

Attachment C – DATA COLLECTION FORMS
Information Sections – Health Care Data Collection Form

FDA RETAIL FOOD PROGRAM
FOODBORNE ILLNESS RISK FACTOR STUDY
HEALTH CARE DATA COLLECTION FORM

HEALTH CARE FOODSERVICE INFORMATION			
Date:		Data Collector:	
Time In:	Time Out:	Total Time in Minutes:	
Establishment Name:			
Street Address:			
City:	State:	Zip:	County:
Institutional Foodservice <input type="checkbox"/> Healthcare – Hospital <input type="checkbox"/> Healthcare – Long-term Care Facility		Risk Categorization (Select <u>ONE</u> of the following): <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Total Number of Beds:	Current Occupancy:	Average Number of Meals Per Day:	
Maximum Number of Employees Per Shift:		Number of Employees Present at Time of Visit:	
Activity Level at the Time of Visit (Select <u>ONE</u>): <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy			
HEALTH CARE FOOD SERVICE MANAGEMENT			
Ownership of Establishment (Select <u>ONE</u> of the following): <input type="checkbox"/> Privately-Owned <input type="checkbox"/> Publicly-Owned			
Establishment is Part of a Multi-Unit Operation: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Number of Individual Units that are Part of the Multi-Unit Operation (Enter the number of units provided by the person in charge):			
Foodservice operation is directly managed by (Select ONE of the following): <input type="checkbox"/> Healthcare Establishment Staff <input type="checkbox"/> Foodservice Management Company <input type="checkbox"/> "Other" If "Other" describe:			
INFORMATION ON INSPECTION OVERSIGHT FOR HEALTHCARE FOODSERVICE			
Description of Entity Providing Regulatory or Audit Inspection Oversight: <input type="checkbox"/> State Health Department/Agency <input type="checkbox"/> County/District/City Health Department/Agency <input type="checkbox"/> Other If "Other" describe:			

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FOODBORNE ILLNESS RISK FACTOR STUDY
HEALTH CARE DATA COLLECTION FORM

INFORMATION ON THE REGULATORY AUTHORITY

Name of Jurisdiction with Regulatory Oversight:

Enrolled in FDA Retail Food Program Standards: YES NO

Jurisdiction Meets Standard 1 (*Select ONE of the following*):

- YES – Self Reported
 YES – Verified by Audit
 NO – Jurisdiction does not meet Standard 1

Dates of the Two Most Recent Regulatory Routine Inspections: **Date 1:** **Date 2:**

Jurisdiction Uses a Grading System (*Select ONE of the following*):

- YES – Numerical Score
 YES – Letter Grade
 YES – Color Graphic
 YES – Numerical Score and Letter Grade
 YES – Numerical Score and Color Graphic
 YES – Letter Grade and Color Graphic
 YES – Numerical Score, Letter Grade, and Color Graphic
 YES – Other
 NO – Jurisdiction does not have a grading system

If “Other” describe:

Jurisdiction’s Program Includes Public Reporting of Inspection Results (*Select ONE of the following*):

- YES – Posting on-site
 YES – Posting on the Internet
 YES – Posting on-site and Posting on the Internet
 YES – Other
 NO – Jurisdiction does not require inspections to be publically reported

If “Other” describe:

Jurisdiction Has a Mandatory Food Protection Manager Certification Requirement (*Select ONE of the following*):

- YES – Based ONLY on successful completion of an ANSI-Accredited Program
 YES – Other Food Protection Manager Certification Program (not an ANSI-Accredited Program)
 YES – Other AND Reciprocal Acceptance of an ANSI Accredited Program
 NO – Jurisdiction does not have a mandatory Food Protection Manager Certification Requirement

If “Other” describe:

If “Other” (*Select ONE of the following*)

- Other includes a required Training Component
 Other includes a Test other than exams offered through an ANSI Accredited Programs
 Other includes a required Training Component AND Test other than exam offered through an ANSI Accredited Program

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INFORMATION ON THE REGULATORY AUTHORITY (continued from previous page)

Scope of Food Protection Manager Certification Requirement (Select ONE of the following):

- Person in Charge – One Per Establishment
- Person in Charge – Present at All Times
- Supervisory Employee – One Per Establishment
- Supervisory Employee – Present at All Times

- Other

If “Other” describe:

Jurisdiction Requires Food Handler Card (Select ONE of the following):

- YES – Required Training
- YES – Required Test
- YES – Required Training and Test
- YES – Other
- NO – Jurisdiction does NOT require Food Handler Cards

If “Other” describe:

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Information Sections – Health Care Data Collection Form

FDA RETAIL FOOD PROGRAM
FOODBORNE ILLNESS RISK FACTOR STUDY
HEALTH CARE DATA COLLECTION FORM

MANAGER CERTIFICATION

1. Is there a certified food protection manager EMPLOYED at the establishment (Select ONE)?

- YES – Certificate Available
 YES – Certificate NOT Available
 NO – No certified food protection managers are employed at the establishment

If the marking above contains a “YES” response, indicate the Type of Certification below (Select ONE)

- ANSI-Accredited
 Other
 Unsure

2. Is there an employee who is a certified food protection manager PRESENT during the data collection (Select ONE)?

- YES – Certificate Available
 YES – Certificate NOT Available
 NO – No certified food protection managers are present during the data collection

If the marking above contains a “YES” response, indicate the Type of Certification below (Select ONE)

- ANSI-Accredited
 Other
 Unsure

3. Is the PERSON IN CHARGE at the time of the data collection a certified food protection manager (Select ONE)?

- YES – Certificate Available
 YES – Certificate NOT Available
 NO – The person in charge at the time of the data collection is NOT a certified food protection manager

If the marking above contains a “YES” response, indicate the Type of Certification below (Select ONE)

- ANSI-Accredited
 Other
 Unsure

4. Is the establishment’s policy to have a certified food protection manager present at all times? YES NO

If “Other” for one or more of the responses to questions 1 – 3, *describe*:

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FDA RETAIL FOOD PROGRAM
FOODBORNE ILLNESS RISK FACTOR STUDY
HEALTH CARE DATA COLLECTION FORM

EMPLOYEE HEALTH POLICY

1. Food employees exhibiting certain illness symptoms or conditions that require exclusion or restriction in the *Food Code*, **ARE OBSERVED** within the establishment during the data collection.

