

FDA FOOD CODE ADOPTION SURVEY

Form Approval: OMB No. 0910-0448

Expiration Date: 06/30/2010

See Reverse /Side 2 for OMB Statement

FOR CONTRACT USE ONLY

SURVEY NUMBER

RECEIVED DATE

____/____/____

PARTICIPANT INFORMATION

Agency Name:

Survey response date:

Agency Address: (Number, Street)

Respondent Name:

City and State:

Zip Code:

Mail Code:

Telephone (include area code):

Facsimile (FAX) NO. (include area code)

E-mail:

1. Is your current retail/foodservice regulation modeled after a version of the FDA Model Food Code? If so, which version? *(This does not mean that you necessarily adopted every provision of the Model Food Code, but that it served as the pattern for your regulations.)* Please check one:

- 1993 1995 1997 1999 2001
 2005 2009 2013

2. If your regulation is modeled after one of the above versions, did you encounter any obstacles or objections during the rulemaking or legislative process? Name the top 3 obstacles you encountered from elected officials, board of health members, local health agency, industry stakeholders, trade associations, or consumer advocates, etc., and how those were resolved.

3. Does your current regulation lack elements of the FDA Model Food Code that should have been included? If so, briefly describe them.

4. Are you in the rulemaking or legislative process to revise your retail/foodservice regulations?

- Yes. Estimated target date for completion: _____
 No

If yes, please check **one** of the following:

We plan to adopt the 2009 Model Food Code in its entirety, or substantially so.

We plan to adopt most of the 2009 Model Food Code, but not the following provisions:

We plan to adopt only selected provisions of the 2009 Model Food Code and incorporate them into our existing state agency regulations. Please list those provisions:

We plan to adopt the 2005 Model Food Code in its entirety, or substantially so.

We plan to adopt most of the 2005 Model Food Code, but not the following provisions:

We plan to adopt only selected provisions of the 2005 Model Food Code and incorporate them into our existing state agency regulations. Please list those provisions:

Please check the following, if applicable:

We plan to adopt certain CFP recommendations and incorporate them into our existing state agency regulations. Please

those CFP recommendations:

Other – please describe: _____

5. What assistance could the FDA provide that would improve or make the adoption process easier in terms of technical assistance, financial assistance, or advocacy?

6. Has your agency enrolled in the Voluntary National Retail Food Regulatory Program Standards (Program Standards)?

Yes
NO

If Yes, what is the date of enrollment? _____/_____/_____

7. If enrolled in the Program Standards, has your agency completed a self-assessment to determine conformance with Program Standard #1? *Regulatory Foundation?*

If Yes, did the self-assessment indicate that your agency meets Program Standard #1?

YES

NO

Uncertain

Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Food and Drug Administration
CFSAN (HFS-320)
5100 Paint Branch Parkway
College Park, MD 20740

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8. Are you in the rulemaking or legislative process to revise your retail/foodservice regulations?

Yes. Estimated target date for completion: _____
 No

If yes, please check **one** of the following:

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We plan to adopt most of the 2009 Model Food Code, but not the following provisions:

We plan to adopt only selected provisions of the 2009 Model Food Code and incorporate them into our existing state agency regulations. Please list those provisions:

We plan to adopt the 2005 Model Food Code in its entirety, or substantially so.

We plan to adopt most of the 2005 Model Food Code, but not the following provisions:

We plan to adopt only selected provisions of the 2005 Model Food Code and incorporate them into our existing state agency regulations. Please list those provisions:

Please check the following, if applicable:

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We plan to adopt certain CFP recommendations and incorporate them into our existing state agency regulations. Please describe those CFP recommendations:

Other – please describe: _____

9. What assistance could the FDA provide that would improve or make the adoption process easier in terms of technical assistance, financial assistance, or advocacy?

10. Has your agency enrolled in the Voluntary National Retail Food Regulatory Program Standards (Program Standards)?

Yes If Yes, what is the date of enrollment? ____/____/____
NO

11. If enrolled in the Program Standards, has your agency completed a self-assessment to determine conformance with Program Standard #1? *Regulatory Foundation?*

If Yes, did the self-assessment indicate that your agency meets Program Standard #1?

YES NO Uncertain

Paperwork Reduction Act of 1995

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