



Toronto Food Inspection and Disclosure Program

SAMUEL J. CRUMBINE CONSUMER PROTECTION AWARD APPLICATION

Submitted By:

Sylvanus Thompson

Quality Assurance Manager
Toronto Public Health

March 2011



Ron de Burger, Director
Healthy Environments

Dr. David McKeown
Medical Officer of Health

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Reply;
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The Crumline Award
Foodservice Packaging Institute
150 South Washington Street
Suite 204
Falls Church, Virginia, 22046

Re: 2011 Samuel J. Crumline Award for Excellence in Food Protection

Dear Members of The Crumline Award Jury:

The enclosed application and supporting documentation are respectfully submitted for your review in consideration of awarding the 2011 Samuel J. Crumline Award for Excellence in Food Protection at the Local Level to Toronto Public Health for its Food Inspection and Disclosure Program (*DineSafe*).

The *DineSafe* program has two main features: inspecting food establishments and informing the public of the inspection results. It is designed to help the public make informed consumer decisions while providing an incentive to operators to comply with food safety regulations. Since the City of Toronto passed a bylaw in 2001 requiring inspection notices to be posted at the entrance to any food establishment, there has been a significant increase in compliance with the relevant food safety regulations. The program was further strengthened in 2006 when City Council passed a bylaw requiring food handler training and certification for employees in the food and beverage industry.

The *DineSafe* program is very popular with the public and is a model adopted by health agencies in North America and other parts of the world. The program won a Gold Award at the 2005 Public Sector Quality Fair for Public Sector Excellence and winning the Crumline Award is Toronto Public Health's ultimate goal.

Thanks for taking the time to review Toronto Public Health's submission.

Regards

Sylvanus Thompson, PhD, MSc, BSc, CPHI (C)
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National Collaborating Centre
for Environmental Health
Centre de collaboration nationale
en santé environnementale



BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

Feb 25, 2011

The Crumline Award
c/o Foodservice Packaging Institute
201 Park Washington Court
Falls Church, VA 22046

Re: DineSafe program at Toronto Public Health

Dear Crumline Award committee:

I am writing to you in support of awarding the Crumline Award to Toronto Public Health's Food Safety Inspection and Disclosure Program (DineSafe). DineSafe is a 10-year old comprehensive approach to food safety and is unique in Canada. It requires the posting of food safety inspection results using a colour-coded system in a visible area at or near the main entrance of the food premises. As a result of the DineSafe program, Toronto Public Health has seen compliance with food safety standards soar from 42% to over 90% today and has observed a 30% decrease in food-borne illness.

The DineSafe program has demonstrated success in substantially improving food safety compliance through integrating inspection, quality assurance, a comprehensive information system and a unique disclosure program. Through our work as knowledge translation brokers to environmental health practitioners across Canada, the National Collaborating Centre for Environmental Health has been privileged to spread the word of this innovative and successful Toronto initiative. As the Crumline award is normally presented to local environmental health agencies for innovative programs in food protection services, I feel that the DineSafe program is deserving of this award as it exemplifies an innovative practice that has resulted in protection of public health.

Sincerely,

Tom Kosatsky, MD, MPH
Scientific Director, BCCDC EHSD and NCCEH

A research and teaching centre affiliated with UBC



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Feb. 28, 2011

The Crumbine Award
Foodservice Packaging Institute
Falls Church, Va, 22046

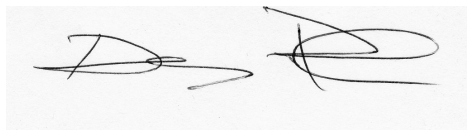
Re: Excellence in Food Protection at the Local Level

Toronto Public Health has a long history of providing excellent public health at the local level.

I have had interactions with Toronto Public Health (TPH) since the cyclospora outbreak of 1996. More in-depth relationships were developed as TPH began to develop, implement and evaluate the Dine Safe program of restaurant inspection disclosure in 2000. The health professionals at TPH developed a strong public advocacy role, one that was further displayed during the salmonella-in-sprouts outbreak of 2005 and the listeria-in-cold-cuts outbreak of 2008. In both these investigations, TPH put the public first, something that was often lacking at the federal level.

Toronto Public Health is an open, transparent model of food protection at the local level, and is an ideal candidate for the Crumbine Award.

Sincerely,

A handwritten signature in black ink, appearing to be 'D. Powell', written on a light-colored background.



Ontario Korean Businessmen's Association

130 Orfus Road, Toronto, Ontario, M6A 1L9 Tel: (416) 789-7891 Fax: (416) 789-7834

Date : Mar 2nd, 2011

The Crumbine Award
Foodservice Packaging Institute
Falls Church, Va, 22046

Re: Excellence in Food Protection at the Local Level

Toronto Public Health has a long history of providing excellent food protection from a public health perspective at the local level.

Toronto Public Health has been a pioneer in Canada in restaurant inspection disclosure and food handler certification. The DineSafe program of restaurant inspection disclosure was one of the original disclosure programs in Canada. It reaffirmed the public's confidence in Toronto Public Health, its food premises inspection program and the food premises that prepared, served and offered for sale food to the public. It enabled food premises to promote and advertise the safe food handling and sanitation of their premises.

Toronto Public Health was one of the first jurisdictions in Ontario to require certified food handlers in supervisory positions in food premises. They have partnered with our Association to promote and provide food handler certification to our members. They have also worked with other business groups and private training and certification programs to certify food handlers ensuring food safety for the public.

Toronto Public Health has always been front and centre with foodborne outbreaks. The 2008 listeria outbreak in cold cuts is an example of Toronto's leadership in managing the outbreak. Their concern was foremost for the protection of the public.

The OKBA fully supports Toronto Public Health's candidacy for the Crumbine award.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Kim", is written over a horizontal line.

Kenneth Kim
Executive Director
Ontario Korean Businessmen's Association.



The Crumbie Award
Foodservice Packaging Institute
201 Park Washington Court
Falls Church, VA 22046

March 9 2011

To whom it may concern,

Please accept this letter as an endorsement of the Toronto Public Health Unit's application for The Samuel J. Crumbie Consumer Protection Award for Excellence in Food Protection at the Local Level in recognition of the DineSafe, a municipal restaurant inspection and disclosure program.

The Ontario Restaurant Hotel & Motel Association (ORHMA) is Canada's largest provincial hospitality industry association. Representing more than 11,000 business units across the province throughout the foodservice and accommodations sectors, the ORHMA is the advocates for the hospitality industry at the federal, provincial and municipal levels. The ORHMA is governed by a provincial Board of Directors and six regional Boards. The ORHMA – Toronto Region Board (ORHMA – TRB) is comprised of a cross-section of owners and operators representing Toronto's 8,000 restaurateurs.

Upon the introduction of the DineSafe program Toronto's restaurateurs had serious concerns with the implementation of the program. Over the years ORHMA – TRB and Toronto Public Health have achieved an open dialogue, understanding that our common interest is increased food safety and consumer confidence. Our working relationship has evolved and we now consider each other partners in the evolution of policy development concerning restaurants, as well as partners in the delivery of common messages regarding food safety and food safety practices to restaurateurs throughout the city.

The ORHMA – TRB has worked closely over the years with Toronto Public Health to address issues of concern regarding food safety. The DineSafe results have proven effective in identifying trends throughout the foodservice industry, and those unique to restaurants. Toronto Public Health has worked closely with ORHMA – TRB to address these non-compliance trends and to continue to raise awareness to Toronto's restaurateurs to increase compliance in these areas.

With the introduction of DineSafe, Toronto Public Health has placed emphasis on providing restaurateurs with educational resources to assist them in understanding and meeting their legislated obligations. In the years since the introduction of DineSafe the compliance rate upon first inspection is now 90%. This is a significant success for Toronto's restaurants, and for our consumers, who have come to look for a Green sign in restaurant windows.

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We trust this information is helpful. The ORHMA – TRB believes the work done by Toronto Public Health has increased restaurant compliance with food safety regulations, thereby increasing the very state of the industry itself.

Please do not hesitate to contact me should you require further information or have any questions.

A handwritten signature in blue ink, appearing to read "Jason Cheskes", is positioned above the printed name.

Jason Cheskes
President
ORHMA – Toronto Region Board

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Toronto Food Inspection and Disclosure System (DineSafe)- Executive Summary

Toronto is Canada's largest city and home to a diverse population of about 2.6 million people. The responsibility for food safety in Ontario is shared by federal, provincial and municipal governments through a patchwork of legislation overseen by agencies at all three levels. At the municipal level food safety monitoring, inspection and enforcement is conducted by 36 local Boards of Health, including Toronto Public Health. The provincial Food Safety Standards and Protocol establish specific requirements and direction to health units on the delivery of local comprehensive food safety management programs. However local Boards of Health are authorized to take any additional steps which are necessary to eliminate, or minimize hazards to public health. Based on that provision and a dedication to provide excellent services, Toronto Public Health implemented an advanced Food Safety System in 2001, aimed at reducing the risk of food-borne illness in Toronto. Additional goals of the program include meeting the mandated inspection frequencies for each food establishment and increasing the efficiency, effectiveness and standardization of the inspection process.

The Toronto Food Premises Inspection and Disclosure System (*DineSafe*), the first of its kind in Canada, is characterized by an inspection and disclosure process, mandatory food handler training, a quality assurance process and an advanced data management system. Disclosure of inspection results is accomplished by onsite posting of Inspection Notices, provision of Food Safety Inspection Reports, posting of inspection results on the *DineSafe* web site (www.toronto.ca/fooddisclosure) and through a Food Safety Hotline (416 338 FOOD).

Infractions are divided into three categories, Minor, Significant or Crucial, according to the severity or imminence of the health risk they present. If no infractions or only Minor infractions are identified during an inspection, a Pass Notice (Green Sign) is issued to the owner along with the Inspection Report. Significant infractions will result in a Conditional Pass (Yellow Notice) while Crucial infractions result in a Closed Order (Red Notice). Food establishment owners/operators are required under Municipal Code 545-Licensing, to post the Inspection Notice at a conspicuous place at or near the entrance of the premises. Similarly, they are required to provide a copy of the most recent inspection report to anyone requesting same. Details of the inspection including any enforcement actions are posted on the *DineSafe* website on a daily basis. Additionally, in 2006, Toronto City Council passed a bylaw requiring municipally licensed food establishments to have trained and certified food handlers onsite during hours of operation. The quality assurance unit conducts periodic record reviews, joint inspections with field staff, and productivity and performance audits to ensure completeness, accuracy and adherence to established policies and procedures. The Toronto Healthy Environments Information System (THEIS) ensures that operational data can be captured consistently and provides quick and easy access to up-to-date and reliable reports.

In the past ten years, *DineSafe* has increased the transparency of the inspection process and led to significant improvements in food safety. Prior to its implementation less than 50 per cent of Toronto's 17,000 food establishments passed their initial inspection. After the first year of the program, the compliance rate increased to 78 per cent with gradual annual improvements to a current rate of over 90 per cent. Evidence indicates increased consumer confidence in food safety and support from owners/operators for the *DineSafe* program. Since 2001, other cities in Canada and other parts of the world including London, Halton Region, Hamilton, Peel Region, Durham Region, Sacramento County, parts of the United Kingdom and Shanghai have implemented almost identical programs with input from Toronto.

Toronto Food Inspection and Disclosure System - Program Description

Part 1- Program Basics

Toronto, the capital of the province of Ontario, is Canada's largest city, sixth largest government, and home to a diverse population of approximately 2.6 million people. Toronto's government is dedicated to delivering customer service excellence, and providing transparent and accountable services, including public health, for its residents and visitors. Toronto Public Health (TPH) is the largest health unit in Canada and one of the largest in North America. The organization has a complement of over 1800 active staff, representing various professional disciplines, and an annual budget of \$211.9 million. The Ontario Public Health Standards (OPS) set out minimum requirements for public health programs and services targeted at disease prevention, health promotion and health protection. The Standards also establish clear expectations that can be linked to indicators designed to measure the performance of the health system. In response, TPH provides several provincial and municipal health promotion and health protection programs and services, through various directorates including Healthy Environments.

The Healthy Environments Program is led by a Director who is a member of the Division's Senior Management Team and reports to the Medical Officer of Health. The current Healthy Environments directorate is based on a Program Focus organizational model with two major program areas: Food Safety and Health Hazard Investigation. There are 4 broad regions with 8 offices from which staff provide services. Managers are assigned to each of these offices on a program-focussed basis with specific numbers of staff for the respective program. The regions are aligned to the political boundaries to ensure coordination with other city departments such as Buildings and Municipal Licensing and Standards. The Food Safety program is the larger of the two with approximately 80 Public Health Inspectors and 6 Managers. Other categories of staff, including clerical staff, program evaluators, information analyst and Information and Technology staff, provide supporting and specialized roles to the program.

There are approximately 17,000 food establishments in Toronto including foodservice establishments, retail shops and institutions. These are further broken down into specific subtypes such as Restaurants, Food Take Outs, Bakeries and Supermarkets as shown in Table 1. Restaurants account for almost 37% of the subtypes. Boards of Health are required under the Food Safety Protocol to keep inventories of all the food premises within the health unit. This is achieved in Toronto through the use of a Master Establishment List (MEL) of food premises that contains all the details on each establishment. This list can be broken down by Manager, by PHI or by region. The MEL is an active report that is automatically updated whenever there are any changes such as new premises being added or existing ones going out of business. Toronto Public Health also keeps a list of those food establishments located in Toronto but are inspected by provincial or federal authorities. In addition to the fixed premises, all transient and temporary food premises such as special events and festivals are monitored or inspected by Toronto Public Health.

