on the 2009 FDA Food Code and may be useful as a guide in determining what actions the Person-in-Charge must take to prevent the spread of foodborne bacteria, parasites, and/or viruses from the infected food worker to the food, the working environment, and other employees. It is also useful in training food workers in employee health and hygiene matters.

### HOW TO USE THE DECISION TREES AND TABLES:

The Decision Trees and tables should be used together. Start with the appropriate Decision Tree.

**Decision Trees 1 & 2:** Use these Decision Trees as a guide in determining whether an employee must go home or if they can work on a restricted basis. Management may choose to have a more stringent policy that requires sick food employees to go home. The Decision Trees are based on food employee symptoms, diagnosis (with or without symptoms) and exposure. To use the Decision Tree:

- Start at the top box.
- Answer the question in that box.
- Based on the answer provided, follow the arrow to the last box.
- The last box will indicate which table you should use.
- Go to the table that is stated in the box.
- The table will provide guidance as to whether the employee must go home, can

**Instructions:** The following tables and Decision Trees are an adaptation from the 2009 FDA Food Code, Chapter 2 and its Supplement aimed at preventing ill food employees from transmitting disease during the course of routine day-to-day management of a food establishment. Local and State Regulatory/Health Authorities may have different requirements for restriction or exclusion under these circumstances. Refer to your Regulatory/Health Authorities for appropriate employee health guidelines or requirements during a specific foodborne outbreak event.

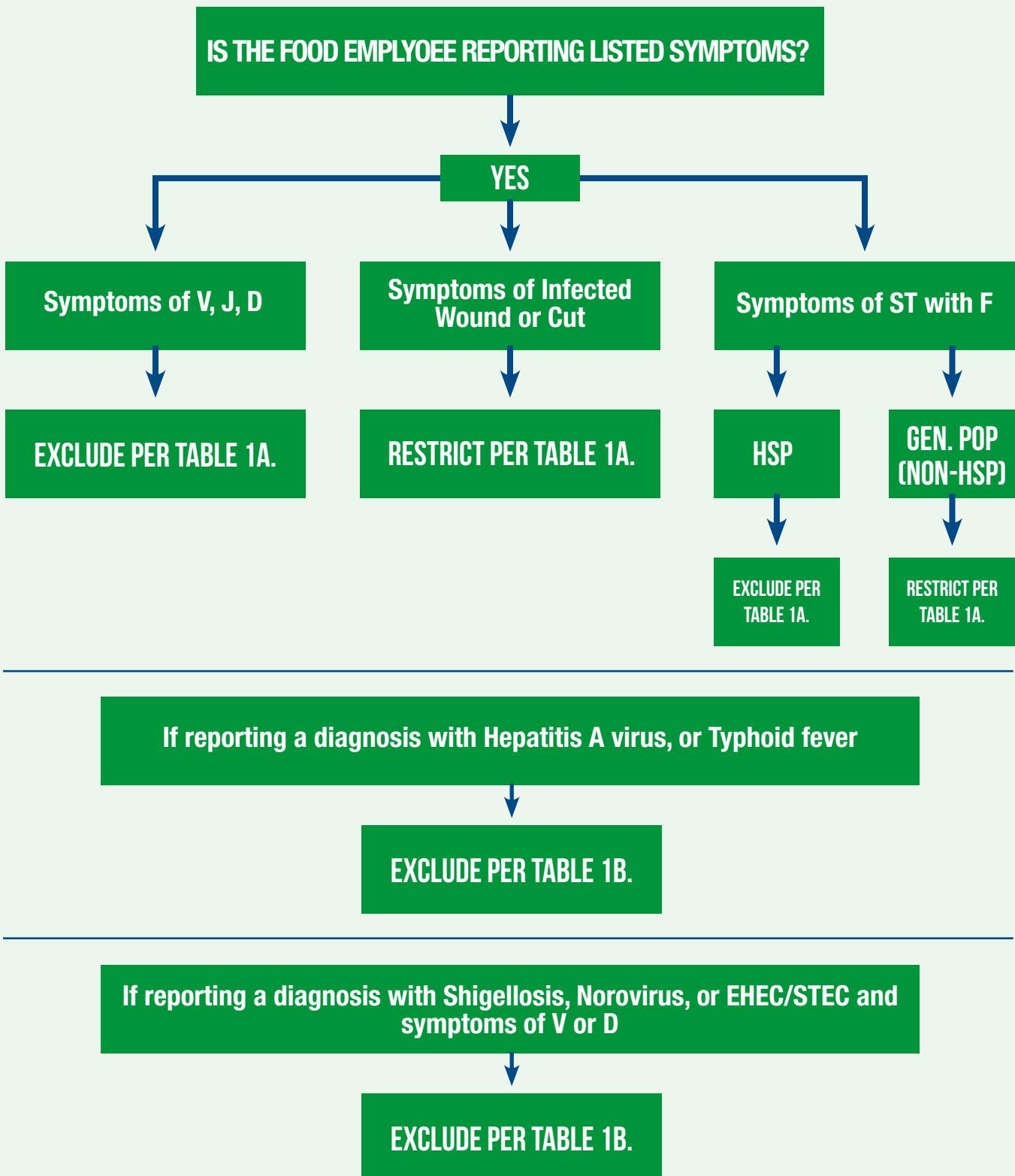
stay at work, or if they need medical clearance to return to work.

**Tables 1 – 4** The Decision Trees lead to the corresponding table which will aid the Person-in-Charge in determining whether an employee can stay at work or go home. The Decision Tree also provides requirements for allowing the employee to return to work.

- Go to the appropriate table based on the final box from the Decision Tree.
- Look at the leftmost column for the appropriate symptom or diagnosis.
- Once the correct box is located, follow across the boxes to determine whether the employee must go home (exclude) or if they can stay at work on a restricted basis.
- There is also a box indicating the requirements for returning to work and whether Regulatory/Health Authority approval is necessary.

## DECISION TREE 1

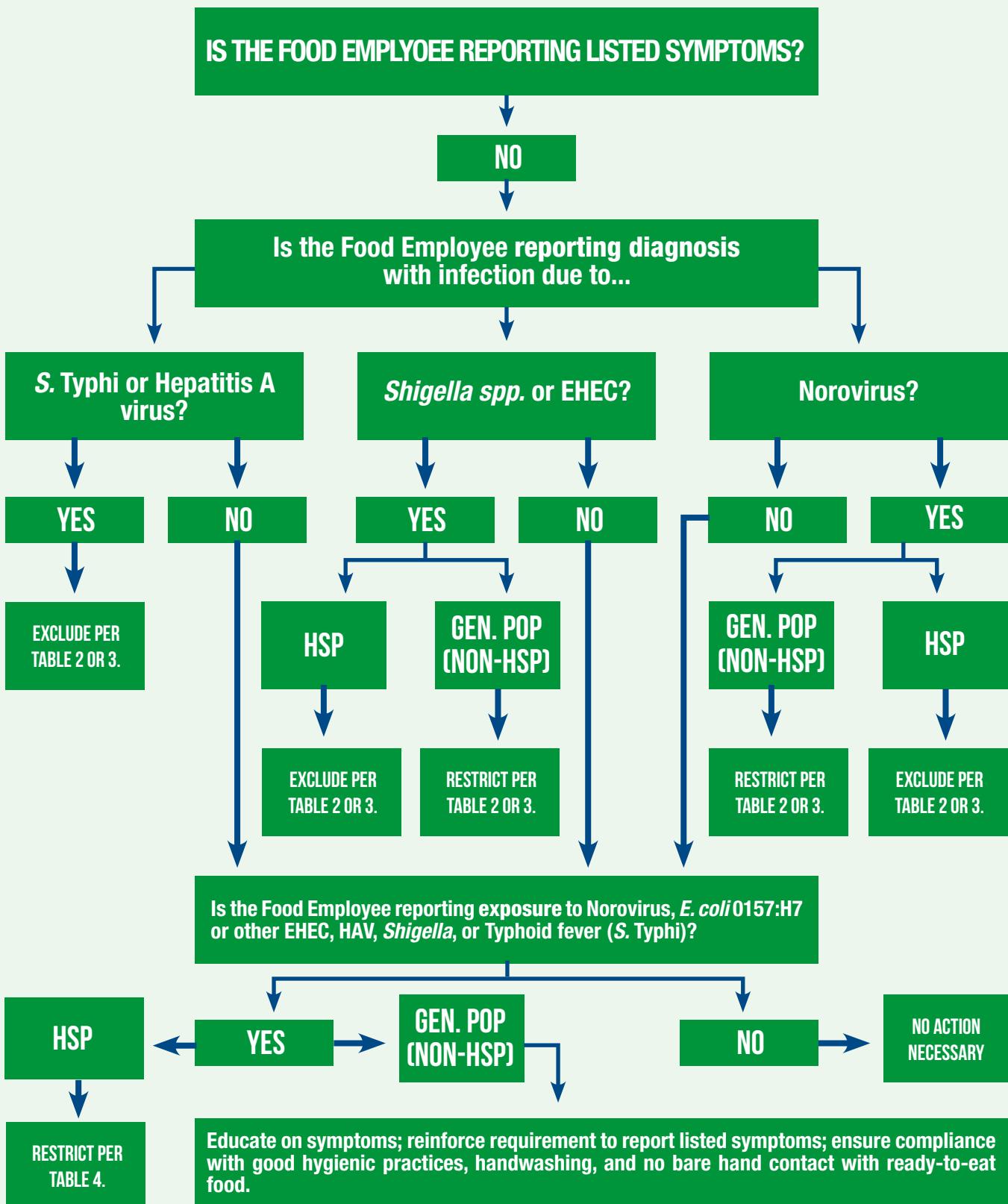
When to Exclude or Restrict a Food Employee Who Reports a Symptom and When to Exclude a Food Employee Who Reports a Diagnosis with Symptoms Under the FDA Food Code (Section 2-201.11/2-201.12)



Key: (V) Vomiting; (J) Jaundice; (D) Diarrhea; (ST with F) Sore Throat with Fever; (HSP) Highly Susceptible Population; (Gen. Pop.) General Population

## DECISION TREE 2

When to Exclude or Restrict a Food Employee Who is Asymptomatic and Reports a Listed Diagnosis and When to Restrict a Food Employee Who Reports a Listed Exposure Under the FDA Food Code (Section 2-201.11/2-201.12)



Key: (HSP) Highly Susceptible Population; (Gen. Pop.) General Population; (EHEC/STEC) = Enterohemorrhagic, or Shiga toxin-producing *Escherichia coli*; (HAV) = Hepatitis A virus

**TABLE 1A**

Summary of Requirements for Symptomatic Food Employees (FDA Food Code Section 2-201.12)

The Person-in-Charge shall prohibit a conditional employee who reports a listed symptom from becoming a food employee until meeting the criteria listed in section 2-201.13 of the Food Code, for reinstatement of a symptomatic food employee.

