

2021 Samuel J. Crumbine Consumer Protection Award

Application for Washoe County Health District
Environmental Health Services, Food Safety Program



**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE



Public Health
Prevent. Promote. Protect.

Environmental Health Services
Washoe County Health District
1001 E. Ninth St, Bldg B
Reno, NV 89512
washocounty.us/health

Executive Summary

Washoe County is over 6,300-square-miles that spans portions of Nevada's western and northern borders with California and Oregon respectively. The County parallels the eastern slope of the Sierra Nevada Mountains and includes such major natural features as high desert, Lake Tahoe, Pyramid Lake, the Truckee River, and the Humboldt Toiyabe National Forest. Washoe County, which includes the cities of Reno and Sparks is home to nearly half a million residents and welcomes an additional five million visitors to the region each year.

More visitors are motivated to travel to the area each year to experience our stunning scenery such as Lake Tahoe and the Sierra Nevada Mountains. The Reno Aces Minor League Baseball, 1868 FC Professional Soccer League, Wine Walks, Pub Crawls and events such as the Reno Balloon Races, Reno Air Races, and Best in the West Rib Cook Off are consistent attractions for visitors. Rapid growth has brought a more diverse amenity base to the region including a unique and innovative restaurant scene that has been described as a culinary jackpot.

The Washoe County Health District (WCHD) has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making Washoe County District Board of Health. WCHD is comprised of five divisions including Administrative Health Services, Air Quality Management, Community and Clinical Health Services, Epidemiology and Public Health Preparedness and Environmental Health Services.

The Environmental Health Services (EHS) division is responsible for ensuring compliance with local state and federal laws, and regulating food, waste, water, vector, and other areas of public health in Washoe County. The many programs under EHS have an emphasis on enforcement, but also have a strong education component, promoting a collaborative approach with industry and consumers to meet established public health goals.

The EHS Food Safety Program (the program) enrolled in the Voluntary National Retail Food Regulatory Program Standards (Program Standards) in 2004 but made little progress towards meeting the Program Standards criteria. In 2013, however, the program received the FDA Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards grant. The program also began applying for and receiving the FDA/AFDO awards to work on achieving conformance with the Program Standards. In 2015, the Food Safety program participated in a Nevada Program Standards Strategic Planning Workshop hosted by our FDA Retail Food Specialist. As a result of the workshop, the additional funding, and dedicated staff resources, the program has made significant progress towards becoming an effective and focused retail regulatory program in the last six years.

Based on the gaps identified during the program's last self-assessment in 2016, a Program Standards strategic plan was implemented to update archaic food establishment regulations, revamp the food safety training and quality assurance program, shift towards a risk-based inspection program, and increase industry education and outreach to promote active managerial control in Washoe County Food Establishments.



Figure 1. Map of Washoe County, Nevada
Screenshot taken from *maps.google.com*

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Part I. Program Basics

Demographic Information

With a total estimated population of 465,735, Washoe County has two incorporated municipalities: Reno and Sparks. The City of Reno is the County Seat and the third largest city in Nevada, behind Las Vegas and Henderson. Reno’s population is approximately 250,989. The City of Sparks is home to approximately 104,254 residents while the remaining 110,492 live in unincorporated Washoe County.

Washoe County is home to the University of Nevada, Reno, Truckee Meadows Community College, and the Desert Research Institute. The area has also seen a recent increase in entrepreneurial startups, manufacturing, distribution and logistics, and technology-based industries such as Tesla, Switch, Amazon, Microsoft, Apple, Zulily, and Patagonia.

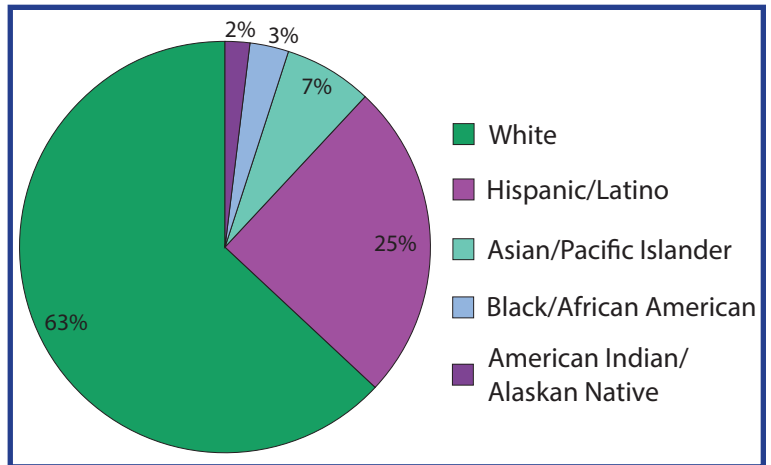


Figure 2. Washoe County Race Demographics

Along with significant economic growth, Washoe County has become more ethnically diverse, with the largest increase among the Hispanic population (+27.3%) from 2007 to 2017. As of 2019, 63% of the population is White, 25% Hispanic or Latino, 2.8% Black or African American, 2.2% American Indian and Alaskan Native, and 0.7% Native Hawaiian and Other Pacific Islander. Languages spoken at home include English at 74.6% of the population, Spanish at 18.9% of the population, and other languages such as Asian/Pacific Islander and Indo-European making up the remainder of languages spoken in Washoe County (Figure 2).

There are approximately 4,000 permitted retail food establishments in Washoe County including full-service restaurants, fast food establishments, school kitchens, food manufacturing establishments, mobile food units, and retail food stores such as delis, meat departments, seafood departments, produce departments, and bakeries (Figure 3). In addition to annually permitted facilities, the WCHD has an extensive special events season and issues over 900 temporary food and event promotor permits in an average year.

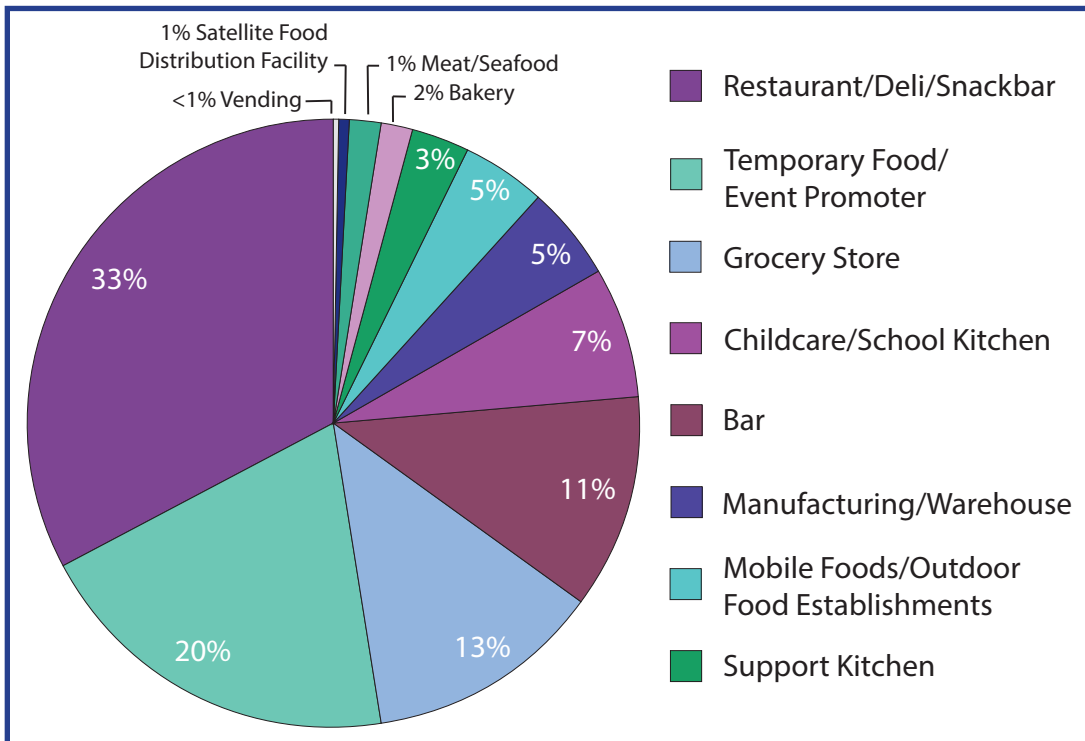


Figure 3. Food Establishment Permit Categories

Program Resources

Revenues for WCHD come from licensing and permits, grant funding, restricted intergovernmental funding, charges for services, the County General Fund, and miscellaneous revenue from supporting agencies who invest in a particular project (Figure 4).

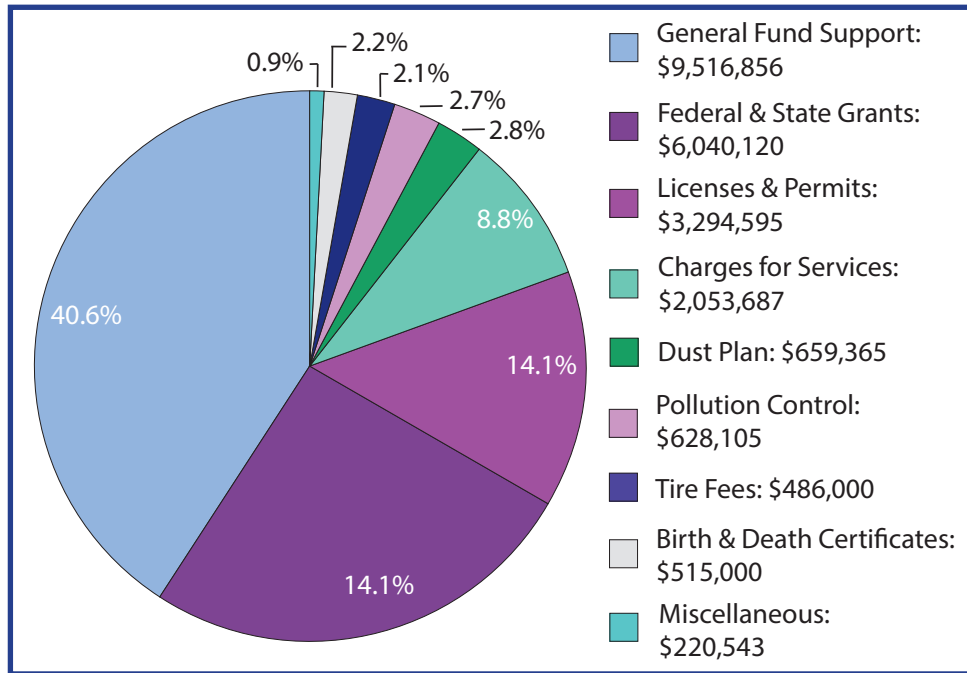


Figure 4. WCHD FY20 Adopted Budget - Revenues \$23.4 million

The total operating budget for the EHS division is \$7,966,128. The division has established a cost recovery system with permit fees accounting for 64% of the program budget. The current fee schedule adopted by the Washoe County District Board of Health is included in Appendix A.

The Food Safety Program is the largest permitting program in EHS and generates most of the revenue for the division (Table 1).

The program has also been successful in obtaining grant funding to supplement the program budget (Appendix B). Over the six-year application period, the program has received grant funding from the FDA, the Association of Food and Drug Officials (AFDO), the National Association of City and County Health Officials (NACCHO), and the Centers for Disease Control and Prevention (CDC). This funding has been instrumental in allowing the program to advance conformance with Program Standards.



WCHD Staff Public Outreach Event

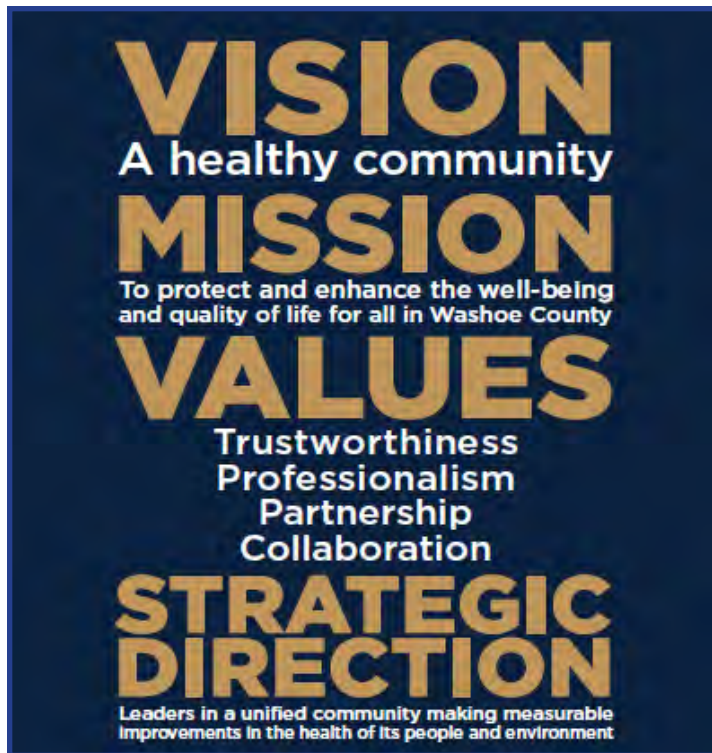
Funding Source	Amount
Permit Fees	\$1,737,308
Plan Review	\$92,306
Re-inspection and Validated Complaint Fee	\$150,474
Grants	\$96,661
Total	\$2,076,750

Table 1. Food Safety Program Revenue Sources FY2020

Program Vision, Goals, and Objectives

The mission of the WCHD is to protect and enhance the well-being and quality of life for all in Washoe County. The Food Safety Program is continuously striving to meet this mission statement by promoting active managerial control of risk factors most associated with foodborne disease in Washoe County food establishments.

Implementation of the Program Standards has been instrumental in helping the program realize the mission statement. The Program Standards have served as a quality improvement program, providing a foundation for which the Food Safety Program can build upon to ensure an effective program with measurable achievements.



WCHD Vision, Mission, and Value Statement

Since identifying the gaps in the Program Standards framework, the program is now working to support a culture of professional development by enabling employees to acquire new food safety related skills through conferences, training seminars, and field standardization. The program actively seeks innovative ways to support, engage, and recognize food establishment operators and the regulated community. The program also continues to ensure consistency in the application of regulatory provisions and compliance and enforcement procedures.

In 2018, program staff garnered support from the District Board of Health in the implementation of the Program Standards and successfully incorporated elements of the Program Standards as goals in the district wide strategic plan. The most significant strategic goal is the reduction of the occurrence of foodborne illness risk factors in Washoe County Food Establishments. Table represents the program's progress with the Program Standards as of January 2021.

Met	Standard	Progress	Standard Elements (Incomplete elements identified in red and completed elements identified in strikethrough text)
✓	1 REGULATORY FOUNDATION	Fully Met	1a 1b 1c 2a 2b 3a 4a
✗	2 TRAINED REGULATORY STAFF	88.9% met	1a 1b 2a 2b 3a 3b 4a 4b 5a
✓	3 INSPECTION PROGRAM BASED ON HACCP PRINCIPLES	Fully Met	1a 1b 1c 2a 3a 4a 4b 4c 5a 6a
✗	4 UNIFORM INSPECTION PROGRAM	93.8% met	1a 1b 1c 2 2i 2ii 2iii 2iv 2v 2vi 2vii 2viii 2ix 2x 3a 3b
✓	5 <u>FOODBORNE ILLNESS AND FOOD DEFENSE PREPAREDNESS AND RESPONSE</u>	Fully Met	1a 1b 1c 1d 1e 1f 1g 1h 1i 2a 2b 3a 3b 4a 5a 5b 5c 6a 7a 7b1 7b2 7b3 7b4 7b5 7b6 7b7 7b8 7b9 7c
✗	6 COMPLIANCE AND ENFORCEMENT	75.0% met	1a 1b 2a 2b
✓	7 INDUSTRY AND COMMUNITY RELATIONS	Fully Met	1a 1b
✗	8 PROGRAM SUPPORT AND RESOURCES	61.5% met	1a 2a 2b 3a 3b 4a 4b 4c 4d 4e 4f 4g 4h
✗	9 PROGRAM ASSESSMENT	85.7% met	1a 1b 1c 2a 2b 3a 3b

Table 2. Food Safety Program Progress On Voluntary National Retail Food Regulatory Program Standards

Part II. Baseline and Program Assessment

Regulatory Foundation

By the authority established through Nevada Revised Statutes (NRS 439.370 et seq.) and the 1972 Interlocal Agreement (last amended 1993), the Washoe County Health District has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making Washoe County District Board of Health.

Regulatory authority in Washoe County is derived from the local Regulations of the Washoe County District Board of Health Governing Food Establishments (Food Establishment Regulations) which are adopted by the Washoe County District Board of Health and approved by the Nevada State Board of Health.

Prior to the most recent adoptions, the Food Establishment Regulations had not been revised for over 30 years. In 2015, the WCHD Food Safety Program conducted a comprehensive review and revision to the body of the regulations and incorporated provisions from the US FDA 2009 Food Code and some provisions from the 2013 US FDA Food Code. In an effort to promote active managerial control of the risk factors most commonly associated with foodborne disease in food establishments, the program completed another regulation revision in 2016 to remove the previous food establishment inspection grading system. A new color coded rating system of Pass, Conditional Pass, and Closed was incorporated that more accurately reflects the occurrence of foodborne illness risk factors in food establishments (Figure 5).



Figure 5. Color Coded Rating System

With the release of the 2017 FDA Food Code, the program began another regulation revision to incorporate provision from the 2017 Food Code and on July 25, 2019, the Washoe County District Board of Health adopted the most recent version of the Food Establishment Regulations.

During the most recent Program Standards self-assessment period in 2016, the program determined that the criteria of Standard 1 – Regulatory Foundation was met. This was confirmed through a verification audit in March 2017. During the next self-assessment cycle to occur in the Fall of 2021, the program anticipates continued conformance with Standard 1 with a comparison of the 2017 FDA Food Code.

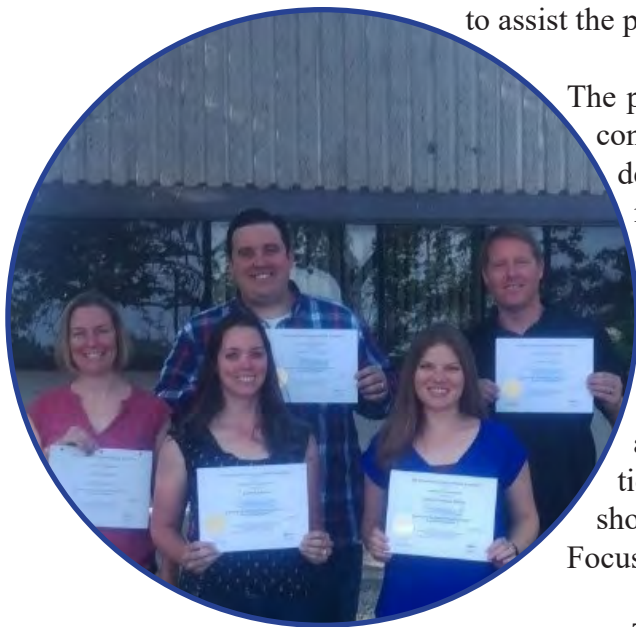
With the objective of maintaining the highest level of public health protection and an understanding of emerging food safety science and technology, staff from the WCHD Food Safety Team have participated in the Conference for Food Protection (CFP) for the last several years. Staff worked on the Program Standards Committee from 2016 to 2018 and from 2018 to 2020, as well as the Allergen Committee, the Product Assessment Committee, and the Produce Wash Committee from 2018 to 2020. Additionally, a WCHD staff member will be participating as a member of Council III- Science and Technology at the 2020 Biennial Meeting. Participation in this forum has contributed to the program's progressive mindset and desire to regularly update the Food Establishment Regulations with an anticipated result of continued conformance with Standard 1.

Training Program

The Food Safety Program recognizes the importance of staff training and strives to ensure inspection and supervisory staff have the knowledge and skills needed to adequately perform their inspections and maintain consistency in the application of the food establishment regulations.

Prior to 2015, the Food Safety Program had a training program that loosely mirrored the criteria of Standard 2 – Trained Regulatory staff. Beginning in 2015, the Food Safety Program developed a comprehensive written training program that documents completion of the FDA ORAU training courses, and completion of more than 50 joint field training inspections using a field training manual consistent with the CFP manual. Newly hired or assigned food establishment inspection staff complete the above steps over an eight to twelve-week period. At the end of this training period, inspection staff are evaluated by the Food Safety Program Senior or Supervisor and must demonstrate competency in all performance measures listed in the training manual prior to being released to conduct independent inspections. The success of this structured and documented training program led to the use of the training manual as a framework to develop written training manuals in the other EHS programs and to prepare staff to take the Registered Environmental Health Specialist Exam as required by Nevada state law. The comprehensive training manual can be found in Appendix C.

Staff hired after the development of the training manual have completed the training program detailed above and the program currently has two newly hired staff in the process of completing the field training using this program. Existing staff hired prior to the implementation of the training program have completed affidavits attesting that they completed a training curriculum equivalent to the above program. Within 18 months of hire/assignment into the Food Safety Program, staff completes field standardization using the FDA standardization procedures. For existing staff, standardization is conducted according to a three-year standardization schedule. The Food Safety Program currently has one Environmental Health Supervisor and one Senior Environmental Health Specialist trained as training Standards. The program fell behind on standardization and re-standardization of staff due to staff resources being diverted to the COVID-19 response. However, a detailed plan has been developed to get back on track with field standardizations in 2021 with the use of an AFDO grant to hire a Standardization Officer to assist the program with this effort.



WCHD Staff with REHS Certificates

The program maintains records to document and track food safety continuing education. In January 2017, an internal policy was developed requiring all staff who conduct food establishment inspections, including temporary food inspections and emergency response inspections, to maintain a minimum of 20 food safety CEUs every 36 months. Over the last several years, the program has used grant funding to provide training opportunities to not only WCHD staff, but to staff from other Nevada jurisdictions and the regulated community as well. Some examples include the North Carolina State Retail HACCP Validation and Verification Course, Managing Employee Health Workshop, Brian Nummer's Retail Fermented Foods, and Strategies to Focus Retail Food Inspections (Appendix D).

The WCHD plans to continue utilizing grant funding from the FDA and AFDO to supplement the program training budget and ensure staff can attend, either virtually or in-person, training such as, the FDA Pacific Region Seminar, The Nevada Food Safety Task Force conference, the Conference for Food Protection, and FDA Office of Training Education and Development (OTED) training courses. The program anticipates full compliance with Standard 2 by the end of 2021.

Hazard Analysis Critical Control Point (HACCP) Principles

The Food Safety Program uses a HACCP based inspection process to focus inspections on activities most likely to cause foodborne illness and helping food establishment operators develop and improve food safety management systems to reduce the occurrence of those activities.

In 2016, the Food Safety Program developed a new risk-based inspection rating system and a new inspection form (Appendix E) that identifies the foodborne illness risk factors and interventions, documents compliance status as IN/OUT/NO/NA, and documents compliance and enforcement activities.

The program also developed a corresponding inspection field guide (Figure 6/Appendix F) to include:

- Detailed marking instructions and code references,
- Example violations and standard comments,
- A written policy requiring on-site corrective actions for critical violations, and
- Re-inspection time periods to ensure long-term control of risk factors and interventions.

The program used funding from an FDA Cooperative agreement to hire a software vendor to convert the new inspection form and resulting inspection rating into an electronic format that can be viewed online at WashoeEats.com.

The WCHD groups all food establishments into three categories based on potential and inherent food safety risk. Washoe County food establishment regulations define these three categories and food establishment inspectors are required to ensure each facility is assigned the appropriate category.

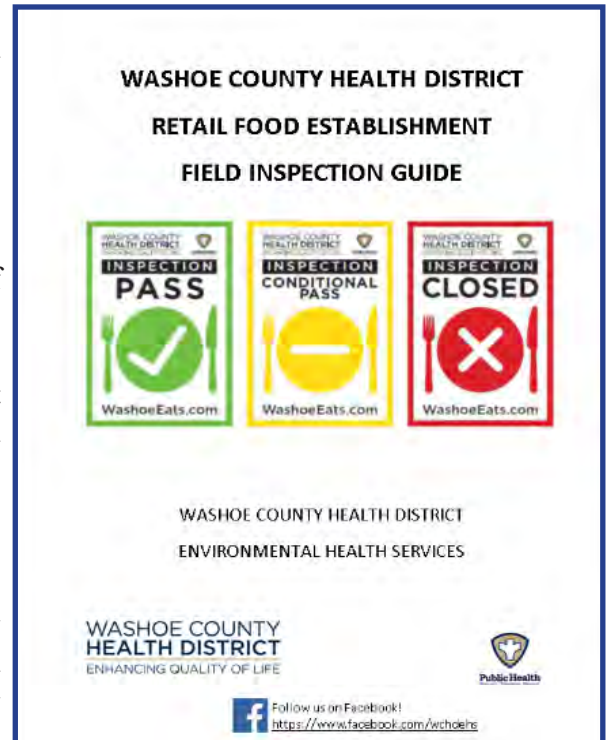


Figure 6. Food Inspection Field Guide

In 2018, the program increased the inspection frequency for operations with greater food safety risk. WCHD staff is currently conducting routine inspection using the following annual frequency:

- Risk Level I establishment – One routine inspection
- Risk Level II establishments – One routine inspection
- Risk Level III establishments – Two routine inspections

The program will conduct as many follow-up inspections necessary to gain compliance regardless of the risk level.

With the significant regulation update that occurred in 2015, the food establishment regulations incorporated provisions on HACCP and waiver procedures. The Program implemented a policy identifying activities that require a waiver request, operational plan, or HACCP plan, with procedures on reviewing, approving, validating, and verifying such plans. This policy also developed a review team dedicated to processing these plans as required by the [Washoe County Food Establishment Regulations](#).

The WCHD received a verification audit in 2020 and it was determined that the criteria of Standard 3 has been fully met.

Quality Assurance Program

The WCHD has made tremendous efforts over the last six years to improve the quality and uniformity among staff in the interpretation of regulatory requirements and policies. Prior to the development of a formalized quality assurance program, the WCHD Food Safety Program used the Food Establishment Field Inspection Guide, periodic inspection report reviews, and staff meetings to ensure consistency among field staff.



WCHD Environmental Health Services Staff

In addition to the above quality assurance efforts, the WCHD developed a formal Quality Assurance (QA) Program as part of cohort 6 of the NACCHO Mentorship Program in 2017. The QA Program includes a written QA program policy (Appendix H) that was last updated in 2019. The policy provides a method to review and monitor the 20 quality elements described in the 2017 Program Standards and additional quality elements determined by the WCHD. The policy applies to any employee regularly conducting food establishment inspections that has completed the training program including initial field standardization. Each field staff member receives a file review and field evaluation by The Program Supervisor or Senior EHS of three establishments every

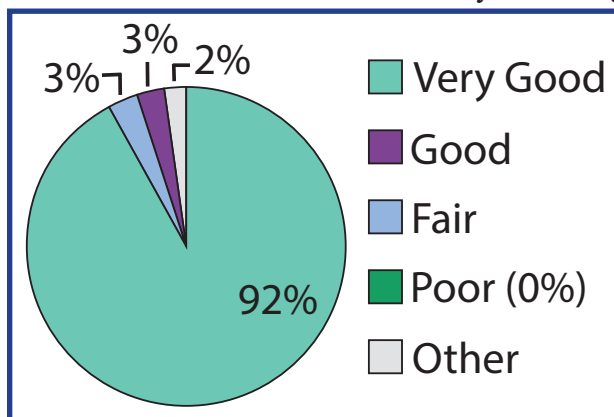


Figure 7. Post Inspection Survey Results, Overall Satisfaction with WCHD Inspectors

18 months. An evaluation form guidance document to aid the assessor in performing the field/file evaluation is included in the QA Program. An Excel worksheet that includes a summary tab for each employee evaluated tabulates the overall employee compliance percentage and the compliance percentage per goal (1-22). An additional program summary tab calculates the overall QA Program compliance percentage, and the program percentage per goal. The calculations are analyzed every 18 months by program management to determine if the inspection program has overall programmatic deficiencies and if more training is needed for all inspection staff in a particular area, or if deficiencies need to be addressed on an individual staff basis.

The QA Program also includes ongoing monthly inspection report audits of a minimum of 10% of completed inspections per inspector. The purpose of the audit is to ensure staff are properly citing and documenting code violations, taking appropriate and immediate corrective actions, and following internal compliance and enforcement policies. The inspection reports are pulled from the WCHD electronic permitting system and audits are performed by The Program Supervisor and Senior EHS staff with written feedback provided to each inspector using an inspection report review form.

Additionally, a post inspection survey (Figure 7/Appendix I) is distributed to food establishment operators via email at the end of each inspection. The results of the post inspection survey are analyzed on an annual basis and shared with staff to identify additional areas of improvement.

Foodborne Illness and Emergency Response

The WCHD Food Safety Program staff work collaboratively with the WCHD Communicable Disease staff to address instances of foodborne and waterborne disease. Weekly meetings are held between the two divisions to review foodborne disease complaints and confirmed enteric diseases. A multidisciplinary Outbreak Response Plan (ORP) was developed between the two divisions to ensure a prompt, coordinated, and effective response to disease outbreaks or other public health events (Appendix J). The plan includes policies and procedures for responding to disease outbreaks, defines responsibilities of the outbreak response members, defines protocols for disseminating information to the public regarding foodborne disease outbreaks or public health emergencies, and procedures for coordinating and notifying other agencies including the Nevada State Public Health Laboratory, law enforcement, Nevada State Epidemiologists and other relevant parties.

In addition to the multidivisional ORP, the Food Safety Program has written foodborne illness and injury investigation procedures that focus on foodborne illness tracking and investigation processes, trace-back procedures, and recall procedures (Appendix K). All foodborne illness and injury complaints, as well as all confirmed enteric diseases with exposures to establishments regulated by EHS are entered into the division's permitting software system, Accela Automation (Figure 8). Foodborne illness data are reviewed during the weekly meetings to detect trends and possible contributing factors using the Accela Automation reporting function. These data are also analyzed on an annual basis and compiled in the WCHD Annual Disease Summary (Appendix L). Due to the COVID-19 pandemic, the release of the 2019 and 2020 Annual Disease Summaries have been delayed. However, staff is currently in the process of compiling results for the 2019 and 2020 reports.



Figure 8. Foodborne Illness Complaints Received by Month, 2014 - 2018

Additionally, the program received a grant from the CDC and administered by the National Environmental Health Association to enroll in the National Environmental Assessment Reporting System (NEARS). Participation in NEARS will enhance the program's ability to collect data on environmental assessments and review trends related to environmental assessments.

The Food Safety Program has conducted a self-assessment and determined that Standard 5 – Foodborne Illness and Food Defense Preparedness and Response has been met and a verification audit was conducted in 2020 to confirm the criteria of the standard has been met.

Compliance and Enforcement

The WCHD uses a risk-based control system to identify violations that have a greater risk of contributing to foodborne disease. This system is divided into two categories, Critical Violation and Non-critical Violations. Critical violations are provisions of the food establishment regulations, that are observed to be out of compliance and are considered one of the five FDA foodborne illness risk factors or public health interventions. Non-critical violations are provisions of the regulations that are important factors in general sanitation, operational controls, general maintenance, and facility design, but do not directly have the potential to cause foodborne disease.

The WCHD food establishment rating system is based on the number of critical violations observed in the establishment during the inspection:

Pass (Green):

- Establishment having no more than one critical violation observed during the inspection. Critical violations shall be corrected during the inspection.
- Establishments with non-critical violations noted on the Good Retail Practices section of the food establishment inspection report form.

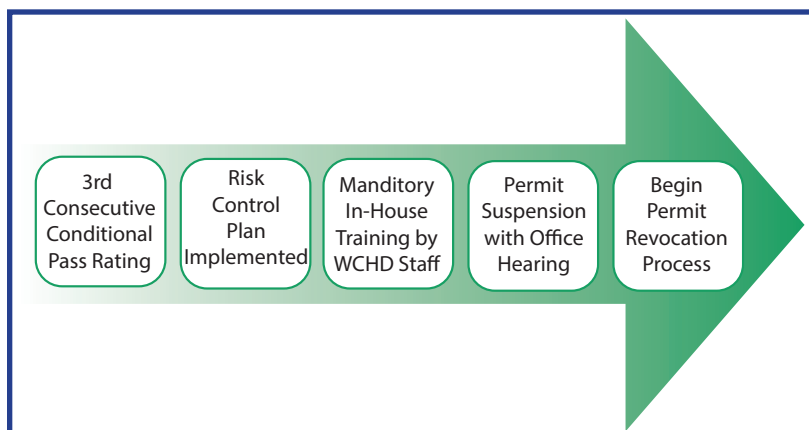
Conditional Pass (Yellow):

- Establishments having two or more critical violations observed during the inspection. Critical violations shall be corrected or mitigated during the inspection. A reinspection shall be conducted within 24 to 72 hours to verify critical violation(s) remain corrected.

Closed (Red):

- If a critical violation exists that cannot be corrected or mitigated during the inspection, a substantial health hazard exists, or if it is determined that there is a risk of imminent danger to the public, the health permit is suspended and the establishment must immediately cease foodservice operations until the health permit is reinstated by the WCHD.

In 2019, the Food Safety Program implemented a step-by-step uniform compliance and enforcement program with the goal of providing consistent guidance for staff to achieve long-term compliance and control of foodborne illness risk factors (Appendix M). The program includes written procedures and comprehensive flowcharts to guide staff down progressive enforcement and intervention routes when establishments consistently receive Conditional Pass ratings or receive repeat critical violations (Figure 9). The WCHD prefers to resolve compliance issues through education and collaboration with food establishment operators. These mechanisms are reflected in the use of risk control plans and in-house training provided by WCHD staff that focus on the out of control risk factors. In situations where these intervention methods are not effective, permit suspension is implemented with the requirement for key establishment personnel to attend an office hearing with WCHD staff and management to discuss conditions for permit reinstatement. If after the office hearing the food establishment operator is unable



to achieve compliance, the program will move forward with steps for permit revocation.

The Food Safety Program will begin procedures to assess effectiveness and to ensure the program is meeting the benchmark of 80% compliance of the sampled food establishments. Our desired outcome is to build an effective and consistent enforcement program that will also gain long-term compliance with the regulatory requirements.

Figure 9. Compliance and Enforcement Process

Communication and Information Exchange

The WCHD Food Safety Program actively participates in industry and consumer interactions and educational outreach. In October 2016, the program conducted a self-assessment of Standard 7 – Industry and Community Relations and determined the criteria were met. This was confirmed through a verification audit in January 2017.

Two staff members participate in monthly Nevada Food Safety Task Force meetings. The Nevada Food Safety Task Force is comprised of Nevada industry and regulatory professionals, as well as academia and consumer groups who are actively involved in food safety education and promoting food safety defense across the state.

In addition to statewide involvement with industry and consumer groups, the WCHD Food Safety Program attends local events, speaks at local schools and colleges, and holds free food safety workshops for local industry and consumer groups. Examples of workshop topics held over the six-year application review period include education on the no bare hand contact with ready-to-eat foods provision, information on the WCHD food establishment rating system and associated field guide, workshops on proposed amendments to the food establishment regulations, information on the results of the 2017 Baseline Risk Factor Study, employee health and hygiene workshop, HACCP and Special Processes workshops, and information on the laws and regulations regarding service animals in food establishments.

The WCHD collaborated with the Nevada Disability Advocacy & Law Center, Canine Companions for Independence, the Nevada Restaurant Association, and the Retail Association of Nevada to develop the service animal workshop that included segments on each agency's role in the issue. The success of this partnership led to an invitation to present at the Nevada Food Safety Task Force and Nevada Environmental Health Association Annual Conference in 2017, and to the development of a service animal window cling that can be seen in food establishments throughout Northern Nevada (Appendix N).

Over the last several years, The Food Safety Program developed electronic approaches to communicate and maintains a food safety email list for industry and consumers to send food safety information, announcements, newsletters and surveys to subscribers. Social media and radio advertisements are additional communication mechanisms used by the program to inform the public of important food safety related activities. In 2018, the program developed an online [Resource Library](#) that includes various food safety guidance documents, equipment/temperature monitoring logs, example operating procedures, FAQ handouts, brochures, and posters that were translated to Spanish and Chinese using AFDO grant funding (Appendix O).

In addition to the [WashoeEats website](#) where food establishment inspection information is posted, the program worked with internal technology staff and a mobile app developer to produce the WashoeEats mobile app. The app allows users to search food establishment inspection results by business name and location, save establishments to a favorites list, display a map of nearby establishments with color-coded pins showing inspection ratings, and file a complaint for a specific location. In 2019, the program won the 2019 Washoe County Impact Award for Effective Communications for the development of the WashoeEats mobile app.

Due to the COVID-19 pandemic, the program will utilize grant funding from the NACCHO Mentorship Program to purchase video equipment to develop food safety education videos for food establishment operators and to aid in the development of virtual workshops in lieu of in-person workshops. This will ensure the same level of community outreach and communication is maintained.



WCHD Staff Public Outreach Event

Program Resources

The WCHD EHS division is responsible for conducting over 4,500 food establishment inspections each year. In addition to food establishment inspections, the division is also responsible for conducting over 1,980 inspections per year of the other EHS permit types including schools, childcares, public accommodations, mobile home/RV parks, public bathing facilities, and invasive body decorating establishments. In 2020, the Nevada State Legislature held a special session and passed a bill requiring EHS staff to inspect large public accommodation facilities and casino resorts for compliance with COVID-19 directives. This new program has added an additional 60 annual inspections to the EHS workload. These inspections will be required until the COVID-19 positivity rate decreases to a rate determined by the legislature.

The division has a total of 21 staff members assigned to complete over 6,480 annual inspections. Each inspector spends 50 percent of their time conducting permitted establishments inspections and the other 50 percent of their time is devoted to work in the various EHS subprograms. Therefore, each staff member is responsible for completing over 300 inspections, as well as any follow-up inspections, complaint investigations and foodborne illness or injury complaint investigations. Table 3 provides a summary of overall EHS resources.

Title	Staff Assigned	Responsibilities
Environmental Health Services Division Director	1	Oversee EHS Division
Environmental Health Services Supervisor	4	Supervise EHS Seniors and EHS Field Staff
Senior Environmental Health Specialist	7	Oversee various EHS Programs and training
Environmental Health Specialist	21	Complete permitted facilities inspections (including retail food and temporary food vendors), complaints, and plan review
Licensed Engineer	1	Manage EHS civil engineering projects
Administrative Assistant	1	Supervises all administrative support staff
Administrative Support Staff	6	Process all payments, permit applications, public information requests, complaints, and initial customer inquiries
Total EHS Staff	41	

Table 3. Overview of EHS Staff Resources

The program budget provides the necessary resources for adequate inspection equipment including thermocouples, min/max waterproof thermometer, TempRite high temperature dish machine adhesive labels, chemical test strips, alcohol wipes, pH meters, and flashlights. Each inspector is assigned an iPhone with Wi-Fi hotspot and photo app, and a field tablet to enter inspection results into the Accela Mobile Office electronic permitting system. The program also supplies vehicles to inspectors using a motor-pool vehicle check-out system.

The WCHD has also been successful in obtaining grant funding from FDA Cooperative Agreements, AFDO and FDA Retail Program Standards grants, and the NACCHO Mentorship program to supplement the program budget during the six-year application period. The grant funding has enabled the program to provide on-going training opportunities and has aided in the development of outreach educational materials to support the risk-based retail food safety program.

The program does not currently meet Standard 8 – Program Support and Resources due to the high ratio of FTE to inspections accomplished. An evaluation of the staffing levels required to support a risk-based retail food safety program will be conducted in 2022 as part of a Division wide time study and fee analysis.

Program Evaluation and Reducing Foodborne Illness Risk Factors

The Food Safety Program completed a baseline risk factor study on the occurrence of the five foodborne illness risk factors in June 2017 (Appendix P). The study was conducted using assessment criteria based on the 2013 FDA Food Code and the program used FDA models, methodology and forms with results entered into the Food-SHIELD database. Industry segments surveyed included senior independent living establishments, K-12 school kitchens, fast food restaurants, full-service restaurants, and retail deli departments.

Results from the study helped the program identify food preparation practices and employee behaviors most in need of priority attention. The most frequent risk factors observed out of compliance across all industry segments were poor personal hygiene and improper holding time and temperature (Figure 10).

Although food allergen awareness is not a foodborne illness risk factor, food allergens have become an emerging concern in retail food establishments across the nation. Results of the baseline risk factor study indicated full-service and fast-food restaurants and, surprisingly, senior independent living establishments in Washoe County had the highest percentage of out of compliance observations related to employee food allergen awareness.

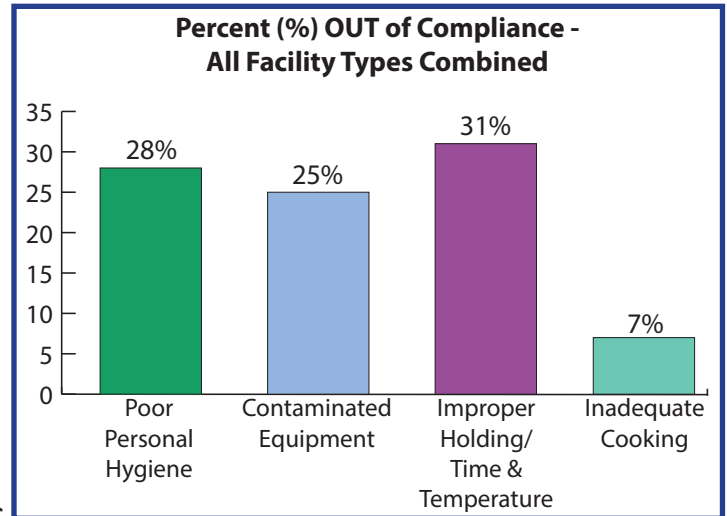


Figure 10. Most Frequent Risk Factors Out Of Compliance



Figure 11. Allergen Awareness Poster

The Food Safety Program has been implementing targeted intervention strategies designed to address the risk factors identified in the study. Some examples of intervention strategies (Appendix Q) include adoption of food establishment regulations consistent with the most current version of the FDA Food Code to include allergen awareness for the person-in-charge (previous versions of the regulation did not include this provision); allergen awareness posters in both English and Spanish (Figure 11); additional resources on the [Resource Library](#) website to include example procedures for cold holding, date marking, and hand washing; targeted media and social media campaigns to address personal hygiene and hand washing; emphasis on the risk factors most observed out of compliance during routine inspections; and an internal employee contest to design a date marking brochure (Figure 12) and magnet for food establishment operators.



Figure 12. Date Marking Cartoon

Due to the implementation of these strategies, the Food Safety Program anticipates a reduction in the occurrence of foodborne illness risk factors and hopes to fully meet Standard 9 – Program Assessments once our next data collection is completed in 2022.

Part III. Challenges, Objectives, Measurements, & Achievements

Challenge 1: Too Big to be Small and Too Small to be Big in the Biggest Little City



City of Reno Downtown Skyline

One of the biggest challenges faced by WCHD over the years is how to allocate program resources to ensure Washoe County establishments are receiving quality inspections and EHS staff are consistently applying regulatory requirements and policies across all establishments. We have struggled with the generalist versus specialist concept and often use the phrase “too big to be small and too small to be big” when referring to our jurisdiction. Prior to 2016, EHS division staff operated as specialists with dedicated staff assigned to each EHS program area. Due to economic growth, the resulting increase in permitted food establishments, and the need to balance workloads, the division re-organized and currently operates under a generalist concept as

described in Part II, Program Resources (pg. 2). With more staff conducting food inspections, some of whom have never been assigned to the program, the division was concerned inspection quality would decrease and consistency would be difficult to control. The following objectives were developed to resolve these challenges.

Revamp Food Safety Training Program

As mentioned in Part II, Training Program (pg. 5), the Food Safety Program developed a comprehensive training program for staff assigned to the program. As depicted in Figure 13, the progress for this objective is measured in the percent conformance with Standard 2 criteria over the years.

Quality Control

The training program defined inspection standards and gave staff the tools to successfully complete their job. The Food Safety Program then recognized the need to consistently measure performance to ensure a high level of inspection quality is maintained. Detail on the QA Program can be found in Part II, Quality Assurance Program (pg. 7). The QA Program is ongoing and will be evaluated after each 18-month period with targeted intervention strategies developed to address any inspection deficiencies observed during the QA cycle. Progress is measured using the percent of Standard 4 criteria met over the last several years.

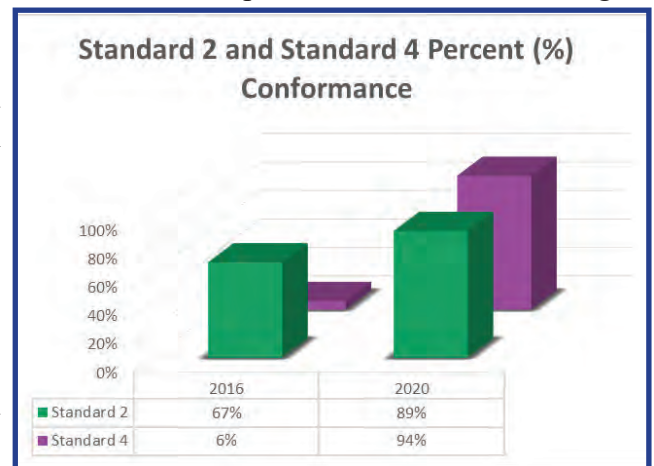


Figure 13. Progress Toward Standard 2 & 4

Communication and Staff Engagement

With the shift to a generalist structure, the EHS management team worked to ensure management is engaged in food safety related issues, supportive of food establishment inspection staff, and communicates expectations consistently. This was accomplished through the following methods: implementation of monthly program specific staff meetings to discuss trends noted during inspection report reviews; review of Accela Automation data reports on proper inspection report marking, documentation, and adherence to the compliance and enforcement policy; field standardization of management staff; all Supervisors participating in Standard 4 field evaluation inspections; and one-on-one meetings between managers and staff to discuss results of inspection audits. As a result of these efforts at the management level, overall staff engagement and buy-in has been noticed.

Challenge 2: Industry and Community Engagement

Prior to the six-year application period, the WCHD did little to engage the community and measured program success by the number of annual inspections conducted rather than the impact those inspections had on public health outcomes. During the Program Standards Strategic Planning Workshop in 2015, our Retail Food Specialist challenged us to think about whether we wanted to be a regulatory agency with a public health component, versus a public health agency with a regulatory component. We decided we wanted to be a public health agency and have been working to engage industry and the community on our efforts to reduce the occurrence of foodborne illness risk factors in our community. The following objectives were developed to achieve this goal.

Education First

While the Food Safety Program has always emphasized education when addressing violations and the resulting corrective actions, there was not a consistent method to accomplish this goal. Over the last six years, the program has established and executed the following approaches to emphasize active managerial control in food establishments through education:

- A risk-based inspection approach and rating system that emphasizes control of foodborne illness risk factors including enforcement for long-term control in establishments (pg. 6 & 9)
- Development of educational outreach materials (pg. 10)
- Workshops and training opportunities that include industry and the general public (pg. 5 & 10)
- QA Program performance measures for staff consistency (pg. 7)

Progress for this goal is measured using the level of conformance with Standards 2, 3, 6 and 7 (Figure 14).

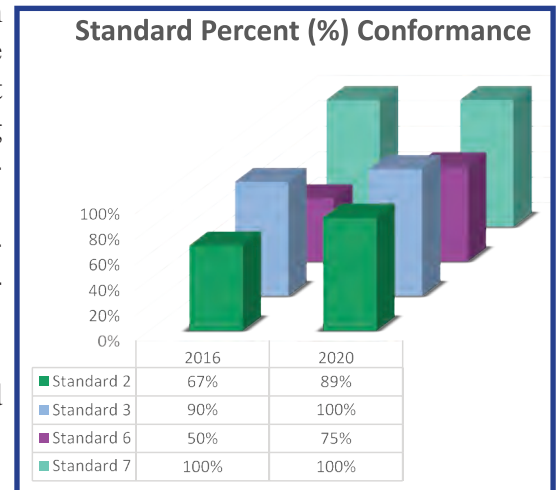


Figure 14. Progress Toward Standards 2, 3, 6 & 7

Shift in Messaging

The WCHD Food Safety Program reformed the message communicated to upper management and policy makers. Instead of communicating outputs (number of annual inspections conducted), the program has shifted to measuring outcomes, (reduction of foodborne illness risk factors). Objectives that helped the program realize this change include the 2017 baseline risk factor study and the successful incorporation of the reduction of foodborne illness risk factors as a goal in the WCHD strategic plan. The program anticipates a measurable reduction in the occurrence of foodborne illness risk factors after the completion of the next data collection period in 2022.

Recognition of Outstanding Achievements



Figure 15. Excellence in Food Safety Awards Logo

To recognize food establishment for their accomplishments rather than their deficiencies, the Food Safety program developed The Excellence in Food Safety Awards (The Awards) in 2020. The Awards were created to recognize food facilities that exceed established requirements and demonstrate a commitment to long-term food safety. Participation encourages facilities to publicize their food safety record and assists in employee team building and awareness of food safety practices. By hosting The Awards, the WCHD has fostered a more collaborative working relationship with the food service industry. The 2020 inaugural award was given to the winning establishment during the January 2021 District Board of Health meeting. Winning facilities receive an award certificate, award logo window cling, digital award logo (Figure 15), and recognition on the WashoeEats app to acknowledge their dedication and achievement of maintaining the highest standards of food safety in our community.

Challenge 3: Tracking Emerging Food Handling Practices

The Reno area restaurant scene has experienced significant growth over last several years. Due to the growth of the local food movement, more advanced educational techniques among culinary professionals, and specific flavor and texture preferences have burst onto the scene. Many establishments are conducting specialized food processes that require HACCP plans and/or code waivers that may include fermentation, acidification, reduced oxygen packaging, cook-chill, and sous vide. In many cases, inspectors often fail to identify these processes or are intimidated by terms such as “HACCP” and “waivers.” Often, HACCP processes may either be suspended, leaving the establishment operator frustrated, or allowed to continue with no food safety controls, leaving the public at risk. Over the last six years, the Food Safety Program has established the following objectives to promote food safety controls and to prevent illness associated with these processes.

Development of HACCP Team

As described in Part II, HACCP Principles (pg. 6), the Food Safety Program developed a procedure to identify, review, validate, verify, and approve food preparation activities requiring a HACCP plan and/or waiver request (Appendix G). The program actively works to ensure staff is knowledgeable on emerging specialized food preparation processes and is trained to identify these processes during establishment inspections. In addition to attending the Nevada Food Safety Task Force conferences, the FDA Pacific Region Retail Food Seminars, and the AFDO Annual Education Conferences, the program used grant funding to bring specialized training to the WCHD. Specialized training included the North Carolina State Retail HACCP Validation and Verification course and Brian Nummer’s Retail Fermented Foods course. Additionally, many staff members attended the FD312 Special Processes at Retail course in 2020.



Example of Food Requiring a HACCP Plan

In 2015, the Food Safety Program developed a HACCP team comprised of the Food Safety Program Senior, staff assigned to the program, and the inspector assigned to the specific facility. A written policy describing how the HACCP team would review and approve HACCP plans and requests for waivers was also developed. The team currently meets with operators interested in conducting processes requiring HACCP plans and/or waivers prior to HACCP plan development to review the food preparation process and provide the operator with [resources necessary](#) to complete the written HACCP plan. Once the written plan is approved, the team conducts a verification inspection to ensure the processes are being conducted in conformance with the approved plan. Upon verification, the team issues a final approval for the written plan and process. The HACCP or waiver process is reviewed for continued conformance during subsequent routine inspections. Since the inception of the HACCP review process, the program has noted an increase in food establishment operators taking a proactive approach to ensure safe food handling practices are in place prior to application of the process.

Obtaining Information on Food Handling Processes Upfront

The plan review process is an opportunity to prepare and discuss proper food handling techniques that will facilitate the success of the food establishment and help the facility stay in compliance over time. In 2018, the WCHD developed a comprehensive Food Establishment Review Application (Appendix R) that requires operators to list proposed equipment, mechanical and plumbing systems, floor plans, food preparation processes, and menu items. The application is consistent with procedures in the CFP document, Plan Review for Food Establishments 2016. In 2019, the program began using this application for all new facilities including those going into existing buildings not requiring plan review. The application process has helped establishments identify potential problems, and complications can be identified before costly purchases, installation and construction occurs.

Part IV. Program Longevity

The Food Safety Program plans to continue to build the foundation of the Health District's Retail Food Safety Program and make our program sustainable. This will be accomplished through the program's long-term goal of meeting the Program Standards and the Washoe County District Board of Health strategic plan. The strategic plan includes the goal of reducing the occurrence of foodborne illness risk factors in our community and meeting all nine Program Standards.

The WCHD was awarded accreditation by the Public Health Accreditation Board in August 2019, a milestone accomplishment that shows that we meet or exceed the rigorous standards established by the Public Health Accreditation Board. Accreditation affirms our commitment to continuous quality improvement to meet our community's needs and demonstrates our accountability and credibility to everyone with whom we work. Like public health accreditation, the Program Standards serve as a continuous improvement system that provides a framework for our program within which the active managerial control of the risk factors can best be realized.

The Food Safety Program has set lofty goals for 2021 and the next decade. The work done in the last six years helped lay the foundation for great success. It is our hope that with the support of our District Board of Health, staff, food establishment industry, and the community, we can continue this positive momentum into the next decade and continue to protect and enhance the well-being and quality of life for all in Washoe County.



WCHD Environmental Services Staff

Part V. Contact Information and Permission

Kevin Dick
Washoe County Health District
1001 East 9th Street
Reno, NV 89512
775-328-2434

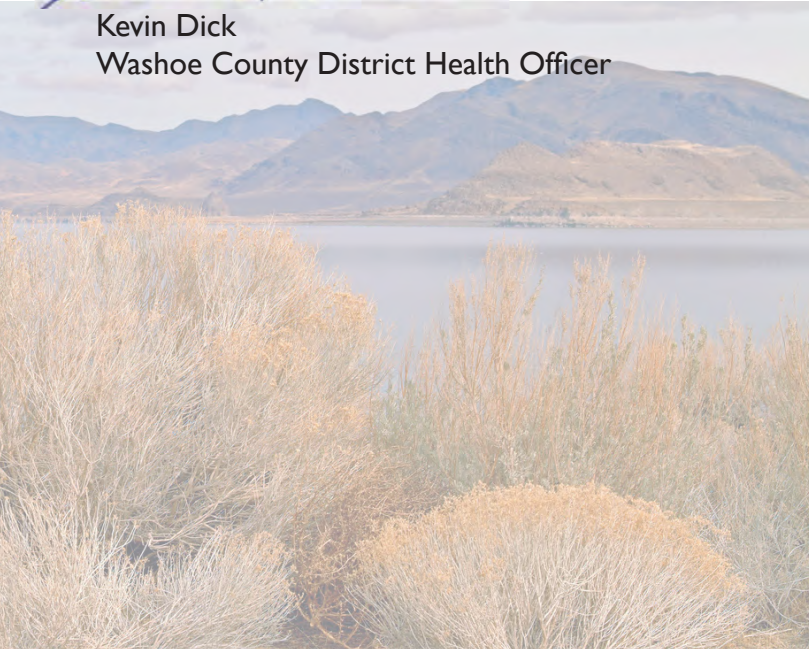
kdick@washoecounty.us

Washoe County Health District grants permission to the Foodservice Packaging Institute to place this Crum-bine Award application on www.crumbineaward.com.

Sincerely,



Kevin Dick
Washoe County District Health Officer





February 11, 2021

Samuel J. Crumbine Consumer Protection Award Jury
c/o The National Association of County and City Health Officials
1201 Eye Street, NW, 4th Floor
Washington, DC 20005

Dear Jury Members,

On behalf of BJ's Nevada Barbecue Co. I would like to recommend the Washoe County Health Department for the 2021 Samuel J. Crumbine Consumer Protection Award.

My name is Jay Rathmann, and I am the business owner and Executive Chef of BJ's Nevada Barbecue Co. in Sparks, Nevada. I sit on many boards in our community. I am the local chapter President of the American Culinary Association; I also sit on the Washoe County School District "Committee for Careers and Technical Education" board. I am well versed with working alongside and in conjunction with the Washoe County Health Department (WCHD) creating positive and efficient relationships in our community. My business uses multiple processes like HACCP, Cook and Chill, ROP, Curing, Fermentation in our day-to-day restaurant, catering and special event operations.

I have had the privilege working with the WCHD for over 30 years. Attending multiple public educational classes put on by the department in HACCP, Fermentation, Serve Safe, Etc. I have had nothing but a positive and completely professional relationship when working with WCHD. The WCHD is continually leading our community in public and professional education seminars on topics pertaining to Health, Food Safety and Education. I am fortunate to have a fantastic relationship with our local health department when it comes to HACCP management and verification techniques. We partnered with the WCHD to allow new department employees to visit our facility and have hands on HACCP inspections to allow employees to participate in real world scenarios pertaining to specific procedures. Forming this relationship was positive for both the regulatory agency and our industry. This is just one example of the high standards and steps the department is taking to involve themselves to help ensure better food safety, documentation of procedures and identification of risk factors that are known to reduce foodborne illness in our industry. This relationship allows department employees to relay actual on job training and information to other businesses in our community and help proliferate the communication of information. Anytime there is an opportunity to discuss topics of interest related to food safety, planning, or evaluating procedures the WCHD has always been

extremely proactive. During the Covid-19 pandemic their response to setting up discussions or zoom meetings for discussions of topics has been nothing short of exemplary.

WCHD dedication and commitment to food safety along with the continuing education, safety and wellbeing to the citizens and businesses of Washoe county is why I think they are deserving of the 2021 Samuel J. Crumbine Consumer Protection Award.

Thank you, for your consideration,

A handwritten signature in black ink, appearing to read 'Jay Rathmann', with a long horizontal flourish extending to the right.

Jay Rathmann CEC, CCA, WCEC
Owner, Executive Chef
Bj's Nevada Barbecue Co.
80 East Victorian Ave. Sparks, NV 89431
775-355-1010 / jay@bjsbbq.com



February 25, 2021

Samuel J. Crumbine Consumer Protection Award Jury
c/o The National Association of County and City Health Officials
1201 Eye Street, NW, 4th Floor
Washington, DC 20005

Dear Crumbine Award Jury Members:

The Washoe County Health District, Environmental Health Services Division is applying for the Samuel J. Crumbine Consumer Protection Award for Excellence in Food Protection at the Local Level, and I am pleased to submit this testimonial letter on behalf of the Southern Nevada Health District (SNHD), Environmental Health Division, who was honored to receive the award in 1998 and, most recently, in 2020.

The Washoe County Health District is the agency of jurisdiction for Washoe County, Nevada, and is the home to our sister city, Reno, Nevada. As such, we share common goals and are in frequent communication and collaboration with them regarding issues that not only effect Nevada, but the practice of environmental health in general and food safety specifically nationwide.

Notable achievements in our food safety partnership include:

- Participation in the NACCHO Mentorship program as a mentee to SNHD during the 2016-2017 Cohort 6 period.
- Coordination to complete verification audits and other achievements that demonstrate meeting the Voluntary National Retail Food Regulatory Program Standards (the Standards).
 - SNHD Regulatory Support Office completed verification audits of Standard 3 and Standard 5 for Washoe County Health District in 2019.
 - Washoe County Health District completed an audit for SNHD for Standard 5 on September 13, 2019 and November 17, 2020.
- Ongoing coordination regarding unpermitted food vendors, cottage food operators, the use of CBD in food, and other current topics and events.
- Joint participation in training opportunities such as the Nevada Environmental Health Association's Annual Conference, Special Processes courses, FDA courses such as FD218 and FD312, and the North Carolina State University HACCP coursework.

Washoe County Health District is a trusted partner in food safety. We rely on each other for advice to produce the best food safety outcomes possible for the state of Nevada and our respective jurisdictions. It is clear to us that Washoe County Health District has the achievements necessary to be the next holder of this honor. If I can provide any additional information in support of the Washoe County Health District's application, please contact me at 702-759-1693 or saxton@SNHD.org.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Chris Saxton', is written over a light blue horizontal line.

Chris Saxton, MPH-EH, REHS
Director of Environmental Health
Southern Nevada Health District

Environmental Health Division
280 S. Decatur Blvd. | P.O. Box 3902 | Las Vegas, NV 89127
(702) 759-0500 | www.SNHD.info



February 17, 2021

Samuel J. Crumbine Consumer Protection Award Jury
c/o The National Association of County and City Health Officials
1201 Eye Street, NW, 4th Floor
Washington, DC 20005

Dear Crumbine Award Jury Members,

It is with great honor that I recommend the Washoe County Health District, Environmental Health Division for the Samuel J. Crumbine Consumer Protection Award in excellence of food protection at the local level. I am pleased to provide the following examples that highlight their excellence of service, commitment to quality care, and their true dedication to work with us as a team. The following examples demonstrate the character of service:

COVID TIMES

- The WCHD has always been a great partner during our many renovations, guiding us to provide safe facilities for public use. They worked with us to find realistic ways of implementing Covid guidelines, while continually keeping our business and financial needs in mind. This allowed us to provide a safe facility for our customers, associates and owners.
- WCHD inspectors and team members have been kind and helpful, establishing a solid and trusted business relationship with us.
- The WCHD provided recommendations and guidance on how, as a hotel, we can improve the safety of our colleagues and guests.
- The WCHD team is always prompt to answer any questions we may have regarding new regulations. It is a great comfort to know they are there if we need anything.
- The WCHD team has been incredible about promptly informing us about new regulations, updates and changes to COVID 19 policies.
- The WCHD will continue to be an important resource for our hotel and county as we navigate through COVID -19.

RENOVATION GUIDANCE

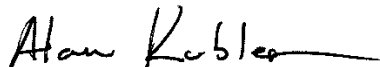
- The WCHD are supportive and always well educated about all our renovation projects.
- We have received very detailed and helpful specifics regarding current and future code requirements, therefore ensuring we design the most compliant Food Service Spaces.
- Working with WCHD has provided us the utmost confidence when presenting our building proposals to the Tahoe Regional Planning Agency for final approval.

TRAINING

- All restaurant inspections are conducted with genuine respect, focusing on potential situations while always working together as a team to provide solutions.
- Health Department representatives work with us to provide education in regards to food preparation and storage.
- The Food Protection Program is constantly evolving and it can be challenging to be aware of all current and revised standards and regulation, therefore we enjoy the support and training we receive from the WCHD to keep us current and in compliance.