Toronto Public Health is accountable to the Ministry of Health and Long Term Care for service delivery under a cost shared funding formula whereby mandated programs, such as Food Safety, are 75% provincially funded, with the City of Toronto being responsible for the other 25%. City

of Toronto initiatives, such as the Food Handler Training and Certification program, are not funded by the province. The Food Handler Training and Certification program is currently done on a cost recovery basis whereby a fee of \$75 is charged for the course, exam and certificate, and a TPH Certified Food Handler photo identification. There is no charge for routine inspections or re-inspections of food premises, investigation of complaints, participation in recall activities or investigation of foodborne illness. A fee of \$170 is charged for certain demand services such as Lawyers Requests linked to property purchases and inspections linked to licences. The annual Food Safety budget is approximately \$10 million, including salaries and benefits for staff, equipment and other program resources.

The *Health Protection and Promotion Act* provides Public Health Inspectors and local Medical Officers of Health with broad powers to investigate and take any steps which are necessary to eliminate, or minimize hazards to public health. Local public health agencies are responsible for inspections of food service, food retail establishments and food processing plants that are not federally registered. Health units are also responsible for communicating information about food safety to the community and responding to food-related complaints.

Based on the Ontario Public Health Standards, the goal of the local food safety program is to improve the health of the population by reducing the incidence of foodborne illness. The objectives are to ensure that food is stored, prepared, served and distributed in a manner consistent with accepted public health practices and to stop the sale or distribution of food that is unfit for human consumption. The Standards establish Societal Outcomes; Board of Health Outcomes; and specific requirements relating to Assessment and Surveillance, Health Promotion, Policy Development, Disease Prevention and Health Protection, that are intended to achieve the goal of preventing or reducing foodborne illness. Board of Health outcomes are the results of endeavours by local health units and each Board will be held accountable for these outcomes. The related Food Safety Protocol provides direction to health units on the delivery of local comprehensive food safety management programs, which include: surveillance and inspection of food premises; epidemiological analyses of surveillance data; food handler training; and timely response to outbreaks and food complaints. There are also requirements for the establishment of policies and procedures to address non-compliance with the HPPA and related regulations, including enforcement actions.

Toronto Public Health's Mission Statement under its *Healthy City for All* Strategic Plan is: *TPH reduces health inequalities and improves the health of the whole population.* The Priority Directions and Actions include: Deliver services that meet the health needs of Toronto's diverse communities, Champion healthy public policy and Lead innovation in urban public health practice. Program areas are required to develop annual Service Plans that include both qualitative and quantitative performance measures to ensure compliance with the requirements of the Public Health Standards and Protocols. The annual Food Safety Service Plan includes common data elements required by the MOHLTC such as completion rates, in addition to other qualitative performance indicators such as the impact of food handler training and rates of compliance by owners/operators.



Table 1: Total Number of Premises by Sub Type and Region

Premises Type	East				WEST				SOUTH				North				Total
	High	Med	Low	Total	High	Med	Low	Total	High	Med	Low	Total	High	Med	Low	Total	
Bake Shop	1	5	1	7	0	3	1	4	0	7	1	8	1	2	2	5	24
Bakery	8	96	1	105	15	92	3	110	12	80	5	97	4	72	4	80	392
Banquet Facility	10	10	5	25	22	20	7	49	19	19	13	51	12	14	12	38	163
Bed & Breakfast	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1
Boarding / Lodging Home - Kitchen	2	0	0	2	6	2	0	8	40	13	6	59	2	0	0	2	71
Bottling Plant	0	1	1	2	0	0	6	6	0	0	0	0	0	0	0	0	8
Bowling Alley	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	1	2
Brew Your Own Beer / Wine	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1
Butcher Shop	1	44	3	48	1	67	0	68	4	53	0	57	5	15	1	21	194
Cafeteria - Private Access	10	15	0	25	16	34	3	53	30	35	4	69	38	43	0	81	228
Cafeteria - Public Access	4	10	0	14	5	10	0	15	8	17	0	25	19	15	1	35	89
Cannery	1	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	2
Catering Vehicle	0	0	0	0	1	0	0	1	0	0	1	1	0	0	2	2	4
Chartered Cruise Boats	0	0	0	0	0	0	0	0	0	11	19	30	0	0	0	0	30
Child Care - Catered	2	86	4	92	4	105	15	124	6	119	18	143	0	123	13	136	495
Child Care - Food Preparation	58	8	5	71	61	14	17	92	86	40	13	139	55	14	10	79	381
Church Banquet Facility	0	1	0	1	0	0	0	0	0	4	3	7	0	0	0	0	8
Cocktail Bar / Beverage Room	0	1	2	3	0	8	13	21	7	39	59	105	3	4	15	22	151
College / University Food Services	2	0	0	2	0	0	0	0	11	5	2	18	2	3	0	5	25
Commissary	4	3	0	7	7	2	0	9	13	14	3	30	2	1	2	5	51
Community Kitchen (Meal Program)	0	2	2	4	5	4	3	12	20	17	11	48	7	4	3	14	78
Elementary School Food Services	0	6	0	6	0	2	0	2	1	2	0	3	2	21	0	23	34
Fish Shop	0	8	1	9	0	9	0	9	0	11	0	11	0	9	0	9	38
Flea Market	0	3	1	4	0	0	1	1	0	0	0	0	0	0	0	0	5
Food Bank	0	0	2	2	0	1	11	12	0	0	12	12	0	0	5	5	31
Food Caterer	6	4	1	11	19	4	0	23	32	8	1	41	33	7	0	40	115
Food Court Vendor	31	21	0	52	18	51	6	75	82	101	11	194	25	38	5	68	389
Food Depot	0	4	90	94	0	5	93	98	1	2	17	20	0	1	28	29	241
Food Processing Plant	4	108	36	148	8	55	15	78	2	7	3	12	10	18	17	45	283

Premises Type	East				West				South				North				Total
	High	Med	Low	Total	High	Med	Low	Total	High	Med	Low	Total	High	Med	Low	Total	
Food Store (Convenience/Variety)	2	14	484	500	1	50	628	679	8	90	1172	1270	2	24	459	485	2934
Food Take Out	125	236	21	382	84	229	10	323	301	829	210	1340	119	272	42	433	2478
Food Vending Facility	0	0	12	12	0	0	14	14	0	0	6	6	1	0	4	5	37
Hospitals & Health Facilities	3	0	0	3	6	1	0	7	9	1	0	10	3	1	0	4	24
Hot Dog Cart	0	3	4	7	0	6	1	7	0	5	71	76	0	2	24	26	116
Ice Cream / Yogurt Vendors	0	3	0	3	0	19	3	22	0	28	5	33	0	11	2	13	71
Ice Cream Plant	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1
Institutional Food Services	19	7	1	27	14	4	0	18	52	11	4	67	17	2	1	20	132
Locker Plant	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Meat Processing Plant	1	6	2	9	11	9	0	20	1	0	0	1	0	0	1	1	31
Mobile Food Preparation Premises	0	0	1	1	0	0	1	1	5	6	10	21	0	1	0	1	24
Nursing Home/ Home for the Aged	20	0	0	20	16	0	0	16	20	0	0	20	11	0	0	11	67
Other Educational Facility Food Services	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1
Plan Review Establishment	0	96	0	96	0	37	0	37	0	145	1	146	0	90	0	90	369
Private Club	2	3	2	7	8	16	8	32	15	20	9	44	8	4	6	18	101
Refreshment Stand (Stationary)	0	2	1	3	0	6	17	23	0	5	11	16	0	6	19	25	67
Restaurant	439	424	10	873	615	504	11	1130	1943	1213	177	3333	600	365	39	1004	6340
Retirement Homes(Licensed)	0	0	0	0	7	1	0	8	3	0	0	3	1	0	0	1	12
Retirement Homes(Un-licensed)	0	0	0	0	5	0	0	5	3	0	0	3	9	0	0	9	17
Secondary School Food Services	6	16	0	22	4	24	1	29	4	1	0	5	3	14	0	17	73
Serving Kitchen	1	1	1	3	6	7	5	18	12	11	7	30	2	13	4	19	70
Student Nutrition Site	1	25	12	38	0	38	13	51	5	22	12	39	1	10	16	27	155
Supermarket	29	78	17	124	24	59	21	104	64	66	30	160	37	44	12	93	481
Toronto A La Cart	0	0	0	0	0	0	0	0	0	5	0	5	0	1	0	1	6
Total:	792	1350	724	2866	989	1499	927	3415	2819	3065	1929	7813	1034	1265	749	3048	17142

Part 11 – Baseline and Program Assessment

Regulatory Foundation

The responsibility for food safety in Ontario is shared by federal, provincial and municipal governments through a patchwork of legislation overseen by agencies at all three levels. Federal roles proceed from the national government's responsibility for interprovincial and international trade. Any food or meat processing facility in Ontario that engages in trade outside the province must be registered in the federal system and conduct its business in accordance with federal regulations. At the provincial level, there are three ministries responsible for administering various statutes and regulations governing the processing, sale and consumption of food in Ontario. The Ministry of Agriculture, Food and Rural Affairs (OMAFRA) is the principal agency in the regulation of meat while the Ministry of Health and Long Term Care (MOHLTC) administers the Food Safety Regulations under the *Health Protection and Promotion Act (HPPA)*. The Ministry of Natural Resources (MNR) has responsibility under the *Fish Inspection Act* to regulate the commercial sale and processing of fish. At the municipal level food safety monitoring, inspection and enforcement is conducted on behalf of the MOHLTC by 36 local Boards of Health and local health units.

The Canadian Food Inspection Agency (CFIA) is responsible for food safety at the federal level and administers and enforces all federal legislation related to food inspection, agricultural inputs and animal and plant health. These include *the Food Safety and Quality Act*, the *Fish Inspection Act*, the *Canadian Agricultural Products Act*, the *Food and Drugs Act* and the *Consumer Protection and Labelling Act*. The agency is responsible for ensuring that manufacturers, importers, distributors and producers comply with federal regulations and standards governing the safety, quality, handling, identification, processing, packaging and labelling of food. It is responsible for inspecting and regulating federally registered establishments, which are generally those that move products across provincial or national boundaries. About 84 % by volume of the meats processed in Ontario are produced in federally regulated plants. The CFIA is also responsible for initiating food recalls to remove contaminated or otherwise unsound or unwholesome food from the market.

OMAFRA is responsible for dairy and meat inspection programs, key components of the Ontario Food Safety System, and administers and enforces a number of statutes established to minimize food safety risks, while promoting the orderly marketing of commodities produced in Ontario. The *Food Safety and Quality Act* and the *Livestock Commodity Sales Act* establish standards that govern the production, quality, composition, safety, grading, packaging, labelling, advertising and sale of a product, as well as facility and operating standards for: dairy farms and dairy processing plants; abattoirs, the slaughter of animals and primary processing of meat; horticulture, including fruits and vegetables and honey; eggs and livestock; and edible oil products. The MNR has responsibility under the *Fish Inspection Act (FIA)* to regulate the commercial sale and processing of fish intended for human consumption. Additionally, the MNR also plays an important role in the enforcement of certain legislation administered by OMAFRA through a broad Cooperative Agreement and a Service Level Agreement between the two ministries.

The MOHLTC administers legislation concerning the delivery of food safety programs and services by Boards of Health in Ontario. Its authority is provided in the *Health Protection and Promotion Act* and *Ontario Regulation 562/90 (Food Premises)*. The MOHLTC is responsible for the protection of public health and sets food safety standards and policies for food premises to:

- Ensure that food is stored, prepared, served and distributed in a manner consistent with accepted public health practice
- Stop the sale and distribution of food that is unfit for human consumption by reason of disease, adulteration, impurity or other cause.

Its role in food safety inspection is delegated to the 36 local health units and in the normal course, the inspection of food premises is undertaken by Public Health Inspectors under the direction of the local Medical Officer of Health.

In addition to enforcing the *HPPA* and the *Food Premises Regulations*, authority is provided under the *City of Toronto Act (COTA)* for Toronto to pass bylaws to regulate businesses operating in the City. *Municipal Code -545 (Licensing)* was therefore amended to allow TPH to implement a unique Food Safety System in 2001, designed to reduce the risk of foodborne illness in Toronto. The Toronto Food Premises Inspection and Disclosure System, the first of its kind in Canada, enhanced the concept of combining inspection processes and outcomes with full public disclosure. The disclosure of inspection results occurs through on-site posting of Inspection Notices, provision of Food Safety Inspection Reports and the posting of inspection results on the *DineSafe* web site at (www.toronto.ca/fooddisclosure).