<b>SYMPTOM</b>	<b>EXCLUSION OR RESTRICTION</b>		Removing Symptomatic Food Employees from Exclusion or Restriction	RA Approval Needed to Return to Work?
	Facilities Serving an HSP	Facilities Not Serving an HSP		
<b>Vomiting</b>	<b>EXCLUDE</b> 2-201.12(A)(1)	<b>EXCLUDE</b> 2-201.12(A)(1)	When the excluded food employee has been asymptomatic for at least 24 hours or provides medical documentation 2-201.13(A)(1). <b>Exceptions:</b> If diagnosed with Norovirus, <i>Shigella</i> spp., <i>E. coli</i> O157:H7 or other EHEC/STEC, HAV, or typhoid fever ( <i>S. Typhi</i> ) (see Tables 1b & 2).	No if not diagnosed
<b>Diarrhea</b>	<b>EXCLUDE</b> 2-201.12(A)(1)	<b>EXCLUDE</b> 2-201.12(A)(1)	When the excluded food employee has been asymptomatic for at least 24 hours or provides medical documentation 2-201.13(A)(1). <b>Exceptions:</b> If diagnosed with Norovirus, <i>E. coli</i> O157:H7 or other EHEC/STEC, HAV, or <i>S. Typhi</i> (see Tables 1b & 2).	No if not diagnosed
<b>Jaundice</b>	<b>EXCLUDE</b> 2-201.12(B)(1) if the onset occurred within the last 7 days	<b>EXCLUDE</b> 2-201.12(B)(1) if the onset occurred within the last 7 days	When approval is obtained from the RA 2-201.13 (B), and: <ul style="list-style-type: none"><li>• Food employee has been jaundiced for more than 7 calendar days 2-201.13(B) (1), or</li><li>• Food employee provides medical documentation 2-201.13(B)(3).</li></ul>	Yes
<b>Sore Throat with Fever</b>	<b>EXCLUDE</b> 2-201.12(G)(1)	<b>RESTRICT</b> 2-201.12(G)(2)	When food employee provides written medical documentation 2-201.13(G) (1)-(3).	No
<b>Infected wound or pustular boil</b>	<b>RESTRICT</b> 2-201.12(H)	<b>RESTRICT</b> 2-201.12(H)	When the infected wound or boil is properly covered 2-201.13(H) (1)-(3).	No

Key: (RA) = Regulatory/Health Authority; (EHEC/STEC) = Enterohemorrhagic, or Shiga toxin-producing *Escherichia coli*; (HAV) = Hepatitis A virus; (HSP) = Highly Susceptible Population.

# GUIDELINES FOR OWNERS, OPERATORS AND MANAGERS OF FOOD ESTABLISHMENTS

**TABLE 1B**

Summary of Requirements for Diagnosed, Symptomatic Food Employees (FDA Food Code Section 2-201.12)

Food employees and conditional employees shall report a listed Diagnosis with symptoms immediately to the Person-in-Charge

- The Person-in-Charge shall notify the RA when a food employee is jaundiced or reports a listed diagnosis.
- The Person-in-Charge shall prohibit a conditional employee who reports a listed diagnosis with symptoms from becoming a food employee until meeting the criteria listed in section 2-201.13 of the Food Code, for reinstatement of a diagnosed, symptomatic food employee.

**TOOL 7A**

<b>DIAGNOSIS</b>	<b>EXCLUSION</b> (Facilities Serving an HSP or Not Serving an HSP)	<b>Removing Diagnosed, Symptomatic Food Employees from Exclusion</b>	<b>RA Approval Needed to Return to Work?</b>
<b>Hepatitis A virus</b>	<b>EXCLUDE</b> if within 14 days of any symptom, or within 7 days of jaundice 2-201.12(B)(2)	When approval is obtained from the RA 2-201.13(B), and: <ul style="list-style-type: none"> <li>• The food employee has been jaundiced for more than 7 calendar days 2-201.13(B)(1), or</li> <li>• The anicteric food employee has had symptoms for more than 14 days 2-201.13(B)(2), or</li> <li>• The food employee provides medical documentation 2-201.13(B)(3) (also see Table 2).</li> </ul>	Yes
<b>Typhoid Fever (S. Typhi)</b>	<b>EXCLUDE</b> 2-201.12(C)	When approval is obtained from the RA 2-201.13(C)(1), and: <ul style="list-style-type: none"> <li>• Food employee provides medical documentation, that states the food employee is free of a <b>S. Typhi</b> infection 2-201.13(C)(2) (also see table 2).</li> </ul>	Yes
<b>E. coli O157:H7 or other EHEC/ STEC</b>	<b>EXCLUDE</b> Based on vomiting or diarrhea symptoms, under 2-201.12(A)(2)	<ol style="list-style-type: none"> <li>1. <u>Serving a non-HSP facility:</u> 2-201.13(A)(4)(a): Shall only work on a restricted basis 24 hours after symptoms resolve and remains restricted until meeting the requirements listed in No. 3.</li> <li>2. <u>Serving an HSP facility:</u> 2-201.13(A)(4)(b): Remains excluded until meeting the requirements listed in No. 3.</li> <li>3. <u>Restriction or Exclusion remains until:</u>  <ul style="list-style-type: none"> <li>• Approval is obtained from RA 2-201.13(F), and</li> <li>• Medically cleared 2-201.13(F)(1), or</li> <li>• More than 7 calendar days have passed since the food employee became asymptomatic 2-201.13(F)(2) (also see Table 2).</li> </ul> </li> </ol>	Yes to return to an HSP or to return unrestricted; not required to work on a restricted basis in a non-HSP facility

Key: (RA) = Regulatory/Health Authority; (EHEC/STEC) = Enterohemorrhagic, or Shiga toxin-producing *Escherichia coli*; (HAV) = Hepatitis A virus; (HSP) = Highly Susceptible Population.

Continued...

# CIFOR FOODBORNE ILLNESS RESPONSE

Continued...

**TABLE 1B**  
Summary of Requirements for Diagnosed, Symptomatic Food Employees (FDA Food Code Section 2-201.12)

DIAGNOSIS	EXCLUSION (Facilities Serving an HSP or Not Serving an HSP)	Removing Diagnosed, Symptomatic Food Employees from Exclusion	RA Approval Needed to Return to Work?
Norovirus	<b>EXCLUDE</b> Based on vomiting or diarrhea symptoms, under 2-201.12(A)(2)	<ol style="list-style-type: none"> <li><u>Serving a non-HSP facility:</u> 2-201.13 (A)(2) (a): Shall only work on a restricted basis 24 hours after symptoms resolve and remains restricted until meeting the requirements listed in No. 3.</li> <li><u>Serving an HSP facility:</u> 2-201.13(A)(2)(b): Remains excluded until meeting the requirements listed in No. 3.</li> <li><u>Restriction or Exclusion remains until:</u> <ul style="list-style-type: none"> <li>Approval is obtained from the RA 2-201.13(D), and</li> <li>Medically cleared 2-201.13(D)(1), or</li> <li>More than 48 hours have passed since the food employee became asymptomatic 2-201.13(D)(2) (also see Table 2).</li> </ul> </li> </ol>	Yes to return to an HSP or to return unrestricted; not required to work on a restricted basis in a non-HSP facility
<i>Shigella</i> spp.	<b>EXCLUDE</b> Based on vomiting or diarrhea symptoms, under 2-201.12(A)(2)	<ol style="list-style-type: none"> <li><u>Serving a non-HSP facility:</u> 2-201.13(A)(3)(a): Shall only work on a restricted basis 24 hours after symptoms resolve, and remains restricted until meeting the requirements listed in No. 3.</li> <li><u>Serving an HSP facility:</u> 2-201.13(A)(3)(b): Remains excluded until meeting the requirements in No. 3.</li> <li><u>Restriction or Exclusion remains until:</u> <ul style="list-style-type: none"> <li>Approval is obtained from the RA 2-201.13(E), and</li> <li>Medically cleared 2-201.13(E)(1), or</li> <li>More than 7 calendar days have passed since the food employee became asymptomatic 2-201.13(E)(2) (also see Table 2).</li> </ul> </li> </ol>	Yes to return to an HSP or to return unrestricted; not required to work on a restricted basis in a non-HSP facility

Key: (RA) = Regulatory/Health Authority; (HSP) = Highly Susceptible Population.

**TABLE 2**

Summary of Requirements for Diagnosed Food Employees with Resolved Symptoms  
(FDA Food Code Section 2-201.12)

Food employees and conditional employees shall report a listed Diagnosis with symptoms immediately to the Person-in-Charge.

