

Attachment 5 – EHS-Net Food Safety Practices & Beliefs Study: Manager Informed Consent and Interview Form

Form Approved
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Only bold text is to be read aloud by the data collector. Instructions to data collector are italicized. Responses with boxes (□) can have multiple responses and single answers have circles (○).

MANAGER INFORMED CONSENT

Let me tell you why I am here. I am working with _____ (state/local health department) on a project looking at the food safety beliefs and practices in restaurants. Research has shown that restaurant food handling and safety practices and employee beliefs can impact food safety. Your restaurant was picked at random to be a part of this project. Participation is voluntary. You can choose to stop at any time. Whether you are a part of the study will not affect your restaurants score (or fines if applicable) on any health inspection.

CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate to: CDC/ATSDR Information Collection Review Office, MS D-74, 1600 Clifton Road, NE, Atlanta, GA 30333 ATTN: PRA (0920-0792).

Having said that I need to let you know that if at any time during my visit I see something that is an imminent health hazard, such as no power or water, or sewage backing up in the restaurant, I will need to stop what I am doing and report the problem to your (local health department or appropriate regulatory authority).

I am going to ask you some questions about your restaurant and its practices. If any of the questions make you uncomfortable, you can choose not to answer them. The information I collect today will be combined with information from other restaurants in other states. While I do have your restaurant name and address, it will remain with me and be destroyed at the end of the study. The data we collect will only be reported with a coded identifier, and the key will not be provided to anyone else.

The information you provide will be valuable in understanding some of the tough issues that restaurants face, so we ask you to be as open and honest as you can.

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The interview portion should take approximately 20 minutes. After the interview, I also would like to provide a survey to your workers, they can fill it out at their leisure and it should take less than 10 minutes. I would then like to take a short tour of the kitchen. I would also like to leave you with a flier with a website for other employees so they can complete the survey too.

Do you have any questions? If you have any questions at a later time or would like a summary of the study's findings, you can contact: (Local contact name). We expect to have all of the data summarized in about a year and a half.

MANAGER DEMOGRAPHIC

I'd like to ask you some questions about yourself and this restaurant. Please be as open and honest as possible. The results will be merged with information from other restaurants and no identifying information from this restaurant will be reported. The first few questions are about your experience?

1. **How many years have you worked in food service?**
 Less than 1 year 1-5 years 6-10 years 11-15 years More than 15 years
2. **Have you ever had food safety training?**
 Yes No
3. **Have you ever been a Certified Food Protection Manager (such as by passing an ANSI accredited program such as ServSafe, Prometric, National Registry of Food Safety Professionals, 360Training, or AboveTraining)?**
 Yes No NYC *If yes, is the certification still valid?* Yes No
4. **What title would best describe your position? (read options aloud)**
 General Manager Assistant Manager Kitchen Manager Owner Shift Supervisor
 Other: _____
5. **Approximately how long have you been employed as a kitchen manager in this establishment?**

<input type="radio"/> Less than 6 months	<input type="radio"/> 2 years - less than 4 years	<input type="radio"/> 8 years - less than 10 years
<input type="radio"/> 6 months - less than a year	<input type="radio"/> 4 years - less than 6 years	<input type="radio"/> 10 years or more
<input type="radio"/> 1 year - less than 2 years	<input type="radio"/> 6 years - less than 8 years	<input type="radio"/> Refused
6. **Does the restaurants food safety performance rating, such as inspection scores, affect your pay?**
 Yes No Unsure Refused

RESTAURANT DEMOGRAPHIC / CLASSIFICATION

Now, I'd like to ask some general questions about this restaurant.

7. **Is this restaurant independently owned or part of a local, regional, or national chain?**
 Independent Local Chain Regional Chain National Chain Unsure Refused
 Other _____
8. **Which of the following options best describes the restaurant style? (read options aloud)**

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- Family Style Fast Casual Fast Food Fine Dining Buffet Café/Bistro
 Other _____
9. What is the seating capacity of this restaurant? (should be located on the Certificate of Occupancy)
 Capacity _____ Unsure Refused
10. What is your approximate sales per customer?
 Sales/head \$ _____ Unsure Refused
11. What is your approximate average number of transactions or tickets per day?
 Transactions _____ Unsure Refused
12. Approximately how many meals are served here daily?
 Meals: _____ Unsure Refused
13. What is the establishment's busiest day, in terms of number of meals served?
 Mon Tue Wed Thu Fri Sat Sun Unsure Refused
14. How many people work here including employees and managers that have food handling duties including prepping, cooking or plating food?
 Managers: _____ Employees: _____ Unsure Refused
15. How many of these employees do you have to replace on average every month?
 Turnover _____ Unsure Refused
16. In general, what is the average length of employment for:
a. Managers: _____ yr / mo Unsure Refused
b. Cooks: _____ yr / mo Unsure Refused
17. How often do you review the restaurant's profit and loss statement?
 Daily Weekly Monthly Annually Never Unsure of frequency
 Doesn't know what this is Accountant/Business Mgr Refused
 Other: _____
18. How often do you review the restaurant's prime costs? (Total cost of goods sold + total labor cost)
 Daily Weekly Monthly Annually Never Unsure of frequency
 Doesn't know what this is Accountant/Business Mgr Refused
 Other: _____
19. What language(s) do you and other managers in this establishment speak fluently? (check all that apply)
 English French Japanese
 Spanish Chinese (any dialect) Other: _____
20. In your opinion, how well do you communicate verbally with your food workers: Excellent, very well, somewhat well, passably, or not well at all?
 Excellent Very well Somewhat well Passably Not well at all Unsure/Don't know
 Refused
21. What is the primary language of the employees that work in this restaurant? (choose all that apply)
 English French Japanese
 Spanish Chinese (any dialect) Other: _____
22. Is the manager over the kitchen a Certified Food Protection Manager?
 Yes No Unsure Refused *If yes, is the certification still valid?* Yes No
23. Does the restaurant have a Certified Food Protection Manager for all hours of operations?
 Yes No Some hours Unsure Refused