Based on the Toronto system, infractions under the *Food Premises Regulation* are divided into three categories according to the severity or imminence of the health risk they present. Minor infractions present minimal health risk and must be corrected by the next routine compliance inspection. Significant infractions present a high risk of developing into a health hazard if left uncorrected, while Crucial infractions indicate an immediate health hazard. If no infractions or only Minor ones are identified during an inspection a Pass (Green Inspection Notice) is issued to the owner/operator along with the Food Safety Inspection Report indicating the findings. Significant infractions will result in a Conditional Pass (Yellow Notice) while Crucial infractions result in a Closed Order (Red Notice). Whenever a Conditional Pass is issued a re-inspection is conducted within 24-48 hours to determine if the infractions were corrected. The owner/operator is required under *Municipal Code 545- Licensing* to post the Inspection Notice at a conspicuous place at or near the entrance of the premises. Similarly, owners/operators are required to produce the most recent inspection report to any person requesting same. Details of the inspections including any enforcement actions are posted on the *DineSafe* website on a daily basis. In addition to the various search options, the website provides food safety information, facilitates online registration for Food Handler Training and Certification and has an email component (Dinesafe@toronto.ca) for public complaints and requests. The inspection and disclosure functions are supported by a Food Safety Hotline (416-338-FOOD).

Staff Training and Professional Development

There are 80 Public Health Inspectors and 6 Managers in the food safety program. Other categories of staff, including clerical staff, program evaluators, information analyst and Information and Technology staff, provide supporting and specialized roles to the program. The majority of the Public Health Inspectors (PHIs) are graduates from the Bachelor of Applied Science, Environmental Health (Public Health) Program at Ryerson University. PHIs also require certification by the Board of Certification of the Canadian Institute of Public Health Inspectors. That certification denotes a level of competency in the key knowledge and practical application of public health inspections, investigation and enforcement actions. Their areas of competency include food safety and PHIs are now required to obtain a specific number of Professional Development hours annually to maintain their certification. The Canadian Institute of Public Health Inspectors (CIPHI) has a Professional Development Model that provides a process for monitoring, tracking, and reporting competency and professional development hours and activities for Public Health Inspectors.

TPH has a staff professional development process to ensure currency and to facilitate staff in achieving the requirements for continued certification. The process is supervised by a Professional Development Coordinator, who is a member of the Quality Assurance Team, and is responsible for arranging in-house in-service training sessions and identifying other relevant continued education opportunities for staff. Additionally, the budget has provision for staff to attend various educational conferences, workshops and seminars.

Use of HACCP Principles

Local public health units are required by the Ontario Public Health Standards to implement integrated food safety management systems utilizing hazard identification and risk-based approaches for food premises. The system should include: a risk categorization process to determine the risk level, inspection frequency and any other required food safety strategy; an inspection process to determine compliance with the related regulations; and an annual monitoring and evaluation process to assess and measure the effectiveness of food safety strategies. Since all establishments do not present the same risk of causing foodborne illness, priority attention is paid to those premises that are at a higher risk. A standardized Risk Assessment Tool is therefore used to assess and classify food establishments into three categories to determine the annual inspection frequency (Figure 1).

Local Boards of Health are also required to incorporate HACCP-based principles in assessing safe food-handling practices, compliance inspections, management consultations, and on-site food safety education. There is also a requirement to promote the adoption of food safety management strategies including the identification and monitoring of CCPs among operators of High and Moderate risk food establishments. In addition to complying with these specified provincial requirements, TPH conducts HACCP Audits when investigating foodborne illness, even though such audits are not mandated under the Standard or Protocol. In 2009, all Toronto Public Health PHIs and Managers received training in the application of HACCP at the foodservice level. This training was based on the American Society for Quality (ASQ) HACCP training module and is equivalent to that of Certified HACCP Auditors.

Figure 1: Risk Assessment Tool



Toronto Public Health - Annual Food Premises Risk Assessment Designation

Establishment Name: _____ Code: _____ Risk: _____

Address: _____ Unit: _____

PHI Name: _____ Date: _____

Risk Assessment Criteria: The following information can be used as a guideline for setting criteria for high, medium and low risk premises designation. The key principles and the exceptions described under each risk heading must be used.

High Risk: premises which prepare hazardous food and meet at least one of the following criteria:

- | | | |
|--|-----|----|
| -serve a high risk population based on age or medical condition (nursing homes, hospitals, homes for the aged, residential facilities, full menu day nurseries..... | Yes | No |
| -use processes involving many preparation steps (storage, defrosting, preparing, cooking, hot holding, cooling, slicing/deboning/mixing, reheating and serving) and foods (3 or more) frequently implicated as the cause of food borne illness (e.g. full menu restaurants, large banquet facilities, large catering operations..... | Yes | No |
| -implicated or confirmed as a source of food borne illness/outbreak..... | Yes | No |

Exceptions

- | | | |
|---|-----|----|
| -food premises which were designated as low or medium risk but confirmed or implicated with a food-borne illness/outbreak since the designation, will be categorized as high risk for at least one year and longer if the risk for disease has not changed..... | Yes | No |
|---|-----|----|

However, no food premises can receive a low risk assessment by applying these criteria

Medium Risk: premises which meet one or more of the following criteria:

- | | | |
|---|-----|----|
| -prepare hazardous foods without meeting the criteria for high risk (fast food restaurants, submarine and pizza shops)..... | Yes | No |
| -prepare non-hazardous foods with extensive handling or high volume (Bakeries)..... | Yes | No |

Exceptions:

- | | | |
|--|-----|----|
| -hospital kitchens that serve food prepared by commissaries have fewer preparation steps – such premises would be considered medium risk..... | Yes | No |
| -food premises with staff trained to a level meeting the requirements of the Ministry of Health Food handler Training Protocol, and no history of a linked food-borne illness/outbreak for at least one year and confirmation of successful HACCP implementation (no infections critical to food safety), could benefit with a lowered assessment from high to medium..... | Yes | No |

However, no food premises can receive a low risk assessment by applying these criteria.

Low Risk: Premises which do not prepare hazardous food but meet one or more of the following criteria:

- | | | |
|--|-----|----|
| -serve pre packaged hazardous foods..... | Yes | No |
| -prepare and/or serve non-hazardous foods, without meeting the criteria for medium risk..... | Yes | No |
| -used as a food storage facility for non-hazardous foods only..... | Yes | No |
| -where public health concerns primarily relate to sanitation and maintenance..... | Yes | No |

Comments: _____

Quality Assurance

Toronto Public Health, like other agencies, faces an increasing demand from various stakeholders for accountability and committing fully to meeting expectations. Additionally, the Ontario Auditor General has repeatedly identified a lack of clear accountability mechanisms, including performance reporting, as a serious gap for the public health system. Furthermore, in a 2000 review of the Toronto Food Inspection program the Toronto City Auditor determined that there was a high risk of health and legal implications to the City as a result of inconsistent practice and the absence of a quality assurance process. In response to this the Healthy Environments Quality Assurance program was implemented in 2001 with an initial focus of supporting the food safety program to ensure consistency in inspection and enforcement activities. The aim of the Quality Assurance Program is to meet or exceed customer expectations based on the dimensions of service quality including: timeliness, time, completeness, consistency, accuracy, accessibility and responsiveness. The Healthy Environments Quality Assurance program therefore ensures the timely assessment of the food safety program and identifies opportunities to improve consistency, effectiveness and efficiency in service delivery. This is in keeping with the Unit's Mission Statement: *"We provide guidance and assistance in quality, technical, informational, and process improvement for our internal customers in order to enable them to provide a service that meets or exceeds customer expectations"*. Management commitment, training and professional development for staff, an effective communication system, standardized policies and procedures, information technology and adequate resources are important components of the program. The quality assurance team conducts periodic record reviews, joint inspections with field staff, and productivity and performance audits to ensure completeness, accuracy and adherence to established policies and procedures. The unit also conducts periodic customer satisfaction surveys with both internal staff and external clients. Quality management tools such as Pareto Analyses, Run Charts, 5S techniques and the Ishikawa Diagram (Cause and Effect) are utilized by the team. The unit participates in regular in-service training programs for staff including the understanding of established policies and procedures, forms completion principles, legal and enforcement procedures. All relevant materials are posted on the Healthy Environments intranet site and where possible self learning modules are developed and exported to desk top computers used by staff. The program also has an orientation program for students and new staff.

The quality assurance activities are supported by an advance data management system, the Toronto Healthy Environments Information System (THEIS). The database ensures that operational data can be captured consistently, provides quick and easy access to up-to-date and reliable reports, and facilitates the daily updating of the *DineSafe* website. There are several standard food safety reports available in THEIS that are used by staff and managers to track progress, time and activity tracking and to provide program data for various stakeholders (Figure 2). Ad hoc reports can also be generated from the system and a new enhancement is being done to add a GIS interface.

Figure 2: THEIS Food Safety Reports

THEIS REPORT #	FOOD SAFETY REPORT NAME
HE0001	Uninspected Premises Listing By Risk
HE0002	Daily Count Of Inspections Completed
HE0004	Total Number Of Premises By Subtype By Region
HE0005	Total Number Of Premises By Risk By Region By Map
HE0006	Total Number of Inspections By Area - Inspector
HE0007	Eat Smart! Eligible Premises
HE0008	Master Establishment List By SubType
HE0009	Premises Not Inspected Since January 2001
HE0010	List of 'Problem' Premises
HE0012	Mailing Labels
HE0013	Avg Insp Time by PHI-Process-Risk
HE0015	Avg Insp Time by PHI-Insp Result
HE0016	Avg Inspection Time By Area
HE0017	To Do List
HE0018	Re-inspections Summary
HE0019	Total # of Inspected Premises By Subtype
HE0020	Completion Rate Summary (Excluding Seasonal)
HE0021	Master Establishment List By Manager
HE0022	Re-inspection Not Yet Completed
HE0023	Reinsp That Took More Than 2 Days By Insp
HE0024	Audit Report
HE0025	Compliance Rates Summary
HE0026	Common Infractions Summary - Total
HE0027	Common Infractions Summary by Category
HE0028	Master List of Infractions
HE0029	Prosecutions Detail Listing
HE0030	Prosecutions – Outcome Summary
HE0031	Complaints Analysis Summary (Part 1)
HE0032	Complaints Analysis Summary (Part 2)
HE0033	Requests & Inquiries Summary (Test)
HE0034	Special Events Summary
HE0035	Pilot Project Team Inspections
HE0036	Extended Re-Inspections Listing
HE0038	HE New Premises
HE0039	Municipal License Status
HE0040	HE New Premises by Risk
HE0041	Municipal License Status by Risk
HE0042	Prosecutions Detail Listing by Risk
HE0043	Master Establishment List – Seasonal Premises
HE0044	Uninspected Premises Listing – Seasonal Premises
HE0045	Count Of HACCP Compl Insp
HE0046	High Risk Premises with No HACCP Inspection
HE0047	Count Of HACCP Compl Insp Summary
HE0048	Count of Risk Assessment Insp
HE0049	Crucial Infraction – Notice to Comply
HE0050	Crucial Infraction – not Notice to Comply
HE0053	HE Audit Report
HE0120	Completion Rate Summary For Seasonal Premises

Investigation and Response to Complaints and Emergencies

TPH investigates all reports of suspect and confirmed communicable diseases that may be transmitted through food. Where appropriate, a thorough epidemiological investigation is conducted to determine if cases are linked. When an outbreak is identified, potential cases are followed up to determine if they are part of the outbreak, and staff collect food samples for laboratory testing, enforce food recalls, examine food handling practices in premises and ensure the disposal of any unsafe food. TPH has an internal policy and service standard whereby all complaints are responded to within 24 hours or by the next working day. Adherence to this requirement is tracked through a standard report from the THEIS database. Furthermore, as mandated by the Ontario Public Health Standards, TPH food safety staff are available on a 24/7 basis to receive reports and respond to food safety issues on a timely basis. TPH has its own Call Centre, Toronto Health Connections, while complaints and requests for service can also be sent through the *DineSafe* email portal (dinesafe@toronto.ca). Residents of Toronto may choose to call 311 for all City of Toronto services. Complaints, request for service and inquiries are entered in the THEIS Call Centre and cascaded to the respective HE staff for investigation and feedback.

The investigation of a foodborne illness outbreak may require the involvement of more than one agency. In addition to Toronto Public Health, other agencies such as the Canadian Food Inspection Agency, Health Canada, OMAFRA and the MOHLTC may be involved in the investigation. Accordingly, a multi-agency coordination is required between agencies and their staff to optimize the effectiveness of an investigation. Various agreements, Memoranda of Understanding and committees have been established to facilitate the required inter-agency coordination. These include: the Foodborne Illness Outbreak Response Protocol, which is the principal document to guide multi-agency response; the Outbreak Investigation Coordinating Committee; Ontario Multi-Agency Foodborne Outbreak/Food Recall Working Group; and the Ontario Outbreak Investigation Coordinating Committee. Toronto Public Health is represented on all the relevant committees. Resources such as the Traceback Traceforward Investigation of Foodborne Illness, Food Premises Plant Investigation, Food Recall, Laboratory Investigation, and Communication Guidance Documents, are utilized by TPH when conducting such investigations.