- The Person-in-Charge shall notify the RA when a food employee reports a listed diagnosis.
- The Person-in-Charge shall prohibit a conditional employee who reports a listed diagnosis from becoming a food employee until meeting the criteria listed in section 2-201.13 of the Food Code, for reinstatement of a diagnosed food employee.

PATHOGEN DIAGNOSIS	EXCLUSION OR RESTRICTION		Removing Diagnosed Food Employees with Resolved Symptoms from Exclusion or Restriction	RA Approval Needed to Return to Work?
	Facilities Serving an HSP	Facilities Not Serving an HSP		
<b>Typhoid fever (<i>S. Typhi</i>) including previous illness with <i>S. Typhi</i> (see 2-201.11 (A)(3))</b>	<b>EXCLUDE</b> 2-201.12(C)	<b>EXCLUDE</b> 2-201.12(C)	When approval is obtained from the RA 2-201.13(C)(1), and: <ul style="list-style-type: none"> <li>• Food employee provides medical documentation, which states the food employee is free of an <i>S. Typhi</i> infection 2-201.13(C)(2) (also see Table 1b).</li> </ul>	Yes
<b><i>Shigella</i> spp.</b>	<b>EXCLUDE</b> 2-201.12(E)(1)	<b>RESTRICT</b> 2-201.12(E)(2)	<ol style="list-style-type: none"> <li>1. <u>Serving a non-HSP facility:</u> 2-201.13(A)(3)(a): Shall only work on a restricted basis 24 hours after symptoms resolve, and remains restricted until meeting the requirements listed in No. 3.</li> <li>2. <u>Serving an HSP facility:</u> 2-201.13(A)(3)(b): Remains excluded until meeting the requirements listed in No. 3.</li> <li>3. <u>Restriction or Exclusion remains until:</u>  <ul style="list-style-type: none"> <li>• Approval is obtained from the RA 2-201.13(E), and:</li> <li>• Medically cleared 2-201.13(E)(1), or</li> <li>• More than 7 calendar days have passed since the food employee became asymptomatic 201.13(E)(3)(a) (also see Table 1b).</li> </ul> </li> </ol>	Yes to return to an HSP or to return unrestricted; not required to work on a restricted basis in a non-HSP facility

Continued...

# CIFOR FOODBORNE ILLNESS RESPONSE

Continued...

**TABLE 2**

PATHOGEN DIAGNOSIS	EXCLUSION OR RESTRICTION		Removing Diagnosed Food Employees with Resolved Symptoms from Exclusion or Restriction	RA Approval Needed to Return to Work?
	Facilities Serving an HSP	Facilities Not Serving an HSP		
Norovirus	<b>EXCLUDE</b> 2-201.12(D)(1)	<b>RESTRICT</b> 2-201.12(D)(2)	<ol style="list-style-type: none"> <li>1. <u>Serving a non-HSP facility:</u> 2-201.13(A)(2)(a): Shall only work on a restricted basis 24 hours after symptoms resolve and remains restricted until meeting the requirements listed in No. 3.</li> <li>2. <u>Serving an HSP facility:</u> 2-201.13(A)(2)(b): Remains excluded until meeting the requirements listed in No. 3.</li> <li>3. <u>Restriction or Exclusion remains until:</u> <ul style="list-style-type: none"> <li>• Approval is obtained from the RA 2-201.13(D), and</li> <li>• Medically cleared 2-201.13(D)(1), or</li> <li>• More than 48 hours have passed since the food employee became asymptomatic 2-201.13(D)(2) (also see Table 1b).</li> </ul> </li> </ol>	Yes to return to an HSP or to return unrestricted; not required to work on a restricted basis in a non-HSP facility
<i>E. coli</i> O157:H7 or other EHEC/ STEC	<b>EXCLUDE</b> 2-201.12(F)(1)	<b>RESTRICT</b> 2-201.12(F)(2)	<ol style="list-style-type: none"> <li>1. <u>Serving a non-HSP facility:</u> 2-201.13(A)(4)(a): Shall only work on a restricted basis 24 hours after symptoms resolve and remains restricted until meeting the requirements listed in No. 3.</li> <li>2. <u>Serving an HSP facility:</u> 2-201.13(A)(4)(b): Remains excluded until meeting the requirements listed in No. 3.</li> <li>3. <u>Restriction or Exclusion remains until:</u> <ul style="list-style-type: none"> <li>• Approval is obtained from the RA 2-201.13(F), and</li> <li>• Medically cleared 2-201.13(F)(1), or</li> <li>• More than 7 calendar days have passed since the food employee became asymptomatic 2-201.13(F)(2).</li> </ul> </li> </ol>	Yes to return to an HSP or to return unrestricted; not required to work on a restricted basis in a non-HSP facility
Hepatitis A virus	<b>EXCLUDE</b> if within 14 days of any symptom, or within 7 days of jaundice 2-201.12(B)(2)	<b>EXCLUDE</b> if within 14 days of any symptom, or within 7 days of jaundice 2-201.12(B)(2)	When approval is obtained from the RA 2-201.13(B), and: <ul style="list-style-type: none"> <li>• The food employee has been jaundiced for more than 7 calendar days 2-201.13(B)(1), or</li> <li>• The anicteric food employee has had symptoms for more than 14 days 2-201.13(B)(2), or</li> <li>• The food employee provides medical documentation 2-201.13(B)(3) (also see Table 1b).</li> </ul>	Yes

Key: (RA) = Regulatory/Health Authority; (EHEC/STEC) = Enterohemorrhagic, or Shiga toxin-producing *Escherichia coli*; (HAV) = Hepatitis A virus; (HSP) = Highly Susceptible Population.

# GUIDELINES FOR OWNERS, OPERATORS AND MANAGERS OF FOOD ESTABLISHMENTS

**TABLE 3**

Summary of Requirements for Diagnosed Food Employees Who Never Develop Gastrointestinal Symptoms (FDA Food Code Section 2-201.12)

Food employees and conditional employees shall report a listed Diagnosis immediately to the Person-in-Charge.

- The Person-in-Charge shall notify the RA when a food employee reports a listed diagnosis .
- The Person-in-Charge shall prohibit a conditional employee who reports a listed diagnosis from becoming a food employee until meeting the criteria listed in section 2-201.13 of the Food Code, for reinstatement of a diagnosed food employee.

<b>PATHOGEN DIAGNOSIS</b>	<b>EXCLUSION OR RESTRICTION</b>		<b>Removing Diagnosed Food Employees with Resolved Symptoms from Exclusion or Restriction</b>	<b>RA Approval Needed to Return to Work?</b>
	Facilities serving an HSP	Facilities not serving an HSP		
Typhoid fever ( <i>S. Typhi</i> ) including previous illness with <i>S. Typhi</i> (see 2-201.11 (A)(3))	<b>EXCLUDE</b> 2-201.12(C)	<b>EXCLUDE</b> 2-201.12(C)	When approval is obtained from the RA 2-201.13(C)(1), and:  Food employee provides medical documentation, specifying that the food employee is free of a <i>S. Typhi</i> infection 2-201.13(C)(2).	Yes
<i>Shigella</i> spp.	<b>EXCLUDE</b> 2-201.12(E)(1)	<b>RESTRICT</b> 2-201.12(E)(2)	Remains excluded or restricted until approval is obtained from the RA, and: <ul style="list-style-type: none"> <li>• Medically cleared 2-201.13(E)(1), or</li> <li>• More than 7 calendar days have passed since the food employee was last diagnosed 2-201.13(E)(3).</li> </ul>	Yes to return to an HSP or to return unrestricted; not required to work on a restricted basis in a non-HSP facility
Norovirus	<b>EXCLUDE</b> 2-201.12(D)(1)	<b>RESTRICT</b> 2-201.12(D)(2)	Remains excluded or restricted until approval is obtained from the RA 2-201.13(D), and <ul style="list-style-type: none"> <li>• Medically cleared 2-201.13(D)(1), or</li> <li>• More than 48 hours have passed since the food employee was diagnosed 2-201.13(D)(3).</li> </ul>	Yes to return to an HSP or to return unrestricted; not required to work on a restricted basis in a non-HSP facility
<i>E. coli</i> O157:H7 or other EHEC/ STEC	<b>EXCLUDE</b> 2-201.12(F)(1)	<b>RESTRICT</b> 2-201.12(F)(2)	Remains excluded or restricted until approval is obtained from the RA 2-201.13(F), and: <ul style="list-style-type: none"> <li>• Medically cleared 2-201.13(F)(1), or</li> <li>• More than 7 calendar days have passed since the food employee was diagnosed 2-201.13(F)(3).</li> </ul>	Yes to return to an HSP or to return unrestricted; not required to work on a restricted basis in a non-HSP facility
Hepatitis A virus	<b>EXCLUDE</b> 2-201.12(B)(3)	<b>EXCLUDE</b> 2-201.12(B)(3)	When approval is obtained from the RA 2-201.13(B), and <ul style="list-style-type: none"> <li>• The anicteric food employee has had symptoms for more than 14 days 2-201.13(B)(2), or</li> <li>• The food employee provides medical documentation 2-201.13(B)(3).</li> </ul>	Yes

Key: (RA) = Regulatory/Health Authority; (EHEC/STEC) = Enterohemorrhagic, or Shiga toxin-producing *Escherichia coli*; (HAV) = Hepatitis A virus; (HSP) = Highly Susceptible Population.

# CIFOR FOODBORNE ILLNESS RESPONSE

**TABLE 4**

History of Exposure, and Absent Symptoms or Diagnosis (FDA Food Code Section 2-201.12)

Food employees and conditional employees shall report a listed exposure to the Person-in-Charge.