- YES – Employees exhibiting illness symptoms or conditions observed within the establishment
 NO – Employees exhibiting illness symptoms or conditions NOT observed within the establishment

2. Are food employees and conditional employees informed of their responsibility to report to the person in charge illness **SYMPTOMS** as specified in Section 2-201.11 of the *Food Code*?

- YES – Policy is ORAL and based on the current version of the *FDA Food Code*
 YES – Policy is WRITTEN and based on the current versions of the *FDA Food Code*
 NO – Policy only partially developed or non-existent

3. Are food employees and conditional employees informed of their responsibility to report to the person in charge diagnosis with, or exposure to, the specific **ILLNESSES** specified in Section 2-201.11 of the *Food Code*?

- YES – Policy is ORAL and based on the current version of the *FDA Food Code*
 YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
 NO – Policy only partially developed or non-existent

4. Is management aware of its responsibility to **NOTIFY THE REGULATORY AUTHORITY** when a food employee is jaundiced or diagnosed with an illness due to a pathogen specified in Section 2-201.11 of the *Food Code*?

- YES – Policy is ORAL and based on the current version of the *FDA Food Code*
 YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
 NO – Policy only partially developed or non-existent

5. Is the management's employee health policy consistent with 2-201.12 of the *Food Code* for **EXCLUDING AND RESTRICTING** food employees and conditional employees on the basis of their health and activities as they relate to diseases that are transmitted through foods?

- YES – Policy is ORAL and based on the current version of the *FDA Food Code*
 YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
 NO – Policy only partially developed or non-existent

6. Is the management's employee health policy consistent with 2-201.13 of the *Food Code* for **REMOVAL OF EXCLUSIONS AND RESTRICTIONS** of food employees and conditional employees on the basis of their health and activities as they relate to diseases that are transmitted through foods?

- YES – Policy is ORAL and based on the current version of the *FDA Food Code*
 YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
 NO – Policy only partially developed or non-existent

7. Management has a copy of FDA's *Employee Health and Personal Hygiene Handbook* **OR** cd database?

- YES
 NO

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Information Sections – Health Care Data Collection Form

FDA RETAIL FOOD PROGRAM
FOODBORNE ILLNESS RISK FACTOR STUDY
HEALTH CARE DATA COLLECTION FORM

FOODSERVICE FOR HIGHLY SUSCEPTIBLE POPULATIONS

1. Is it this establishment's practice to serve prepackaged juice/beverages that have not been processed to eliminate pathogens or prepackaged juice/beverage that bears a warning label?

- YES
 NO

COMMENTS:

2. Is it this establishment's practice to serve raw or partially cooked animal foods?

- YES
 NO

COMMENTS:

3. Is it this establishment's practice to serve raw seed sprouts?

- YES
 NO

COMMENTS:

4. Is it this establishment's practice to use raw/unpasteurized eggs in recipes that may not be fully cooked prior to service or that call for combining of eggs prior to cooking?

- YES
 NO

COMMENTS:

5. Is it this establishment's practice to allow food employees to contact ready-to-eat foods with their bare hands?

- YES
 NO

COMMENTS:

Attachment C – DATA COLLECTION FORMS
Information Sections – Schools (K-12) Data Collection Form

FDA RETAIL FOOD PROGRAM
FOODBORNE ILLNESS RISK FACTOR STUDY
SCHOOL DATA COLLECTION FORM

SCHOOL INFORMATION			
Date:		Data Collector:	
Time In:	Time Out:	Total Time in Minutes:	
Establishment Name:			
Street Address:			
City:	State:	Zip:	County:
School Type: <input type="checkbox"/> Public <input type="checkbox"/> Private		Charter School: <input type="checkbox"/> YES <input type="checkbox"/> NO	
		NSLP Participation: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Start Grade (Select ONE): <input type="checkbox"/> K <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 12 <input type="checkbox"/> 4 <input type="checkbox"/> 8		End Grade (Select ONE): <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 9 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 12	
		Type of Operation: (Select ONE):: <input type="checkbox"/> Base Kitchen <input type="checkbox"/> Onsite Kitchen <input type="checkbox"/> Combination Kitchen	
Is the School foodservice operated by a Food Service Management Company? <input type="checkbox"/> YES <input type="checkbox"/> NO		Risk Categorization <i>(Select ONE of the following):</i> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Student Enrollment Number:		Average Number of Meals Per Day:	
Maximum Number of Employees Per Shift:		Number of Employees Present at Time of Visit:	
Activity Level at the Time of Visit (Select ONE): <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy			
INFORMATION ON SCHOOL DISTRICT			
Name of School District where the Establishment is Located:			
Number of Schools that are Part of the School District:			
District Enrollment Number:			
INFORMATION ON INSPECTION OVERSIGHT FOR SCHOOL FOODSERVICE			
Type of Inspection Oversight Conducted for School Foodservice :			
<input type="checkbox"/> State Health Department/Agency <input type="checkbox"/> City/County/District Health Department/Agency <input type="checkbox"/> Other			
If "Other" describe:			

Attachment C – DATA COLLECTION FORMS
Information Sections – Schools (K-12) Data Collection Form

FDA RETAIL FOOD PROGRAM
FOODBORNE ILLNESS RISK FACTOR STUDY
SCHOOL DATA COLLECTION FORM

INFORMATION ON THE REGULATORY AUTHORITY

Name of Jurisdiction with Regulatory Oversight:

Enrolled in FDA Retail Food Program Standards: YES NO

Jurisdiction Meets Standard 1 (Select ONE of the following):