The Hyatt Regency Lake Tahoe Resort, Spa and Casino recognizes the incredible service and commitment that the Washoe County Health District, Environmental Health Division provides our team, therefore it is our sincere honor to recommend them as deserving recipients for the Samuel J. Crumbine Consumer Protection Award.

Sincerely,



Alan Kubler
Executive Chef
Hyatt Regency Lake Tahoe Resort, Spa and Casino
111 Country Club Drive
Incline Village, NV
89451

PEPPERMILL RENO

February 18, 2021

Samuel J. Crumbine Consumer Protection Award Jury
c/o The National Association of County and City Health Officials
1201 Eye Street, NW, 4th Floor
Washington, DC 20005

Dear Crumbine Award Jury Members,

Over the last 15 years, the Peppermill Resort Casino has worked in partnership with the Washoe County Health Department to establish a very high standard for food safety. It is with great privilege that we write this letter of recommendation on their behalf.

The Washoe County Health District has conducted special training with our chefs to ensure the most up-to-date procedures and practices are in place. We have also worked with the WCHD's newest inspectors and hosted them on property for training purposes. Because of our resort's assorted kitchens and restaurants, inspectors are able to see a wide range of applications within one building.

Because of our alliance with the Health Department, the Peppermill has been able to develop a much more intense HACCP program with our commissary kitchen that includes ROP and Vacuum packaging for 2 of our properties. With our open channels of communication, we have also been able to consult on proper and safe procedures before we implement a new dining outlet or menu items.

Additionally, the Washoe County Health Department was an immense resource for the Peppermill in relation to our practices during the COVID-19 pandemic and always made themselves available for any questions or concerns.

We submit this application for the Washoe County Health District with the highest level of recommendation for their assistance and partnership throughout the years.

Sincerely,



Chef Michael Johnson
Executive Chef



Randolph County Public Health

Environmental Health

204 East Academy Street

Asheboro, NC 27203



Telephone (336) 318-6262

Fax (336) 318-6285

February 25, 2021

Samuel J. Crumbine Consumer Protection Award Jury
c/o The National Association of County and City Health Officials
1201 Eye Street, NW, 4th Floor
Washington, DC 20005

Dear Crumbine Award Jury Members:

The Washoe County Health District Division of Environmental Health Services is applying for the Samuel J. Crumbine Consumer Protection Award for Excellence in Food Protection at the Local Level, and I am pleased to submit this testimonial letter on behalf of Randolph County Public Health's Environmental Health program (hereafter referred to as RCPH).

RCPH is a county government agency that is responsible for the regulation of food and lodging establishments in Randolph County North Carolina. The mission of this agency is to preserve, protect and improve the health of the community by the collection and dissemination of health information, education and service programs aimed at the prevention of disease, protection of the environment, and improvement of the quality of life for our citizens.

RCPH enrolled in the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS) in April of 2017 and since that time, has been working with NACCHO through the Mentorship Program to complete various projects in the Standards, most recently working towards completing the Standard 9 Risk Factor Study. This current cohort saw us paired with Washoe County Health District as our mentor. They were tasked with assisting us in the completion of our third and final year of our risk factor study. Although we are just a few months in to our current project efforts, the assistance, generosity and professionalism of the staff at Washoe County Health District has and continues to shine through and they have become an invaluable asset to the program here at RCPH.

The COVID-19 pandemic has had a drastic impact on how programs like the NACCHO Mentorship Program typically operate, but that has not hindered the effectiveness of the partnership that now exists between Washoe County and RCPH. Washoe County Health District has set up monthly meetings via Microsoft Teams in which they have systematically walked us through our work plan for this cohort. Already, they have answered questions that we have had about our data collections and reporting, and have sent over technical documents that can assist us with not just our risk factor study data collections, but our routine inspections as well. They

are in the process of setting up a virtual site meeting between our county department and theirs, and if the monthly meetings are any indication, this meeting will be time well spent as we work to progress within the Program Standards.

Washoe County Health District has also sent a copy of their risk factor study final report so that we could use it as a guide in creating our own report at the end of the data collection cycle. This report is a technical document that requires a great deal of time and effort to assemble. For this reason, having another health district's report to pattern ours off of will save us many hours of work and will provide us with much needed structure as we look to convey our data in a way that is both thorough and at the same time, easy to understand. Based on the information that they provided us, we have been able to create a template for our final report and have started to work with their program through some of our more technical questions related to the reporting. With their help, RCPH hopes to be able to take the data from this study and to develop targeted intervention strategies that will lessen the occurrence of foodborne illness risk factors in our retail food establishments, thus creating a safer environment for the people of this county to dine in.

The staff members at Washoe County Health District have all be extremely personable and helpful, and it is immediately apparent that they place a high priority on the health and wellbeing of the population that they serve. This is evidenced by their work within the FDA Voluntary National Retail Food Regulatory Program Standards as well as in the NACCHO Mentorship Program. Their willingness to expand the effectiveness of their program through the Program Standards while simultaneously growing the capacities of other programs on a national level is truly aspirational. It is for this reason that I am happy to support their program in their bid for the Samuel Crumline Award for Excellence in Food Protection.

Sincerely,



Jaron Herring, REHS

Environmental Health F&L Supervisor
Randolph County Public Health
Environmental Health
204 East Academy Street
Asheboro, NC 27203
Phone: 336-318-6270
Fax: 336-318-6265
Email: Jaron.Herring@randolphcountync.gov



MCHD ENVIRONMENTAL

453 Van Voorhis Rd Morgantown, WV 26505 Phone: 304-598-5131 Fax: 304-598-5122



Dear Samuel J. Crumbine Consumer Protection Award Committee,

It is with the upmost pleasure that the Monongalia County Health Department has been asked by the Washoe County Health District of Reno, NV to submit a testimonial letter on their behalf for consideration of this prestigious award. Washoe County Health District is comprised of a stellar team of exemplary professionals with whom the Monongalia County Health Department was paired with during NACCHO's Mentorship Program Cohort 9.

The Environmental Health Services of the Washoe County Health District led my Amber English and Michael Touhey provided invaluable guidance and knowledge to our team who had not pursued achieving conformance with the Retail Program Standards prior to December 2019. This was truly a perfect match for our Health Department as we conducted a Self-Assessment of our Retail food regulatory programs. I can honestly say that I was petrified when I was informed by my Sanitarian Supervisor that we were selected to undertake this process. I felt overwhelmed as I attempted to review the Standards on my own. During the first call with the Washoe County Health District, my fears were put to rest. The group was so excited to learn about our Health Department and were ready to get into the trenches with us as we began our journey. This extraordinary team of Environmental Health experts were available by phone or email whenever a question would arise during this process. They were openly willing to share documents, procedures and policies so that we did not have to start from scratch but additionally they were instrumental in providing the tools that I felt I needed to successfully complete the Self-Assessment. Washoe County Health Department is responsible for giving me the confidence to lead my team during Cohort10.

I want to close by talking about my Site visit to Reno in February 2020. I was nervous of meeting the Washoe group that first morning. I was not sure if I would have anything to offer them while I was on their turf. They made me feel like one of their team. I could see the pride that they all had in their Retail food regulatory program as I felt about mine. Their Food Safety training materials (i.e. posters and brochures) were second to none. They truly expressed interest in my thoughts about their programs and documents. Washoe County Health District team members took the time to provide a presentation on each Program standard and handed me hard copies of their documents. Amber English took the time to download all the documents onto a flash drive as well. They took interest in the use of HealthSpace to perform and store all inspections.

Washoe County Health District are leading experts in Food Safety. Their Food Safety program is a model by which all Health Departments should strive to achieve and I believe a compelling choice for the Samuel J. Crumbine Consumer Protection Award.

Cordially,

Jennifer Costolo-Michael, MS, RS

Environmental Health Specialist
Monongalia County Health Department
453 Van Voorhis Road
Morgantown, WV 26505
304-598-5131



P.O. Box 150307
Denver, CO 80215
720-681-1615

www.FoodSafetyWorksLLC.com

February 18, 2021

Dear Crumbine Award Committee,

I am pleased to contribute a Testimonial Letter on the behalf of the Washoe County Health District, Reno, NV, Environmental Health Services (WCHD), to the Crumbine Award Committee.

My background includes 17 years as a Retail Food Specialist, U.S. Food and Drug Administration (FDA) with 33 years working for City, County, State, and Federal public health programs. My FDA Standardization is current and is recognized by the FDA for me to work with WCHD. I retired from the FDA September 2019.

I can vouch for the quality of the program based on my knowledge of and working with them.

My experiences with WCHD include the following:

- A. February 2020. Co-instructor. "Fermented Foods." Presented by Brian Nummer, Ph.D., Retail-Food Service Consortium. Fourteen hours on the Specialized Process, Fermentation, under the FDA and FDA Model Food Code. WCHD staff, including Program Manager, Supervisors and Food Safety Inspection Officers (FSIO), as well as food establishment operators, attended this two-day training.
- B. December 2020. Instructor. "Strategies to Focus Regulatory Inspections." Presented by Mario Seminara, R.S., Food Safety Works LLC. Eight hours on strategies and tools to focus regulatory inspections on the five CDC Risk Factors and five Food Code Interventions. WCHD "Standard Operating Procedure No. FS-18, Version V1, Effective 01/01/20" was reviewed and used during the class instruction. It is consistent with elements of focusing regulatory inspections. WCHD was successful in re-allocating grant funding approved and received, from the Association of Food and Drug Officials (AFDO), for Category 3-Training to have this training for WCHD FSIOs.
- C. Virtual FDA FD312 Special Processes. Co-Instructor, Mario Seminara, R.S. "Special Processes at Retail." Hosted by the National Environmental Health Association under the auspices of the Office of Training, Education and Development, FDA.
- D. In addition to the classroom and virtual training, WCHD has received a Retail Program Standards Cooperative Agreement through AFDO, Category 2-Moderate Projects. With concurrence from Office of State Cooperative Programs, Retail Foods Division, FDA, I will be conducting Standardization Inspections, as a qualified Training Standard as defined

in the “2021 Crumline Award Application Guidelines,” of the WCHD FSIOs, including Supervisory personnel. The Standardization Inspections will be highly beneficial by using the *FDA Food Code*, Standardization Forms and Procedures. Additionally, the number of Standardization exercises per FSIO will meet the Standard 2, Trained Regulatory Staff, guidance contained in the Voluntary National Retail Food Regulatory Program Standards (RPS). This WCHD exercise will take place the month of June 2021 in Washoe County, NV. This month-long exercise will move the WCHD forward towards meeting the requirements of Standard 2 in the RPS.

In summary, it is these referenced items that I have worked directly with and have pending work with WCHD leadership that shows they are taking-on much work to identify and reduce the out of compliance rate of the risk factors to reduce the incidence of foodborne illness within their jurisdiction. Upper Management has supported these efforts by providing WCHD budget funds to achieve this work. WCHD has also been successful in submitting project proposals and receiving grant funding through AFDO to make this work possible.

These are only some of their accomplishments of which I have direct knowledge. The support of Upper Management in securing funding and the awarding of competitive grant funding opportunities is evidence of the quality and forward track WCHD is on to increase public health to the benefit of their residents and visitors. I know that WCHD has adopted a continuous quality improvement model and would serve as a beacon to health departments nation-wide on what they have accomplished, their methods and what will be done in the future.

I support WCHD 100% to be the 2021 recipient of the prestigious Crumline Award.

Thank you for the opportunity to provide this testimonial on their behalf. Please feel free to reach out to me if you have any questions or need additional information.

Best regards,

A handwritten signature in blue ink that reads "Mario Seminara". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Mario Seminara, R.S.
Food Safety Consultant/Trainer
Owner, Food Safety Works LLC

Steve Sisolak
Governor
Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator
Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

February 9, 2021

Samuel J. Crumbine Consumer Protection Award Jury
c/o The National Association of County and City Health Officials
1201 Eye Street, NW, 4th Floor
Washington, DC 20005

Dear Crumbine Award Jury Members:

The Washoe County Health District (WCHD) is applying for the Samuel J. Crumbine Consumer Protection Award for Excellence in Food Protection at the Local Level. I am pleased to submit this testimonial letter on behalf of the Nevada Division of Public and Behavioral Health.

The Nevada Division of Public and Behavioral Health is the health authority for the State of Nevada. DPBH-EHS, is one of four health authorities providing services to 17 counties. Our state encompasses various communities from rural to urban with a wide range of public health programs. Our partnership with the WCHD involves developing and maintaining the public health infrastructure. Our programs work collaboratively to foster quality improvement, performance management, accountability, transparency, and capacity to deliver essential public health services.

The Washoe County Health District is the second-largest public health organization in the State of Nevada. Nearly a half-million persons live in the rapidly growing county. Their mission is to protect and enhance the well-being and quality of life for all in Washoe County.

I appreciate WCHD's Food Program working with the State Environmental Health program on a variety of issues. WCHD has a robust collaborative core of public health staff who regularly participate in open information exchange with the Division. Washoe County has applied for grants and spearheaded necessary training, made available locally, such as the North Carolina HACCP Course, the Special Processes at Retail, and Managing Employee Health Workshop. They have also worked on public outreach for guide dogs in retail, which is a widely recognized program in our communities. WCHD organized many statewide conference calls with all Food Programs in Nevada to discuss our shared challenges. This allows all the food programs to become aware of these issues and discuss them to have a consistent message on a new issues.

I look forward to hearing the recipients of the Crumbine Award. If I can provide any additional information supporting the WCHD application, please contact me at 775-687-7553 or thayes@health.nv.gov.

Sincerely,

A handwritten signature in blue ink that reads "Teresa Hayes".

Teresa Hayes, R.E.H.S
Environmental Health Program Manager 3



CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

March 1, 2021

Samuel J. Crumbine Consumer Protection Award Jury
c/o The National Association of County and City Health Officials
1201 Eye Street, NW, 4th Floor
Washington, DC 20005

Dear Crumbine Award Jury Members:

It is with great pleasure to submit this testimonial letter on behalf of Carson City Health and Human Services (CCHHS), for the Washoe County Health District (WCHD) application for the Samuel J. Crumbine Consumer Protection Award for Excellence in Food Protection at the Local Level.

As Northern Nevada's largest health department WCHD has taken the lead to find innovative approaches to solving problems facing food protection in Northern Nevada.

WCHD has built a strong relationship with CCHHS by openly exchanging and collaborating information related to food protection and public health. WCHD has organized regional training opportunities – Managing Employee Health Workshop, NC State HACCP Course, and Brian Nummer Special Processes Course, that CCHHS staff has attend and through these class CCHHS has been able to improve process within our food protection program.

Over the past six years WCHD has been an active participant in the Voluntarily National Retail Food Regulatory Program Standards, consistently contributing ideas, solutions and sharing resources during Northern Nevada quarterly meetings.

WCHD accomplishments, dedication, commitment to food safety and public health and teamwork are all characteristics of an organization that is deserving of the Samuel J. Crubine Excellence in Food Protection Award.

Sincerely,

Dustin Boothe, REHS, MPH
Disease Control and Prevention Manager

Carson City Health & Human Services

900 East Long Street • Carson City, Nevada 89706 • (775) 887-2190 • Hearing Impaired–Use 711

Clinical Services (775) 887-2195 Fax: (775) 887-2192	Public Health Preparedness (775) 887-2190 Fax: (775) 887-2248	Human Services (775) 887-2110 Fax: (775) 887-2539	Disease Control & Prevention (775) 887-2190 Fax: (775) 887-2248	Chronic Disease Prevention & Health Promotion (775) 887-2190 Fax: (775) 887-2248
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**The Samuel J Crumbine Consumer Protection Award for Excellence in Food
Protection at the Local Level 2021**

APPENDICES A – R

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APPENDIX A – WCHD EHS Fee Schedule FY2020/2021 (Food Facility Section)

Washoe County Health District				
Fee Schedule FY2020/2021 - Environmental Health Services				
Description	App Fee	Coding	Effective 7/1/2020	Effective 7/1/2021
PLAN REVIEW - FOOD FACILITIES (172400-460523)				
Food Service Establishment Construction-Plan Review 'Base Fee'		172400-460523	\$ 374	\$ 381
Project less than 1,000 square feet		172400-460523	\$ 417	\$ 423
Project 1,000 to 2,999 square feet		172400-460523	\$ 574	\$ 583
Project 3,000 or greater square feet		172400-460523	\$ 835	\$ 849
Food Service Establishment Construction Remodel Plan Review - 'Base Fee'		172400-460523	\$ 374	\$ 381
Food Service Establishment Construction Remodel Plan Review		172400-460523	\$ 364	\$ 370
FOOD ESTABLISHMENT PERMITS (172400-422507)			Application Fee:	\$ 326 \$ 331
Food Service Establishment - Application Fee / Change of Service Area		172400-422514	\$ 326	\$ 331
Bakery Permit	App Fee	172400-422507	\$ 374	\$ 381
Bar Permit	App Fee	172400-422507	\$ 374	\$ 381
Delicatessen Permit	App Fee	172400-422507	\$ 425	\$ 433
Food Manufacturing Permit	App Fee	172400-422507	\$ 425	\$ 433
Grocery Store Permit	App Fee	172400-422507	\$ 374	\$ 381
Meat Market Permit	App Fee	172400-422507	\$ 374	\$ 381
Mobile Food Unit Pre-Packaged	App Fee	172400-422507	\$ 327	\$ 332
Mobile Unit/Service Area	App Fee	172400-422507	\$ 530	\$ 539
Outdoor Food Establishment	App Fee	172400-422507	\$ 321	\$ 327
Portable Unit for Service of Food/Service Area	App Fee	172400-422507	\$ 530	\$ 539
Restaurant Permit	App Fee	172400-422507	\$ 478	\$ 486
Satellite Food Distribution Site Permit	App Fee	172400-422507	\$ 216	\$ 219
School Kitchen / Child Care Kitchen Permit	App Fee	172400-422507	\$ 425	\$ 433
Snack Bar Permit	App Fee	172400-422507	\$ 374	\$ 381
Support Kitchen Permit	App Fee	172400-422507	\$ 425	\$ 433
Vending	App Fee	172400-422507	\$ 374	\$ 381
Warehouse Permit	App Fee	172400-422507	\$ 374	\$ 381
Mobile Food Depot		172400-422507		
Exemption from Inspection - Initial Review (1x charge) exempt/cottage food/farm to f		172400-422507	\$ 102	\$ 104
Exemption from Inspection - Annual exempt/cottage food/farm to f		172400-422507	\$ 13	\$ 13
HACCP Plan - Initial Review		172400-422507	\$ 581	\$ 591
Operational Plan - Initial Review		172400-422507	\$ 316	\$ 321
Food Service Variance (Permitted Facility)		172400-422507	\$ 958	\$ 973
SPECIAL EVENTS PERMITS (172400-422513)				
1- 3 Day Event Permit		172400-422513	\$ 174	\$ 177
4-7 Day Event Permit		172400-422513	\$ 281	\$ 285
8-14 Day Event Permit		172400-422513	\$ 489	\$ 497
1-7 Day Event (Low Risk Permit)		172400-422513	\$ 175	\$ 178
8-14 Day Event (Low Risk Permit)		172400-422513	\$ 281	\$ 285
Non Profit 1-14 Day Permit		172400-422513		
Non-Profit Conditional Maximum Permit		172400-422513		
Cumulative Maximum Permit		172400-422513	3x Permit Fee	3x Permit Fee
Annual Farmer's Market Produce Sample Permit		172400-422513	\$ 281	\$ 285
Annual Sampling Permit		172400-422513	\$ 281	\$ 285
Promoter Special Event Permit to Operate		172400-422513	\$ 1,284	\$ 1,305
Promoter Recurrent Special Event Permit to Operate		172400-422513	\$ 1,828	\$ 1,857
Late Fee			\$100	\$100
Reinspection - Temp Food/Special Event			Permit fee	Permit fee
MISCELLANEOUS				
New Facility/Change of Ownership - Application fee (non-food)			\$ 280	\$ 284
Permitted Facilities Re-Inspection / Validated Complaint			\$ 191	\$ 194
Limited Advisory Inspection (\$194 per hr/2 hr minimum)	per hr/2 hr min	Starting at:	\$ 382	\$ 388
Limited Advisory Inspection-Non-Standard Hours (\$260 per hr/2 hr minimum)	per hr/2 hr min	Starting at:	\$ 512	\$ 520
Validated Facility Complaint	per hour	172400-460513	\$ 191	\$ 194
Validated Foodborne Illness Investigation	per hour	172400-460513	\$ 191	\$ 194

WCHD Grant Funding Summary of Activities

2013-2017 FDA Cooperative Agreement \$350,000

- Food Establishment Regulation Updates
- Conformance with Standard 3 through the development of a new risk-based inspection process and form (IN/OUT/NA/NO) that documents compliance
- Electronic form development by software developer
- Development of policies to divide food establishments based on risk
- Development of HACCP Program
- Development of outreach and resources materials for food establishment operators
- Various food safety trainings and conferences for staff including FDA OTED courses, FDA Pacific Region Seminars, AFDO Conferences, Nevada Environmental Health Association/Nevada Food Safety Task Force Annual Conference, and Conference for Food Protection
- Food safety education media campaigns
- Employment of an Intermittent Public Health Educator to assist with outreach efforts
- Completion of a baseline risk factor study

2015-2016 AFDO & FDA Retail Program Standards Grants \$7,500

- Graphic design and media outreach on new inspection rating icon
- Completion of Program Standards Self-Assessment
- Attendance at the join FDA Pacific Region Seminar/WAFDO Conference held in Reno for 17 WCHD staff

2016-2017 AFDO & FDA Retail Program Standards Grants \$20,075

- Hired software vendor to develop specialized food establishment inspection permitting software data reports
- Training by software developer on how to run Ad Hoc food establishment inspection data reports from Accela permitting system
- Development of vinyl window cling placard for food establishments to post and advertise inspection results – placard includes WashoeEats QR code and weblink
- Attendance at WAFDO and FDA Pacific Region Seminar

2017-2018 AFDO & FDA Retail Program Standards Grants \$7,882

- Development of waiver process to allow pet dogs on outdoor patios
- Development of “dog access approved” metal sign for operators approved to have pet dogs in outdoor dining areas
- Attendance at Joint Nevada Food Safety Task Force and Nevada Environmental Health Association Conference

2018 NACCHO Mentorship Program \$7,933

- Five staff attended the NEHA Annual Educational Conference and NEHA REHS Credential Exam
- Purchase of WCHD EHS colorful logo table runner and cover for educational outreach booth
- WCHD logo promotional items such as pens, sticky notes, and water bottles to be handed out during outreach events

2017-2020 FDA Cooperative Agreement \$210,000

- Food establishment regulation amendment announcement postcard mailers
- Attendance at CFP, FDA Pacific Region Seminars, and FDA OTED courses
- Language translation for food safety outreach materials and development of resource library on website
- Risk factory study intervention strategies to include posters, magnets, stickers, and media campaigns on employee health and hygiene, food allergens, and date marking
- Development of WashoeEats mobile app
- WashoeEats mobile app media campaign

2018-2019 AFDO & FDA Retail Program Standards Grants \$26,093

- Attendance at Joint Nevada Food Safety Task Force and Nevada Environmental Health Association Conference
- Managing Employee Health Workshop hosted by WCHD
- NC State Retail HACCP Validation and Verification Workshop hosted by WCHD
- Attendance at FDA OTED Courses

2019-2020 AFDO & FDA Retail Program Standards Grants \$7,976

- Attendance at Joint Nevada Food Safety Task Force and Nevada Environmental Health Association Conference *This conference did not occur due to the COVID-19 pandemic – extension has been received
- Program Standards Self-Assessment Audit
- Strategies for Focused Inspections virtual training provided to WCHD by Food Safety Works LLC

2020 NACCHO Mentorship Program \$14,000

- Brian Nummer HACCP course hosted by WCHD
- Printing of Allergen Awareness Posters
- Electronic equipment upgrade in EHS conference rooms for virtual meetings and trainings

APPENDIX B – WCHD Grant Funding Summary

2021 NACCHO Mentorship Program \$12,000 (proposed activities)

- Video processing computer, and video/audio tech equipment for food safety training videos to be developed for food establishment operators
- WCHD logo promotional items
- WashoeEats mobile app update – incorporation of icons to recognize Excellence in Food Safety Award winners

2021 AFDO & FDA Retail Program Standards Grant \$19,965 (proposed activities)

- Contractual services of Mario Seminara, Food Safety LLC to conduct field standardization of WCHD employees

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)



**ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL HEALTH SPECIALIST TRAINING MANUAL**

Name _____

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

Preface

The documents contained herein are Version 3 of the Washoe County Health District Environmental Health Services Environmental Health Specialist Training Manual. The intent is to standardize training in General Environmental Health for field staff consistent with National standardization guidelines set forth by the Food and Drug Administration (FDA) and accepted widely as a general model for foods and other environmental programs in federal, state and local agencies. Section contents include background of individual programs and/or subprograms and a number of required sign-offs. The first few sections are more extensive and include inspection training in Foods, Pools and Spas and Institutions. The Trainee will culminate their field training in the first few sections by taking the lead on inspections for which they will be evaluated. Completion will be acknowledged and signed off by an experienced Environmental Health Specialist following each inspection. The evaluation by which the Trainee led inspection will be assessed is attached following each subsection sign-off. There are a number of sections and subsections which require orientation to specific programs and subprograms that are less extensive. The orientation trainings and signoffs are in disciplines of Environmental Health that have more specialized subprogram components and inspections not assigned as part of the General Environmental Area Inspections. This manual does not include or preclude more extensive training requirements in more specialized program and subprogram areas following Trainee program and subprogram assignments.

Environmental Health Specialist Trainees in Nevada must register with the Nevada Environmental Health Association with ninety (90) days of hire. The application is attached in **Appendix A** and can also be found at www.nvrehs.org. The registration form and documents must be completed by the Trainee and turned in to Environmental Health Services Administration for submittal and payment. Registration renewal is maintained annually with Nevada Environmental Health Association as a legal requirement for all Environmental Health Specialists working in government agencies in the State of Nevada. Additionally, Environmental Health Specialists in the Washoe County Environmental Health Services Division are required to pass the examination for Registered Environmental Health Specialist administered through the National Environmental Health Association within three (3) year of employment. Information on the examination pre-requisites can be found in **Appendix B**. Additional information on the national registration exam can be found at www.neha.org. Trainees are encouraged to begin their course of study for the national registration examination with the first year of employment.

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

ENVIRONMENTAL HEALTH SERVICES ENVIRONMENTAL HEALTH SPECIALIST TRAINING MANUAL

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APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

FOOD PROTECTION TRAINING PROGRAM

1. PURPOSE

The food protection-training program is designed to prepare environmentalist trainees to conduct risk-based assessments at food establishments. In addition, this program is designed to work toward completion of the FDA's Voluntary National Retail Food Regulatory Program Standard 2 – Trained Regulatory Staff.

2. PROGRAM MISSION

Foodborne illness is a major cause of personal suffering, preventable death, and economic burden. It is the mission of the food protection program to prevent foodborne illnesses from occurring in the community.

3. PROGRAM DESCRIPTION

The Food Protection Training Program is broken down into four subprograms:

- 1) Field Inspection of Temporary Food Establishments and Special Event Organization
- 2) Food Safety;
- 3) Construction and Plan Review, and;
- 4) Foodborne Illness and Foodborne Outbreak Investigations.

The Washoe County District Health Department's Food Protection Program provides the following services:

- Inspecting permitted public food establishments to ensure compliance with statutes, regulations, and codes;
- Investigating foodborne illness and injury complaints, and general complaints concerning food establishment operations;
- Investigating and stopping foodborne disease outbreaks;
- Excluding food handlers known to be infected with diseases transmissible through food, water or person-to-person contact;
- Participating in Federal and State food product recall verification activities;

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

- Reviewing plans for construction, remodeling, and upgrading food establishments and conducting inspections to verify conformance with approved plans;
- Conducting change in ownership inspections to ensure that food establishments that are being transferred to new owners are physically upgraded to current statutory and regulatory standards;
- Reviewing Hazard Analysis Critical Control Point (HACC) plans, Waiver Requests, and operational plan requests to ensure compliance with the food establishment regulations;
- Issuing operating permits;
- Verifying food establishments are in compliance with Certified Food Protection Manager requirements;
- Promoting safe food handling among food operators and consumers.

4. PROGRAM TRAINING GOALS

Upon completion of the training program, the environmentalist trainee should be capable of initiating appropriate enforcement procedures and have the ability to conduct himself/herself as a professional in the field. In addition, the environmentalist trainee should have acquired the knowledge, skills and ability to adequately perform the following: 1) routine inspections; 2) determine whether the food establishment is in compliance with the Certified Food Service Manager requirements; 3) follow-up inspections; 4) complaint investigations, and 5) effectively communicate with other Washoe County District Health Department Personnel, the public, other agencies, and operators.

Furthermore, the environmentalist trainee should also be capable of demonstrating a basic understanding of how to: 1) prevent foodborne illnesses and conduct foodborne illness investigations; 2) implement foodborne outbreak prevention strategies such as HACCP plans, operational plans and risk control plans, and; 2) review and process plans.

5. TRAINING OBJECTIVES

In order to conduct inspections that insure that the food establishments are operating in compliance with applicable state statutes and the Regulations of the Washoe County District Board of Health Governing Food Establishments, the trainee must demonstrate certain required competencies. These competencies are broken down into three categories, as follows: 1) Course Completion and Examination Objectives; 2) Field Inspections of Food Establishments Objectives; 3) Food Protection Program Subprogram Training Objectives.

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

A. COURSE COMPLETION AND EXAMINATION OBJECTIVES

- Complete sections I – III of the Food Protection Program Training Sign-Off Log.

B. FIELD INSPECTIONS OF FOOD ESTABLISHMENTS OBJECTIVES

- Complete section IV of the Food Program Training Sign-Off Log
 - EHS Observation Training Log must be completed by the trainee
 - Weekly Field Training Manual Worksheet must be completed by the trainer
- Demonstrate all competencies listed in the Food Protection Program Field Training Manual
 - Field Training Log and Sign-Off must be completed by the Food Safety Program Senior and/or Supervisor

C. FOOD PROTECTION PROGRAM SUBPROGRAM TRAINING OBJECTIVES

- Demonstrate all competencies listed in each of the following Subprogram Training Manuals:
 - Temporary Foods/Special Events
 - Food Safety
 - Plans/Construction
 - Epidemiology – Foodborne Illness/Outbreak Investigations

6. EVALUATION OF TRAINEE AND COURSE CRITIQUE OBJECTIVES

- All trainee-led food establishment inspections will be evaluated by the respective trainer using the Food Protection Program Weekly Field Training Manual Worksheet and the trainer will provide feedback to the trainee after each inspection.
- The assessment of the environmentalist trainee's progress will be conducted by the program seniors and supervisors and will be monitored using the Field Training Log and Sign-Off Log. The completed forms will be placed in the environmentalist's food program training file.

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

- The trainee will keep an updated Food Protection Program Training Sign-Off Log. The Food Protection Program Training Sign-Off Log will be placed in the environmentalist's food program training file at the end of the training period.
- At the end of the training period, the program seniors and supervisors will conduct an overall assessment of the trainee's progress to determine if all required competencies to conduct independent inspections have been met.
- At the end of the training period the environmentalist trainee will summarize and evaluate their training experience, including pros and cons of the program and recommendations for changes to the training program.

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

Food Protection Program Training Sign-Off Log

Name: _____ Employee # _____

Date the Trainee started the Food Protection Training Program: _____

This document is to be kept updated by the Environmentalist Trainee. The purpose of this document is to track the completed objectives in the Food Protection Training Program. The objectives tracked on this sheet are limited to the following:

- 1) Food education training courses passed
- 2) Reading material completed
- 3) Online videos viewed
- 4) Meetings and hearings attended
- 5) Inspections completed

I. Food Education Training Courses & Reading Assignments

The following courses are available to regulators who register on-line. Go to: <https://www.fda.gov/training-and-continuing-education/office-training-education-and-development-oted/state-local-tribal-and-territorial-regulatory-partners> to register for and take these courses. Complete the following courses & reading assignments during your **first four weeks** of employment:

A. Pre-Training Online Courses	Date Course Completed
<u>PUBLIC HEALTH PRINCIPLES</u>	
Public Health Principles (90) FDA36	_____
<u>FOOD MICROBIOLOGY CONTROL</u>	
Overview of Microbiology (60) MIC01	_____
Gram-Negative Rods (60) MIC02	_____
Gram-Positive Rods & Cocci (90) MIC03	_____
Foodborne Viruses (60) MIC04	_____
Foodborne Parasites (90) MIC05	_____
Mid-Series Exam (30) MIC16	_____
Controlling Growth Factors (90) MIC06	_____
Control by Refrigeration & Freezing (60) MIC07	_____
Control by Thermal Processing (90) MIC08	_____

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

Control by Pasteurization (90) MIC09	_____
Aseptic Sampling (90) MIC13	_____
Cleaning & Sanitizing (90) MIC15	_____

PREVAILING STATUTES, REGULATIONS, ORDINANCES

Basic Food Law for State Regulators (60) FDA35	_____
Beginning an Inspection (90) FDA38	_____
Issues & Observations (90) FDA39	_____
An Introduction to Food Security Awareness (60) FD251	_____
FDA Food Code FDAFC01-FDAFC011	_____
Communication Skills for Regulators http://www.humtech.com/FDA/FDAcourses/CommRegulators/CRG_01_000.htm	_____

B. Pre-Training Reading Material

Date Reading Completed

Regulations of the Washoe County District Board of Health Governing Food Establishments (review only) https://www.washoecounty.us/health/files/ehs/regulations/ehs/Food_Regs_2016-09-09.pdf	_____
Current Issue of the FDA Model Food Code https://www.fda.gov/food/GuidanceRegulation/retailfoodprotection/foodcode/default.htm	_____
Nevada Administrative Code, Chapter 441A & 446 https://www.leg.state.nv.us/law1.cfm	_____
WC Food Program Website: https://www.washoecounty.us/health/programs-and-services/environmental-health/food-protection-services/index.php	_____
FDA Program Standards https://www.fda.gov/food/voluntary-national-retail-food-regulatory-program-standards/voluntary-national-retail-food-regulatory-program-standards-november-2019	_____

Begin the following courses, reading assignments and online video. These courses and reading assignments **must be completed by the end of the training period.**

C. Post-Training Online Course

Date Completed

FOOD MICROBIOLOGY CONTROL

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

Control by Retorting (90) MIC10	_____
Technology-Based Food Processes (120) MIC11	_____
Natural Toxins (90) MIC12	_____

BASICS OF HACCP

Overview of HACCP (60) FDA16	_____
Prerequisite Programs & Preliminary Steps (60) FDA17	_____
The Principles (60) FDA18	_____

EPIDEMIOLOGY/FOODBORNE ILLNESS INVESTIGATIONS

Collecting Surveillance Data (90) FI01	_____
Beginning the Investigation (90) FI02	_____
Expanding the Investigation (90) FI03	_____
Conducting a Food Hazard Review (90) FI04	_____
Epidemiological Statistics (90) FI05	_____
Final Report (30) FI06	_____

ALLERGEN MANAGEMENT

Food Allergens (60) FD252	_____ <u>TBD</u> _____
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EMERGENCY MANAGEMENT

FEMA - Incident Command System and National Incident Management System: Course available from FEMA web link - http://training.fema.gov/IS/NIMS.asp	
1. IS-100.a, Introduction to Incident Command System, (180) ICS-100 or IS-100 for FDA	_____
2. IS-200.a, ICS for Single Resources and Initial Action Incidents, (180) ICS-200	_____
3. IS-700.a, NIMS an Introduction, (180) ICS 700	_____

D. Post-Training Reading Material

FDA's manual entitled, Managing Food Safety: A Regulator's Manual for Applying HACCP Principles to Risk-Based Retail and Food Service Inspections and Evaluating Voluntary Food Safety Management Systems
<http://www.fda.gov/downloads/Food/GuidanceRegulation/UCM078159.pdf>

FDA's manual entitled, Managing Food Safety: A Manual for the Voluntary Use of HACCP Principles for Operators of Food Service and Retail Establishments
<http://www.fda.gov/downloads/Food/GuidanceRegulation/HACCP/UCM077957.pdf>

Date Completed

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Guidelines For Foodborne Disease Outbreak Response, Council to Improve Foodborne Outbreak Response (CIFOR) (reference only)	_____
Control of Communicable Disease Manual (reference only)	_____
International Association for Food Protection, Procedures to Investigate Foodborne Illnesses (review only)	_____
Food Safety Program’s Standard Operating Procedures: G:\!!! Standard Operating Procedures !!!\Food Safety\SOPs (FS-08 –FS16)	_____
International Association of Milk, Food and Environmental Sanitarians, Inc., Procedures to Investigate Foodborne Illnesses (review only) https://www.foodprotection.org/about/news-releases/iafp-procedures-to-investigate-foodborne-illness-revised/	_____
FDA Oral Culture Learner Project https://www.fda.gov/food/guidanceregulation/retailfoodprotection/industryandregulatorvassistanceandtrainingresources/ucm212661.htm	_____

II. Online Videos

	Date Viewed
Have You Ever Heard of Norovirus?: https://www.youtube.com/watch?v=Ey_OV_-pBeo&feature=youtu.be	_____
Vomiting Larry: https://www.youtube.com/watch?v=sLDSNvQjXe8&feature=youtu.be	_____
Maricopa County Active Managerial Control for Foodborne Illness Risk Factors Videos: https://www.maricopa.gov/4533/English-AMC-Toolbox	_____
Food Safety Training Series, Cross Contamination Food Safety: https://www.youtube.com/watch?v=gTitbP5_FtY	_____
Safety Training Series, Proper Holding Temperatures https://www.youtube.com/watch?v=gaAIGbt-nFc	_____
Food Safety Training Series, Rapid Cooling https://www.youtube.com/watch?v=111YEUKRQhc	_____

III. Meetings and Hearings Attended

Meetings/Hearings Attended	Date Attended
Washoe County District Board of Health meeting	_____
Epi Center staff meeting	_____
Office Hearing (not mandatory)	_____
Food Protection Hearing & Advisory Board meeting (not mandatory)	_____

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IV. Inspections

A. Environmentalist Trainee Observed the Inspection

The Environmentalist Trainee is required to observe a minimum of 25 food establishment inspections, 10 of which are to be risk category 3 food establishments. One of these 25 inspections must be at a high school kitchen, one of these inspections must be at an elementary school kitchen, and one of these inspections must be at a childcare kitchen. The trainee will record observations in the EHS Observation Training Log.

	Name of Establishment	Risk Category	Permit #	Date	EHS Observed
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)**B. Environmentalist Trainee As Lead Inspector***

The Environmentalist Trainee is required to take the lead in conducting a minimum of 18 joint inspections, 10 of which are to be risk category 3 establishments. The trainee shall complete the report and interview the person in charge. The Trainer will complete the Weekly Field Training Manual Worksheet.

Name of Establishment	Risk Category	Permit #	Date	EHS Trainer
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
11. _____				
12. _____				
13. _____				
14. _____				
15. _____				
16. _____				
17. _____				
18. _____				

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FOOD ESTABLISHMENT COMPLIANCE INSPECTION SOP

1.0 Purpose

This Standard Operating Procedure (SOP) describes the process to perform a routine Food Safety compliance Inspection. This SOP does not describe technical proficiency or interpretive decisions derived from Food Safety program training.

2.0 Scope

This SOP applies to all inspectors conducting routine compliance inspections of food establishments within the WCHD.

3.0 Materials

Accela Accessible Device or Hard Copy of WCHD Food Establishment Inspection Report

Food Establishment Facility File

Tools – Thermocouple, Hi-Temp Thermometer, Sanitizer and pH meter, Alcohol Preps, Flashlight, Batteries, Digital Camera

PPE- Closed-Toed Shoes, Hair Restraints

4.0 Procedure

4.1 Select a food establishment facility from the assigned food establishment area work list provided by Food Safety program leadership and locate the facility file.

4.2 Conduct a review of previous inspections to gain an understanding of historical compliance issues (i.e. complaints foodborne illness investigations, etc.), special circumstances (i.e. HACCP plans, variances, etc.) facility specific notes recorded by previous inspectors: <G:\!!! Standard Operating Procedures !!!\Food Safety\SOPs\FS-16 Scheduling Electronic File Reviews.pdf>

Using your Accela accessible device, schedule an inspection for the referenced food establishment:

http://cww/health/ehs/_layouts/15/WopiFrame.aspx?sourcedoc=/health/ehs/Resources/Accela%20Mobile%20Office%20Inspection%20Guidelines.docx&action=default

NOTE: An inspection may be documented on a hard copy of a WCHD Food Establishment Inspection Report and retroactively entered into Accela Upon arrival at the designated facility, the inspector must first identify themselves to a person in charge and specify the purpose of the visit. If the facility requires a Certified Food Protection Manager (CFPM), determine if the individual is available for the inspection. All inspectors shall arrive in a good hygienic and presentable condition.

4.3 Using information from the initial facility file review, menus, etc., the inspector should familiarize themselves with the facility layout and operations to identify facility specific high risk areas of concern (i.e. cooking/cooling, service of undercooked product, special processes, etc.)

4.4 Before initiating any food contact, all inspectors shall properly wash their hands. Proper hand washing must be repeated when necessary (i.e. after coughing or sneezing, contact with the face, etc.)

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- 4.5 Using the information gained in step 4.5, as well as the categories noted on the food establishment inspection report, conduct a thorough risk based inspection of the food establishment. The person in charge or CFPM shall be interviewed to gain an understanding of managerial control. Notes should be taken during the inspection process and used when completing inspection forms in step 4.10
- 4.6 While conducting the inspection, all equipment (i.e. thermometers, test strips, etc.) must be used per manufacturer instruction. Calibration of thermometers may be performed during the inspection if there is a question about data validity.
- 4.7 After all areas of the food establishment have been inspected, review any supporting documentation that may have come up during the inspection process. This may include CFPM certificates, time/temperature logs, food source verification, etc.
- 4.8 Complete all fields in the Accela or hard copy inspection form including the date & time of inspection, facility permit information, and CFPM information. Any unused fields must be completed with an "n/a" or other similar designation. First list violations in the space provided. All violations must have a detailed explanation, the corrective action to be taken, and a compliance due date. Use the Temperatures Observed section to document final cooking, cooling and holding temperatures and use the Comments section to document additional findings not related to violations (i.e., discussions held with the person in charge, etc.).
- 4.9 Upon completion of the inspection form, conduct a review of the findings with the person in charge and obtain a signature verifying receipt of the inspection results. The inspector shall sign as the WCHD representative and provide a signed copy of the original report to the person in charge via email if using Accela or by providing a hard copy of signed Food Establishment Inspection Report.
- 4.10 Upon return to the office, upload inspection results from the Accela device or retroactively enter results from a hard copy inspection into the Accela system within 24 hours of inspection completion. All inspection results entered retroactively must be the same wording documented from the hard copy inspection. Print out a copy of the inspection results and turn in to the designated files for completed work. If a reinspection is necessary, the copy of the inspection report may be retained and turned in with reinspection documentation. Initial inspection results should be turned in immediately in cases with extended compliance timeframes (i.e. 60-day CFPM orders, longer-term construction repairs, etc.)

5.0 References

NRS and NAC 446
2017 Food Code
WCHD/BOH Regulations Governing Food Establishments

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

EHSs OBSERVATION TRAINING LOG Retail Food, Restaurant, and Institutional Foodservice Environmental Health Specialist

Environmental Health Specialist's (EHS) Name:	Start Date of the Training Process:
Signatures below indicate EHS has completed all curriculum and field training elements and is ready to conduct trainee-led retail food and/or foodservice inspections.	
Completion Date - (Observing Performance Elements & Competencies):	
Environmental Health Specialist's (EHS) Signature:	Food Safety Senior's Signature:

TRAINING METHODS

The EHSs Observation Training Log is designed to incorporate a variety of training methods appropriate for each of the performance element competencies. A sufficient number of field training inspections should be conducted to provide an opportunity for the EHS to successfully observe the applicable competencies. Use the codes from the table below to document the training method used.

WCHD'S TRAINING METHODS	
Code	Training Method
JFT	Joint Field Training
OD	Office Demonstration
CE	Classroom Exercise
O	Other

INSPECTION TRAINING AREAS

The WCHD Observation Training Log is divided into five (5) inspection training areas:

- I. Pre-Inspection
- II. Inspection Observations and Performance
- III. Oral Communication
- IV. Written Communication
- V. Professionalism

The WCHD Training Plan lists the basic performance elements (in BOLD font in the shaded areas). Under each performance element is a list of competencies (job tasks) provided to ensure the EHS receives training on, in order to perform their job responsibilities effectively.

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I. Pre-Inspection

<input type="checkbox"/>	1. Reviews establishment file for previous inspection report, complaints on file, and if applicable, required HACCP Plans or documents supporting the issuance of a waiver by the WCHD.	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/>	Reviewed previous inspection report noting documented out of compliance observations.				
<input type="checkbox"/>	Reviewed establishment file for complaint reports.				
<input type="checkbox"/>	Reviewed establishment file for documentation indicating a need for an operational plan, waiver, or HACCP Plan.				
<input type="checkbox"/>	Reviewed establishment file for documentation of an approved operational plan, waiver, or HACCP plan issued by the WCHD.				
Comments:					

<input type="checkbox"/>	2. Has required equipment and forms to conduct inspection.	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/>	Hair restraint				
<input type="checkbox"/>	Calibrated thermocouple temperature measuring device				
<input type="checkbox"/>	Chemical test kits for chlorine and quaternary ammonia sanitizers, and pH test strips for verifying acidity of food				
<input type="checkbox"/>	Alcohol swabs				
<input type="checkbox"/>	Flashlight				
<input type="checkbox"/>	Digital camera or phone/tablet camera				
Comments:					

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II. Inspection Observations and Performance

<input type="checkbox"/> 1. Provides identification as a regulatory official to person in charge, confirming WCHD's authority for inspection, and stating the purpose of visit.	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/> Verbally provided name and agency to the person in charge.				
<input type="checkbox"/> Presented regulatory identification or business card				
<input type="checkbox"/> Stated the purpose of the visit.				
<input type="checkbox"/> Respected facility security and sanitation policies, if applicable.				
<input type="checkbox"/> 2. Has knowledge of WCHD's laws, rules, and regulations required for conducting retail food/foodservice inspections.	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/> Verified the correct critical limit and/or standard specified in the regulations to the observation made.				
<input type="checkbox"/> Correctly cited the regulation for each out of compliance observation.				
<input type="checkbox"/> Verifies appropriate risk level based on WCHD regulations				
<input type="checkbox"/> Verifies presence of CFPM based on risk level outlined in WCHD regulations				
Comments:				

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<input type="checkbox"/> 3. Uses a risk-based inspection methodology to correctly assess regulations related to employee practices and management procedures essential to the safe storage, preparation, and service of food.	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/> Verified Demonstration of Knowledge of the person in charge.				
<input type="checkbox"/> Verified approved food sources (e.g., food from regulated food processing plants; shellfish documentation; game animal processing; parasite destruction for certain species of fish intended for raw consumption; receiving temperatures)				
<input type="checkbox"/> Verified food safety practices for preventing cross-contamination of ready-to-eat food.				
<input type="checkbox"/> Verified food contact surfaces are clean and sanitized, protected from contamination from soiled cutting boards, utensils, aprons, etc., or raw animal foods.				
<input type="checkbox"/> Verified the restriction or exclusion of ill employees, employee health policy.				
<input type="checkbox"/> Verified no bare hand contact with ready-to-eat foods (or use of a pre-approved, alternative procedure).				
<input type="checkbox"/> Verified employee handwashing.				
<input type="checkbox"/> Verified date marking of ready-to-eat, TCS food held for more than 24 hours.				
<input type="checkbox"/> Verified hot holding temperatures of TCS food or when necessary, that procedures were in place to use time alone to prevent the outgrowth of spore-forming bacteria				
<input type="checkbox"/> Verified cold holding temperatures of TCS food or when necessary, that procedures were in place to use time alone to prevent the outgrowth of spore-forming bacteria				
<input type="checkbox"/> Verified cooking temperatures to destroy bacteria and parasites.				
<input type="checkbox"/> Verified cooling temperatures of TCS food to prevent the outgrowth of spore-forming or toxin-forming bacteria.				
<input type="checkbox"/> Verified reheating temperatures of TCS food for hot holding.				
<input type="checkbox"/> Verified the availability of a consumer advisory for foods of animal origin served raw or undercooked.				
<input type="checkbox"/> Identified food processes and/or procedures that require a HACCP Plan per the WCHD's regulations.				
Comments:				

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

<input type="checkbox"/>	4. Obtains immediate corrective action for out of compliance employee practices and management procedures (listed in Item 3 above) essential to the safe storage, preparation, and service of food.	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/>	Notified the person in charge/employee(s) of the out of compliance observations.				
<input type="checkbox"/>	Reviewed corrective actions with the person in charge/employee(s).				
<input type="checkbox"/>	Observed the person in charge/employee(s) immediately take corrective action for out of compliance observations (e.g., movement of food to ensure product temperature or prevent contamination; reconditioning food; restriction/exclusion of ill employees; discarding of food product) in accordance with WCHD's procedures.				
<input type="checkbox"/>	Identified conditions requiring issuance of a hold order/food destruction order/cease and desist per regulations				
<input type="checkbox"/>	Identified food processes and/or procedures that require a HACCP Plan per the WCHD's regulations.				
<input type="checkbox"/>	5. Correctly assesses compliance status of other regulations (not included in Item 3 – Approved Retail Practices).	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/>	Correctly assessed compliance status of other regulations (not included in Item 3 above – Approved Retail Practices) such as construction and cleanliness of floors, walls, ceilings, sanitizing wiping cloth use, etc.				
<input type="checkbox"/>	6. Verifies correction of out of compliance observations identified during previous inspection.	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/>	Verified correction of out of compliance observations identified during previous inspection				
<input type="checkbox"/>	7. Correctly uses inspection equipment during joint inspections.	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/>	Used temperature measuring devices/probes in accordance with manufacturer's instructions.				
<input type="checkbox"/>	Cleaned and sanitized (alcohol swabs) temperature measurement probes to prevent food contamination.				
<input type="checkbox"/>	Used maximum registering thermometer or heat sensitive tapes in accordance with manufacturer's instructions to verify final rinse dishwasher temperature.				
<input type="checkbox"/>	Used chemical test strips in accordance with manufacturer's instructions to measure sanitizer concentrations in manual and mechanical dishwashing operations; wiping cloth solutions; and spray bottle applicators.				
<input type="checkbox"/>	Used pH test strips or pH meter in accordance with manufacturer's instructions to measure pH value of food.				
<input type="checkbox"/>	Used flashlight to assess observations in areas with no or low light.				
<input type="checkbox"/>	Photographs taken support regulatory findings or conditions observed.				

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Comments:

III. Oral Communication

		Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/>	1. Asks questions and engages in a dialogue with person in charge/employees to obtain information relevant to inspection.				
<input type="checkbox"/>	Asked open ended questions (questions that cannot be answered with "yes" or "no").				
<input type="checkbox"/>	Paraphrased/summarized statements from the person in charge to confirm understanding.				
<input type="checkbox"/>	2. Provides the person in charge/employees with accurate answers to inspection-related questions or admits not knowing the answer.	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/>	Answered inspection-related questions.	JFT			
<input type="checkbox"/>	Admitted not knowing the answer to a question and arranges to contact the establishment with the answer.	JFT			
<input type="checkbox"/>	Used resources when unsure of an answer.	JFT			
<input type="checkbox"/>	3. Uses available means (e.g., interpreter, drawings, diagrams demonstrations, international food safety icons) to overcome language or communication barriers.	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/>	Avoided using jargon and acronyms, without explanation				
<input type="checkbox"/>	Used interpreter, drawings, demonstrations, or diagrams to overcome language or communication barriers.				
<input type="checkbox"/>	Checked the person in charge's understanding of information/instructions by asking the operator to paraphrase or demonstrate the information/instructions.				
<input type="checkbox"/>	4. Uses effective communication and conflict resolution techniques to overcome inspection barriers.	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/>	Identified challenges faced by the person in charge and offered possible solution(s).				
<input type="checkbox"/>	5. Conducts exit interview explaining out of compliance observations and identifying corrective actions and timelines for all noted violations.	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/>	Explained the public health significance of the inspection observations.				
<input type="checkbox"/>	Reviewed all findings with the person in charge with emphasis on contributing risk factors to foodborne illness.				
<input type="checkbox"/>	Answered all questions or concerns pertaining to items on the inspection report.				
<input type="checkbox"/>	Provided contact information to the person in charge for follow up questions or additional guidance.				

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Comments:

IV. Written Communication

<input type="checkbox"/> 1. Completes inspection form per WCHD’s administrative procedures (a.g., observations; corrective actions; public health reason; applicable code reference; compliance dates).	Training Method	Date Observed By the Trainee	Trainee’s Initials	Trainer’s Name
<input type="checkbox"/> Used correct inspection form/downloads correct Accela form.				
<input type="checkbox"/> Completed a legible report.				
<input type="checkbox"/> Accurately documented observations made during inspection.				
<input type="checkbox"/> Cited code provisions/rules/regulations.				
<input type="checkbox"/> Completed inspection form and scoring in accordance with division policy.				
<input type="checkbox"/> Documented immediate corrective action for out-of-compliance observations.				
<input type="checkbox"/> Documented time frames for corrective actions per WCHD’s procedures, if applicable.				

<input type="checkbox"/> 2. Presents inspection report, and when necessary cross-referenced documents, to person in charge.	Training Method	Date Observed By the Trainee	Trainee’s Initials	Trainer’s Name
<input type="checkbox"/> Presented complete inspection report, with referenced documents (e.g. temperature/equipment logs, sample forms) when necessary, to person in charge during exit interview.				
<input type="checkbox"/> Followed correct procedure to attach and submit inspection reports in Accela				
<input type="checkbox"/> Delivered written inspection report.				
<input type="checkbox"/> Obtained signature of person in charge on inspection report.				

Comments:

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V. Professionalism

<input type="checkbox"/> 1. Maintains a professional appearance consistent with WCHD's policy (e.g., clean outer clothing, hair restraint).	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/> Maintained a professional appearance consistent with WCHD's policy (e.g., clean outer clothing, hair restraint, appropriate shoes).				
<input type="checkbox"/> 2. Demonstrates proper sanitary practices as expected from a food service employee.	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/> Washed hands as needed (e.g., prior to conducting inspection, after using restroom, after touching dirty surfaces, after touching face/body, after sneezing/coughing).				
<input type="checkbox"/> Adhered to no bare hand contact with ready-to-eat foods procedures				
<input type="checkbox"/> 3. Only reports substantiated findings as violations.	Training Method	Date Observed By the Trainee	Trainee's Initials	Trainer's Name
<input type="checkbox"/> Only reported findings that were directly observed or substantiated in accordance with WCHD's policies and procedures.				
<input type="checkbox"/> Findings are supported by fact (e.g., are NOT based on hunch or suspicion; are witnessed, are investigated).				
Comments: _____				

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WEEKLY FIELD TRAINING WORKSHEET (Performance Elements and Competencies) Environmental Health Specialist

NOTE: The WCHD Field Training Manual for Regulatory Retail Environmental Health Specialists (EHSs) should be reviewed prior to using the Field Training Worksheet

Environmental Health Specialist's (EHS) Name:	Week of:
Trainer's Name (if multiple trainers list all):	
1.	Date:
2.	
3.	
4.	
5.	
Weekly Objectives	

The Field Training Worksheet lists the basic performance elements (in BOLD font in the shaded areas of the Worksheet). Under each performance element is a list of competencies (job tasks) provided to ensure the EHS receives training on, in order to perform their job responsibilities effectively. The trainer should identify those performance elements and/or competencies that are applicable to the EHSs job responsibilities. A small box appears adjacent to each of the performance element competencies on the worksheet; if the performance element and/or competency is applicable, it is to be checked and included as part of the training process.

Trainers should review with the EHS the competencies that will be included as part of the field training inspections. EHSs are expected to successfully demonstrate these minimum competencies correctly prior to conducting independent food safety inspections.

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I. Pre-Inspection

<input type="checkbox"/>	1. Reviews establishment file for previous inspection report, complaints on file, and if applicable, required HACCP Plans or documents supporting the issuance of a waiver by the WCHD.	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/>	Reviewed previous inspection report noting documented out of compliance observations	M T W R F	M T W R F
<input type="checkbox"/>	Reviewed establishment file for complaint reports.	M T W R F	M T W R F
<input type="checkbox"/>	Reviewed establishment file for documentation indicating a need for an operational plan, waiver or HACCP Plan.	M T W R F	M T W R F
<input type="checkbox"/>	Reviewed establishment file for documentation of an approved operational plan, waiver or HACCP plan issued by the WCHD.	M T W R F	M T W R F
<input type="checkbox"/>	2. Has required equipment and forms to conduct inspection.	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/>	Hair restraint	M T W R F	M T W R F
<input type="checkbox"/>	Calibrated thermocouple temperature measuring device	M T W R F	M T W R F
<input type="checkbox"/>	Chemical test kits for chlorine and quaternary ammonia sanitizers, and pH test strips for verifying acidity of food	M T W R F	M T W R F
<input type="checkbox"/>	Alcohol swabs	M T W R F	M T W R F
<input type="checkbox"/>	Flashlight	M T W R F	M T W R F
<input type="checkbox"/>	Digital camera or phone/tablet camera	M T W R F	M T W R F
Comments:			

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<input type="checkbox"/>	3. Uses a risk-based inspection methodology to correctly assess regulations related to employee practices and management procedures essential to the safe storage, preparation, and service of food.	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/>	Verified Demonstration of Knowledge of the person in charge.	M T W R F	M T W R F
<input type="checkbox"/>	Verified approved food sources (e.g., food from regulated food processing plants; shellfish documentation; game animal processing; parasite destruction for certain species of fish intended for raw consumption; receiving temperatures)	M T W R F	M T W R F
<input type="checkbox"/>	Verified food safety practices for preventing cross-contamination of ready-to-eat food.	M T W R F	M T W R F
<input type="checkbox"/>	Verified food safety practices for preventing cross-contamination of ready-to-eat food.	M T W R F	M T W R F
<input type="checkbox"/>	Verified food contact surfaces are clean and sanitized, protected from contamination from soiled cutting boards, utensils, aprons, etc., or raw animal foods.	M T W R F	M T W R F
<input type="checkbox"/>	Verified the restriction or exclusion of ill employees, employee health policy.	M T W R F	M T W R F
<input type="checkbox"/>	Verified no bare hand contact with ready-to-eat foods (or use of a pre-approved, alternative procedure).	M T W R F	M T W R F
<input type="checkbox"/>	Verified employee handwashing.	M T W R F	M T W R F
<input type="checkbox"/>	Verified date marking of ready-to-eat foods TCS food held for more than 24 hours.	M T W R F	M T W R F
<input type="checkbox"/>	Verified hot holding temperatures of TCS food or when necessary, that procedures were in place to use time alone to prevent the outgrowth of spore-forming bacteria	M T W R F	M T W R F
<input type="checkbox"/>	Verified cold holding temperatures of TCS food or when necessary, that procedures were in place to use time alone to prevent the outgrowth of spore-forming bacteria	M T W R F	M T W R F
<input type="checkbox"/>	When necessary, verified that procedures are in place to use time alone to control bacterial growth and toxin production.	M T W R F	M T W R F
<input type="checkbox"/>	Verified cooking temperatures to destroy bacteria and parasites.	M T W R F	M T W R F
<input type="checkbox"/>	Verified cooling temperatures of TCS food to prevent the outgrowth of spore-forming or toxin-forming bacteria.	M T W R F	M T W R F
<input type="checkbox"/>	Verified reheating temperatures of TCS food for hot holding.	M T W R F	M T W R F
<input type="checkbox"/>	Verified the availability of a consumer advisory for foods of animal origin served raw or undercooked.	M T W R F	M T W R F
<input type="checkbox"/>	Identified food processes and/or procedures that require a HACCP Plan per the WCHD's regulations.	M T W R F	M T W R F
Comments:			

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

<input type="checkbox"/>	4. Obtains immediate corrective action for out of compliance employee practices and management procedures (listed in Item 3 above) essential to the safe storage, preparation, and service of food.	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/>	Notified the person in charge/employee(s) of the out of compliance observations.	M T W R F	M T W R F
<input type="checkbox"/>	Reviewed corrective actions with the person in charge/employee(s).	M T W R F	M T W R F
<input type="checkbox"/>	Observed the person in charge/employee(s) immediately take corrective action for out of compliance observations (e.g., movement of food to ensure product temperature or prevent contamination; reconditioning food; restriction/exclusion of ill employees; discarding of food product) in accordance with WCHD's procedures.	M T W R F	M T W R F
<input type="checkbox"/>	Identified conditions requiring issuance of a hold order/food destruction order/cease and desist per regulations	M T W R F	M T W R F
<input type="checkbox"/>	Identified food processes and/or procedures that require a HACCP Plan per the WCHD's regulations.	M T W R F	M T W R F
<input type="checkbox"/>	5. Correctly assesses compliance status of other regulations (not included in Item 3– Approved Retail Practices).	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/>	Correctly assessed compliance status of other regulations (not included in Item 3 above – Approved Retail Practices). Such as construction and cleanliness of floors, walls, ceilings, sanitizing wiping cloth use, etc.	M T W R F	M T W R F
<input type="checkbox"/>	6. Verifies correction of out of compliance observations identified during previous inspection.	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/>	Identified food processes and/or procedures that require a HACCP Plan per the WCHD's regulations.	M T W R F	M T W R F
Comments:			

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

<input type="checkbox"/> 7. Correctly uses inspection equipment during joint inspections	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/> Used temperature measuring devices/probes in accordance with manufacturer's instructions.	M T W R F	M T W R F
<input type="checkbox"/> Cleaned and sanitized (alcohol swabs) temperature measurement probes to prevent food contamination.	M T W R F	M T W R F
<input type="checkbox"/> Used infrared thermometer in accordance with manufacturer's instructions. Verified any out of compliance product temperatures registered on the infrared with a thermocouple.	M T W R F	M T W R F
<input type="checkbox"/> Used maximum registering thermometer or heat sensitive tapes in accordance with manufacturer's instructions to verify final rinse dishwasher temperature.	M T W R F	M T W R F
<input type="checkbox"/> Used chemical test strips in accordance with manufacturer's instructions to measure sanitizer concentrations in manual and mechanical dishwashing operations; wiping cloth solutions; and spray bottle applicators.	M T W R F	M T W R F
<input type="checkbox"/> Used chemical test strips in accordance with manufacturer's instructions to measure sanitizer concentrations in manual and mechanical dishwashing operations; wiping cloth solutions; and spray bottle applicators.	M T W R F	M T W R F
<input type="checkbox"/> Used flashlight to assess observations in areas with no or low light.	M T W R F	M T W R F
<input type="checkbox"/> Photographs taken support regulatory findings or conditions observed.	M T W R F	M T W R F
Comments:		

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

III. Oral Communication

<input type="checkbox"/> 1. Asks questions and engages in a dialogue with person in charge/employees to obtain information relevant to the inspection.	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/> Asked open ended questions (questions that cannot be answered with "yes" or "no").	M T W R F	M T W R F
<input type="checkbox"/> Paraphrased/summarized statements from the person in charge to confirm understanding.	M T W R F	M T W R F
<input type="checkbox"/> 2. Provides the person in charge/employees with accurate answers to inspection-related questions or admits not knowing the answer.	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/> Answered inspection-related questions accurately.	M T W R F	M T W R F
<input type="checkbox"/> Admitted not knowing the answer to a question and arranges to contact the establishment with the answer.	M T W R F	M T W R F
<input type="checkbox"/> Used trainer as a resource when unsure of an answer.	M T W R F	M T W R F
<input type="checkbox"/> 3. Uses available means (e.g., interpreter, drawings, diagrams, demonstrations, international food safety icons) to overcome language or communication barriers.	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/> Avoided using jargon and acronyms, without explanation.	M T W R F	M T W R F
<input type="checkbox"/> Used interpreter, drawings, demonstrations, or diagrams to overcome language or communication barriers.	M T W R F	M T W R F
<input type="checkbox"/> Checked the person in charge's understanding of information/instructions by asking the operator to paraphrase or demonstrate the information/instructions.	M T W R F	M T W R F
<input type="checkbox"/> 4. Uses effective communication and conflict resolution techniques to overcome inspection barriers.	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/> Identified challenges faced by the person in charge and offered possible solution(s).	M T W R F	M T W R F
Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

<input type="checkbox"/>	5. Conducts exit interview explaining out of compliance observations and identifying corrective actions and timelines for all noted violations.	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/>	Explained the public health significance of the inspection observations.	M T W R F	M T W R F
<input type="checkbox"/>	Reviewed all findings with the person in charge with emphasis on contributing factors to foodborne illness and Food Code Interventions	M T W R F	M T W R F
<input type="checkbox"/>	Answered all questions or concerns pertaining to items on the inspection report.	M T W R F	M T W R F
<input type="checkbox"/>	Provided contact information to the person in charge for follow up questions or additional guidance.	M T W R F	M T W R F
Comments:			

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

IV. Written Communication

<input type="checkbox"/> 1. Completes inspection form per WCHD's administrative procedures (e.g., observations; corrective actions; public health reason; applicable code reference; compliance dates).	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/> Used correct inspection form/downloads correct Accela form.	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> Completed a legible report.	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> Accurately documented observations made during inspection.	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> Cited code provisions/rules/regulations.	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> Completed inspection form in accordance with division policy	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> Cited correct code provisions/rules/regulations.	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> Documented immediate corrective action for out-of-compliance foodborne illness contributing factors and Food Code Interventions (listed in Section II, Item 3).	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> Documented time frames for corrective actions per WCHD's regulations/administrative procedures, if applicable	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> 2. Presents inspection report, and when necessary cross-referenced documents, to person in charge.	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/> Presented complete inspection report, with referenced documents when necessary, to person in charge during exit interview.	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> Followed correct procedure to attach and submit inspection reports in Accela	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> Delivered written inspection report.	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> Obtained signature of person in charge on inspection report.	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
Comments:		

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

V. Professionalism

<input type="checkbox"/> 1. Maintains a professional appearance consistent with WCHD's policy (e.g., clean outer clothing, hair restraint).	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/> Maintained a professional appearance consistent with WCHD's policy (e.g., clean outer clothing, hair restraint and appropriate shoes).	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> 2. Demonstrates proper sanitary practices as expected from a food service employee.	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/> Washed hands as needed (e.g., prior to conducting inspection, after using restroom, after touching dirty surfaces, after touching face/body, after sneezing/coughing).	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> Adhered to no bare hand contact with ready-to-eat foods procedures	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> 3. Only reports substantiated findings as violations.	Day opportunity occurred for EHS to demonstrate competency during joint field training inspection	Day competency demonstrated during joint field training inspection
<input type="checkbox"/> Only reported findings that were directly observed or substantiated in accordance with WCHD's policies and procedures.	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> Findings are supported by fact (e.g., are NOT based on hunch or suspicion; are witnessed, are investigated).	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> Did NOT note violations without visiting the establishment.	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> Did NOT exaggerate details related to findings to support report conclusions.	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
<input type="checkbox"/> Did NOT modify report after leaving the establishment	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
Comments:		

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

WCHD FIELD TRAINING LOG Retail Food, Restaurant, and Institutional Foodservice Environmental Health Specialist

Environmental Health Specialist's (EHS) Name:		Start Date of the Training Process:
Trainer's Name (If multiple trainers list all):		
1.	2.	3.
4.	5.	6.
Signatures below indicate EHS has completed all curriculum and field training elements and is ready to conduct independent retail food and/or foodservice inspections		
Completion Date of Pre-requisite Coursework:		Completion Date of Observations:
Completion Date - (Performance Elements & Competencies):		
Environmental Health Specialist's (EHS) Signature:		Training Officer's Signature:

TRAINING METHODS

The WCHD Training Log is designed to incorporate a variety of training methods appropriate for each of the performance element competencies. A sufficient number of field training inspections should be conducted to provide an opportunity for the EHS to successfully demonstrate the applicable competencies. The trainer can use the table below to identify the training methods that will be used.