- The Person-in-Charge shall prohibit a conditional employee who reports a listed exposure from becoming a food employee in a facility serving an HSP until meeting the criteria listed in section 2-201.13 of the Food Code, for reinstatement of an exposed food employee.
- The Person-in-Charge shall reinforce and ensure compliance with good hygienic practices, symptom reporting requirements, proper handwashing and no BHC with RTE foods for all food employees that report a listed exposure.

PATHOGEN DIAGNOSIS	EXCLUSION OR RESTRICTION		WHEN CAN THE RESTRICTED FOOD EMPLOYEE RETURN TO WORK?	RA APPROVAL NEEDED?
	Facilities Serving an HSP	Facilities Not Serving an HSP		
Typhoid fever <i>(S. Typhi)</i>	<b>RESTRICT</b> 2-201.12(l)	Educate food employee on symptoms to watch for and ensure compliance with GHP, handwashing and no BHC with RTE foods.	2-201.13(l)(3) When 14 calendar days have passed since the last exposure, or more than 14 days has passed since the food employee's household contact became asymptomatic.	No
<i>Shigella</i> spp.	<b>RESTRICT</b> 2-201.12(l)	Educate food employee on symptoms to watch for and ensure compliance with GHP, handwashing and no BHC with RTE foods.	2-201.13(l)(2) When more than 3 calendar days have passed since the last exposure, or more than 3 days have passed since the food employee's household contact became asymptomatic.	No
Norovirus	<b>RESTRICT</b> 2-201.12(l)	Educate food employee on symptoms to watch for and ensure compliance with GHP, handwashing and no BHC with RTE foods.	2-201.13(l)(1) When more than 48 hours have passed since the last exposure, or more than 48 hours has passed since the food employee's household contact became asymptomatic.	No
<i>E. coli</i> O157:H7 or other EHEC/ STEC	<b>RESTRICT</b> 2-201.12(l)	Educate food employee on symptoms to watch for and ensure compliance with GHP, handwashing and no BHC with RTE foods.	2-201.13(l)(2) When more than 3 calendar days have passed since the last exposure, or more than 3 calendar days has passed since the food employee's household contact became asymptomatic.	No
Hepatitis A virus	<b>RESTRICT</b> 2-201.12(l)	Educate food employee on symptoms to watch for and ensure compliance with GHP, handwashing and no BHC with RTE foods.	2-201.13(l)(4) When any of the following conditions is met: <ul style="list-style-type: none"> <li>The food employee is immune to HAV infection because of a prior illness from HAV, vaccination against HAV, or IgG administration; or</li> <li>More than 30 calendar days have passed since the last exposure, or since the food employee's household contact became jaundiced; or</li> <li>The food employee does not use an alternative procedure that allows BHC with RTE food until at least 30 days after the potential exposure, and the employee receives additional training.</li> </ul>	No

Key: (RA) = Regulatory/Health Authority; (EHEC/STEC) = Enterohemorrhagic, or Shiga toxin-producing *Escherichia coli*; (HAV) = Hepatitis A virus; (HSP) = Highly Susceptible Population; (GHP) = Good Hygienic Practices; (RTE) = Ready-to-Eat foods; (BHC) = Bare Hand Contact.

## TOOL 7B - EXAMPLE OF EMPLOYEE ILLNESS DECISION QUICK GUIDE FOR FOOD ESTABLISHMENT PERSON-IN-CHARGE

(For Establishments not serving highly susceptible populations)

### CONTACT YOUR LOCAL REGULATORY/HEALTH AUTHORITY WITH QUESTIONS REGARDING A SPECIFIC OUTBREAK EVENT

**Purpose:** It serves as an example document that a Food Establishment owner/operator/manager might create as a quick guide in determining what actions the Person-in-Charge must take to prevent the spread of foodborne bacteria and/or viruses from the infected food worker to the food, the working environment, and other employees. Note that this tool does not take into account the requirements for the Americans with Disabilities Act. This tool is not a replacement of the requirements as specified by Chapter 2 of the 2009 FDA Food Code or other State or local regulations on exclusion or restriction of employees.

**Instructions:** Some states have different or additional requirements for restriction or exclusion. Please refer to the local or state Regulatory/Health Authorities for applicable employee illness guidelines within your jurisdiction if you wish to develop a quick guide for reference in your Food Establishment. Detailed Decision Trees and tables can be found in Annex 3 of the 2009 FDA Food Code (Section 2-201.11 and 2-201.12) to also assist in developing a quick guide. NOTE: If a Food Establishment is serving a highly susceptible population (HSP) such as a health care facility, child or adult day care center, senior center, etc., it must use the appropriate guidance for their jurisdiction.

**NOTE:** Non-typhoidal *Salmonella* is a pathogen that can be transmitted by food employees and it is commonly observed in foodborne outbreaks. However, it is not specifically referenced in Tool 7A or 7B at this time. If employees are reporting illness with non-typhoidal *Salmonella*, it is recommended that the Regulatory/Health Authority be notified for further guidance.

# CIFOR FOODBORNE ILLNESS RESPONSE

## EXAMPLE OF EMPLOYEE ILLNESS DECISION QUICK GUIDE FOR FOOD ESTABLISHMENT PERSON-IN-CHARGE

IF AN EMPLOYEE HAS SYMPTOMS OF:	PERSON-IN-CHARGE TAKE THESE ACTIONS:	WHEN TO RETURN TO WORK OR OFF RESTRICTION:
Vomiting	Send employee home	After 24 hours without symptoms
Diarrhea	Send employee home	After 24 hours without symptoms
Jaundice (yellow skin or eyes)	Send employee home AND Report to Regulatory/Health Authority	Regulatory/Health Authority Approval Required
Sore Throat with Fever	Restricted Jobs only	With doctor's note
Infected wound or boil	Restricted Jobs only	When wound is covered or healed
IF AN EMPLOYEE HAS BEEN DIAGNOSED WITH:	PERSON-IN-CHARGE TAKE THESE ACTIONS:	WHEN TO RETURN TO WORK:
Hepatitis A	Send employee home AND Report to Regulatory/Health Authority	Regulatory/Health Authority Approval Required
Typhoid fever ( <i>Salmonella Typhi</i> )		
<i>E. coli</i> O157:H7 or other EHEC/ STEC		
Norovirus		
<i>Shigella</i>		
IF AN EMPLOYEE HAS BEEN EXPOSED TO SOMEONE DIAGNOSED WITH:	PERSON-IN-CHARGE TAKE THESE ACTIONS:	WHEN TO RETURN TO WORK OR OFF RESTRICTION:
Hepatitis A	Restricted Jobs only	30 days after last exposure OR immediately if employee is immune, vaccinated, or has received an IgG inoculation
Typhoid fever ( <i>Salmonella Typhi</i> )	Restricted Jobs only	14 days after last exposure
<i>E. coli</i> O157:H7 or other EHEC/ STEC	Restricted Jobs only	3 days after last exposure
Norovirus	Restricted Jobs only	2 days after last exposure
<i>Shigella</i>	Restricted Jobs only	3 days after last exposure

Key: (Restricted Jobs) = A restricted employee cannot work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles; (EHEC/STEC) = Enterohemorrhagic, or Shiga toxin-producing *Escherichia coli*

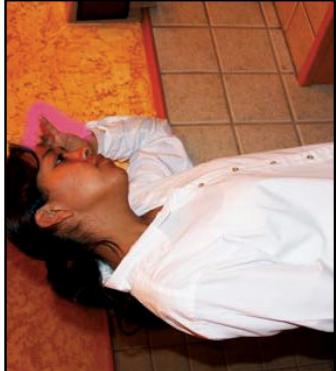
## My Name Is Mariela and My Story Could Change Your Life



I felt sick in the middle of the night, but I had to go to work the next day.



At work, I picked up the chips with my bare hands.



I should have stayed home, but I felt better. I didn't know the germs from my sickness were on my hands.



I went home later because I felt sick again. I was sick for two more days.

There was a family celebrating their son's 4th birthday. His name was Jose Antonio.



While I was at home sick, reports started coming into the health department from all over. In all, over 20 people got sick from eating at our restaurant. They determined that I served all of the people that were sick.