- YES – Self Reported
 YES – Verified by Audit
 NO – Jurisdiction does not meet Standard 1

Dates of the Two Most Recent Regulatory Routine Inspections: Date 1: _____ Date 2: _____

Jurisdiction Uses a Grading System (Select ONE of the following):

- YES – Numerical Score
 YES – Letter Grade
 YES – Color Graphic
 YES – Numerical Score and Letter Grade
 YES – Numerical Score and Color Graphic
 YES – Letter Grade and Color Graphic
 YES – Numerical Score, Letter Grade, and Color Graphic
 YES – Other
 NO – Jurisdiction does not have a grading system

If “Other” describe:

Jurisdiction’s Program Includes Public Reporting of Inspection Results (Select ONE of the following):

- YES – Posting on-site
 YES – Posting on the Internet
 YES – Posting on-site and Posting on the Internet
 YES – Other
 NO – Jurisdiction does not require inspections to be publically reported

If “Other” describe:

Jurisdiction Has a Mandatory Food Protection Manager Certification Requirement (Select ONE of the following):

- YES – Based ONLY on successful completion of an ANSI-Accredited Program
 YES – Other Food Protection Manager Certification Program (not an ANSI-Accredited Program)
 YES – Other AND Reciprocal Acceptance of an ANSI Accredited Program
 NO – Jurisdiction does not have a mandatory Food Protection Manager Certification Requirement

If “Other” describe:

If “Other” (Select ONE of the following)

- Other includes a required Training Component
 Other includes a Test other than exams offered through an ANSI Accredited Programs
 Other includes a required Training Component AND Test other than exam offered through an ANSI Accredited Program

Attachment C – DATA COLLECTION FORMS
Information Sections – Schools (K-12) Data Collection Form

INFORMATION ON THE REGULATORY AUTHORITY (continued from previous page)

Scope of Food Protection Manager Certification Requirement (Select ONE of the following):

- Person in Charge – One Per Establishment
- Person in Charge – Present at All Times
- Supervisory Employee – One Per Establishment
- Supervisory Employee – Present at All Times

- Other

If “Other” describe:

Jurisdiction Requires Food Handler Card (Select ONE of the following):

- YES – Required Training
- YES – Required Test
- YES – Required Training and Test
- YES – Other
- NO – Jurisdiction does NOT require Food Handler Cards

If “Other” describe:

Attachment C – DATA COLLECTION FORMS
Information Sections – Schools (K-12) Data Collection Form

FDA RETAIL FOOD PROGRAM
FOODBORNE ILLNESS RISK FACTOR STUDY
SCHOOL DATA COLLECTION FORM

MANAGER CERTIFICATION

1. Is there a certified food protection manager EMPLOYED at the establishment (Select ONE)?

- YES – Certificate Available
 YES – Certificate NOT Available
 NO – No certified food protection managers are employed at the establishment

If the marking above contains a “YES” response, indicate the Type of Certification below (Select ONE)

- ANSI-Accredited
 Other
 Unsure

2. Is there an employee who is a certified food protection manager PRESENT during the data collection (Select ONE)?

- YES – Certificate Available
 YES – Certificate NOT Available
 NO – No certified food protection managers are present during the data collection

If the marking above contains a “YES” response, indicate the Type of Certification below (Select ONE)

- ANSI-Accredited
 Other
 Unsure

3. Is the PERSON IN CHARGE at the time of the data collection a certified food protection manager (Select ONE)?

- YES – Certificate Available
 YES – Certificate NOT Available
 NO – The person in charge at the time of the data collection is NOT a certified food protection manager

If the marking above contains a “YES” response, indicate the Type of Certification below (Select ONE)

- ANSI-Accredited
 Other
 Unsure

4. Is the establishment’s policy to have a certified food protection manager present at all times? YES NO

If “Other” for one or more of the responses to questions 1 – 3, describe:

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Information Sections – Schools (K-12) Data Collection Form

FDA RETAIL FOOD PROGRAM
FOODBORNE ILLNESS RISK FACTOR STUDY
SCHOOL DATA COLLECTION FORM

EMPLOYEE HEALTH POLICY

1. Food employees exhibiting certain illness symptoms or conditions that require exclusion or restriction in the *Food Code*, **ARE OBSERVED** within the establishment during the data collection.

- YES – Employees exhibiting illness symptoms or conditions observed within the establishment
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2. Are food employees and conditional employees informed of their responsibility to report to the person in charge illness **SYMPTOMS** as specified in Section 2-201.11 of the *Food Code*?

- YES – Policy is ORAL and based on the current version of the *FDA Food Code*
 YES – Policy is WRITTEN and based on the current versions of the *FDA Food Code*
 NO – Policy only partially developed or non-existent

3. Are food employees and conditional employees informed of their responsibility to report to the person in charge diagnosis with, or exposure to, the specific **ILLNESSES** specified in Section 2-201.11 of the *Food Code*?

- YES – Policy is ORAL and based on the current version of the *FDA Food Code*
 YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
 NO – Policy only partially developed or non-existent

4. Is management aware of its responsibility to **NOTIFY THE REGULATORY AUTHORITY** when a food employee is jaundiced or diagnosed with an illness due to a pathogen specified in Section 2-201.11 of the *Food Code*?

- YES – Policy is ORAL and based on the current version of the *FDA Food Code*
 YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
 NO – Policy only partially developed or non-existent

5. Is the management's employee health policy consistent with 2-201.12 of the *Food Code* for **EXCLUDING AND RESTRICTING** food employees and conditional employees on the basis of their health and activities as they relate to diseases that are transmitted through foods?

- YES – Policy is ORAL and based on the current version of the *FDA Food Code*
 YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
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6. Is the management's employee health policy consistent with 2-201.13 of the *Food Code* for **REMOVAL OF EXCLUSIONS AND RESTRICTIONS** of food employees and conditional employees on the basis of their health and activities as they relate to diseases that are transmitted through foods?