WCHD'S TRAINING METHODS	
Code	Training Method
JFT	Joint Field Training
OD	Office Demonstration
CE	Classroom Exercise
O	Other

The WCHD Training Plan lists the basic performance elements (in **BOLD font in the shaded areas**). Under each performance element is a list of competencies (job tasks) provided to ensure the EHS receives training on, in order to perform their job responsibilities effectively. The trainer should identify those performance element competencies that are applicable to the EHS's job responsibilities. A small box appears adjacent to each of the performance elements and competencies on the worksheet. If the performance element and/or competency is applicable it is to be checked and included as part of the training process.

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

Trainee has demonstrated acceptable performance for all competencies listed.		
Date:	Trainee's Initials:	Trainer's Signature:

II. Inspection Observations and Performance

<input type="checkbox"/>	1. Provides identification as a regulatory official to person in charge, confirming WCHD's authority for inspection, and stating the purpose of visit.	Training Method	Date Demonstrated By the Trainee	Trainee's Initials	Trainer – Food Safety Senior
<input type="checkbox"/>	Verbally provided name and agency to the person in charge.	JFT			
<input type="checkbox"/>	Presented regulatory identification or business card	JFT			
<input type="checkbox"/>	Stated the purpose of the visit.	JFT			
<input type="checkbox"/>	Respected facility security and sanitation policies, if applicable.	JFT			
<input type="checkbox"/>	2. Has knowledge of WCHD's laws, rules, and regulations required for conducting retail food/foodservice inspections.	Training Method	Date Demonstrated By the Trainee	Trainee's Initials	Trainer – Food Safety Senior
<input type="checkbox"/>	Verified the correct critical limit and/or standard specified in the regulations to the observation made.	JFT			
<input type="checkbox"/>	Correctly cited the regulation for each out of compliance observation.	JFT			
<input type="checkbox"/>	Verifies appropriate risk level based on WCHD regulations	JFT			
<input type="checkbox"/>	Verifies presence of CFPM based on risk level outlined in WCHD regulations	JFT			
Comments:					
Trainee has demonstrated acceptable performance for all competencies listed.					
Date:	Trainee's Initials:	Trainer's Signature:			

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

<input type="checkbox"/> 3. Uses a risk-based inspection methodology to correctly assess regulations related to employee practices and management procedures essential to the safe storage, preparation, and service of food.	Training Method	Date Demonstrated By the Trainee	Trainee's Initials	Trainer – Food Safety Senior
<input type="checkbox"/> Verified Demonstration of Knowledge of the person in charge.	JFT			
<input type="checkbox"/> Verified approved food sources (e.g., food from regulated food processing plants; shellfish documentation; game animal processing; parasite destruction for certain species of fish intended for raw consumption; receiving temperatures)	JFT			
<input type="checkbox"/> Verified food safety practices for preventing cross-contamination of ready-to-eat food.	JFT			
<input type="checkbox"/> Verified food contact surfaces are clean and sanitized, protected from contamination from soiled cutting boards, utensils, aprons, etc., or raw animal foods.	JFT			
<input type="checkbox"/> Verified the restriction or exclusion of ill employees, employee health policy.	JFT			
<input type="checkbox"/> Verified no bare hand contact with ready-to-eat foods (or use of a pre-approved, alternative procedure).	JFT			
<input type="checkbox"/> Verified employee handwashing.	JFT			
<input type="checkbox"/> Verified date marking of ready-to-eat, TCS food held for more than 24 hours.	JFT			
<input type="checkbox"/> Verified hot holding temperatures of TCS food or when necessary, that procedures were in place to use time alone to prevent the outgrowth of spore-forming bacteria	JFT			
<input type="checkbox"/> Verified cold holding temperatures of TCS food or when necessary, that procedures were in place to use time alone to prevent the outgrowth of spore-forming bacteria	JFT			
<input type="checkbox"/> Verified cooking temperatures to destroy bacteria and parasites.	JFT			
<input type="checkbox"/> Verified cooling temperatures of TCS food to prevent the outgrowth of spore-forming or toxin-forming bacteria.	JFT			
<input type="checkbox"/> Verified reheating temperatures of TCS food for hot holding.	JFT			
<input type="checkbox"/> Verified the availability of a consumer advisory for foods of animal origin served raw or undercooked.	JFT			
<input type="checkbox"/> Identified food processes and/or procedures that require a HACCP Plan per the WCHD's regulations.	JFT or CE			
Comments:				
Trainee has demonstrated acceptable performance for all competencies listed				
Date:	Trainee's Initials:	Trainer's Signature:		

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

<input type="checkbox"/>	Verified correction of out of compliance observations identified during previous inspection	JFT			
<input type="checkbox"/>	7. Correctly uses inspection equipment during joint inspections.	Training Method	Date Demonstrated By the Trainee	Trainee's Initials	Trainer – Food Safety Senior
<input type="checkbox"/>	Used temperature measuring devices/probes in accordance with manufacturer's instructions.	JFT			
<input type="checkbox"/>	Cleaned and sanitized (alcohol swabs) temperature measurement probes to prevent food contamination.	JFT			
<input type="checkbox"/>	Used maximum registering thermometer or heat sensitive tapes in accordance with manufacturer's instructions to verify final rinse dishwasher temperature.	JFT			
<input type="checkbox"/>	Used chemical test strips in accordance with manufacturer's instructions to measure sanitizer concentrations in manual and mechanical dishwashing operations; wiping cloth solutions; and spray bottle applicators.	JFT			
<input type="checkbox"/>	Used pH test strips or pH meter in accordance with manufacturer's instructions to measure pH value of food.	JFT			
<input type="checkbox"/>	Used flashlight to assess observations in areas with no or low light.	JFT			
<input type="checkbox"/>	Photographs taken support regulatory findings or conditions observed.	JFT			
Comments:					
Trainee has demonstrated acceptable performance for all competencies listed					
Date:		Trainee's Initials:	Trainer's Signature:		

III. Oral Communication

<input type="checkbox"/>	1. Asks questions and engages in a dialogue with person in charge/employees to obtain information relevant to inspection.	Training Method	Date Demonstrated By the Trainee	Trainee's Initials	Trainer – Food Safety Senior
<input type="checkbox"/>	Asked open ended questions (questions that cannot be answered with "yes" or "no").	JFT			
<input type="checkbox"/>	Paraphrased/summarized statements from the person in charge to confirm understanding.	JFT			
<input type="checkbox"/>	2. Provides the person in charge/employees with accurate answers to inspection-related questions or admits not knowing the answer.	Training Method	Date Demonstrated By the Trainee	Trainee's Initials	Trainer – Food Safety Senior
<input type="checkbox"/>	Answered inspection-related questions.	JFT			
<input type="checkbox"/>	Admitted not knowing the answer to a question and arranges to contact the establishment with the answer.	JFT			
<input type="checkbox"/>	Used resources when unsure of an answer.	JFT			

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

	Training Method	Date Demonstrated By the Trainee	Trainee's Initials	Trainer – Food Safety Senior
<input type="checkbox"/> 3. Uses available means (e.g., interpreter, drawings, diagrams demonstrations, international food safety icons) to overcome language or communication barriers.				
<input type="checkbox"/> Avoided using jargon and acronyms, without explanation	JFT			
<input type="checkbox"/> Used interpreter, drawings, demonstrations, or diagrams to overcome language or communication barriers.	JFT			
<input type="checkbox"/> Checked the person in charge's understanding of information/instructions by asking the operator to paraphrase or demonstrate the information/instructions.	JFT			
<input type="checkbox"/> 4. Uses effective communication and conflict resolution techniques to overcome inspection barriers.	Training Method	Date Demonstrated By the Trainee	Trainee's Initials	Trainer – Food Safety Senior
<input type="checkbox"/> Identified challenges faced by the person in charge and offered possible solution(s).	JFT			
<input type="checkbox"/> 5. Conducts exit interview explaining out of compliance observations and identifying corrective actions and timelines for all noted violations.	Training Method	Date Demonstrated By the Trainee	Trainee's Initials	Trainer – Food Safety Senior
<input type="checkbox"/> Explained the public health significance of the inspection observations.	JFT			
<input type="checkbox"/> Reviewed all findings with the person in charge with emphasis on contributing risk factors to foodborne illness.	JFT			
<input type="checkbox"/> Answered all questions or concerns pertaining to items on the inspection report.	JFT			
<input type="checkbox"/> Provided contact information to the person in charge for follow up questions or additional guidance.	JFT			
Comments:				
Trainee has demonstrated acceptable performance for all competencies listed.				
Date:		Trainee's Initials:		Trainer's Signature:

IV. Written Communication

	Training Method	Date Demonstrated By the Trainee	Trainee's Initials	Trainer – Food Safety Senior
<input type="checkbox"/> 1. Completes inspection form per WCHD's administrative procedures (e.g., observations; corrective actions; public health reason; applicable code reference; compliance dates).				
<input type="checkbox"/> Used correct inspection form/downloads correct Accela form.	JFT			
<input type="checkbox"/> Completed a legible report.	JFT			
<input type="checkbox"/> Accurately documented observations made during inspection.	JFT			
<input type="checkbox"/> Cited code provisions/rules/regulations.	JFT			
<input type="checkbox"/> Completed inspection form and scoring in accordance with division policy	JFT			

APPENDIX C – WCHD EHS Training Manual (Food Establishment Section)

Affidavit of Pre-requisite Training and Post – curriculum Training– FDA Program Standards – Standard 2

Washoe County Health District
Environmental Health Services Division

I, _____ do hereby state on this _____ day
of _____, 20 __, that since my initial date of hire at the Washoe County Health
District, on _____, I have completed 25 independent inspections of risk level 2
and 3 food establishments, the training equivalent to the FDA ORAU pre-requisite (“Pre”) and
post-curriculum (“Post”) training, and training on the jurisdiction’s prevailing statutes, and
regulations as listed in Step 1 and Step 3 of the FDA Voluntary National Retail Food Regulatory
Program Standards requirements for Standard 2. See attached document for detailed description
of Step 1 and Step 3 requirements.

Signature of employee

Signature of Program Senior/Program Supervisor

APPENDIX D – WCHD Hosted Training Opportunities

NC STATE UNIVERSITY



Retail HACCP Validation and Verification



Local Environmental Health Specialists

need knowledge of specialized processes at the retail level, in addition to general knowledge about HACCP Plans, to be effective food safety regulators. This course has been designed, using hands on and interactive methods, to build on basic understanding of HACCP principles and to provide training in applying these principles. The overall goal is to provide local Environmental Health Specialists the tools and knowledge to identify special processes, review submitted documentation for a HACCP Plan, and gain a working knowledge of these processes to better help operators of retail food establishments.

Course Objectives

1. Educate local Environmental Health Specialists to identify specialized processes at retail, and whether they require a variance and/or HACCP Plan.
2. Increase the confidence of local Environmental Health Specialists in identifying and reviewing HACCP Plan components, including food flow diagrams, critical control points, critical limits, and prerequisite programs.
3. Define validation and verification as it relates to retail HACCP, and identify the regulatory responsibility in each of these parts of HACCP Plan implementation.
4. Provide hands on training for the following specialized processes: fermentation, acidification, reduced oxygen packaging, cook-chill, and sous vide, which will include preparation of foods using these methods.
5. Reinforce knowledge of the specific specialized processes by completing food flow diagrams, identifying critical limits and corrective actions, and developing standard operating procedures.

Save the Date

Instructor Training: Feb 25, 2019 | 1-5pm

Full Class Dates: Feb. 26 & 27 or Feb. 28 & March 1, 2019 | 9am-4pm

Location: Washoe County Health District, Building C, Central Conference Room, 1001 East 9th Street, Reno, NV 89512

Contact:

Amber English, aeenglish@washoecounty.us

Natalie Seymour, nrseymou@ncsu.edu

APPENDIX D – WCHD Hosted Training Opportunities

Managing Employee Health

Learn to manage employee health and hygiene in a restaurant

1001 E Ninth St, Building B, Conference Room A

November 5th, 2019 – 8AM

This training will cover

- Risk Factors—The Impact of Employee Health in Kitchens
- Asymptomatic Food Workers
- Creating an Employee Health Plan
- Health Influences on Food Safety



Presented by Janet Anderberg

To RSVP for this workshop click

<https://health.app.rsvpify.com/>

**WASHOE COUNTY
HEALTH DISTRICT**

ENHANCING QUALITY OF LIFE

10/10/2019

APPENDIX D – WCHD Hosted Training Opportunities

HACCP Training

February 3-4 starting at 8:00am

1001 E 9th St

Reno, NV

Building B—Conference Room A

Learn about conducting HACCP Processes at a retail food establishment

This training will cover

- Curing
- Fermentation
- HACCP plans
- Food Safety for special processes



Presented by Dr. Brian Nummer

RSVP at the link below

<http://wchdhaccp.rsvpify.com>

**WASHOE COUNTY
HEALTH DISTRICT**

ENHANCING QUALITY OF LIFE

APPENDIX D – WCHD Hosted Training Opportunities



VIRTUAL TRAINING



Strategies to Focus Retail Food Inspection

Hosted by Mario Seminara



DECEMBER 2ND & 3RD
8AM TO 12PM



Training will count toward Food Safety CEUs.

[Click here to RSVP.](#)

APPENDIX E – WCHD Food Establishment Inspection Form

WASHOE COUNTY HEALTH DISTRICT <small>ENHANCING QUALITY OF LIFE</small>	WASHOE COUNTY HEALTH DISTRICT ENVIRONMENTAL HEALTH SERVICES DIVISION 1001 East Ninth Street • PO Box 11130 • Reno, Nevada 89520 Telephone (775) 328-2434 • Fax (775) 328-6176 www.washoecounty.us/health	Page 1 of ____
FOOD ESTABLISHMENT OFFICIAL INSPECTION REPORT		

DBA/Name:	Risk Category	Type:	Date:
Address:	City/Zip:	Permit #:	
Owner/Operator:	Person In Charge:	Phone #:	
Hours of Operation:	Area NO:	Inspection Type:	Time In: Time Out:
Certified Food Protection Manager:	Exam Provider:	Certification #:	Date Expired:
Any item marked "OUT" on this inspection report is a NOTICE of VIOLATION of the Washoe County District Board of Health Regulations Governing Food Establishments and is an ORDER to abate the violations within the time frame(s) specified.			
Failure to correct violations prior to the re-inspection date may result in the assessment of re-inspection fees. Any or all violations may be posted on the Washoe County Health District website: www.WashoeEats.com			

#	Status				Risk Factor Interventions			
	IN	NA	NO	OUT				
				Critical				Non-Critical
					Supervision			
1					Demonstration of Knowledge/Active Managerial Control	R		
					Employee Health			
2					Communicable Diseases: knowledge, responsibilities, reporting	R		
3					Communicable Diseases: proper use of restriction/exclusion	R		
					Good Hygienic Practices			
4					Proper eating, tasting, drinking, or tobacco use	R	COS	
5					No discharge from eyes, nose, and mouth	R	COS	
					Control of Hands as a Vehicle of Contamination			
6					Hands clean and properly washed	R	COS	
7					No bare hand contact with ready-to-eat (RTE) foods; pre-approved alternative procedure properly followed	R	COS	
8a					Handwashing sinks accessible; conveniently located	R	COS	
8b					Handwashing sinks supplied	R	COS	
					Approved Sources			
9a					Food obtained from approved source	R	COS	
9b					Molluscan shellfish from ICSSL listed sources; no recreationally caught fish or shellfish	R	COS	
9c					Game animals and wild mushrooms approved by regulatory authority	R	COS	
10					Food received at proper temperature	R	COS	
11					Food in good condition, safe, and unadulterated	R	COS	
12a					Required Records: parasite destruction	R		
12b					Required Records: Shellstock tags maintained for 90 days in chronological order	R		
					Food Protection from Contamination			
13a					Separating raw animal foods from raw or cooked RTE foods	R	COS	
13b					Separating raw animal foods from each other during storage, preparation, holding, and display	R	COS	
13c					Food protected from environmental contamination	R	COS	
14					Food-contact surfaces: frequency of cleaning and sanitizing; protected from environmental contamination	R	COS	
15a					After being sold or served to a consumer, food is not reserved	R	COS	
15b					Discarding or reconditioning unsafe, adulterated, or contaminated Food	R	COS	
					PHF/TCS Foods			
16					Food cooked to proper final cook temperature	R	COS	
17					Proper reheating procedures for hot holding	R	COS	
18					Proper cooling time and temperatures	R	COS	
19					Proper hot holding temperatures	R	COS	
20					Proper cold holding temperatures	R	COS	
21a					Proper date marking and disposition	R	COS	
21b					Time as a public health control: written procedures and records	R	COS	
					Consumer Advisory			
22					Consumer advisory provided if required	R	COS	
					Highly Susceptible Populations			
23					Pasteurized foods used; prohibited foods not offered	R	COS	
					Food/Color Additives and Toxic Substances			
24					Food additives; approved and properly used	R	COS	

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

WASHOE COUNTY HEALTH DISTRICT

FOOD ESTABLISHMENT

FIELD INSPECTION GUIDE



ENVIRONMENTAL HEALTH SERVICES

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE



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September 9, 2016

Dear Washoe County Food Establishment Owner/Operator:

As of September 9, 2016, the Regulations of the Washoe County District Board of Health Governing Food Establishments have been amended to eliminate sections related to grades and grading of food establishments and to include provisions from the current version of the U.S Food and Drug Administration (FDA) Model Food Code. The Washoe County Health District (WCHD) will no longer issue a numerical score to reflect the status of inspection results and will instead use a color coded (green, yellow, red) system to reflect the status of out of compliance risk factors.

In an attempt to prevent foodborne illness within Washoe County and to aid food establishments operating with the new inspection rating system for the disclosure of inspection results, the WCHD, Environmental Health Service's Food Safety Program is pleased to present our Field Inspection Guide.

The enclosed guide provides a reference list of key elements to ensure food safety, as well as, examples of common violations. This guide should help you prepare for and succeed in future inspections.

The WCHD, Environmental Health Services Division is available to assist with this transition. Please call (775) 328-2434 or email foodsafety@washoecounty.us with any questions.

Sincerely,



Bob Sack, Division Director
Environmental Health Services Division

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INTRODUCTION

The Washoe County Health District is dedicated to improving the quality of life and ensuring the public health and safety for all residents and visitors of the County, through education, surveillance, enforcement and community service.

While the food supply in the United States is one of the safest in the world, the Centers for Disease Control and Prevention (CDC) estimates that approximately 48 million people suffer from foodborne illness each year. Of these, more than 128,000 are hospitalized, and 3,000 die. Preventing foodborne illness and death remains a major public health challenge.

The CDC and the Food and Drug Administration (FDA) have identified five foodborne illness risk factors and five public health interventions that when addressed during an inspection of a retail food establishment should lead to a reduction in the incidents of foodborne illness and to an increased protection for consumer health.

The five most common CDC risk factors are:

1. Improper Holding Temperatures
2. Inadequate Cooking
3. Poor Personal Hygiene
4. Contaminated Equipment
5. Food from Unsafe Sources

The FDA's public health interventions are:

1. Demonstration of knowledge
2. Employee health controls
3. Controlling hands as a vehicle of contamination
4. Time and temperature parameters for controlling pathogens
5. The consumer advisory

It is the responsibility of the Washoe County, Environmental Health Services Division to conduct routine inspections of retail food establishments in Washoe County in order to ensure compliance with the Regulations of The Washoe County District Board of Health Governing Food Establishments (WCHD food regulations). This Field Inspection Guide is intended to provide guidance to food service operators in matters related to retail food inspections, the establishment rating system, and common terminology. This guide has also been developed to improve standardization among environmental health specialists during their routine inspections of retail food facilities by providing them with a reference list of common violations.

The procedures outlined in this field guide are to be used in conjunction with the Washoe County Food Establishment Official Inspection Report. The guidelines provided are not intended to be all-inclusive due to the fact that individual establishments and the severity of their violations can vary greatly.

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INSPECTION RATINGS OF FOOD ESTABLISHMENTS



Pass (Green):

- Critical Violations - An establishment having no more than one critical violation observed during the inspection. Critical violation shall be corrected or mitigated during the inspection.
- Non-Critical Violations - Establishments with multiple non-critical violations or repeat non-critical violations may be subject to reinspections, reinspection fees, and additional enforcement action including permit suspension, and/or permit revocation. ***Non-critical violations must still be corrected or mitigated during the inspection if they are noted under item the Risk Factor Intervention section (items #1-30) on the Food Establishment Inspection form.**

Conditional Pass (Yellow):

- An establishment having two or more critical violations observed during the inspection. Critical violations shall be corrected or mitigated during the inspection. A reinspection shall be conducted within 24 to 72 hours to verify critical violation(s) remain corrected

Closed (Red):

- If a substantial health hazard exists, as defined in these regulations, or if it is determined that there is a risk of imminent danger to the public, the Health Authority shall suspend the health permit and the establishment must immediately cease foodservice operations. Operations, once ceased, shall not be resumed until the health permit is reinstated by the Health Authority.

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FOOD ESTABLISHMENT INSPECTION PLACARD

The Washoe County Health District will offer the below inspection information placard to each food establishment inspected. Posting of the placard is voluntary. Establishments are encouraged to post the placard to assist patrons with making informed decisions regarding food safety prior to entering the food facility.



The placard does not give individual establishment ratings and instead directs patrons to www.WashoeEats.com to access full inspection reports including the overall facility color coded rating status.

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FOOD ESTABLISHMENT INSPECTION FORM MARKING PROCEDURES

For each item on the inspection report form in the Foodborne Illness Risk Factors, Public Health Interventions, and Good Retail Practices section, the inspector should indicate one of the following for **compliance status**:

IN – Item found in compliance **NO** – Item was not observed during inspection

OUT – Item found out of compliance **NA** – Item is not applicable for the facility

If NA or NO is not listed as an option for a particular item, this means that this item must be evaluated during the inspection and a compliance status must be determined.

Compliance status should be determined as a result of observations that establish a pattern of non-compliance.

For each item marked OUT, a determination of the seriousness of the observation must be made with regards to the direct impact on foodborne illness risk factors and interventions and the inspector should indicate one of the following to categorize the out of compliance status:

Critical Violations – A provision of the WCHD food regulations, that if in non-compliance, is more likely than other violations to contribute to one of the five foodborne illness risk factors or one of the five FDA public health interventions. Critical violations pose an imminent threat to public health and have the potential to cause foodborne illness. A critical violation must be corrected or mitigated during an inspection in order to avoid closure. When a critical violation cannot be immediately corrected or mitigated, the food facility is subject to closure.

Non-Critical Violations – A provision of the WCHD food regulations that do not directly cause foodborne illness, but are important factors in general sanitation, operational controls, general maintenance, and facility design that allow for safe, wholesome and unadulterated food products.

If the item is marked OUT, document details of each violation for the item number in the "Observations and Corrective Actions" section of the inspection report.

For items marked **OUT** further indicate the status of the violation by marking an "**X**" in the corresponding box for Corrected On-Site (**COS**) during the inspection and/or Repeat Violation (**R**).

COS - indicates that **all** violations cited under that particular item number have been corrected and verified before completing the inspection. The actual corrective action taken for each violation should be documented in the "Observations and Corrective Actions" section of the inspection report.

R - Indicates that the same violation under a particular item number was cited on the last inspection report.

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COMMON TERMINOLOGY

American National Standards Institute (ANSI) is a national organization that sets standards for equipment.

Approved Source is a producer, manufacturer, distributor, or other food facility that is properly licensed or permitted by a local, state or federal agency.

Certified Food Protection Manager (CFPM) is the person responsible for safe food handling in an establishment. It is required for all risk level 2 and 3 establishments.

Comminuted means to reduce in size by methods including chopping, flaking, grinding or mincing. Examples include ground beef and sausage.

Cross Contamination is the transfer of harmful microorganisms from one food to another.

Fabric Implement is a cloth or fabric, including, but not limited to, burlap and cheesecloth, that is used as a part of the food process and comes in direct contact with food that is subsequently cooked.

FDA is the Federal Food and Drug Administration.

HACCP Plan is a written document that details the formal procedures for following the Hazardous Analysis Critical Control Point (HACCP) principles that were developed by the National Advisory Committee on Microbiological Criteria for Foods.

Interstate Certified Shellfish Shippers List (ICSSL) is a list of approved suppliers maintained by the FDA and its partners.

Limited Food Preparation means food preparation that is restricted to one or more of the following:

- Heating, frying, baking, roasting, popping, blending, or assembly of non-prepackaged food.
- Bulk dispensing of non-potentially hazardous beverages.
- Holding, portioning, and dispensing of any foods that are prepared for satellite food service by the onsite permanent food facility or prepackaged by another approved source.
- Slicing and chopping of food on a heated cooking surface during the cooking process.
- Cooking and seasoning to order.

Limited food preparation does NOT include:

- slicing and chopping unless it is on the heated cooking surface
- thawing
- cooling of cooked potentially hazardous food
- grinding raw ingredients or potentially hazardous food
- reheating for hot holding
- washing of foods
- cooking of potentially hazardous foods for later use

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Time Temperature Controlled for Safety Food (TCS) is

- (a) a food that requires time or temperature control to limit pathogenic micro-organism growth or toxin formation.
- (b) Potentially hazardous food includes a food of animal origin that is raw or heat-treated, a food of plant origin that is heat treated or consists of raw seed sprouts, cut melons, cut tomatoes, or mixtures of cut tomatoes that are not modified to render them unable to support pathogenic micro-organism growth or toxin formation, and garlic-in-oil mixtures that are not acidified or otherwise modified at a food processing plant in a way that results in mixtures that do not support growth or toxin formation as specified under subdivision (a).
- (c) Potentially hazardous foods do not include foods that:
 1. have a pH level of 4.6 or below, or
 2. have a water activity (Aw) value of 0.85 or less under standard conditions, or
 3. are in hermetically sealed containers processed to meet the commercial sterility standard, or
 4. have been shown through appropriate microbiology challenge studies not to support the rapid and progressive growth of infectious or toxigenic microorganisms
 5. An air-cooled, hard-boiled egg with shell intact, or an egg with shell intact that is not hard boiled, but has been pasteurized to destroy all viable salmonellae.

Examples of TCS Food:

Fruits / Vegetables: All cooked vegetables, cooked rice and legumes; All sprouts Baked/cooked potato; Rehydrated mashed potatoes; Cut melon; Cut tomatoes; Edamame; Hummus; Opened canned vegetables; Rehydrated vegetable products containing PHF's; Tofu, texturized vegetable protein; Rehydrated garlic in oil- anything grown in the ground that is then stored in oil (garlic, onions etc)

Dairy: Eggs; milk; Cheesecake; Cream pastries (if cream is not commercially made, check label); Cream cheese; Facility made salad dressing, mayonnaise, or aioli; Food containing eggs (i.e. quiche, custards, hollandaise sauce); Funnel cake, pancake and waffle batter (containing PHF's), including rehydrated funnel cake, pancake and cake mix; Opened ultra-pasteurized products; Sliced/Shredded/crumbled cheeses (cheddar, jack, blue etc.); Soft cheeses: (feta, soft Mexican style cheese, feta, brie etc.); butter, Whipped butter; Whipped cream (including ultra-pasteurized)

Meat: Beef, poultry, fish, lamb, pork, ratites (cooked or raw); Bakery products containing meat; Hot dogs, sausage, Chorizo (cooked or raw); Opened canned meat or fish; Raw bacon; Seafood excluding live fish; Bologna

Miscellaneous: All casseroles containing PHF's; Cooked noodles; Liquid batter for dipping PHFs; Pizza; Vegetable, seafood, beef, chicken, or turkey broth; Gravies (reconstituted or facility-made)

Examples of Non TCS Food:

Fruits / Vegetables: Cut/whole raw vegetables; Cut fruit (other than melon); Jarred or canned chilies;

Garlic in water; Sauerkraut; Unopened canned meats and vegetables (including kidney beans)

Dairy: Margarine; Hard boiled eggs in intact shells (must be air-cooled); Manufacturer sealed hard cheeses); Pickled eggs; Unopened ultra-pasteurized products

Meat: commercially manufactured jerky; commercially made salted pork or fish; Pickled pig's feet

Miscellaneous: Commercially manufactured icing, glazes; Peanut butter; Teriyaki sauce, soy sauce, fish sauce, oyster sauce;; Uncooked rehydrated rice noodles

Ready-to-Eat (RTE) Foods are foods that must be handled with utensils or gloved hands because they will not be cooked and are ready to be served to the consumer. Examples of RTE foods include toast, salads, cooked hamburger, and raw vegetables that will not be cooked. Non RTE foods include raw meat

or raw vegetables that will be cooked. For a full definition, see the Washoe County Regulations Governing Food Establishments.

Reduced Oxygen Packaging (ROP) is a method of preserving food by packaging it where the atmosphere of inside the packaging reduces spoilage organisms but allows other organisms like Clostridium botulinum to grow. This process must conform to Washoe County Food Regulations, section 050.340. For a full definition, see the Washoe County Regulations Governing Food Establishments.

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5	17	No discharge from the eyes, nose or mouth
6	18	Hands clean and properly washed
7	20	No bare hand contact with ready-to-eat (RTE) foods; pre-approved alternative procedure properly followed
8a	21	Handwashing sinks accessible; conveniently located
8b	22	Handwashing sinks supplied
9a	23	Food obtained from approved source
9b	24	All Molluscan shellfish from ICSSL listed sources; no recreationally caught fish or shellfish
9c	25	Game animals and wild mushrooms approved by regulatory authority
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SUPERVISION	
1. Demonstration of Knowledge/Active Managerial Control	
WCHD Regulations: 030.005; 030.010; 030.015; 040.005; 040.022; 040.020; 040.035	
Standard Comments Available: 1. Person-in-charge not present 2. Facility lacks demonstration of knowledge/active managerial control 3. No person certified via testing with accredited program (CFPM) 4. The CFPM of the facility is not the Person-in-charge	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> • The line cook was not aware that the chicken in the make-line reach-in refrigerator was between 42F – 134F, and when asked what temperature it should be, they did not know. Note: Potentially hazardous foods found in the danger zone, Data Field #20, would also be marked as a critical violation • The employee washing dishes did not know what concentration the sanitizer in the dishwasher should be or how to check the concentration of the sanitizer. • The cook who is cooking hamburgers did not know the final cooking temperature for ground beef or how to calibrate their probe thermometer. • No CFPM present/CFPM expired. • A risk level 3 facility does not have enough CFPMs to cover all hours of operation. • The CFPM is not the person-in-charge • CFPM unable to describe major food allergens and symptoms
Corrective Action: Follow Appendix A CFPM decision tree for corrective action and time frames.	
Marking Instructions: In: Person-in-charge present, active managerial control demonstrated, current CFPM certification. Out: Determination of overall lack of control in restaurant as shown with other critical violations. No CFPM certification available. Onsite CFPM not recognized due to out of control risk factors.	
Notes: This data field shall not be marked for an isolated incident, but rather for an overall evaluation of the food employee's ability to ensure proper performance of their assigned duties. Determination of compliance status based on discussions with Person-in-charge and observations of employees practices.	

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EMPLOYEE HEALTH	
2. Communicable Diseases: knowledge, responsibilities, reporting	
WCHD Regulations: 030.020, 030.021, 030.022, 030.085	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> • An employee knows they should stay home when they are sick, but aren't sure for how long. • An employee knows to call in when they are sick, but is unsure of excludable symptoms. • Person-in-charge unaware of reporting responsibilities or exclusion requirements. • Facility does not have written procedures for the clean-up of vomiting and diarrheal events.
Corrective Action: Discussed exclusion policies with operator. Provided example policy.	
Marking Instructions: Determination of In/Out status by discussions with Person-in-charge and employees, documentation of training program, implementation of a health policy that employees are aware of. In: Person-in-charge and employees are aware of exclusion policies/symptoms and responsibility to report. Out: Person-in-charge and employees are not aware of exclusion policies/symptoms and responsibility to report.	
Notes: This data field shall not be marked for an isolated incident, but rather for an overall evaluation of the food employee's ability to ensure proper performance of their assigned duties. Interview person-in-charge and employees to determine if they have been trained on exclusion policies. See Appendix B for example Employee Health Policies.	

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EMPLOYEE HEALTH	
3. Communicable Diseases: proper use of restriction/exclusion	
WCHD Regulations: 030.020, 030.021, 030.022	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> • The Person-in-charge is aware of an employee with a communicable disease or aware that two or more food employees are concurrently experiencing symptoms associated with an acute gastrointestinal illness and the Person-in-charge has not reported to the WCHD 775-328-2434. • The Person-in-charge is aware of a food employee who is suffering from an acute gastrointestinal illness and has not restricted the duties of the food employee to prevent spreading the illness. • The Person-in-charge removes a restriction from a food employee before resolution of the symptoms or before 24 hours after symptoms stop. • The Person-in-charge allows an excluded employee to return to work before receiving District Health Officer clearance. • When an employee who handles food or makes contact with food contact surfaces has a cut / sore / or rash on their hand that is not properly covered.
Non Critical Violations	N/A
Corrective Action: Ill employee is appropriately excluded or restricted. Uncovered sores are covered.	
Marking Instructions: In: No ill employees observed (no observation of symptoms that require exclusion with or without a diagnosis) Out: Employee observed with excludable symptoms; restricted employee observed doing food prep; inspector becomes aware that Person-in-charge has not notified Health Authority of employee with excludable condition.	
Notes: <i>Acute Gastrointestinal Illness</i> means a short duration illness most often characterized by one of the following symptoms or groups of symptoms, which are known to be commonly associated with the agents most likely to be transmitted from infected food employees through contamination of food <ol style="list-style-type: none"> a. Diarrhea, either alone or in conjunction with other gastrointestinal symptoms, such as vomiting, fever, or abdominal cramps. 	

- b. Vomiting in conjunction with either diarrhea or two other gastrointestinal symptoms, such as fever or abdominal cramps

Communicable diseases that are transmissible through food means a condition caused by any of the following infectious agents:

- *Salmonella typhi*,
- *Salmonella spp.*,
- *Shigella spp.*,
- Shiga toxin producing *Escherichia coli*,
- Hepatitis A virus,
- Norovirus,
- Other communicable diseases listed in the Washoe County Regulations/NAC 441A.040 that are transmissible through food.

“Exclude” means to prevent a person from working as an employee in a food establishment, or entering a food establishment as an employee.

“Person-in-charge” means the person present at a food establishment who is responsible for the operation of the establishment at the time of inspection.

“Restrict” means to limit the activities of a food employee so that there is no risk of transmitting a disease that is transmissible through food and the food employee does not work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles.

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<h1>GOOD HYGIENIC PRACTICES</h1>	
4. Proper eating, tasting, drinking, or tobacco use	
WCHD Regulations: 030.065; 050.120	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> Employee is observed eating, drinking or smoking and the direct contamination of food is observed. Employee is observed tasting food multiple times with same utensil.
Non Critical Violations	<ul style="list-style-type: none"> Employee drink without lid and straw in food preparation area. Employee is observed eating, drinking or smoking in non-designated areas where contamination may result. Facility not compliant with Nevada Clean Indoor Air Act (NRS 202.2483).
Corrective Action: When direct contamination of food is observed, the food shall be discarded.	
Marking Instructions: <p>In: Employee observed drinking from closed container with a straw which is subsequently stored on non-food contact surface. Employee observed tasting with spoon that is then discarded or placed in dish area.</p> <p>Out: Employee drinking from open container; open drinks stored on food prep area; employee smoking in kitchen.</p> <p>NO: This item may be marked NO only in the rare occasion that no food employees are present at time of inspection.</p>	
Notes: Personal drinks will be allowed in food preparation areas if the risk of contaminating the employee's hands, the beverage container, non-prepackaged food, and food-contact surfaces with the employee's saliva is eliminated. Approved practices include drinking from a closed container that is handled to prevent contamination of employee's hands or from a beverage container with a tight fitting lid and straw.	

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GOOD HYGIENIC PRACTICES	
5. No discharge from the eyes, nose or mouth	
WCHD Regulations: 030.070	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> A food employee is suffering from uncontrolled allergies. The employee's symptoms may include a constantly runny nose, sneezing, itchy/watery eyes or coughing and is engaged in food preparation. A waiter with discharge from the eyes due to allergies is slicing bread.
Non Critical Violations	N/A
Corrective Action: If a food employee is found working while having discharges from the eyes, nose, or mouth, they shall be restricted from working with exposed food, clean equipment, clean utensils and clean linens until the symptoms have subsided.	
Marking Instructions: In: No food employees observed with persistent sneezing, coughing or runny nose that causes discharge from eyes, nose, or mouth. Out: Food employee has persistent sneezing, coughing or runny nose that causes discharge from eyes, nose, or mouth, which subjects food and food contact surfaces to potential contamination. NO: This item may be marked NO only in the rare occasion that no food employees are present at time of inspection.	
Notes:	

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CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION	
6. Hands clean and properly washed	
WCHD Regulations: 030.025-030.055	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<p>Critical handwashing violations may be documented when the <i>direct contamination</i> of food or food contact surfaces (such as in-use cutting boards and utensils) has occurred by unclean hands that have been in contact with:</p> <ul style="list-style-type: none"> • Secretions of the eyes, ears, nose and mouth • Sweat • Raw animal product • Any object that most likely contains <i>high</i> levels of contamination, for example exterior garbage dumpsters or toilets. This MAY NOT include objects like refrigerator handles or scoops. • An employee handles raw meat and then proceeds to handle vegetables or clean customer utensils without washing their hands. • An employee wearing gloves handles raw meat, then takes off his gloves. The employee touches the contaminated outer surface of the gloves with his bare hands. The employee then proceeds to handle ready-to-eat food items. • An employee is observed handling raw meat. The employee then applies hand sanitizer without properly washing their hands prior to the sanitizer application. The employee then handles ready to eat food items. • An employee that handles food, clean equipment or utensils, clean linens, or single-service utensils did not wash their hands after using the restroom, taking a break, eating, taking out the garbage, etc. • An employee did not wash their hands after eating or smoking and before handling food. • An employee washes their hands in the 3 compartment sink, prep sink, or any sink not designated as a hand sink.
Non Critical Violations	<p>Non critical handwashing violations may be documented when improper handwashing procedures are observed during an inspection, but do not meet the criteria for a CRITICAL VIOLATION.</p> <ul style="list-style-type: none"> • Dishwasher loads dirty dishes into dishwasher and then stacks clean dishes without first washing hands. • An employee washes hands and instead of using paper towels to dry their hands, the employee uses a clean cloth towel. • A food employee with artificial nails, nail polish, or rings (other than a plain ring, such as a wedding band) is observed handling unpackaged food or clean utensils without the use of gloves (no cross contamination observed as in critical violation criteria).

	<ul style="list-style-type: none"> • An employee did not wash hands after talking on the phone or handling money and before handling food. • Employee fails to wash hands properly, i.e. not a full 20 seconds.
<p>Corrective Action:</p> <p>Food employee shall wash their hands as required. Discuss importance of handwashing with employee and Person-in-charge.</p>	
<p>Marking Instructions:</p> <p>Determination of compliance based on observation of employees.</p> <p>In: Employees are observed washing hands with the appropriate techniques at appropriate times and places.</p> <p>Out: Employees are observed not washing hands when required.</p>	
<p>Notes:</p> <p>Employees are required to wash their hands: before beginning work, before handling food or clean equipment / utensils, as often as necessary during food preparation to remove soil and contamination, when switching from working with raw to ready-to-eat foods, after touching body parts or clothing, after using the restroom, ANY time when contamination may occur.</p> <p>Hand sanitizer must be approved and shall be applied only to hands that have been properly washed.</p> <p>Food employees shall keep their fingernails trimmed, filed, and maintained so that the edges and surfaces are cleanable and not rough.</p> <p>Hands are not required to be washed when changing gloves if the employee is performing the same task. For example: an employee changes gloves while continuing to make sandwiches. However if changing gloves presents an opportunity for cross-contamination, proper handwashing procedures must be exercised.</p> <p>Single-use gloves may not be washed.</p> <p><i>Violations pertaining to handling food with cuts, sores, or rashes on the hands should be marked in Data Field #3.</i></p>	

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CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION	
7. No bare hand contact with ready-to-eat (RTE) foods; pre-approved alternative procedure properly followed	
WCHD Regulations: 050.115	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> An employee handles ready-to-eat foods with bare hands. Employee does not follow preapproved bare hand contact procedure.
Non Critical Violations	N/A
Corrective Action: Employee shall wash hands and change gloves. Discuss no bare hand contact with employee and Person-in-charge. Ready-to-eat food observed being contacted with bare hands, without prior approval, shall be discarded.	
Marking Instructions: In: Employees observed using suitable utensils or gloves to prevent bare hand contact. Employee may contact RTE food that will be subsequently cooked, i.e. vegetables in a stir fry. Employees are following pre-approved alternative procedures. Out: One or more employees observed contacting RTE food with bare hands.	
Notes: Food that will be added as an ingredient to raw animal food that is subsequently cooked to the minimum required temperature may be contacted with bare hands. Food that will be added as an ingredient to other foods not containing raw animal foods that is subsequently cooked to at least 145F may be contacted with bare hands. Bare hand and arm contact with non-prepackaged ready-to-eat foods shall be prevented by using utensils such as scoops, tongs, gloves, paper wrappers, or other implements. Gloves shall be properly used and changed when required. Single-use gloves may not be reused. Bare hand contact with ready-to-eat foods is prohibited unless an application has been submitted and approved by the Health Authority.	

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CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION	
8a. Handwashing sinks accessible; conveniently located	
WCHD Regulations: 070.030; 070.035(c); 070.058	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> Hand wash sink is not accessible or is blocked so that the item has to be moved in order for employees to complete handwashing. Water at the handwashing sink is too hot to wash hands making the handwashing sink unusable (when water temperature is not readily adjustable at the faucet).
Non Critical Violations	<ul style="list-style-type: none"> Items (i.e. ice or food) observed in hand sink. This is not an approved use and shall be discontinued; however the sink is not truly inaccessible. Any unapproved use of hand sinks. Hand sinks are for handwashing only.
Corrective Action: Employee shall move item blocking hand sink.	
Marking Instructions: <p>In: Hand sinks are conveniently accessible and located in all prep areas, food dispensing areas, and dish areas. Hand sinks must be available in or directly adjacent to all toilet rooms.</p> <p>Out: Hand sink observed blocked by equipment, stacked full of utensils or other items, or otherwise unavailable for use.</p>	
Notes: <p>Hand wash facilities must be available to make handwashing not only possible, but likely.</p> <p>Critical violations must be immediately resolved so that handwashing can be performed properly otherwise the facility may be subject to closure.</p> <p>If a hand sink needs to be installed or moved, it may be marked as a non-critical to give the operator time to comply as long as there is another available hand sink to allow for proper hand washing.</p>	

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CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION	
8b. Hand washing sinks supplied	
WCHD Regulations: 070.035; 070.047; 080.96-080.0995	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> No soap or paper towels adjacent to the hand wash sink in the kitchen. If there are other hand wash sinks within a reasonable proximity that are stocked, the violation may be classified as non-critical. Lack of soap or paper towels in the employee or public restroom.
Non Critical Violations	<ul style="list-style-type: none"> No handwashing sign posted.
Corrective Action: Person-in-charge stocks the hand sink.	
Marking Instructions: In: All hand sinks stocked with liquid pump soap, paper towels, and hand wash sign. Out: Any one of the above items is not available.	
Notes: Hand wash facilities must be available to make handwashing not only possible, but likely. Critical violations must be immediately resolved so that handwashing can be performed properly otherwise the facility may be subject to closure.	

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APPROVED SOURCES	
9a. Food obtained from approved source	
WCHD Regulations: 050.010; 050.015; 050.020; 050.055; 050.060; 050.100; 070.010	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> All food shall be from approved sources. No home canned items may be offered for sale. No prepackaged juice unless obtained pasteurized or otherwise treated as approved by the Health Authority. No eggs or produce from home gardens. Must have Department of Agriculture certificates to use.
Non Critical Violations	N/A
Corrective Action: If food is from an unapproved, unsafe, or otherwise unverifiable source, the food must be discarded or placed on hold.	
Marking Instructions: In: Health Authority is able to determine approved sources through a review of supplier names, shipment invoices, or proof of regulatory permit of a food source may all be used to determine compliance. Out: Facility offers food from home; makes food from home and brings it to the facility; unable to determine source of food.	
Notes:	

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APPROVED SOURCES	
9b. Molluscan shellfish from ICSSL listed sources; no recreationally caught fish or shellfish	
WCHD Regulations: 050.025; 050.030	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> All molluscan shellfish shall be from approved ICSSL list supplier All fish must be commercially caught/raised
Non Critical Violations	N/A
Corrective Action: If food is from an unapproved, unsafe, or otherwise unverifiable source, the food must be discarded or placed on hold.	
Marking Instructions: In: Health Authority is able to determine approved food source through review of supplier names, shipment invoices, shellfish tags, or other acceptable documentation. Out: Inspector determines shellfish or fish are recreationally caught or unable to determine supplier. NA: If molluscan shellfish or fish are not offered for service or sale. NO: May be marked if molluscan shellfish or fish are served / sold periodically, but are not present at time of inspection and you are unable to determine prior compliance through tags or purchase records.	
Notes: See Appendix C for Molluscan Shellfish Guidance Document "Shucked shellfish" means molluscan shellfish that have one (1) or both shells removed. For labeling issues see Data Field #36.	

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<h1>APPROVED SOURCES</h1>	
9c. Game animals and wild mushrooms approved by regulatory authority	
WCHD Regulations: 050.035; 050.040	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> All game animals and wild mushrooms from approved source
Non Critical Violations	N/A
Corrective Action: If food is from an unapproved, unsafe, or otherwise unverifiable source, the food must be discarded or placed on hold.	
Marking Instructions: In: Health Authority is able to determine approved sources through a review of supplier names, shipment invoices, or proof of regulatory permit of a food source may all be used to determine compliance. Out: Inspector determines game animals or wild mushrooms are not from an approved source. NA: If game animals or wild mushrooms are not offered for service or sale. NO: May be marked if game animals or wild mushrooms are served / sold periodically, but are not present at time of inspection and you are unable to determine prior compliance through tags or purchase records.	
Notes: Game animals include reindeer, elk, deer, antelope, water buffalo, bison, rabbit, squirrel, opossum, raccoon, nutria, or muskrat, and non-aquatic reptiles such as snakes. Game animals do not include ratites. Some game animals imported from other countries are considered an approved source. A letter of recognition from the FDA/USDA may be available for certain countries that meet equivalent sanitization standards. Consult Food Safety Senior.	

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APPROVED SOURCES	
10. Food received at proper temperature	
WCHD Regulations: 050.045	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> • Employee accepts food from delivery, and temperature measurement by the Health Authority shows food exceeds temperature requirements. (Most PHF/TCS food >41F; eggs and milk >45F)
Non Critical Violations	N/A
Corrective Action:	
Marking Instructions: <p>In: May be marked when a delivery is received at time of inspection and inspector can verify receiving temperature of PHF/TCS foods.</p> <p>Out: May be marked if a delivery is received at time of inspection and is accepted by the facility, but the inspector observes temperature outside critical limit.</p> <p>NA: If facility only receives non PHF/ TCS foods.</p> <p>NO: Mark when facility does receive PHF/TCS foods but no delivery was received at time of inspection.</p>	
Notes: <p>Many times this topic will not be directly observed and may only be marked out of compliance if temperatures are taken of food at time of receipt by the facility. Procedures can be verified through discussion with the Person-in-charge.</p>	

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<h1 style="margin: 0;">APPROVED SOURCES</h1>	
11. Food in good condition, safe, unadulterated	
WCHD Regulations: 050.045; 050.005; 050.095; 050.070	
Standard Comments Available: None – enter text if marked ‘out’	
Critical Violations	<ul style="list-style-type: none"> • Employee accepts food from delivery, and integrity of food packaging has been compromised. • Employee accepts food from delivery or otherwise alters the true appearance, color or quality of the food. • Food not honestly presented. • Employee accepts food delivery with moldy food. • Moldy food observed in walk in refrigerator. Bloated or leaking cans.
Non Critical Violations	<ul style="list-style-type: none"> • When received, shellstock is not discarded when not reasonably free of mud, dead shellfish, or broken shells.
Corrective Action:	
Marking Instructions: In: Marked when a dent in a food can has not compromised the hermetic seal, cuts made in cardboard packaging do not compromise interior packaging, the true appearance is not misrepresented, and food is honestly presented. Out: Marked when integrity of food packaging has been compromised or the true appearance, color or quality has been intentionally altered, or the food is not honestly presented.	
Notes: This item is marked based on direct observation of integrity of food packaging and other signs of adulteration. All unopened commercial containers with a ‘best by’ or ‘use by’ date that is past its expiration is not a violation. A comment in the notes section may be added to state a best management practice. See Data Field #21a for commercially packaged items opened and used as an ingredient.	

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<h1>APPROVED SOURCES</h1>	
12a. Required records: parasite destruction	
WCHD Regulations: 050.260; 050.265	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> Facility performs parasite destruction for wild caught fish intended for raw/undercooked consumption, but records are not available.
Non Critical Violations	<ul style="list-style-type: none"> Facility receives fish from supplier who performs parasite destruction, but records are not available at time of inspection. Facility serves farm raised fish that is exempt from parasite destruction, but does not have documentation from the supplier proving: the fish was farm raised and fed formulated feed that does not contain live parasites.
Corrective Action: If unable to prove supplier or in-house parasite destruction, food must be discarded or placed on hold.	
Marking Instructions: In: If facility provides statement from supplier showing parasite destruction or maintains records if parasite destruction is done at the facility. Out: No records available NA: Item is not applicable when no raw/undercooked fish is offered for sale; if the only fish sold are exempt from freezing (Tuna: Yellowfin, Southern and Northern Bluefin, Bigeye; molluscan shellfish; fish eggs removed from skein) NO: May be marked when raw/undercooked fish are sold periodically, but are not present at time of inspection.	
Notes: Even if the facility does not do its own parasite destruction, but serves fish that requires it, they must have a letter from the supplier certifying parasite destruction. If facility serves the fish only fully cooked, no parasite destruction records are needed. If facility offers non-exempt fish undercooked and it requires parasite destruction, records are required. See Appendix D for Parasite Destruction Guidance.	

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<h1 style="margin: 0;">APPROVED SOURCES</h1>	
12b. Required Records: shellstock tags maintained for 90 days in chronological order	
WCHD Regulations: 050.090; 050.110	
Standard Comments Available: None – enter text if marked ‘out’	
Critical Violations	<ul style="list-style-type: none"> Facility does not maintain shellstock tags Missing or incomplete shellstock certification tags or improper wet storage of shellstock (includes commingling of shellstock) A bag of molluscan shellstock lacking tags. Shellstock from two different bags stored together (commingled).
Non Critical Violations	<ul style="list-style-type: none"> Facility keeps shellstock tags, but they are not in chronological order. Facility keeps tags, but does not mark last date of sale from that tag.
Corrective Action: Shellstock without any tags are subject to a hold order or discard. Facilities with repeat violations of missing tags may have this menu item prohibited.	
Marking Instructions: In: Facility has tags available, in chronological order for a minimum of 90 days. Out: No records available; tags are not maintained in chronological order; evidence of comingling. NA: Item is not applicable when shellstock is not served. NO: May be marked when shellstock are sold/served but are not present at time of inspection and prior compliance through tags, invoices or purchase records cannot be verified.	
Notes: See Appendix C “Molluscan Shellfish Guidance Document”. “Shellstock” means raw, in-shell molluscan shellfish. “Commingle” means: <ul style="list-style-type: none"> A. To combine shellstock harvested on different days or from different growing areas as identified on the tag or label; or B. To combine shucked shellfish from containers with different container codes or different shucking dates. 	

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

FOOD PROTECTED FROM CONTAMINATION	
13a. Separating raw animal foods from raw or cooked RTE foods	
WCHD Regulations: 050.130	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> Raw animal foods stored over salad greens. Raw animal foods stored over cooked and cooled items (beans, rice, chicken). Raw shell eggs stored over RTE foods or beverage containers.
Non Critical Violations	N/A
Corrective Action: Items moved during inspection. Any items with signs of cross contamination shall be discarded or placed on hold.	
Marking Instructions: In: Facility stores all PHF/TCS and RTE foods properly to prevent cross contamination. When facility stores or displays frozen, sealed/intact commercially packaged raw animal food with or above frozen, sealed/intact commercially packaged RTE foods. Out: Raw animal foods are stored above RTE foods. NA: Item is not applicable when raw animal foods are not served in the facility. NO: May be marked when raw animal foods are prepared in the facility, but are not present at time of inspection.	
Notes: In a freezer, hermetically sealed frozen meat stored over RTE foods is not a violation.	

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FOOD PROTECTED FROM CONTAMINATION

13b. Separating raw animal foods from each other during storage, preparation, holding, and display

WCHD Regulations: 050.130

Standard Comments Available:
None – enter text if marked 'out'

Critical Violations

- Raw poultry stored over raw beef or fish.
- Raw beef stored over raw fish.

Non Critical Violations

N/A

Corrective Action:

Items moved during inspection. Any items with signs of cross contamination shall be discarded or placed on hold.

Marking Instructions:

In: Facility stores all PHF/TCS foods properly to prevent cross contamination.

Out: Raw animal foods are subject to cross contamination from other raw animal foods. Animal foods must be separated according to minimum cook temperatures.

NA: Item is not applicable when raw animal foods are not served in the facility, or only one type of raw animal food is served.

NO: May be marked when raw animal foods are prepared in the facility, but are not present at time of inspection.

Notes:

Items shall be stored in order of minimum cook temperatures, top to bottom: fish/seafood/whole muscle meat/shell eggs/pork, ground meats, poultry and stuffed foods.

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FOOD PROTECTED FROM CONTAMINATION	
13c. Food protected from environmental contamination	
WCHD Regulations: 050.130; 050.165; 050.185(A); 050.230; 050.240, 030.073	
Standard Comments Available: None – enter text if marked ‘out’	
Critical Violations	<ul style="list-style-type: none"> Foreign object found in food (glass, bandage). Chemical contamination of food. Same tong / glove used for raw meat and RTE food items. Washing produce in a warewashing compartment without first cleaning and sanitizing the compartment. Contamination of food due to pests/vermin infestation.
Non Critical Violations	<ul style="list-style-type: none"> Beverage stored in consumable ice. Food not covered in walk-in (not in process of cooling) and no direct contamination observed. Employee working with bandage on hand or wrist and not covered with a single-use glove
Corrective Action: Critical: Food discarded or placed on hold. Non Critical: Cover food.	
Marking Instructions: In: Facility stores all foods properly to prevent contamination. Out: Food is not packaged or covered during storage (unless in process of cooling), food in contact with soiled equipment or utensils, single-use gloves used for more than 1 task.	
Notes: Items shall be stored in a manner to prevent contamination. Gloves / utensils shall be properly used and changed when required.	

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FOOD PROTECTED FROM CONTAMINATION	
14. Food contact surfaces: frequency of cleaning and sanitizing; protected from environmental contamination	
WCHD Regulations: 060.147; 060.365(A) (B); 060.370; 060.375	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> • Meat slicer not washed at required frequency (every 4 hours or less in facility at room temperature). • In-use preparation surfaces (including knives, basting brushes etc) are not cleaned and sanitized a minimum of every four hours. • In-use preparation surfaces (including knives, basting brushes etc) are not cleaned between tasks (i.e. after cutting raw chicken the cutting board is not cleaned and sanitized).
Non Critical Violations	<ul style="list-style-type: none"> • Equipment and utensils that are not currently in use are not clean to sight and touch. • The warewashing sink is used to wash wiping cloths, wash produce, or thaw food and the sink is not cleaned and sanitized before and after each specific use. • Speed guns observed dirty. • Ice machines observed dirty.
Corrective Action: Items determined to be out of compliance must be washed, rinsed, and sanitized immediately.	
Marking Instructions: In: Facility cleans food contact surfaces at required frequencies. Items stored at room temperature have a mechanism for documenting when they are to be washed. Out: If observations show a pattern of non-compliance. Mark out if piece of in-use equipment is visibly soiled, i.e. employee using dirty can opener. It is not marked out for a single dirty utensil. NA: Only when cleaning and sanitizing of equipment is not required, i.e. facility only serves prepackaged foods.	
Notes: Food contact surfaces, including in-use utensils stored between 41F and 135F, shall be washed, rinsed, sanitized at least every 4 hours. Items may be cleaned less than every 4 hours if the temperature is as noted below.	

Temperature	Cleaning Frequency
5.0°C (41°F) or less	24 hours
>5.0°C - 7.2°C (>41°F - 45°F)	20 hours
>7.2°C - 10.0°C (>45°F - 50°F)	16 hours
>10.0°C - 12.8°C (>50°F - 55°F)	10 hours

For facilities with compliance issues, inspectors may require time marking system to prove items are properly cleaned every 4 hours.

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FOOD PROTECTED FROM CONTAMINATION	
15a. After being sold or served to a consumer, food not re-served	
WCHD Regulations: 050.235	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> Leftover tortilla chips from one consumer were re-served to another consumer. Leftover bread from tables was made into croutons.
Non Critical Violations	N/A
Corrective Action:	
Marking Instructions:	
<p>In: No employees observed re-serving opened foods previously served to another customer.</p> <p>Out: Employee observed re-serving opened foods previously served to another customer.</p>	
Notes:	
<p>A container of food that is not potentially hazardous may be transferred from one consumer to another if the food is dispensed so that it is protected from contamination and the container is closed between uses, such as salt and pepper shakers, a narrow-neck bottle containing catsup, steak sauce. If the food, such as crackers is in an unopened original package and is maintained in sound condition, and if the food is checked on a regular basis may be transferred from one consumer to another. Undamaged, unopened, non-potentially hazardous, individually prepackaged food may be re-served to another customer.</p>	

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FOOD PROTECTED FROM CONTAMINATION	
15b. Discarding or reconditioning unsafe, adulterated, or contaminated food	
WCHD Regulations: 050.370	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> • Food made in private home not discarded. • Employee observed with discharge from nose, eyes or mouth contaminating food and food not subsequently discarded. • Food employees not following approved procedure for reconditioning food.
Non Critical Violations	N/A
Corrective Action:	
Marking Instructions: In: Food found to be contaminated or obtained from an unapproved source has been discarded or reconditioned according to approved procedure by Person-in-charge. Out: Food found unsafe, adulterated or contaminated or from unapproved source not discarded or reconditioned according to approved procedures by Person-in-charge.	
Notes:	

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

PHF/TCS FOODS	
16. Food cooked to proper final cook temperature	
WCHD Regulations: 050.245; 050.250; 050.258	
Standard Comments Available:	
<ol style="list-style-type: none"> 1. Raw eggs broken on request and prepared for immediate service must be cooked to 145F for 15 seconds. 2. Comminuted fish, meat, commercial game animals and raw eggs not prepared for immediate service and comminuted meat on a child's menu must be cooked to 155F for 17 seconds or the time/temperature relationship specified in the WCHD regulations. 3. Whole meat roast, including beef, corned beef, lamb, pork, cured pork roasts and formed meats must be cooked to 130F for 112 minutes or the time/temperature relationship specified in the WCHD regulations. 4. Ratites and injected meats or mechanically tenderized meats must be cooked to 155F for 17 seconds or the time/temperature relationship specified in the WCHD regulations. 5. Poultry, baluts, stuffed fish/meat/poultry/ratites/pasta; or stuffing containing fish, meat, poultry or ratites; or raw animal foods with a non-continuous cooking process must be cooked to 165F for instantaneous < 1 second. 6. Whole muscle intact beef steaks must be cooked to surface temperature of 145F and an exterior cooked color change on all surfaces. 7. Raw animal foods must be rotated, stirred, covered, and heated to 165F in microwave. Food stands for 2 minutes after cooking. 8. All other raw animal foods must be cooked to 145F for 15 seconds. 9. Raw animal foods cooked using a non-continuous cooking process, cooked according to Section 050.258. 	
Critical Violations	<ul style="list-style-type: none"> • Employee going to serve any food that does not meet the above temperature requirements. • Facility has approved non-continuous cooking procedures but employee observed not following procedure.
Non Critical Violations	<ul style="list-style-type: none"> • Facility using a non-continuous cooking process properly, but no prior approval from Health Authority. • Facility using a non-continuous cooking process properly, but approved written procedures not available.
Corrective Action:	
Item must be returned to stove/fryer/grill to finish cooking.	

Marking Instructions:

In: Final cook temperatures taken by inspector meet requirements, or a raw/undercooked advisory is posted for items not meeting the requirement.

Out: Final cook temperature taken by inspector does not meet the requirements (i.e. chicken at 155F) and employee was going to serve item.

NA: Facility does not cook any TCS/PHF foods.

NO: Facility does cook TCS/PHF food but final cook temperatures were not observed at time of inspection.

Notes:

This section only applies to raw animal foods that are cooked.

If employee checks final cook temperature, sees that it does not meet the requirement, and returns it to the stove to finish cooking without inspector intervention, it is not a violation.

If facility serves undercooked items **AND** there is a consumer advisory on the menu, it is not a violation. If consumer advisory is not available, mark [Data Field # 22](#).

Record a variety of final cook temperatures to determine compliance. See [Appendix E](#) for Summary Chart for Minimum Cooking Temperatures.

Plant food such as fruits and vegetables do not have a required minimum cooking temperature, unless they are to be hot held after cooking. If plant food is cooked for hot holding, violations shall be marked under [Data Field #33](#).

A non-continuous cooking process requires written procedures and prior approval. The process must be documented.

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

<h1>PHF/TCS FOODS</h1>	
17. Proper reheating procedures for hot holding	
WCHD Regulations: 050.275	
Standard Comments Available:	
<ol style="list-style-type: none"> 1. PHF/TCS Food that is cooked and cooled on premises must be rapidly reheated within 2 hours to 165F or above for 15 seconds for hot holding. 2. Food must be reheated to 165F or above in microwave for hot holding. 3. Commercially processed, RTE food must be reheated to 135F or above for hot holding. 4. Remaining unsliced portions of roasts must be reheated for hot holding using minimum oven parameters. 	
Critical Violations	<ul style="list-style-type: none"> • Employee going to serve any food that does not meet the above temperature requirements.
Non Critical Violations	N/A
Corrective Action:	
<p>If it has been determined that the item has been reheating for less than 2 hours, the item must be returned to stove/fryer/grill to finish reheating. If it has been determined the 2 hours has past, the food must be discarded or placed on hold.</p>	
Marking Instructions:	
<p>In: Reheating temperatures taken by inspector meet requirements.</p> <p>Out: Reheating temperatures taken by inspector does not meet the requirements (ie previously cooked and cooled soup at 155F) and employee was going to serve item.</p> <p>NA: PHF/TCS foods are not held over for second service and/or reheating for hot holding is not performed.</p> <p>NO: PHF/TCS food is reheated, but process is not occurring at time of inspection.</p>	
Notes:	
<p>If employee checks temperature, sees that it does not meet the requirement, and returns it to the stove to finish reheating without inspector intervention, it is not a violation.</p> <p>Record a variety of temperatures to determine compliance.</p> <p>If either commercially prepared RTE foods or TCS foods cooked and cooled in facility are reheated for immediate service, there is no reheat temperature requirement. A reheat temperature is only required if the item is to be hot held.</p> <p>See APPENDIX G.</p>	

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

PHF/TCS FOODS

18. Proper cooling time and temperatures

WCHD Regulations: 050.300

Standard Comments Available:

1. Cooked PHF/TCS food must be cooled from 135F to 70F within 2 hours and from 70F to 41F or below within an additional 4 hours.
2. PHF/TCS food prepared from ambient temperature and/or pre-chilled ingredients must be cooled to 41F or below in 4 hours.
3. Foods (milk/shellfish) received at a temperature according to law must be cooled to 41F or below in 4 hours.
4. Immediately upon receiving, eggs must be placed under refrigeration that maintains an ambient air temperature of 45F

Critical Violations	<ul style="list-style-type: none"> • Food cooling with or without intervention that has exceeded the first critical time/temp limit (from 135F to 70F within 2 hours), or based on your calculations will not meet the first critical limit, shall be documented as a critical violation. • Food cooling with or without intervention that has exceeded the second critical time/temperature limit (from 70F to 41F within 4 hours), or based on your calculations will not meet the second critical limit, shall be documented as critical violation. • Whole tomatoes at ambient temperature are sliced and not cooled to 41F or below within 4 hours.
Non Critical Violations	<ul style="list-style-type: none"> • N/A

Corrective Action:

Food may be rapidly reheated to 165F if the first critical limit has not been met. The cooling process may be restarted once. Food shall be discarded or placed on hold if the second attempt does not meet the first critical limit. Food shall be discarded or placed on hold if the food has not met the second critical limit.

Marking Instructions:

In: Cooling parameters met.

Out: Temperatures taken do not meet requirements.

NA: No cooling of PHF/TCS foods is done.

NO: Cooling is conducted at facility, but no items are cooling at time of inspection

Notes:

Record a variety of temperatures to determine compliance.

Only direct observations of improper cooling times and temperatures are marked here.

If inadequate cooling methods are observed, violation shall also be marked in [Data Field #32](#).

To successfully cool from 135 to 70°F within two hours, the food must be cooled at a rate of approximately 0.54°F per minute ($135 - 70 = 65^\circ\text{F}$ total divided by 120 minutes = 0.54°F per minute) or -32°F per hour. To successfully cool from 70 to 41°F within the remaining four hours, the food must be cooled at a rate to approximately 0.12°F per minute ($70 - 41 = 29^\circ\text{F}$ total divided by 240 minutes = 0.12°F per minute) or -7°F per hour. Depicted graphically, the cooling curve would normally produce a quick drop in temperature from 135 to 70°F and a more gradual, extended loss of temperature as the core food temperature approaches the temperature of the cold holding / cold equipment.

Example of IN Compliance Cooling:

Temperature of soup measured at 128F at 11am and then measured again at the end of the inspection at 76F at 12:30pm $128-76=52/90\text{min} = 0.577$ (faster cooling rate than 0.54).

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

PHF/TCS FOODS	
19. Proper hot holding temperatures	
WCHD Regulations: 050.310	
Standard Comments Available:	
<ol style="list-style-type: none"> 1. PHF/TCS food must be maintained at 135F or above, except during preparation, cooking, or cooling or when time is used as a public health control. 2. Roasts must be held at a temperature of 130F or above. 	
Critical Violations	<ul style="list-style-type: none"> • Food temped at 134F or below. Examples: soup in kettle at 120F; chicken on buffet at 115F; cooked pasta and cream sauce in a container on the counter at 71F.
Non Critical Violations	<ul style="list-style-type: none"> • N/A
Corrective Action:	
<p>If food has been in danger zone for more than 4 hours, or you are unable to determine length of time, food must be discarded or placed on hold.</p> <p>When temperature violations are noted, steps should be taken by the Person-in-charge to ensure compliance in the future. Examples include repairing malfunctioning or inoperative equipment or implementing a risk control plan (RCP) to modify preparation procedures or to institute a procedure for monitoring holding temperatures of food.</p>	
Marking Instructions:	
<p>In: All hot holding foods temped at 135F or above.</p> <p>Out: Any hot holding food temped at 134F or below.</p> <p>NA: No hot holding occurs on premises.</p> <p>NO: Hot holding is conducted at facility, but no items are hot held at time of inspection.</p>	
Notes:	
<p>Record a variety of temperatures to determine compliance.</p> <p>The manager states that it is under time management – placed out 3 hours ago according to cook – no written log available. (Since no log is available, “time as a public health control” does not apply) – this is a critical violation.</p>	

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

<h1>PHF/TCS FOODS</h1>	
20. Proper cold holding temperatures	
WCHD Regulations: 050.310	
Standard Comments Available:	
<ol style="list-style-type: none"> 1. PHF/TCS food must be maintained at 41F or below, except during preparation, cooking, or cooling or when time is used as a public health control. 2. Untreated raw eggs must be stored in 45F or below ambient air temperature. 	
Critical Violations	<ul style="list-style-type: none"> • Food temped at 42F or above. Examples: sliced tomatoes in make-up unit at 48F; chicken salad on buffet at 52F; cooked pasta and cream sauce in a container on the counter at 71F.
Non Critical Violations	<ul style="list-style-type: none"> • N/A
Corrective Action:	
<p>If food has been in danger zone for more than 4 hours, or you are unable to determine length of time, food must be discarded or placed on hold.</p> <p>When temperature violations are noted, steps should be taken by the Person-in-charge to ensure compliance in the future. Examples include repairing malfunctioning or inoperative equipment or implementing a Risk Control Plan (RCP) to modify preparation procedures or to institute a procedure for monitoring holding temperatures of food.</p>	
Marking Instructions:	
<p>In: All cold holding foods temped at 41F or below.</p> <p>Out: Any cold holding food temped at 42F or above.</p> <p>NA: No cold holding occurs on premises.</p> <p>NO: Cold holding is conducted at facility, but no items are cold held at time of inspection.</p>	
Notes:	
<p>Record a variety of temperatures to determine compliance.</p> <p>The manager states that it is under time management – placed out 3 hours ago according to cook – no written log available. (Since no log is available, “time as a public health control” does not apply) – this is a critical violation.</p> <p>If the cold holding violations is also due to malfunctioning equipment, mark Data Field #45 out as well.</p>	

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

PHF/TCS FOODS	
21a. Proper date marking and disposition	
WCHD Regulations: 050.320; 050.325	
Standard Comments Available:	
<ol style="list-style-type: none"> 1. RTE, PHF/TCS food prepared on site or opened commercial container held for more than 24 hours must be date marked. 2. RTE, PHF/TCS food prepared on site or opened commercial container held at 41F or below must not be held for more than 7 days. 	
Critical Violations	<ul style="list-style-type: none"> • No date marking system in place. • PHF/TCS food found in walk in at 41F or below, but date mark shows that it has gone past its 7 day shelf life.
Non Critical Violations	<ul style="list-style-type: none"> • Inconsistent or incomplete date marking system in use. • Not all employees are aware of date marking procedure.
Corrective Action:	
<p>Expired items shall be discarded or placed on hold.</p> <p>Facility shall develop date marking system. Facility must begin date marking items at time of inspection to mark this corrected on site.</p>	
Marking Instructions:	
<p>In: All PHF/TCS foods held for more than 24 hours are date marked and no expired dates found.</p> <p>Out: Any PHF/TCS food found without date mark that is held for more than 24 hours; expired date marks.</p> <p>NA: No PHF/TCS foods are held for more than 24 hours, no PHF/TCS foods prepared in facility, and/or facility does not open any commercially packaged foods (i.e. grocery store).</p> <p>NO: If the facility does handle RTE foods that require date marking, but are not present at time of inspection.</p>	
Notes:	
See Appendix G for date marking guidance.	

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

PHF/TCS FOODS	
21b. Time as a public health control: written procedures and records	
WCHD Regulations: 050.330	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> • When using time as a public health control and written procedures are available, PHF/TCS foods found between 41F-135F and the time on the sticker has expired. • When using time as a public health control and written procedures are available, PHF/TCS foods found between 41F-135F and time tracking is not utilized (no time logs or time stickers). • When using time as a public health control and written procedures are available, PHF/TCS is reheated/refrigerated to reset the time. • When using time as a public health control, PHF/TCS foods found in unmarked containers or marked to exceed 4 hours and not discarded.
Non Critical Violations	<ul style="list-style-type: none"> • Written procedures are not maintained when using time as a public health control, but proper time tracking system is in place.
Corrective Action: Food found unlabeled, improperly labeled, or labeled but have exceed the 4 hour time limit, must be discarded or placed on hold.	
Marking Instructions: In: Time used properly as a public health control including written procedures and logs. Out: Time as public health control documents or procedures are not followed. NA: Time as a public health control is not used. NO: If the facility does use time as a public health control, but is not using this procedure at time of inspection.	
Notes: See Appendix H for Time as a Public Health Control Guidance Document. SOP must include: <ol style="list-style-type: none"> 1. List of food items being held using TPHC 2. Statement that the clock starts when items are removed from cold holding temperature control (food must have an initial temperature of 41F or less) or hot holding temperature control (food must have an initial temperature of 135F or greater). 	

3. How the items are marked to ensure not held more than 4 hours
4. Corrective actions if items are not marked or exceed the 4 hour time limit (discarded)

If the PHF/TCS food is found in the temperature danger zone, written procedures are not available and time stamps or written time/temperature logs are not used "Time as a public health control" does not apply. [Data Field #19](#) or [Data Field #20](#) "**Proper Hot or Cold Holding Temperatures**" would be marked as a critical violation.

When using time as a public health control, the time starts when the product is removed from temperature control **NOT** when entering the danger zone.

If the 6 hour time as a public health control practice is used, refer to Section 050.330 (C) for requirements.

Time as a public health control cannot be used for raw eggs in licensed health care facilities or in child care facilities (or schools that serve preschool age children).

Food may not be reheated or refrigerated in an effort to reset holding time while using time as a public health control. Additionally, once time as a public health control methods are initiated, foods must be discarded after 4 hours.

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CONSUMER ADVISORY	
22. Consumer advisory posted if required	
WCHD Regulations: 050.355(A); 050.360; 050.365	
Standard Comments Available:	
<ol style="list-style-type: none"> 1. Post raw or undercooked advisory. 2. Post alcohol advisory. 	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> • Facility has menu items that require a raw/undercooked consumer advisory, but none is available. • Facility serves alcohol but no alcohol advisory posted. • Menu has advisory, but menu items are not asterisked.
Corrective Action:	
Marking Instructions:	
<p>In: Advisories posted as required</p> <p>Out: Facility serves raw/undercooked food or alcohol but the advisory is not available.</p> <p>NA: If the facility does not serve raw/undercooked food or alcohol.</p>	
Notes:	
<p>Menus must identify the foods by asterisking them to a footnote that includes the warning statement, or a description of the foods, such as 'raw egg Caesar salad'.</p> <p>Bars that serve drinks with egg whites may post a sign stating the following items may contain raw/undercooked animal products. Unless the cocktail is listed on a menu, then it must be identified with an asterisk and menu statement.</p> <p>Alcohol advisory may be posted in the women's restroom.</p>	

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

HIGHLY SUSCEPTIBLE POPULATIONS

23. Pasteurized food used; prohibited foods not offered

WCHD Regulations: 050.375

Standard Comments Available:

1. Prepackaged juice/beverage containing juice with a warning label may not be served.
2. Facility may not use unpasteurized eggs in recipes if eggs are to be undercooked; or are combined unless: cooked to order and immediately served; used immediately before baking and thoroughly cooked; or prepared under a HACCP plan controlling for Salmonella enteritidis.
3. Facility may not serve raw or partially cooked animal food or raw seed sprouts.
4. Facility may not re-serve food under certain conditions.

Critical Violations

- Unpasteurized juice, fluid milk or dry milk is served.
- Unpasteurized shell eggs are used, unless raw eggs are used for one consumer's serving at a single meal and cooked as required by code (cannot hold pooled raw shell eggs), or combined as an ingredient before baking and thoroughly cooked to a ready-to-eat form, or the facility is operating pursuant to a HACCP Plan.
- Ready-to-eat foods that contain raw food of an animal origin or partially cooked foods are served.
- Raw seed sprouts are served.

Non Critical Violations

N/A

Corrective Action:

Discontinue use of prohibited foods.

Marking Instructions:

In: No prohibited foods served to highly susceptible population.

Out: Facility serves prohibited foods served to highly susceptible population.

NA: If the facility does not have a highly susceptible population as their main clientele.

Notes:

Highly susceptible populations are defined as persons who are more likely than other people in the general population to experience foodborne disease because they are: immunocompromised; preschool age children or older adults; and obtaining food at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

<h1 style="margin: 0;">FOOD/COLOR ADDITIVES AND TOXIC SUBSTANCES</h1>	
24. Food additives; approved and properly used	
WCHD Regulations: 050.050; 050.145	
Standard Comments Available: None – enter text if marked ‘out’	
Critical Violations	<ul style="list-style-type: none"> Unapproved food additives found in establishment. An approved food additive is not properly used, such as sulfites being applied to fresh fruits and vegetables intended for raw consumption.
Non Critical Violations	N/A
Corrective Action: If a food additive has been improperly used, the food shall be discarded or placed on hold.	
Marking Instructions: In: Approved additives used properly. Out: Approved additives improperly used or unapproved additives present. NA: If the facility does not use food additives.	
Notes: Things that are generally recognized as safe by the FDA are not considered food additives. For example, MSG and vinegar are on the GRAS list and are not considered additives. Substances such as nitrates and sulfites used in curing are considered additives.	

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FOOD/COLOR ADDITIVES AND TOXIC SUBSTANCES	
25a. Poisonous or toxic chemicals properly identified, stored and used	
WCHD Regulations: 100.005 – 100.085	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> • Any poisonous or toxic chemical, non-food grade lubricants, pesticides, medicines, first aid supplies, or any other personal care products are not labeled or stored separate from/above open food, clean equipment and utensils, or single-use or single-service articles. • Sanitizer solution applied to a food contact surface has a higher concentration than prescribed. • Restricted use pesticides not applied by certified operator. • Spray bottle with cleaner not labeled. • Employee medications are stored over food. • Containers that were previously used to store toxic materials are now used for food storage (laundry detergent bucket used for food storage). • Lubricants that are not food grade are used on food contact surfaces.
Non Critical Violations	<ul style="list-style-type: none"> • Personal care items, such as toiletries, cosmetics, or first aid supplies, stored above packaged food in dry storage area.
Corrective Action: Operator labels containers or moves items to proper storage location.	
Marking Instructions: In: All chemicals are labeled and properly stored. Pesticides applied by certified applicator. Out: Any chemical is not labeled or is improperly stored. Improper application of pesticides.	
Notes: If the sanitizer concentration level is too high, it is marked in this field. If the level is too low, it is marked in Data Field #28 .	

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FOOD/COLOR ADDITIVES AND TOXIC SUBSTANCES	
25b. Poisonous or toxic chemicals held for retail sale properly stored	
WCHD Regulations: 100.090	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> • Containers of cleaning agents, sanitizers, personal care items, first aid supplies, medicines, and chemicals are not stored separate from and above food or single-service/single-use items.
Corrective Action:	
Marking Instructions: In: All chemicals are labeled and properly stored. Out: Chemicals are improperly stored. NA: Facility does not sell chemicals.	
Notes: This section is only for facilities that have chemicals for retail sale, i.e. grocery store or warehouses.	

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CONFORMANCE WITH APPROVED PROCEDURES

26. Waiver/variance obtained; Compliance with waiver/variance, specialized processes, ROP criteria and HACCP plan; Operational Plans

WCHD Regulations: 050.340; 050.280; 050.335; 060.150; 110.005; 110.010; 110.030; 110.035; 120.005-120.035; 190.140; 200.035; 200.040; 200.055; 240.118

Standard Comments Available:

1. Reduced oxygen packaging (ROP) as specified in 050.340 permitted without a waiver under certain specified conditions in accordance with a required HACCP Plan.
2. Facility is not operating in accordance with approved waiver and/or HACCP Plan.
3. Juice packaged and distributed in a food establishment is not treated under a HACCP Plan to reduce pathogens or labeled as specified in the regulations.

Critical Violations

- Facility has an approved HACCP Plan but is not following it during an inspection.
- HACCP logs are not kept or are falsified by an employee (dry-lab).
- HACCP Plan and/or records are not available for review at time of inspection.
- HACCP Plan not approved by Health Authority prior to implementation.
- Facility not operating in accordance with approved/granted HACCP Plan or waiver/variance.
- Wholesale juice packaged in facility being sold without proper warning label.

Non Critical Violations

- Facility requires an operational plan for a BBQ, dogs on patios, catering, outdoor food establishments, portable units on pool decks.

Corrective Action:

Option A: Facility is doing process correctly, however does not have an approved plan. Facility must submit HACCP/Operational Plan and waiver, if applicable, within 30 days. Failure to submit plan may result in cease and desist order for process.

Option B: Facility is not doing process correctly and must immediately cease and desist process. If facility wishes to do process, the facility must have approved HACCP/Operational Plan before resuming process.

Marking Instructions:

In: A facility which conducts specialized processes is operating with a Health Authority approved HACCP Plan/Operational Plan and is following the plan.

Out: A facility has a HACCP Plan/Operational Plan but is not following it, is not keeping logs, or is falsifying logs. Facility is operating without required an approved HACCP Plan/waiver/variance.

NA: If a facility does not conduct any special processes that require a HACCP Plan/Operational Plan.

Notes:

Labeling of juice packaged in a facility and sold directly to the consumer (not wholesale) is addressed in Data Field #36

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

EQUIPMENT AND FACILITIES	
27. Insects, rodents and animals not present/outer openings protected	
WCHD Regulations: 080.075; 080.085; 080.090; 080.180; 080.185; 080.200; 030.080	
Standard Comments Available: None – enter text if marked ‘out’	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> • Live cockroaches, mice, rats or other similar vermin are observed within the food facility. • Evidence of vermin including: fresh droppings, vomitus, urinstains, or gnaw marks that may cause contamination of food, equipment, packaging or utensils. • Insects such as gnats or flies present in facility. • Allowing live animals (other than service animals) into the facility. • Food employee observed handling a service animal. Note: Failure of employee to wash hands after handling service animal would be marked in data field #6 as a critical violation. • Devices to electrocute flying insects not properly located. • Openings not properly screened or otherwise properly protected against the entry of insects and rodents. • Operator not taking appropriate action to eliminate harborage conditions. • Fly strips in food prep area.
<p>Corrective Action:</p> <p>A food facility shall not operate when there is a vermin infestation that has resulted in the contamination of food contact surfaces, food packaging, utensils, food equipment, or adulteration of food(s). The food facility shall cease operation of the food facility immediately. The food facility shall remain closed until: there is no longer evidence of a vermin infestation; all contaminated surfaces have been cleaned and sanitized; and contributing factors such as cleaning, repairs, and the elimination of harborages have been resolved. Contamination of food /food contact surfaces due to vermin infestation should be marked as a critical violation under Data Field #13c or Data Field #14.</p> <p>Food that has been adulterated due to the presence of insects or vermin must be discarded or placed on hold.</p> <p>Implement applicable plan specific to non critical violations noted (i.e. Decontamination, pest control plan, policy review with staff, and/or relocation of pest control materials).</p>	

Marking Instructions:

In: No pest activity noted at time of inspection; facility has regular pest control operator.

Out: Any pest activity noted at time of inspection.

Notes:

Food employees with service animals may handle or care for their service animals if they wash their hands as required.

Food employees may handle or care for fish in aquariums or molluscan shellfish or crustaceans in display tanks if they wash their hands as required.

Live animals may be allowed in specific situations (service animal, security animals), if the contamination of food, clean equipment, utensils, linens, and unwrapped single-use articles cannot result.

Pets may not enter indoor food facilities.

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

EQUIPMENT AND FACILITIES	
28. Warewashing equipment installed, maintained and used; proper sanitization	
WCHD Regulations: 060.115; 060.160 – 060.190; 060.215; 060.220; 060.245; 060.250; 060.252; 060.280 – 060.340; 060.390 – 060.410; 060.430	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> • Dishwasher not dispensing 50-100ppm chlorine or 3-compartment sink not maintained at 50-100ppm chlorine or 200-400ppm quat or equivalent for other approved sanitizers. • High temp dishwasher cycle time and water temperature does not bring the surface temperature of the item being washed to 160F +/- 2 as recorded by maximum registering thermometer or temperature sensitive tape • Employee skips sanitization step of manual warewashing. • Dishes not left in sanitization step of manual warewashing for required contact time. • Employee washing dishes in 3 compartment sink with no sanitizer in 3rd compartment. • No soap / detergent available at 3 compartment sink or warewashing machine. • Employee observed washing dishes using approved steps in the wrong order. • Water for manual warewashing is less than 110F.
Non Critical Violations	<ul style="list-style-type: none"> • Facility does not have test strips to test dishwasher, but inspector measures adequate level of sanitizer. • Facility does not have an irreversible thermal or heat tape for measuring utensil surface temperatures, but inspector measures adequate temperature. • High temp dishwasher gauge does not reach 180F, but maximum registering thermometer or heat tape reads at least 160F surface temperature. • Inadequate contact time with sanitizer (chlorine<30seconds, quaternary ammonium<1 minute). • Towel drying of dishware unless sanitized by high temperature warewashing machine (towel appears clean). • Equipment and utensils are not air dried or properly stored to facilitate drying after sanitizing. • Equipment and utensils are not allowed to <u>adequately drain</u> of sanitizer before reuse. • Flow pressure of hot water sanitizing rinse in warewashing machine less than 100psi. • Undersized drain boards for air drying. • Employee sanitizing dishes in dirty sanitizer water. • Clean in place equipment not washed prior to sanitization (i.e. meat slicer).

Corrective Action:

If the dish machine can't be fixed during inspection and no manual dishwashing facilities are available, the facility is subject to closure. A food facility that prepares food shall not be operating if there is no method to properly clean and sanitize equipment or utensils. The food facility shall cease operation immediately. The food facility shall remain closed until a method to clean and sanitize equipment or utensils is provided.

Alternatively, a facility with limited operations (i.e. bar) may operate using only single-use serving items.

If found operating, the inspector shall suspend the permit to operate until the food facility is able to properly clean and sanitize equipment or utensils.

The inspector shall require that all equipment and utensils be cleaned and sanitized prior to reinstating the permit.

A food facility with hot water measured below 110F at the warewashing sink faucet shall immediately correct the violation (relighting a pilot light for example), find a suitable alternative, or cease food preparation in the impacted areas until water, hot water, or potable water is restored.

It is important to note that if a food facility is found operating without hot water (below 100F), the inspector will evaluate the risks associated with the lack of hot water and the warewashing sink requirements when determining whether: the food facility could remain open for a short time until hot water can be restored; the impacted area should be closed; a suitable alternative could be implemented as a temporary measure; or if the food facility's permit should be suspended until the hot water is restored.

Marking Instructions:

In: Dishwasher or 3 compartment sink measured with appropriate levels of sanitizer (chlorine 50-100ppm or quat 200-400ppm) or high temp dishwasher at 160F surface temperature of item being washed. Test strips available.

Out: Sanitizers not at appropriate levels, test strips not available, high temp dishwasher gauge not functioning.

NA: Only if facility has no dishes and serves only prepackaged food, i.e. grocery store.

Notes:

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

EQUIPMENT AND FACILITIES	
29. Hot and cold water available; approved source	
WCHD Regulations: 050.075; 070.005-070.015	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> • Contaminated or unapproved water supply. • No potable water is available to the facility. • Lack of water at hand sink (proximity to functional sink shall be considered before documenting it as a critical or non-critical violation). • Ice used as a cooling medium not made from potable water. • Water source not sufficient to meet peak water demands of establishment.
Non Critical Violations	<ul style="list-style-type: none"> • Lack of hot water at a handwashing sink. (Cold water is available) • Lack of hot water at a janitorial sink. • Water <100°F at the handwash sink.
Corrective Action: <p>If there is no water, or the water supply is contaminated, a food facility shall immediately cease preparation of foods. In each of these cases, the food facility shall close or discontinue food preparation (and only sell prepackaged food items) provided potable water (or bottled water) is utilized for handwashing in the toilet rooms. Food items, including ice, prepared using non-potable water shall be discarded and ice machines and beverage dispensers shall be cleaned and sanitized prior to reuse (once potable water becomes available).</p> <p>The water temperatures once it reaches maximum must remain at the required temperature. Peaks and valleys in water temperature may be due to an inadequately sized water heater.</p>	
Marking Instructions: <p>In: Water from an approved source is available at the required temperatures to all parts of the facility. Out: Water is not available, hot and cold water under pressure is not available, water is from an unapproved source.</p>	
Notes: <p>If all hand sinks lacked running water, the facility would be subject to closure, unless remedied during the inspection.</p> <p>This section is only for water temperature in non-warewashing sinks. See Data Field #28 for warewashing.</p>	

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EQUIPMENT AND FACILITIES	
30. Sewage and wastewater properly disposed; availability of toilet facilities	
WCHD Regulations: 070.050 (A) (B); 070.070; 070.075; 070.080; 070.085; 070.087; 070.089; 190.085; 190.060	
Standard Comments Available: None – enter text if marked ‘out’	
Critical Violations	<ul style="list-style-type: none"> • Overflows or back-ups of sewage / wastewater into the food facility. • A clogged floor sink/grease interceptor that adversely impacts the use of necessary equipment. • Lack of operable toilet facilities for employees. • A direct connection between the sewage system and a drain from equipment (sinks, warewashing machines, ice storage bins) where food or utensils are placed. • Mobile unit sewage system is connected to food service wastewater system.
Non Critical Violations	<ul style="list-style-type: none"> • Mop water disposed of in parking lot or other unapproved location. • Condensation line from walk-in refrigerator draining outside into parking lot or other unapproved location. • Condenser unit in walk-in refrigerator is dripping onto floor or in a bucket. • One floor sink is clogged or draining slowly but there is no sign of sewage on the floor and facility plumbing can function properly without that sink, and the equipment for which that sink is used is not necessary for the facility to operate. • Liquid waste removed from a mobile unit not disposed of in an approved waste servicing area.
Corrective Action:	
<p>A food facility shall not operate if there is sewage overflowing or backing up in the food facility or there are no operable toilets available for food employees. The food facility shall cease operation in the impacted areas of the food facility immediately until the sewage disposal problem has been repaired. The food facility, or impacted areas, shall remain closed until all plumbing problems have been corrected and all contaminated surfaces have been cleaned and sanitized. Any contaminated food product shall be discarded.</p> <p>In the event the overflow from the facility is occurring outside, the source of the discharge must immediately cease. If a septic tank and/or grease interceptor is used and is the source of the problem, it shall be pumped as often as necessary until the sewage system can be restored to a fully functional condition.</p>	

Marking Instructions:

In: Facility is free from sewage and all wastewater is properly disposed.

Out: Sewage back up has occurred in the facility; wastewater improperly disposed; no toilet facilities are available for food employees.

Notes:

A warewashing machine may have a direct connection between its waste outlet and a floor drain when the machine is located within 5 feet of a trapped floor drain and the machine outlet is connected to the inlet side of a properly vented floor drain trap. No other drainage waste connection is permitted to connect between the floor drain and the fixture drain.

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Approved Retail Practices

SAFE FOOD	
31. Pasteurized eggs used where required	
WCHD Regulations: 050.140	
Standard Comments Available: None – enter text if marked ‘out’	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> • Non-pasteurized eggs used in preparation of foods, such as Caesar salad, hollandaise or Béarnaise sauces, mayonnaise, meringue, eggnog, ice cream, and egg fortified beverages, that are not cooked as specified in the WCHD regulations, not included on a consumer advisory, or are served to a highly susceptible population.
Corrective Action:	
Marking Instructions: In: Pasteurized eggs used as required. Out: Pasteurized eggs not used as required. NA: Facility does not have any recipes that would require use of pasteurized eggs.	
Notes:	

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FOOD TEMPERATURE CONTROL	
32. Proper cooling methods used; adequate equipment for temperature control	
WCHD Regulations: 050.285; 050.305; 060.210	
Standard Comments Available: None – enter text if marked ‘out’	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> Facility does not have adequate equipment to conduct cooling processes. Facility does not have adequate number or size of equipment to meet facility demand for heating, hot/cold holding. Facility not using proper cooling methods such as: covering food during cooling process, filling containers too full of product, not stirring product during cooling process.
Corrective Action: Obtain proper equipment or modify cooling processes.	
Marking Instructions: In: Facility has adequate equipment with enough capacity to conduct processes and hold hot and cold foods. If applicable, facility uses proper cooling methods. Out: Facility does not have adequate equipment with enough capacity to conduct processes. NA: Facility does not conduct cooling procedures or does not have hot/cold holding equipment.	
Notes: Potentially hazardous foods / time temperature controlled for safety foods must be rapidly cooled using one or more of the following methods: placing the food in shallow pans, separating the food into smaller or thinner portions, using rapid cooling equipment, using containers that facilitate heat transfer, adding ice as an ingredient, using ice paddles, inserting appropriately designed containers in an ice bath and stirring frequently, in accordance with a HACCP plan adopted pursuant to this part, utilizing other effective means that have been approved by the Health Authority.	

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FOOD TEMPERATURE CONTROL	
33. Plant food properly cooked for hot holding	
WCHD Regulations: 050.255	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> Employee heats vegetables/grains for hot holding to less than 135F (based on actual temperature measurement).
Corrective Action:	
Marking Instructions: In: Thermometer verification that fruits /vegetables/grains are heated to at least 135F for hot holding. Out: Employee heating fruits/vegetables/grains for hot holding does not heat them to 135F; inspector temped and intervened. NA: If fruits/vegetables/grains are not cooked for hot holding. NO: Fruits/vegetables/grains are cooked for hot holding but are not present at time of inspection.	
Notes:	

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FOOD TEMPERATURE CONTROL	
34. Approved thawing methods used	
WCHD Regulations: 050.290; 050.295	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> Observed shrimp thawing in standing water. Thawing chicken on the counter. Food thawing in hot water. Slacking chicken intended for deep frying on the counter has not remained frozen. ROP fish in the thawing process is not removed from anaerobic environment .
Corrective Action: A determination of the time / temperature of the food shall be made to determine corrective action. Foods less than 41F may be returned to refrigeration or cooked. Foods above 41F shall be marked in Data Field #20 .	
Marking Instructions: In: Facility thaws using one of the 3 approved methods. Out: Facility uses any other method for thawing. NA: If no PHF/TCS foods are thawed. NO: PHF/TCS food is thawed, but is not present at time of inspection.	
Notes: Approved thawing methods are thawing: under cold running water, under refrigeration, or as part of the cooking process. Facility may 'slack' frozen foods prior to deep frying as long as the product remains frozen.	

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FOOD TEMPERATURE CONTROL	
35. Thermometers provided and accurate	
WCHD Regulations: 060.105; 060.110; 060.155; 060.240; 060.345(B)	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> The reach in refrigerator has a thermometer located in the coldest part of the unit, instead of the warmest part of the unit. The only thermometer for the walk-in refrigerator is not working. The thermometer in the reach-in refrigerator is not easily visible when checking reach-in temperature. The warming case containing egg rolls at the front counter does not have a thermometer affixed inside the case. No stem thermometer available to monitor food temperatures. Thermometers are not calibrated according to manufacturer's specifications.
Corrective Action:	
Marking Instructions: In: Facility has thermometers in warmest part of all cold holding units or coldest part of hot holding units. Stem thermometers available and calibrated. All thermometers are functioning. Out: Thermometers missing, not calibrated, or broken. NA: Facility does not serve TCS/PHF foods.	
Notes:	

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FOOD IDENTIFICATION	
36. Food properly labeled; original container	
WCHD Regulations: 050.085; 050.105; 050.135; 050.280(B); 050.343; 050.345; 050.350; 050.355(B);	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	<ul style="list-style-type: none"> • Juice packaged in a facility without HACCP plan not labeled with the appropriate warning statement
Non Critical Violations	<ul style="list-style-type: none"> • Facility bags its own ice, bags not labeled. • Bulk bins of flour or sugar not labeled. • Any prepackaged food item (regardless of whether item was packaged at the retail facility or at the manufacturer level) that does not bear a label that complies with the labeling requirements as prescribed. • A container of a white food powder (i.e. flour) is sitting near the cook line without any labels. Chemicals improperly stored would be marked under data field #25a. • Raw shucked shellfish does not comply with labeling guidelines. • Shellstock has been removed from the original container, as allowed, and source not properly identified or recorded. • Vending machine PHF/TCS foods are not dispensed in their original packaging. • Facility packages food to sell but the label does not meet the requirements of 21 CFR 101 and 9 CFR 317.
Corrective Action:	
Marking Instructions: In: All food items are properly labeled. Out: Food improperly labeled.	
Notes:	

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PREVENTION OF FOOD CONTAMINATION	
37. Contamination prevented during preparation, storage and display	
WCHD Regulations: 050.125; 050.155; 050.160; 050.175; 050.200; 050.210; 050.215; 050.220(A); 050.225; 050.230 (B) and (C); 050.240; 080.125	
Standard Comments Available: None – enter text if marked ‘out’	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> Prepackaged food items stored in restroom. Packaged food items stored less than 6 inches above the floor. Returned or damaged food products or items held for credit are not stored in designated area. Cold plates or beverage tubing stored in direct contact with service ice. No sneeze guards present for self service area. Food storage area is not clean, dry, or an adequate amount of storage space is not available. Towels used to cover food in walk in. After use as a coolant, ice is used as an ingredient or in a beverage. Personal food comingled with service food. Personal items (purses, coats) stored on top of single service or food items. Food stored in non-food grade plastic containers or bags, such as grocery bags.
Corrective Action:	
Marking Instructions: <div style="margin-left: 20px;">In: All items are properly stored to prevent contamination.</div> <div style="margin-left: 20px;">Out: Items improperly stored.</div>	
Notes:	

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PREVENTION OF FOOD CONTAMINATION	
38. Personal cleanliness	
WCHD Regulations: 030.050 – 030.060; 030.075	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> • Food employees preparing, serving or handling food or utensils are not wearing hair restraints, hats, hair coverings or nets. • Food employees observed with soiled clothing. • Employee observed preparing food with jewelry, artificial nails or nail polish.
Corrective Action: Remove jewelry or wear gloves over artificial nails. Hair shall be restrained.	
Marking Instructions: In: Employees are not contributing to potential contamination. Out: Employee's clothing/accessories may potentially contribute to contamination.	
Notes: Exceptions to jewelry include medical identification bracelet may be worn on the wrist and a plain band ring may be worn on a finger.	

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PREVENTION OF FOOD CONTAMINATION	
39. Wiping cloths: properly used and stored	
WCHD Regulations: 050.180; 060.030; 060.465	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> • Sponges are used for wiping in-use or clean and sanitized food contact surfaces. • Wiping cloths used for wiping food spills from prep tables are also used for general cleaning. • Sanitizing solution in wiping cloth bucket is measured less than the required concentration. • Cloths used repeatedly are not held in an approved sanitizing solution. • Dry or wet cloths used with raw animal foods are not kept separate from cloths used for other purposes. • Wet cloths used with raw animal foods are not kept in a sanitizing solution between uses. • Wet wiping cloths are re-used every day without being laundered. • Single use wiping cloths are not used according to manufacturer's label instructions.
Corrective Action:	
Marking Instructions: In: Wiping cloths properly stored and used. Out: Wiping cloths not properly stored or used. Sanitizer bucket has less than required sanitizer concentration. NA: Only marked in rare cases (i.e. pre-packaged mobile units, unstaffed micro markets, etc.).	
Notes: If sanitizer measures with more than the required concentration, it shall be marked under Data Field #25a . Required sanitizer concentrations are 50-100ppm chlorine, 200-400ppm quaternary ammonia or equivalent according to manufacturer's instructions. Sponges may be used in a washing step, i.e. the first compartment of a 3 compartment sink.	

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PREVENTION OF FOOD CONTAMINATION	
40. Washing fruits and vegetables	
WCHD Regulations: 050.150; 100.040	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> Raw whole produce has not been washed prior to being cut, combined with other ingredients, cooked, served, or offered for human consumption in the ready-to-eat form. Vegetable wash is not used in accordance with supplier specifications or at improper concentrations as measured per manufacturer's instructions.
Corrective Action:	
Marking Instructions: In: Fruit and vegetables are washed in potable water or with an approved vegetable wash. Out: Fruit and vegetables are not washed prior to use. NA: Facility does not serve fruits and vegetables.	
Notes: Produce that is intended for washing by the consumer before consumption such as that found in the produce section of a retail market is not required to be washed. Produce that comes prewashed and commercially packaged is not required to be washed before serving. If fruit/vegetables are washed in a sink that has not been previously cleaned and sanitized, it should be marked under Data Field #13c .	

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PROPER USE OF UTENSILS	
41. In-use utensils; properly stored	
WCHD Regulations: 050.170	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> Tongs used to serve hot dogs are stored on a dirty surface. Ice scoop stored with handle in contact with ice. Bulk bins observed with handles in contact with the food product. Ice cream scoop stored in a dipper well that is not running. In-use utensils stored in ice water or sanitizer water, i.e. sushi knives. In-use utensils stored in hot water measured less than 135F.
Corrective Action: Clean and sanitize utensils and store using an approved method.	
Marking Instructions: In: In-use utensils properly stored to prevent bacterial growth or cross contamination. Out: In-use utensils not properly stored.	
Notes: In-use utensils that are stored on a clean surface but not cleaned and sanitized according to the approved frequency must be marked in Data Field #14 .	

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PROPER USE OF UTENSILS	
42. Utensils, equipment and linens properly stored, dried and handled	
WCHD Regulations: 060.435; 060.440; 060.445; 060.450; 060.460; 060.480 (A) (B) (D); 060.485; 060.490; 060.495; 060.500; 060.503	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> • Clean linens or equipment stored on the floor. • Wet wiping cloths not laundered on daily basis. • Clean linens observed soiled. • Dirty linens stored in a manner likely to cause cross contamination of food, clean equipment, or clean utensils. • Food prep sink used to launder wiping cloths not cleaned using an approved method. • Chemically sanitized dishes not allowed to air dry before use. • Clean linens or equipment are stored in restroom or garbage room. • Clean utensils stored with handle down (mouth part exposed), allowing contamination of food contact surface. • Dishes rinsed after chemical sanitizing step before air drying. • Unused, preset, exposed tableware not removed between customers.
Corrective Action:	
Marking Instructions: In: Utensils or linens properly stored to prevent cross contamination. Out: Utensils or linens subject to contamination.	
Notes: If a high temperature sanitization is used, there is no air drying requirement: a clean cloth can be used to dry dishes. If chemical sanitizer is rinsed in accordance with manufacturer's specifications in a warewashing machine, it is not a violation.	

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PROPER USE OF UTENSILS	
43. Single-service / single-use articles: properly stored and used	
WCHD Regulations: 060.350; 060.355; 060.360; 060.480 (A) (C); 060.485; 060.490 (A) (C)	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> Facility without capability for cleaning kitchenware and tableware uses reusable utensils requiring washing. Single-service/single-use articles reused. Single-service/single-use articles stored on ground. Single-service/single-use items stored in restroom or garbage room. Single-service/single-use articles are stored not in original packaging. Plastic forks stored with handles not directed toward customer, allowing contamination of food contact surface. Facility reuses mollusk or crustacean shells as a serving container. Single use gloves are washed instead of discarded.
Corrective Action:	
Marking Instructions: In: Single-service items properly stored. Out: Single-service items improperly stored.	
Notes:	

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PROPER USE OF UTENSILS	
44. Slash resistant / cloth gloves properly used	
WCHD Regulations: 050.185 (B) (C) (D)	
Standard Comments Available: None – enter text if marked ‘out’	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> Cloth gloves used to protect an employee hand while cutting are not covered with a single-use glove.
Corrective Action:	
Marking Instructions: In: Cloth/slash resistant gloves properly used. Out: Cloth/slash resistant gloves not properly used. NA: Cloth/slash resistant gloves not used.	
Notes: Slash-resistant gloves may be used with ready-to-eat food that will not be subsequently cooked if the slash-resistant gloves have a smooth, durable, and nonabsorbent outer surface or if the slash-resistant gloves are covered with a smooth, durable, nonabsorbent glove, or a single-use glove. Slash-resistant gloves made of absorbent material may be used in direct contact with food if that food is subsequently cooked.	

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UTENSILS, EQUIPMENT AND VENDING	
45. Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
WCHD Regulations: 050.190; 050.195; 060.005 – 060.025; 060.035 – 060.095; 060.125 -060.150; 060.195; 060.200; 060.235; 060.255(A) – 060.275; 060.345 (A) (C); 060.385; 060.470; 060.475; 220.020-220.035	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> • Cold or hot holding unit not functioning. • Rubber gaskets broken or missing. • Cutting board observed with deep grooves. • Wood used for food prep, except hard maple or other close grained wood, used as cutting boards. • FRP (fiber reinforced plastic) or other approved non-absorbent material not available around sink or surface that requires frequent cleaning. • Wooden shelves not sealed. • Brush used for dry cleaning food residues (flour) is also used to clean floors. • Hand sink or equipment not sealed (caulked) to wall. • Rusted meat slicer used. • Loose/damaged gasket observed. • Equipment and utensils are not designed and constructed to be durable and retain characteristic qualities under normal use. • Equipment not accessible for cleaning, i.e. a sink with square corners or a mixer that does not dismantle for cleaning. • Consumer self-service bulk beverage dispensers are not properly operated or maintained. • New and/or replacement food equipment is not certified or classified for sanitation by an ANSI accredited certification program. • No sign posted at buffet notifying customers to use a clean plate for each trip. • Consumer makes second trip to the buffet with a dirty plate. • Facility allows customers to return take out container for refilling of foods but does not clean, sanitize, and visually inspect before reuse.

	<ul style="list-style-type: none"> • A food scooping utensil is not provided for each container at the buffet and salad bars. • Glass thermometer used, other than shatterproof glass, such as a candy thermometer. • Liquid drain lines pass through ice machine or ice storage bin. • Cold plate or beverage tubing designed to be in contact with service ice. • In a vending machine that dispenses unpackaged liquids or ice the delivery tub/chute/orifice is not protected from contamination. • Molluscan shellfish display tank not marked for display only. • Vending machine not equipped with automatic shut off controls.
<p>Corrective Action:</p>	
<p>Marking Instructions:</p> <p>In: All surfaces are smooth and easily cleanable, made of durable material.</p> <p>Out: Surfaces may be subject to harboring bacteria.</p>	
<p>Notes:</p> <p>This section is to be marked to address cold and hot holding equipment function. If food is found out of temperature, Data Field #20 “Proper Hot or Cold Holding Temperatures” would be marked as a critical violation.</p> <p>This section is to be marked to address design / installation issues. Direct contamination observed due to design issues shall be marked under Data Field #13c.</p> <p>A consumer is allowed to return a take-out container for refilling of non PHF/TCS foods if the container is cleaned in accordance with Section 060.130.</p> <p>Personal coffee cups or insulated bottles may be refilled by employees or consumers if refilling is a contamination-free process.</p> <p>Molluscan shellfish tanks used for human consumption must be operated under a waiver and HACCP Plan. If facility operates tank without prior approval, mark Data Field #26.</p>	

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UTENSILS, EQUIPMENT AND VENDING	
46. Non-food contact surfaces clean	
WCHD Regulations: 060.365 (C); 060.380	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> • Inside of reach in has food build-up. • Shelving throughout facility is sticky/dirty. • Grime build-up on underside of refrigerator door handle. • Grease accumulation on sides of deep fryer.
Corrective Action:	
Marking Instructions: In: Facility is clean and well maintained. Out: General cleaning is needed.	
Notes:	

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PHYSICAL FACILITIES	
47. Plumbing installed; proper backflow devices	
WCHD Regulations: 070.020; 070.025(B); 070.032; 070.033; 070.045; 070.055; 070.056; 070.057; 070.059; 070.060; 070.062; 070.063; 070.064; 070.070; 190.035(D); 190.045; 190.050; 190.110 (B) (D) (E) (F) (H) (I); 190.115 (H)	
Standard Comments Available: None – enter text if marked ‘out’	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> • Plumbing and plumbing fixtures are not installed in compliance with local plumbing ordinances, are not maintained to prevent contamination, are not fully operative, or are not in good repair. • Leak observed in hand sink drain pipe. • Faucet is leaking. • Backflow devices are not present as required. • No mop sink available. • Non-potable water piping is not identified so as to be readily distinguishable from potable water piping. • A hose used for conveying potable water is used for a variety of other purposes, or it is not clearly labeled as to its use. • Condensation pooling at the bottom of a reach in refrigerator due to a plugged condensation line. • Spray nozzle attached to a faucet at warewashing sink hangs below rim of sink. • Hose connected to mop sink faucet without a backflow prevention • Espresso machine waste line is draining in hand wash sink. • Potable water faucet or outlet for mobile unit not equipped with a backflow prevention device.
Corrective Action:	
Marking Instructions: In: No plumbing issues; backflow devices present and maintained. Out: Plumbing needs maintenance; backflow devices not present or maintained.	

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PHYSICAL FACILITIES

48. Toilet facilities: properly constructed, supplied and clean

WCHD Regulations: 070.025 (A); 070.050; 070.120; 080.080

Standard Comments Available:

None – enter text if marked 'out'

Critical Violations

N/A

Non Critical Violations

- Restroom is not maintained clean / sanitary.
- Stall doors are broken.
- Self-closing device on restroom door is not working.
- Toilet is not operable (if the facility's only toilet is inoperable, it would be considered a critical violation under [Data Field #30](#), and the facility would be subject to closure).
- Toilet paper is not available.
- No covered trash can available in women's restroom.
- Rooms with toilet do not have tight fitting or self-closing door or are propped open (except when cleaning).

Corrective Action:

Marking Instructions:

In: Restrooms are stocked, clean and maintained.

Out: Restrooms in need of repair, cleaning, or supplies.

Notes:

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PHYSICAL FACILITIES	
49. Garbage and refuse properly disposed; facilities maintained	
WCHD Regulations: 070.075; 070.090 – 070.115; 070.125 – 070.170; 070.175; 070.180; 220.035	
Standard Comments Available:	
None – enter text if marked 'out'	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> • Waste receptacles are not available for customers when needed. • Food establishment does not have garbage service or takes garbage home. • Indoor trash storage area does not comply with requirements for floors, walls, ceilings, or vermin exclusion requirements. • Outside waste storage area or enclosure is not constructed of nonabsorbent material or is not easily cleanable, durable, or sloped to drain. • Dumpster lids are left open / broken / missing. • Refuse, recyclables, or returnables are not kept in nonabsorbent, durable, cleanable, leak proof, and rodent proof containers. • Outside refuse enclosure is not kept clean and free of debris. • Trash cans and/or dumpsters have grime/dirt/debris buildup. • Refuse containers are not removed frequently enough or cleaned enough to minimize the development of objectionable odors or conditions that attract or harbor insects or rodents. • Facility has no equipment or supplies to properly clean waste receptacles or off-premises cleaning services are not provided. • Cardboard or other packaging material that is stored outside creates a rodent harborage problem. • Animal byproducts and inedible kitchen grease is not disposed of as required. • No trash receptacle in vicinity of vending machines or receptacle located inside vending machine.
Corrective Action:	
Marking Instructions:	
<p style="margin-left: 20px;">In: Garbage is properly disposed; no areas of vermin attraction present.</p> <p style="margin-left: 20px;">Out: Garbage not available; area needs to be cleaned / maintained.</p>	

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PHYSICAL FACILITIES	
50. Physical facilities installed, maintained and clean	
WCHD Regulations: 060.230; 060.255 (B); 080.005 – 080.010; 080.020 – 080.055; 080.092-080.094; 080.095; 080.130 – 080.140; 080.150 – 080.160; 080.190; 080.195	
Standard Comments Available: None – enter text if marked 'out'	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> • Walls and/or floors in food preparation area have an accumulation of dried food debris. • Holes observed in walls. • Facilities are not cleaned frequently enough to prevent build-up. • Floor sinks have build-up. • Wall behind warewashing sink is deteriorated due to water damage. • No base coving present. • Broken floor tiles are observed in food preparation areas. • Unapproved flooring is installed in food preparation areas. • Perforated ceiling panels are installed over an area where non prepackaged food is handled. • Mechanical clothes washer located in food prep area. • Dustless cleaning methods are not used. • Maintenance tools washed in 3 compartment or prep sink. • Maintenance tools not stored in an orderly fashion.
Corrective Action:	
Marking Instructions: In: Facility has no construction issues and is clean. Out: Facility needs to address construction issues or needs cleaning.	
Notes:	

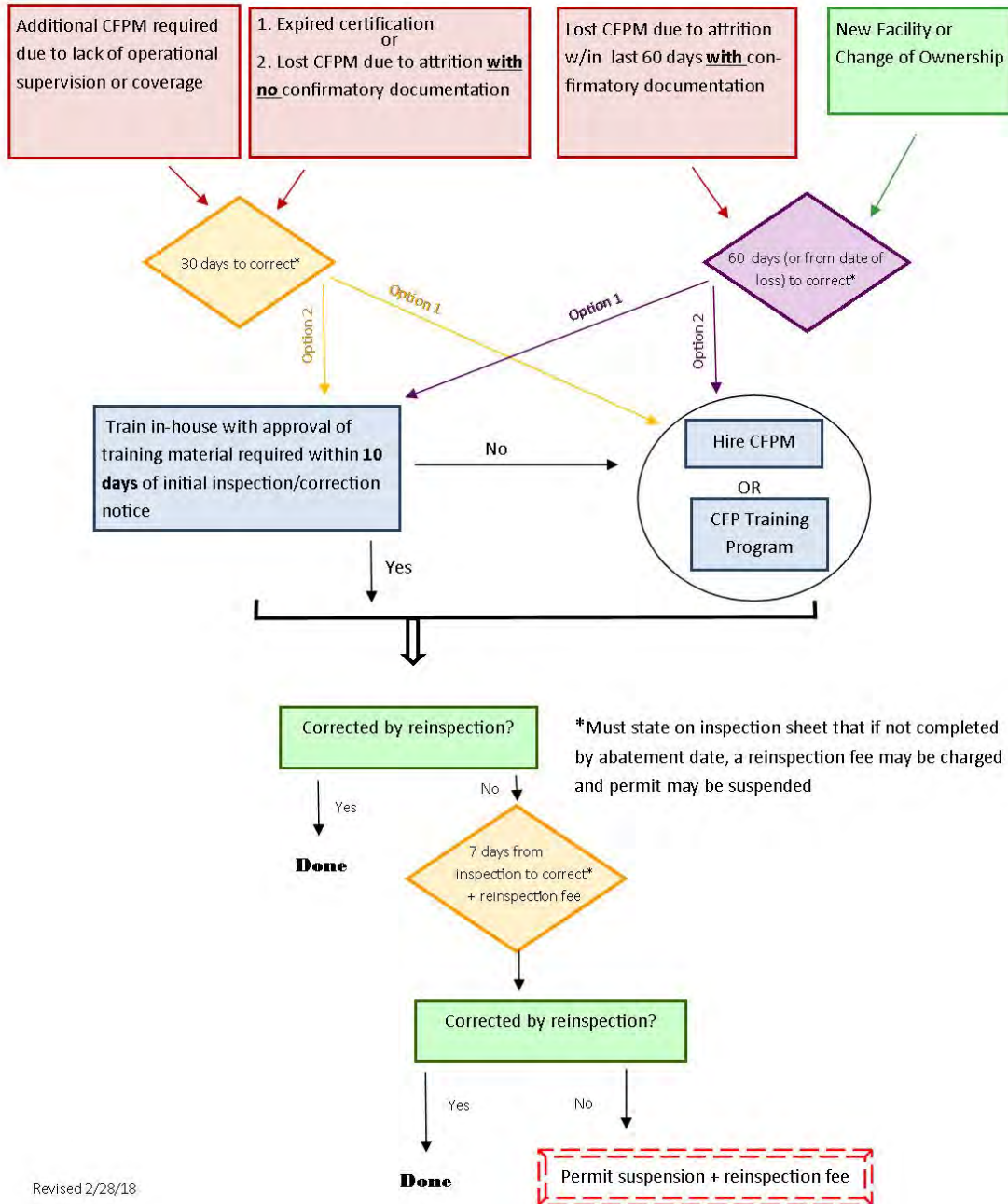
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PHYSICAL FACILITIES	
51. Adequate ventilation and lighting; designated areas used	
WCHD Regulations: 060.100; 060.120; 060.225; 080.060; 080.070; 080.100; 080.105; 080.110; 080.120; 080.145; 080.175	
Standard Comments Available: None – enter text if marked ‘out’	
Critical Violations	N/A
Non Critical Violations	<ul style="list-style-type: none"> • Owner removed all but one light in the prep area to save energy resulting in less than required light intensity. • Light bulbs (including heat lamps) are not shielded, coated, or otherwise shatter-resistant. • Plastic tube style shatterproof light covers lacking end caps. • No ventilation or ventilation not adequate to prevent accumulation of heat, steam, smoke or odors. • Ventilation system intakes and exhaust vents are not cleaned or maintained. • Employees are required to change at work, but no locker room or lockers are provided. • Designated area for employees to eat, drink or use tobacco is not located to prevent contamination. • Lighting is not sufficient to allow for adequate cleaning. • Ceiling vents have a large quantity of dirt and dust build-up on them. • Hood filters are not designed for removal or cleaning in place. • Hood systems are not designed to prevent grease or condensation dripping onto food or food contact surfaces. • Hood system undersized for facility needs.
Corrective Action:	
Marking Instructions: In: Facility has no lighting/ventilation issues; designated areas available and used. Out: Facility needs to address lighting/ventilation issues; no designated areas provided as required.	

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

APPENDIX A

CFPM Decision Tree



APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

Appendix B

Example Employee Health Policy

Establishment name: _____

Establishment location: _____

The purpose of this agreement is to inform conditional employees and current employees of this food establishment of the responsibility to notify the person in charge (PIC) when they experience any of the conditions listed so the PIC can take appropriate steps to prevent the transmission of foodborne illness.

I agree to report these symptoms whether they occur at work **or** outside of work:

- 1) Diarrhea;
- 2) Vomiting;
- 3) Jaundice;
- 4) Sore throat with fever;
- 5) Infected cuts, wounds, or lesions containing pus on exposed parts of the body (e.g. hands, wrists, etc.)

I understand that if I am experiencing diarrhea and vomiting, I will not be able to return to work for at least **24hrs after the symptoms have stopped.**

I agree to report if I am diagnosed as being ill with Norovirus, Salmonella typhii (typhoid fever), any Shigella species, E. coli 0157:H7, other Enterohemorrhagic or Chiga toxin-producing E. coli, Hepatitis A virus any other communicable disease that is considered reportable as required in the Nevada Revised Statutes (NRS) 441A.

I agree to follow all employee health, restrictions, exclusions and reporting requirements as required in section 030.020 of the Regulations of the Washoe County District Board of Health Governing Food Establishments.

Current/Conditional Food Employee Initial Name: _____

Current/Conditional Food Employee Initial Signature: _____ Date: _____

Food Establishment Representative Name: _____

Food Establishment Representative Signature: _____ Date: _____

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APPENDIX C

Molluscan Shellfish Guidance Document

Definitions

Molluscan shellfish - An edible species of fresh or frozen oysters, clams, mussels, and scallops or edible portions thereof, except when the scallop product consists only of the shucked adductor muscle.

Shellstock - Raw, in shell molluscan shellfish.

Shucked shellfish - Molluscan shellfish that have one or both shells removed.

Commingle means:

- To combine **SHELLSTOCK** harvested on different days or from different growing areas as identified on the tag or label, or
- To combine **SHUCKED SHELLFISH** from containers with different container codes or different shucking dates.

Interstate Certified Shellfish Shippers List (ICSSL) - published monthly for the information and use by food control officials, seafood industry and other interested persons. The shippers listed have been certified by regulatory authorities in the United States, Canada, Korea, New Zealand and Mexico under the uniform sanitation requirements of the National Shellfish Program.

Health Risks

Shellfish Poisoning (Marine Biotoxins) - Diarrhetic Shellfish Poisoning, Paralytic Shellfish Poisoning, Amnesic Shellfish Poisoning. Cooking **DOES NOT** destroy marine Biotoxins. Shellfish must always come from an approved source (ICSSL). Recreational harvested shellfish is prohibited.

Marine toxins are not ordinarily a problem in scallops if only the adductor muscle is consumed.

However, products such as roe-on scallops and whole scallops do present a potential hazard for natural toxins.

Vibriosis (*Vibrio* spp.) - An intestinal disease caused by the bacteria called *Vibrio*. *Vibrio* are found in fish and shellfish living in saltwater and in rivers and streams where freshwater meets saltwater. Symptoms usually appear about 15 hours after consumption but can take as long as four days. *Vibrio* is destroyed by cooking shellfish to an internal temperature of 145° F for 15 seconds.

Regulatory Requirements

Shucked Shellfish, Packaging and Identification

Raw **shucked shellfish** shall be obtained in nonreturnable packages which bear a legible label that identifies the

- Name, address, and certification number of the shucker, packer or repacker of the molluscan shellfish; and
- The "sell by" or "best if used by" date for packages with a capacity of less than 1.89 L (one-half gallon) or the date shucked for packages with a capacity of 1.89 L (one-half gallon) or more.

A package of raw **shucked shellfish** that does not bear a label or which bears a label which does not contain all the information shall be subject to a **HOLD ORDER**, as allowed by law, or seizure and destruction in accordance with 21 CFR Subpart D - Specific Administrative Decisions Regarding

Shellstock Identification

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

Shellstock shall be obtained in containers bearing legible source identification tags or labels that are affixed by the harvester or dealer that depurates, ships, or reships the shellstock, as specified in the National Shellfish Sanitation Program Guide for the Control of Molluscan Shellfish, and that list;

- The harvester's identification or the dealer's name assigned by the shellfish authority
- The date of harvesting
- The most precise identification of the harvest location or aquaculture site that is practicable based on the system of harvest area designations that is in use by the shellfish control authority and including the abbreviation of the name of the state or country in which the shellfish are harvested
- The type and quantity of shellfish
- The following statement in bold, capitalized type: "This tag is required to be attached until container is empty or retagged and thereafter kept on file for 90 days"

A container of **shellstock** that does not bear a tag or label or that bears a tag or label that does not contain all the information shall be subject to a **HOLD ORDER**, as allowed by law, or seizure and destruction in accordance with 21 CFR Subpart D - Specific Administrative Decisions Regarding Interstate Shipments, Section 1240.60(d).

Shellstock, Condition

When received by a food establishment, **shellstock** shall be reasonably free of mud, dead shellfish, and shellfish with broken shells. Dead shellfish or shellstock with badly broken shells shall be discarded.

Molluscan shellfish, original container

Molluscan shellfish may not be removed from the container in which they are received other than immediately before sale, preparation for service or under the following conditions;

For display purposes, **shellstock** may be removed from the original container in which they are received, displayed on drained ice, or held in a display container, and a quantity specified by a consumer may be removed from the display or display container and provided to the consumer if:

- The source of the shellstock on display is identified and recorded; and
- The labeling information for the shellfish on display is retained and correlated to the date when, or dates during which, the shellfish are sold or served; and
- The **shellstock** are protected from contamination.

Shucked shellfish may be removed from the container in which they were received and held in a display container from which individual servings are dispensed upon a CONSUMER'S request if:

- The labeling information for the shellfish on display is retained and correlated to the date when, or dates during which, the shellfish are sold or served; and
- The shellfish are protected from contamination.

Shucked shellfish may be removed from the container in which they were received and repacked in consumer self-service containers where allowed by law if:

- The labeling information for the shellfish is on each CONSUMER self service container
- The labeling information is retained and correlated with the date when, or dates during which, the shellfish are sold or served;
- The labeling information and dates are maintained for 90 days; and
- The shellfish are protected from contamination.

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Shellstock, Maintaining Identification

Shellstock tags or labels shall remain attached to the container in which the shellstock are received until the container is empty.

The date when the last **shellstock** from the container is sold or served shall be recorded on the tag or label.

The identity of the source of **shellstock** that are sold or served shall be maintained by retaining **shellstock** tags or labels for 90 calendar days from the date that is recorded on the tag or label

All operators must use a record keeping system that keeps the tags or labels in chronological order correlated to the date that is recorded on the tag or label

If **shellstock** are removed from its tagged or labeled container the source identification must be preserved by using an approved record keeping system and ensuring that **shellstock** from one tagged or labeled container are not **commingled** with **shellstock** from another container with different certification numbers; different harvest dates; or different growing areas as identified on the tag or label before being ordered by the consumer.

Molluscan Shellfish Tanks

Shellfish are filter feeders allowing concentration of pathogenic microorganisms that may be present in the water. Due to the number of shellfish and the limited volume of water used, display tanks may allow concentration of pathogenic viruses and bacteria. Since many people eat shellfish either raw or lightly cooked, the potential for increased levels of pathogenic microorganisms in shellfish held in display tanks is of concern. If shellfish stored in molluscan shellfish tanks are offered for consumption, certain safeguards must be in place as specified in a detailed HACCP plan that is approved by the regulatory authority. Opportunities for contamination must be controlled or eliminated. Procedures must emphasize strict monitoring of the water quality of the tank including the filtering and disinfection system.

Inspections

When evaluating approved sources for shellfish, such as clams, oysters, and mussels, inspectors should ask whether shellfish are served at any time during the year. If so, inspectors should review the tags or labels to verify that the supplier of the shellfish is certified and on the most current Interstate Certified Shellfish Shippers List found at

(<http://www.fda.gov/Food/GuidanceRegulation/FederalStateFoodPrograms/ucm2006753.htm>)

Inspectors should note whether all required information is provided on the tags or label (harvester's certification number, harvest waters and date, type and quantity of shellfish and similar information for each dealer that handles the shellfish after the harvester). **Shellstock** tags should also be retained for 90 days in chronological order.

Shellfish in the food establishment should be labeled at all times.

Recreation harvested shellfish is prohibited.

Consumer Advisory

All food establishments serving raw or undercooked shellfish must inform consumers about the increased risk of foodborne illness when eating these foods.

Raw and undercooked shellfish are never allowed to be served to highly susceptible populations.

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APPENDIX D

Parasite Destruction FAQ

Why is parasite destruction necessary? All living organisms, including fish, can have parasites. Parasites are a natural occurrence, not contamination. They are as common in fish as insects are in fruits and vegetables. Parasites are killed during the cooking process and therefore do not present a health concern in thoroughly cooked fish. Parasites become a concern when consumers eat raw, undercooked or lightly preserved fish such as sashimi, sushi or ceviche. Freezing, as required under Section 050.260(A) of the Regulations of the Washoe County District Board of Health Governing Food Establishments, kills any parasites that may be present.

What raw and undercooked fish does parasite destruction apply to? Parasite destruction applies to all raw and undercooked fish except those listed in Section 050.260 (B) (see below). The regulations define fish as,

“Fish” defined.

A. "Fish" means fresh or saltwater fin-fish, crustaceans and other forms of aquatic life (including alligator, frog, aquatic turtle, jellyfish, sea cucumber, and sea urchin and the roe of such animals) other than birds or mammals, and all mollusks, if such animal life is intended for human consumption.

B. "Fish" includes an edible human food product derived in whole or in part from fish, including fish that have been processed in any manner.

Fish that does not require parasite destruction per Section 050.260 (B) include:

- Molluscan shellfish;
- Tuna of the species *Thunnus alalunga*, *Thunnus albacares* (Yellowfin tuna), *Thunnus atlanticus*, *Thunnus maccoyii* (Bluefin tuna, Southern), *Thunnus obesus* (Bigeye tuna), or *Thunnus thynnus* (Bluefin tuna, Northern); or
- Aquacultured fish, such as salmon, that:
 - If raised in open water, are raised in net-pens, or
 - Are raised in land-based operations such as ponds or tanks, and
 - Are fed formulated feed, such as pellets, that contains no live parasites infective to the aquacultured fish.

A waiver is required to be exempted from parasite destruction of a raw or undercooked fish that is a hazard for parasites.

What are the requirements for parasite destruction? Except for fish listed in Section 050.260 (B), fish that are served raw or partially cooked must be subjected to parasite destruction by freezing. There are three acceptable time/temperature methods to accomplish parasite destruction. All methods require that documentation or records be kept (see question 4) on site and available for review during the food establishment inspection per Section 050.260 (B). The three acceptable time/temperature methods are:

1. Fish shall be frozen solid and stored at a temperature of $-4^{\circ}\text{F}\pm 2^{\circ}$ or below for a minimum of 168 hours (seven days) in a freezer.

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2. Fish shall be frozen at $-31^{\circ}\text{F}\pm 2^{\circ}$ or below until solid and stored at $-31^{\circ}\text{F}\pm 2^{\circ}$ or below for a minimum of 15 hours.
3. Fish shall be frozen at $-31^{\circ}\text{F}\pm 2^{\circ}$ or below until solid and stored at $-4^{\circ}\text{F}\pm 2^{\circ}$ or below for a minimum of 24 hours.

What records do I need to keep? Fish that are treated for parasites (frozen) by the food establishment: Records documenting the freezing temperature and time to which the fish were subjected must be maintained at the food establishment for 90 days beyond the time of service or sale as per Section 050.265. Three separate time/temperature logs for parasite destruction are available on the Food Safety webpage. **Fish treated for parasites (frozen) by the supplier:** A written agreement or statement from the supplier that the fish was frozen solid to a time/temperature as specified in Section 050.260 (A) may be substituted for the records specified in Section 050.265 (B).

Fish that are farm raised (not treated for parasites): A statement from the supplier stating that the fish were raised and fed as specified in Section 050.260 (B) (3) shall be retained at the food establishment for 90 calendar days beyond the time of service or sale of the fish.

Where can I get more information? The FDA's "Fish and Fisheries Products Hazards and Controls Guidance" document contains detailed information regarding parasite destruction in chapter 5. The FDA's "Fish and Fisheries Products Hazards and Controls Guidance" document contains tables with types of fish (vertebrate and invertebrate) and their associated hazards in chapter 3.

If you have questions, contact your food establishment's inspector.

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Appendix E

Summary Chart for Minimum Cooking Food Temperatures and Holding Times Required by Chapter 050

Food	Minimum Temperature	Minimum Holding Time at the Specified Temperature
Raw Eggs prepared for immediate service Commercially Raised Game Animals and Exotic Species of Game Animals Fish, Pork, and Meat Not Otherwise Specified in this Chart or in 050.245	63°C (145°F)	15 seconds
Raw Eggs not prepared for immediate service Comminuted Commercially Raised Game Animals and Exotic Species of Game Animals Comminuted Fish and Meats Injected Meats Mechanically Tenderized Meats	70°C (158°F) 68°C (155°F) 66°C (150°F) 63°C (145°F)	< 1 second 15 seconds 1 minute 3 minutes
Poultry Baluts Stuffed Fish; Stuffed Meat; Stuffed Pasta; Stuffed Poultry; Stuffed Ratites Stuffing Containing Fish, Meat, Poultry, or Ratites Wild Game Animals	74°C (165°F)	15 seconds
Food Cooked in A Microwave Oven	74°C (165°F)	and hold for 2 minutes after removing from microwave oven

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Whole beef roasts, corned beef roasts, pork roasts and cured pork roasts, such as ham, shall be cooked as specified in both of the following:

1. In an oven that is preheated to the temperature specified for the roast's weight in the following chart and that is held at that temperature:

Oven Type	Oven Temperature based on roast weight	
	Less than 10 lbs	10 lbs or more
Still Dry	350°F or more	250°F or more
Convection	325°F or more	250°F or more
High Humidity*	250°F or less	250°F or less
* Relative humidity greater than 90% for at least 1 hour measured in the cooking chamber or in a moisture impermeable bag that provides 100% humidity.		

2. As specified in the following chart, to heat all parts of the food to a temperature and for the holding time that corresponds to that temperature:

Temperature (°F)	Time* in Minutes	Temperature (°F)	Time* in Seconds
130	112	147	134
131	89	149	85
133	56	151	54
135	36	153	34
136	28	155	22
138	18	157	14
140	12	158	0
142	8		
144	5		
145	4		
* Holding time may include postoven heat rise.			

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

APPENDIX F

**Summary Chart for Minimum Food Temperatures and Holding Times
Required by Chapter 050.275 for Reheating Foods for Hot
Holding**

Food	Minimum Temperature	Minimum Holding Time at the Specified Temperature	Maximum Time to Reach Minimum
Food that is cooked, cooled, and reheated	74°C (165°F)	15 seconds	2 hours
Food that is reheated in a microwave oven	74°C (165°F)	and hold for 2 minutes after reheating	2 hours
Food that is taken from a commercially processed, hermetically sealed container or intact package	57°C (135°F)	No time specified	2 hours
<u>Roasts: Option A</u> Unsliced portions of meat roasts cooked as specified under 050.245	Same oven parameters and minimum time and temperature conditions as specified under 050.245	Same oven parameters and minimum time and temperature conditions as specified under 050.245	Not applicable
<u>Roasts: Option B</u> Unsliced portions of meat roasts cooked as specified under 050.245	74°C (165°F)	15 seconds	2 hours

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APPENDIX G

Date Marking Guidance Document

This guide will provide practical information to implement date marking requirements that apply to many ready-to-eat, Time/Temperature Control for Safety food. Some of the challenges operators may face, include:

- Determining which foods are required to be date marked,
- Developing a date marking system for employees to follow, and
- Ordering volumes and sizes of product that can be sold within seven days of opening.

What Does the WCHD Food Regulations 050.320 Require?

Operator must date mark any food meeting all of the following:

- It is a Time/Temperature Controlled for Safety (TCS) food, which requires time and temperature control to limit the pathogen growth or toxin formation, and
- It is a ready-to-eat food that may be eaten without any additional preparation steps to make the food safe, and
- It is stored under refrigeration for more than 24 hours.

Why is Date Marking Important?

Date marking is a means of controlling the growth of **Listeria monocytogenes**, a bacteria that continues to grow even at refrigerated temperatures. Date marking is a process assuring the food is discarded before these bacteria can cause foodborne illness.

How to Mark the Date

Food must be discarded within seven days, which means the day the food is prepared or opened plus six days. (Example: Food prepared on April 1 must be discarded on April 7.) A food establishment operator can choose any marking method suitable to their operation. It's important to know whatever system you use, it must be understandable, effective, consistently used by employees, and clear to your inspector during the evaluation. It's recommended you provide a written policy for employees to follow.

What if I Freeze the Food?

Freezing food stops the date marking clock but does not reset it. So if a food is stored at 41° F for two days and then frozen at 0° F, it can still be stored at 41° F for five more days after removal from the freezer. The freezing date and the thawing date must be put on the container along with the preparation date as an indication of how many of the original seven days have been used. If food is not dated with these dates, it must be used or discarded within 24 hours.

What if I Combine Food that was Opened on Different Dates?

When different containers of foods are combined, the date of the oldest ingredient becomes the reference date. For example, if today is Wednesday, and you are mixing salad marked on Monday with salad marked on Tuesday, the combined salad marking would be based on a starting date of Monday.

Items Not Requiring Date Marking.

Some foods prepared and packaged in an inspected food processing plant may not require date marking. These foods include:

- Commercially pre-packaged deli salads

APPENDIX F – WCHD Retail Food Establishment Field Inspection Guide

- Semi-soft cheeses – see list below
- Hard cheeses – see list below
- Cultured dairy products, such as yogurt, sour cream and buttermilk
- Preserved fish products, such as pickled herring and dried or salted cod
- Shelf-stable dry fermented sausages, pepperoni and salami not labeled as “keep refrigerated”

Deli Meats

Date marking applies to entire loaves of deli meats once the original package is opened. Refrigerated deli meats should be purchased in sizes that can be sliced and sold within seven days of opening. If this is not possible, a way to use up a slow moving loaf of deli meat is by making it into other products such as sandwiches. But do this right away instead of waiting until day seven.

What Date Applies if I Package Deli Items for Sale?

Date marking is the last day the product can be consumed safely. The “last date of sale” is a date the consumer sees on a package. Whenever a deli item is packaged for sale out of a self-service case, the package must be marked with the last date of sale (or sell-by date). The sell-by date shall take into consideration a reasonable period of time the product will be used in the consumer’s home and still be wholesome and safe. Date marking then is used to determine a meaningful sell-by date.

For example, if prepared deli salad was made in the deli four days ago and you want to prepackage some half pound containers for sale in the self-service case, you must take into consideration those first four days when setting a sell-by date. Regardless of the date you choose, the product cannot be sold after day seven.

Our operation goes through refrigerated salami so fast that the loaf will be gone in less than four days. Do I still need to date mark it?

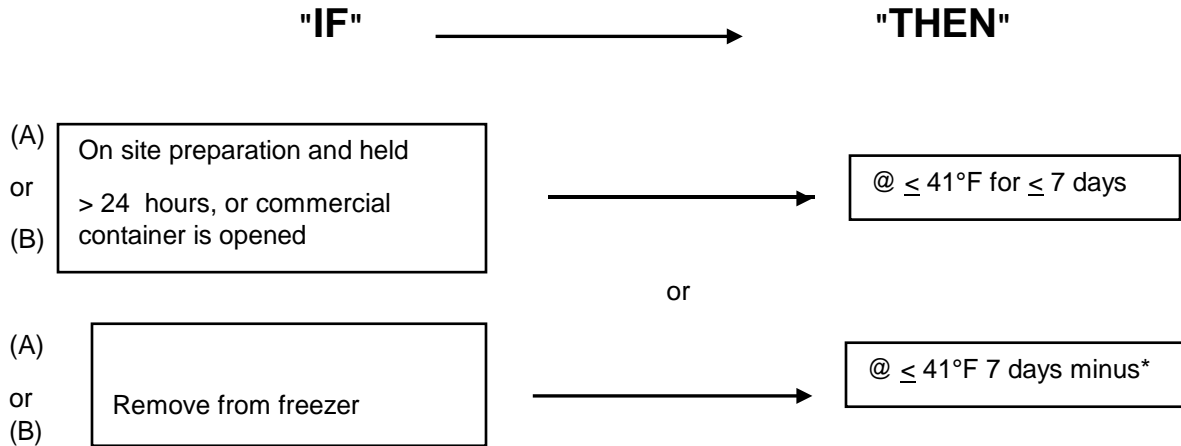
Yes, if the food is not going to be served, sold, or discarded within 24 hours, it must be date marked.

List of Some Hard and Semi-Soft Cheeses Exempt from Datemarking:

Abertam	Gjetost	Queso Chihuahua
Appenzeller	Gloucester	Queso de Bola
Asadero Asiago (medium or old)	Gorgonzola (blue veined)	Queso de la Tierra
Asiago soft	Gouda	Queso de Prensa
Battelmatt Bellelay (blue veined)	Gruyere	Reggiano
Blue	Havarti	Robbiole
Bra	Herve	Romanello
Brick	Konigskase	Romano
Camosum	Lapland	Roquefort (blue veined)
Chantelle	Limburger	Samsoe
Cheddar	Lorraine	Sapsago
Christalinna	Manchego	Sassenage (blue veined)
Colby	Milano	Stilton (blue veined)
Coon	Monterey	Swiss
Cotija	Muenster	Tignard (blue veined)
Cotija Anejo	Oaxaca	Tilsiter
Derby	Oka	Trappist
Edam	Parmesan	Vize
Emmentaler	Pecorino	Wensleydale (blue)
English Dairy	Port du Salut	
Fontina	Provolone	
Gex (blue veined)	Queso Anejo	

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Ready-to-Eat, Time/temperature Control for Safety Food) Date Marking and Disposition 050.315 – 050.325



*Time from preparation, or opening commercial container, to freezing.

Example: The morning of October 1, a chicken was cooked, then cooled, refrigerated for 2 days at 41°F and then frozen. If the chicken is thawed October 10, the food must be consumed or discarded no later than midnight of October 14.

Date	Shelf Life Day	Action
Oct. 1	1	cook/cool
Oct. 2	2	cold hold at 41°F
Oct. 3		freeze
Oct. 10	3	thaw to 41°F
Oct. 11	4	cold hold
Oct. 12	5	cold hold
Oct. 13	6	cold hold
Oct. 14	7	consume or discard

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APPENDIX H

Time as Public Health Control (TPHC) Frequently Asked Questions

What does it mean to hold food using “time as a public health control” only?

- Time only is used to monitor potentially hazardous foods instead of time and temperature.

What kind of foods can be held using TPHC?

- A working supply of potentially hazardous food before cooking (e.g. raw eggs* on a cook-line, or waffle batters at self-service breakfast bar).

***Note:** TPHC **CANNOT** be used to hold **raw eggs** by a food establishment that serves a highly susceptible population.

- Ready-to-eat potentially hazardous food that is displayed or held for service for immediate consumption, e.g. sushi rice, pizza, egg rolls, spring rolls, pasta salad

What procedures do I need to have in place BEFORE using TPHC?

- Written procedures that are kept in the food establishment, made available for review, and contain the following information:
 - List of all foods items that will be held using TPHC
 - If foods are prepared, cooked and refrigerated before TPHC, describe cooling methods as per [Sections 050.300 – 050.305](#) of the regulations.
 - **Note:** foods must be completely cooled to **41°F or less** prior to using TPHC
 - Describe procedures to verify that foods held using TPHC are:
 - Removed from temperature control at **41°F or less** and subsequently held at room temperature for no more than **four hours at which time food is served or discarded, or**
 - Removed from temperature control at **135°F or greater** and subsequently held at room temperature for no more than **four hours at which time food is served or discarded, or**
 - Removed from temperature control at **41°F or less**, and subsequently held at room temperature for no more than **six hours** as long as food is **actively monitored** (e.g. temperature measured every 30 minutes) to ensure the temperature does not exceed 70°F, **and food product is served or discarded after the six hours.**
 - Describe procedures to mark (or otherwise clearly identify) food containers with either the time the food was removed from temperature control, or the time at which the food must be served or discarded

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- Describe procedures to ensure food will be cooked and served, served if ready-to-eat, or discarded within four hours (or six if actively monitored at $\leq 70^{\circ}\text{F}$) of being removed from temperature control
- Describe corrective action procedures to ensure foods found in unmarked containers, improperly marked containers, or containers that have exceeded the 4 (or 6) hour time limit are discarded
- Identify who is responsible for each task

Can I wait to start the four hour (or six hour) time monitoring when the food product enters the Danger Zone (41°F - 135°F)?

- No, TPHC does not begin when the product enters the Danger Zone, but rather when the food product is removed from hot or cold holding.
 - For example: Sushi rice removed from rice cooker at 180°F, transferred to another container, cooled for approximately 30 minutes and mixed with vinegar and salt prior to being placed on the service line at 135°F shall be marked to indicate the time that is four hours past the point in time when the sushi rice was removed from the rice cooker at 180°F.

Do my written TPHC procedures need prior approval by the Washoe County Health District (WCHD)?

- Pre-approval of written procedures by the WCHD is not required with the exception of those facilities that were specifically contacted by the WCHD to validate procedures for holding sushi rice at room temperature.

What happens if I haven't written my procedures down, but I am using TPHC?

- If you don't have written procedures that contain at least the minimum required information, you will receive a violation on your inspection report and you will be instructed to keep all potentially hazardous foods under appropriate temperature control.

Can foods held under TPHC be saved and served later?

- Once TPHC begins, foods **cannot** be returned to temperature control (e.g., refrigerated, frozen, reheated, or hot held) to be saved and served later and must be served or discarded within the required time period.

How do I use TPHC if I mix different batches of food in the same container?

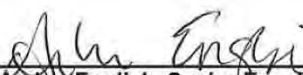
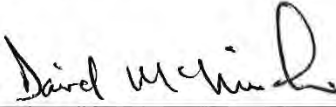
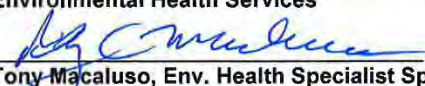
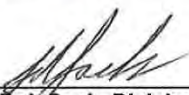
- Mixing different batches of food together in the same container should be avoided. However, if different batches are mixed in the same container, use the earliest time as the time by which all the food in the container must be cooked, served, or discarded.

How can I get help in developing my TPHC procedures?

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- Food establishments are encouraged to work with their regular inspectors to develop procedures that will comply with TPHC requirements. Contact your inspector regarding procedures, tools, and resources.

APPENDIX G – Policy - Issuing a Waiver at Retail/Review of HACCP Program Submittals

<p>WASHOE COUNTY HEALTH DISTRICT ENHANCING QUALITY OF LIFE</p>	<p align="center">STANDARD OPERATING PROCEDURES</p> <p align="center">Policy for Issuing a Waiver at Retail/Review of HACCP Program Submittals</p> <p align="center">PROGRAM: FOOD PROTECTION</p>
<p align="center">SOP No.: FS-08 • Version No.: V4 • Effective: <u>February 14, 2017</u> Superseded by: N/A</p>	
<p>SOP Type:</p> <p>Internal SOP: <input checked="" type="checkbox"/> Internal SOP (WC level that does not directly affect entities outside of the WCHD)</p> <p>External SOP: <input type="checkbox"/> External SOP (WC level that does affect entities outside of the WCHD)</p>	
<p>Author:</p> <p><u>2/16/17</u> Date</p> <p><u></u> Amber English, Senior Env. Health Specialist Environmental Health Services</p> <p>Reviewed by:</p> <p><u>2/16/17</u> Date</p> <p><u></u> David McNinch, Env. Health Specialist Spvrs Environmental Health Services</p> <p><u>02/15/17</u> Date</p> <p><u></u> Tony Macaluso, Env. Health Specialist Spvrs Environmental Health Services</p> <p>Approved by:</p> <p><u>2/17/17</u> Date</p> <p><u></u> Bob Sack, Division Director Environmental Health Services</p>	

APPENDIX G – Policy - Issuing a Waiver at Retail/Review of HACCP Program Submittals

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Effective: 02/14/2017

Policy for Issuing a Variance at Retail/Review of HACCP Program Submittals

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POLICY STATEMENT:

The purpose of this *Standard Operating Procedure* ("SOP") is to provide a written procedure on when a waiver is required for handling Specialized Processed Methods for foods at retail establishments and when HACCP (Hazard Analysis Critical Control Point) plans are required according to the Regulations of the Washoe County Board of Health Governing Food Establishments. Specialized Processing Methods include; smoking food for preservation, curing foods, uses of food additives such as vinegar to modify the pH rendering the food product not-potentially hazardous (Time/Temperature Control of Safety Food), packaging food using a Reduced Oxygen Packaging (cook chill, vacuum packaging, modified oxygen packaging, sous vide etc.), operating a molluscan shellfish tank where the fish will be offered for human consumption, custom processing animals for personal use in a permitted facility where processed game product will not be for sale or service, sprouting of seeds or bean and any other method that is determined to require a waiver.

This SOP also describes the specific actions to be taken to assure food establishments come into compliance with our food safety laws.

SCOPE:

This SOP outlines step-by-step processes for determining when an establishment is required to have a waiver, the required forms the establishment must submit including a HACCP plan, the issuance of the waiver and the subsequent review/verification process to be performed by the division inspector during the course of their routine inspections.

A. Goals of this SOP

The goals of this SOP are as follows:

1. To provide procedures to be followed by EHS division staff in determining when an existing or any new Specialized Process Methods are subject to obtaining a waiver and/or HACCP plan that is issued by the Division, and;
2. To provide the structure for food establishments to apply for the necessary waiver, and/or HACCP Plan review and;
3. To provide a review process for the issuance of the waiver and the review of the HACCP plan, and;
4. Establish the routine inspection criteria that will be used for each of the issued waivers and/or HACCP plans, and;
5. Determine the enforcement action should the waiver requirements not be followed as outlined in the waiver application and/or HACCP plan.

B. Rationale for requiring a written waiver submittal/review including the required HACCP plan:

Specific food processes that require a waiver have historically resulted in more foodborne illness than standard processes. They present a significant health risk if not conducted under strict operational procedures. These types of operations may require the person in charge and food employees to use specialized equipment and demonstrate specific competencies. The

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waiver requirement is designed to ensure that the proposed method of operation is carried out safely.

DEFINITIONS:

All terms used in this SOP are defined in the Regulations of the Washoe County District Board of Health Governing Food Establishments.

Standard Operation Procedures pertaining to Waivers and HACCP reviews:

It is the responsibility of every Environmental Health Specialist, during the course of opening or routine inspections of food establishments, to determine if Specialized Processing Methods are being conducted and if they are in need of a Waiver and/or HACCP plan. If any special process or activity requiring a HACCP plan is observed, an initial walkthrough of the establishment must be conducted by the Environmental Health Specialist (and a member of the Food Safety Subprogram if necessary) to determine the scope of the special process and to ensure understanding of the entire operation. Existing establishments known to be conducting processes requiring a HACCP plan and/or Waiver must apply for a Waiver and/or submit a HACCP plan **within 30 days** to continue their processing at retail. The area inspector will be responsible for determining operational status based on an overall risk assessment of the operation, e.g. cease and desist operation until a HACCP plan is approved, or continue operation pending HACCP plan approval. Any new establishment, including those going through the plan review process, must apply for a Waiver and/or submit a HACCP plan, and shall not proceed with activities until a HACCP plan is approved unless the establishment is undergoing a change of ownership where a HACCP plan was approved under the previous ownership and all HACCP procedures will remain unchanged. For those establishments undergoing a change of ownership with a previously approved HACCP plan, HACCP activities may continue as long as a new Waiver application and HACCP plan is submitted and the HACCP plan approval is a condition of permit issuance.

1. **Waiver Verification:** waivers and HACCP plans are required for any establishment that performs one or more of the following procedures:
 - a. Smoking of food for preservation of the food rather than as a method of flavor enhancement;
 - b. Curing food;
 - c. Using food additives components such as vinegar;
 - i. Adding as a food preservative rather than as a method of flavor enhancement;
 - ii. To render a food so that it is not potentially hazardous (Time/Temperature Control for Safety);
 - d. Packaging food using a Reduced Oxygen Packaging method via one of the following methods if a barrier in addition to refrigeration **does not exist** or if other control for *Clostridium botulinum* and *Listeria monocytogenes* as outlined in Section 050.340 **do not exist**:
 - i. Cook Chill (CC)
 - ii. Controlled Atmosphere Packaging (CAP)
 - iii. Vacuum Packaging (VP)

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- iv. Modified Atmospheric Packaging (MAP)
 - v. Sous Vide (SV)
 - e. Operating a live molluscan shellfish display tank life support system tank used to store or display shellfish that are offered for human consumption;
 - f. Custom processing animals that are for personal use as food and not for sale or service in a food establishment;
 - g. Sprouting seeds or beans
 - h. Preparing food by another method that is determine by the Division to require a waiver
2. **HACCP Plan without a Waiver Verification:** HACCP plans without a waiver are required for any establishment that performs one or more of the following procedures:
- a. Reduced oxygen packaging if one of the following barriers in addition to refrigeration exists:
 - i. Water activity of 0.91 or less
 - ii. pH of 4.6 or below
 - iii. Meat or poultry cured at a USDA regulated facility
 - iv. High level of competing organism (raw meat, poultry or vegetables)
 - b. Reduced oxygen packaging using a Cook Chill or Sous Vide process that controls for *Clostridium botulinum* and *Listeria monocytogenes* by meeting all the criteria outlined in Section 050.340 (D)
 - c. Reduced oxygen packaging of commercially manufactured cheese that:
 - i. Meets the Standards of Identity for Hard cheese, Pasteurized process cheese or Semisoft cheese as specified in 21 CFR 133.150, 133.169 and 133.187 respectively, and
 - ii. Meets all criteria outlined in Section 050.340 (E)
 - d. Fish that is frozen before, during and after packaging
 - e. Unpackaged juice for highly susceptible populations that is prepared on the premises for service or sale in a ready-to-eat form
 - f. Juice packaged for retail sale in a food establishment to attain a 5-log reduction of the most resistant microorganism of public health significance
 - g. Certain instances when operating an outdoor food establishment or an uncategoryed food establishment
3. **Waiver and/or HACCP Submittal and Review Process:** When applicable, waivers with HACCP plan must be submitted to the Division:
- a. Requestor shall submit an official Request for a Waiver and HACCP Plan Review Application or HACCP Plan Review Application (see attachments A and B respectively)
 - b. The HACCP Plan – Initial Review fee must be paid in full prior to beginning the HACCP review process. It is the responsibility of the Environmental Health Specialist to ensure the fee is paid and the appropriate application form is submitted. For existing establishments allowed to continue HACCP operations during the HACCP plan review process, failure to pay the fee will result in a cease and desist order from the are Environmental Health Specialist until the fee is paid.

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- c. All required documentation as outlined in the General HACCP Plan Checklist (see attachment E) and if applicable, the checklist or guidance document for the specific Specialized Process Method must accompany the application (see attachments F-M)
- d. Waiver applications and/or HACCP plans shall be initially reviewed by the Environmental Health Specialist to ensure required documentation is provided prior to forwarding to the Food Safety Senior for HACCP team review coordination. It is the responsibility of the area Environmental Health Specialist to obtain any missing required documentation.
- e. Waiver applications and all HACCP plans will be forwarded to the Food Safety Senior for review coordination
 - i. A waiver/HACCP plan review team (hereinafter referred to as "team") will be designated for each application/HACCP plan and will consist of all members of the Food Safety Subprogram as well as the area inspector assigned to the facility and, the inspector assigned to the plan review if HACCP procedures are identified at the time of construction plan submittal. The team will review HACCP plans and waiver requests to determine the need for additional information, approval or denial.
 - ii. The team will review the waiver request/HACCP plan to ensure compliance with all waiver and HACCP plan requirements outlined in the Food Establishment regulations. The team will identify any food safety issues; include recommendations for consulting with food processing authorities, food scientists, academia, professional organizations, other government agencies including the FDA Regional Food Specialist, or other experts external to the division.
 - iii. Revisions must be submitted **within 14 days** of the initial or subsequent review meetings.
 - iv. The area inspector will communicate all requests for revisions back to the operator.
 - v. The team will determine if the waiver application or HACCP plan addresses an intrastate or interstate issue. If applicable, the Food Safety Senior will contact the FDA Regional Food Specialist to determine if national policies, guidelines, or opinions exist. FDA may then disseminate the information regarding food safety waivers and/or HACCP plans that may affect food establishments in other jurisdictions, such as national chains.
 - vi. Waiver requests and HACCP plans will be reviewed to ensure consistency with national policies, guidelines, or opinions.
 - vii. For waivers that address intrastate issues, the team will determine if other State or national guidance exists. If applicable, the Food Safety Senior will contact appropriate State representatives.
- f. Recommendations of approval/denial of the written waiver request and/or HACCP plan will be made through the Food Safety Senior or their designee
 - i. Make the Division's decision and inform the applicant.
 - 1) If the written waiver request and/or HACCP plan is approved, the team shall document all special provisions with which the applicant must comply in the conditional approval letter (Attachment C).

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- 2) If the written waiver request or HACCP plan is denied, the team shall inform the applicant as to the reasons for the denial, the applicant's right to appeal, and the appeal process available in the denial letter (Attachment E)
- g. Letter of Conditional Waiver and/or HACCP plan Approval or Denial will be sent to the Requestor.
- h. If the written waiver/HACCP plan is approved, the food establishment must receive a validation inspection to verify HACCP procedures within 14 days of conditional approval. The validation inspection will be conducted by at least one member of the Food Safety Subprogram, the area inspector and the person responsible for plan review if applicable.
- i. If the results of the validation inspection indicate a need for revisions to the written HACCP plan, the area inspector will communicate all requests for revisions back to the operator.
- j. Recommendations of final approval/denial of the waiver request and/or HACCP plan and procedures will be through the Food Safety Senior or their designee
 - i. Make the Division's decision and inform the applicant
 - 1) If the final waiver request and/or HACCP plan and procedures is approved, the team shall document all special provisions with which the applicant must comply in the final approval letter (Attachment D).
 - 2) If the final waiver request and/or HACCP plan is denied, the team shall inform the applicant as to the reasons for denial, the applicant's right to appeal, and the appeal process available in the denial letter (Attachment E).
 - ii. All waiver and HACCP plan documentation including approval and denial letters shall be placed in the food establishment's paper file with a colored flag attached to the right side of the front page that states "HACCP Plan, Do Not Discard". All waiver and HACCP plan documentation must also be scanned and electronically attached to the establishment's electronic Accela Automation file.
- k. During subsequent routine facility inspections, the inspector assigned to that facility will ensure that the waiver provisions, including the implementation of the industry's HACCP plan are followed as required.

Procedures for Verification and Validation of Issued Waivers at time of Inspection – Field Staff

1. The establishment must keep a record of their approved waiver onsite. This record folder must be readily available for inspection by the Environmental Health Specialist.
2. The waiver procedures and/or HACCP plan will also be available for the EHS's review in the facility file which should be done prior to inspection.
3. If the waiver procedure involves an approved HACCP plan, the inspector will refer to the review process below (Procedures for HACCP Plan Verification and Field Verification).
4. Any procedure that is improperly followed must be noted as a violation:

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One of the following comments shall be noted if there is a violation of the Waiver.

- a. Warning: Violations documented during this inspection are not in compliance with the Waiver agreement. Failure to permanently correct violations will result in the revocation of the Waiver.
 - b. Due to the violation documented on this inspection, the Waiver is revoked. The establishment must cease and desist all procedures that require a waiver. The operator has a right to a hearing by submitting a written request within 10 days to the Division. If this is the first revocation, the establishment must submit a new HACCP plan and written procedures detailing the corrective actions taken to correct the violations.
 - c. Due to the violation documented on this inspection, the Waiver is revoked. The establishment must cease and desist all procedures that require a waiver. The operator has a right to a hearing by submitting a written request within 10 days to the Division. If this is the second revocation, the establishment may not apply for another waiver.
5. After the Environmental Health Specialist returns to the office to upload the inspection they must contact the Food Safety Senior to inform them of the documented violation.
 6. Any deviations from the waiver procedure will require approval by the HACCP Team and a violation shall be noted. The establishment must be instructed to revert to the approved procedure until written approval of requested changes has been granted.

Procedures for Verification and Validation of approved HACCP Procedures at time of Inspection – Field Staff:

1. An establishment that is required to maintain a HACCP plan must keep records that outline the HACCP plan in detail. These records must be readily available for review by the Environmental Health Specialist.
2. The Environmental Health Specialist will perform an audit on the HACCP plan during all comprehensive inspections. Any failure of an establishment's HACCP plan shall be noted as a violation.

The following procedures must be evaluated when reviewing a HACCP plan and when conducting an inspection at an Establishment where a HACCP process is required:

1. Review the HACCP plan of the establishment assuring that all of the following seven principles are properly followed:
 - a. Identification of the hazard (Hazard Analysis)
 - b. Determination of CCPs
 - c. Critical limits established for each CCP
 - d. Established monitoring procedures
 - e. Corrective actions established
 - f. Verification procedures in place
 - g. Record keeping procedures in place

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2. Verify CCP records from at least three dates. The records should be consistent with the procedures outlined in the HACCP plan.
3. Perform a visual inspection of operations to observe if CCPs are under control.
4. Review Critical Limits to assure adequate CCP control measures are in place.
5. Verify any modifications to HACCP plans have been approved by the Division.
6. Verification reports shall contain information about:
 - a. The existence of a HACCP plan and the person(s) responsible for administering and updating the HACCP plan
 - b. The status of the records associated with CCP monitoring
 - c. Direct monitoring of data of the CCP while in operation
 - d. Deviations and Corrective Action modifications to the HACCP Plan
 - e. Training and knowledge of individuals responsible for monitoring CCPs.

REFERENCES and ATTACHMENTS: *The following attachments are for internal reference only – usable copies of these documents can be found on the HACCP Website:
<https://www.washoecounty.us/health/programs-and-services/food-protection-services/haccp.php>

FDA 2013 Model Food Code, Chapter 3 and Annex 2 and 3.

Attachment A - Request for Waiver and HACCP Plan Review Application

Attachment B – HACCP Plan Review Application

Attachment C - Conditional Approval Letter template

Attachment D - Final Approval Letter template

Attachment E – Denial Letter template

Attachment F –General HACCP Plan Checklist

Attachment G - Reduced Oxygen Packaging (ROP) Checklist

Attachment H - Acidified Foods Checklist

Attachment I – Smoking and Curing of Meat

Attachment J – Live Molluscan Shellfish Tank Checklist

Attachment K – Canning Checklist

Attachment L – Sprouting Beans or Seeds Checklist

Attachment M – Custom Processing of Animals Checklist

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Attachment A

REQUEST FOR WAIVER and HACCP PLAN REVIEW APPLICATION
Washoe County Health District
Regulations of the Washoe County
District Board of Health Governing Food Establishments

THE FEE FOR AN INITIAL HACCP PLAN REVIEW IS \$ _____ DATE _____
 NAME OF ESTABLISHMENT _____ PERMIT NUMBER _____
 ADDRESS _____ CITY _____ ZIP _____
 PERSON TO CONTACT _____ DAYTIME PHONE _____

I am submitting a HACCP plan and requesting a waiver for (select one):

- Smoking Food
- Operating Live Molluscan Shellfish Tank
- Curing Food
- Custom Processing of Animals
- Reduced Oxygen Packaging (with one barrier - refrigeration)
- Use of Food Additives (sushi rice)
- Sprouting Seeds or Beans
- Other Food Preparation Method

Will process be used at more than one location? Yes No

If yes, list name(s) and permit number(s)

Will product be served at more than one location? Yes No

If yes, list name(s) and permit number(s)

How will the product be sold? (select all that apply): Retail Wholesale

*Note: For each of the above processes selected, a HACCP plan containing all of the required documentation as outlined in the WCHD Checklist for General HACCP Plan Requirements must accompany this application. Failure to submit required documentation may result in the rejection of the Waiver and associated HACCP plan.

Signature _____ **Date** _____

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Attachment B

HACCP PLAN REVIEW APPLICATION
Washoe County Health District
Regulations of the Washoe County
District Board of Health Governing Food Establishments

THE FEE FOR AN INITIAL HACCP PLAN REVIEW IS \$ _____ DATE _____
 NAME OF ESTABLISHMENT _____ PERMIT NUMBER _____
 ADDRESS _____ CITY _____ ZIP _____
 PERSON TO CONTACT _____ DAYTIME PHONE _____

I am submitting a HACCP Plan for (select all that apply):

- Reduced Oxygen Packaging using one of the following barriers in conjunction with refrigeration:
 - Water activity of 0.91 or less
 - pH of 4.6 or below
 - Meat or poultry cured at a USDA regulated facility
 - High level of competing organisms (raw meats, poultry, or raw vegetables)
- Reduced Oxygen Packaging using:
 - Cook Chill (in accordance with Section 050.340(D) of the Food Regulations
 - Sous Vide (in accordance with Section 050.340(D) of the Food Regulations)
- Reduced Oxygen Packaging of commercially manufactured cheese
- Reduced Oxygen Packaging of fish (must be frozen before, during and after packaging)
- Packaging juice in a retail food establishment with a 5-log reduction
- Unpasteurized, unpackaged juice for highly susceptible populations

Will process be used at more than one location? Yes No

If yes, list name(s) and permit number(s) _____

Will product be served at more than one location? Yes No

If yes, list name(s) and permit number(s) _____

How will the product be sold? (select all that apply): Retail Wholesale

*Note: The appropriate supporting documentation as outlined in the WCHD *Checklist for General HACCP Plan Requirements* and, if applicable, the WCHD *ROP Checklist* must accompany this application. Failure to submit required documentation may result in the rejection of the HACCP plan.

Signature _____

Date _____

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Attachment C

February 14, 2017

Facility Name

Attn: Owner/Operator Name

Facility Address

Permit Number

RE: Conditional Approval of HACCP Plan

Dear Owner/Operator,

The Washoe County Health District (WCHD) has now completed the review of the written **Facility Name** Waiver Request and HACCP Plan or HACCP Plan. This letter serves to inform you that your written plan submitted on **Enter date submitted** has been **CONDITIONALLY APPROVED** for compliance with the requirements as outlined in the Regulations of the Washoe County District Board of Health Governing Food Establishments. Your facility may commence the food preparation and service processes outlined in this plan.

This approval is granted based on a thorough review of information provided in your written HACCP plan. Please be advised that final approval is subject to the condition that the facility will receive a HACCP validation site inspection by the WCHD within fourteen (14) days of this notice. The purpose of the validation site visit is to verify HACCP procedures are conducted in conformance with the procedures outline in the written HACCP Plan. Upon completion of the site inspection, the WCHD will either issue a final approval of the HACCP plan or request additional information and revisions to the HACCP plan.

Sincerely,

Amber English, Senior Environmental Health Specialist
Environmental Health Services Division

cc: David McNinch, Environmental Health Specialist Supervisor
Tony Macaluso, Environmental Health Specialist Supervisor
Area Environmental Health Specialist

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Attachment D

Facility Name
 Attn: Owner/Operator Name
 Facility Address
 Permit Number
 RE: Approval of Waiver and HACCP Plan

Dear Owner/Operator,

The Washoe County Health District (WCHD) has now completed the final review of the **Facility Name** Waiver Request and HACCP Plan or HACCP Plan. This letter serves to inform you that your final plan submitted on **Enter date submitted** has been **APPROVED** for compliance with the requirements as outlined in the Regulations of the Washoe County District Board of Health Governing Food Establishments. The following conditions apply to this approval:

- By receiving an approval of your plan, the plan is now a condition of your health permit.
- You must follow your approved plan. If modifications are needed to the existing plan, those modifications must be submitted to the WCHD and approved prior to implementation.
- WCHD inspectors will verify, during inspection, that your plan is being followed as approved.
- In the event that your plan is not being followed, violations will be documented on your inspection report.
- An inability by your facility to follow your approved plan, as evident by repeated violations being documented on an inspection report, may cause a revocation of this approval.
- A copy of your plan as well as this letter shall be maintained within each facility and/or outlet that is utilizing any portion of the plan for review by your staff and the WCHD inspectors during inspections.
- All applicable documents and logs must be maintained and made available to the WCHD upon request.

Please be advised that future changes to the WCHD regulations may require additional changes to this plan and the facilities utilized the processes outlined in this plan.

Sincerely,

Amber English, Senior Environmental Health Specialist
 Environmental Health Services Division

cc: David McNinch, Environmental Health Specialist Supervisor
 Tony Macaluso, Environmental Health Specialist Supervisor
Area Environmental Health Specialist

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Attachment E

February 14, 2017

Facility Name

Attn: Owner/Operator Name

Facility Address

Permit Number

RE: Waiver and HACCP Plan Denial

Dear Owner/Operator,

The **Waiver Request and associated HACCP Plan or HACCP Plan** received by the Washoe County Health District (WCHD) has been reviewed and evaluated. A request for more information was sent to you on **Enter Applicable Date(s)** with a required response time of 30 days. To date, the WCHD has received no further information and therefore, the **Waiver Request and associated HACCP Plan or HACCP Plan** is hereby **DENIED**. Your HACCP plan does not include satisfactory standard operating procedures (SOP) and does not appropriately address hazard analysis of critical control points. Therefore the HACCP review team has determined the plan lacks the sufficient safety controls needed to recommend approval.

If you wish to appeal this decision pursuant to the Regulations of the Washoe County Board of Health Governing Food Establishments, Section 240.105, a written request for a hearing before the Food Protection Hearing and Advisory Board must be filed with the WCHD within ten business days of receiving this notice.

Sincerely,

Amber English, Senior Environmental Health Specialist
Environmental Health Services Division

cc: David McNinch, Environmental Health Specialist Supervisor
Tony Macaluso, Environmental Health Specialist Supervisor
Enter Area Environmental Health Specialist

APPENDIX G – Policy - Issuing a Waiver at Retail/Review of HACCP Program Submittals

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Attachment F

Checklist for General HACCP Plan Requirements

All facilities must provide the following information in their proposed Hazard Analysis Critical Control Point (HACCP) Plan to be considered for approval. All special processes listed below cannot commence without approval from the Washoe County Health District (WCHD). A separate HACCP Plan must be completed for each special process and food product.

Additional documentation and/or information will be required depending up the specific special food process. Manufacturing of food items listed below cannot proceed without HACCP Plan approval.

I. Required HACCP Plan Information, Forms and Documentation:

- Name, address and permit number of all facilities that will be using this HACCP Plan.
- A flow diagram of the food process for each specific product item that identifies all critical control points (CCPs). *See CCP Decision Tree*
- Identify and list the biological, physical and chemical hazards associated with the process. *See Hazard Analysis Worksheet*
- A recipe of the food item including a list of ingredients and their sources used in the preparation of each of the food products.
- A list of all materials and equipment used in the preparation of the food item and identifies the designated work area. All equipment must be NSF certified or equivalent.
- A training program for food handlers and supervisors that addresses the food safety issues in each step of this plan including documentation of employee training. *See Example Employee Training Procedures*
- A plan that identifies the following items: *see HACCP Plan Chart*
 - Each CCP
 - Limits for each CCP
 - The method and frequency for monitoring and controlling each CCP by the employee designated by the person-in-charge (PIC)
 - The method and frequency for the PIC to verify routinely that an employee is following standard operating procedures (SOP) and monitoring CCPs
 - Actions to be taken by the PIC if the limits for each CCP are not met

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- The records required to be maintained by PIC to demonstrate that the plan for analyzing the hazards of CCPs is properly operated and managed
- Copies of all logs or other supporting documentation forms used in the process.
- Copies of all final product labels for retail sale. Establishments must meet all labeling requirements in Section 050.350 of the Regulations of the Washoe County District Board of Health Governing Food Establishments (herein after called the Food Regulations).
- Required Standard Operating Procedures – policies and procedures must be specific to operation;
 - Employee Handwashing SOP
 - Employee Health & Exclusion SOP
 - Cleaning & Sanitization SOP (SSOP) – include all that apply
 - High Temperature Dishmachine
 - Chemical Sanitizing Dishmachine
 - Three-compartment Sink
 - Retail Package Labeling SOP
- A completed application for a waiver with the WCHD where applicable
 - The following processes **must** have an approved **waiver**:
 - Smoking of the food for preservation of the food rather than as a method of flavor enhancement;
 - Curing food;
 - Use of food additive components such as vinegar; (e.g. acidification of sushi rice, canning, pickling, etc.)
 - Reduced Oxygen Packaging (ROP) if an additional barrier in conjunction to refrigeration **does not exist**, or if control for *C. botulinum* and *L. monocytogenes* as outlined in Section 050.340(D) of the Food Regulations **does not exist**:
 - Cook Chill or Sous Vide
 - Controlled Atmosphere Packaging
 - Vacuum Packaging
 - Modified Atmosphere Packaging
 - Sous Vide
 - Molluscan shellfish life-support system
 - Custom processing of animals
 - Sprouting of beans/sprouts
 - Preparing food by another method that is determined by the Division to require a waiver
 - The following special processes **do not** need an approved **waiver**, but still require an approved HACCP Plan
 - ROP with one of the following additional barriers in conjunction to refrigeration

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- Water activity of 0.91 or less
- pH of 4.6 or below
- Meat or poultry cured at a USDA regulated facility
- High level of competing organisms (raw meats, poultry, or raw vegetables)
- ROP packaging using Cook Chill or Sous Vide process that controls for *C. botulinum* and *L. monocytogenes* by meeting all the criteria outlined in Section 050.340(D) of the Food Regulations.
- ROP of commercially manufactured cheese that:
 - Meets the Standards of Identity for Hard cheese, Pasteurized process cheese or Semisoft cheese as specified in 21 CFR 133.150, 133.169 and 133.187 respectively and;
 - Meets all criteria outlined in Section 050.340(E) of the Food Regulations.
- Fish that is frozen before, during and after ROP packaging
- Unpasteurized, unpackaged Juice for highly susceptible populations
- Certain instances when operating an Outdoor Food Establishment or an Uncategorized Food Establishment
- Packaging juice in a retail food establishment (direct consumer sales) with 5-log reduction **without** the use of a warning label as per Section 050.280 of the Food Regulations.*

*Note: Food establishment that wish to process and package juice for wholesale distribution must comply with 21 CFR Part 120 HACCP Systems and must ensure pasteurization to obtain a 5-log reduction as specified in 21 CFR Part 120.24 Process Controls

Additional information may be needed for specific processes listed below:

- Smoking food
- Curing food
- Operating live molluscan shellfish tank
- Custom processing of animals
- Sprouting beans or seeds
- Acidified Food (sushi rice)
- Canning or pickling
- Reduced Oxygen Packaging - See ROP Checklist

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Attachment G

Checklist for Reduced Oxygen Packaging HACCP Plan Requirements

Reduced Oxygen Packaging (ROP) is when food is packaged by removing oxygen or modifying the packaging atmosphere. This can include processes like cook-chill, modified atmosphere packaging (MAP), controlled atmosphere packaging, vacuum packaging or sous vide. All facilities wishing to use these special processes must have an approved HACCP Plan to control for *Clostridium botulinum* and *Listeria monocytogenes*. Definitions of these processes can be found in Section 010.690 of the Regulations of the Washoe County District Board of Health Governing Food Establishments.

In addition to the required information on the General HACCP Plan Checklist, all proposed HACCP Plans must include the information listed below for the respective process to be considered for approval. A separate HACCP Plan must be completed for each special process and food product.

Attach additional documentation and/or information listed below as required depending on the specific special food process. More information about ROP process requirements can be found in Section 050.340 of the Regulations of the Washoe County District Board of Health Governing Food Establishments.

A. ROP with one barrier - (Where temperature control refrigeration is the only barrier)

- Application for waiver submitted to the Washoe County Health District
- Processing Authority confirmation that the process adequately controls for *C. botulinum* and *L. monocytogenes*. *See list of Food Processing Authorities by State*

B. ROP with two barriers

1. First barrier **must** be temperature control refrigeration

- Procedures to maintain food at or below 41°F
- Procedures for labeling finished product packages and instructions to discard. Shelf-life must not exceed 30 days from packaging (except the time the product is maintained frozen), or the original manufacturer's "use-by date" or "sell-by" date, whichever occurs first.

2. Second barrier may be **one** of the following:

- a. Processing Authority confirmation that the final product a_w is 0.91 or less. *See list of Food Processing Authorities by State*
- b. Initial third-party verification of (e.g. laboratory test results) or Processing Authority confirmation that the final product pH is 4.6 or below - *See list of Food Processing Authorities by State*
 - 1) Must include SOP on subsequent on-site routine monitoring to verify pH is 4.6 or below
- c. Is a meat or poultry product cured at a food processing establishment regulated by the USDA using substances specified in 9 CFR 424.21, "Use of food ingredients and sources of radiation", and is received in an intact package
- d. The food product has high levels of competing organisms (e.g. raw meats, and poultry, or raw vegetables)

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C. Cook Chill or Sous Vide Cooking as Outlined in Section 050.340 (D)

- Statement that the packaged/bagged product is prepared and consumed on the premises, or prepared and consumed off the premises but within the same satellite business entity and not distributed to another business entity or the consumer
- Describe procedures for sealing product before cooking (Sous Vide) or immediately after cooking and before reaching a temperature below 135°F (Cook-chill)
- Describe procedures for cooking to heat all parts of the food to adequate cooking temperatures
- Describe procedures for cooling food in the sealed package or bag from 135°F to 70°F within 2 hours and from 70°F to 41°F within an additional 4 hours
- Describe procedures for maintaining the temperature of the packaged or bagged product using one of the following options:
 - 1) Cooled to 34°F within 48 hours of reaching 41°F and held at or below that temperature for no more than 30 days
 - 2) Held at or below 41°F or less for no more than 7 days
 - 3) Held frozen with no shelf-life restrictions while frozen
- Continuous electronic monitoring procedures (including for transport and storage at satellite locations)
- Procedures for labeling finished product packages and instructions to discard based on shelf-life option chosen above
- Statement that records to confirm cooking, cooling, cold holding refrigeration time/temperature parameters will be maintained and held for at least 6 months and will be made available to the Health Authority.

D. ROP of Cheese as Outlined in Section 050.340 (E)

- Copy of original package label (must be commercially manufactured cheese)
 - 1) Must document that product meets Standards of Identity in 21 CFR 133.150 Hard Cheese, 21 CFR 133.169 Pasteurized process cheeses or 21 CFR 133.187 Semisoft cheeses
- Procedures to maintain food at or below 41°F
- Procedures for labeling finished product packages and instructions to discard
 - 1) "Use-by" date must not exceed 30 days from packaging or the original manufacturer's use-by date or sell by date whichever occurs first

E. ROP of Fish as Outlined in Section 050.340 (C)

- Procedures that describe how fish will remain frozen before, during and after packaging
- Describe how the packages will be labeled with instructions to discard
- Thawing procedures

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Attachment H

Checklist for Acidified Foods (Sushi Rice) HACCP Plan Requirements

Acidified foods means low-acid foods to which acid or acid foods are added; these foods include, but are not limited to, beans, cucumbers, cabbage, artichokes, cauliflower, puddings, peppers, tropical fruits, and fish, singly or in any combination. The most common biological hazards specific to acidified foods include *Salmonellae*, *E. coli* (O157:H7) and *Listeria monocytogenes*. Sushi Rice, without proper acidification control, introduces a risk of toxin formation from *Bacillus cereus*.

In addition to the required information on the General HACCP Plan Checklist, all proposed HACCP Plans must include the information listed below for the respective process to be considered for approval. A separate HACCP Plan must be completed for each special process and food product.

Acidified Food

Name of all foods that will be Acidified

- Complete list of ingredients used
- Laboratory testing of pH (must be repeated on annual basis)
- Describe how pH will be tested on every batch
- Information on how the product will be tracked until used in facility

**Determining an equilibrium pH under 4.6 may require approval from a 'Process Authority'*

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Attachment I

Smoking and Curing of Meats HACCP Plan Requirements

Curing is addition of salt, sugar, and nitrite or nitrate to meats for the purposes of preservation, flavor enhancement, or color development. Smoking as it relates to this HACCP requirement is the process by which the shelf life of the meat product is extended due to the anti-microbial properties of some the chemical compounds found in smoke. All facilities wishing to use one or both of the above special processes must have an approved HACCP Plan to control for foodborne pathogens.

In addition to the required information on the General HACCP Plan Checklist, all proposed HACCP Plans must comply with the requirements listed below for the respective process to be considered for approval. A separate HACCP Plan must be completed for each special process and food product.

A food establishment operator shall obtain a waiver from the Washoe County Health District before smoking and or curing of meat that is for use at a food establishment (Section 050.335).

The following guidelines are required to ensure that the process of smoking and or curing in a food establishment results in a product that is safe for human consumption. Fermentation, smoking and curing are often used in hurdle technology to produce a product that is safe for human consumption. If smoking, fermenting or curing, the process and final product may require validation by a processing authority before approval is granted.

- A. For smoking as a means to extending shelf life, the below requirements must be met before consideration is given to approval of the special process.
- The facility requesting approval will be required to perform a validation study through a processing authority to confirm that the prepared food product is safe for human consumption
 - The facility requesting approval may be required to keep monitoring logs that demonstrate that each batch is produced under the same parameters analyzed by the processing authority. These logs may include but are not limited to: pH logs, salinity logs, grinding logs, calibration logs, temperature logs and humidity logs.
 - The type of smoke (particulate or liquid) must be declared. If using particulate smoke, the wood must be of an approved type and from an approved source (verified by processing authority).
 - Meat products being smoked must be properly arrange in the smokehouse in order to prevent cross contamination and to facilitate equal distribution of heat and smoke.
 - The facility must demonstrate that temperature, time and humidity meets the USDA's Lethality Standards based on the product (verified by processing authority).
 - Meat must be maintained at the required temperature ($\leq 41^{\circ}\text{F}$) prior to processing.
- B. For curing as a means of extending shelf life, the below requirements must be met before consideration is given to approval of the special process.
- The facility requesting approval will be required to perform a validation study through a processing authority to confirm that the prepared food product is safe for human consumption
 - The facility requesting approval may be required to keep monitoring logs that demonstrate that each batch is made exactly like the sample analyzed by the processing authority. These logs may

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- include but are not limited to: pH logs, salinity logs, grinding logs, calibration logs, temperature logs and humidity logs.
- Meat must be maintained at the required temperature ($\leq 41^{\circ}\text{F}$) prior to processing.
- The facility must demonstrate that temperature, time and humidity meets the USDA's Lethality Standards based on the product (verified by processing authority).

- Nitrates will only be approved for use in dry cured meats or dry sausage. The critical limits for nitrates will be specific to the product being cured and will need to be verified by the processing authority.
- When curing with nitrite, the level cannot exceed 120 ppm and must be accompanied by 550ppm sodium ascorbate or sodium erythorbate. Residual nitrite must not exceed 40 ppm. These levels will be monitored by the processing authority.
- A list of all ingredients with corresponding units (lb, fl oz, etc.) must be provided for each product that is produced. Alkaline phosphates must not exceed .5% and must be measured by the processing authority.
- Provide the method of curing (dry, stitch or spray pumping, artery pumping, or multi-needle machine pumping). If brining is performed outside of refrigeration it must be refrigerated to $\leq 41^{\circ}\text{F}$ within 4 hours and brine should be monitored with a salinometer and logged.

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Attachment J

Checklist for Live Molluscan Shellfish Tanks HACCP Plan Requirements

A live molluscan shellfish tank is used as a life support system for mollusk until they are prepared for human consumption.

In addition to the required information on the General HACCP Plan Checklist, all proposed HACCP Plans must comply with the requirements listed below for the respective process to be considered for approval. A separate HACCP Plan must be completed for each special process and food product.

A food establishment operator shall obtain a waiver from the Washoe County Health District before a molluscan shellfish tank is used as a life support system that will supply mollusks that will be served in a food establishment (Section 050.335).

The following guidelines are required to ensure that any live mollusks stored in a molluscan shellfish tank are contained and handled so that they are safe for human consumption.

- Molluscan shellfish must be obtained from sources according to law and the requirements specified in the U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration, National Shellfish Sanitation Program Guide for the Control of Molluscan Shellfish. The identity of the source of the shellstock is retained as specified in these regulations.
- A written policy to prevent commingling must be provided. Shellstock that has a different certification number, or is harvested on different days or from different growing areas as identified on the tag or label, must not be kept in the same tank or different tanks that share the same water supply.
- The facility must be able to demonstrate that water used with fish other than molluscan shellfish does not flow into the molluscan tank.
- A written procedure for culling shellstock must be provided. Dirty, damaged, or dead shellstock that could contaminate and degrade live and healthy shellstock and lead to foodborne illness must be culled.
- Temperature logs must be maintained on site and made available for inspection by the Washoe County Health District. Live molluscan shellstock must be held in a tank that maintains an internal shellstock body temperature of 50°F (10°C) or less. These temperature logs must be maintained for a minimum of 90 days.
- A record system for retention of shellfish tags (system to maintain the tags in chronological order for 90 days after the container is empty) must be in place for traceback purposes and made available at the time of inspection by the Washoe County Health District.
- A written procedure outlining the first in and first out requirements and procedures must be provided.
- A written maintenance plan must be provided that outlines the maintenance of the tanks. The maintenance outlined in this plan must be performed in accordance with the manufacturer's recommendations.
- If a UV disinfection system is used, it must be maintained in accordance with the manufacturer's recommendations.

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- The molluscan shellfish tank must be constructed in such a manner that it complies with the Regulations of the Washoe County District Board of Health Governing Food Establishments and is approved by the Washoe County Health District.

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Attachment K

Checklist for Canning HACCP Plan Requirements

Canning can be a safe and economical way to preserve and add value to fruits and vegetables. The most common biological hazards specific to canning include botulism toxin as well as yeast and mold (mycotoxins). Hazard analysis critical control point (HACCP) plans are required for canning at retail food establishments in Washoe County. **In addition to the required information on the General HACCP Plan Checklist**, all proposed HACCP Plans must include the information listed below for the respective process to be considered for approval.

Due to naturally-occurring variations in acidity (pH) between and among fruits and vegetables, it is important that you follow an approved recipe and process when canning these foods.

You may use a standard recipe and process from:

- Ball® Blue Book™
- USDA Complete Guide to Home Canning
- National Center for Home Food Preservation

When using an approved recipe, you must follow the **approved process for that recipe*

You may use a custom process or recipe that is approved by a Processing Authority. A Processing Authority (PA) is a person or organization having expert knowledge of thermal processing requirements for foods in hermetically sealed containers, and who also has access to the facility for making such determinations

If you want to can **low-acid** foods, you must follow special requirements found in Code of Federal Regulations, title 21 (21 CFR). **Low-acid** foods include beans, corn, potatoes, squash, meats and seafood.

A. Canning with approved recipe

- Provide copy of the approved recipe
- Follow All CCPs from approved recipe/procedure
- Container specifications and sterilization
- Fruit and Vegetable preparation

B. Canning with custom recipe

- Provide copy of the custom recipe
- Testing results from Processing Authority
- Critical Control Points (CCPs) to be included but limited to:
 1. Thermal Processing
 2. Finished Product pH
 3. Labeling
- Container specifications and sterilization
- Fruit and Vegetable preparation

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Attachment L

Checklist for Sprouting Seeds or Beans HACCP Plan Requirements

Sprouts may include alfalfa, clover, sunflower, broccoli, mustard, radish, garlic, dill and pumpkin as well as mung, kidney, pinto, navy, soy beans and wheat berries (wheat grass). Raw and lightly cooked sprouts, especially alfalfa, clover and mung bean sprouts have been associated with foodborne illness in a number of outbreaks. Microorganisms already on the seeds or introduced during the sprouting process grow quickly during the ideal conditions of germination and sprouting. The water from frequent irrigation, pH of the water and plant tissue, days to complete sprouting and the nutrients available from the seeds and sprouts are very favorable to bacterial growth. Foodborne outbreaks associated with sprouts have identified *Escherichia coli O157:H7*, various *Salmonella* serotypes as the common causative agents. Sprouts contaminated with foodborne pathogens such as *Salmonella* or *E. coli O157:H7* show no changes in appearance, smell or taste. There is no kill step in the production of raw sprouts such as cooking or pasteurization to reduce or eliminate pathogens before consumption.

In addition to the required information on the General HACCP Plan Checklist, all proposed HACCP Plans must include the information listed below for the respective process to be considered for approval. A separate HACCP Plan must be completed for each special process and food product. All food in this process must be washed in accordance to the Regulations of the Washoe County District Board of Health Governing Food Establishments Section 050.150.

Attach additional documentation and/or information listed below as required depending on the specific special food process.

A. Sprouting for the consumption of raw sprouts in a retail food establishment

- Documentation showing seeds are intended for sprouting
- Name of each type of seed or bean that will be sprouted onsite
- SSOPs for germination area
- Description of chemicals being used and making sanitizing solution for seed chlorination *See Video*
- Laboratory testing of spent irrigation waste water will be required to verify seed chlorination methods (must be repeated on annual basis)
- Description of how food is washed before service. See Section 050.150

B. Sprouting for the consumption of cooked sprouts in a retail food establishment

- Documentation seeds showing are intended for sprouting
- Name of each type of seed or bean that will be sprouted onsite
- SSOPs for germination area

C. Sprouting of Microgreens for consumption in a retail food establishment

Microgreens are grown in a medium (soil or otherwise). They are harvested after they have established roots and opened their cotyledons. Only the stems and leaves are consumed; they are harvested above their roots.

- Documentation showing seeds intended for sprouting
- Name of each type of seed or bean that will be sprouted onsite
- SSOPs for germination area
- Description of how food is washed before service. See Section 050.150

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Attachment M

Checklist for Custom Processing HACCP Plan Requirements

Custom Processing is a process that takes place at a stationary establishment wherein slaughtered meat animals or meat, caused to be delivered by the owners thereof, are prepared for compensation, payment or remuneration of any kind, and are thereafter returned to the owner thereof or to the order of the owner. All facilities wishing to use this special process must have an approved HACCP Plan to control for foodborne pathogens.

In addition to the required information on the General HACCP Plan Checklist, all proposed HACCP Plans must comply with the requirements listed below for the respective process to be considered for approval. A separate HACCP Plan must be completed for each special process and food product.

A food establishment operator shall obtain a waiver from the Washoe County Health District before custom processing animals that are for personal use as food and not for sale or service in a food establishment (Section 050.335).

The following guidelines are required to ensure that any custom processed animals stored in the establishment are contained and handled so that there is complete separation from all other products for sale to the consumer.

- The meat must be received in a safe, unadulterated, and honestly presented condition.
- Provide a written list of days and times when game animals are processed.
- Attach a tag, with the words "NOT FOR SALE" in letters at least 3/8" in height, to all incoming carcasses. Tags must also include a space for assigning a designated carcass number. (A label may also be stamped directly onto the carcass.)
- Store all custom processed animals and animal products on separate shelves while in cold storage. A "NOT FOR SALE" tag, with a corresponding record number from the original tag, should be attached to any shelves or packages storing custom processed animals or animal products. Separate storage areas in cold storage units for Custom Processed meat products. Dedicate a work areas for Custom Processed meat items that is separate from retail meat items.
- Keep a record (log book) of the name and address of the owner of each carcass, the species, date received, dressed weight and the assigned designated carcass number to the tag. Records should be maintained for at least 90 days and should be available during reasonable hours for inspection by the Washoe County Health District.
- Any equipment used to process game animals or meat must be thoroughly cleaned and sanitized before it can be used for processing domestic meat, poultry, fish, ready-to-eat foods and other retail products.
- The supporting facilities for custom processing must be constructed in such a manner that they comply with the Regulations of the Washoe County District Board of Health Governing Food Establishments and are approved by the Washoe County Health District.

APPENDIX H – WCHD Quality Assurance Program

<p>WASHOE COUNTY HEALTH DISTRICT <small>ENHANCING QUALITY OF LIFE</small></p>	<p>STANDARD OPERATING PROCEDURES</p> <p>Food Inspections – Quality Assurance Program</p> <p>PROGRAM: FOOD PROTECTION</p>
<p>SOP No.: FS-17 • Version No.: V1 • Effective: <u>July 1, 2019</u> Superseded by: N/A</p>	
<p>SOP Type:</p> <p>Internal SOP: <input checked="" type="checkbox"/> Internal SOP (WC level that does not directly affect entities outside of the WCHD)</p> <p>External SOP: <input type="checkbox"/> External SOP (WC level that does affect entities outside of the WCHD)</p>	
<p>Author:</p> <p><u>7/1/19</u> Date</p> <p style="text-align: right;"><u><i>Amber English</i></u> Amber English, Environmental Health Specialist Supervisor Environmental Health Services</p> <p>Approved by:</p> <p><u>7/1/19</u> Date</p> <p style="text-align: right;"><u><i>Charlene Albee</i></u> Charlene Albee, Division Director Environmental Health Services</p>	

APPENDIX H – WCHD Quality Assurance Program

PURPOSE

To establish and implement the use of a program that ensures uniform, high quality inspections are conducted in a professional manner, at a frequency based on risk assessment and compliance status with an efficient use of time and program resources. The quality assurance program will be used to identify deficiencies in quality and consistency and to highlight areas for improvement in training, mentoring and/or coaching of Environmental Health Specialists.

PROGRAM DESCRIPTION

The Quality Assurance Program is an ongoing program used as a management tool to evaluate the food safety regulatory program. The program strives to ensure uniformity among Environmental Health Specialists in the interpretation of Food Code provisions; the application of local ordinances and policies; and the use of compliance and enforcement procedures required for the regulation of food establishments.

The program goal is to ensure that each Environmental Health Specialist (EHS):

1. Has required equipment and forms to conduct the inspection;
2. Reviews the contents of the establishment file, including the previous inspection report, reported complaints on file, and, if applicable, required Hazard Analysis Critical Control Point (HACCP) Plans or documents supporting the issuance of a waiver or variance;
3. Verifies that the establishment is in the proper risk category and that the required inspection frequency is being met. Informs the supervisor when the establishment is not in the proper risk category or when the required frequency is not met;
4. Provides identification as a regulatory official to the person in charge and states the purpose of the visit;
5. Interprets and applies laws, regulations, policies and procedures correctly
6. Uses a risk-based inspection methodology to conduct the inspection;
7. Accurately determines the compliance status of each risk factor and Food Code intervention (i.e., IN compliance, OUT of compliance, Not Observed, or Not Applicable) as detailed in the field inspection guide;
8. Obtains on-site corrective action for out-of-compliance risk factors and Food Code interventions as appropriate to the type of violation;
9. Discusses options for the long-term control of risk factors with establishment managers, when the same out-of-control risk factor occurs on consecutive inspections. Options may include, but are not limited to, risk control plans, standard operating procedures, equipment and/or facility modification, menu modification, buyer specifications, remedial training, or HACCP Plans;
10. Verifies correction of out-of-compliance observations identified during the previous inspection. In addition, follows through with compliance and enforcement;
11. Conducts an exit interview that explains the out-of-compliance observations, corrective actions, and timeframes for correction;

APPENDIX H – WCHD Quality Assurance Program

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3. Verifies that the establishment is in the proper risk category and that the required inspection frequency is being met. Informs the supervisor when the establishment is not in the proper risk category or when the required frequency is not met;
4. Provides identification as a regulatory official to the person in charge and states the purpose of the visit;
5. Interprets and applies laws, regulations, policies and procedures correctly
6. Uses a risk-based inspection methodology to conduct the inspection;
7. Accurately determines the compliance status of each risk factor and Food Code intervention (i.e., IN compliance, OUT of compliance, Not Observed, or Not Applicable) as detailed in the field inspection guide;
8. Obtains on-site corrective action for out-of-compliance risk factors and Food Code interventions as appropriate to the type of violation;
9. Discusses options for the long-term control of risk factors with establishment managers, when the same out-of-control risk factor occurs on consecutive inspections. Options may include, but are not limited to, risk control plans, standard operating procedures, equipment and/or facility modification, menu modification, buyer specifications, remedial training, or HACCP Plans;
10. Verifies correction of out-of-compliance observations identified during the previous inspection. In addition, follows through with compliance and enforcement;
11. Conducts an exit interview that explains the out-of-compliance observations, corrective actions, and timeframes for correction;

APPENDIX H – WCHD Quality Assurance Program

12. Provides the inspection report and, when necessary, cross-referenced documents, to the person in charge or permit holder;
13. Demonstrates proper sanitary practices as expected from a food service employee;
14. Completes the inspection form including documentation of observations, public health reasons, applicable code reference, and compliance dates;
15. Documents the compliance status of each risk factor and intervention (IN, OUT, NA, NO);
16. Cites the proper code provisions for risk factors and Food Code interventions;
17. Documents corrective action for out-of-compliance risk factors and Food Code interventions;
18. Documents that options for the long-term control of risk factors were discussed with establishment managers when the same out-of-control risk factor occurs on consecutive inspections. Options may include, but are not limited to, risk control plans, standard operating procedures, equipment and/or facility modification, menu modification, buyer specifications, remedial training, or HACCP Plans;
19. Compliance or regulatory documents (i.e. exhibits, attachments, sample forms) are accurately completed, appropriately cross-referenced within the inspection report, and included with the inspection report;
20. Updates records, files and other documentation in a timely manner;
21. Demonstrates effective communication skills when conducting inspections;
22. Exercises an efficient use of time and program resources

PROGRAM ASSESSMENT

A Senior Environmental Health Specialist and/or an Environmental Health Supervisor will be tasked with:

- A. Developing, coordinating, and implementing a Quality Assurance Program for the evaluation of the food safety program and EHSs;
- B. Verifying that food establishments are assigned to proper risk categories;
- C. Using the Quality Assurance Program to identify training needs and opportunities, promote uniformity and proficiency of field inspections, and encourage high quality customer service;
- D. Conducting joint field review inspections with EHS field staff. A joint inspection includes completion of the QA Evaluation Form (Attachment A –tab 1). Frequency of joint inspections will be no less than one per 18 months per EHS field staff;
- E. Each field review must be accompanied by a documentation review of the establishment file. Documentation reviews include a review of routine and/or risk factor assessment inspection reports and complaint investigations. A documentation review includes completion of applicable sections of the QA Evaluation Form (Attachment A – tab 1) that are labeled as **FR**;
- F. The field and documentation/file review must be conducted per the instruction in the Evaluation Form (Attachment C).

APPENDIX H – WCHD Quality Assurance Program

- G. The EHS Supervisor of the respective field staff shall accompany and observe at least one inspection and review the corresponding establishment file annually. Remaining inspections/file reviews will be conducted by a Senior Environmental Health Specialist.
- H. The establishments chosen for the evaluation must be risk category 3 establishments and have had at least one critical violation on the previous routine inspection. The EHS Supervisor and the Senior Environmental Health Specialist will randomly select the establishments to be evaluated from the EHS field staff's list of routine inspections due for inspection in the given quarter.
- I. Conducting monthly audits of completed inspections. An audit shall be made independently by the Senior Environmental Health Specialist following the EHS field staff's completion of a routine inspection. A minimum of 10% of all completed inspections per inspector will be audited on a monthly basis. An audit includes completion of the Inspection Report Review Form (Attachment B);
- J. An operator experience, post inspection survey (Attachment D) will be emailed to operators after each inspection to evaluate EHS field staff's effectiveness on educating operators about the public health risks associated with the food operation and will analyze overall communication skills with operators.
- K. Tracking inspection frequency with regard to prescribed inspection dates (i.e., due lists) and timeliness of submission of reports.
- L. Using Accela Automation and Environmental Health Division calendars (e.g., MS Outlook), periodically reviews EHS daily work for consistency and quality;
- M. Calculate the results of the field review/file review process on an 18 month cycle using the QA Evaluation Form (Attachment A – Program Summary tab);
- N. Reviewing the Quality Assurance Program evaluation documents with EHSs, providing feedback and corrective actions as necessary; and
- O. Providing feedback on trends and opportunities in the food safety regulatory program and recommending improvements to the EHS Management Team.

CORRECTIVE ACTION FOR DEFICIENCIES

Additional training, mentoring and/or coaching will be provided as applicable when areas for improvement in quality and/or knowledge, skills and abilities in any program aspect are identified. Deficiencies will be defined by the following criteria:

If 33% or more of the staff is identified as being deficient in any common area, then it will be considered as a **programmatic deficiency** and addressed as a team issue. Subsequent training will be developed/coordinated and provided to all staff by the Food Safety Program Senior (with input from EHS Supervisors).

If less than 33% of the staff is identified as being deficient in any common area, then it will be considered as an **individual deficiency** and addressed with an individual coaching or mentoring to be provided by the EHS Supervisor, and/or Food Safety Program Senior.

APPENDIX H – WCHD Quality Assurance Program

It will not be the intent of the EHS Management Team to use the QA Process/Policy as a primary individual performance evaluation tool, but rather as an instrument to identify and address programmatic issues with the intent of improving the overall level of service provided. However, if deficiencies are identified at the individual level and after being addressed appropriately, performance does not improve, the situation may be categorized as an individual performance issue and the QA data will be used as supporting documentation in that process.

ATTACHMENTS

- Attachment A – Excel QA Program Worksheet – Evaluation Form tab and Program Summary tab
- Attachment B – Inspection Report Review Form
- Attachment C – Evaluation Form Guidance Document
- Attachment D – Post Inspection Survey: <https://www.surveymonkey.com/r/Q3FCLM7>

PROGRAM TOOLS

- A. Communication Skills FDA Standardization Chapter 4
- B. FDA Annex 5 Section 4 (Risk Based Inspection Methodology) and Section 5 (Achieving On-site and Long-term Corrective Actions).

REFERENCES

- A. FDA Voluntary National Retail Food Regulatory Program Standards
- B. Regulations of the Washoe County District Board of Health Governing Food Establishments
- C. Washoe County Health District Food Establishment Field Inspection Guide

APPENDIX H – WCHD Quality Assurance Program

Attachment A				
Example QA Calculations - does not reflect actual evaluation totals				
Overall Inspector Compliance Percentage		Compliance Percentage by Goal Number		
Inspector	Percentage Compliance - Total	Goal Number	IN	OUT NA Standard 4 Percentage Compliant
Employee #1	93.39623	1	54	3 94.73684
Employee #2	85.84906	2	35	22 61.40351
Employee #3	93.39623	3	38	19 66.66667
Employee #4	93.39623	4	54	3 94.73684
Employee #5	93.39623	5	54	3 94.73684
Employee #6	93.39623	6	54	3 94.73684
Employee #7	93.39623	7a	38	19 66.66667
Employee #8	83.96226	7b	38	19 66.66667
Employee #9	93.39623	7c	14	43 24.5614
Employee #10	93.39623	7d	56	1 98.24561
Employee #11	93.39623	7e	56	1 98.24561
Employee #12	93.39623	7f	56	1 98.24561
Employee #13	93.39623	7g	56	1 98.24561
Employee #14	92.45283	7h	38	0 19 100
Employee #15	89.62264	7i	38	0 19 100
Employee #16	91.50943	7j	19	1 37 95
Employee #17	91.50943	7k	18	19 20 48.64865
Employee #18	93.39623	7l	57	0 0 100
Employee #19	89.52381	7m	57	0 0 100
		7n	57	0 0 100
Average Percentage Compliance	91.8518	7o	57	0 0 100
		7p	57	0 0 100
		8	56	1 0 98.24561
		9	56	0 1 100
		10	57	0 100
		11	57	0 100
		12	56	1 98.24561
		13	57	0 100
		14	57	0 100
		15	57	0 100
		16	57	0 0 100
		17	57	0 0 100
		18	56	1 0 98.24561
		19	54	3 0 94.73684
		20	57	0 100
		21	57	0 100
		22	57	0 100

**APPENDIX H – WCHD Quality Assurance
Program Attachment A Evaluation Form**



EHS Name:

Assessor Name:

Date:

Establishment Name:

Type:

Time In/Out:

Establishment Address:

Inspection Type:

Key: F= done by field evaluation; FR= done by file review

Pre-Inspection		
Goal #1: (F) Has required equipment and forms to conduct inspection	IN / OUT	Comments:
Goal #2: (FR) Reviews the contents of the establishment file, including previous inspection report, reported complaints on file, and, if applicable, required HACCP Plans or documents supporting the issuance of a waiver or variance	IN / OUT	Comments:
Inspection Observations and Performance		
Goal #3: (F) Verifies that the establishment is in the proper risk category and that the required inspection frequency is being met. Informs the supervisor when the establishment is not in the proper risk category or when the required frequency is not met	IN / OUT	Comments:
Goal #4: (F) Provides identification as a regulatory official to the person in charge and states the purpose of the visit	IN / OUT	Comments:
Goal #5: (F) Interprets and applies laws, regulations, policies and procedures correctly	IN / OUT	Comments:

Goal #6: (F) Uses a risk-based inspection methodology to conduct the inspection	IN / OUT	Comments:
Goal #7: (F) Accurately determines the compliance status of each risk factor and Food Code intervention (i.e., IN compliance, OUT of compliance, Not Observed, or Not Applicable) as detailed in the field inspection guide		
a) Verified demonstration of knowledge of the person in charge	IN / OUT	Comments:
b) Verified approved food sources	IN / OUT	Comments:
c) Verified food safety practices for preventing cross contamination of ready to eat food	IN / OUT	Comments:
d) Verified food contact surfaces are clean and sanitized, protected from contamination	IN / OUT	Comments:
e) Verified the restriction or exclusion of ill employees, employee health policy	IN / OUT	Comments:
f) Verified no bare hand contact with ready to eat foods (or use of preapproved procedure)	IN / OUT	Comments:
g) Verified employee handwashing	IN / OUT	Comments:
h) Verified date marking of ready to eat TCS foods held for more than 24 hours.	IN / OUT / NA	Comments:
i) Verified hot holding temperatures of TCS food or when necessary, that procedures were in place to use time alone to prevent the outgrowth of spore-forming bacteria	IN / OUT / NA	Comments:
j) Verified cold holding temperatures of TCS food or when necessary, that procedures were in place to use time alone to prevent the outgrowth of spore-forming bacteria	IN / OUT / NA	Comments:
k) When necessary, verified that procedures are in place to use time alone to control bacterial growth and toxin production	IN / OUT / NA	Comments:

l) Verified cooking temperatures to destroy bacteria and parasites	IN / OUT / NA	Comments:
m) Verified cooling temperatures of TCS food to prevent the outgrowth of spore-forming or toxin-forming bacteria	IN / OUT / NA	Comments:
n) Verified reheating temperatures of TCS food for hot holding	IN / OUT / NA	Comments:
o) Verified the availability of a consumer advisory for foods of animal origin served raw or undercooked	IN / OUT / NA	Comments:
p) Identified food processes and/or procedures that require a HACCP Plan per the WCHD's regulations	IN / OUT / NA	Comments:
Goal #8: (F) Obtains on-site corrective action for out-of-compliance risk factors and Food Code interventions as appropriate to the type of violation	IN / OUT / NA	Comments:

Goal #9: (F) Discusses options for the long-term control of risk factors with establishment managers, when the same out-of-control risk factor occurs on consecutive inspections. Options may include, but are not limited to, risk control plans, standard operating procedures, equipment and/or facility modification, menu modification, buyer specifications, remedial training, or HACCP Plans	IN / OUT / NA	Comments:
Goal #10: (F & FR) Verifies correction of out-of-compliance observations identified during the previous inspection. In addition, follows through with compliance and enforcement	IN / OUT	Comments:

Oral Communication

Goal #11: (F) Conducts an exit interview that explains the out-of-compliance observations, corrective actions, and timeframes for correction	IN / OUT	Comments:
---	----------	-----------

Goal #12: (F) Provides the inspection report and, when necessary, cross-referenced documents, to the person in charge or permit holder	IN / OUT	Comments:
Goal #13: (F) Demonstrates proper sanitary practices as expected from a food service employee	IN / OUT	Comments:

Written Communication

Goal #14: (F) Completes the inspection form including documentation of observations, public health reasons, applicable code reference, and compliance dates	IN / OUT	Comments:
Goal #15: (F) Documents the compliance status of each risk factor and intervention (IN, OUT, NA, NO)	IN / OUT	Comments:
Goal #16: (F) Cites the proper code provisions for risk factors and Food Code interventions	IN / OUT / NA	Comments:
Goal #17: (F) Documents corrective action for out-of-compliance risk factors and Food Code interventions	IN / OUT / NA	Comments:
Goal #18: (F & FR) Documents that options for the long-term control of risk factors were discussed with establishment managers when the same out-of-control risk factor occurs on consecutive inspections. Options may include, but are not limited to, risk control plans, standard operating procedures, equipment and/or facility modification, menu modification, buyer specifications, remedial training, or HACCP Plans	IN / OUT / NA	Comments:
Goal #19: (F) Compliance or regulatory documents (i.e. exhibits, attachments, sample forms) are accurately completed, appropriately cross-referenced within the inspection report, and included with the inspection report	IN / OUT / NA	Comments:

Professionalism		
Goal #20: (F) Updates records, files and other documentation in a timely manner	IN / OUT	Comments:
Goal #21: (F) Demonstrates effective communication skills when conducting inspections	IN / OUT	Comments:
Goal #22: (F) Exercises an efficient use of time and program resources	IN / OUT	Comments:

APPENDIX H – WCHD Quality Assurance Program

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

ATTACHMENT B

Food Establishment Inspection Report Review

Establishment Name:				
Establishment Permit #:				
Risk Category:				
Date Inspected:				
Inspection Completed By:				
Inspection Report Review By:				
Establishment Rating Status:				
Previous Rating Status:				
Items Evaluated	Y	N	N/A	Comments
Was all of the Demographic Information filled out?				
Was the Time In and Time Out recorded?				
Was the correct Inspection Type selected?				
Was CFPM information recorded for PIC if marked "In Compliance"?				
Was the Compliance Status filled out for all 51 items?				
Was the correct compliance status (IN/OUT/NA/NO) filled out for each line item?				
Were the temperature observations recorded correctly with location and temperature?				
Were the violations marked correctly as either Critical or Non-critical per the field guide?				
Were all Critical Violations corrected/mitigated onsite?				
Was the appropriate compliance date provided based on the type of violations?				
Were the correct compliance citations cited for each violation and the comments documented under the "Observations and Corrective Actions" section?				
Were applicable reinspections completed within the required time frame(s)?				
Corrections Needed/Actions Taken				



APPENDIX H – WCHD Quality Assurance Program

WASHOE COUNTY
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ATTACHMENT C

EVALUATION FORM GUIDANCE DOCUMENT

The purpose of this guidance document is to provide a reference and framework for the assessor who is marking for the Evaluation Form for the Food Safety Quality Assurance Program. Guidance for each section of the form is given below.

This form will be completed by accessing a combination of field evaluation and file review.

Goal #1: Did the inspector bring the required forms and equipment needed to conduct inspection? **Different types of inspections require different forms and equipment to be used (ie: pH meter for sushi rice acidification, HACCP validation form for a facility with an approved HACPP plan). The assessor will verify that the appropriate forms and equipment were used during the inspection.**

Goal #2: Did the inspector review the contents of the establishment file, including previous inspection report, reported complaints on file, and, if applicable, required HACCP Plans or documents supporting the issuance of a waiver or variance. **Assessor must conduct a file review for the establishment and interviews EHS to determine if they have conducted a file review.**

Goal #3: Verifies that the establishment is in the proper risk category and that the required inspection frequency is being met. Informs the supervisor when the establishment is not in the proper risk category or when the required frequency is not met. **Assessor interviews EHS on their understanding of the risk categories as defined in the regulations and inspection frequency, when applicable. EHS verifies correct risk category during inspection and makes corrections as needed to establishment file.**

Goal #4: Did the inspector properly identify themselves as a regulatory official to the person in charge and state the purpose of the visit? **EHS should identify themselves verbally as Health District employees upon arrival, show their Washoe County ID badge or business card, and state the purpose of their visit.**

Goal #5: Inspector is able to demonstrate that they are able to interpret and apply laws, regulations, policies and procedures correctly. **EHS correctly applies the regulations and internal policies of the WCHD and reference proper code sections (including permit suspension, hold orders, progressive enforcement, waivers, etc). There may also be other regulations or policies that an EHS must be aware of when conducting a food safety inspection. Examples would be the Clean Air Act as it applies to non-smoking in restaurants, or grease interceptors being regulated by a different agency, but still apply to food facilities. These examples typically are not part of the food regulations, but may impact the facility inspection. If there is reference to these ordinances, policies or regulations the assessor would be looking to see if the reference was proper.**

APPENDIX H – WCHD Quality Assurance Program

Goal #6: Inspector uses a risk-based inspection methodology to conduct the inspection. **EHS's should spend the majority of their time observing the behaviors, practices, and procedures that are likely to lead to out-of-control foodborne illness risk factors and asking management and food employees questions to supplement actual observations. See FDA Food Code, Annex 5, Section 4**

Goal #7: Inspector accurately determines the compliance status of each risk factor and Food Code intervention (i.e., IN compliance, OUT of compliance, Not Observed, or Not Applicable) as detailed in the field inspection guide. **For goal 7, assessor marks each item, 7a – 7p, individually on the Evaluation Form. EHS observes and asks questions to see if items 7a – 7p are applicable to the establishment and then correctly determines the status of each item. EHS references field guide to correctly determine status.**

Goal #8: Obtains on-site corrective action for out-of-compliance risk factors and Food Code interventions as appropriate to the type of violation. **EHS discusses violation with PIC and obtains immediate corrective action. For example, food held at improper temperatures being discarded, requiring hand washing when cross contamination is observed, restocking a hand sink.**

Goal #9: Discusses options for the long-term control of risk factors with establishment managers, when the same out-of-control risk factor occurs on consecutive inspections. Options may include, but are not limited to, risk control plans, standard operating procedures, equipment and/or facility modification, menu modification, buyer specifications, remedial training, or HACCP Plans. **EHS follows internal policies for progressive enforcement.**

Goal#10: Verifies correction of out-of-compliance observations identified during the previous inspection. In addition, follows through with compliance and enforcement. **EHS determines previous violations or compliance requirements via a file review and ensures continued compliance at time of inspection.**

Goal #11: Did the inspector conduct an exit interview that explains the out-of-compliance observations, corrective actions, and timeframes for correction? **The EHS should review the inspection report upon completion, including a review of violations cited as well as possible corrective action with a time frame for corrections. This information should be clear and well-communicated to the PIC. EHS explains the inspection report, including the overall facility rating system, terminology (difference between critical and non-critical, NO, NA). EHS explains that field guide is available online.**

Goal #12: Provides the inspection report and, when necessary, cross-referenced documents, to the person in charge or permit holder. **EHS provides report, logs, SOPs, stickers, or other documentation referenced in the inspection report.**

APPENDIX H – WCHD Quality Assurance Program

Goal #13: Inspector demonstrates proper sanitary practices as expected from a food service employee. **EHS staff must lead by example. Wash hands, don't conduct inspections while sick, do not touch RTE foods with bare hand, regularly wash/sanitize thermocouple during inspection, have good personal hygiene, make sure hair is tied up, be careful not to contaminate clean and sanitized food contact surfaces with unclean hands and/or equipment.**

Goal #14: Completes the inspection form including documentation of observations, public health reasons, applicable code reference, and compliance dates. **EHS documents observations in detail in the appropriate section of the inspection form, citing the public health concern, corrective action required, and compliance date. EHS also notes if violation is repeat and/or corrected on site.**

Goal #15: Documents the compliance status of each risk factor and intervention (IN, OUT, NA, NO). **EHS marks each violation in the correct section of the form, correctly marks violations as critical or non-critical, and marks each section with IN/OUT/NA/NO per the field guide.**

Goal #16: Cites the proper code provisions for risk factors and Food Code interventions. **Throughout inspection, EHS correctly articulates correct code requirements and assesses compliance of risk factors. For example, the EHS could state that a cooked and cooled chicken breast heated for immediate service does not have a required reheat temperature; EHS correctly articulates 2 step cooling parameters; EHS articulates 48 hour from last bout exclusion for food handlers with vomiting or diarrhea.**

Goal #17: If applicable, did the EHS properly document corrective action for out-of-compliance risk factors and Food Code interventions? **Inspection report reflects the measures taken by EHS and the PIC to ensure out-of-compliance risk factors were corrected onsite. For example, EHS documents food discarded, food reheated, or cooling intervention methods used.**

Goal #18: Documents that options for the long-term control of risk factors were discussed with establishment managers when the same out-of-control risk factor occurs on consecutive inspections. Options may include, but are not limited to, risk control plans, standard operating procedures, equipment and/or facility modification, menu modification, buyer specifications, remedial training, or HACCP Plans. **Documentation reflects that the EHS has reviewed previous inspection reports and notes repeat violations when observed. EHS should discuss an intervention strategy for consecutive out-of-control foodborne illness risk factors noted during inspection. EHS documents discussion with PIC regarding risk factors and Food Code interventions as needed for long term success to avoid repeat violations. EHS may require SOPs or risk control plan.**

APPENDIX H – WCHD Quality Assurance Program

Goal #19: Compliance or regulatory documents (i.e. exhibits, attachments, sample forms) are accurately completed, appropriately cross-referenced within the inspection report, and included with the inspection report. **EHS provides reference documents, such as service animal poster, cooling logs, consumer advisory signs, hand wash signs, training logs, SOP's. EHS provides Washoe Eats inspection placard.**

Goal #20: Did the inspector update records, files and other documentation in a timely manner? **EHS updates electronic files as required. The files are up to date with documentation required during inspection, such as logs or SOPs. If applicable, documentation related to Operational Plans, HACCP plans and/or waivers are current. Assessor must check Accela to determine when inspection report and supplemental documentation was uploaded.**

Goal #21: Inspector demonstrated effective communication skills when conducting inspections. **The EHS should communicate effectively with the person in charge. They should use an appropriate professional demeanor as well as both verbal and non-verbal communication techniques as needed.**

Goal #22: Inspector exercises an efficient use of time and program resources. **EHS is prepared for inspection. EHS spends majority of inspection time focusing on risk factors and interventions. Reinspections are conducted in accordance with internal policies, i.e. a facility given a conditional pass is reinspected within 72 hours.**


APPENDIX H – WCHD Quality Assurance Program

Food Safety Program Quality Assurance Program - Assessment Schedule																			
Assessor	18 Month Evaluation Schedule																		
	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	
Jim English	Mark D.	Kim F.	Brenda W.	Briana J.	Byron C.	Matt C.											Dianna K.	Kristen D.	Josh P.
Mike Touhey	Mike L.	Tyler H.			Ellen M.		Scott S.				Brenda W.	Kat O.					Briana J.	Teresa L.	
Dave Kelly								Erick L.		Kim F.	Krista H.	Briana J.	Ellen M.	Will M.				Will M.	Krista H.
Amber English	Dianna K.	Kristen D.	Teresa L.	Scott S.	Krista H.	Will M.	Mike L.	Dianna K.		Kristen D.	Byron C.	Erick L.		Mark D.		Kat O.	Matt C.	Brenda W.	
Chantelle Batton								Jodi P.	Dianna K.	Tyler H.	Teresa L.	Mike L.						Kim F.	Byron C.
Wes Rubio								Mark D.		Teresa L.		Jodi P.	Matt C.	Scott S.			Ellen M.	Tyler H.	Erick L.

Kat O. - Initial Standardization in November 2021
 Erick L. - Initial Standardization in July 2021
 Jodi P. - Initial Standardization in July 2021
 *Dave, Chantelle, Wes and Jim to receive standardization/restandardization to the Training Standard Level (8 inspections) by Mario in June 2021



APPENDIX I – WCHD Post Inspection Survey



**WASHOE COUNTY
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Environmental Health Services

Food Safety | Child Care Facilities | Hotel & Motels | Land Development | Public Pools | Vector Borne Disease Prevention | Waste Management

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Post Inspection Survey

Below is a survey from the Washoe County Health District, Environmental Health Services. We ask that you complete this survey in order to assist us in determining how we can better serve you and improve the quality of your experience with the Washoe County Health District.

- This survey should only take a few minutes of your time.
- Please answer all questions honestly.
- All responses are anonymous and will only be used to improve our services.
- Responses will not affect the inspection results or permit status of your facility.

If you have any questions, please contact Environmental Health Services at 775-328-2434. We thank you for your input.

APPENDIX I – WCHD Post Inspection Survey

1. What is your role(s) in your facility?

Owner

Manager/assistant manager

Chef

Certified Food Protection Manager (CFPM)

Other (please specify)

2. How did the health inspector introduce themselves? Mark all that apply:

Verbal introduction

Presented identification badge

Presented business card

Stated purpose of inspection

Already known from previous inspection

Inspector did not introduce or reintroduce themselves

I was not present

APPENDIX I – WCHD Post Inspection Survey

3. For each statement, please mark the box that best rates your agreement with each statement regarding your health inspector.

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
It was easy to communicate with your inspector.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The inspector gave me an opportunity to ask questions regarding my inspection and report.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The inspector encouraged corrective action during my inspection for any violations that were observed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was provided instructions or options on how to correct violations during the inspection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The inspector treated employees professionally and with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Did the inspector provide any resources (educational material, training handouts, logs, example procedures) during your inspection?

Yes
 No
 Other (please specify)

5. Was your inspection report clearly written?

Yes
 No
 Other (please specify)

APPENDIX I – WCHD Post Inspection Survey

6. Did the inspector explain your inspection report to you, including corrective actions and time frames?

- Yes
 No
 Other (please specify)

7. Did the inspection focus on the risk factors that cause food borne illness (temperature control, date marking, cross contamination, employee hygiene and hand washing)?

- Yes
 No
 Other (please specify)

8. Did your inspector explain how your violations could cause food borne illness?

- Yes
 No
 Other (please specify)

9. Please rate your overall satisfaction with the service you received from the Washoe County Health District, Environmental Health Services.

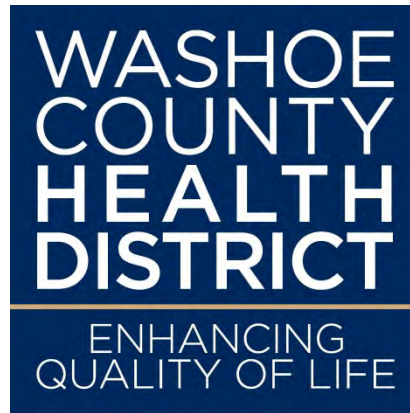
- Very good
 Good
 Fair
 Poor
 Other (please specify)

10. Please provide any other feedback, suggestions, or input not included in the survey.



Outbreak Response Standard Operating Procedures

Version 5.5
August 2018



Vision

We are leaders in a unified community committed to optimal human and environmental health.

Mission

The Washoe County Health District protects and enhances the physical well-being and quality of life for all citizens of Washoe County through providing health promotion, disease prevention, public health emergency preparedness, and environmental services.

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SECTION
ONEPURPOSE OF THE OUTBREAK
RESPONSE SOP

The purpose of the Outbreak Response (OR) Standard Operating Procedure (SOP) is to formalize staff assignments, roles, responsibilities, agreements and procedures the Outbreak Response Team (ORT) will follow when responding to a public health event or threat.

The ORT is a multidisciplinary, interdivisional team whose purpose is to provide a prompt, coordinated, effective response to a disease outbreak or other public health event (hereinafter called an "outbreak") that threatens the public's health. In addition to the more routine foodborne, person-to-person, environment-to-person, and vaccine preventable disease outbreaks, other "outbreaks" may be caused by naturally acquired infections or intentional releases of:

- Anthrax
- Botulism
- Plague
- Smallpox
- Tularemia
- Nerve Agents
- Blood Agents
- Blister Agents
- Radiation
- Novel Influenza

The OR SOP establishes policies and procedures consistent with the National Incident Management System (NIMS) to:

- Determine the level of response needed.
- Acquire the resources needed for the level of response required.
- Define the roles and the extent of responsibilities of the ORT members and associated members.
- Ensure Washoe County Health District (WCHD) staff and all involved parties receive timely and accurate information.
- Inform and educate the community via appropriate media and educational outlets (e.g., the Epi News, Physician Alerts, industry alerts, Health Alert Network (HAN), WCHD website, news media, social media, phone hotlines, etc.)
- Consult with the Nevada State Public Health Laboratory (NSPHL), State Epidemiologist and other relevant parties.
- Provide staff and facilities outside normal working hours if needed.

SECTION
TWO**SCOPE OF THE OUTBREAK RESPONSE
SOP**

This SOP covers all outbreaks that require the WCHD to respond with a coordinated effort to assess, interdict and minimize adverse public health effects. When the required response exceeds the scope of this SOP, the Department Emergency Management Plan, Mass Illness Plan, All Hazards Plan or any other emergency response plan approved by WCHD may be activated.

SECTION
THREE**OBJECTIVES OF THE OUTBREAK
RESPONSE TEAM (ORT)**

The objectives of the ORT include, but are not limited to, the following:

1. Detect and recognize a public health threat due to person-to-person disease transmission or a foodborne, airborne, waterborne, vector borne disease or other environmental source of illness in the community;
2. Identify the causative agent or environmental hazard;
3. Formulate a case definition;
4. Identify cases and contacts and determine the scope of the problem;
5. Identify a possible source;
6. Control the exposure to prevent additional cases;
7. Maintain satisfactory communication with appropriate internal staff, external agencies and the general public;
8. Manage resources efficiently and effectively;
9. Provide training for new staff members;
10. Enhance the disease surveillance systems;
11. Summarize findings and produce a final report and communicate findings with appropriate parties.

SECTION
FOUR

GUIDING PRINCIPLES

1. Any ORT member with approval from his/her respective supervisor Division Director (DD), or the District Health Officer (DHO) may convene a meeting of the ORT to manage an outbreak.
2. The ORT reports directly to the DHO or the Division of Epidemiology & Public Health Preparedness (EPHP) Director during an outbreak. All DDs and other management staff will allow their staff to operate under the direction of the ORT during an outbreak. When an outbreak occurs, it is not the sole responsibility for one specific program or division; it is the agency's collective responsibility to control an outbreak.
3. The Outbreak Response Coordinator /Incident Commander (subsequently referred to as the OR Coordinator) is usually a staff member of EPHP or the Division of Environmental Health Services (EHS) selected by the ORT core membership.
4. The overall responsibilities of the OR Coordinator are to activate the OR SOP, assure that all essential positions in the OR Incident Command System (ICS) Chart (Appendix 1) are filled (as needed), open the outbreak in WebEOC (as needed), direct and evaluate the work of other ORT members, coordinate the response, declare the investigation to be concluded, declare the outbreak over, and prepare a final outbreak report if indicated.
5. The ORT utilizes ICS planning processes to decide on a course of action, or several options for action, and consults directly with the DHO or the EPHP Director through the OR Coordinator.
6. The Liaison Officer will ensure the DHO, DDs and general health district staff as well as any external response partners are kept appropriately updated on the outbreak and the ORT's activities and findings.
7. The Communications Program Manager (CPM), also referred to as the Public Information Officer (PIO), will have overall responsibility for managing outbreak-related communication processes and ensuring effective communication with internal and external audiences. Any WCHD staff member who is contacted about the outbreak by the news media will, without commenting, refer the call to the CPM (PIO).
8. The CPM (PIO) may assume Liaison functions if requested by the OR Coordinator.
9. If an outbreak cannot be managed within the scope of the OR SOP, the ORT may recommend that the Health District Crisis Action Team (HDCAT) be convened pursuant to the Department Emergency Management Plan and that consideration be given to activation of the Mass Illness Plan, All Hazards Plan or any other emergency response plan approved by WCHD. This may be the case when:
 - The outbreak poses an immediate and/or significant health hazard to the local population;
 - There are a large number of cases;

APPENDIX J - WCHD Outbreak Response Plan

- Unexpected cases appear in more than one jurisdiction;
 - The disease is unusual and one case signifies a public health emergency; and/or,
 - When significant participation and/or resources of other community public health partners, organizations, or governmental jurisdictions are needed for an effective response.
10. Individual members of the ORT are responsible for managing defined aspects of the response and keeping their supervisors apprised of their activities.

SECTION
FIVE

THE OUTBREAK RESPONSE TEAM

1. The standing core membership of the ORT includes:
 - Director, Division of Epidemiology & Public Health Preparedness (EPHP)
 - Environmental Health Specialist Supervisor(s) of the Food Safety Program
 - Epidemiology Program Manager
 - Senior Environmental Health Specialist with Foodborne Disease (FBD) Investigation team in the Food Safety Program
 - Environmental Health Specialists with FBI team in the Food Safety Program
 - Epidemiologists
 - Communications Program Manager (CPM), also known as Public Information Officer (PIO)
 - Statistician
 - Public Health Investigators
 - EPHP Office Support Specialist (OSS)

2. Other individuals who may be asked by the OR Coordinator to assist include:
 - DHO or Health District Medical Consultant
 - Other Division Director(s)
 - Other Environmental Health Specialist Supervisor(s)
 - Other Senior Environmental Health Specialist(s)
 - Other Environmental Health Specialists
 - Public Health Nursing Supervisor
 - Public Health Nurses
 - Public Health Lab Representative
 - Department Systems Specialist (DSS)
 - Public Health Preparedness Manager
 - Medical Reserve Corps Coordinator
 - Public Health Emergency Response Coordinator (PHERC) for Mass Illness Response
 - Public Health Emergency Response Coordinator (PHERC) for Hospital Preparedness
 - Engineer for Water Quality
 - Vector Borne Disease Program Coordinator and Staff
 - Emergency Medical Service Coordinator
 - Air Quality Supervisor
 - EPHP Administrative Secretary
 - Other Health Educators
 - Washoe County Community Relations Director
 - Finance/Administrative staff

- Environmental Health Service clerical staff
3. Routine ORT Meeting
- The ORT standing members will review and update this SOP and address any other issues of concern for the ORT members via email communication and/or team meetings.
 - At each routine meeting, the ORT will set a date and time and appoint a facilitator for the next meeting.
 - With the assistance of the EPHP OSS, the facilitator will:
 - Prepare an agenda
 - Reserve a meeting room
 - Notify members of the meeting date, time and place
 - Provide hard copies or electronic copy of the agenda to members
 - Facilitate discussion, including identification and assignment of next steps, during the meeting

SECTION
SIX**ACTIVATION OF THE OUTBREAK
RESPONSE TEAM & SOP**

1. An outbreak can be defined as
 - Two or more associated cases.
 - A greater than expected rate of infection, compared with the usual background rate for the place and time where the outbreak has occurred.
 - A single case of certain extremely rare diseases such as diphtheria, rabies, viral hemorrhagic fever or foodborne botulism.
 - In some circumstances, a suspected, anticipated or actual incident involving microbial, chemical or radiological exposure may lead to activation of the SOP.

2. Cases or suspected cases may come to the attention of the ORT through many avenues, including:
 - Physicians
 - Local and State laboratories
 - Foodborne illness complaints
 - Infection control practitioners
 - Pharmacists
 - Community institutions such as nursing homes, residential homes, schools and daycare facilities.
 - Media
 - General public
 - First responders
 - Emergency Medical Services providers
 - WCHD staff
 - Nevada State Health Division
 - CDC or other agencies & jurisdictions
 - Syndromic surveillance
 - Other established mechanisms for disease surveillance

3. Any EPHP or EHS staff member who hears of or suspects an outbreak is required to investigate.
 - At the first suspicion of an outbreak, the EHS or EPHP staff member will inform his/her supervisor and inform ORT via e-mail or meeting as appropriate.

4. Any ORT member, DD, or the DHO may convene a meeting of the ORT to manage an outbreak after ORT members obtain approval from their respective division directors.

APPENDIX J - WCHD Outbreak Response Plan

- The EPHP and/or EHS staff will make the necessary preliminary investigations and consultations to gather sufficient information so the ORT can determine:
 - Whether or not there is an outbreak
 - The extent of any such outbreak
 - The level of response needed
- 5. The person who convenes the meeting is responsible for securing a meeting place and notifying all members of the date, time and place of the meeting, and opens a WebEOC incident if needed. The ORT OSS will assist in scheduling the ORT.
- 6. Assembling the ORT core members (see section 5.0). It is important to note the email distribution lists Health-ORT@washoecounty.us or Health-ORT-Childcares@washoecounty.us (for outbreaks in childcare facilities). Health-ORT may contain non-core members who need to be informed about a situation but are not actively involved in the outbreak investigation. Standing core ORT members are required to attend routine ORT meetings or special ORT meetings in the presence of an outbreak. Other non-core ORT members will attend the meetings when invited.
- 7. Reviewing all information currently available about the event.
- 8. When the outbreak crosses local authority boundaries, the lead agency will be determined by mutual agreement of the affected jurisdictions. For state-permitted or state-licensed facility, the EPHP staff will also notify the Office of Public Health Informatics and Epidemiology (OPHIE) at the Nevada Division of Public and Behavioral Health (NDPBH).
- 9. The investigation should include an epidemiological, environmental and laboratory investigation when indicated. Cases should be investigated with respect to person, place, time and risk factors -- known or suspected -- given the specific agent or situation. The investigation should be conducted for the purposes stated in Section III Objectives.
- 10. The OR Coordinator should be the team member best qualified to assume the position and determines the operational period and schedule for subsequent meetings and briefings.
- 11. ORT members volunteer or are assigned by the OR Coordinator to fill the positions in the OR ICS Chart (see Appendix 1) that are essential to the type and scope of response needed. Depending on the outbreak, it may not be necessary to fill some positions or one person may perform the duties of more than one position. The ORT member is responsible for the duties of his/her assigned position. See Appendix 2 for job action sheets. The complete position assignments in ICS mode should be

APPENDIX J - WCHD Outbreak Response Plan

posted on WebEOC. At all subsequent meetings, the ORT will systematically review new data and re-evaluate the response. The need to obtain further assistance (from any source) should be formally considered at each meeting.

12. The OR Coordinator will:
 - Create an incident in WebEOC, as necessary
 - Monitor the progress of all aspects of the investigation and update ORT members about the progress at an appropriate frequency
 - Ensure ORT members are fulfilling their assigned roles according to the job action sheets for each role
 - Appoint a replacement if a member is unable to fulfill the duties of a position
 - Lead the ORT to:
 - Refine the case definition
 - Generate hypotheses for the cause of the outbreak
 - Design epidemiological studies, as necessary
 - Ensure case finding, environmental assessment and laboratory testing are proceeding smoothly
 - Work with the Data Unit Leader when needed to analyze data and interpret results with the ORT
 - Develop and implement control strategies with the ORT
 - Work with the CPM (PIO)/Liaison Officer and the Education Group to develop key messages
 - Communicate the ORT's recommendations to the DHO or the EPHP Director
 - Communicate the DHO's or the EPHP Director's input to the ORT

13. The WCHD's [Emergency Operations Procedure \(EOP\)](#) should be activated when an outbreak poses a significant public health impact and causes significant reallocation or internal resources and requires some limited coordination between multiple agencies,

SECTION
SEVEN

CONTROL AND CONTAINMENT

1. The ORT will:
 - Determine if there is an ongoing public health threat.
 - Develop and document strategies for swift and effective control and containment of the outbreak.
 - Assess and ensure compliance with control strategies.
 - Coordinate actions with state agencies when state-licensed or state-permitted facilities are involved.

2. At a minimum, the following strategies will be considered if applicable:
 - Environmental controls or intervention measures;
 - Enforcement;
 - Closure of permitted facilities
 - Exclusion from sensitive occupations
 - Restriction of work duties
 - Restricted or limited operation
 - Public education, patient counseling, contact tracing;
 - Isolation and/or quarantine;
 - Physician alert, if necessary;
 - Prophylaxis;
 - Immunization;
 - Hygiene;
 - Risk communication

3. All persons/facilities subject to recommendations of the ORT or an order from the DHO or his designated agents will be given a written copy of the recommendations or order.

4. Cases (including non-reportable diseases, i.e., norovirus, chickenpox, hand, foot, and mouth disease, ETEC, etc.) and their contacts will receive applicable information about:
 - Medical screening and follow-up;
 - Medical care;
 - Preventive measures, e.g., personal hygiene;
 - Criteria for exclusion and return to work or school;
 - Antibiotic prophylaxis; and,
 - Immunization.

SECTION
EIGHT

COMMUNICATIONS

1. General Guidelines

Protecting the public's health is the primary goal of communication relative to an outbreak and should guide any related proactive or reactive communication efforts.

- The CPM (PIO) and the Liaison will have overall responsibility for managing outbreak-related communication processes and ensuring an effective communication plan or plans for both internal and external partners and audiences. Therefore, all internal and external communications will be coordinated through them.
- The CPM (PIO) and Liaison may request assistance directly from other WCHD staff and/or the Washoe County Community Relations Director.
- The CPM (PIO) and Liaison will determine the need for revision and implementation of changes to the plan as circumstances evolve.

2. Communication Plan Development

The CPM (PIO) and Liaison, in consultation with the ORT, will determine the extent to which an outbreak-specific communication plan needs to be developed. Factors influencing the extent to which a communication plan needs to be developed can include:

- Type of outbreak and need for containment (i.e., routine vs. non-routine)
- Degree of complexity of the event
- Background information about the outbreak, including a chronological description of key events
- Degree of public concern and/or confusion likely to be generated by news of the outbreak (including those relative to proactive and reactive public communication about the event such as press releases, media inquiries, interviews, etc.)
- Need for coordination of communication among impacted agencies/organizations
- A list of key internal and external audiences for communication for all potentially impacted businesses, facilities, agencies, organizations and partners (to include key points of contact for communication and related contact information)
- Types, sizes, and locations of audiences
- Projected timeframe for the event
- Situation analysis to define the known details of the situation and their potential implications, as well as those likely to happen
- Goals and objectives of event-related communication

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- Overarching/key messages and talking points
- Frequently asked questions (FAQs), including the nature of the threat, degree of risk, methods for reducing risk, symptoms, treatment options, prevention mechanisms, and potential “tough” questions
- Potential spokespersons and their contact information
- Communication tactics, including the assignments of responsibility and target date/time for completion of each and development and maintenance of logs relative to handling public inquiries

3. Release of Outbreak Information

All outbreak-related media encounters must be in compliance with the WCHD’s “Media Contact Policy and Procedure.”

- Refer all media contacts to the CPM (PIO).
- If unavoidably confronted by a member of the news media, WCHD staff will:
 - Confirm all correct information – except individually identifying information about any case;
 - Correct all misinformation;
 - Provide appropriate key messages about the disease, including symptoms, transmission and prevention;
 - Emphasize that the business/facility is cooperating with the investigation – if that is the case;
 - Provide information regarding the presence or absence of any continuing threat to the public health; and,
 - Complete a Media Contact Form located on the Health District intranet at eww.washoecounty.us/health.

4. Release of Outbreak Information – Additional Guidelines

- Release of individual case information must be in compliance with the confidentiality provisions of NRS/NAC 441A and HIPAA privacy regulations.
- Information identifying businesses, facilities, other agencies, etc., is not proactively released unless the ORT determines that there is a compelling reason to do so based on the following considerations:
 - The presence or absence of a continuing threat to the public’s health
 - Opportunity for timely post-exposure prophylaxis (e.g., antibiotics, vaccine)
 - The need to reduce fear and distrust of WCHD among the general public
- Confirmation of the identity of an affected business/facility may be provided in response to individual inquiries from the public and/or the media unless there is a compelling reason to withhold this information based on the following considerations:
 - The need to protect the confidentiality of individual cases.

APPENDIX J - WCHD Outbreak Response Plan

- The potential for unwarranted panic/concern within the community and broader audiences.
- The potential for interference with the ongoing investigation.
- At the start of the investigation, the business/facility will be advised of the following:
 - The news media may be used to educate the public about the disease and to communicate any ongoing risk to the public.
 - There are occasions when the WCHD will decide to intentionally publicize the event to protect the public's health.

5. Communication Plan Key Elements

Generally, an outbreak communication plan should include the following key elements:

- Information released either proactively or reactively should contain only what is known at the time and should not include speculation.
- A disclaimer/tentative positioning statement should be included (e.g., "From what we know at this time, there is not a public health threat to our community").
- Express empathy for those affected.
- Provide appropriate key messages about the disease, including symptoms, transmission and prevention.
- Provide information regarding the presence or absence of any continuing threat to the public health.
- Emphasize that the business/facility involved is cooperating with the investigation, if that is the case.
- Messaging and the use of appropriate terminology across all audiences during the specified time period should be consistent.

SECTION
NINEAFTER-ACTION
REPORT/IMPROVEMENT PLAN

1. The OR Coordinator is responsible for coordinating the completion of the after-action report/improvement plan. After the OR Coordinator has declared the outbreak over, s/he will solicit input for the after-action report/improvement plan from all members of the ORT for level II or III outbreaks (health events). Once inputs are gathered, the OR coordinator will ask the extended ORT members such as Public Health Emergency Response Coordinator (PHERC) to prepare AAR/IP for this outbreak following the Federal Emergency Management Agency (FEMA) standard. The OR coordinator is responsible to provide all information required for AAR/IP development. Refer to the table below for the definition of levels. A final meeting of the ORT will be held with the following objectives:

- Review the experience of all participants involved in the management of the outbreak;
- Identify strengths, weaknesses, difficulties encountered, and opportunities for improvement;
- Revise the OR SOP, if necessary;
- Recommend, if appropriate, actions required to prevent a recurrence of the outbreak; and,
- Determine to whom copies of the final report will be sent.

Table Three: Level of Emergency Response for the Washoe County Health District

Level of Incident	Description	Resources
Level 1: Monitoring Not Activated	-Threat or indication of a significant event that requires minimal or no coordination with outside entities. -Situation is monitored and assessed for need of additional resource support	- Use of internal resources only,
Level 2: Dynamic Emergency Partial Activation	- A potentially significant event is impending or underway. - Limited coordination between multiple agencies is needed.	- Significant reallocation of internal resources, -Possible liaison/staffing at the REOC, as appropriate to the incident.
Level 3: Regional Emergency Full Activation	-Major public health event or outbreak. -One or more significant events are underway in the community. -The event has exceeded the response capability of the WCHD to effectively respond and contain the outbreak.	- Regional, state and/or federal resources are required to safely and effectively manage the operations.

2. The after-action report/improvement plan will be completed within 90 days after the investigation is closed and documented in the WebEOC with above bullet points when WebEOC is used.

SECTION
TEN

FINAL REPORT

1. A final report on the outbreak will be completed within 30 days of the conclusion of the investigation.
2. A final report is needed when the following conditions are met:
 - (1) All level II or level III disease outbreaks. Refer to section nine for the definition of levels.
 - (2) Any other disease outbreaks requiring ORT coordinated efforts but not listed in (1).
 - (3) Any other unusual outbreaks which the program deems necessary for future investigation purposes or training needs even if the ORT is not activated or not grant required. This will be determined case by case by programs.
3. The OR Coordinator is responsible for coordinating the completion of the final report to be submitted at the conclusion of the outbreak investigation and response. As outlined below, the OR Coordinator will solicit input for all necessary sections from members of the ORT.
4. The purpose of the final report is to:
 - Identify risk factors that caused or contributed to the outbreak;
 - Determine the extent of high-risk practices;
 - Develop a plan to reduce risk factors by
 - Targeting the agent, source and mode of transmission;
 - Assessing appropriateness and effectiveness of initial control measures;
 - Identifying long-term strategies to prevent similar outbreaks in the future;
 - Communicate these findings to those who can put them into practice;
 - Document the ORT's actions and decisions and support them with data or literature;
 - Document planned and executed actions.
5. The final report generally should adhere to the following format:
 - **Initiation of investigation** – Information regarding receipt of notification and initiation of the investigation:
 - Date and time initial notification was received by the agency
 - Date and time investigation was initiated by the agency
 - **Context/Background** – Information that helps to characterize the incident, including the following:
 - Population affected (e.g., estimated number of persons exposed and number of persons ill)
 - Location (e.g., setting or venue)

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- Geographical area(s) involved
- Suspected or known etiology
- **Environmental Investigation**
 - Methods (e.g., field visit, employee interview, trace-back or trace-forward, exposure assessment, etc.)
 - Results
 - Disposition
- **Epidemiologic Investigation**
 - Methods (e.g., historical data review, case series review, case definition, active case finding, case control or cohort study, selection of controls, define a cohort, etc.)
 - Results (descriptive statistics, epi-curve, attack rate tables, analytical results, questionnaires, etc.)
- **Laboratory Investigation**
 - Methods (e.g., culture, PCR, serotyping, PFGE, etc.)
 - Results (including results for human specimens and non-human specimens such as food or water or environmental surface swabs, etc.)
- **Discussions and Conclusions** – analysis and interpretation of the investigation results, and/or any conclusions drawn as a result of performing the investigation. In certain instances, a Conclusion section without a Discussion section may be sufficient.

The discussion section should:

- Explore possible etiologies and modes of transmission of the outbreak.
- Consider evidence of causation (strength of associations, consistency of data, temporality, biologic plausibility, dose-response and compatibility with known information about disease) if supporting data are available.
- Include rationales and supporting documentation for controversial decisions, e.g., suspending/revoking the permit of a food establishment to operate, notifying the media, or making a public announcement of the need for prophylaxis, immunization or treatment.
- **Recommendations for Controlling Disease and/or Preventing/Mitigating Exposure** –specific control measures or other interventions recommended for controlling the spread of disease or preventing future outbreaks and/or for preventing/mitigating the effects of an acute environmental exposure.
- **Key investigators and report authors** – names and titles are critical to ensure that lines of communication with partners, clinicians, and other stakeholders can be established.
- **Acknowledgements**

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For outbreaks which did meet the criteria specified in 2, final outbreak report can be simplified just for outbreak reporting purpose and does not have to adhere to the above format.

6. All enteric disease outbreaks transmitted by contaminated food, water, animals, environment surfaces, person-to-person, and unknown routes must be reported in the National Outbreak Reporting System (NORS) as soon as the final outbreak report becomes available. NORS data entry is to be completed by the NORS coordinator in EPHP.
7. Copies of the final report of the outbreak and response will be distributed to:
 - ORT members
 - DHO
 - DDs
 - Owner/Manager of establishment or facility associated with the outbreak upon request
 - Medical Consultant upon request
 - State Health Officer for Foodborne outbreaks
 - Other persons, agencies and entities who played a significant role in the investigation upon their request
 - Members of the public who request a copy

**SECTION
ELEVEN****DOCUMENT STORAGE AND
RETENTION****DOCUMENT STORAGE AND RETENTION**

- See Appendix 3B Assembling the Final Archive of the Investigation

SECTION
TWELVE

UPDATE LOG

UPDATE LOG



- Original document was created in April of 2007.
- The first update completed in July of 2012 contains the following primary revisions:
 - Finalize communication section
 - Standardize the acronyms
 - Add an appendix for outbreak data management SOP
 - Add an appendix for Confidential Records Request SOP
 - Add an appendix for outbreaks occurred in the state licensed facilities
 - Add "Table of Contents"
- The second update in August 2013 contains the following revisions:
 - Format the entire document following PHP's Style Guide Handbook
 - A few minor editorial changes
 - Organization name change from Nevada State Health Division to Nevada Division of Public and Behavioral Health
 - Remove the detailed appendix of outbreak ACCESS based data management SOP and replace a new simplified SOP for data management using Epi Info 7 program
- The third update in September 2014 contains the following revisions:
 - Update titles from PIO to CPM, from DCAS to DSS
- The fourth update in September 2015 contains the following revisions:
 - Update title from EPHP Education and Training Coordinator to EPHP Health Educator
 - A few minor editorial changes
 - Change Section 12.0 to "Update Log" and add a Section 13.0 as "Appendices"
 - ORT members who need to convene ORT meeting need to obtain an approval from their respective division directors.
 - Only ORT core members are required to attend each ORT meeting.
 - Health – ORT distribution list modification contains several non-core ORT members for their information.