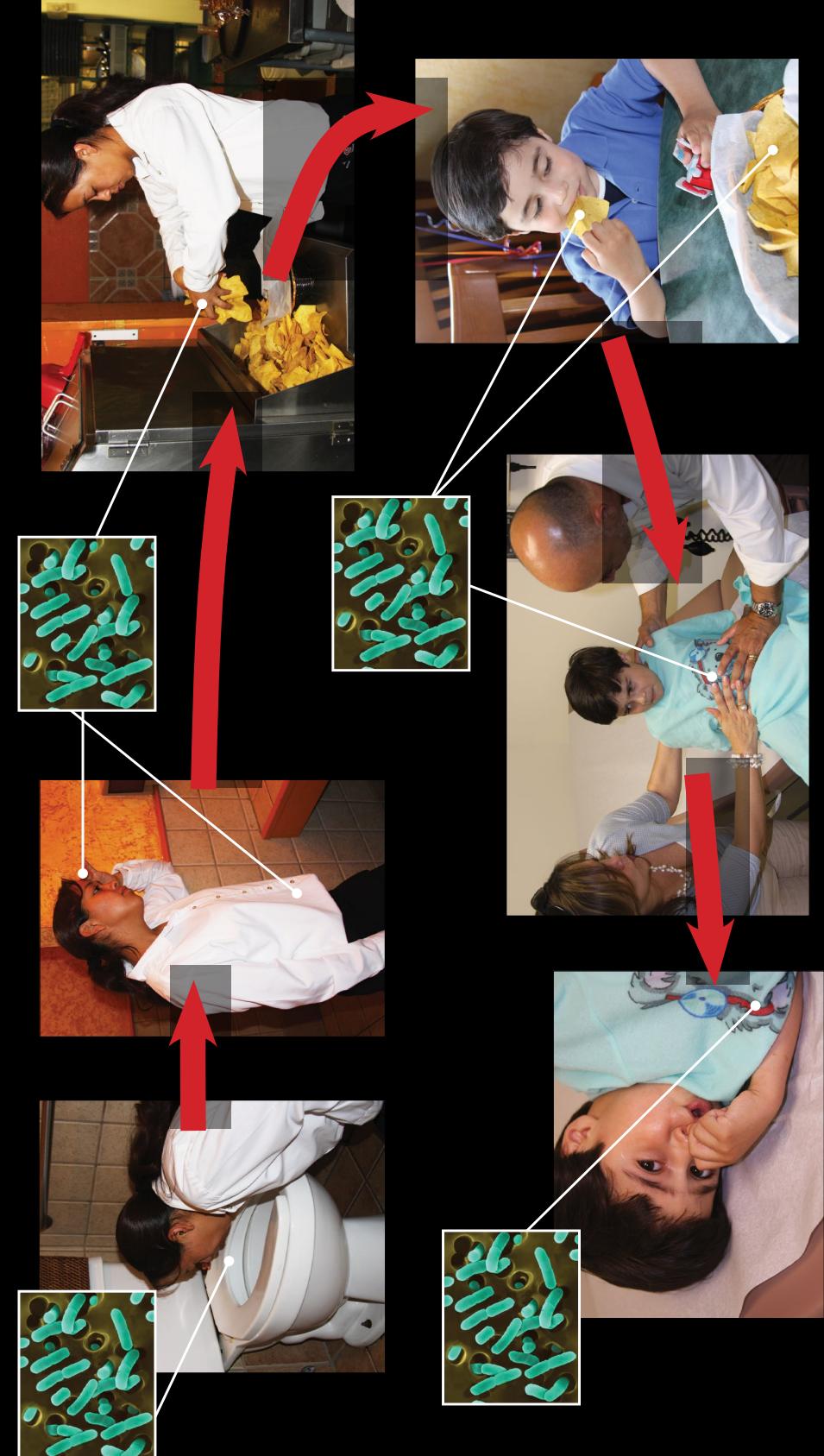
José Antonio loved the chips I served him. I was sick for two more days.

If I could do it over again, I would have never gone to work that day. Having a child myself, I can't get little José Antonio out of my mind. He suffered because of me.



# Protect People Everywhere. Stay home if you are sick.

**Before you go to work, ask yourself: “Do I feel well today?”**



**Protect People Everywhere By Not Working When You Are Sick.** 

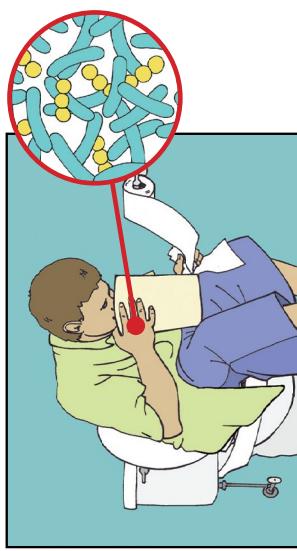
## I Should Have Stayed Home



I got to work and punched in. I am sure I looked as bad as I felt. I knew I shouldn't be here.



I woke up feeling awful. I had diarrhea and was sick at the same time.



I woke up feeling awful. I had diarrhea and was sick at the same time.



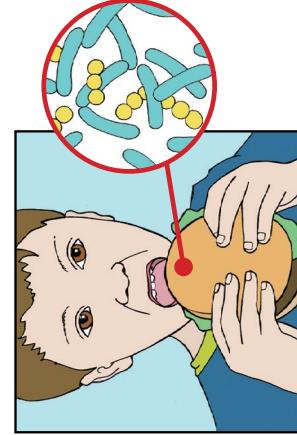
Orders were stacking up, so I immediately began to prepare burgers.



Carlos was having a great time with his family. This was his favorite restaurant.



That night, Carlos doubled over with a stomach ache. He was so sick. He ended up being taken to the emergency room.



When the food came, he dug right in and finished his burger and part of his sister's.



I should have done what I knew was right and stayed home. I could have prevented all of this. Because the restaurant was closed for awhile, I lost income. I was also embarrassed.

## Protect People Everywhere. Stay home if you are sick.



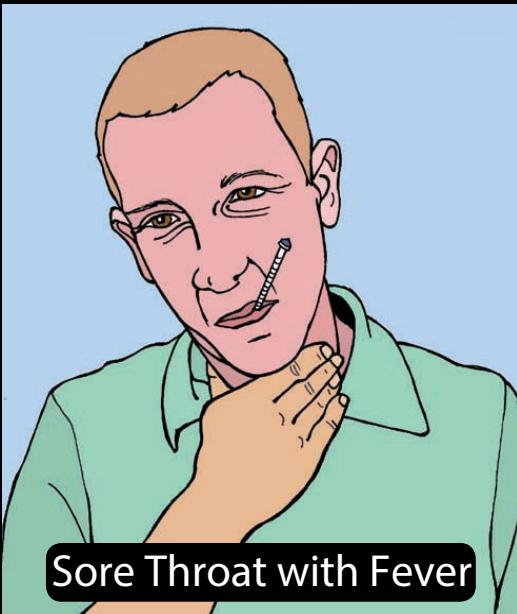
**Would you want these people in your kitchen?**



Diarrhea



Vomiting



Sore Throat with Fever



Yellow Skin/Eyes (Jaundice)

**Then why would you go to work sick?**

**Protect People Everywhere...  
Stay Home When You Are Sick.**



## Don't Let What Happened to Me, Happen to You



... and to the cucumbers . . .



I did not know I had germs on my hands. I passed my germs to the tomatoes . . .



I felt better, so I returned to finish my shift. I needed the money. An order came in for a salad. I forgot to wash my hands or wear gloves.



My name is David. One day, while at work, I started feeling sick and ran for the bathroom.



The next day, Ashlynn got so sick with stomach cramps and vomiting. In fact, dozens of people got sick because I continued to prepare food that day.



... and to a little girl named Ashlynn who ate the salad that I prepared.



... and to the entire salad . . .



I could have prevented this from happening.

## Protect People Everywhere: Wash Your Hands, Use Gloves or Utensils, and Never Work When You Are Sick.



### TOOL 8 - PRODUCT SAMPLING PROCEDURE

**Purpose:** This tool directs product sampling by the Food Establishment owner/operator/manager when appropriate. Food samples and test results can often be one of the most important pieces of information in a foodborne illness or outbreak investigation.

**Instructions:** If you plan to collect a sample and submit it for laboratory analysis, you should first discuss this with the Regulatory/Health Authority. This will help ensure that the authorities are aware that suspect food is available for sampling, that sufficient product may be available for split samples, and to minimize the chances of accidental contamination. **DO NOT DISCARD SUSPECT FOOD SAMPLES UNTIL YOU HAVE FIRST DISCUSSED THIS WITH REGULATORY/HEALTH AUTHORITIES.**

If the Regulatory/Health Authority comes into your store or contacts you asking to collect food samples, ask them where you should hold the product in the food establishment

- If not already frozen, DO NOT FREEZE unless directed to do so by the Regulatory/ Health Authority.
- If the food is already frozen, DO NOT THAW.
- If product is intended to be held at room temperature, continue doing so unless directed differently by the Regulatory/ Health Authority.

If you consider testing, it is strongly recommended that samples be collected from the same product container that the suspect meal came from, if still available. Often, if the Regulatory/Health Authority is collecting food samples, and there is sufficient quantity available, they can collect additional samples and provide them to the Food Establishment. This is termed ‘split sampling.’

If the Regulatory/Health Authority does not plan to collect food samples, coordinate sampling and analysis with a private accredited laboratory or through your corporation (if applicable). If you are sampling your food to have it tested at a private accredited laboratory, it is important you follow the procedures below and complete the attached form to keep in your files. You may wish to verify these procedures with your lab to ensure that you are submitting an adequate amount of product in an acceptable container.

- 1.** Product sampling standard operating procedures

  - a. Clearly label suspect products “DO NOT USE” and set aside from regular inventory.
  - b. Wash, rinse and sanitize the surface you will work on to collect the sample.
  - c. Wash and sanitize hands, and put on a new pair of single-use gloves.
  - d. Place the container of the product to be sampled on the sanitized surface.
  - e. Get a new and clean food grade bag or plastic wrap.
  - f. Using a cleaned and sanitized utensil, place the appropriate amount specified by the laboratory (or as much as you have if you don’t have enough left) of product in the bag or on the plastic wrap, being careful not to touch the product or the inside of the bag or wrap with your hands.
  - g. Seal the bag (no staples) or wrap the plastic securely around the product.
- 2.** Clearly label samples “DO NOT USE.”
- 3.** Ask the Regulatory/Health Authority which tests should be run on the product and write these down:

Tests to be conducted:

---
- 4.** Record the following information when collecting individual samples and keep on file.

  - a. Name of product
  - b. Product brand, if applicable
  - c. Date product was prepared or handled at the Food Establishment, if possible
  - d. USDA establishment number, if applicable
  - e. Direct Supplier identification information
  - f. Use by date(s) (including lot numbers, if applicable)
  - g. Sample number(s), (sample A, B, C or 1, 2, 3, etc.)
  - h. Date and time sample was collected
  - i. Where sample was collected from (e.g., freezer, cooler, make table, salad bar, etc.)
  - j. Name of the person who collected the sample
- 5.** Record the following information and include with the samples submitted to the laboratory:

  - a. Name of product
  - b. Product brand, if applicable
  - c. Date and time sample was collected
  - d. Where product was collected from (e.g., freezer, cooler, make table, salad bar, etc.)
  - e. Name of the person who collected the sample
- 6.** Label remaining suspect product “DO NOT USE” and place in the walk-in cooler (if it is a refrigerated product) or freezer (if it is a frozen product).
- 7.** Submit the samples in accordance with the laboratory instructions.

## TOOL 9 - SAMPLE CHAIN OF CUSTODY FORM

**Purpose:** To legally document that a sample was under the direct control of an individual while it was in their possession.

### Instructions:

#### Submitter Information

- Filled out by collecting person

#### Sample Identification

- Filled out by collecting person
- May use form for more than one sample
- Number the items 1,2,3, etc., corresponding to the total number of samples
- Describe the sample briefly – including condition of specimen and container if applicable
- Describe how the sample was collected and how much of the sample was collected
- If a sample is transferred externally, it is important to make a copy of this form and retain for the file.

#### Receipt of Sample

- This is where the collected items get turned over to the lab. If they change hands for some reason before reaching the lab, they must be transferred on paper from person to person. Use the second line in the Receipt of Sample section to record this information.
- Must list which items are being transferred in the item number column. These will most likely be “ALL”.
- Reason for transfer must be given – (example-transport to lab, testing, etc.).
- The original form must accompany the sample to the receiving lab.

# GUIDELINES FOR OWNERS, OPERATORS AND MANAGERS OF FOOD ESTABLISHMENTS

## SAMPLE CHAIN OF CUSTODY FORM

### SUBMITTER INFORMATION

**FOOD ESTABLISHMENT:**

**ADDRESS:**

**CITY:**

**STATE:**      **ZIP:**

**PHONE #:**

**FAX #:**

**CONTACT PERSON:**

**OUTBREAK NAME - IF APPLICABLE:**

### SAMPLE IDENTIFICATION

Collection Location:

Item number	Description of Sample	Sample Collection (Partial/Whole Sample)

### RECEIPT OF SAMPLE

Date	Item number(s)	Sample Released by	Sample Received by	Reason for transfer
		Signature	Signature	
		Name (printed)	Name (printed)	
		Signature	Signature	
		Name (printed)	Name (printed)	

**MISCELLANEOUS COMMENTS:**

## TOOL 10 - DISTRIBUTOR AND SUPPLIER INFORMATION FORM

**Purpose:** The purpose of this Tool is to document the immediate sources of food ingredients received by the Food Establishment during an outbreak investigation. The information will be used in determining sources of food common to ill persons. Since sources of ingredients can vary from day to day, it is critically important to provide accurate and complete information.

**Instructions:** Regulatory/Health Authority and/or Food Establishment owner/operator/manager will identify possible ingredients, groups of ingredients, product types, and/or menu items that may be indicated as linked to foodborne illness, along with a time period of concern. (The Food Establishment owner/operator/manager may want to identify all sources of foods to better prepare to provide information on all sources as the investigation develops).

**If information concerning ingredients, groups of ingredients, product types, and/or menu items is requested by Regulatory/Health Authority,** provide the name of the Distributor and/or source, the name of the Packer or the Supplier of the product, and wherever possible, the lot number(s) or other identifying information, on this Tool. Do only for the ingredients, groups of ingredients, product types, and/or menu items identified by the Regulatory/Health Authority. As the investigation continues, additional information may be requested by and should be provided to the Regulatory/Health Authority.

- Assemble all Distributor invoices, receiving documents, product records, and receipts for all foods of interest purchased off-site by the establishment and brought back to the establishment.
- The Food Establishment owner/operator/manager must report all product of interest used during the time period, regardless of when or where it was purchased.
- Please include special purchases including fill-in purchases from local markets or grocery stores.
- Assemble any records (example: inventories or stock records) that will help you determine when the products may have been used.

Name of Ingredients and/or menu items	Distributor(s) or Source(s) (food market, retail store, etc): Name, Address, City, State, Zip	Dates and Times of Delivery/Receipt at Food Establishment during Period of Time Under Investigation	Name of Product, and Name(s) of Company (Packed by/ Distributed by) on package	Name of Product, and Name of Originating Packer/Supplier, if known. Include lot codes, if known
EXAMPLE: Menu Item: Hamburger Sandwich Ground beef patties 4" frozen buns Shredded Lettuce 5 X 5 whole Tomatoes	Beef Patties and Buns from ABC Distributing, 123 Shell St, Chicago, IL 60007 Lettuce and Tomatoes from XYZ Produce, 98 Rose St, Chicago, IL Whole lettuce, Grocery Store X	ABC delivered on 3/29, 4/5 and 4/8 (see invoices) XYZ delivered on 3/29, 4/1, 4/3, 4/5, 4/8 and 4/10 4/6 picked up	4 oz All Beef Patties – Distributed by ABC Brand 4" Sandwich Buns – packed by Fun Bakery Shr. Lettuce – Trap Brand Tomatoes – Big-T Brand Whole Lettuce – Unknown	Patties – Maine Beef, Lewiston, ME Buns – Fun Bakery, Atlanta Lettuce – Ready Produce, Salinas, CA Tomatoes – Unknown Whole Lettuce – Unknown

## **DISTRIBUTOR AND SUPPLIER INFORMATION FORM - PART 1**

**DATE:** \_\_\_\_\_

## **PERSON COMPLETING THE FORM:**

**TITLE:** \_\_\_\_\_

**FOOD ESTABLISHMENT NAME:** \_\_\_\_\_

**ADDRESS:**

**CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

The "Period of Time Under investigation" is from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (month/day/year)

LOT NUMBERS OR OTHER IDENTIFYING NUMBERS (DATE OF PACK/USE BY DATE):

**Please explain if you track or record original lot numbers on products that you use.**

**Provide the individual product/ingredient shelf life, both the use by or sell by dates, as well as how quickly the products were rotated through the food establishment during the time frame in question.**

# CIFOR FOODBORNE ILLNESS RESPONSE

## **DISTRIBUTOR AND SUPPLIER INFORMATION FORM - PART 2**

Name of product, and name of origin- ating Packer/Sup- plier, if known. (The Supplier's facility that packed the package.) Include lot codes, if known	Name of product, and name(s) of Company (packed by/distributed by) on package								
Distributor(s) or Source(s) (food market, retail store, etc): Name, Address, City, State, Zip	Dates and times of Delivery/Receipt at Food Establishment during period of time Under Investigation								

## TOOL 11 - SAMPLE FOOD ESTABLISHMENT FOOD SAFETY CHECKLIST FORM

**PURPOSE:** Use for self-assessment

**INSTRUCTIONS:**

- May be used twice a day
- Y = YES, N = NO
- Indicate Action Taken on all “NO” responses
- Food Establishment Person-in-Charge signs off on completed checklist

- Prompt corrective action on “NO” responses could prevent Health/Regulatory Authority violations or customer illness and complaints. Check with local or state regulatory requirements to ensure local compliance. See disclaimer on page 3.

# CIFOR FOODBORNE ILLNESS RESPONSE

## SAMPLE FOOD ESTABLISHMENT FOOD SAFETY CHECKLIST FORM

**INSTRUCTIONS:** ■ May be used twice a day ■ Y=YES, N=NO ■ Indicate Action Taken on all "NO" responses ■ Food Establishment Person in Charge signs off on completed checklist ■ Prompt corrective action on "NO" responses could prevent Health/Regulatory Authority violations or customer illness and complaints. Check with local or state regulatory requirements to ensure local compliance. See page 3.