- YES – Policy is ORAL and based on the current version of the *FDA Food Code*
 YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
 NO – Policy only partially developed or non-existent

7. Management has a copy of FDA's *Employee Health and Personal Hygiene Handbook* **OR** *cd database*?

- YES
 NO

**Attachment C – DATA COLLECTION FORMS
Information Sections – Retail Food Store Data Collection Form**

**FDA RETAIL FOOD PROGRAM
FOODBORNE ILLNESS RISK FACTOR STUDY
RETAIL FOOD STORE DATA COLLECTION FORM**

ESTABLISHMENT INFORMATION – RETAIL FOOD STORES			
Date:		Data Collector:	
Time In:	Time Out:	Total Time in Minutes:	
Establishment Name:			
Street Address:			
City:	State:	Zip:	County:
Facility Type (Select <u>ONE</u> of the following): Retail Food Store Department / Operation		Risk Categorization (Select <u>ONE</u> of the following):	
<input type="checkbox"/> Deli <input type="checkbox"/> Seafood <input type="checkbox"/> Produce		<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Establishment is Part of a Multi-Unit Operation: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Number of Individual Units that are Part of the Multi-Unit Operation (Enter the number of units provided by the person in charge):			
Ownership of Establishment (Select <u>ONE</u> of the following):			
<input type="checkbox"/> Company-Owned <input type="checkbox"/> Franchise <input type="checkbox"/> Unsure			
If Franchise – Number of Units Owned by the Franchisee (Enter the number of units provided by the person in charge):			
INFORMATION FOR THE RETAIL FOOD STORE DEPARTMENT / OPERATION			
Maximum Number of Employees Per Shift:		Number of Employees Present at Time of Visit:	
Activity Level at the Time of Visit (Select <u>ONE</u>): <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy			

Attachment C – DATA COLLECTION FORMS
Information Sections – Retail Food Store Data Collection Form

FDA RETAIL FOOD PROGRAM
FOODBORNE ILLNESS RISK FACTOR STUDY
RETAIL FOOD STORE DATA COLLECTION FORM

INFORMATION ON THE REGULATORY AUTHORITY

Name of Jurisdiction with Regulatory Oversight:

Enrolled in FDA Retail Food Program Standards: YES NO

Jurisdiction Meets Standard 1 (Select ONE of the following):

- YES – Self Reported
 YES – Verified by Audit
 NO – Jurisdiction does not meet Standard 1

Dates of the Two Most Recent Regulatory Routine Inspections: Date 1: _____ Date 2: _____

Jurisdiction Uses a Grading System (Select ONE of the following):

- YES – Numerical Score
 YES – Letter Grade
 YES – Color Graphic
 YES – Numerical Score and Letter Grade
 YES – Numerical Score and Color Graphic
 YES – Letter Grade and Color Graphic
 YES – Numerical Score, Letter Grade, and Color Graphic
 YES – Other
 NO – Jurisdiction does not have a grading system

If “Other” describe:

Jurisdiction’s Program Includes Public Reporting of Inspection Results (Select ONE of the following):

- YES – Posting on-site
 YES – Posting on the Internet
 YES – Posting on-site and Posting on the Internet
 YES – Other
 NO – Jurisdiction does not require inspections to be publically reported

If “Other” describe:

Jurisdiction Has a Mandatory Food Protection Manager Certification Requirement (Select ONE of the following):

- YES – Based ONLY on successful completion of an ANSI-Accredited Program
 YES – Other Food Protection Manager Certification Program (not an ANSI-Accredited Program)
 YES – Other AND Reciprocal Acceptance of an ANSI Accredited Program
 NO – Jurisdiction does not have a mandatory Food Protection Manager Certification Requirement

If “Other” describe:

If “Other” (Select ONE of the following)

- Other includes a required Training Component
 Other includes a Test other than exams offered through an ANSI Accredited Programs
 Other includes a required Training Component AND Test other than exam offered through an ANSI Accredited Program

Attachment C – DATA COLLECTION FORMS
Information Sections – Retail Food Store Data Collection Form

INFORMATION ON THE REGULATORY AUTHORITY (continued from previous page)

Scope of Food Protection Manager Certification Requirement (Select ONE of the following):

- Person in Charge – One Per Establishment
- Person in Charge – Present at All Times
- Supervisory Employee – One Per Establishment
- Supervisory Employee – Present at All Times

- Other

If “Other” describe:

Jurisdiction Requires Food Handler Card (Select ONE of the following):

- YES – Required Training
- YES – Required Test
- YES – Required Training and Test
- YES – Other
- NO – Jurisdiction does NOT require Food Handler Cards

If “Other” describe:

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Information Sections – Retail Food Store Data Collection Form

FDA RETAIL FOOD PROGRAM
FOODBORNE ILLNESS RISK FACTOR STUDY
RETAIL FOOD STORE DATA COLLECTION FORM

MANAGER CERTIFICATION – STORE LEVEL MANAGER

1. Is the PERSON IN CHARGE of the retail food store at the time of the data collection a certified food protection manager (Select ONE)?

- YES – Certificate Available
 YES – Certificate NOT Available
 NO – The person in charge at the time of the data collection is NOT a certified food protection manager

If the marking above contains a “YES” response, indicate the Type of Certification below (Select ONE)

- ANSI-Accredited
 Other
 Unsure

2. Is the PERSON IN CHARGE of the retail food store the same as the PERSON IN CHARGE of the facility type?

- YES
 NO

MANAGER CERTIFICATION FOR THE RETAIL FOOD STORE DEPARTMENT / OPERATION

1. Is there a certified food protection manager EMPLOYED at the department / operation (Select ONE)?

- YES – Certificate Available
 YES – Certificate NOT Available
 NO – No certified food protection managers are employed at the establishment

If the marking above contains a “YES” response, indicate the Type of Certification below (Select ONE)

- ANSI-Accredited
 Other
 Unsure

2. Is there an employee who is a certified food protection manager PRESENT at the department / operation during the data collection (Select ONE)?