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- The fifth update in October 2016 contains the following revisions:
 - Update titles of some positions.
 - Specify NORS is for all enteric diseases outbreak by various transmission routes including foodborne, waterborne, animal, person-to-person, environmental, and unknown.
 - A few minor editorial changes
 - Append "Guidelines for Public Records Requests" dated in July 2016 as one of appendices. The guideline was provided by the division of AHS.

- The sixth update in August 2018 contains the following revisions:
 - Format entire document following WCHD's Style Guide Handbook May 2018 edition.
 - Recreate Table of Contents using links
 - Some editorial changes
 - Update ORT folder access
 - Specify the role of OR coordinator in AAR/IP preparation and change the completion time.
 - Update the "Outbreak Data Management SOP" section
 - Update signature pages for some supplemental documents

<p>WASHOE COUNTY HEALTH DISTRICT</p> <p>ENHANCING QUALITY OF LIFE</p>	<p align="center">STANDARD OPERATING PROCEDURES</p> <p align="center">FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS: INTERVIEW, INVESTIGATION AND REPORTING</p> <p align="center">PROGRAM: All Environmental Health Services Staff</p>
<p align="center">SOP No.: FS-1 ● Version No.: V3 ● Effective: 01/24/2020</p> <p align="center">Supersedes: 07/12/2018</p>	

<p>Author:</p>	
<p><u>1/24/2020</u> Date</p>	<p> _____ Latricia Lord, REHS Senior Environmental Health Specialist Environmental Health Services</p>
<p>Approved by:</p>	
<p><u>1/24/2020</u> Date</p>	<p> _____ Amber English, REHS, Supervisor Environmental Health Services Division</p>

Purpose:

The purpose of the Foodborne Disease Complaints and Outbreaks: Interview and Investigation and Reporting Standard Operating Procedure is to formalize staff assignments, roles, responsibilities and procedures when responding to a Foodborne Disease (FBD) complaint or investigation.

The procedure will ensure that FBD complaints or referrals are responded to and investigated in a timely manner, efforts are optimized to determine potential sources of foodborne disease and outbreaks, and all outbreak investigations are reported appropriately. General guidelines are as follows:

- All FBD complaints with contact information require a response by a Registered Environmental Health Specialist (REHS), or Registered Environmental Health Specialist Trainee, to conduct an interview.
- An attempt to contact the individual whom is ill for an interview must be made within 24 business hours of receipt of the complaint by Washoe County Health District.
- If it is determined that a field investigation is required, such investigation shall be conducted within 24 business hours of that determination by Washoe County Health District.
- Interview and medical records of ill individuals protected under the Health Insurance Portability and Accountability Act (HIPAA) shall remain confidential, whereas records pertinent to permitted facility investigations are public record and shall not include complainant or patient names or medical information.

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
INTERVIEW AND INVESTIGATION**

SECTION I. FOODBORNE DISEASE COMPLAINT REPORT

Patient Information and Clinical Information Sections of the Foodborne Disease Complaint Report (Appendix A) will be recorded on intake and entered into Accela by Environmental Health Services (EHS) Office Support staff or an REHS assigned to the EHS Epidemiology Program if Office Support Staff is unable to take complaint. Complaints may also be entered by the public under the Accela Citizen Access (ACA) portal, which then generates an email to the Epi Complaint Inbox. Front desk staff will monitor the inbox during normal business hours and on call staff will check the inbox at least every 24 hours during non-business hours to monitor for new complaints.

On call staff will be updated every Friday for any ongoing outbreaks/places of concern. If any complaints requiring immediate action are received, on call staff will contact a member of the Epi Team.

A FBD complaint record will be created for:

- Complaints of vomiting and/or diarrhea
- Ingestion of food that causes an injury
- Suspected intentional food contamination
- A referral from CD program for any confirmed or probable foodborne illness

If a report is received from a general reporting website, such as Washoe311 or Iwaspoisoned.com, EHS Office Support staff will send an email to the email address provided requesting the complainant contact EHS to file a FBD complaint. The EHS Office Support staff will then forward the complaint to a member of the Epi Program. If no contact information is available or the complainant does not return the phone/email message, the complaint will be logged on the CD Referral Recall Log. (Appendix H)

A. Complaint/Exposure Information

Date and Time Taken, Taken By-Record the date and time the complaint was received by the Health Department and the name of the individual recording the complaint.

Person Calling In-Record the name of the person who is making the complaint and a contact phone number. If there is more than one person reporting illness a foodborne disease complaint report must be completed for each ill individual.

Number in Party and Number Sick-Record total number of people in party, indicate number ill in the party.

Place of Exposure-Record the name and address of the food establishment or event that is identified as the alleged source of illness. Following intake, you will need to record the food establishment's permit number and verify the address and inspector area in Accela. If it is a temporary food establishment, obtain the permit number and permittee name/phone number in Accela.

FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS: INTERVIEW AND INVESTIGATION

B. Epidemiologic Data

Complainant's Age, Sex, Date of Birth, Address, Phone Numbers (indicate if home, work, or cell)

Date and Time Meal Consumed-Record date and time of meal eaten at establishment that is subject of complaint.

Foods Consumed-List each food item consumed, including condiments and garnishes. List all beverages consumed, including water, and indicate if the beverage was served with ice.

Symptoms-Record all of the complainant's symptoms (vomiting, diarrhea, bloody diarrhea, fever, nausea, abdominal cramps, chills, headache), and any other reported symptom. If a fever is reported, ask if a temperature was taken and record the temperature. Record which symptom occurred first, vomiting or diarrhea, and how many episodes of each.

Date and Time of Onset-Record the date and time when the person first experienced either vomiting or diarrhea. Record the date and time for which symptom occurred first.

Duration of Symptoms-Record the date and time when the person last experienced vomiting or diarrhea. If the person is still experiencing vomiting or diarrhea, check the "ongoing" box.

Physician Seen-Record whether or not a physician (hospital, clinic) was seen. Record physician's name, address, diagnosis, and type of specimen obtained, if any.

Staff who took the complaint shall notify the Registered Environmental Health Specialist assigned to Foodborne Disease interviews for that week immediately following intake. In the absence of the assigned REHS, notification must be made to another REHS assigned to the EHS Epidemiology Program.

C. Environmental Health Specialist Interview

First contact for interview of the complainant shall be attempted by the REHS within 24 working hours of the intake of the complaint. The following information shall be gathered during the interview:

Food History-Obtain a 72-hour food history starting with date of symptom onset. List each food item consumed, including extra ingredients, condiments and garnishes as well as possible. List all beverages consumed and indicate if the beverages were served with ice. List date and time each meal or food item/beverage was consumed.

Medications, Allergies-Record any medications taken prior to and for illness, indicate when medications were taken. List any allergies.

Travel-Record whether complainant has done any traveling, especially foreign travel, in previous 14 days. Indicate any activities, such as hiking, camping, boating, or swimming that might have put complainant in contact with untreated or contaminated water.

Household Contacts/Pets-Record all contacts and pets (including farm animals, fish, reptiles and visits to petting zoos or pet stores) and indicate any illnesses in people or animals.

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
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Day Care Setting or School-Record if any household children attend a child care center or school and record the name of the center or school. Ask the complainant if any children come to their home for day-care.

Water Source-Record if complainant's water source is a public water system, private well, or other.

Occupation/Place of Work-For individuals working in sensitive occupations (food handlers, child care, patient care, schools), make appropriate recommendations regarding hygiene and staying home from work until 24 hours after vomiting or diarrhea resolves.

Suspected Etiology-Indicate if possible suspected etiology based on symptoms, incubation period, and implicated food items. If unsure, leave blank.

Tell the complainant you will follow up with the inspector for the area and review records for the establishments listed on the complaint. Inform them we will continue to monitor the facility for future complaints and based on the review an investigation may be conducted. Inform them you will notify them if more complaints are received and an investigation is conducted.

You can advise them that they can refer to WashoeEats for facility inspection information or if they have other complaints about a particular food establishment aside from any illness, they can call it in as a food establishment complaint.

Use the Comments section to record attempts to contact the complainant. Also use the comments section to take notes during the interview and to record any recommendations and information you provided the complainant.

Information shall be entered from the foodborne disease complaint report into Accela by the REHS who conducted the interview. Ensure that Custom Fields are completed with remaining information from the complainant and that Custom Lists include all Permitted Food Establishments indicated on the report. Type the Comments under the "Explain" section for the case in Accela. Relate the FBD to all the establishments mentioned during the interview under the "Related Records" tab.

The REHS shall perform a file review for the ninety (90) days prior to a complaint to see if the implicated facility was mentioned in a previous complaint – see Section II for criteria for investigation. The REHS shall email the assigned area inspector(s) whose facilities were mentioned to inform them of the complaint. Attach the e-mail to the interview form. If a facility is mentioned in the interview that does not fall under WCHD's jurisdiction (i.e. is located in Carson City) fill out the interjurisdictional notification form, Appendix F, and forward to appropriate jurisdiction.

When it is determined that there is no further investigation needed and a disposition can be provided without need for further information, the REHS shall close the Foodborne Disease Complaint. The REHS shall then fill out the "Date Closed" and sign the "Closed By" boxes at the end of the report form, close the complaint in Accela and place all documents in the monthly folder in the EHS Epidemiology Program Senior files.

FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS: INTERVIEW AND INVESTIGATION

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In some cases, complainants will either decline or are unable to provide information. If this is the case, note it on the report form.

Section II. DETERMINATION OF WHEN TO CONDUCT AN ENVIRONMENTAL INVESTIGATION

An Epi Team member will lead any investigation and the area environmentalist will accompany them. Area environmentalist will conduct any routine follow up for violations noted. An environmental investigation will be conducted if any one of the following are met:

- a. If 1 complaint of foodborne injury, intentional contamination, or any unusual circumstance
- b. If 2 complaints are received for the same facility from 2 separate individuals who do not know each other.
- c. If 3 complaints are received for the same facility from a group that ate together but are not related to each other.
- d. If 4 complaints are received for the same facility from a family or related group of individuals.

If a single complaint is received it will be logged on the Monthly Log (Appendix G). The monthly log and the CD Referral/Recall Log is reviewed after each complaint received to see if there have been multiple complaints for the same facility within the last 90 days. If it is noted that the complaint now meets criteria a-d above, then an investigation will be conducted. All investigations conducted will be noted on the Monthly Log Sheet.

SECTION III. FOOD ESTABLISHMENT EPIDEMIOLOGICAL INVESTIGATION REPORT

An Epidemiological Investigation Report (Appendix B) must be completed whenever a foodborne disease investigation is conducted at an establishment. If the results of the investigation indicate contributing factors per Section V, all NEARS reporting information will also be obtained. A signed copy of the investigation form must be left with the operator. The following are general guidelines that should be addressed during the investigation:

Notify the restaurant owner/person in charge of the complaint. Do not disclose the name of the complainant or any other confidential information.

Ask if there have been other recent complaints of foodborne disease reported to the establishment and obtain names and phone numbers of complainants, if available.

Ask if there have been recent gastrointestinal or upper respiratory illnesses among the food service workers, infected skin lesions on hands, or increased absenteeism.

Ask if any food handlers have recently been or are currently excluded from their duties due to illness.

Indicate, if possible, suspected etiology based on symptoms, incubation period, and implicated food items. If unsure, leave blank.

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
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Ask if any food handlers have recently returned from any foreign travel.

Ask if there have been any recent problems with the refrigeration, hot-holding equipment, or dishwashing equipment.

Ask how much of the implicated food was served on the day the complainant ate at the establishment. Document in units of measure, such as pounds, cans, bags or other.

Observe food handlers carefully for food handling technique and potential or actual cross-contamination during food processing.

Review the preparation processes (from receiving to service) of the implicated foods. Consider times and temperatures which were involved in the following processes: freezing, thawing, cooking or thermal processing, hot and cold holding, cooling, reheating, and any other steps of the processing operation. Look at potential contamination of food from bare-hand contact with ready to eat food, chemical contaminants or aerosol contaminants.

Review the facility's policy on ill employees and discuss exclusion for 24 hours after vomiting or diarrhea have ceased. If an employee calls in sick, ask whether the management inquires as to symptoms.

If immediate corrective action is needed for critical violations, document the violations on a Food Inspection Form and ensure the violations are corrected prior to leaving the establishment. Review the inspection form with the person in charge and obtain their signature. Leave the original white copy with the establishment or send the inspection report via email to the Person in Charge or the designee. If a critical violation cannot be corrected, the facility is subject to closure.

If the Health District determines that the food under investigation may pose a risk to public health, a hold order may be placed on the food in question pending completion of the investigation, or laboratory testing.

Notify complainant of the results of the investigation and document the date of notification.

Occasionally a suspected food may be identified as a causative agent for a foodborne disease or outbreak. In these instances, the EPI team will assist with gathering product information and food sampling.

If the Health District determines that foodborne disease may be the result of intentional contamination, law enforcement will be immediately contacted. If the food is a product from a FDA or USDA regulated establishment, contact the FDA at 510-337-6741 or the USDA at 1-888-674-6854 as well as the Nevada Division of Public and Behavioural Health at 775-684-4200.

SECTION IV. TRACE-BACK AND SAMPLING PROCEDURES

If a suspected food is identified as causing a foodborne disease outbreak, the EPI team will gather the information required for Trace-Back purposes and will collect food and environmental samples when needed. The Senior REHS will coordinate Trace-Back efforts

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
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including communication with relevant agencies involved including Nevada State Health Division, FDA, CDS, and USDA.

Some ways of gathering Trace-Back information include the following:
Monitoring recall announcements from the FDA and CDC – See SOP FS-19 for recalls and injuries.

Gathering Shopper Card Information from ill individuals – If shopper card information is needed from a case the EHS Epi Team will ask the case for permission to access their shopper card information. In order to gain access, the Epi team will need the case’s name and their shopper card number. The EHS Epi Team will contact the corporate office of the involved facility and provide them with the name, shoppers card number and applicable date range. The information shall be requested to be provided as soon as possible as part of an ongoing investigation. If the corporate office needs a written request the template shown in Appendix J can be modified to indicate the case information. EPI staff shall notify the Food Safety Supervisor for guidance and signatures. Save all correspondence in a designated outbreak folder.

Notify the Nevada State Public Health Laboratory (NSPHL) immediately if you are going to collect and submit stool specimens, food specimens, or environmental swabs. They need time to prepare for sample testing.

Nevada State Lab:
1660 No. Virginia St.
(Located on the UNR campus, by the medical school)
Hours: 8am to 5pm
Phone #: (775) 688-1335
Fax #: (775) 688-1460

A NSPHL Submission Form (Appendix C) must be completed and submitted with all samples to the state lab.

If NSPHL is unable to perform required testing, NSPHL will contact CDC or another contracted lab to arrange for testing. See Appendix I List of Alternate Laboratories.

EMERGENCY CONTACT INFORMATION:

Epi Center: Regular and after hours # (775) 328-2447

NSPHL: Regular Hours Contact: (775) 688-1335
After hours # (775) 823-1150 (pager number)

NV State Health Division: Regular Hours Contact: (775) 684-4200
After hours # (775) 688-2830

Emergency Room Contact: MD in charge of emergency room

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
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STOOL SPECIMENS:

Stool sample vials (Cary/Blair Medium for The Detection of Enteric Pathogens, sterile plastic dry containers) are provided by the NSPHL and located in the cabinet in the EHS Epidemiology Program Senior REHS's office. A copy of the Instructions for Stool Collection (Appendix D) along with the vials and biohazard specimen bags should be provided to the complainant. Place the Epi Program business card in the kit delivered to the complainant. Review the sampling procedures with the complainant. Stool specimens should be collected as soon as possible and submitted to the lab within 24 hours and not more than 72 hours.

Stool specimens collected in the Cary/Blair Medium shall not be refrigerated. The sterile container must be refrigerated until delivered to the lab.

The lab routinely cultures for *Salmonella*, *Shigella*, *Campylobacter*, *E.Coli* 0157:H7, *Staphylococcus aureus*, and *Yersinia enterocolitica* and will culture for other organisms on special request.

If norovirus or enterotoxigenic *E. coli* (ETEC) is the suspected etiology, stool specimens must be collected in the sterile plastic dry containers and refrigerated until delivered to the lab.

Document the date the kit was delivered to the complainant and date specimen delivered to the lab in the Epi Follow-up section of the Foodborne Disease Complaint Report.

All stool specimens must be labelled with the patient's name, date of birth, date collected, and time collected. The lab will reject samples that are not appropriately labelled.

FOOD SPECIMENS:

Food specimens will be collected in the event an outbreak is declared or if requested by the Communicable Disease staff. Whenever food specimens are collected, a detailed description of the samples must be included on the Food Establishment Epidemiological Investigation Form. A signed copy must be left with the operator.

Sampling supplies are located in the Epidemiology Program Senior REHS's Office.

The NSPHL refers to the International Association for Food Protection (IAFP) book "Procedures to Investigate Foodborne Illness" for sampling methods. Collect samples of any remaining suspect foods or any Time/Temperature Control for Safety (TCS) foods left from the suspect meal. If suspect food is not available, try to get samples of foods from a subsequent meal prepared in a similar manner as the suspect food(s). Collect ingredients or raw items used in the suspect food if they are likely sources of contamination. Determine supplier, distribution, and code information on packaged foods and document on the investigation form.

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
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FOOD SAMPLE COLLECTION PROCEDURES:

1. SAMPLES TO BE COLLECTED ASEPTICALLY

- a) Contact the lab for specific information on amount of sample needed before proceeding to the establishment.
- b) Hands shall be washed and sterile gloves used to collect any samples.
- c) Use sterile containers or Whirl Pak bags.
- d) Do not handle or touch inside the bag/container.
- e) Use sterile utensils, tongs, spoons, etc to obtain the sample.
- f) Collect adequate amount of sample – 225g for solid foods/225 ml for liquids, (9 oz.).
- g) Fill containers to no more than $\frac{3}{4}$ full to allow for proper mixing of the sample.
- h) Record the temperature of the room, refrigerator, or warmer in which the food is stored just before collecting specimens.
- i) Take photographs of all samples collected and all other items related to the investigation.
- j) All samples must be documented separately on a chain of custody form that will follow samples to the laboratory. See Appendix E

2. LABELS

- a) Label each bag/container with an identifying number to include the case number and sample number.
- b) Write clearly with a waterproof marker.
- c) Clearly mark the contents, date and time of collection, where in the facility the sample was taken, the temperature of the sample at time of collection and include the sampler's initials.
- d) Document all information on a NSPHL Submission form. **A separate form is required for each food specimen.**
- e) Document all information on the Epidemiological Investigation Form for EHS records (i.e. Sample #1: cooked chicken from walk-in; Sample #2: raw beef from front line reach in).

3. TRANSPORTATION/DELIVERY

- a) Frozen food samples shall remain frozen and submitted to the lab frozen; refrigerated foods shall remain refrigerated. All samples must be transported to the laboratory on ice. If unable to submit in a timely manner, hot foods should be cooled to 71F within 2 hours and 41F within an additional 4 hours and held under refrigeration until submitted to the lab.
- b) All specimen(s) shall be placed in an insulated cooler for transport to the NSPHL.
- c) Use ice cubes, crushed ice, or pre-frozen ice packs for TCS or perishable foods.
- d) Food specimens shall be submitted to NSPHL as soon as possible and ideally not more than 24 hours after collection.

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
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Document the date the food specimens were collected, and the date specimens were delivered to the lab in the Food Samples section on the Foodborne Disease Complaint Report.

4. STORAGE

- a) Food specimens that must be stored overnight shall be locked in the Epidemiology refrigerator at Environmental Health Services.

Note: If a toxin poisoning (ciguatera, scombroid, shellfish, etc.) is suspected, the sample must be frozen if it is not immediately delivered to the lab.

ENVIRONMENTAL SURFACE SWABS:

Whenever environmental swabs are collected, a detailed description of the samples must be included on the Food Establishment Epidemiological Investigation Form. A signed copy must be left with the operator.

Sampling supplies are located in the Epidemiology Program Senior REHS's Office.

Instructions for using phosphate buffer and sterile gloves:

- a) Hands shall be washed and sterile gloves used to collect any surface swabs.
- b) Label the bag with sample information including date and time of collection, sample number, sample type and sampler's initials.
- c) Tear glove packet from bottom of bag along perforation and set aside.
- d) To open the vial, hold bag so the vial is upright, push the locking side tab out and then up. Invert the vial and empty the buffer into the bag to moisten the sponge.
- e) Squeeze sponge a few times to saturate it with the buffer.
- f) Tear off top of bag along the perforation. Pull the tabs on each side to open. (Empty vial may be removed).
- g) Push sponge up from bottom of the bag from the outside. About halfway up, squeeze out excess buffer.
- h) Hold gloves by wrist and gently shake to unfold. (One or both gloves may be used).
- i) With gloved hand, hold sponge, wipe area to be tested, and return sponge to bag.
- j) Remove glove(s), close the bag by folding the top down three times and bending the wire ends over onto the bag.
- k) Take photographs of all samples collected and all other items related to the investigation.
- l) Deliver the bag to NSPHL for testing.

2. LABELS

- a) Label each bag/container with an identifying number to include the case number and sample number.

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
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- b) Write clearly with a waterproof marker.
- c) Clearly mark the date and time of collection, where in the facility the sample was taken and include the sampler's initials.
- d) Document all information on a NSHPL Submission Form. **A separate form is required for each specimen. See Appendix E.**
- e) Document all information on the Epidemiological Investigation Form for EHS records (i.e. Sample #1: Swab from walk-in door handle; Sample #2: Swab from front line cutting board).

CHAIN OF CUSTODY:

An Evidence Custody Document (Appendix E) must be completed for all samples collected and all information must be documented.

A signed copy (**3 Property Received From: Pink**) of the Evidence Custody Document must be left with the operator. Record the appropriate information in the 'Obtained From', 'Received By', and 'Purpose for Change of Custody'.

Once the samples are delivered to NSPHL, a signed copy (**1 Evidence Custodian: White**) must be left with the sample(s). Record the appropriate information in the 'Obtained From', 'Received By', and 'Purpose for Change of Custody'.

Retain the remaining copy (**2 Health Dept: Yellow**) for EHS records.

SECTION V: REPORTING

Environmental Investigations of Food establishments where violations or contributing factors which may have led to foodborne disease are observed are entered into the National Environmental Assessment Reporting System (NEARS) within 30 days of conclusion of the investigation. Any investigations that are conducted and have no issues noted are not entered in NEARS.

Once per year, program management will review data in NEARS, Accela, and monthly logs to identify possible trends and contributing factors most likely to cause illness or injury including but not limited to:

1. Multiple complaints on the same establishment
2. Multiple complaints on the same establishment type
3. Multiple complaints implicating the same food
4. Multiple complaints associated with similar food preparation processes
5. Number of confirmed disease outbreaks
6. Number of suspected foodborne disease outbreaks
7. Contributing factors most often identified
8. Number of complaints involving real and alleged threats of intentional food contamination; and
9. Number of complaints involving the same agent and any complaints involving unusual agents when agents are identified.

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
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Information will be summarized in the CD annual report.

In the event there have been no FBD or food related injury outbreak investigations conducted during the twelve (12) months prior to the last trend analysis, program management will plan and conduct a mock FBD or food defense investigation to test program readiness. The mock investigation should simulate response to an actual illness outbreak and include on-site inspection, sample collection and analysis. A mock investigation must be completed at least once per year when no FBD outbreak investigations occur.

See Appendix K for copies of NEARS forms

APPENDIX K – WCHD Foodborne Illness and Injury Policies

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SOP Number: FS-1 V3

Effective: 01/24/2020

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
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Day of illness		1 Day Prior to illness		2 Days Prior to illness	
Date	Time	Date	Time	Date	Time
Breakfast Location		Breakfast Location		Breakfast Location	
	<input type="checkbox"/> AM <input type="checkbox"/> PM 1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> AM <input type="checkbox"/> PM 1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> AM <input type="checkbox"/> PM 1 2 3 4 5 6 7 8 9 10 11 12
Lunch Location		Lunch Location		Lunch Location	
	<input type="checkbox"/> AM <input type="checkbox"/> PM 1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> AM <input type="checkbox"/> PM 1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> AM <input type="checkbox"/> PM 1 2 3 4 5 6 7 8 9 10 11 12
Dinner Location		Dinner Location		Dinner Location	
	<input type="checkbox"/> AM <input type="checkbox"/> PM 1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> AM <input type="checkbox"/> PM 1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> AM <input type="checkbox"/> PM 1 2 3 4 5 6 7 8 9 10 11 12
Other Location		Other Location		Other Location	
	<input type="checkbox"/> AM <input type="checkbox"/> PM 1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> AM <input type="checkbox"/> PM 1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> AM <input type="checkbox"/> PM 1 2 3 4 5 6 7 8 9 10 11 12
Patient History					
Underlying GI Medical Conditions? <input type="checkbox"/> Y <input type="checkbox"/> N			Medication taken prior to illness? <input type="checkbox"/> Y <input type="checkbox"/> N		
What kind?			Medication taken for illness? <input type="checkbox"/> Y <input type="checkbox"/> N		
Recent travel within 14 days: <input type="checkbox"/> Y <input type="checkbox"/> N			Known Food Allergies? <input type="checkbox"/> Y <input type="checkbox"/> N		
Where? When?			What kind?		
Other household contacts <input type="checkbox"/> Y <input type="checkbox"/> N			Water Source? <input type="checkbox"/> Public Water System <input type="checkbox"/> Other		
Who? Any ill?			Animal Exposures? <input type="checkbox"/> Y <input type="checkbox"/> N		
School Day Care or Extended Care <input type="checkbox"/> Y <input type="checkbox"/> N			Type?		
Contact? Which facility?					
Employment					
Occupation: _____			Duties _____		
Place of Employment _____			Sensitive Duty <input type="checkbox"/> Y <input type="checkbox"/> N		
Comments:					
Environmental Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____					
Patient notified of results <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____					
Date Closed: _____		Closed by: _____		Reviewed by: _____	

APPENDIX K – WCHD Foodborne Illness and Injury Policies

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SOP Number: FS-1 V3

Effective: 01/24/2020

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
INTERVIEW AND INVESTIGATION**

APPENDIX B. EPIDEMIOLOGICAL INVESTIGATION REPORT

DATE: _____
 TIME START: _____
 TIME STOP: _____
 PERMIT NO. _____

WASHOE COUNTY HEALTH DISTRICT
 ENVIRONMENTAL HEALTH SERVICES DIVISION
EPIDEMIOLOGICAL INVESTIGATION REPORT
 1001 E. 9TH ST., BLDG B • RENO, NEVADA 89512
 TELEPHONE (775) 328-2434 • FAX (775) 328-8178



ESTABLISHMENT NAME			BUSINESS ADDRESS			RNO	SPKS
OWNER			PERSON IN CHARGE (PRINT FIRST & LAST)			WC	INCL
BUSINESS TYPE	BUSINESS PHONE	HOURS OF OPERATION	AREA #	INSPECTOR #	CASE #		

NUMBER OF PEOPLE THAT HAVE COMPLAINED TO EHS AROUND TIME OF INCIDENT: _____ NATURE OF COMPLAINT: _____

NAME(S) AND POSITIONS OF EMPLOYEES ILL AROUND TIME OF INCIDENT: _____

NATURE OF ILLNESSES: _____

SOURCES OF LESIONS OBSERVED ON EMPLOYEES? YES NO

SUSPECT FOODS	TEMP	AMT SOLD	

Samples Taken Date/ Hour Collected _____ Temperature: Food _____

Description and Quantity (Code/Lot Number, Purveyor etc.): _____ Temp. Storage Unit _____

NOTES: _____

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
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APPENDIX C. NEVADA STATE PUBLIC HEALTH LAB SUBMISSION FORM



NEVADA STATE HEALTH LABORATORY
1660 NORTH VIRGINIA STREET
RENO, NV 89503
Phone: (775) 688-1335 Fax: (775) 688-1460
MEDICAL DIRECTOR: YASHPAL AGRAWAL, MD PhD

Client # 163

Washoe County District Health Department / EHS
PO Box 11130
Reno, NV 89520
Fax: 775 328-6176

Submitted By: _____

Report To: _____

Phone #: _____

For Patient Samples:

Patient Last Name: _____ Patient First Name _____

Sex: _____ Date of Birth: _____ Collection Date: _____ Collection Time: _____

Specimen Source: _____ Circle One - Food Handler/Sensitive Occupation Ill Patron / Case

Establishment: _____ Patient's Zip Code: _____

For Food Samples:

Sample Source (Establishment): _____ EHS Sample #: _____

Food Item: _____ Collection Date: _____ Collection Time: _____

Temperature / Location of Sample at Collection Time: _____

Physical Description of Sample Being Submitted: _____

Date & Time Food Ingested: _____ Date & Time of Illness Onset: _____

Duration of Illness: _____ Number of People Ill: _____

Total Number of People Consuming Suspect Food (ill or not ill): _____

Complainant Symptoms (Check all that apply):

<input type="checkbox"/> Anorexia	<input type="checkbox"/> Fever (Highest Temp: _____)	<input type="checkbox"/> Nausea
<input type="checkbox"/> Blurred Vision	<input type="checkbox"/> Headache	<input type="checkbox"/> Other
<input type="checkbox"/> Cramps / Abdominal Discomfort	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Scleral Icterus (yellow eyes)
<input type="checkbox"/> Dark Urine	<input type="checkbox"/> Light Colored Stools	<input type="checkbox"/> Severe Weakness
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Malaise	<input type="checkbox"/> Vomiting

**** Check box to the left of test to be ordered ****

<input type="checkbox"/> Astrovirus / Calcivirus	<input type="checkbox"/> Foreign Material Identification	<input type="checkbox"/> Shigella species
<input type="checkbox"/> Bacillus cereus	<input type="checkbox"/> Fungal (specifi)	<input type="checkbox"/> Shiga-Toxin
<input type="checkbox"/> Brucella species	<input type="checkbox"/> Giardia lamblia	<input type="checkbox"/> SEB (by TRF)
<input type="checkbox"/> Campylobacter species	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Staphylococcus aureus
<input type="checkbox"/> Clostridium botulism	<input type="checkbox"/> Listeria monocytogenes	<input type="checkbox"/> Stool Culture
<input type="checkbox"/> Clostridium perfringens	<input type="checkbox"/> Norwalk Family of viruses	<input type="checkbox"/> Streptococcus group A
<input type="checkbox"/> Cyclospora cayentanensis	<input type="checkbox"/> Ova & Parasite	<input type="checkbox"/> Trichinella species
<input type="checkbox"/> Cryptosporidium parvum	<input type="checkbox"/> Plesiomonas Shigalloides	<input type="checkbox"/> Vibrio species
<input type="checkbox"/> E. coli O157:H7	<input type="checkbox"/> Salmonella species	<input type="checkbox"/> Yersinia
<input type="checkbox"/> Other (specify): _____		

Revised 11-9-15

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
INTERVIEW AND INVESTIGATION**

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APPENDIX D. INSTRUCTIONS FOR STOOL COLLECTION (ENGLISH & SPANISH)



INSTRUCTIONS FOR STOOL COLLECTION

1. Label both vials with name, **date** and time of collection and date of birth (DOB).
2. The stool (bowel movement) should be passed onto a clean, dry container (paper or pie plate). Place the container under the buttocks to catch the stool (bowel movement).

DO NOT TAKE STOOL FROM THE TOILET

3. Open the **yellow-capped vial** containing the liquid. Take a small amount of the stool (about two tablespoons) from the center of the stool and place it inside the vial. Be careful not to spill any of the liquid preservative. It is very important for you sample areas that appear bloody, slimy or watery. Tighten the lid on the vial. Mix the stool and preservative together thoroughly by shaking. If the specimen is not properly mixed, the **test results** will not be accurate. Place vial in paper sack.

NOTE: The preservative solution is **POISONOUS!**

DO NOT TAKE INTERNALLY AND KEEP AWAY FROM CHILDREN!

DO NOT REFRIGERATE THE STOOL SPECIMEN WITH THE YELLOW CAP.

It must be **kept** at room temperatura to prevent possible destruction of the organisms that will be **tested**.

4. Open the **empty, sterile vial**. Take a small amount of the stool (about two tablespoons) from the center of the stool and place it inside the vial. It is very important for you to sample areas that appear bloody, slimy or watery. Tighten the lid on the jar. Place vial in paper sack.

REFRIGERATE THE STERILE CONTAINER ONLY

5. To prevent further infection, properly dispose/clean receptacles (paper or pie plates) used for collecting the specimen. Thoroughly wash hands after collecting the specimen and disposing of contaminated materials.
6. Stool specimens should be picked up by the Health District within 24-48 hours after obtaining the specimen. The organism being tested will begin to die 48 hours after collection.
7. Call the Washoe County Health District for stool sample pick-up, 328-2434.



FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS: INTERVIEW AND INVESTIGATION

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INSTRUCCIONES PARA EL COLECCIÓN DE HECES

1. Etiquete las dos botellas con el nombre, fecha y tiempo de colección, y la fecha de nacimiento (DOB – por su sigla en inglés).
2. Las heces (la defecación) deben pasar a un recipiente limpio y seco (platos desechables o de pastel). Pon el recipiente debajo de las naugas para capturar las heces (la defecación).

NO SAQUE LAS HECES DEL TOILETTE.

3. Abra el frasco con la tapadera amarilla que contiene líquido. Tome una cantidad pequeño (como dos cucharadas) del centro de las heces y póngalo a dentro el frasco. Tenga cuidado de no derramar nada del líquido preservante. Es muy importante para usted que tome muestras de áreas que aparecen sangradas, viscosos o aguadas. Cierre bien la tapadera del frasco. Agite el frasco para mezclar las heces y el preservante completamente juntos. Si el espécimen no está mezclado bien, los resultados del examen no saldrán correctos. Guarda el frasco en una de las bolsas provistas.

NOTA: ¡La solución del preservante es VENENOSO!

¡NO TOMES DEL FRASCO Y MANTÉNGALA FUERA DEL ALCANCE DE LOS NIÑOS!

NO REFRIGERES EL ESPÉCIMEN DE HECES CON LA TAPADERA AMARILLA.

Se tiene que mantener a la temperatura ambiente para prevenir la posible destrucción de los organismos que serán examinados.

4. Abra el frasco vacío y estéril. Tome una cantidad pequeño (como dos cucharadas) del centro de las heces y póngalo a dentro del frasco. Es muy importante para usted que tome muestras de áreas que aparecen sangradas, viscosos o aguadas. Cierre bien la tapadera del frasco. Guarde el frasco en una de las bolsas provistas.

REFRIGERE EL FRASCO ESTÉRIL SOLAMENTE.

5. Para prevenir más infección, tire/limpie apropiadamente los recipientes (platos desechables o de pastel) usados para la colección de espécimen. Lavase bien los manos después de coleccionar el espécimen y de disponerse de los materiales contaminados.
6. Los especímenes de heces deben ser recogidos por el Distrito de Salud entre 24 a 48 horas después de obtenerse los especímenes. El organismo que va a ser examinado empezará a morir en 48 horas después de colección.
7. Llame al Distrito de Salud del Condado de Washoe para recoger las heces, 328-2434.

ENVIRONMENTAL HEALTH SERVICES
1001 East Ninth Street, Building B, Reno, Nevada 89512
775-328-2434 | Fax: 775-328-6176 | washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada | Washoe County is an Equal Opportunity Employer



APPENDIX K – WCHD Foodborne Illness and Injury Policies

245

SOP Number: FS-1 V3

Effective: 01/24/2020

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
INTERVIEW AND INVESTIGATION**

APPENDIX E. EVIDENCE CUSTODY DOCUMENT

<p>WASHOE COUNTY HEALTH DISTRICT ENHANCING QUALITY OF LIFE</p>	<p>WASHOE COUNTY HEALTH DISTRICT ENVIRONMENTAL HEALTH SERVICES DIVISION 1001 East Ninth Street, Building B, Reno, Nevada 89512 Telephone (775) 328-2434 • Fax (775) 328-6176 www.washoecounty.us/health</p> <p>SAMPLE CUSTODY DOCUMENT</p>	<p>Date: _____</p> <p>Time In: _____</p> <p>Time Out: _____</p> <p>Permit: _____</p>
---	---	--

Name of Person Whom Sample Obtained From

Name: _____ Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact No: _____ Email: _____

DESCRIPTION OF SAMPLES
(Include Location Obtained From, Lot Number, Temperature, Use by Date, Date & Time of Collection, etc.)

Sample Number	Sample Description / Quantity / Location

OBTAINED FROM	RECEIVED BY	Purpose for Change of Custody
Print Name, Title, Agency _____ Signature: _____ Date: _____ Time: _____	Print Name, Title, Agency _____ Signature: _____ Date: _____ Time: _____	
Print Name, Title, Agency _____ Signature: _____ Date: _____ Time: _____	Print Name, Title, Agency _____ Signature: _____ Date: _____ Time: _____	
Print Name, Title, Agency _____ Signature: _____ Date: _____ Time: _____	Print Name, Title, Agency _____ Signature: _____ Date: _____ Time: _____	

ORIGINAL – Travels with Sample | YELLOW - Health District | PINK - Property Received From

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
INTERVIEW AND INVESTIGATION**

APPENDIX F: INTERJURISTDICTIONAL NOTIFICATION FORM



State of Nevada
Division of Public and Behavioral Health
Office of Public Health Informatics and Epidemiology

Date of report

Interjurisdictional Notification Form

Instructions:

1. Please ensure all fields are completed.
2. If certain information is unavailable, type "N/A" into the text field.
3. If the "Send" function button does not allow form submission to the corresponding jurisdiction, print or save form as an attachment and email to the intended recipient(s).

Submitting Agency		
Agency <input type="text"/>	If other specify <input type="text"/>	Form completed by <input type="text"/>

Facility Information	
Name of establishment <input type="text"/>	
Type of establishment <input type="text"/>	County <input type="text"/>
Other <input type="text"/>	
Reported by: (Name and Title) <input type="text"/>	
Telephone <input type="text"/>	Email <input type="text"/>

Lab Information	
Have laboratory test(s) been ordered?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Arranged	
Name of lab <input type="text"/>	
Suspected pathogen/agent <input type="text"/>	Lab results <input type="text"/>

Source of specimen	
<input type="checkbox"/> Blood <input type="checkbox"/> Sputum <input type="checkbox"/> Stool <input type="checkbox"/> Swab <input type="checkbox"/> Urine <input type="checkbox"/> Other	

Outbreak Information			
To select multiple hold control.	Type of ill person	First illness onset date <input type="text"/>	Date illness reported <input type="text"/>
	Student Attendee Consumer Resident Patient Staff General public	Total exposed <input type="text"/>	Number ill <input type="text"/>
		Number hospitalized <input type="text"/>	Number of deaths <input type="text"/>

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
INTERVIEW AND INVESTIGATION**

* * * * *

Suspected mode of transmission:

Fecal-oral Food-borne Person to person Respiratory Unknown Vector-borne Water-borne

Other

Signs and symptoms

Abdominal cramps Blisters/boils/abcess Bloody stool Chest pain Chills

Cough, non-productive Cough, productive Diarrhea Discharge Fatigue

Fever Headache Malaise Nasal congestion Nausea

Painful urination Pneumonia Rash/itching Shortness of breath Sneezing

Sore throat Vomiting

Other

Comments or Additional Information

Recipient Email Information

Office of Public Health Informatics and Epidemiology: outbreak@health.nv.gov

State of Nevada EHS: EHSFBIGroup@health.nv.gov

Carson City Health and Human Services: CCHHSINFO@carson.org

Food and Drug Administration: ORASANERC@fda.hhs.gov

United States Department of Agriculture: Alexander.Turner@fsis.usda.gov

Washoe County Health District: EpiCenter@washoecounty.us

Southern Nevada Health District: outbreak@snhdmail.org

Public Health and Clinical Services: gkitchingman@health.v.gov

Indian Health Services: Kelli.Mohler@ihs.gov

Rural Health Services: bparrish@health.nv.gov

***Once completed, please save this form by clicking the save icon at the top of the page and send to the appropriate jurisdiction.**

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
INTERVIEW AND INVESTIGATION**

APPENDIX G: MONTHLY LOG

Month/Year: _____

FOODBORNE ILLNESS COMPLAINT/REFERRAL LOG

Number	Date	Complainant(s) Name(s)	Establishment	Inter/Inv	Status
				<u>Interviewer:</u> <u>Investigators:</u>	Closed Date: _____ Closed By: _____ Referral <input type="checkbox"/> Y <input type="checkbox"/> N
				<u>Interviewer:</u> <u>Investigators:</u>	Closed Date: _____ Closed By: _____ Referral <input type="checkbox"/> Y <input type="checkbox"/> N
				<u>Interviewer:</u> <u>Investigators:</u>	Closed Date: _____ Closed By: _____ Referral <input type="checkbox"/> Y <input type="checkbox"/> N
				<u>Interviewer:</u> <u>Investigators:</u>	Closed Date: _____ Closed By: _____ Referral <input type="checkbox"/> Y <input type="checkbox"/> N

G:\FOODPROTECTIONPROGRAM\02 FOODBORNE DISEASE PROGRAM FORMS LOGS 2020 FOOD EPIDEMIOLOGY LOG.docx

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
INTERVIEW AND INVESTIGATION**

* * * * *

APPENDIX I: LIST OF ALTERNATE LABORATORIES

Food and Drug Administration (FDA) Consumer Complaint Coordinator

Contact: Linda Gilchrist, Consumer Complaint Coordinator
Telephone #: 510-337-6837

Food and Drug Administration (FDA) – testing scrombrotoxin/histamine in food

Contact: Han Paek, Chemist Food Supervisor
Telephone #: 949-608-2980
Address: Food and Drug Administration (FDA)
19701 Fairchild
Irvine, CA 92612

Utah Department of Health Laboratory

-Clostridium botulinum

Contact: Cindy Fisher, Microbiologist or Annette Atkinson (aatkinson@Utah.gov)
Telephone #: 801-538-6101
Friday Hotline Telephone #: 801-538-6200
Website: <http://health.utah.gov>
Address: Utah Department of Health Laboratory
PO Box 141010
Salt Lake City, UT 84114-1010
Main Building:
Cannon Health Building
288 North 1460 West
Salt Lake City, UT 84116

**FOODBORNE DISEASE COMPLAINTS AND OUTBREAKS:
INTERVIEW AND INVESTIGATION**

APPENDIX J: SHOPPER CARD LETTER TEMPLATE



Dear Retailer,

The purpose of this notice is to inform you of the legal requirement to provide consumer purchase information to the health authority when requested. Pursuant to Nevada Administrative Code (NAC) 441.280 it is the duty of persons to cooperate with a health authority during investigations and carrying out of measures for prevention, suppression and control of communicable diseases.

The Washoe County Health District routinely works with the Centers for Disease Control (CDC) and the Food and Drug Administration (FDA) to investigate outbreaks of foodborne disease. During such investigations it is necessary to gather consumer purchase information from retail establishments to trace back source of illness in a timely manner. Delays in providing the required information may result in unnecessary risk for exposures and further illness.

Additionally, failure or refusal to provide such information is considered interference with the duty of the Health Officer and is unlawful under Nevada Revised Statutes (NRS) 446.885 (3). Violation may result in a misdemeanor citation and suspension of the permit to operate until the health authority can determine that all potential sources, exposures and risks from product(s) purchased from the establishment have been identified and mitigated. During a national outbreak this may extend until such a time that the CDC determines the outbreak has ended.

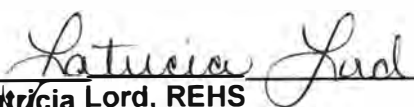
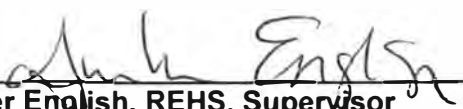
The Washoe County Health District looks forward to working with you to expedite consumer purchase information as necessary during outbreaks. Please contact us if you have any questions.

Sincerely,

Staff Name and Title
Environmental Health Services, Washoe County Health District



<p>WASHOE COUNTY HEALTH DISTRICT ENHANCING QUALITY OF LIFE</p>	<p>STANDARD OPERATING PROCEDURES Procedures to Address the Recall of Foods Due to Illness or Injury PROGRAM: FOOD EPIDEMIOLOGY</p>
<p>SOP No.: FS-19 ● Version No.: V 1 ● Effective: 01/21/2020 Superseded by: N/A</p>	
<p>SOP Type: Internal SOP: <input type="checkbox"/> Internal SOP (WC level does not directly affect entities outside of the WCHD) External SOP: <input checked="" type="checkbox"/> External SOP (WC level that affects entities outside of the WCHD)</p>	

<p>Author: <u>1/21/2020</u> Date</p>	<p> Laticia Lord, REHS Senior Environmental Health Specialist Environmental Health Services</p>
<p>Approved by: <u>1/21/2020</u> Date</p>	<p> Amber English, REHS, Supervisor Environmental Health Services Division</p>

PURPOSE:

The purpose of this Standard Operating Procedure (SOP) is to establish a process to address the recall of foods implicated or suspected in an outbreak, foods that have a potential to be adulterated or contaminated in any manner prior to receipt at retail establishments, or foods that have the potential to contain physical hazards which could cause injury. This document will outline the roles, duties, and responsibilities of the Health District Staff necessary to protect public health and the actions that are required.

The goal of the SOP is to ensure that food, once identified, which may pose a risk to public health, is removed from sale or distribution to the general public. Health District Staff will utilize the SOP to ascertain that recalled food items are identified and traced forward and provisions are made to remove suspect products from retail sale along with efforts to warn consumers as necessary.

Procedure to Address the Recall of Foods

* * * * *

SCOPE:

On occasion after a food product leaves a producer or manufacturer unforeseen risks are discovered. Removing the food product from the market is the most effective way to protect consumers. Recalls are often initiated by food producers and manufacturer through the Federal Food and Drug Administration (FDA) or the United States Department of Agriculture (USDA) Food Safety and Inspection Service (FSIS). In some instances, intervention to pull product from shelves may be justified prior to an official recall notice through federal agencies.

Recalls are generally voluntary and in many cases a company discovers a problem and recalls a product on its own after illness or injury are reported. The company will then contact the FDA or the FSIS to send out an alert. The FDA can also mandate a recall under the Food Safety Modernization Act (FMSA) 21 CFR 7.46. Additionally, information leading to a recall may be provided from inspection of a facility by FDA, reports of illness or injury to Health Authorities, or direct contact from Centers for Disease Control (CDC) regarding an outbreak.

Pursuant to Title 9 of the Code of Federal Regulations, (9 CFR 418), FSIS regulated establishments that produce meat and poultry products must prepare and maintain written recall plans. The plan must have specifics on basis of recall decisions and recall procedures and must be available to the FSIS inspector for review upon request. Egg producers are not subject to the recall plan provisions section, but FSIS does provide recommendations and guidance on recall for these facilities.

Decisions to recall foods implicated in an illness, injury, outbreak, or accidental or intentional contaminations are generally the result of:

- Routine analysis from a manufacturer or producer indicating contamination with a pathogen or foreign matter,
- Outbreaks associated with food products that are reported to local Health Authorities or discovered through trend analysis by the CDC,
- Isolated reports of illness, or injury from a food product.

There are several instances in which recalled product have made it to retailers and have been offered for sale in Washoe County and consumed. Illnesses or injuries may have been reported from consumers who have purchased the recalled food product locally. Since recalls are often initiated following the sale of the food product it is important to provide information to the public should there be a risk. Public outreach will be made in coordination with a supervisor and the Public Information Officer and in accordance with the Outbreak Response Plan.

Procedure to Address the Recall of Foods

* * * * *

DEFINITIONS:

Adulterated food “Adulterated food” has the meaning ascribed in the Washoe County Health District (WCHD) Regulations Governing Food Establishments 010.015 and Nevada Revised Statutes (NRS) 585.300 through 585.310. A food shall be deemed adulterated if:

- A. It bears or contains any poisonous or deleterious substance which may render it injurious to health unless the substance is not an added substance and the quantity of the substance does not ordinarily render it injurious to health;
- B. It consists in whole or in part of a diseased, contaminated, filthy or decomposed substance, or if it is otherwise unfit for food;
- C. It has been produced, prepared, packed or held under unsanitary conditions whereby it may have become contaminated with filth or rendered diseased, unwholesome or injurious to health;
- D. It is the product of an animal which is diseased, died otherwise than by slaughter or was fed upon the uncooked offal from a slaughterhouse;
- E. Its container is composed, in whole or in part, of any poisonous or deleterious substance, which may render the contents injurious to health;
- F. It bears or contains any color additive, which is unsafe within the meaning of the Federal Act;
- G. Any valuable constituent has been in whole or in part omitted or abstracted there from;
- H. Any substance has been substituted wholly or in part therefore;
- I. Damage or inferiority has been concealed in any manner; or
- J. Any substance has been added thereto or mixed or packed therewith so as to increase bulk or weight or reduce its quality or strength, or make it appear better or of greater value than it is.

Foodborne disease “Foodborne disease” has the meaning ascribed in the WCHD Regulations Governing Food Establishments 010.330 and means an illness caused by the consumption of contaminated food.

Foodborne disease outbreak “Foodborne disease outbreak” has the meaning ascribed in the WCHD Regulations Governing Food Establishments 010.335 and

Procedure to Address the Recall of Foods

* * * * *

means the occurrence of two or more cases of a similar illness resulting from the ingestion of a common food.

Foodborne injury “Foodborne injury” means an injury caused by ingesting food that was contaminated with a physical hazard, such as plastic, wood, or metal.

Recall has the meaning ascribed in the Code of Federal Regulations (CFR) 7.3(g) and means a firm's removal or correction of a marketed product that FDA considers to be in violation of the laws it administers, and against which the Agency would initiate legal action (e.g., seizure).

Risk “Risk” has the meaning ascribed in the WCHD Regulations Governing Food Establishments 010.720 and means the likelihood that an adverse health effect will occur within a population as a result of a hazard in a food.

STANDARD OPERATING PROCEDURES FOR RECALLS:

Recalls shall be monitored from alerts posted by the FDA and USDA daily. To sign up for the recall visit this website: <https://www.recalls.gov/list.html>. Staff must sign up for alerts from FDA and USDA-FSIS. The e-mail alerts will provide information as received by the reporting agency.

For recalls due solely from an unreported allergen, no further action is needed. For recalls of medical devices or pharmacological product, no further action is needed.

For all other recalls:

Recalls may or may not have specific geographic information. If the recall specifically states which state/area the food product has been shipped to, and it does not include Washoe County, then no further action is necessary. If the recall states the food product was distributed nationally or destination information is not available, staff must contact the Manufacturer or Producer of the recalled food product to determine if shipments were received locally.

When investigating whether a product was shipped to Washoe County the following steps will be taken:

- Contact the Manufacturer or Producer of the recalled food product and identify yourself and the reason for calling,
- Ask if the recalled food product was shipped to Washoe County (Reno, Sparks, Incline Village, Wadsworth or Gerlach),

Procedure to Address the Recall of Foods

* * * * *

- If the recalled food product has not been shipped to Washoe County and there is no possibility of redistribution in Washoe County then no further action is necessary,
- If the recalled food product was shipped to Washoe County ask which distributors and/or retail establishments received the product,
- Ask if all of their distributors and/or retail establishments have been notified and if the recalled food product has all been accounted for,
- Document the above information, including the name and title of the individual you spoke with on the Recall Action Form (Appendix A) and log the Recall into the CD Referral/Recall log (Appendix B).

Once distributor and/or retailer information is determined and includes establishments in Washoe County, contact shall be made with local distributors and retailers to ensure the recalled product is removed from sale and/or distribution. For large chain retailers with several locations in Washoe County contact either the District Office or a manager responsible for the product in question at one of the retail establishments. The following steps will be taken:

- Contact the local supplier/retailer and identify yourself and the reason for calling,
- Ask if information on the recalled product has been distributed to all affected associated retailers,
- Ask if the recalled product has been pulled from sale or distribution,
- Document the above information, including the name and title of the individual you spoke with on the Recall Action Form.
- Email a copy of the recall to the CD Epi Team, Environmental Health Epi Subprogram, and the EHS supervisors.

Attach the completed Recall Action Form to a printed copy of recall/alert notice and log onto the CD Referral/Recall Log. Write the reference number on the Recall Action Form as the year, month, number (chronological in order received as noted on log). Place a check mark in the box marked WC on the log if the product was shipped to Washoe County.

If you are unable to ascertain through interviews and documentation that the recalled food product is being removed from sale and/or distribution it will be necessary to visit locations where the food product is stored or sold to investigate whether food product is still available to consumers. The investigation shall occur within 48 hours of notification

Procedure to Address the Recall of Foods

* * * * *

of recall should other contact attempts fail and shall be unannounced. Information including relevant lot numbers or other indicators of recalled product shall be taken to the establishment for verification. During the investigation:

- Identify yourself and the reason for the investigation.
- Determine location(s) within the establishment where recalled product may be displayed or stored.
- Document what you find in terms of product in question. Match identifiers of recalled product such as lot numbers, code numbers, sell-by dates or manifests with what is on the shelves and ensure that any recalled product is pulled from sale.
- Document your findings and compliance on an Environmental Health Services Division Epidemiological Investigation Report (H-713-80).

For reports of foodborne illness or injury reported by a local consumer directly to the Health District:

If the food is from a local restaurant – follow the procedures outlined in SOP FS-1.

If at any time intentional food contamination is suspected, contact law enforcement.

If the food is a product from a FDA or USDA regulated establishment, provide the following contact information:

FDA: 510-337-6741

USDA: 1-888-674-6854

In the event that the Washoe County Health District is the agency responsible for initiating a product recall, staff will follow the procedures in 21 CFR, Part 7.

Procedure to Address the Recall of Foods

* * * * *

APPENDICES:

APPENDIX A: RECALL ACTION DOCUMENTATION FORM

FDA/USDA
RECALLS/ALERTS/ MARKET WITHDRAWALS/PRESS RELEASES

Date _____

Initials _____

Action Taken _____

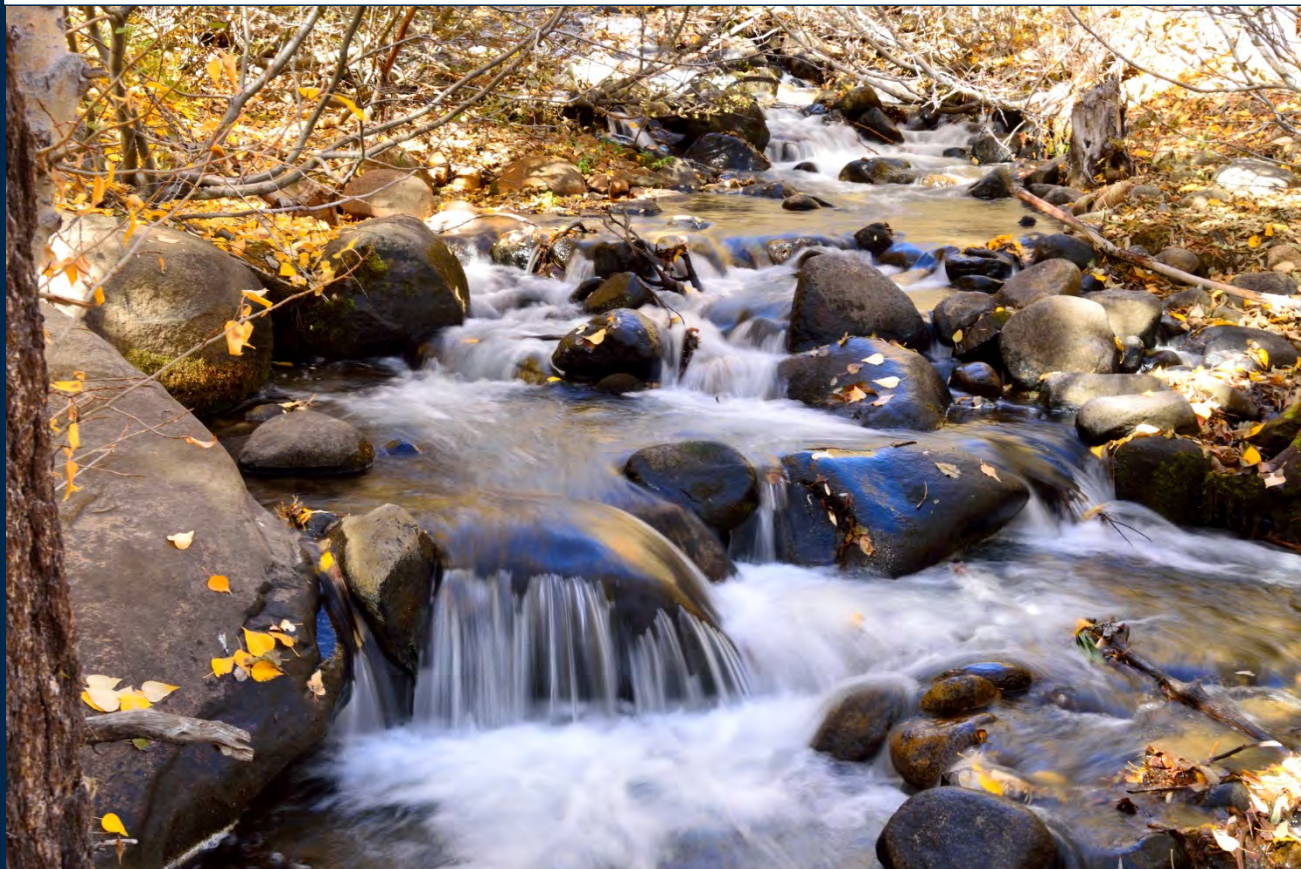
Total time _____

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE



Public Health
Prevent. Promote. Protect.



Compiled and Prepared By:

Washoe County Health District
1001 E. 9th Street, Building B, Reno
NV 89520-0027
Phone: (775) 328-2447 Fax: (775) 328-3764
Email: epicenter@washoecounty.us
Web: <http://www.washoecounty.us/health>

October 2019

Cover picture by Cindy Hawks

2019

Annual Communicable Disease Summary

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Communicable diseases are a continuing threat to all people, regardless of age, gender, lifestyle, ethnic background or socioeconomic status. They cause illness, suffering and even death, and place an enormous financial burden on society. Indeed, Joshua Lederberg, Nobel laureate once commented “We live in evolutionary competition with microbes – bacteria and viruses. There is no guarantee that we will be the survivors.” Although some communicable diseases have been controlled by modern advances, new ones are constantly emerging. The Washoe County Health District (WCHD) relies on healthcare providers, laboratories, and others to report the occurrence of notifiable diseases. Without such data, trends cannot be accurately monitored, unusual occurrences of diseases (such as Ebola Virus, Zika Virus, and outbreaks) might not be detected or appropriately investigated, and the effectiveness of control and prevention activities cannot be easily evaluated.

Under the direction of the District Health Officer, Mr. Kevin Dick and the Director of Epidemiology and Public Health Preparedness, Dr. Randall Todd, staff of the WCHD Communicable Disease Control Program coordinate the countywide disease surveillance and reporting system. They work in conjunction with the following prevention and control programs: tuberculosis (TB), foodborne illness, sexually transmitted disease (STD), HIV/AIDS, vaccine preventable diseases and vector-borne diseases.

Nevada Administrative Code Chapter 441A¹ identifies diseases of public health significance that must be reported to the WCHD. Persons required to report include health care providers and directors of hospitals, diagnostic laboratories, schools, child care facilities, correctional facilities, permitted food establishments and others. In general, each report is investigated to characterize the illness, collect demographic information about the case, identify possible sources of the infection and take steps necessary to minimize the risk of further disease transmission. Data are collected, maintained and analyzed at the program level. The 2017 Annual Communicable Disease Summary is a compilation of communicable disease surveillance data in Washoe County. It is recognized these data have the following limitations:

- 1.) For most diseases, reported cases represent a fraction of the true number. This is because many patients with mild disease do not seek medical care. Even if they do, the health care provider may not order a test to identify the causative agent.
- 2.) Health care providers may fail to report a case as required by law. For example, CDC estimates that there are as many as 1.2 million persons in the US who may be sick due to salmonellosis; however, only approximately 50,000 cases of salmonellosis are reported each year in the United States, which represents only 5% of the estimated level of illness.²
- 3.) Reported cases represent a skewed sample of the total. Severe illnesses are more likely to be reported than milder ones. Health care providers may be more likely to report contagious diseases such as TB than vector-borne diseases such as Lyme disease.
- 4.) Epidemics of disease or media coverage of a particular disease can greatly increase testing and reporting rates.

¹ NAC 441 A <http://www.leg.state.nv.us/nac/NAC-441A.html>

² <http://www.cdc.gov/foodborneburden/2011-foodborne-estimates.html>

Annual Communicable Disease Summary - Introduction

With these limitations in mind, surveillance data are valuable in a variety of ways. Analysis of disease incidence by various demographic variables is useful for identifying segments of the population that may be at higher risk of illness allowing public health officials to target prevention and control measures in ways that will have maximum impact. Further, analysis of surveillance data allows for identification of disease trends and may help to detect disease outbreaks or epidemics. However, for diseases that only occur sporadically, presentation of demographic information has limited value and may serve to compromise the privacy of individual case patients. Therefore, in this report, the amount of detail related to the population affected by any particular disease will vary depending on the number of reported cases.

It should be noted that in several places throughout this report, data have been included that are not current. These areas have been highlighted with a blue shading to make it clear that they do not represent current data. They are included so that the reader may gain a better understanding and perspective based on information that may be somewhat dated but still relevant.

The intent of this report is to provide local health care providers, infection control practitioners and other interested persons with useful data. Please contact the WCHD Division of Epidemiology and Public Health Preparedness (EHPH) at (775) 328-2447 for additional information or comments.

SUMMARY

Table A. Total Reported Cases of Selected Communicable Diseases by Year, Washoe County, 2014–2018.