Food Establishment:	MORNING (Opening-3 pm)		EVENING (3 pm – closing)					
Person in Charge on Duty:	Name / Time		Name / Time					
Date:	SU	MN	TU	WE	TH	FR	SA	
<b>FROZEN STORAGE</b>								
1. Walk-in Freezer	Opening	P.M.	____°F	____°F				
2. Reach-in freezer	____°F	____°F						
<b>COLD STORAGE (≤ 41° F)</b>								
1. Walk-in cooler	Opening	P.M.	____°F	____°F				
2. Reach-in cooler #1:	____°F	____°F						
Reach-in cooler #2:	____°F	____°F						
3. Sandwich /Assembly Table food temps	____°F	____°F						
Produce - Any Item	____°F	____°F						
Produce - Any Item	____°F	____°F						
4. Walk-in cooler food temps	____°F	____°F						
Produce - Any Item	____°F	____°F						
5. Cold product dispenser machines	____°F	____°F						
<b>STORAGE (Freezer, Cooler, Dry etc.)</b>								
1. No expired products. Rotation evident.	Y	N	Y	N				
2. All food labeled, dated and covered.	Y	N	Y	N				
3. All ingredients/products from approved sources.	Y	N	Y	N				
4. No damaged, dented or swollen cans.	Y	N	Y	N				
<b>THAWING</b>								
1. Frozen items thawed using approved methods.	Y	N	Y	N				
<b>EQUIPMENT</b>								
1. Working, calibrated thermometers in all equipment.	Y	N	Y	N				
2. Working, calibrated thermometers in use.	Y	N	Y	N				
3. Cook, chill or heat equipment is properly calibrated.	Y	N	Y	N				
4. List equipment #1	____°F	____°F						
5. List equipment #2	____°F	____°F						
6. List equipment #3	____°F	____°F						
7. List equipment #4	____°F	____°F						
8. List equipment #5	____°F	____°F						
<b>FINAL COOKING TEMPERATURE</b>								
LIST FOOD ITEMS:	Opening	P.M.	____°F	____°F				
1.	____°F	____°F						
2.	____°F	____°F						
3.	____°F	____°F						
4.	____°F	____°F						
5.	____°F	____°F						
6.	____°F	____°F						
7.	____°F	____°F						
<b>COOLING</b> (135F to 70F within 2 hours or less) (135F to 41F within total of 6 hours)								
1. Cooling products (Start _____ end time _____)	Y	N	Y	N				
LIST FOOD ITEMS: TEMP:	Y	N	Y	N				
<b>HOT HOLDING</b> Typically 135° or above. Consult Regulatory/Health Authority to verify regulations in your jurisdiction.								
LIST FOOD ITEMS: TEMP:	Y	N	Y	N				
1.	Y	N	Y	N				
2.	Y	N	Y	N				
3.	Y	N	Y	N				
4.	Y	N	Y	N				
5.	Y	N	Y	N				
6.	Y	N	Y	N				
7.	Y	N	Y	N				
<b>EMPLOYEE HEALTH &amp; HYGIENE</b>								
1. Hair restraints are worn in food prep area.	Y	N	Y	N				
2. Sick employees are not present.	Y	N	Y	N				
3. If gum, tobacco use, eating or drinking is observed, is in approved areas.	Y	N	Y	N				
4. Proper disposable glove use procedures are followed, if applicable.	Y	N	Y	N				
5. Employees are clean and well-groomed, with clean clothing.	Y	N	Y	N				
6. Cross-contamination is not observed.	Y	N	Y	N				
7. Personal food items properly stored.	Y	N	Y	N				
8. Wounds are properly bandaged and covered.	Y	N	Y	N				
<b>HAND HYGIENE PRACTICES</b>								
1. Hand wash sinks are properly stocked and accessible.	Y	N	Y	N				
2. Proper, timely and adequate hand washing is observed.	Y	N	Y	N				
3. Disposable gloves used properly.	Y	N	Y	N				
4. No jewelry, except plain band.	Y	N	Y	N				
<b>PEST CONTROL</b>								
1. No evidence of pest infestation.	Y	N	Y	N				
2. No unapproved pesticides evident.	Y	N	Y	N				
3. Pest control plan in place.	Y	N	Y	N				
<b>CLEANING AND MAINTENANCE</b>								
1. Chemical and cleaning supplies are properly labeled, stored and from approved sources.	Y	N	Y	N				
2. Three-compartment sink or dish machine is set up properly.	Y	N	Y	N				
3. Sanitizer test strips are readily available.	Y	N	Y	N				
4. Sanitized wiping cloths are stored properly.	Y	N	Y	N				
5. Plumbing is operable sewage and/or waste water backup is not present.	Y	N	Y	N				
6. Hot and cold running water is available in the restaurant and at hand wash sinks.	Y	N	Y	N				

# GUIDELINES FOR OWNERS, OPERATORS AND MANAGERS OF FOOD ESTABLISHMENTS

## SAMPLE FOOD ESTABLISHMENT FOOD SAFETY CHECKLIST FORM

**DATE:**

(Complete for all "N" responses or "out of standard/policy" findings.)

**COMPLETION DATE:**

1.

2.

3.

4.

5.

6.

7.

**Comments:**

### FREEZER INGREDIENT STORAGE

1. Thermometers calibration checked. Thermometer =  $32^{\circ}\text{ F} \pm 2^{\circ}\text{ F}$  in 50/50 ice water (Fill container with ice then fill to top with water covering ice. Ensure all food is frozen solid).

### COLD INGREDIENT STORAGE -- Ambient Air = less than or equal to $41^{\circ}\text{ F}$ (air temperature taken with calibrated thermometer).

- 1-2. Thermometers calibration checked. Thermometer =  $32^{\circ}\text{ F} + 2^{\circ}\text{ F}$  in 50/50 ice water (Fill tumbler with ice then fill to top with water covering ice).

- 3-4. Food Temperatures: stir product, then insert the sanitized thermometer probe 1 - 2 " below the surface and record the stabilized temperature. Packaged items temperature: fold package around thermometer probe and record the stabilized temperature, or place between two packages.

### STORAGE (Freezer, Cooler, Dry)

1. Products are dated with receiving date and expiration date. None are past Use By date. Rotation evident. Older products are in the front of newer products.
2. Products are labeled with name and securely covered to prevent contamination of contents.
3. All ingredients/products are approved.
4. Look for any size dents, bulging tops, and swollen sides on canned food items.

### THAWING

1. Look for any potentially hazardous ingredients/products being thawed at room temperature. These ingredients and products must always be thawed using approved methods.

### EQUIPMENT

- 1-2. Thermometers calibration checked. Thermometer =  $32^{\circ}\text{ F} + 2^{\circ}\text{ F}$  in 50/50 ice water (Fill tumbler with ice then fill to top with water covering ice).
- 3-8. Record equipment temperatures.

### COOKING

- 1-8. Insert sanitized thermometer probe into the food and record stabilized temperature.

### COOLING (135F to 70F within 2 hours or less, to 41F within total of 6 hours)

1. Cool products to  $41^{\circ}\text{ F}$  within six hours after removing from line. Record time and temperature of start and end time.

### HOT HOLDING

- 1-8. Insert sanitized thermometer probe into the food and record stabilized temperature.

### EMPLOYEES

1. All hair must be properly restrained.
2. Sick = sore throat with fever, vomiting, diarrhea, fever, jaundice (yellow skin/eyes)
3. Eating, drinking, gum chewing or tobacco use only in designated, non-food prep/storage areas.
4. Bandages and single use disposable gloves are stocked in the first aid kit at all times. False fingernails and/or polish/decal must be covered with single use disposable gloves when handling food. Cuts/wounds are covered with bandage and single-use disposable glove.
5. Fingernails must be clean and trimmed, and artificial or polish-covered nails require glove use.
6. Clothing must be clean.
7. Cross contamination = any activity that could transfer harmful substances/microbes to food from utensils, hands, surfaces, etc.
8. Employee food or personal items are stored separate from production food/ingredients (covered and labeled, if in cooler or freezer).

### HAND HYGIENE

1. Hand wash sinks = hot water ( $100^{\circ}\text{ F}$ ), equipped with approved soap, single-use disposable towels, and trash can. Hand washing sign is visibly posted at every hand wash sink (including the restroom). Anything blocking the hand wash sink or in the hand wash sink bowl is unacceptable. HAND SANITIZER USE IS NOT A SUBSTITUTE FOR HANDWASHING!
2. Hands are properly washed for 20 seconds with hot water ( $100^{\circ}\text{ F}$ ) and approved soap, then rinsed and dried. Hands must be washed after using the restroom, upon entering the Food Establishment or before handling food.
3. Use single use disposable gloves or utensils when handling ready to eat foods. Gloves must be disposed of and replaced when soiled or torn.

### PEST CONTROL

1. Infestation = live/dead roaches, rodents, rodent droppings, excessive flies, drain flies, boxes/packaging in storage with chew holes, evidence of nesting material. Mice can get in through a hole the size of a dime. Rats get through a hole the size of a quarter.
2. Pesticides should ONLY be applied by the PCO/Pest Control Operator.

### CLEANING AND MAINTENANCE

1. Chemicals are stored in a designated area away from food and food packaging. Only approved chemicals are used. All chemicals must be labeled with the name of the chemical (color coding only is not acceptable).
2. The three compartment sink is set up properly at all times. Check concentration of the sanitizer compartment containing the chemical with appropriate test strips.
3. Test strips are in close vicinity of the sink and/or dishwasher.
4. Wiping towels must be stored properly. Sanitizer buckets and spray bottles must be labeled "SANITIZER."
5. All plumbing in good operating condition and there is no wastewater backup or sewage present.
6. All sinks have hot and cold running water.

## TOOL 12 - FOOD FLOW CHART FORM

**Purpose:** The following are possible questions that may be asked about the suspect food(s) by the Regulatory/Health Authority while conducting a foodborne illness outbreak investigation. They should be consulted for more specific guidance or local examples. Additional questions specific to how the food was prepared or handled during the time period in question may also be asked by the Regulatory/Health Authority.

**Instructions:** Each food item will need to be listed separately (include all ingredients). Some foods may not incorporate all these steps. It may require multiple forms for individual ingredients. Refer to the Process Guide below and complete the form on the next page.

### PROCESS GUIDE

STEP NAME	QUESTIONS	STEP NAME	QUESTIONS
Receiving	Date and Time received? How was it received? (fresh/frozen/raw/pre-package/ pre-cooked) Supplier? Condition acceptable? Inspected? Temperature (if applicable)? Lot #?	Cool Process/ Close	How was food cooled? Did employee monitor the tem- perature? Cooling time? Temperature? Cooling at end of shift or day?
Storage	Location? Temperature? First In/First Out (rotation)?	Cook-Kill	Equipment and thermometers calibrated? Temperature?
Prep (D) Defrost/ Thaw	How was food thawed? Did em- ployee monitor the temperature?	Reheat	How was food reheated? Did em- ployee monitor the temperature? Temperature?
Prep (B) Break Down	Were ingredients processed on same work surface? Were multi- ple lots or sources mixed?	Hot-Hold	Temperature?
Prep (C) Com- bine/Mix	How was food mixed? Was there hand contact?	Cold-Hold	Temperature?
Prep (P) Portion/ Pack	How was food portioned? Was food measured?	Service	Contamination? Holding food without temperature control? Controlling your self-service areas?
Other		Delivery or Catering?	Temperature? Food integrity?

# GUIDELINES FOR OWNERS, OPERATORS AND MANAGERS OF FOOD ESTABLISHMENTS

## FOOD FLOW CHART FORM

For All Prep Processes:

Food Preparation areas cleaned and sanitized?

Produce and other foods properly washed?

Avoid cross contamination during preparation?

Steps in process?

Possible hazards?

Possible contaminations?

Establishment Name: .....

Date: .....