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24. How many employees and managers in this restaurant are Certified Food Protection Managers?

Managers: _____ Employees: _____ Unsure Refused

25. Does this restaurant allow employees to handle ready to eat foods with their bare hands?

Yes No Unsure Refused Mark if bare hand contact is allowed by regulatory

RESTAURANT FOOD SAFETY PRACTICES

I would now like to ask you some questions about this restaurant's food safety practices.

26. For the following practices could you tell me if you have a restaurant policy, and if you do if it is written or verbal.

Check the box if YES, if a policy is partially written and partially verbal mark both the written and verbal boxes

Practice	Restaurant Policy Exists	Written	Verbal	Not Applicable	Unsure	Refused
a. Monitoring cooking temperatures						
b. Cooling of foods						
c. Cold holding of food						
d. Hot holding of food						
e. Reheating of food						
f. Date-marking and disposition of Ready to Eat TCS/PHF foods						
g. Receiving of foods/Checking temperatures						
h. Preventing cross-contamination of food						
i. Preventing bare hand contact with ready to eat foods						
j. Managing ill workers						
k. Cleaning of food contact surfaces						
l. Cleaning the establishment						
m. Managing food allergies						
n. Responding to incidents of vomiting or diarrhea in the restaurant						

27. Are employees trained on these restaurant policies?

Yes No Some Unsure Refused *If No, Unsure, Refused → Go to question 28*

a. How are employees trained on these restaurant policies?

Posted policies Provided with policy manual Part of initial training from co-workers
 Classroom Other _____ Unsure Refused

28. What methods do you use to ensure that the restaurant's policies are being followed?

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- Observation Temperature logs Supervisor Check-sheets Checklists
 Other _____ Unsure Refused

29. When you hire a new employee, in general, what is the primary method used for training them?

- Coworkers/job shadowing City/County training Computer-based training Classroom training
 Shift meetings video training
 Other _____ Unsure Refused

30. Do you provide any specific food safety training beyond other than how an employees should perform their specific job duties?

- Yes No Unsure Refused *If No, Unsure, Refused → Go to question 31*

a. What methods do you use to provide food safety training?

- Coworkers/job shadowing City/County training Computer-based training
 Classroom training Shift meetings Video training Not applicable
 Other _____ Unsure Refused

31. Does this restaurant serve any raw or undercooked animal products or items that may contain an undercooked animal product (e.g. a rare steak, raw oysters, or meringue)?

- Yes No Unsure Refused *If No, Unsure, Refused → Go to question 32*

a. How do you identify animal products that are served raw or undercooked to the customer?

- Menu description Symbol on menu Server No disclosure
 Other: _____ Unsure Refused

b. Do you let customers know that they are at an increased risk for illness if they eat the animal products raw or undercooked? If so, is it for all items or just some items, such as for sushi but not for an undercooked steak?

- Yes-All items Yes-Some items No Unsure Refused

If No, Unsure, Refused → Go to question 33

c. How do you let them know that they are at an increased risk for illness?

- Menu statement Pamphlet Server No reminder
 Other: _____ Unsure Refused *→ Go to question 33*

32. Would this restaurant serve a raw or undercooked animal product upon customer request?

- Yes No Unsure Refused

33. Do you have special date-marking procedures for ready to eat potentially hazardous or TCS foods, such as when they were prepared, opened, or when they should be used by?

- Yes No Unsure Refused *If No, Unsure, Refused → Go to END*

a. When you mark the foods, do you use the date it was prepared or the date it should be discarded?

- Date prepared Discard Date Unsure Refused

b. How many days does this restaurant keep these items for?

- Days: _____ Unsure Refused

c. Does this include the day it was made? For example if it was made on Tuesday do you start counting from Tuesday or from Wednesday?

- Tuesday Wednesday Unsure Refused

d. How do you indicate the date on the food?

- Write date on food container Day-dot

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Other: _____ Unsure Refused

NOT TO BE READ ALOUD: Note the interviewee's gender here

Male Female

Thank you for your time and participation. The results of this survey will be combined with results from other surveys to provide an overall picture of restaurant food safety practices.

Site: _____

Establishment Code Number: _____

Date: _____

Additional Notes: