

Attachment 4 - Example of EHS-Net Manager Recruiting Script

Public reporting burden for this collection of information is estimated to average 1 minute 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. 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 or any other aspect of this collection of information, including suggestions for reducing this burden, to: CDC/ATSDR Information Collection Review Office, MS H21-8; 1600 Clifton Road NE, Atlanta, Ga. 30333; ATTN: PRA (0920-0792)

Hello
this is

_____ with the _____ Health Department. We are working with the Centers for Disease Control and Prevention (CDC) on a research project designed to help us better understand managers' and workers' food safety knowledge and attitudes and restaurant policies and practices. Your restaurant was picked at random to be in this project. The study involves an interview with a manager and a food worker, and an observation of the kitchen. Your participation is voluntary, but we would really appreciate your participation, as it will help us understand the difficult issues restaurants face. If you don't want to be part of the study or if you change your mind later, nothing will happen to you. Whether you are part of the study or not will not affect your restaurant's score on any health inspection. Also, if you decide to participate, your name and your restaurant's name will not be recorded on the data collection form, nor will they be included in any reports.

[If compensation is offered, health department staff select appropriate options and statement below based on approved protocol. If no compensation is offered, delete the section in square brackets:

If you choose to participate, *(you) (your establishment) (participating workers)* will receive

- a cash gift card in the amount of _____.
- a _____ *(describe food safety-related gift).*

Having said that, I need to let you know that at any time during the survey if I see something that is an imminent health hazard, such as no power, no water or sewage on the floor, I will need to stop the study and report the problem to your local health department.

Could we schedule a time to come out when we could talk to a kitchen manager, a food worker, and observe your kitchen for awhile?

☐ No → Thank you for your time.

☐ Yes ↓

Great! I'll visit your restaurant for about an hour and ten minutes. Keeping in mind that a manager responsible for managing the kitchen and a worker who handles food and who speaks English needs to be available for the interview, when would be a convenient time to schedule the visit?

Date:

Time:

Please call me at if you need to cancel or re-schedule, or if you have any questions.

If you have any questions at a later time, you can contact: (Local Contact Name). *(If have card)* My information is on this card.