Person Completing This Tool: .....

Suspect Food Item: .....

Ingredients: .....

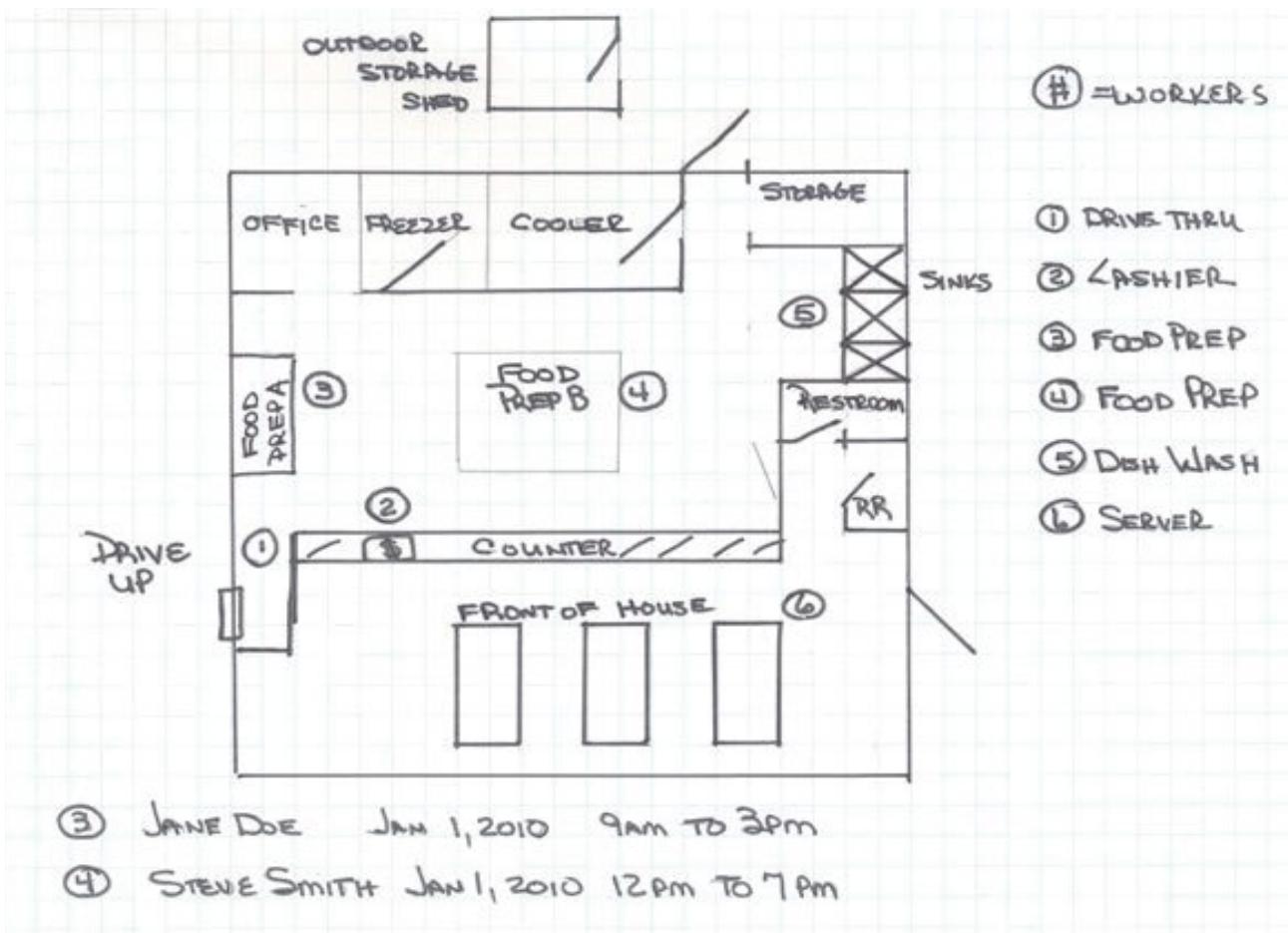
## FOOD FLOW OVERVIEW

STEP (List Step From Process Guide)	NOTES (Refer to Process Guide)	EMPLOYEE ASSIGNED TASK
Step #1 - Receiving		
Step #2 -		
Step #3 -		
Step #4 -		
Step #5 -		
Step #6 -		
Step #7 -		
Step #8 -		
Step #9 -		
Step #10 -		

### TOOL 13 - FACILITY AND WORK STATION SCHEMATIC EXAMPLE

**Purpose:** This tool is to provide information to Health/Regulatory Authorities to illustrate the work environment and its relationship to employee activities and food handling.

**Instructions:** Provide an employee work location schematic of where they worked (prep, service, washing etc.) including date and times they worked. Below is an example of a schematic.



## TOOL 14 - SAMPLE RE-OPENING SELF INSPECTION CHECKLIST FORM

**Purpose:** This Re-Opening Self Inspection Checklist can be used as an example to help prepare the Food Establishment for re-opening.

**Instructions:** Consult the Regulatory/Health Authority in your area to discuss the specific requirements for your Food Establishment prior to re-opening.

**FOOD ESTABLISHMENT NAME:** .....

**LOCATION:** .....

**DATE:** .....

**PERSON-IN-CHARGE NAME:** .....

# CIFOR FOODBORNE ILLNESS RESPONSE

## TOOL 14 - SAMPLE RE-OPENING SELF INSPECTION CHECKLIST FORM

### TOOL 14

EQUIPMENT	Y	N	COMMENTS / CORRECTIVE ACTION
1. All equipment at correct storage/holding temperatures			
2. Thermometer in refrigerated storage and/or holding equipment.			
3. Walk-in door closes automatically.			
4. All equipment/food contact surfaces are clean and sanitized (free of all grease and food debris), in good repair and functioning properly. Such as, not limited to: <ul style="list-style-type: none"> <li>• Drink Stations</li> <li>• Heated Cabinet</li> <li>• Cold Line/ Prep table</li> <li>• Display Cases</li> <li>• Hot wells/hot hold units</li> <li>• Ice Machine (scoop stored properly)</li> <li>• Ovens/microwave</li> <li>• Fryers</li> <li>• Grills/Clamshells/Toasters</li> <li>• Gaskets (reach-in coolers etc.)</li> <li>• Prep table, mixer, dough roller, etc.</li> </ul>			
5. Calibrated thermometer available to check equipment and product temperatures.			
6. Utensils are clean and sanitized, free of food debris and properly stored.			
7. Dishwasher is clean, equipped with soap; and sanitizer (low temp machine) or reaches 180°F rinse (high temperature)			
8. Sanitizer test strips available.			
9. Wiping towels properly stored in sanitizer bucket when not in use.			
FOOD, PACKAGING AND SUPPLIES			
1. No expired ingredients. Receiving date and rotation evident.			
2. Only approved ingredient/chemicals evident.			
3. All food, packaging, chemicals are properly stored to prevent cross contamination.			
4. Cans are not dented or swollen.			
5. Refrigerator food temperatures are less than or equal to 41°F.			
6. Hot food temperatures are at least 135°F.			
PEST ELIMINATION			
1. No insect infestation evident (roaches, fruit/drain/house flies)			
2. No rodent issue/infestation evident <ul style="list-style-type: none"> <li>• mouse/rat feces (floor perimeter, in ceiling, attic, basement)</li> <li>• urine trails (need black light to assess)</li> <li>• gnawed packaging</li> <li>• nesting areas</li> </ul>			
3. No unapproved pesticides and/or baited traps evident.			
FACILITIES INCLUDING STORAGE AREAS (basement, attics, sheds):			
1. All holes and cracks (floors, walls, ceilings, doorways) are sealed.			
2. All floor/coving tiles are in good repair.			
3. All lights (such as walk-in, freezer, hoods, ceiling) are in working order, covered and shielded.			
4. Hoses/pipes have appropriate backflow device/air gap.			
5. Plumbing in good repair, not leaking (sinks, toilets).			
6. Excess/unused equipment, supplies, packaging etc. removed from premises to prevent rodent/insect harborage.			
7. Hot water heater is functioning properly, hot water (100°F min.) to hand sink.			
8. Dumpster area clean, lid closed, free of pests.			
9. All hand wash sinks functional and fully stocked (soap, paper towels, hand wash sign etc.).			
10. All toilets clean, functional and good working order.			
11. All storage racks/shelves are 6 inches off floor, clean and free of grease and food debris.			
12. All packaging, food ingredients, chemicals stored at least 6 inches off floor.			
13. All floor drains clean, free of debris/flies, free flowing and have a secure grate.			
14. Floor, coving, floor corners/edging free of grease, debris, and buildup.			
15. Ceiling tile in good repair and ceiling is clean.			
16. Dining room furniture, fixtures (lights, pictures, posters) clean and in good repair.			
17. Recommend the Kitchen hand wash sink have disposable glove dispenser.			
18. First Aid Kit available and stocked (bandages, CPR mask etc.).			
19. Choking Poster posted as required by regulatory authority.			
20. Health Permit/License available as required by regulatory/health authority.			
21. Food Manager Certificate and/or Food Handler Cards current and on file.			
22. Electricity and water available.			
23. No sewage backup; grease traps operational – no odor.			
24. No evidence of smoking, if applicable.			
EMPLOYEES			
1. Employees or persons assigned or hired to clean facility asymptomatic for 24 hours prior to cleanup (i.e. NO symptoms of nausea, vomiting, diarrhea, jaundice, etc.).			
2. Employees assigned to clean facility AND previously diagnosed with Hepatitis A, E. coli O157/STEC, shigellosis, typhoid fever or Norovirus or other diseases regulated in the jurisdiction have received Regulatory/Health Authority approval to return to work.			