- YES – Certificate Available
 YES – Certificate NOT Available
 NO – No certified food protection managers are present during the data collection

If the marking above contains a “YES” response, indicate the Type of Certification below (Select ONE)

- ANSI-Accredited
 Other
 Unsure

Attachment C – DATA COLLECTION FORMS
Information Sections – Retail Food Store Data Collection Form

MANAGER CERTIFICATION FOR THE RETAIL FOOD STORE DEPARTMENT / OPERATION (continued)

3. Is the PERSON IN CHARGE at the time of the data collection of the department / operation a certified food protection manager (Select ONE)?

YES – Certificate Available

YES – Certificate NOT Available

NO – The person in charge at the time of the data collection is NOT a certified food protection manager

If the marking above contains a “YES” response, indicate the Type of Certification below (Select ONE)

ANSI-Accredited

Other

Unsure

4. Is the department’s / operation’s policy to have a certified food protection manager present at all times?

YES

NO

If “Other” for one or more of the responses to questions 1 – 3, *describe:*

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FDA RETAIL FOOD PROGRAM
FOODBORNE ILLNESS RISK FACTOR STUDY
RETAIL FOOD STORE DATA COLLECTION FORM

EMPLOYEE HEALTH POLICY

1. Food employees exhibiting certain illness symptoms or conditions that require exclusion or restriction in the *Food Code*, ARE OBSERVED within the establishment during the data collection.

- YES – Employees exhibiting illness symptoms or conditions observed within the establishment
 NO – Employees exhibiting illness symptoms or conditions NOT observed within the establishment

2. Are food employees and conditional employees informed of their responsibility to report to the person in charge illness SYMPTOMS as specified in Section 2-201.11 of the *Food Code*?

- YES – Policy is ORAL and based on the current version of the *FDA Food Code*
 YES – Policy is WRITTEN and based on the current versions of the *FDA Food Code*
 NO – Policy only partially developed or non-existent

3. Are food employees and conditional employees informed of their responsibility to report to the person in charge diagnosis with, or exposure to, the specific ILLNESSES specified in Section 2-201.11 of the *Food Code*?

- YES – Policy is ORAL and based on the current version of the *FDA Food Code*
 YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
 NO – Policy only partially developed or non-existent

4. Is management aware of its responsibility to NOTIFY THE REGULATORY AUTHORITY when a food employee is jaundiced or diagnosed with an illness due to a pathogen specified in Section 2-201.11 of the *Food Code*?

- YES – Policy is ORAL and based on the current version of the *FDA Food Code*
 YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
 NO – Policy only partially developed or non-existent

5. Is the management's employee health policy consistent with 2-201.12 of the *Food Code* for EXCLUDING AND RESTRICTING food employees and conditional employees on the basis of their health and activities as they relate to diseases that are transmitted through foods?

- YES – Policy is ORAL and based on the current version of the *FDA Food Code*
 YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
 NO – Policy only partially developed or non-existent

6. Is the management's employee health policy consistent with 2-201.13 of the *Food Code* for REMOVAL OF EXCLUSIONS AND RESTRICTIONS of food employees and conditional employees on the basis of their health and activities as they relate to diseases that are transmitted through foods?

- YES – Policy is ORAL and based on the current version of the *FDA Food Code*
 YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
 NO – Policy only partially developed or non-existent

7. Management has a copy of FDA's *Employee Health and Personal Hygiene Handbook* OR cd database?

- YES
 NO

Attachment C – DATA COLLECTION FORMS
Data Items for ALL Industry Segments – Data Collection Form

Risk Factor – Poor Personal Hygiene (Items 1&2)

IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>			1. Employees practice proper handwashing
IN	OUT	NO	NA	Description of HANDWASHING OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>			A. Hands are cleaned and properly washed using hand cleanser / water supply / appropriate drying methods / length of time as specified in Section 2-301.12 of the <i>Food Code</i>
<input type="checkbox"/>	<input type="checkbox"/>			B. Hands are cleaned and washed when required as specified in Section 2-301.14 of the <i>Food Code</i>
COMMENTS:				

HANDWASHING FREQUENCY ASSESSMENT

	C1	C2	C3
	Employee observed washing hands properly and when required	Employee observed washing hands improperly	Employee observed failing to wash hand when required
TOTAL COUNT			

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT

PROCEDURES		COMMENTS:	TRAINING		COMMENTS:	MONITORING		COMMENTS:	
<input type="checkbox"/>	1		<input type="checkbox"/>	1		<input type="checkbox"/>	1		
<input type="checkbox"/>	2		<input type="checkbox"/>	2	<input type="checkbox"/>	2		<input type="checkbox"/>	3
<input type="checkbox"/>	3		<input type="checkbox"/>	3	<input type="checkbox"/>	3		<input type="checkbox"/>	4
<input type="checkbox"/>	4		<input type="checkbox"/>	4	<input type="checkbox"/>	4		<input type="checkbox"/>	NA
<input type="checkbox"/>	NA		<input type="checkbox"/>	NA	<input type="checkbox"/>	NA		<input type="checkbox"/>	NA

IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>			2. Food employees do not contact ready-to-eat foods with bare hands
COMMENTS:				

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT

PROCEDURES		COMMENTS:	TRAINING		COMMENTS:	MONITORING		COMMENTS:	
<input type="checkbox"/>	1		<input type="checkbox"/>	1		<input type="checkbox"/>	1		
<input type="checkbox"/>	2		<input type="checkbox"/>	2	<input type="checkbox"/>	2		<input type="checkbox"/>	3
<input type="checkbox"/>	3		<input type="checkbox"/>	3	<input type="checkbox"/>	3		<input type="checkbox"/>	4
<input type="checkbox"/>	4		<input type="checkbox"/>	4	<input type="checkbox"/>	4		<input type="checkbox"/>	NA
<input type="checkbox"/>	NA		<input type="checkbox"/>	NA	<input type="checkbox"/>	NA		<input type="checkbox"/>	NA

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Risk Factor – Contaminated Equipment / Protection from Contamination (Items 3&4)

IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>			3. Food is protected from cross-contamination during storage, preparation, and display
IN	OUT	NO	NA	Description of FOOD Contamination OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Raw animal foods are separated from ready-to-eat foods
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Different raw animal foods are separated from each other
<input type="checkbox"/>	<input type="checkbox"/>			C. Food is protected from environmental contamination – actual contamination observed
<input type="checkbox"/>	<input type="checkbox"/>			D. Food is protected from environmental contamination – potential contamination
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	E. Other (<i>describe in the comments section below</i>)

COMMENTS:

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT

PROCEDURES			TRAINING			MONITORING		
<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:
<input type="checkbox"/>	2		<input type="checkbox"/>	2		<input type="checkbox"/>	2	
<input type="checkbox"/>	3		<input type="checkbox"/>	3		<input type="checkbox"/>	3	
<input type="checkbox"/>	4		<input type="checkbox"/>	4		<input type="checkbox"/>	4	
<input type="checkbox"/>	NA		<input type="checkbox"/>	NA		<input type="checkbox"/>	NA	

IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>			4. Food contact surfaces are properly cleaned and sanitized
IN	OUT	NO	NA	Description of Food Contact Surfaces OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>			A. Food contact surfaces and utensils are clean to sight and touch and sanitized before use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Equipment food contact surfaces and utensils are cleaned and sanitized properly using manual warewashing procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Equipment food contact surfaces and utensils are cleaned and sanitized properly using mechanical warewashing equipment
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	D. Other (<i>describe in the comments section below</i>)

COMMENTS:

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT

PROCEDURES			TRAINING			MONITORING		
<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:
<input type="checkbox"/>	2		<input type="checkbox"/>	2		<input type="checkbox"/>	2	
<input type="checkbox"/>	3		<input type="checkbox"/>	3		<input type="checkbox"/>	3	
<input type="checkbox"/>	4		<input type="checkbox"/>	4		<input type="checkbox"/>	4	
<input type="checkbox"/>	NA		<input type="checkbox"/>	NA		<input type="checkbox"/>	NA	

Risk Factor – Improper Holding / Time and Temperature Risk (Items 5-8)

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IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>			5. Foods requiring refrigeration are held at the proper temperature

IN	OUT	NO	NA	Description of Cold Holding Temperature OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>			A. TCS Food is maintained at 41°F (5°C) or below, except during preparation, cooking, cooling, or when time is used as a public health control
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Raw shell eggs are stored under refrigeration that maintains ambient air temperature of 45°F (7°C) or less
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	C. Other (describe in the temperature chart and comments section below)

COMMENTS:

Cold Holding Temperatures Recorded During the Data Collection (List all temperatures taken)

FOOD PRODUCT	FOOD TEMP.	FOOD CODE CRITICAL LIMIT	TYPE OF COLD HOLDING EQUIPMENT	FOOD PRODUCT	FOOD TEMP.	FOOD CODE CRITICAL LIMIT	TYPE OF COLD HOLDING EQUIPMENT

NUMBER OF FOOD PRODUCT TEMPERATURES	SUMMARY COLD HOLDING PRODUCT TEMPERATURE CATEGORIES
	I. – Number of product temperature measurements IN Compliance with <i>Food Code</i> critical limits
	II. – Number of OUT of Compliance product temperature measurements 1°F - 2°F above <i>Food Code</i> critical limits
	III. – Number of OUT of Compliance product temperature measurements 3°F - 4°F above <i>Food Code</i> critical limits
	IV. – Number of OUT of Compliance product temperature measurements 5°F - 9°F above <i>Food Code</i> critical limits
	V. – Number of OUT of Compliance product temperature measurements 10°F or more above <i>Food Code</i> critical limits

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FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT									
PROCEDURES			TRAINING				MONITORING		
<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:	
<input type="checkbox"/>	2		<input type="checkbox"/>	2		<input type="checkbox"/>	2		
<input type="checkbox"/>	3		<input type="checkbox"/>	3		<input type="checkbox"/>	3		
<input type="checkbox"/>	4		<input type="checkbox"/>	4		<input type="checkbox"/>	4		
<input type="checkbox"/>	NA		<input type="checkbox"/>	NA		<input type="checkbox"/>	NA		

IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Foods displayed or stored hot are held at the proper temperature

IN	OUT	NO	NA	Description of Hot Holding Temperature OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. TCS Food is maintained at 135°F (57°C) or above, except during preparation, cooking, cooling, or when time is used as a public health control.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Roasts are held at a temperature of 130°F (54°C) or above
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Other (describe in the temperature chart and comments section below)

COMMENTS:

Hot Holding Temperatures Recorded During the Data Collection (List all temperatures taken)

FOOD PRODUCT	FOOD TEMPERATURE	FOOD CODE CRITICAL LIMIT	TYPE OF HOT HOLDING EQUIPMENT	FOOD PRODUCT	FOOD TEMPERATURE	FOOD CODE CRITICAL LIMIT	TYPE OF HOT HOLDING EQUIPMENT

NUMBER OF FOOD PRODUCT TEMPERATURES

SUMMARY
HOT HOLDING PRODUCT TEMPERATURE CATEGORIES

I. – Number of product temperature measurements **IN** Compliance with *Food Code* critical limits

II. – Number of **OUT** of Compliance product temperature measurements **1°F - 2°F** below *Food Code* critical limits

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	III. – Number of OUT of Compliance product temperature measurements 3°F - 4°F below <i>Food Code</i> critical limits
	IV. – Number of OUT of Compliance product temperature measurements 5°F - 9°F below <i>Food Code</i> critical limits
	V. – Number of OUT of Compliance product temperature measurements 10°F or more below <i>Food Code</i> critical limits