Compliance and Enforcement

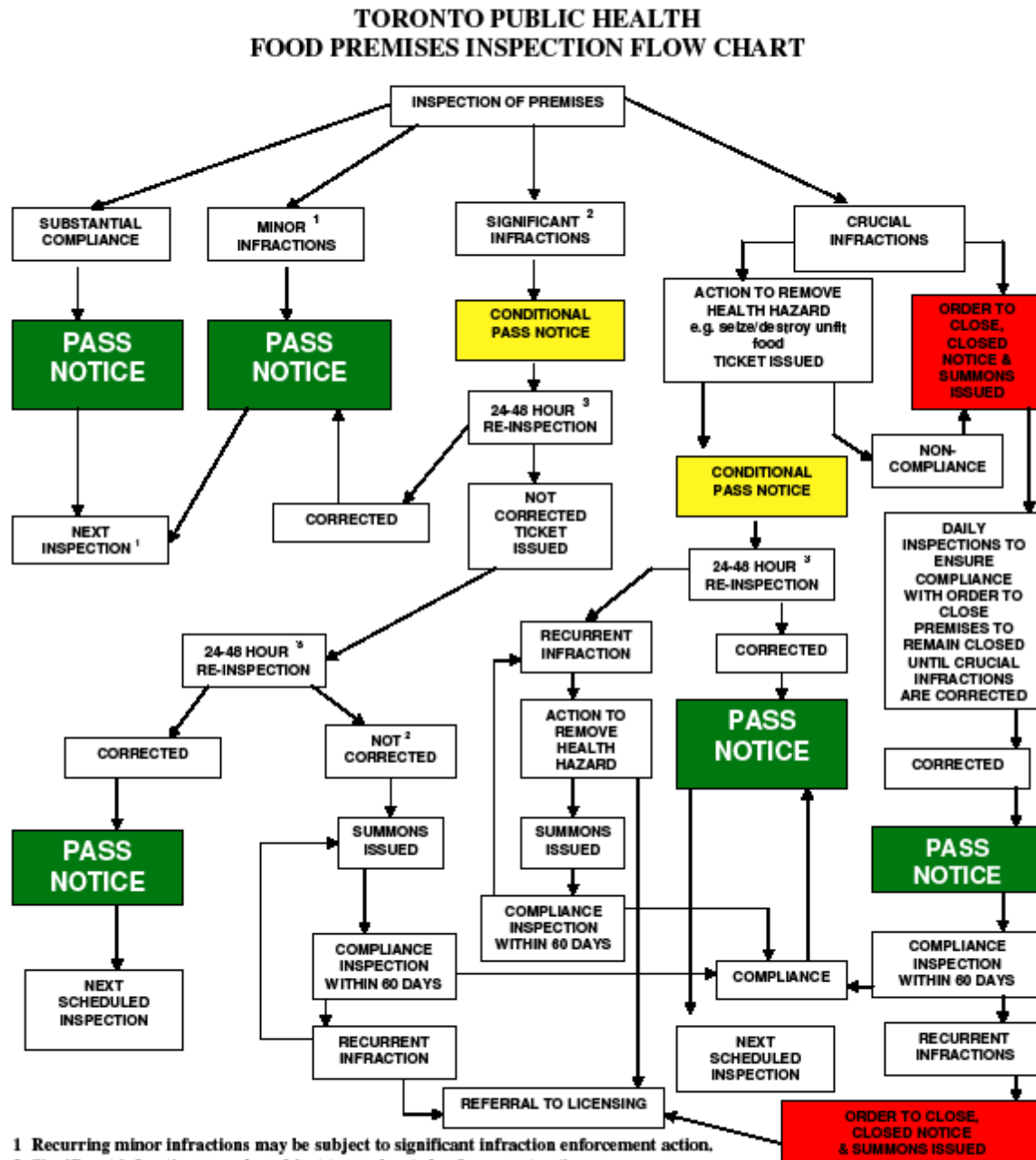
Food establishments in Toronto are expected to be in compliance with the requirements of provincial legislation at all times. Inspectors conduct unannounced compliance inspections of approximately 17,000 food establishments annually. When infractions are identified, written instructions are given to the owner/operator outlining the required actions to be taken within a specified timeframe to correct deficiencies. A progressive enforcement approach is used to address non-compliance whereby a ticket is issued if infractions are not corrected at the time of a first re-inspection. This escalates to a summons if there is non-compliance at the time of the next re-inspection. Closures that are enforced due to the presence of a health hazard result in automatic issuance of a summons and an order under the *HPPA* to abate the health hazard.

The *HPPA* also gives a PHI power to: destroy or dispose of the food without further examination or investigation, if the PHI, upon reasonable and probable grounds, is of the opinion that the condition of the food is a health hazard; or issue a written order to require a person to take, or to refrain from taking, any action that is deemed to be or to cause a health hazard. PHIs tend to reserve summonses for more severe violations or situations, whereas provincial offence notices are used for infractions with set fines. Justice Haines, in his report on the review of the Ontario Food Safety system in 2004, commented of the TPH Legal and Enforcement Policies and Procedures and Operational Binder and recommended it as a benchmark for other Ontario Health units. Since then TPH staff have been assisting with training in other health units.

To ensure consistency in inspection and enforcement activities, a flow chart was developed to be used as a guide by Public Health Inspectors (Figure 3). There are various THEIS Reports that can be used to monitor adherence to the guidelines.

Figure 3: Food Disclosure Flow Chart

September 20, 2000



1 Recurring minor infractions may be subject to significant infraction enforcement action.

2 Significant infractions may be subject to accelerated enforcement action.

3 Re-inspections would normally occur within 24-48 hours depending on the infractions noted. In some circumstances a re-inspection would occur within hours. In situations where additional time is needed the PHI, in consultation with their Manager may extend the time period for compliance.

4 ALL NOTICES WILL INCLUDE THE STATUS FROM THE PREVIOUS INSPECTION AND INDICATION OF ANY ENFORCEMENT ACTION

Evaluation

Public health agencies are increasingly recognizing the need to formally and quantitatively assess and improve the quality of their programs, services and policies. Events in Ontario such as the Walkerton contaminated water crisis, SARS and West Nile Virus have reinforced the critical role of public health and the importance of assessing performance and accountability. The Food Safety Standard and Protocol therefore require Boards of Health to have monitoring and evaluation processes to annually assess and measure the effectiveness of food safety strategies. Furthermore, modern society presents new food safety challenges and the public health sector must be able to assess its ability to respond to these new demands.

In order to assess the efficiency of the Food Premises Inspection and Disclosure System, a comprehensive, multi-phase evaluation project was conducted in 2003. An Advisory Committee, which included food safety experts from external academic institutions, was established to oversee the process which consisted of four main components: a public opinion poll, internal data analysis, internal manager/staff consultation and an owner/operator survey. The results of the evaluation indicated that the program is highly valued, and well supported by 98% of the public and a majority (71%) of the owners/operators surveyed. There were also indications that the inspections were timely, fair and impartial. Furthermore, data analysis indicated increased compliance and continuous improvements in food safety practices as a result of the program and the public feels safer and better informed. These findings were supported by a Superior Court of Ontario ruling indicating that all premises were treated equally under the program. The Court further ruled, in response to a legal challenge from the Ontario Restaurant Hotel and Motel Association, that the Toronto Municipal Code requiring the onsite posting of the inspection notices was legally constituted.

Communication and Information Exchange

There are requirements in the Food Safety Protocol for Boards of Health to provide food safety information and educational material through various media to assist in the safe preparation and handling of food. TPH utilizes various strategies to provide such information to the general community, teachers responsible for teaching food-related subjects, day nurseries, school nutrition programs, community food programs, farmers markets and community special events. The strategies used include the provision of food safety resource materials such as pamphlets and brochures in various languages in recognition of the diversity of Toronto's population. One such resource is a publication *How to Pass your DineSafe Inspection*, which is available in hard copies and also posted on the *DineSafe* internet site. This resource describes the *DineSafe* program in detail and provides various food safety tips in a section entitled *Seven Steps to a Pass* and was either mailed out to all food establishments or delivered by hand at the time of an inspection. Provision is made in the food safety budget for consumer education mainly focused on home food safety and strategies such as media advertisements and presentations at community events are used to provide information to the targeted audience.

In an effort to foster communication and information with the food industry TPH maintains excellent networking relationships with several industry groups such as the Ontario Restaurant Hotel Motel Association, the Toronto Chinese Association and the Ontario Korean

Businessmen's Association. Such relationships foster information exchange on food safety concerns or issues from either party and in most cases increase understanding and compliance. TPH for example has quarterly meetings with the ORHMA and provides regular updates on the most frequent infractions identified in specific food establishments. The ORHMA in turn includes such information in their industry Newsletter and encourage and assist their members to be in compliance. Similar relationships exist with other City of Toronto regulators with responsibility for food safety, provincial and federal agencies through inter- sectoral and or multi-agency working groups or committees. Additionally, the Board of Health is kept informed on food safety activities and issues in Toronto through the provision of Staff Reports such as *Food Safety in Toronto*, and *Food Premises with Repeated Non-compliance with Food Safety Requirements*.

TPH Healthy Environments program produces a quarterly Newsletter, *HE Review*, which has a significant amount of food safety information. The onsite disclosure of inspection results through the inspection notices and the inspection reports and the food safety hotline are other means used to communicate and share food safety information with various stakeholders. There have been several presentations on the program at various local, provincial, national and international conferences such as NEHA, the Canadian Public Health Association, the American Society for Quality (Toronto Chapter) and the Jamaican Association of Public Health Inspectors annual conference. TPH also hosts food safety delegations from various countries such as China, Japan, the US and the UK to discuss the *DineSafe* program. Additionally, there were three journal publications on the program while other published articles made references to it.

Part 111: Challenges, Objectives, Measurements, and Achievements

The goal of the Food Safety Program is to reduce the burden of foodborne illness. The Ontario Food Safety Protocol which is intended to assist in the prevention and reduction of foodborne illness provides direction to Boards of Health on the delivery of a local, comprehensive food safety management program. The major tasks and activities of such program include Surveillance and Inspection of food premises; Epidemiological Analyses of surveillance data; Food Handler Training and Certification; and Management and response including timely response to foodborne illness outbreaks and consumer complaints. Additionally, there are detailed requirements in areas such as reporting, enforcement actions, food recall, and food safety education. Furthermore, the Food Safety Standard lists both Societal Outcomes and Board of Health Outcomes that must be achieved by each local health unit, including reduced incidence of foodborne illness; reduced exposure to food that is unfit for human consumption; and timely detection and identification of foodborne illness, their associated factors and emerging trends.

Adhering to the provincial requirements can be very challenging and various strategies are used to achieve this and contribute to the overall goal of reducing foodborne illness. Three major food safety challenges that Toronto Public Health identified and sought to improve through its *DineSafe* program are:

- Reducing the potential for foodborne illness outbreaks linked to food establishments by increasing the rate of compliance with the Food Premises and other related legislation

- Conducting inspection of food establishments according to the frequencies mandated in the Ontario Food Safety Protocol
- Promoting Safe food handling practices by increasing the number of trained and certified food handlers onsite during hours of operation.

The first challenge, Compliance Rate, is directly linked to the goal of the Food Safety Standard, is a key performance measure in the TPH Service Plan, and can be used as an indicator of the program's effectiveness. Achieving the required Completion Rate is a mandate of the Food Safety Protocol and one of the key recommendations from a 2000 City of Toronto Audit Report. Food Handler Training and Certification on the other hand is an important City of Toronto initiative and a major factor in ensuring food safety. Similar to Compliance Rate, the last two are key performance measures in the TPH Service Plan.

Compliance Rates

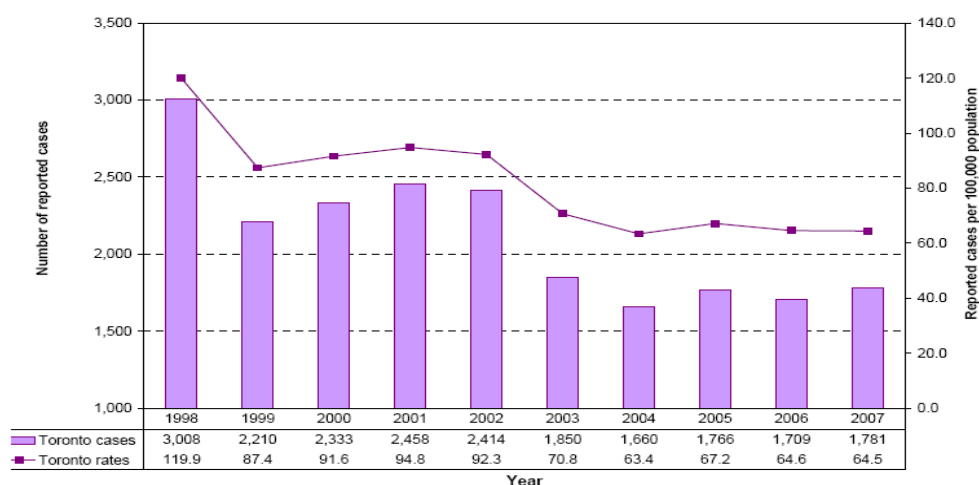
A series of articles in the Toronto Star in February and March 2000 entitled *Dirty Dining*, reported a lack of confidence in the food safety program that was in existence at that time. Concerns were being expressed not only by the media but also the public and other stakeholders and included lack of follow-up and enforcement action from Public Health in restaurant inspections, and the ability of that program to protect against foodborne illness. The health and economic significance of foodborne illness is highlighted by recent U.S. estimates of 76 million cases of illness, 325,000 hospitalizations, and 5,000 deaths every year. Furthermore, the WHO estimates that up to 30 per cent of the population in developed countries are affected each year. Up to 70 per cent of these illnesses are estimated to be linked to food establishments. The annual medical costs and productivity losses are in the billions of dollars. In Canada, the annual number of foodborne illnesses is estimated to be 2.2 million amounting to at least one billion dollars per year in health care, industrial and social costs. Of the foodborne illnesses (with known causes) reported in Ontario between 1993 and 1996, the majority of the outbreaks were associated with foods served in restaurants, catered events, and health care institutions, while most of the single, sporadic cases occurred due to unsafe food handling practices at home. Improper temperature control and the poor personal hygiene of food handlers are the two main causes of food poisoning in restaurants, catered events, and health care institutions.

In response to the concerns, on February 29, 2000, the Medical Officer Health requested the assistance of the City Auditor to review the Food Safety Program, a request that was subsequently formalized by a resolution of City Council. A restaurant "inspection blitz" was also initiated by Toronto Public Health on February 22, 2000, with the goal of inspecting all high and medium risk premises in the former Toronto within four months. Toronto Public Health also undertook a thorough examination of its Food Safety Program and accelerated the process of harmonizing the Food Safety Program policies and procedures from the six former municipalities. The City Auditor's report contained several recommendations aimed at enhancing the food safety program, including the need to increase the level compliance by food premises owners/operators. On May 29, 2000, The Board of Health approved the Toronto Public Health report "*Emerging Issues in the Food Safety Program and Options for a Food Premises Inspection Public Disclosure and Rating System for the City of Toronto*". This endorsement paved the way for the implementation of the *DineSafe* Program.

Significant foodborne outbreaks have continued to occur in Toronto in recent years, and their causes highlight the need for even more enhanced efforts in food safety. The number of cases of foodborne illness identified through the current public health surveillance systems is a significant underestimate of the true burden of illness. Using reportable disease data in Toronto, together with estimates from Canadian surveys and other research, a 2009 Toronto Public Health Staff Report to the Board of Health estimated the burden of foodborne diseases in Toronto to be an average of 437,093 cases per year, or one case among every six residents. The annual economic impact of foodborne illness in Toronto is estimated to range from \$476 million to \$587 million each year, including direct health care costs and loss of productivity.

However, the incidence of sporadic cases of foodborne illness has declined in the five year period between 2003 and 2007, coinciding with the increased compliance with food safety regulations resulting from the introduction of the *DineSafe* program (Figure 4). The number of cases in this period declined significantly from about 3,000 in 1998 to just below 1800 cases annually between 2003 and 2007. This incidence was about 30% lower than it was between 1998 and 2002.

**Figure 4: Number and incidence of sporadic cases of foodborne illness, by year.
Toronto, 1998 - 2007.**



Source: Toronto Public Health Staff Report, April 2009.

There are several factors that could contribute to that reduction, including improvement in compliance and the impact of having trained and certified food handlers. Since the implementation of the Toronto Food Inspection and Disclosure System, the level of compliance with food safety requirements has increased significantly from an estimated 50% in 2000 to over 90% in 2010. As shown in Table 2, the rate increased to 78% after the first year of the system with gradual improvement in subsequent years. Even more significant than the improved rate of compliance is the reduction in the percentage of crucial infraction each year. Crucial infractions

are more likely to be associated with foodborne illness and any reduction in those factors must be viewed as an important food safety achievement. In 2001, the first year of the program, crucial infractions accounted for 9% of the total infractions but gradually decreased annually to 4% in 2010 (Table 3). The majority of the infractions continued to be minor ones and there is a slight decrease in the ratio of infraction per inspection from 1.7:1 in 2001 to 1.4: 1 in 2010. The ratio of infraction to inspection is important in doing annual comparisons, as the numbers of inspections are not the same each year. The frequency of occurrence of the most common infractions in 2010 is provided in Figure 5.

There are a very small number of establishments with a history of repeated infractions and a number of conditional pass and/or closure notices in a twelve month period. There is no authority under the *Health Protection and Promotion Act* or the *Toronto Municipal Code, Chapter 545, Licensing*, to permanently close those food premises with repeated infractions. Provision is however included in the Toronto Food Inspection and Disclosure System for the referral of those premises to the Toronto Licensing Tribunal. The Tribunal is a quasi-judicial adjudicative body authorized under *Toronto Municipal Code 545, Licensing*, to hear evidence and submissions and to make independent decisions respecting whether a licence should be issued, refused, suspended, revoked or have conditions placed upon it. A total of 9 establishments were referred to the Tribunal over the last four years resulting in the revoking of two licences, and suspensions and conditions imposed on six. The licence of one of those 6 was subsequently revoked for non-compliance with the imposed conditions.

Table 2: Compliance Rates, 2001 - 2010

YEAR	INSPECTIONS	PASS	CONDITIONAL PASS	CLOSED	COMPLIANCE RATE (%)
2001	22,203	17,362	4,762	79	78.2%
2002	27,293	23,461	3,805	27	86.0%
2003	27,522	24,336	3,164	22	88.3 %
2004	28,421	25,990	2,395	36	91.4 %
2005	30,311	28,097	2,179	35	92.7%
2006	29,687	28,093	1,571	23	94.6%
2007	28,269	26,377	1,871	21	93.3%
2008	28,008	26,005	1,955	48	92.8%
2009	24,831	22,788	2,000	43	91.8%
2010	30,182	27,639	2,508	35	91.6%

	INFRACTION CATEGORY			Total	# of Inspections	Total Infractions/ Inspections (Ratio)
	Minor	Significant	Crucial			
2001	16,349 (42.2%)	18,788 (48.5%)	3,592 (9.3%)	38,729 (100%)	22,202	1.7
2002	15,818 (46.5%)	15,308 (45.0%)	2,893 (8.5%)	34,019 (100%)	25,921	1.3
2003	17,095 (48.1%)	16,153 (45.5%)	2,260 (6.4%)	35,508 (100%)	26,781	1.3
2004	13,891 (47.3%)	13,772 (46.9%)	1,687 (5.8%)	29,350 (100%)	26,572	1.1
2005	18,427 (47.6%)	18,285 (47.3%)	1,964 (5.1%)	38,676 (100%)	26,816	1.4
2006	15,139 (52.8%)	12,198 (42.5%)	1,354 (4.7%)	28,691 (100%)	28,068	1.0
2007	17,461 (53.7%)	13,470 (41.4%)	1,586 (4.9%)	32,517 (100%)	27,321	1.2
2008	19,207 (51.6%)	16,074 (43.2%)	1,933 (5.2%)	37,214 (100%)	28,008	1.3
2009	17,696 (50.8%)	15,437 (44.3%)	1,682 (4.8%)	34,815 (100%)	24,831	1.4
2010	21,450 (54.2%)	16,307 (41.2%)	1,788 (4.5%)	39,545 (100%)	30,191	1.3

The disclosure of inspection results and increased legal enforcement actions are also factors that impact on the level of compliance by owners/operators of food establishments. Results from the Owner/Operator component of the evaluation of the program indicated that respondents who had received a yellow sign reported greater change in food handling practices than operators that had not received a yellow sign. This shows that the yellow sign is an effective tool at improving food handling practices. Most respondents attributed the change and higher compliance to a "fear of the yellow inspection notice" which could have a negative impact on their business due to customer avoidance. Over the last 10 years, 6698 charges including tickets and summonses were served on owners/operators of food establishments for non-compliance with the various legislations. Based on a 78% conviction rate, owners/operators including corporations were fined \$1,272,856 (Table 4).

Figure 5: Number of Infractions by Category
2010

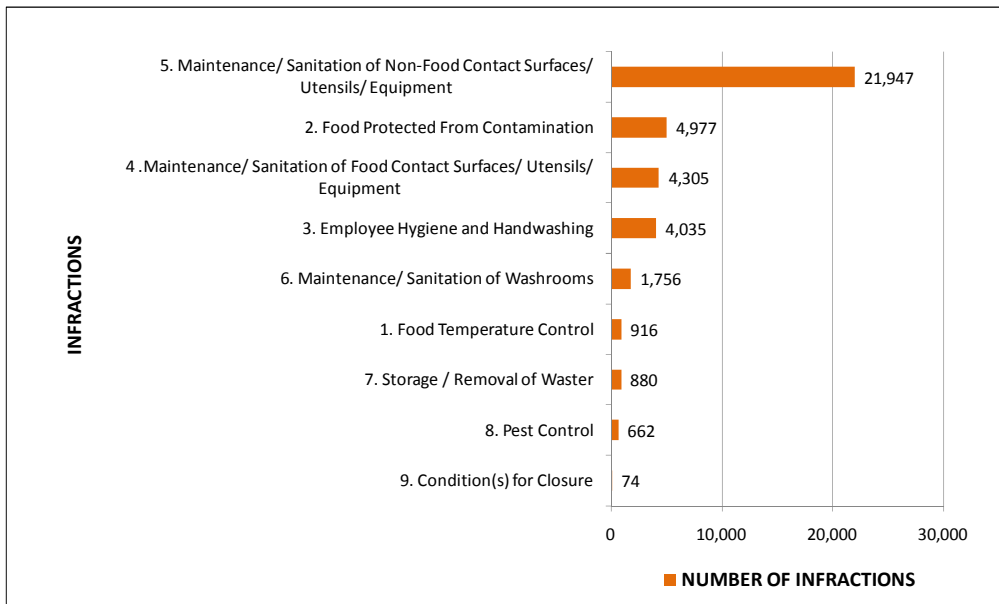


Table 4: Prosecution Detailed Listing
2001 To 2010

Year	Charges	Concluded	Conviction	Conviction Rate	Fine
2001	700	467	311	67%	\$278,740.00
2002	731	416	342	82%	\$109,611.75
2003	842	359	298	83%	\$100,305.00
2004	540	181	163	90%	\$86,445.00
2005	612	188	155	82%	\$65,282.50
2006	639	184	156	85%	\$85,143.00
2007	576	183	157	86%	\$77,060.00
2008	642	411	316	77%	\$179,179.50
2009	481	273	207	76%	\$189,182.00
2010	935	352	241	68%	\$101,907.50
Total	6698	3014	2346	78%	\$1,272,856.25

Completion Rates

A site specific assessment, using the Risk Assessment Tool, is conducted as a component of the first annual inspection to determine the risk status for each establishment and the associated inspection frequencies as mandated by the Food Safety Protocol. Those premises that are assessed as high risk establishments require three annual inspections, while moderate risk ones require two inspections and low risk premises at least one per year. Other inspections are required to address unsafe food handling practices, issues of non-compliance, investigation of foodborne illness and consumer complaints. In Toronto there are 5616 High Risk premises, 7180 Moderate Risks and 4325 Low Risk ones. A total of 40, 225 inspections will therefore be required to ensure 100 per cent completion rate in all three risk categories. A major challenge for the food safety program is therefore the requirement to inspect all the food premises in the City in accordance with the requirements of the Protocol, thus achieving the 100% Compliance Rate.

A number of program issues were contributing to the difficulty in meeting the provincial inspection frequencies. These included:

(A) Competing work demands:

The Healthy Environment Service is responsible for a wide range of programs and services, from food premises inspection to rabies investigation. The large number of services and responsibilities can be generally categorized as either “food” or “non-food” related. As the Food Safety Program contained the largest pool of PHIs within Healthy Environments, re-allocation of inspection resources originally designated for food safety was inevitable whenever a short-term program/service need is identified.

(B) Increasing workload:

Compared with the traditional inspection routine, which tends to focus on physical appearance and cleanliness, Hazard Analysis Critical Control Point based inspections can be more time-consuming and labour intensive, at least during initial implementation. The staff resources required for approval and inspection of special events have also increased significantly.

(C) Limited ability to track work due to inadequate data management system.

To date, Toronto’s Food Safety Program is still unable to meet the provincial minimum inspection requirements. However, Figure 6 indicates a gradual improvement in the completion rates since 2001, the start of the *DineSafe* program. Several strategies were used to achieve the improved rates, including:

- The adoption of a program focussed model with a specific number of staff assigned to food safety program activities. The number of staff was based on the number of inspections to be completed and the average time required for each inspection.
- Development of an advance database, the Toronto Healthy Environments Information System (THEIS), to track inspections and assist with work planning (To Do List).
- Provision of various canned reports such as the Completion rate Report, to track progress (Table 5)

- Introduction of a quality assurance process, technical support for field staff, and standardized policies and procedures.
- The introduction of a wireless device to document inspection findings thus automating some processes and reducing inspection time for each establishment. A reduction in the average inspection time results in more time to conduct additional inspections.
- Time and Activity Tracking application to better monitor and manage time.

Where it is determined that a 100 per cent completion rate would not be achieved, priority is given to high and moderate risk establishments, with low risk ones mainly done in response to complaints. Every effort is made to ensure that each high and moderate risk establishment is inspected at least once during the year. A six week labour disruption and staff re-assignment to H1N1-related activities in 2009 significantly impacted the rates for that year. In 2010 an attempt was made to inspect those low risk establishments that were not inspected in two or more years. In an effort to boost the rates in 2011, TPH was able to obtain one time additional funding from the province. Staff will be able to work overtime with a focus on those establishments that operate only at nights or on week-ends.

Figure 6: Completion Rates

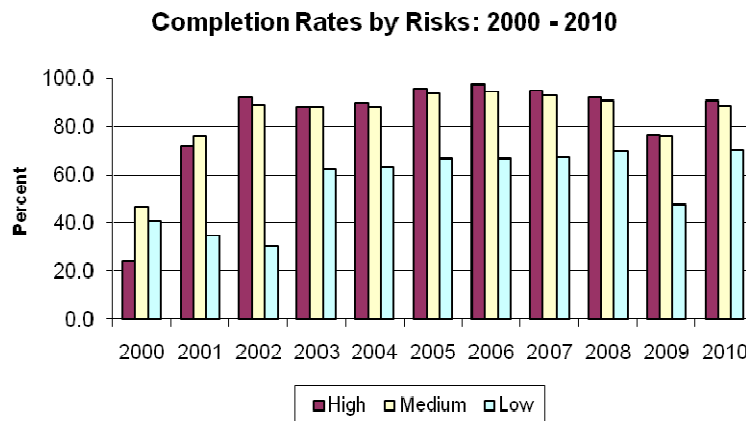


Table 5: Example of THEIS Food Safety Report

COMPLETION RATE SUMMARY

(Excluding Seasonal Premises)

From: Jan-09-2010 , To: Dec-31-2010, Risk: HIGH, Trimester: TRIMESTER - 3

Summary Report

MAP #	# OF PREMISES	OF COMPLETE	COMPLETE	% EXPECTED	# TO BE	% END
		INSP	OF TOTAL		INSPECTED	PROJECTION
East	DWHARTO					
TOTAL	757	755	99.7 %	299.2 %	2	33.3%
TOTAL	757	755	99.7 %	299 %	2	33.3%
North	WSAXLER					
TOTAL	992	958	96.6 %	299.2 %	34	32.3%
TOTAL	992	958	96.6 %	299 %	34	32.3%
South	JTCHAN					
TOTAL	1061	1059	99.8 %	299.2 %	2	33.4%
South	RCOLVIN					
TOTAL	744	744	100.0 %	299.2 %	0	33.4%
South	SLYCHOW					
TOTAL	795	782	98.4 %	299.2 %	13	32.9%
TOTAL	2,600	2,585	99.4 %	299 %	15	33.2%
West	GLAWRENC					
TOTAL	934	932	99.8 %	299.2 %	2	33.4%
TOTAL	934	932	99.8 %	299 %	2	33.4%

Food Handler Training and Certification

The provincial Food Safety Standard requires public health units to ensure that food safety training programs are available to food handlers and to promote certification. However, it falls short of requiring mandatory certification food handlers. In the absence of provincial food handler training and certification legislation, and in recognition of the association between certified food handlers and increased compliance, in 2006 the City of Toronto amended *Municipal Code 545 -Licensing and Chapter 441, Fees*, respecting food handler certification. Subsection 545-5G (17) of the Municipal Code states that "every owner or keeper of an eating or drinking establishment shall ensure that there is, at all times when the establishment is operating, at least one certified food handler working in a supervisory capacity in each area of the premises where food is prepared, processed, served, packaged or stored". Figure 7 describes an analysis done by TPH to support the request for the bylaw amendment. Furthermore, at least two published studies using *DineSafe* data found that premises with at least one food handler were more likely to pass their initial inspection than those without.

The Food Handler Certification requirements of the Municipal Code are not limited to High and Moderate Risk establishments but also includes Low Risk ones, thus it goes beyond the provincial mandates. A five year phased-in compliance strategy was implemented whereby High Risk establishments were the first ones required to be in compliance followed by Moderate Risks and finally Low Risks. Currently, Toronto Public Health provides four different routes to certification:

(1) In-class Sessions

Participants attend either a full day or two half days class sessions (a total of six hours), with a certified Public Health Inspector as the instructor. At the end of the course, participants write a multiple choice examination and need to achieve at least 70% in order to pass. The examination may be administered in an oral format to accommodate participants with special needs (i.e. language or literacy). An appointment is required for such accommodations. Currently each participant is charged \$75 to cover the cost of a manual, a thermometer, a wallet and a page-size certificate. Participants are allowed one free rewrite, to be done within six months, when unsuccessful on the first examination.

(2) Exam Session

This option allows participants to study the course materials on their own time and then take the examination. For \$30 plus tax, the participant will receive a wallet and a page-size certificate upon passing. The free rewrite option is also offered to these participants.

(3) Group course sessions

This is a hybrid between the six-hour in-class study and the home study option, and is offered onsite at the request of food premises operators. The participants then write the examination. A minimum of 20 persons are required for these sessions.

(4) Accreditation

External institutions can also deliver the training and examination if they are accredited by TPH where the Medical Officer of Health is satisfied that the program is equivalent to the Toronto Public Health Food Handler Certification Program. A fee of \$300 is charged for the accreditation which lasts for five years.

In addition to the certification courses, Toronto Public Health provides basic food safety training through a variety of workshops and other formats, such as the annual food safety training for caregivers in child care centres and training for special events food handling personnel. These workshops usually vary from one to three hours and can be conducted at the workplace of the course participants (e.g. child care centres, restaurants). They are free of charge and have no examination (thus are not for certification purpose).

There are numerous benefits for Toronto Public Health to provide the training course. For example, maintaining a low fee schedule will encourage more people to obtain the training, and Public Health can ensure that the course material is up-to-date and relevant.

Toronto Public Health's 6-hour course curriculum is recognized by the Canadian Institute of Public Health Inspectors (CIPHI) and is currently being used by several health units across the Province. Still, improvements can be made by incorporating principles of adult learning such as more hands-on activities and visual aids. Toronto Public Health will also explore partnership development with various ethno-cultural organizations to produce and deliver the training course in different languages. A survey of food premises operators was conducted to determine the number of certified food handlers, languages of choice and other potential barriers for people attending the training course.

As shown in Table 6, a total of 64,366 Food Handlers were trained and certified by TPH since 2000. This is in addition to other food handlers trained through accredited institutions or their own in-house training programs. Since the enactment of the bylaw in 2006, a total of 33,204 Food Handlers were certified by TPH while 12,400 certificates were issued to persons trained by accredited institutions. An effort is being made to significantly increase the numbers for 2011 through a one time funding from the province. Additional classes will be provided and persons from low income high priority neighbourhoods and those working in institutions such as Food Banks, who cannot afford the fee, will be go through the process at no cost to them. A total of 28 additional classes will be held thus resulting in the training of 350 food handling staff. As previously noted, the program is a City of Toronto initiative that does not receive provincial funding. An obvious challenge therefore is to maintain the program even on a cost recovery basis. Another challenge being faced by the program is limited IT support to facilitate speedy processing of exams, issuing certificates, and processing payments. These are being addressed through a special IT enhancement project that is near completion.

Figure 7: Impact of Food Handler Training and Certification

Impact of Food Handler Training on Food Safety Inspection, January – December 2002

Sylvanus Thompson and Olayemi Kadri

The 2002 inspection data from 5,419 food premises was analysed to determine the relationship between Food Handler Certification and getting a Pass Inspection Notice. Of this number, 1,527 premises (27.8%) had at least one Certified Food Handler, while 3,964 premises (72.2%) had none. The inspection results were analysed to determine the type of Inspection Notice that was issued to those premises on the initial inspection. The data was further analyzed using chi-square test statistics to determine if there was an association between the two variables.

A statistically significant relationship ($p = .000017$) was found, suggesting that there is an association between having at least one certified food handler working in the food premise and getting a Pass Inspection Notice. In other words, food handling premises with at least one certified food handler are 1.4 times (OR = 1.4, 95% CI: 1.2 – 1.6) more likely to receive Pass Inspection Notices on the initial compliance inspections than premises without a certified food handler.

Investments in food handler training programs have long term positive implications that translate into internal efficiencies for Public Health because fewer re-inspections are likely required. Furthermore, educated food handlers and effective inspection programs can reduce the incidence of high risk practices which can lead to foodborne disease outbreaks, thus protecting the public health and welfare of the dining public.

Relationship between Food Handler Certification and getting a Pass Inspection Notice, January – December, 2002

CERTIFIED FOOD HANDLER	PASS INSPECTION NOTICE				TOTAL	
	Yes		No			
Yes	1,204	78.8	323	21.2	1,527	(27.8%)
No	2,902	73.2	1,062	26.8	3,964	(72.2%)
TOTAL	4,106	74.8	1,385	25.2	5,491	(100.0%)

$$[\chi^2 (1 \text{ df, } n = 5,491) = 18.6, p < 0.000017; \alpha = .05; \text{OR} = 1.4, 95\% \text{ C.I. } 1.2 - 1.6]$$

Table 6: Number of Trained Food Handlers, 2001 – 2010

Year	Number of Certified Food Handlers
1996	87
1997	293
1998	500
1999	630
2000	2,210
2001	3,832
2002	4,522
2003	3,000
2004	5,361
2005	5,600
2006	7,125
2007	9,481
2008	7,261
2009	7,319
2010	7,145
Total	64,366

Part IV: Program Sustainability

After 10 years of operation, the *DineSafe* program is well institutionalized and valued in Ontario, other parts of Canada and even countries outside of North America. The program is valued by the general public and has the support of owners/operators of food establishments. Furthermore, the new Ontario Food Safety Standard and Protocol have requirements such as public disclosure, training and reporting that are already incorporated in *DineSafe*. The Toronto Food Inspection and Disclosure System, with its various components is therefore oftentimes seen as the benchmark for what a comprehensive food safety program should be. Other Health Units in Ontario have even sought permission to use the *DineSafe* brand in naming their food safety programs. The National Collaborating Centre on Environmental Health will be listing the *DineSafe* program in the first Canadian Environmental Health Atlas as one of the great public health achievements. In recognition of its significance, the *DineSafe* program won a Gold Award for public sector excellence at the 2005 Public Sector Quality Fair (PSQF), a province-wide showcase for service excellence in the broader public sector across the Province of Ontario. It gives exceptional public service initiatives the opportunity to be recognized for their achievements as well as an opportunity to network and learn from other service quality practitioners (Figure 8). An iPhone Application using data from the *DineSafe* website was built by a private company while TPH is partnering with another firm to enhance the website's search capabilities including links to Google Maps. Every effort is thus being taken not just to sustain the program but to continually enhance and improve it.

Special funding is currently being sought from the MOHLTC to conduct another evaluation of the program in an effort to identify areas for improvement. The plan is to again incorporate a public opinion poll and an owner/operator survey in the evaluation process. A 3 year Healthy Environments IT Capital Project that includes enhancements to the THEIS database, the roll out of an improved wireless device, *Mobile Pal*, to PHIs and a GIS interface is currently taking place. The project is fully funded and includes provision for technical IT support and training of food safety staff even after its completion. Another HE IT Capital Project is also being done to improve the reporting capabilities of the program through the provision of a new interface with additional canned reports and the ability for program staff to run ad hoc reports. These enhancements will improve TPH's ability to report on all the common data elements required by the province.

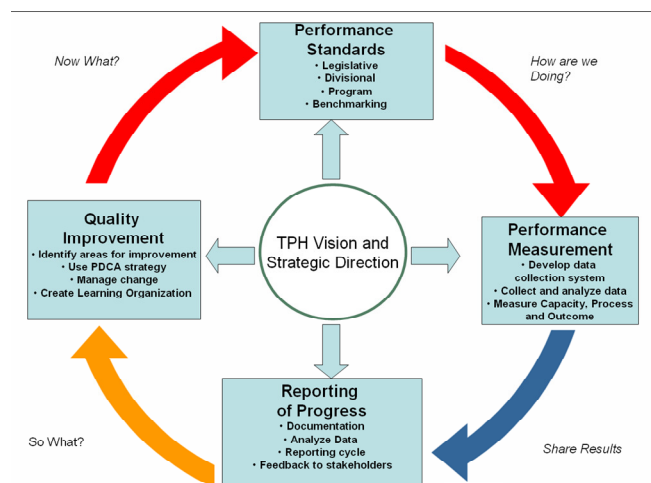
Toronto Public Health is moving towards the implementation of a Divisional Performance Management Framework that includes the establishment of program performance standards, their related performance measures, reporting capabilities and plans for continuous quality improvement (Figure 9). Each program area, including Food Safety, is required to develop Service Plans and Operating Plans with annual targets, indicators and the strategies to achieve them. The resources required to complete the proposed tasks are included in the plans to ensure sustainability and plans are in place to boost the staff complement by hiring summer public health students. In most cases the Operating Plans are tied to the budget being requested for the upcoming year and where applicable business cases are developed to secure additional program funding and to avoid cuts.

Figure 8: Gold Award – 2005 Public Sector Quality Fair



Figure 9: TPH Performance Management Framework

TPH Performance Management Framework



List of Appendices

Relationship between Sporadic Foodborne illness and Compliance Rates, 2001- 2010

Relationship between Sporadic Foodborne illness and Crucial Infractions, 2001 – 2010

Relationship between Compliance Rates and Certified Food Handlers, 2001 - 2010

DineSafe Website – Disclaimer Page

DineSafe Website – Home Page

British Food Journal Article Abstract, 2005

Journal of Environmental Health Article, 2006

Food Trends Article Abstract, 2009

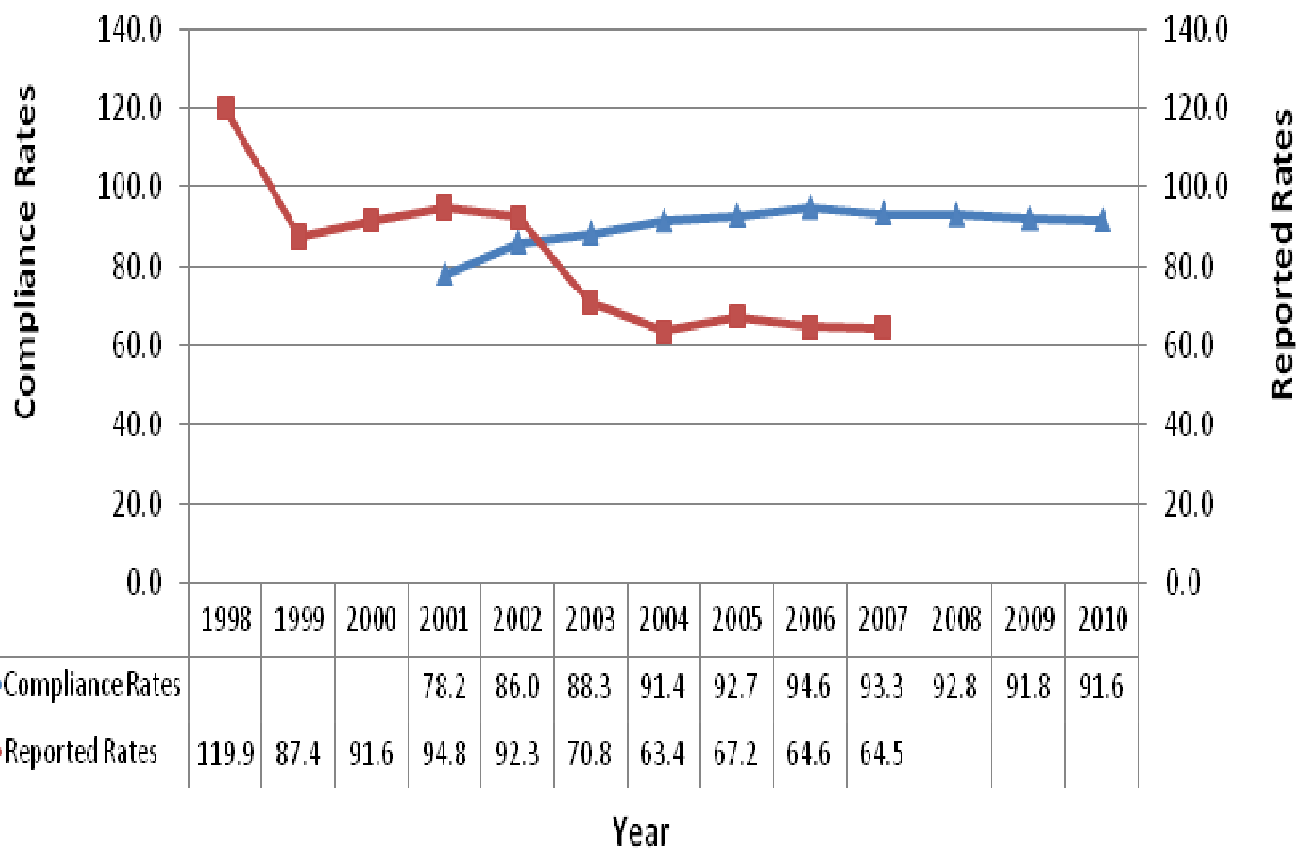
Toronto Star Article, 2009: *DineSafe Cuts Rate of Illness*

Borfblog Article, 2011: *Restaurant inspection grades prominently displayed better for diners and operators.*

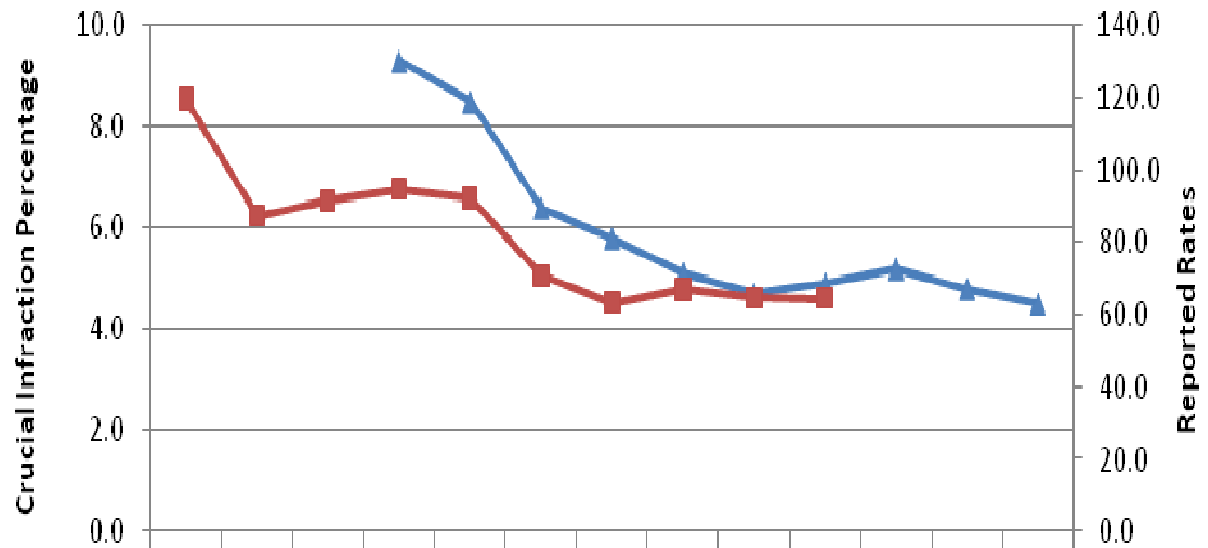
Toronto Star Article, 2011: *10 years later, dinesafe is safer*

Media Article, 2011: *DineSafe deserves a celebrity salute for 10 years of restaurant inspection*

Relationship between Sporadic Foodborne Illness and Compliance Rates, 2001 - 2010

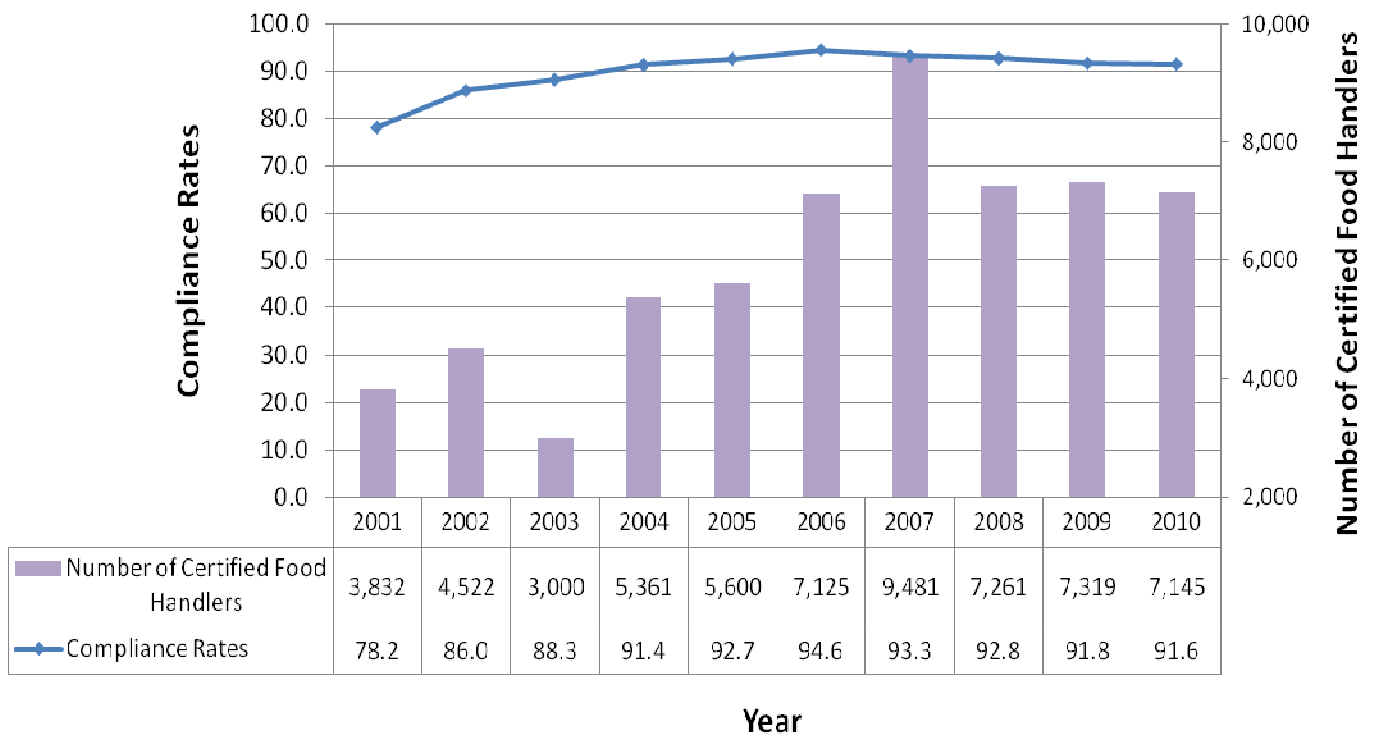


Relationship between Sporadic Foodborne Illness and Crucial Infractions



Year

Relationship between Compliance Rates and Certified Food Handlers, 2001 - 2010



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Food Premises Inspection and Disclosure

The Dinesafe Web site is designed to provide information to the public concerning the Toronto Public Health Food Premises Inspection and Disclosure system. It is not a substitute for the notification and posting requirements of Municipal Code Chapter 545 - Licensing.

The inspection report information posted here describes conditions found in food premises within the City of Toronto at the time of the most recent Toronto Public Health inspection.

During the week, in the majority of cases, inspection results will be posted to this site within 24 to 36 hours of an inspection. Results from inspections done on Saturdays and Sundays will be posted to the site by end of day Monday. The date and time of the most recent posting are indicated on the site.

While every effort is made to keep the information accurate and up-to-date, the City of Toronto is not responsible for discrepancies between information posted here and inspection reports posted on food premises.

If you have any questions about particular food premises or if there is a food premises location not listed on our web site, please let us know by calling 416-338-7600 between 8:30 a.m and 4:30 p.m.

I have read and understood the above. Click here to enter the site.

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Food Premises Inspection and Disclosure System

Search Results will be current as of APR 28, 2011 05:45pm.

DineSafe

[Advanced Search](#)

Search an establishment

or select a region from the map below



Advanced Search

Search Results will be current as of APR 28, 2011 05:45pm.

Search by any combination of criteria and click

By name

Full or partial name

By address

Street number, street name only. Hint: Do not add punctuation or street types. For example, for Yonge Street, type yonge. [More tips](#)

By region

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By


inspection

Association of Food Premises Inspection and Disclosure Program with retail-acquired foodborne i - Microsoft Internet Explorer

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Association of Food Premises Inspection and Disclosure Program with retail-acquired foodborne illness and operator noncompliance in Toronto

by Tino Serapiglia, Erin Kennedy, Sylvanus Thompson, Ron de Burger


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Introduction


Enteric illness is a common problem around the world (Lee & Middleton, 2003). Enteric diseases affect the gastrointestinal tract, and many are attributable to microbial contamination (bacteria, viruses, or parasites) or chemical contamination of food or water. Diseases that are acquired by consumption of contaminated food are referred to as foodborne illnesses. The effects can range from a relatively mild (self-limiting) gastroenteric infection to severe conditions requiring immediate medical attention and, in some cases, even death. While accurate numbers concerning the extent of foodborne illness in Canada are not available, Health Canada estimates that about 2 million cases occur each year (Health Canada, 2000; Health Canada, 2001a). The medical costs and productivity losses from foodborne illness or food poisoning are estimated at over \$1 billion per annum (Health Canada, 2001b). In Ontario, foodborne diseases are a significant cause of morbidity, with an estimated 280 outbreaks (approximately 70 per year) having affected 3,057 individuals (765 per year) in the period from 1993 to 1996 (Public Health Research Education and Development, 2001). Between 1991 and 2004,

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ARTICLES

Frequency and Type of Food Safety Infractions in Food Establishments with and without Certified Food Handlers

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ABSTRACT

North Americans consume food from food service establishments frequently; therefore, restaurants may be a significant source of foodborne illness. Food Handler Certification provides food handlers with knowledge to control factors that may contribute to foodborne illnesses. Food Handler Certification is mandatory in a number of provinces in Canada as well as several states in the United States. This study compared two groups of food establishments, one with mandatory Food Handler Certification for staff and management and one without. Establishments in which Food Handler Certification was mandatory were 1.97 times less likely to receive infractions during inspections ($P = < 0.0000001$; OR: 1.97, 95% C.L.: 1.54–2.50). The types of infractions commonly noted during inspections between the two study groups were similar, but the mandatory Food Handler Certification group had fewer infractions noted during inspections in almost all of the infraction categories, indicating that Food Handler Certification should be implemented in all food establishments because it has a positive effect on inspection scores.

Further research comparing food service establishments with mandatory Food Handler Certification of both staff and management to establishments that have at least one certified person in charge should be conducted to determine which system is more effective.

A peer-reviewed article

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E-mail: snoble@toronto.ca

DineSafe cuts rate of sickness

Published On Fri Apr 17 2009, TORONTO STAR

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Cases of food-borne illness began to fall almost immediately after Toronto began making restaurant inspection results public in 2001.

Now, eight years after the city launched the DineSafe program that publishes inspection results online and in restaurant windows, cases of individual food-borne illnesses in Toronto have dropped 30 per cent, says a Toronto Public Health report.