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT

PROCEDURES			TRAINING			MONITORING		
<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:
<input type="checkbox"/>	2		<input type="checkbox"/>	2		<input type="checkbox"/>	2	
<input type="checkbox"/>	3		<input type="checkbox"/>	3		<input type="checkbox"/>	3	
<input type="checkbox"/>	4		<input type="checkbox"/>	4		<input type="checkbox"/>	4	
<input type="checkbox"/>	NA		<input type="checkbox"/>	NA		<input type="checkbox"/>	NA	

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IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Foods are cooled properly

IN	OUT	NO	NA	Description of Cooling Temperature OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Cooked TCS Food is cooled from 135°F (57°C) to 70°F (21°C) within 2 hours and from 135°F (57°C) to 41°F (5°C) or below within 6 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. TCS Food (prepared from ingredients at ambient temperature) is cooled to 41°F (5°C) or below within 4 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Proper cooling methods / equipment are used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Other (describe in the temperature chart and comments section below)

COMMENTS:

Cooling Temperatures Recorded During the Data Collection (List all temperatures taken)

FOOD PRODUCT	FOOD COOLING TEMP. #1	FOOD COOLING TEMP. #2	TOTAL TIME IN MINUTES	FOOD CODE CRITICAL LIMIT	TYPE OF EQUIPMENT USED TO COOL FOOD

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT

PROCEDURES		COMMENTS:	TRAINING		COMMENTS:	MONITORING		COMMENTS:
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>	1		<input type="checkbox"/>	1		<input type="checkbox"/>	1	
<input type="checkbox"/>	2		<input type="checkbox"/>	2		<input type="checkbox"/>	2	
<input type="checkbox"/>	3		<input type="checkbox"/>	3		<input type="checkbox"/>	3	
<input type="checkbox"/>	4		<input type="checkbox"/>	4		<input type="checkbox"/>	4	
<input type="checkbox"/>	NA		<input type="checkbox"/>	NA		<input type="checkbox"/>	NA	

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IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Refrigerated, ready-to-eat foods are properly date marked and discarded within 7 days of preparation or opening
IN	OUT	NO	NA	Description of Date Marking OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Ready-to-eat, TCS Food (prepared on-site) held for more than 24 hours is date marked as required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Open commercial containers of prepared ready-to-eat TCS Food held for more than 24 hours are date marked as required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Ready-to-eat, TCS Food prepared on-site and/or opened commercial container exceeding 7 days at $\leq 41^{\circ}\text{F}$ is discarded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Other (describe in the temperature chart and comments section below)

COMMENTS:

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT										
PROCEDURES			TRAINING			MONITORING				
<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1
<input type="checkbox"/>	2		<input type="checkbox"/>	2		<input type="checkbox"/>	2			
<input type="checkbox"/>	3		<input type="checkbox"/>	3		<input type="checkbox"/>	3			
<input type="checkbox"/>	4		<input type="checkbox"/>	4		<input type="checkbox"/>	4			
<input type="checkbox"/>	N A		<input type="checkbox"/>	N A		<input type="checkbox"/>	N A			

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Risk Factor – Inadequate Cooking (Items 9&10)

IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Raw animal foods are cooked to required temperatures
IN	OUT	NO	NA	Description of Cooking Temperature OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Raw shell eggs broken for immediate service are cooked to 145°F (63°C) for 15 seconds. Raw shell eggs broken but not prepared for immediate service cooked to 155°F (68°C) for 15 seconds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Pork; Fish; Beef; Commercially-raised Game Animals are cooked to 145°F (63°C) for 15 seconds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Comminuted Fish, Meats, Commercially-raised Game Animals are cooked to 155°F (68°C) for 15 seconds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Poultry; stuffed fish; stuffed meat; stuffed pasta; stuffed poultry; stuffed ratite; or stuffing containing fish, meat, poultry, or ratites; wild game animals are cooked to 165°F (74°C) for 15 seconds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Roasts, including formed roasts, are cooked to 130°F (54°C) for 112 minutes or as Chart specifies and according to oven parameters per Chart (NOTE: This data item includes beef roasts, corned beef roasts, pork roasts, and cured pork roasts such as ham).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Other Cooking Observations (describe in the Comment Section and Temperature Chart below)

COMMENTS:

Cooking Temperatures Recorded During the Data Collection (List all temperatures taken)

FOOD PRODUCT	FINAL COOK TEMP.	FOOD CODE CRITICAL LIMIT	CONSUMER ADVISORY		FOOD PRODUCT	FINAL COOK TEMP.	FOOD CODE CRITICAL LIMIT	CONSUMER ADVISORY	
			YES	NO				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

NUMBER OF FOOD PRODUCT TEMPERATURES

SUMMARY
 COOKING FOOD PRODUCT TEMPERATURE CATEGORIES

	I. – Number of product temperature measurements IN Compliance with <i>Food Code</i> critical limits
	II. – Number of OUT of Compliance product temperature measurements 1°F - 2°F below <i>Food Code</i> critical limits
	III. – Number of OUT of Compliance product temperature measurements 3°F - 4°F below <i>Food Code</i> critical limits
	IV. – Number of OUT of Compliance product temperature measurements 5°F - 9°F below <i>Food Code</i> critical limits
	V. – Number of OUT of Compliance product temperature measurements 10°F or more below <i>Food Code</i> critical limits

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT

PROCEDURES			TRAINING			MONITORING		
<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:
<input type="checkbox"/>	2		<input type="checkbox"/>	2		<input type="checkbox"/>	2	
<input type="checkbox"/>	3		<input type="checkbox"/>	3		<input type="checkbox"/>	3	

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<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4
<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA

IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Cooked foods are reheated to required temperatures
IN	OUT	NO	NA	Description of Reheating Temperature OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. TCS Food that is cooked and cooled on premises is rapidly reheated to 165°F (74°C) for 15 seconds for hot holding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Commercially-processed ready-to-eat food, reheated to 135°F (57°C) or above for hot holding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Other Reheating Observations (describe in the Comments Section and Temperature Chart below)

COMMENTS:

Reheating Temperatures Recorded During the Data Collection (List all temperatures taken)

FOOD PRODUCT	FINAL REHEAT TEMP.	FOOD CODE CRITICAL LIMIT	FOOD PRODUCT	FINAL REHEAT TEMP.	FOOD CODE CRITICAL LIMIT

NUMBER OF FOOD PRODUCT TEMPERATURES

SUMMARY
COOKING FOOD PRODUCT TEMPERATURE CATEGORIES

- I. – Number of product temperature measurements **IN** Compliance with *Food Code* critical limits
- II. – Number of **OUT** of Compliance product temperature measurements **1°F - 2°F** below *Food Code* critical limits
- III. – Number of **OUT** of Compliance product temperature measurements **3°F - 4°F** below *Food Code* critical limits
- IV. – Number of **OUT** of Compliance product temperature measurements **5°F - 9°F** below *Food Code* critical limits
- V. – Number of **OUT** of Compliance product temperature measurements **10°F or more** below *Food Code* critical limits

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT

PROCEDURES		TRAINING		MONITORING	
<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1
<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2
<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4

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<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
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Other Areas of Interest (Items 11-19)

- NOTE: This section will be used to develop data items that are not part of the primary research area for Retail Food Risk Factor Study but may provide important information that will assist other food safety initiatives within the agency

IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>			11. Handwashing facilities are accessible and properly maintained
IN	OUT	NO	NA	Description of OBSERVATIONS of Handwashing Facilities
<input type="checkbox"/>	<input type="checkbox"/>			A. Handwashing facilities are conveniently located and accessible for employees
<input type="checkbox"/>	<input type="checkbox"/>			B. Handwashing facilities are supplied with hand cleanser / disposable towels / hand drying devices
COMMENTS:				

IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>			12. Employees practice good hygiene
IN	OUT	NO	NA	Description of Good Hygienic Practices OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>			A. Food Employees eat, drink, and use tobacco only in designated areas
<input type="checkbox"/>	<input type="checkbox"/>			B. Food Employees experiencing persistent sneezing, coughing, or runny nose do not work with exposed food, clean equipment, utensils, linens, unwrapped single-service, or single-use articles
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	C. Other (<i>describe in Comments Section below</i>)
COMMENTS:				

IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	13. Consumers are properly advised of risks of consuming raw or undercooked animal foods
COMMENTS:				

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IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Time alone is properly used as a public health control
IN	OUT	NO	NA	Description of Time as a public health control OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. When time only is used as a public health control for 4 HOURS , the food establishment follows procedures to serve or discard food as specified in Section 3-501.19 of the <i>Food Code</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. When time only is used as a public health control for 6 HOURS , the food establishment follows procedures to serve or discard food as specified in Section 3-501.19 of the <i>Food Code</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Other (describe in the comments section below)
COMMENTS:				

IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Facilities have adequate equipment and tools for ensuring food temperature control and sanitization of food contact surfaces
IN	OUT	NO	NA	Description of OBSERVATIONS for temperature control
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Refrigeration / cold holding units have sufficient capacity to maintain TCS Foods at 41°F (5°C) or below
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Hot holding units have sufficient capacity to maintain TCS Foods at 135°F (57°C) or above
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Refrigeration and hot storage units are equipped with accurate ambient air temperature measuring device
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Accurate temperature measuring device, with appropriate probe, is provided and accessible for use to measure internal food temperatures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Accurate temperature measuring devices and/or tests kits provided and accessible for use to measure sanitization rinse temperatures and/or sanitization concentrations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Other (describe in the comments section below)
COMMENTS:				

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IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Special processes are conducted in compliance with issued variance / HACCP Plan, when required
IN	OUT	NO	NA	Description of OBSERVATIONS of Specialized Processes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Food establishment conducts reduced oxygen packaging without a variance as specified in Section 3-502.12 of the <i>Food Code</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Food establishment performs specialized process in accordance with approved variance and HACCP Plan when required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Juice packaged in the food establishment is treated under a HACCP Plan to reduce pathogens or labeled as specified in Section 3-404.11 of the <i>Food Code</i>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	D. Other (describe in the comments section below)
COMMENTS:				

IN	OUT	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>			17. Food is received from safe sources
IN	OUT	NO	NA	Description of FOOD SOURCE OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>			A. All food is from regulated food processing plants / No home prepared/canned foods
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Shellfish are from NSSP-listed sources. No recreationally caught shellfish are received/sold
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C. Food is protected from contamination during transportation/receiving
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		D. TCS Food is received at a temperature of 41°F (5°C) or below OR according to Law
<input type="checkbox"/>	<input type="checkbox"/>			E. Food is safe and unadulterated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Shellstock tags/labels are retained for 90 days and filed in chronological order from the date the container is emptied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Written documentation of parasite destruction is maintained for 90 days for fish products
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	H. Other (describe in Comments Section below)
COMMENTS:				

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I N	OUT	N O	NA	
<input type="checkbox"/>	<input type="checkbox"/>			18. Toxic materials are identified, used, and stored properly
IN	OUT	NO	NA	Description of Toxic Materials OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>			A. Poisonous or toxic materials, chemicals, lubricants, pesticides, medicines, first aid supplies, and other personal care items are properly identified, stored, and used
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	B. Other (<i>describe in the comments section below</i>)
COMMENTS:				

I N	OUT	N O	NA	
<input type="checkbox"/>	<input type="checkbox"/>			19. Management and food employees are trained in food allergy awareness as it relates to their assigned duties
IN	OUT	NO	NA	Description of Allergen Awareness OBSERVATIONS
<input type="checkbox"/>	<input type="checkbox"/>			A. The person in charge accurately describes foods identified as major food allergens and the symptoms associated with major food allergens
<input type="checkbox"/>	<input type="checkbox"/>			B. Food employees are trained in food allergy awareness as it relates to their assigned duties
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	C. Other (<i>describe in the comments section below</i>)
COMMENTS:				