It is the clearest evidence yet of the public health benefits of transparency, says John Filion, chair of the city's board of health.

"This is the first time I've seen that food-borne illness took a dramatic plunge after we introduced DineSafe. That shows the public not only has a right to know the results of inspection, but that the public benefits from it. It's just good public policy because it provokes a much higher standard among the establishments that you're inspecting."

DineSafe was the result of the *Star's* "Dirty Dining" investigation in 2000, which found hundreds of city restaurants had serious food safety violations, from repeated cockroach and mice infestations to food temperature violations that produce bacteria and filthy food preparation surfaces. Yet none of the suspect eateries had been shut down and only a handful had been fined a few hundred dollars.

Worse still, details of those violations were hidden from the public.

Prompted by the stories and public outrage, then-mayor Mel Lastman ordered an inspection blitz of downtown eateries. Within days, city inspectors had logged hundreds of violations and failed the majority of restaurants they visited.

After a heated political debate that lasted a year, the city adopted a far-reaching disclosure system that posts green, yellow or red signs at the entrance to every restaurant in the city noting the results of its last two inspections.

More detailed information on every eatery is available on the city's website.

The Toronto Public Health report, to be released today, says DineSafe "resulted in a dramatic increase in compliance with food safety regulations among Toronto's food establishments."

"I do feel it's reasonable to suggest that the DineSafe program in Toronto, which occurred at the same time as we saw a decrease in food-borne illness and an improvement in food safety compliance, played a role," said Dr. David McKeown, Toronto's medical officer of health.

Prior to DineSafe, compliance with food safety regulations in Toronto restaurants sat at 42 per cent, Filion said. Today, compliance is more than 90 per cent.

"Clearly, the public benefits of rigorous inspection standards and full disclosure of inspection results were proven in Toronto."

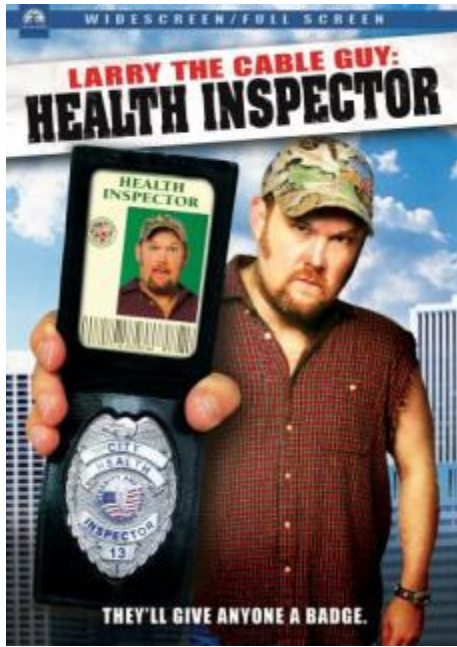
Other cities across Ontario and Canada have adopted similar disclosure models following Toronto's lead. But there remain no mandatory province-wide disclosure rules for local public health units.

"I really can't understand why there hasn't been," Filion said.

"There should be similar standards and the standards should be the ones that best protect the public."

Restaurant inspection grades prominently displayed better for diners and operators

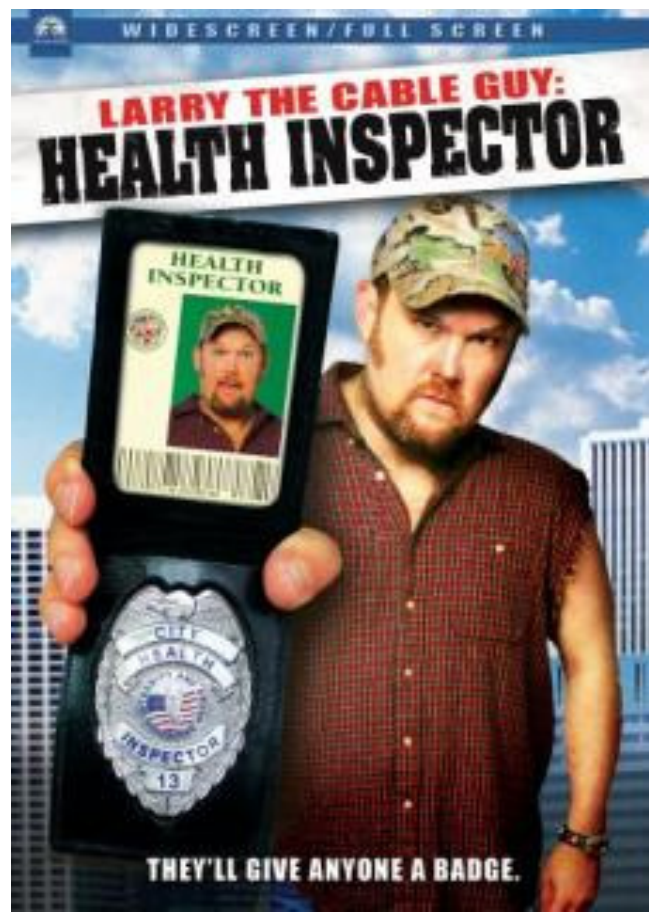
Posted: January 24th, 2011 - 7:56pm by **Doug Powell**



Ten years to the month after the [City of Toronto](#) (that's in Canada) launched its red-yellow-green restaurant inspection disclosure system, New York City issued a progress report on its 6-month-old A-B-C disclosure system and concludes – high-fives all around.

[The New York City Department of Health and Mental Hygiene](#) said that its new sanitation regime has significantly exceeded the department's expectations. ... Of the 10,000 restaurants that received grade cards during the first six months under the new rules, 87 per cent had received either A or B grades, and 57 percent had received A's.

Many restaurants improved upon their first scores, the department said. Among those scoring a B on the first inspection (a score of 14 to 27 violation points), close to 44 percent earned an A grade on the second inspection, the department said. And 72 percent of the restaurants that scored a C on the first



inspection (the equivalent of 28 or more violation points) improved to an A or B grade.

Apparently the letter grades have captured public interest. The department said that its new restaurant-inspection Web site has received more than 40,000 page views each month, a fivefold increase over the previous year, and the previous Web site.

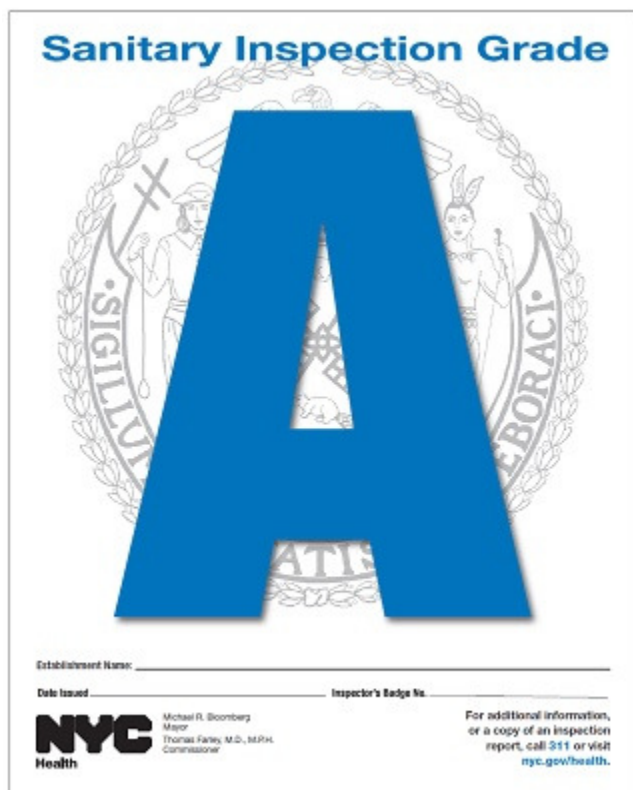
These results mirror almost exactly what has happened in Toronto over the past 10 years.

DineSafe is Toronto Public Health's Food Premises Inspection and Disclosure system. Under this program, restaurants post colour-coded inspection results at the front entrances of restaurants and results are also posted on a searchable website. The DineSafe website now lists 14,755 food establishments, and diners can easily and quickly check the inspection status of any location on the site.

"In the past 10 years, DineSafe has increased the transparency of the restaurant inspection process and led to a significant improvement in food safety," said Medical Officer of Health Dr. David McKeown. "I am proud of the program, and congratulate our public health inspectors and restaurant owners and operators who work together every day to make our food safer."

Prior to the implementation of DineSafe, less than 50 per cent of restaurants passed their first inspection. After the first year of the program, 78 per cent of the premises inspected received a green pass, and compliance with all food safety regulations has now risen to 91 per cent.

"DineSafe has increased the efficiency of the system as the vast majority of restaurants pass their first inspection without the need for a re-inspection, meaning our inspectors can now visit more places," said Dr. McKeown. Any premise that receives a yellow conditional pass is re-inspected within 48 hours. Depending on the type of operation, each premise requires between one and three mandatory inspections a year.



In 2006, the City further strengthened food safety in Toronto by passing a Food Handler Training bylaw that ensures every restaurant has a certified food handler on site at all times. To date, TPH has certified 38,331 employees on safe food handling practices.

[Filion, K. and Powell, D.A. 2009. The use of restaurant inspection disclosure systems as a means of communicating food safety information. Journal of Foodservice 20: 287-297.](#)

10 years later, dining is safer

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Patty Winsa Urban Affairs Reporter

An inspection program sparked by a *Star* investigation about filthy conditions in many of the city's restaurants is claiming huge successes a decade later.

More than 90 per cent of Toronto's eating establishments are clean and complying with food safety regulations, according to DineSafe, the city's inspection program, compared with less than 50 per cent before the policy was instituted.

DineSafe was launched in 2001, making Toronto the first municipality in Ontario to require that restaurants post a colour-coded card in front entrances to display the results of inspections: green for pass, yellow for conditional pass and red for fail. Premises that receive yellow cards are re-inspected within 48 hours.

"Their performance is public," says Dr. David McKeown, the city's medical officer of health. "Clearly it's made food safety performance more transparent for diners and created incentive for restaurateurs to do their best for food safety."

The result is that most premises pass the first time around, and McKeown says that frees up inspectors to go on to other establishments. Because of that, every restaurant in Toronto is inspected at least once a year.

Toronto Public Health took action after a series by reporter Rob Cribb in 2000 revealed that dirty restaurants were rarely shut down despite violations such as mouse and cockroach infestations. And that the public was the last to know.

The *Star* investigation found that over a period of two years, only 11 of 750 establishments inspected were fined and none was closed, although most of them had received at least one citation for a "critical" food safety problem, which can lead to serious illnesses such as food poisoning.

Dinesafe Deserves a Celebratory Salute for 10 Years of Restaurant Inspection

January 25th, 2011 [Community](#), [Health & Wellness](#) [Comment](#)

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Toronto, Ontario, Canada

News Release

January 24, 2011

DineSafe restaurant inspection program celebrates 10th birthday

Ten years ago this month, Toronto became the first municipality in Ontario to require restaurants to publicly display the results of their most recent restaurant inspection.

DineSafe is Toronto Public Health's Food Premises Inspection and Disclosure system. Under this program, restaurants post colour-coded inspection results at the front entrances of restaurants and results are also posted on a **searchable website**. The [DineSafe website](#) now lists 14,755 food establishments, and diners can easily and quickly check the inspection status of any location on the site.

"In the past 10 years, DineSafe has increased the transparency of the restaurant inspection process and led to a significant improvement in food safety," said Medical Officer of Health Dr. **David McKeown**. "I am proud of the program, and congratulate our public health inspectors and restaurant owners and operators who work together every day to make our food safer."

Prior to the implementation of DineSafe, less than 50 per cent of restaurants passed their first inspection. After the first year of the program, 78 per cent of the premises inspected received a green pass, and compliance with all food safety regulations has now risen to 91 per cent.

“DineSafe has increased the efficiency of the system as the vast majority of restaurants pass their first inspection without the need for a re-inspection, meaning our inspectors can now visit more places,” said **Dr. McKeown**. Any premise that receives a yellow conditional pass is re-inspected within 48 hours. Depending on the type of operation, each premise requires between one and three mandatory inspections a year.

Since 2001, cities and governments in Canada and around the world have implemented almost identical programs, including London, Halton, Hamilton, Peel Region, Durham, Sacramento County – California, Shanghai, and several cities in Scotland, Denmark and the United Kingdom.

In 2006, the City further strengthened food safety in Toronto by passing a Food Handler Training bylaw that ensures every restaurant has a certified food handler on site at all times. To date, TPH (*Toronto Public Health*) has certified 38,331 employees on safe food handling practices.

Toronto is Canada’s largest city and sixth largest government, and home to a diverse population of about 2.6 million people. Toronto’s government is dedicated to delivering customer service excellence, creating a transparent and accountable government, reducing the size and cost of government and building a transportation city. **For information on non-emergency City services, Toronto residents, businesses and visitors can dial 311, 24 hours a day, 7 days a week.**

Tags: [certified food handler](#), [dinesafe](#), [food handler training bylaw](#), [food safety](#), [food safety regulations](#), [inspection status](#), [mandatory inspections](#), [public health inspectors](#), [restaurant inspection](#), [restaurant inspection program](#), [safe food handling practices](#), [toronto public health’s food premises inspection and disclosure system](#)