	2014	2015	2016	2017	2018
AIDS	21	11	14	13	14
Campylobacteriosis	45	35	47	37	46
<i>Chlamydia trachomatis</i> , genital	1755	2033	2200	2504	2729
<i>E. coli</i> O157:H7	1	25	3	9	2
Giardiasis	12	14	20	10	20
Gonorrhea	492	547	598	743	918
<i>Hemophilus influenzae</i> type b	0	0	0	0	6
Hepatitis A	1	0	0	2	1
Hepatitis B (Acute)	2	4	2	5	2
Hepatitis B (Chronic)	52	62	73	65	62
Hepatitis C (Acute)	3	1	4	13	5
Hepatitis C (past or present)*	575	525	527	648	648
HIV infection	27	32	35	22	27
Listeriosis	0	0	0	0	0
Malaria	2	1	0	1	3
Measles	0	0	0	0	0
Meningococcal invasive disease	0	1	0	0	1
Mumps	4	2	3	2	2
Pertussis	56	13	2	11	13
Rotavirus	21	31	16	10	12
RSV	305	241	410	635	480
Rubella	0	0	0	0	0
Salmonellosis	35	53	30	28	36
Shigellosis	5	12	12	3	5
Syphilis (primary and secondary)	36	27	33	56	111
Tuberculosis	7	11	6	17	9
Typhoid Fever	0	0	0	1	0

Table B. Cases per 100,000 Population of Selected Communicable Diseases by Year Compared to Healthy People 2020 Target, Washoe County, 2013-2017.

Disease	2014	2015	2016	2017	2018	Healthy People 2020 Target
Met Healthy People 2020 Target in 2017						
Salmonellosis	8.0	12.0	6.9	6.2	6.2	6.8
<i>E. coli</i> 0157:H7	0.2	5.7	0.7	2.0	0.4	0.6
Listeriosis	0.0	0.0	0	0	0	0.2
Hepatitis A	0.2	0.0	0	0	0.2	0.3
Did Not Meet Healthy People 2020 Target in 2017						
Campylobacteriosis	10.3	7.9	10.5	8.2	10.0	8.5
Gonorrhea (Female, 15-44)	250.4	266.6	239.9	305.8	373.4	157.0
Gonorrhea (Male, 15-44)	250.4	293.6	361.3	390.6	479.6	198.0
Primary or Secondary Syphilis (Male)	14.3	10.1	12.6	18	38.6	6.8
Primary or Secondary Syphilis (Female)	2.3	2.3	2.2	7.1	9.6	1.4
Tuberculosis	1.6	2.5	1.3	3.8	2.0	1.0

ENTERIC DISEASES

I. Bacterial Enteric Diseases

A. Campylobacteriosis

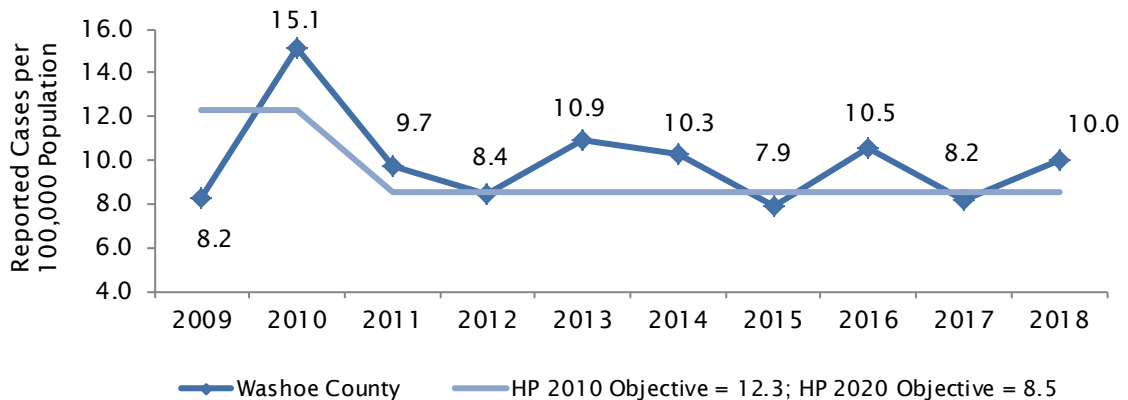
Campylobacter is the most common bacterial cause of diarrheal illness in the United States. Campylobacteriosis usually occurs in single, sporadic cases, but it can also occur in outbreaks. Campylobacteriosis is most commonly associated with handling raw poultry or eating raw or undercooked poultry.

1. Reported Incidence

Preliminary Incidence and Trends of Infection with Pathogens Transmitted Commonly Through Food - Foodborne Diseases Active Surveillance Network, 10 U.S. Sites, 2015-2018 describes surveillance data for 2018 and compares them with 2015-2017 data. In 2018, the estimated national incidence of campylobacteriosis was 19.6 cases per 100,000 population. In 2018 the incidence rate was significantly higher for campylobacteriosis (12% increased) compared to the previous year. The Healthy People 2020 national health objective is 8.5 cases per 100,000 population.

Forty-six (46) cases of campylobacteriosis were reported in Washoe County in 2018 for a reported incidence of 10.0 cases per 100,000 population. Of the 46 cases, 40 (87%) were laboratory confirmed and 3 (6.5%) were probable cases epidemiologically linked to a confirmed case.

Figure 1.1 Rates of Reported Cases* of Campylobacteriosis, Washoe County, 2009 – 2018



*Effective in 2009, probable cases became reportable in Washoe County.

2. Population Affected

The median age of cases in Washoe County was 43.5 years (range: 2 year - 80 years); 20 (43%) of 46 reported cases were male. Eight (8) cases (17%) were hospitalized, with a median length of hospitalization of 2.5 days (range: 1 day - 29 days). One (1) case was a food handler. No deaths were reported.

Table 1.1 Reported Campylobacteriosis Cases by Race/Ethnicity, Washoe County, 2018

Race/Ethnicity	Number of Cases	Percent of Cases	# Cases per 100,000
White, non-Hispanic	34	73.9	11.6
Hispanic	4	8.7	3.4
Others* (A/PI, AI/AN, Black)	2	4.3	3.9
Unknown	6	13.0	N/A
Total Cases	46	100.0	

* A/PI = Asian/Pacific Islander AI/AN = American Indian/Alaskan Native

Figure 1.2 Campylobacteriosis Cases by Age and Gender, Washoe County, 2018

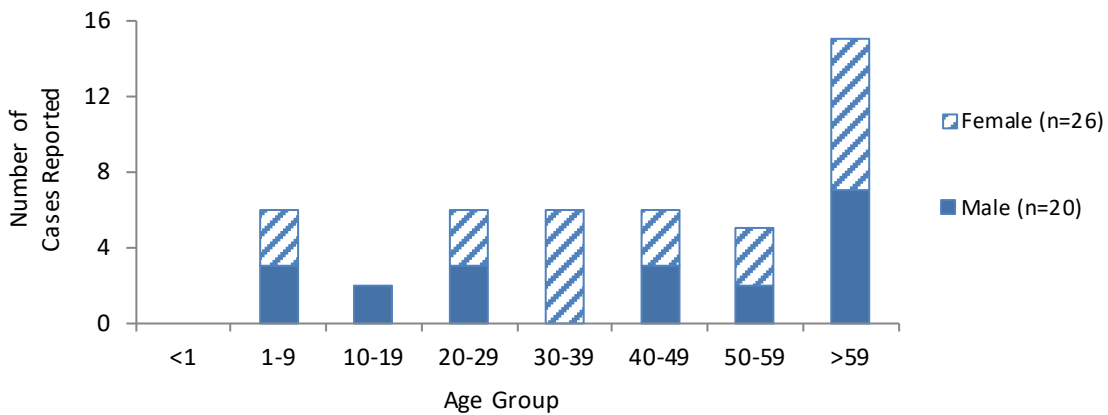


Table 1.2 Reported Risk Factors among Campylobacteriosis Cases, Washoe County, 2018(N=46)

Risk Factor (not mutually exclusive)	Number of Cases	%
Contaminated foods	18	49
Travel (7 international, 5 domestic)	12	32
Contact to a similarly ill person	7	19
Contact to animals*	9	24
Recreational water exposure	6	16
Day care associated**	1	3
Drank untreated water	3	8
Unknown risk factors (unable to interview or review medical record, exclusive)	2	5
No known risk factors*** (exclusive)	3	8

*Puppies, sick animal, birds, chicken, reptile
 **Includes day care attendees, staff, or persons who live with a day care attendee.
 *** No risk factors identified.

No campylobacteriosis outbreaks were reported or detected from surveillance systems in 2018.

B. *Escherichia coli* O157:H7 (Shiga toxin- producing *E.coli* O157 = STEC O157)

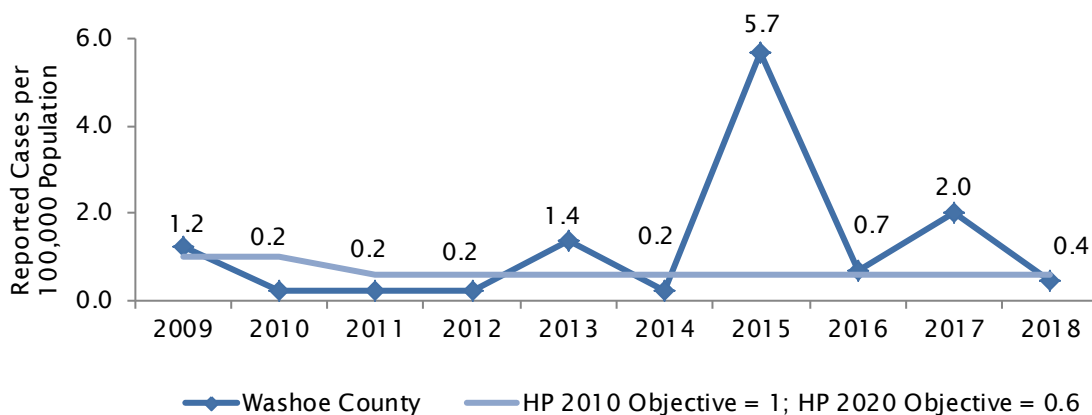
The new terminology for *Escherichia coli* species that cause human disease includes “Shiga toxin-producing *Escherichia coli* O157” (STEC O157) and “Shiga toxin-producing *Escherichia coli* non-O157” (STEC non-O157). Infection often leads to bloody diarrhea. Hemolytic uremic syndrome (HUS) is a serious, sometimes fatal complication often associated with STEC infection. Most illness has been associated with eating undercooked, contaminated ground meat. Other vehicles implicated in outbreaks are sprouts, lettuce, salami, unpasteurized milk and juice, and swimming in or drinking sewage-contaminated water. Person-to-person contact in families and child care centers is also an important mode of transmission.

1. Reported Incidence

Preliminary Incidence and Trends of Infection with Pathogens Transmitted Commonly Through Food - Foodborne Diseases Active Surveillance Network, 10 U.S. Sites, 2015-2018 describes surveillance data for 2018 and compares them with 2015-2017 data. In 2018, the estimated national incidence of culture-based STEC infection was 5.9 cases per 100,000 population. The incidence of STEC infection was significantly higher for confirmed infection (26% increase). The Healthy People 2020 national health objective is 0.6 cases per 100,000 population. The national incidence of culture-based STEC non-O157 in 2015-2017 was 1.64 cases per 100,000 population and 0.95 for STEC O157 (latest available data). The incidence of STEC non-O157 and O157 SETEC in 2017 was unchanged.

Two (2) laboratory-confirmed cases of STEC O157 were reported in Washoe County in 2018 for a reported incidence of 0.4 cases per 100,000 population. Nine (9) cases of STEC non-O157 infection were reported for a reported incidence of 2.2 cases per 100,000 population, lower than the national incidence rate 2.66 in 2017 (latest available data). The total 2018 STEC incidence rate for Washoe County was 3.0 cases per 100,000 population. In 2015 Washoe County had the highest incidence rate in recent history due to a foodborne outbreak. Two (2) cases of HUS were reported in Washoe County in 2018. No deaths were reported. No cases were associated with a multi-state outbreak in 2018.

Figure 1.3 Rates of Reported Cases* of STEC O157 Infection, Washoe County, 2009-2018



*Effective in 2009, probable cases became reportable in Washoe County.

2. Population Affected

The median age of cases in Washoe County was 32 years (range: 3 year - 95 years); 8 (57%) of 14 reported cases were female. Twelve (12) of 14 cases (86%) with known race/ethnicity were White, non-Hispanic, one (1) (7%) was Hispanic and Asian or Pacific Islanders. Three (3) cases (21%) were hospitalized with a median length of hospitalization of 4 days. One of the cases was food handler. No deaths were reported.

Table 1.3 Reported Risk Factors Among STEC Cases, Washoe County, 2018 (N=14).

Risk Factor (not mutually exclusive)	Number of Cases	%
Contaminated foods	3	21
Travel (5/3 domestic/international travel)	8	57
Contact to a similarly ill person	5	36
Contact to animals*	3	21
Recreational water exposure	6	43
Day care associated**	0	0
Drank untreated water	1	7
Unknown risk factors (unable to interview or review medical record, exclusive)	2	14
No known risk factors*** (exclusive)	0	0
Total	14	100

C. Listeriosis

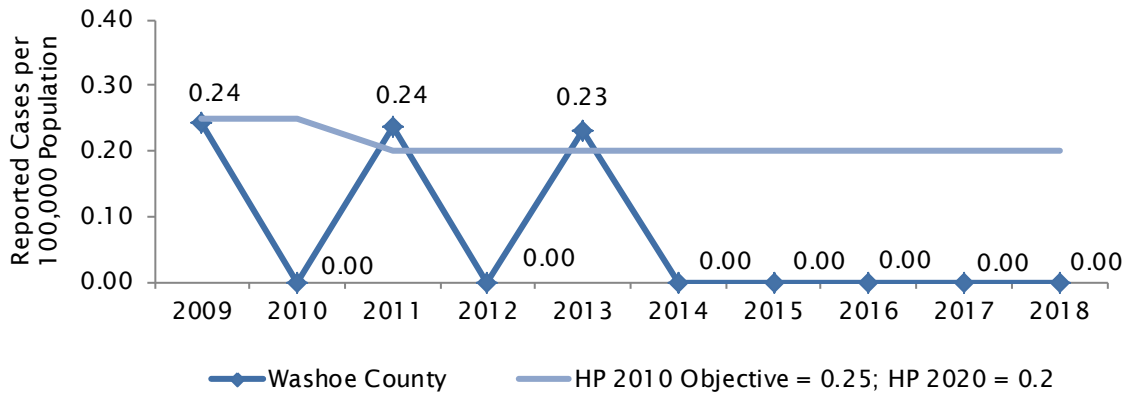
Listeriosis is a serious infection caused by eating food contaminated with the bacterium *Listeria monocytogenes*. In the United States, an estimated 1,600 persons become seriously ill with listeriosis each year. Approximately 16% of these infections are fatal.

1. Reported Incidence

Preliminary Incidence and Trends of Infection with Pathogens Transmitted Commonly Through Food - Foodborne Diseases Active Surveillance Network, 10 U.S. Sites, 2015-2018 describes surveillance data for 2018 and compares them with 2015-2017 data. In 2018, the estimated national incidence of listeriosis was 0.3 cases per 100,000 population. This incidence shows a decrease by 4 % from the 2015-2017 data. The Healthy People 2020 national health objective is 0.2 cases per 100,000 population.

No (0) cases of listeriosis were reported in Washoe County in 2018.

Figure 1.4 Rates of Reported Cases of Listeriosis, Washoe County, 2009 - 2018



2. Population Affected

No cases of listeriosis were reported in Washoe County in 2018. The last case of listeriosis reported in Washoe County was reported in 2013.

D. Salmonellosis

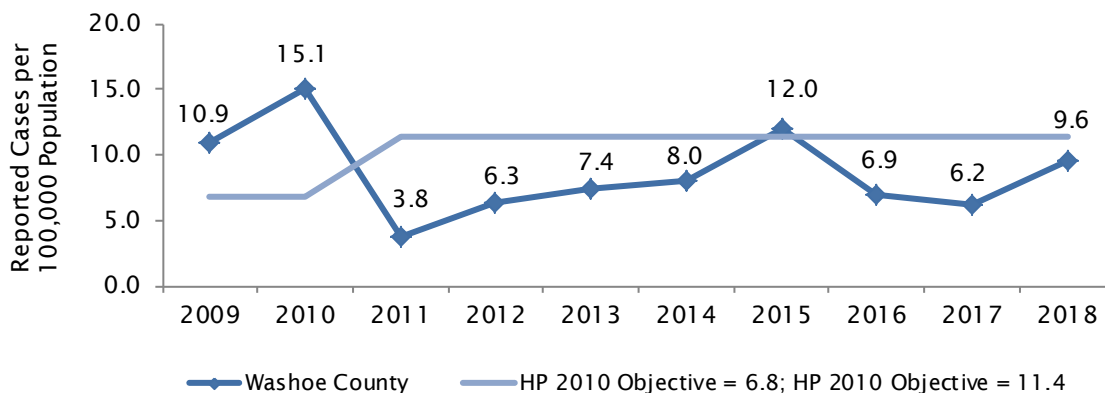
Salmonellosis is a bacterial infection that is transmitted among people and/or animals via the fecal-oral route. Although foods of animal origin are one source of *Salmonella*, transmission through fresh produce and direct contact have been increasingly recognized. Salmonellosis is one of the most frequently reported foodborne illnesses in the United States. About 1.2 million cases of Salmonellosis are reported with 23,000 hospitalizations, and 450 deaths in the United State every years.

1. Reported Incidence

Preliminary Incidence and Trends of Infection with Pathogens Transmitted Commonly Through Food - Foodborne Diseases Active Surveillance Network, 10 U.S. Sites, 2015-2018 describes surveillance data for 2018 and compares them with 2015-2017 data. In 2017, the national incidence of salmonellosis was 18.3 cases per 100,000 population. The overall rate shows a 9% increase from the 2015-2017 data. The Healthy People 2020 national health objective is 11.4 cases per 100,000 population.

Thirty-six (36) laboratory-confirmed cases and eight (8) probable case of salmonellosis were reported in Washoe County in 2018 for a reported incidence of 9.6 cases per 100,000 population.

Figure 1.5 Rates of Reported Cases* of Salmonellosis, Washoe County, 2009- 2018



* Effective in 2009, probable cases become reportable in Washoe County.

Preliminary Incidence and Trends of Infection with Pathogens Transmitted Commonly Through Food - Foodborne Diseases Active Surveillance Network, 10 U.S. Sites, 2006-2017 states that of the 89% of *Salmonella* isolates serotyped in 2017 (latest available data), the top five (5) serotypes are Enteritidis (2.6 cases per 100,000 population), Newport (1.3 cases per 100,00 population), Typhimurium (1.4 cases per 100,000 population), Javiana (1.1 cases per 100,000 population), and I 4,[5],12:i:- (0.9 cases per 100,000 population). The incidence rate in 2017 compares with 2014-2016 was significantly lower for Typhimurium (decrease by 14%) and Heidelberg (decrease by 38%).

Thirty-three (33) *Salmonella* isolates reported in Washoe County in 2018 were serotyped either by the Nevada State Public Health Laboratory (NSPHL) or by the Centers for Disease Control and Prevention (CDC). Local data indicated the two serotypes, Enteritidis and Typhimurium accounted for 38.9% of salmonellosis in 2018.

Annual Communicable Disease Summary – Enteric Diseases

Table 1.4 *Salmonella* Isolates by Serotype, Washoe County, 2018

Salmonella Isolate Serotype	Number of Cases	Percent of Cases
Bareilly	3	8.3
Dublin	1	2.8
Enteritidis	6	16.7
Heidelberg	1	2.8
Javiana	1	2.8
Mississippi	1	2.8
Montevideo	1	2.8
Newport	5	13.9
Panama	1	2.8
Paratyphi B	2	5.6
Poona	1	2.8
Saintpaul	1	2.8
Thompson	2	5.6
Typhimurium	8	22.2
Urbana	1	2.8
Unknown Serotype	1	2.8
Total	36	100.0

2. Population Affected

The elderly, infants, and those with impaired immune systems are more likely to have severe symptoms of salmonellosis. In 2018, the median age of cases in Washoe County was 36 years (range: 6 month - 78 years). Eighteen (18) cases (41%) were hospitalized with a median length of hospitalization of 3.5 days (range: 1 days - 10 days) and no deaths were reported. Five (5) cases were food handlers; no (0) cases were associated with child care facilities.

Table 1.5 Reported Salmonellosis Cases by Race and Ethnicity, Washoe County, 2018

Race/Ethnicity	Number of Cases	Percent of Cases	Cases per 100,000 Population
White/non-Hispanic	30	68	10.3
Hispanic	10	23	8.6
Black	1	2	8.6
Asian/Pacific Islander	2	5	6.2
Native	0	0	0.0
Unknown	1	2	N/A
Total cases	44	100	9.6

Figure 1.6 Salmonellosis Cases by Age and Gender, Washoe County, 2018

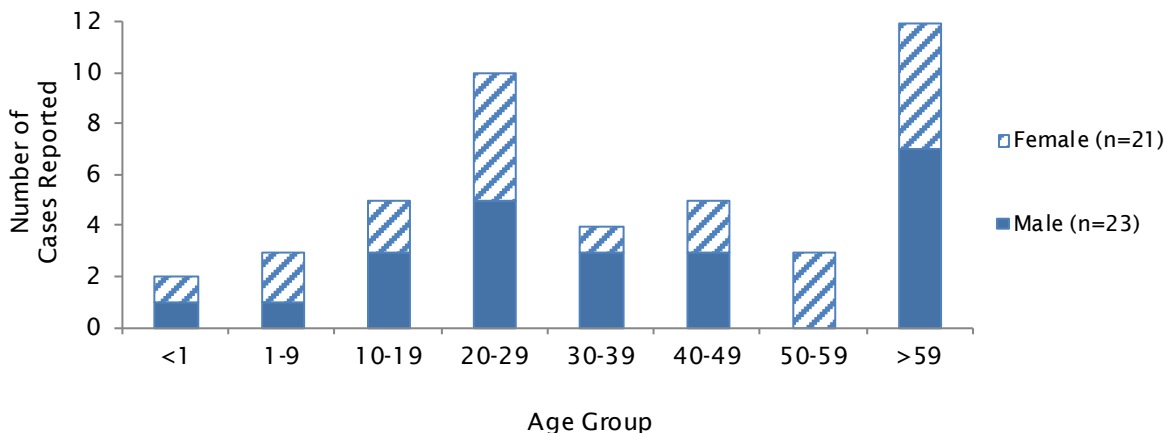


Table 1.6 Reported Risk Factors Among Salmonellosis Cases, Washoe County, 2018

Risk Factors (not mutually exclusive)	Number of Cases	%
Contaminated foods	19	43
Contact with symptomatic person	13	30
Travel (5/10 domestic/international travel)	15	34
(reptile/bird/puppy)	10	23
Recreational water exposure	8	18
Day care associated*	0	0
Drank untreated water	0	0
Unknown or missing data (Exclusive)	0	0
No known risk factors identified (exclusive)	12	27

Three clusters of Salmonellosis were investigated in 2018. One of the cases was associated with multi-state outbreaks related to kratom products.

E. Shigellosis

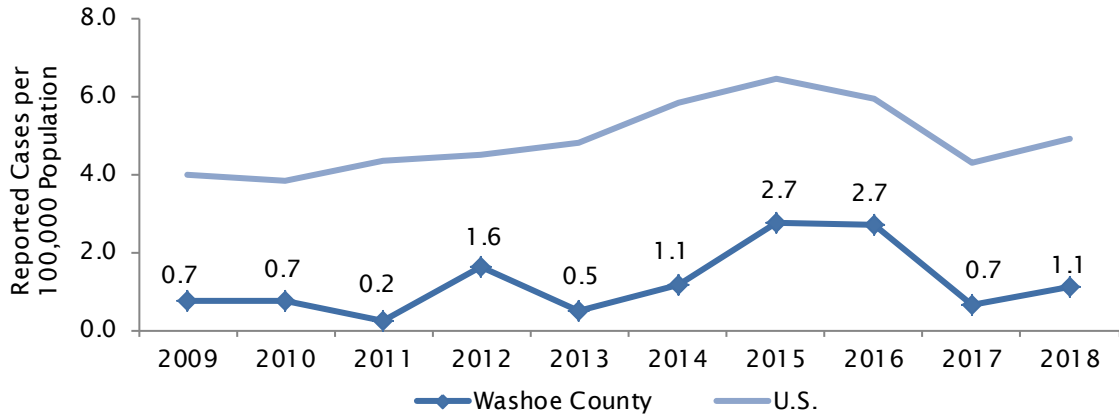
Shigellosis is a bacterial infection that is transmitted from person-to-person through the fecal/oral route. Approximately 18,000 cases of shigellosis are reported in the United States every year. Children, especially toddlers ages 2 to 4 years, are the most likely to get shigellosis. Many cases are related to the spread of illness in child care settings or in families with small children.

1. Reported Incidence

Preliminary Incidence and Trends of Infection with Pathogens Transmitted Commonly Through Food - Foodborne Diseases Active Surveillance Network, 10 U.S. Sites, 2015-2018 describes surveillance data for 2018 and compares them with 2015-2017 data. In 2018, the national incidence of confirmed or CIDT positive only shigellosis was 4.9 cases per 100,000 population. A Healthy People 2020 national health objective has not been established for shigellosis.

Four (4) laboratory-confirmed and one (1) probable cases of shigellosis were reported in Washoe County in 2018 for an incidence of 1.1 cases per 100,000 population.

Figure 1.7 Rates of Reported Cases of Shigellosis, 2009 - 2018



2. Population Affected

Five (5) cases of shigellosis were reported in 2018. The median age of cases was 52 years (range: 18 - 57 years). Two (2) cases were White non-Hispanic, three (3) were female. Three hospitalized with a median length of hospitalization of 4 days (range: 3 days - 4 days) and no deaths associated with Shigellosis were reported. One person had exposure to recreational water.

No cases were associated with a multi-state outbreak.

Figure 1.8 Shigellosis Cases by Age and Gender, Washoe County, 2018

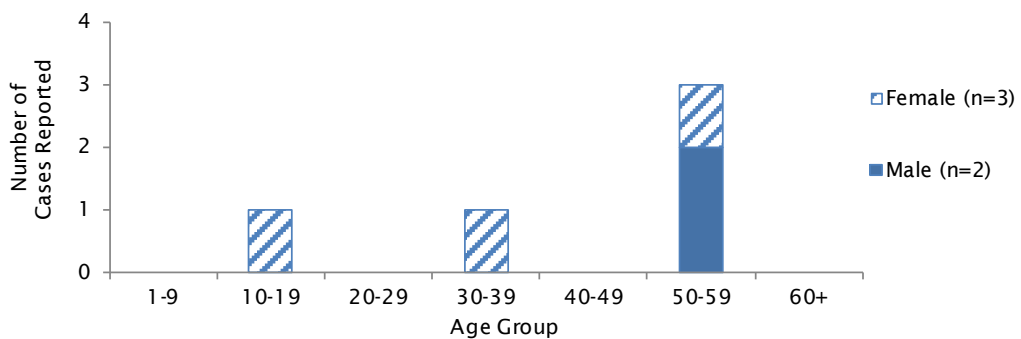
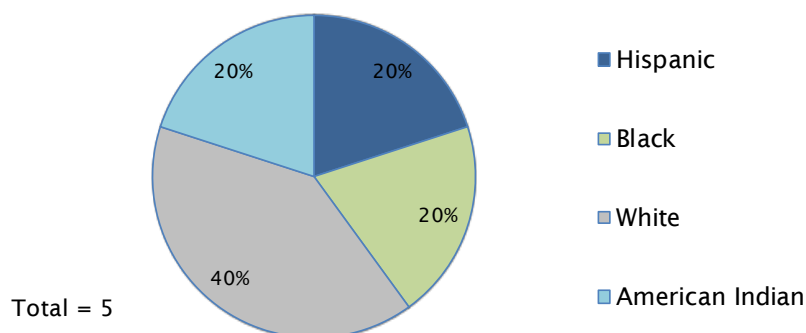


Figure 1.9 Shigellosis Cases by Race Ethnicity, Washoe County, 2018



F. Typhoid Fever

Typhoid fever is caused by *Salmonella typhi* and is transmitted from person-to-person through the fecal/oral route. Two typhoid vaccines are currently available and are recommended for travelers to endemic countries.

1. Reported Incidence

The national incidence of reported typhoid fever cases in 2017 was 0.13 cases per 100,000 population. A Healthy People 2020 national health objective for typhoid fever has not been established.

No cases of typhoid fever were reported in Washoe County in 2018.

G. *Vibrio* Species

Vibrio cholerae consists of more than 200 serogroups. Of these, only serogroups O1 and O139 are associated with the clinical syndrome of cholera and can cause large epidemics. Serogroups O1 and O139 result in an acute bacterial enteric disease characterized in its severe form by sudden onset, profuse painless watery stools, nausea and profuse vomiting early in the course of illness. In most cases infection is asymptomatic or causes mild diarrhea. Asymptomatic carriers can transmit the infection. Cholera is acquired through ingestion of an infective dose of contaminated food or water and through fecal-oral transmission.

Vibrio vulnificus and *Vibrio parahaemolyticus* are in the same family of bacteria as those that cause cholera. Both bacteria can cause disease in persons who eat contaminated seafood or have an open wound exposed to seawater. There is no evidence of person-to-person transmission. Both *V. vulnificus* and *V. parahaemolyticus* can cause serious illness and death in persons with pre-existing liver disease or compromised immune systems. *V. vulnificus* and *V. parahaemolyticus* infections are

rare, but also underreported. Vibriosis became a reportable condition in the State of Nevada effective in 2011.

1. Reported Incidence

Preliminary Incidence and Trends of Infection with Pathogens Transmitted Commonly Through Food - Foodborne Diseases Active Surveillance Network, 10 U.S. Sites, 2015-2018 describes surveillance data for 2018 and compares them with 2015-2017 data. In 2018, the estimated national combined incidence of *Vibrio* species infection was 1.1 cases per 100,000 persons, which was significantly higher compare to the previous year. The overall rate shows a 109% increase from the 2015-2017 data The new Healthy People 2020 national health objective for infection with *Vibrio* species is 0.2 cases per 100,000 population.

There were two (2) cases of reported vibriosis in Washoe County in 2018 for an incidence of 0.43 cases per 100,000 population.

2. Population Affected

Two (2) cases of vibriosis were reported in 2018. The median age of cases was 43 years (range: 16 – 70 years). One case was hospitalized and died in the hospital. This case had multiple underlying medical conditions. The case had exposure to raw seafood.

H. Yersiniosis

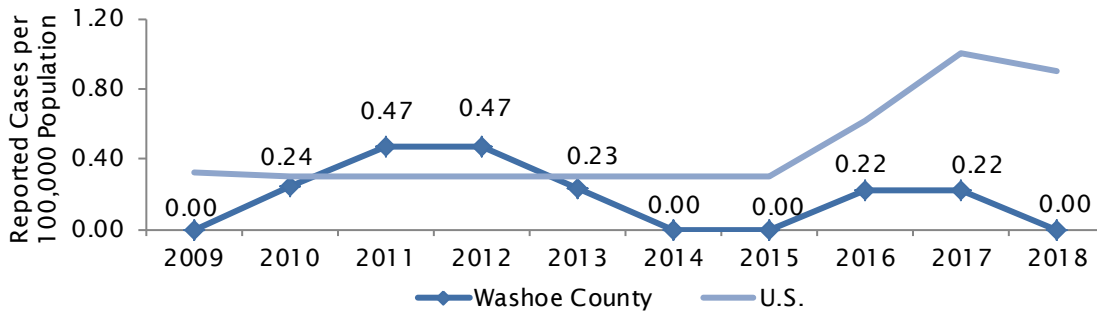
Yersiniosis is a relatively infrequent gastrointestinal disease. Symptoms of diarrhea and abdominal pain are caused by infection with *Yersinia enterocolitica*.

1. Reported Incidence

Preliminary Incidence and Trends of Infection with Pathogens Transmitted Commonly Through Food - Foodborne Diseases Active Surveillance Network, 10 U.S. Sites, 2015-2018 describes surveillance data for 2018 and compares them with 2015-2017 data. In 2018, the estimated national incidence of confirmed or CIDT positive yersiniosis was 0.9 cases per 100,000 population. Compare with incidence during 2015-2017, the 2018 incidence rate increase significantly for yersiniosis (58% increase). The Healthy People 2020 national health objective for yersiniosis is 0.3 cases per 100,000 population.

No cases of yersiniosis were reported in Washoe County in 2018.

Figure 1.9 Rates of Reported Cases of Yersiniosis, 2009 – 2018.



2. Population Affected

No cases of Yersiniosis were reported in Washoe County in 2018.

II. Parasitic Enteric Diseases

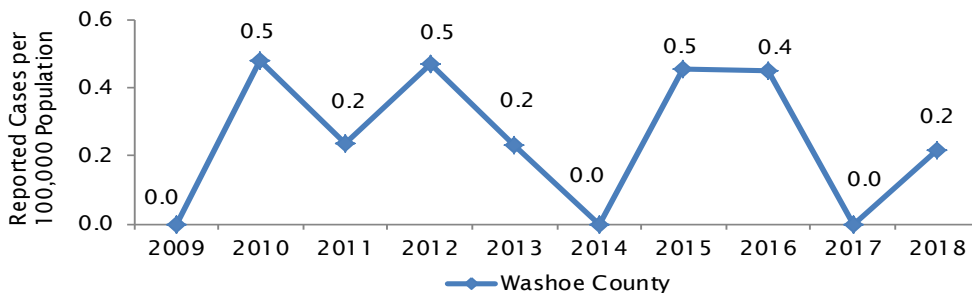
A. Amebiasis (*Entamoeba histolytica*)

Amebiasis is a diarrheal illness caused by a one-celled parasite, *Entamoeba histolytica*. Amebiasis is most common in people who live in developing countries with poor sanitary conditions. In the United States, amebiasis is most often found in immigrants from developing countries. It is also found in people who have traveled to developing countries and in people who live in institutions that have poor sanitary conditions. Men who have sex with men (MSM) have an increased risk of amebiasis. Amebiasis is not a notifiable disease in the U.S.; therefore, national case data are not available.

1. Reported Incidence

One (1) case of Amebiasis was reported in Washoe County in 2018 for incidence of an 0.2 cases per 100,000 population.

Figure 2.1 Rates of Reported Cases of Amebiasis, Washoe County, 2009- 2018



2. Population Affected

One (1) case of Amebiasis was reported in Washoe County in 2018. The case was a Black female in the 10-19 year age group. The case was not hospitalized. The case most likely acquired the infections while living in Africa refugee camp. No death was reported.

B. Cryptosporidiosis

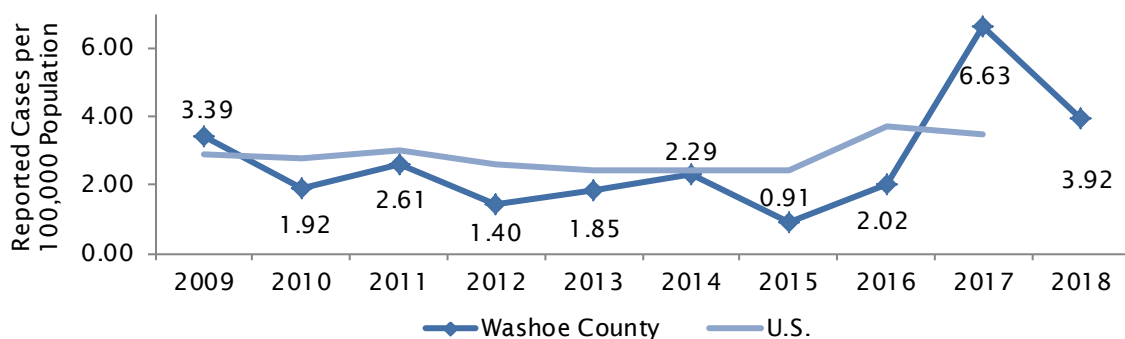
Cryptosporidiosis is a diarrheal disease transmitted via the fecal/oral route and is caused by the parasite, *Cryptosporidium parvum*. It is found in the intestines of humans and animals and is passed in the stool into the environment. The parasite is protected by an outer shell, survives outside the body for long periods of time, and is very resistant to chlorine disinfection. During the past two decades, *Cryptosporidium* has become recognized as one of the most common causes of waterborne disease (drinking and recreational) in humans in the United States. *Cryptosporidium* is found in every region of the United States and throughout the world. Men who have sex with men (MSM) have an increased risk of cryptosporidiosis.

1. Reported Incidence

Preliminary Incidence and Trends of Infection with Pathogens Transmitted Commonly Through Food - Foodborne Diseases Active Surveillance Network, 10 U.S. Sites, 2006-2017 describes surveillance data for 2017 and compares them with 2014-2016 data. In 2017 (the most recent data), the national incidence of confirmed cryptosporidiosis was 3.7 cases per 100,000 population. A Healthy People 2020 national health objective has not been established for cryptosporidiosis.

One (1) laboratory-confirmed and seventeen (17) probable cases of cryptosporidiosis were reported in Washoe County in 2018, for an incidence of 3.92 cases per 100,000 population, a significant decrease compared to 2017. It is important to note that there has been a more widespread use of diagnostic testing such as rapid screening due to the recent licensing of nitazoxanide for the treatment of cryptosporidiosis. Nitazoxanide was licensed by the Food and Drug Administration (FDA) in November 2002 for the treatment of cryptosporidiosis in children aged 1-11 years. In June 2004, nitazoxanide was also licensed for older children and adults.

Figure 2.2 Rates of Reported Cases of Cryptosporidiosis, 2009 - 2018



2. Population Affected

The median age of cases was 48 years (range: 15 years - 79 years). There were 11 (61%) female. Fourteen (14) cases were White, non-Hispanic, three (3) Hispanic and one (1) was unknown race. None of the cases were in food handlers. Two (2) of the cases were hospitalized for an average of 3.5 days (range between 1 and 7 days) and no deaths were reported.

Figure 2.3 Cryptosporidiosis Cases by Age and Gender, Washoe County, 2018

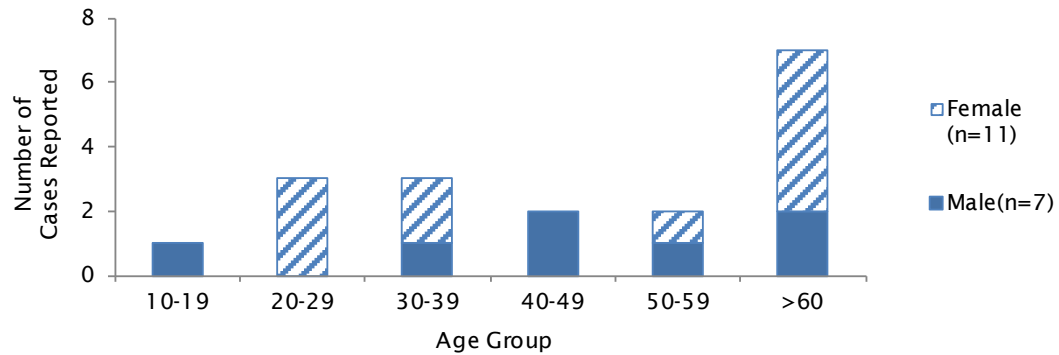


Table 2.1 Reported Risk Factors Among Cryptosporidiosis Cases, Washoe County, 2018

Risk Factor (not mutually exclusive)	Number of Cases	%
Travel (3 international and 1 domestic)	6	33
Recreational water exposure	5	28
Daycare associated	0	0
Contact with ill animals	1	6
Underlying chronic conditions	1	6
Unable to interview (exclusive)	1	6
No known risk factors identified (exclusive)	8	44

No cryptosporidiosis outbreaks were reported in 2018.

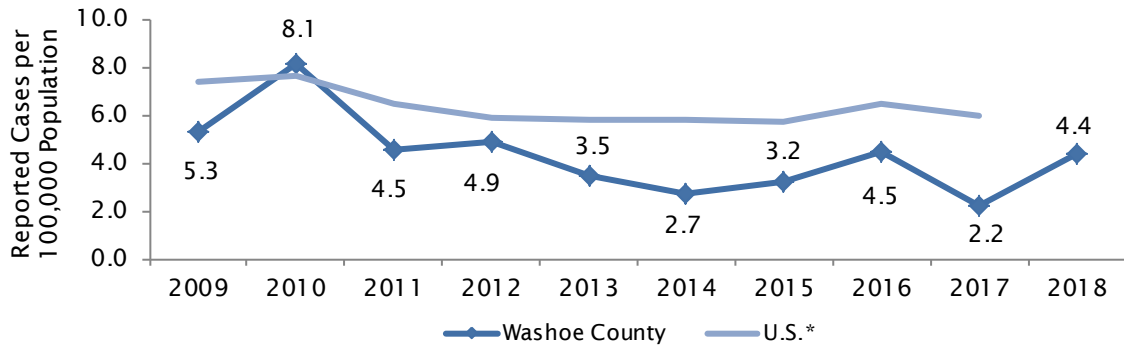
C. Giardiasis

Giardiasis is a diarrheal illness transmitted via the fecal/oral route and caused by a one-celled parasite, *Giardia lamblia*. *Giardia* lives in the intestines of people and animals. The parasite is passed in the stool of an infected person or animal. It is protected by an outer shell that allows it to survive outside the body and in the environment for long periods of time. *Giardia* is found in every region of the United States and throughout the world. During the past two decades, *Giardia* has become recognized as one of the most common causes of waterborne disease (drinking and recreational) in humans in the United States. It is also easily transmitted from person-to-person and is a common cause of diarrhea in child care settings.

1. Reported Incidence

In 2017, the national reported incidence of giardiasis was 5.94 cases per 100,000 population, which was the most current national data. In 2018, 20 cases of giardiasis were reported in Washoe County for an incidence rate of 4.4 cases per 100,000 population. All 20 cases were laboratory confirmed.

Figure 2.4 Rates of Reported Cases* of Giardiasis, 2009 - 2018



*Giardiasis was not nationally notifiable until 2002. Effective in 2009, probable cases became reportable in Washoe County.

2. Population Affected

The median age of cases in Washoe County was 42.5 years (range: 4 years - 74 years). Seven (7) cases (35%) were female. Sixteen (16) cases were White non-Hispanic, one (1) Black and three (3) Hispanic. Two cases were hospitalized with a median length of hospitalization of 6 days (range: 4 days - 8 days). No deaths were reported.

Figure 2.5 Giardiasis Cases by Age and Gender, Washoe County, 2018

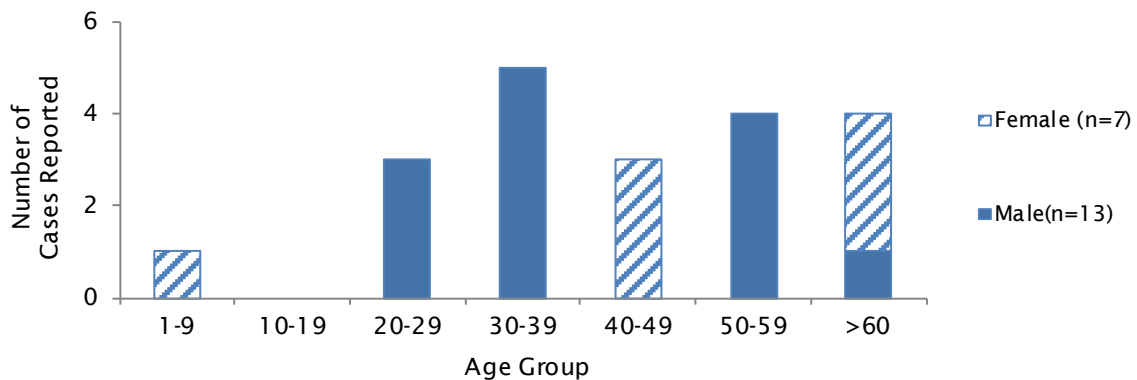


Table 2.2 Giardiasis Cases by Race and Ethnicity, Washoe County, 2018

Race/Ethnicity	Number of Cases	Percent of Cases	Cases per 100,000 Population
White/non-Hispanic	16	80	5.5
Hispanic	3	15	2.6
American Indian/Alaska Native	0	0	0.0
Black	1	5	8.6
Asian	0	0	0.0
Total cases	20	100	4.4

Annual Communicable Disease Summary – Enteric Diseases

Table 2.3 Reported Risk Factors Among Giardiasis Cases, Washoe County, 2018

Risk Factor (not mutually exclusive)	Number of Cases	%
Domestic / International Travel (2/4)	6	30
Recreational water exposure	7	35
Drank untreated water	1	5
Animal contact*	4	20
Contact with symptomatic confirmed case	1	5
Day care associated**	1	5
No acknowledged risk (exclusive)	3	15
Unknown risks (unable to interview, exclusive)	2	10
* High risk animal contact such as sick animal, sick puppies, etc.		
** Includes day care attendees, staff, or persons who live with a day care attendee.		

No outbreak of giardiasis was reported in 2018.

III. Viral Enteric Diseases

A. Norovirus

Norovirus” is the official genus name for the group of viruses previously called “Norwalk-like viruses” (NoV), a member of the viral family *Caliciviridae*. Norovirus infection causes gastrointestinal illness characterized by nausea, abdominal cramps, profuse diarrhea and projectile vomiting.

Noroviruses are human pathogens transmitted primarily through the fecal/oral route, by consumption of fecally contaminated food or water, or by direct person-to-person spread. Airborne and fomite transmission are also likely. Aerosolization of vomitus presumably results in droplets contaminating surfaces or entering the oral/nasal mucosa and being swallowed.

During January 1, 2017 through December 31, 2017, public health departments reported 839 foodborne disease outbreaks to the Centers for Disease Control and Prevention (CDC). Norovirus was the most reported etiological agent accounting for 38% of confirmed cases. The CDC annual outbreak reports for 2018 were not available as of the date this report was prepared.

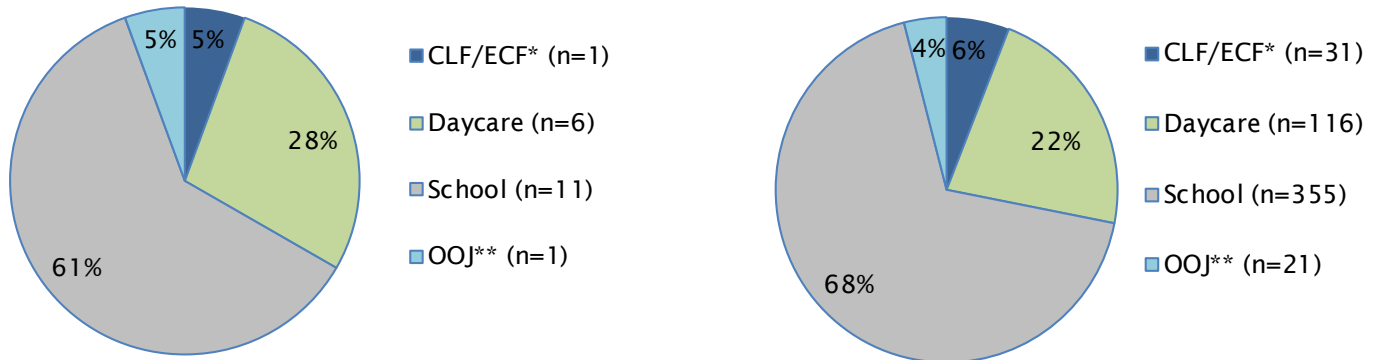
Most foodborne outbreaks of NoV illness are the result of direct contamination of food by a food handler immediately before its consumption. By contrast, NoV outbreaks in group living facilities are usually due to person-to-person, fomite and aerosol transmission. A public vomiting incident (PVI) carries high risk for transmission to other nearby persons. Contaminated raw oysters, fruits, vegetables and water have also caused outbreaks

Cases of NoV are not reportable in Nevada unless they are part of an outbreak. In 2018, NoV was confirmed as the cause of one (1) outbreak and suspected as the cause of seventeen (17) other outbreaks in Washoe County. Rotavirus was later suspected as the etiology in one (1) of the outbreaks at a childcare center. Of the eighteen (18) total viral gastroenteritis outbreaks reported in Washoe County, 61% (11/18) occurred in a school

Annual Communicable Disease Summary – Enteric Diseases

setting 33% (6/18) occurred in a childcare setting and there was one (1) outbreak (<1% - 1/18) at an adult assisted living facility. The median number of reported ill persons per outbreak was 21 (range: 6 - 186 reported ill persons per outbreak). A total of 533 persons were reported as ill of which 530 met the case definition. Less than 1% (1/533) was confirmed by laboratory testing. Of the 533 reported ill persons, 67% (358/533) were associated with a school setting, 27% (144/533) were associated with a childcare setting and 6% (31/533) were associated with an adult assisted living facility. The transmission modes were primarily person-to-person.

Figure 3.1 Reported Norovirus Outbreaks by Facility type, Washoe County, 2018



*CLF/ECF - Group Living Facility

**OOJ - Out off Jurisdiction

(A) - Number of Outbreaks (n=23)

(B) - Number of Ill Persons (n=1 155)

IV. Surveillance, Prevention and Control of Enteric Diseases

A. Investigation of Consumer Complaints

In 2018, the Division of Environmental Health Services (EHS) Food Safety Program received 115 complaints involving 134 individuals reporting a foodborne illness. Foodborne illnesses comprise the various acute syndromes that result from the ingestion of foods contaminated by infection-producing bacteria, parasites and viruses. The Food Safety Program is responsible for surveillance and investigation of foodborne illness complaints in Washoe County. The purpose of these investigations is to identify and halt potential epidemics of foodborne illness.

The number of complaints averaged ten (10) per month and ranged from four (4) in December to sixteen (16) in October. In 2014 through 2018, the number of complaints received per month averaged 11, 10, 13, 8 and 10 respectively. All foodborne illness or food product complaints that involved a product regulated by the Food and Drug Administration (FDA) or the United States Department of Agriculture (USDA) were forwarded to the respective agency.

Figure 4.1 Foodborne Illness Complaints Received by Month, WCHD, 2014 – 2018

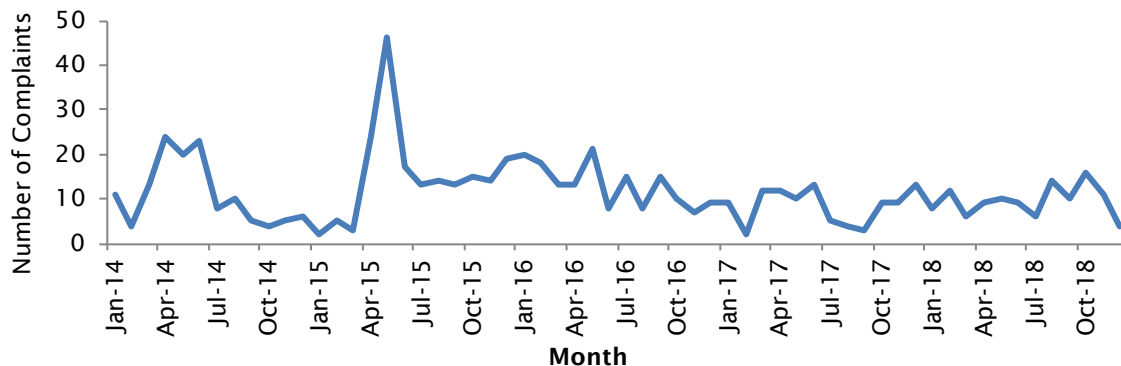
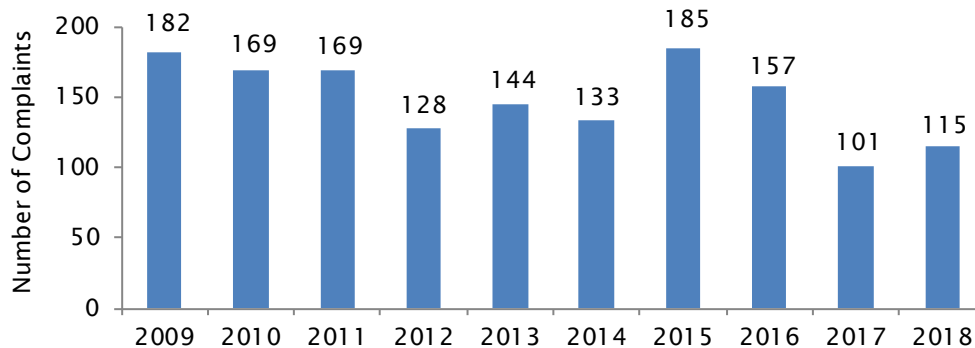


Figure 4.2 Foodborne Illness Complaints, WCHD, 2009– 2018



B. Exclusion of Ill Food Handlers

Six (6) food service workers were excluded from work in 2018 to prevent transmission of confirmed or suspected diseases through handling food or person-to-person contact. All individuals were allowed to return to work after the Washoe County Health District (WCHD) determined they were no longer contagious.

C. Consumer Alerts and Recalls

The Food Safety Program also monitored consumer alert and recall notices on the internet. Most of the recalls and alerts did not affect Washoe County residents, as most products were not shipped into the area. If a product was distributed into Washoe County, staff ensured that distributors and/or retail outlets were notified and complied with the recommendations. There were two (2) recalls that were investigated as part of nationwide outbreaks. The total number of consumer alerts/recalls tracked by the food safety program in 2018 was 15.

D. Outbreaks

In addition to the eighteen (18) viral gastroenteritis outbreaks there were sixteen (16) outbreaks of Hand, Foot and Mouth Disease (HFMD) outbreaks in local childcare settings in Washoe County in 2018. Other outbreaks associated with school and childcare settings included Influenza-Like Illness (12), Pink Eye (2) and Respiratory Syncytial Virus (1). There were eleven (11) investigations of permitted food establishments related to consumer illness complaints but no outbreaks were

associated with any of these facilities. Additionally there were investigations of outbreaks stemming from a local corporate picnic and national outbreaks related to recalled supplements and ground beef.

1. Nationwide Outbreak of Salmonella linked to Kratom

On April 2nd, 2018 the FDA issued mandatory recall of a list of kratom supplement products following a multistate outbreak investigation of *Salmonella* strains linked to these products by the Centers for Disease Control and Prevention (CDC). On April 18th, 2018 Environmental Health Services (EHS) received a referral from the Communicable Disease (CD) program for a case of *Salmonella* thompson that matched the national outbreak. The case had consumed kratom powder believed to be part of the recall and purchased from a local smoke shop. Upon investigation it was noted that there were at least two (2) other smoke shops and stores believed to have recalled kratom products. Staff from EHS did investigations at all facilities known to have kratom, five (5) in total, and put a hold order on one hundred and forty-six (146) bags of kratom powder and capsules. On April 25th, 2019 there were 2 samples taken by EHS staff from the smoke shop of the product that the case consumed. The samples were submitted to the Nevada State Public Health Lab (NSPHL) for testing. On May 2nd, 2019 sample reports indicated the product was negative for salmonella. The FDA advised EHS to have all recall-listed kratom to be destroyed and return the remaining product on hold back to the merchant to allow for sale. On May 24th, 2019 the outbreak was declared over by the CDC and the EHS case was closed. There were no further cases of salmonella in Washoe County matching the recall reported in 2018.

2. Outbreak of Clostridium perfringens following a Company Picnic

On June 21st 2018, notification was received by EHS from the CD program of a suspected foodborne illness outbreak at a corporate facility (Facility A) following their annual company picnic. The picnic had occurred a day prior, June 20th, 2019 and was attended by approximately three hundred (300) employees. The initial report indicated there were approximately thirty (30) illnesses with predominant symptoms of diarrhea and abdominal cramping. A manager of Facility A, whom called in the report, stated that the food at the picnic came from a local restaurant (Restaurant A) and was supplemented with beans and rice prepared at home by two (2) employees. The company also held a home-made salsa competition at the picnic with an unknown number of employees participating. Staff from EHS interviewed twenty (20) ill employees and delivered ten (10) stool specimen collection kits to ill individuals willing to submit a sample. The kits were collected and delivered to the NSPHL for analysis on June 22nd, 2019.

Staff from EHS responded to Restaurant A on June 21, 2019 to investigate potential food sources. Upon interview of the owner it was stated that ten (10) trays of carne asada (beef), ten (10) trays of grilled chicken, five (5) trays of diced potatoes, four (4) trays of pico de gallo, four (4) trays of pickled carrots and onions, and one (1) five-gallon bucket each of red sauce and green sauce and tortilla chips were provided for the picnic. There was no food left over from the picnic preparation to obtain samples. During the investigation of Restaurant A EHS staff did not note any violations of temperatures or procedures during food preparation. Staff from EHS also interviewed the employees of Facility A, who prepared the beans and rice for the picnic. It was noted that both food items were precooked and cooled the day

before and then reheated the day of the event. There were no records of temperature monitoring for the beans or rice and there was no food leftover to sample.

On June 24th, 2019 the NSPHL reported four (4) of the specimens submitted from Facility A employees were positive for *Clostridium perfringens*. The results matched the symptoms and duration of illnesses reported. Follow-up questionnaires issued to employees by CD staff indicated that there were one-hundred and twenty-one (121) employees attending the picnic who met case definition, with onset of symptoms between June 20th and June 23rd, 2019. It was further determined by EHS that the likely source was the beans that were prepared by an employee of Facility A. A final report was completed by CD and EHS on August 2nd, 2019 and provided to management of Facility A with findings and recommendations.

3. Nationwide Outbreak of Salmonella Newport linked to Ground Beef

On September 12th, 2018 a notice was sent by the CDC Outbreak Response and Prevention Branch of one hundred and fifty-two (152) cases of Salmonella Newport related to ground beef consumption. The cases showed 3 specific patterns on pulsed-field gel electrophoresis (PFGE). On September 13th, 2018 it was reported that one (1) of the cases resided in Washoe County. The case was a 4 year-old male with onset of symptoms on September 4th, 2018. On September 20th, 2018 a parent of the case reported to CD staff that they get their ground beef from a large retail Store (Store A). Staff from EHS contacted Store A with the parent's shopper card information requesting purchase records for 3-months prior to the onset of illness. Staff from EHS followed up with Store A over the next week with no response and on September 27th, 2018 a letter was hand-delivered to Store A requiring cooperation to provide requested information for the outbreak to the Health Authority under Nevada Administrative Code (NAC) 441A.280. On October 2nd, 2018, EHS received reports from CD of 2 other cases of Salmonella Newport from Washoe County matching the nationwide outbreak. One of the newly reported cases also shopped at Store A and provided a shopper's card information. The letter was forwarded by EHS to the corporate office of Store A requesting 3-month purchase records for both cases. Information was then provided from Store A of purchases for both cases and it did not indicate any purchases of ground beef.

On October 4th, 2018, a recall of 6.5 million pounds of raw beef products from a processing and packaging establishment (Establishment A) in Tolleson, Arizona was issued by the United States Department of Agriculture Food Safety and Inspection Service (USDA-FSIS) as a result of trace-back linking the products to the nationwide outbreak. Recalled products were packaged from July 26th, 2018 through September 7th, 2018. A list of retailers was provided and in response staff from EHS contacted all fourteen (14) local retailers on the list to ensure the product was no longer on the shelves.

Additionally a post was put on the EHS social media site regarding the recall so that local residents could check their freezers.

On November 13th, 2018 EHS received a report from CD of a fourth case from Washoe County that matched the nationwide outbreak. The patient was a 70 year-old female who had an onset of October 25th, 2018. She had reported eating ground beef that was purchased in July of 2018 from a local retail store (Store B). Of note, Store B was on the list of retailers from the recall. Staff from EHS requested

shopping records from Store B for the case from June 1st, 2018 through October 31st 2018. The case also stated there was ground beef from the purchase remaining in her freezer. The remaining ground beef, approximately 2 pounds, was picked up by EHS from the case's home freezer on November 14th, 2018 and delivered to the NSPHL for analysis. On November 20th, 2018 NSPHL reported a positive result for Salmonella and matched the serotype to the nationwide outbreak using whole genome sequencing (WGS). Information provided from shopping records for the case from Store B confirmed purchase of twelve (12) pounds of ground beef on July 8th, 2018. A subsequent expansion of the recall in late October confirmed that the product was subject to recall and was distributed to Store B from Establishment A. As of December 31st, 2018 no new cases linked to the outbreak were reported in Washoe County.

APPENDIX M - WCHD Compliance and Enforcement Policy

<p>WASHOE COUNTY HEALTH DISTRICT ENHANCING QUALITY OF LIFE</p>	<p>STANDARD OPERATING PROCEDURES</p> <p>Compliance & Enforcement Policy</p> <p>PROGRAM: FOOD SAFETY</p>
<p>SOP No.: FS-18 ● Version No.: V1 ● Effective: <u>01/07/20</u> Superseded by: N/A</p>	
<p>SOP Type:</p> <p>Internal SOP: <input checked="" type="checkbox"/> Internal SOP (WC level does not directly affect entities outside of the WCHD)</p> <p>External SOP: <input type="checkbox"/> External SOP (WC level that affects entities outside of the WCHD)</p>	

<p>Author(s):</p>	
<p><u>12/16/2019</u></p>	<p>_____ Teresa Long, REHS Environmental Health Services</p>
<p>Reviewed by:</p>	
<p>_____ Date</p>	<p>_____ Amber English, Env. Health Specialist Spvsr Environmental Health Services</p>
<p>Approved by:</p>	
<p>_____ Date</p>	<p>_____ Charleen Albee, Division Director Environmental Health Services</p>

Compliance & Enforcement Standard Operating Procedure (SOP)

Purpose & Scope:

The intent of this SOP is to help ensure the Risk Control Factors known to cause Foodborne Illness (FBI) are properly monitored and addressed by the operator through active managerial control and the Registered Environmental Health Specialist (REHS) when conducting inspections.

A regulatory program must focus on the status of the FBI risk factors in a food establishment, document compliance and when necessary ensure immediate and long-term corrections are implemented by the operator.

This SOP will provide the REHS with a pathway to ensure compliance is achieved through the implementation of a uniform enforcement process.

Background:

The Washoe County Health District (WCHD) is dedicated to improving the quality of life and ensuring the public health and safety for all residents and visitors of the County, through education, surveillance, enforcement and community service.

While the food supply in the United States is one of the safest in the world, the Centers for Disease Control and Prevention (CDC) estimates that approximately 48 million people suffer from foodborne illness each year. Of these, more than 128,000 are hospitalized, and 3,000 die. Preventing foodborne illness and death remains a major public health challenge.

The CDC and the Food and Drug Administration (FDA) have identified five foodborne illness risk factors and five public health interventions that when addressed during an inspection of a retail food establishment should lead to a reduction in the incidents of foodborne illness and to an increased protection for consumer health.

The five most common CDC risk factors are:

1. Improper Holding Temperatures
2. Inadequate Cooking
3. Poor Personal Hygiene
4. Contaminated Equipment
5. Food from Unsafe Sources

The FDA's public health interventions are:

1. Demonstration of knowledge
2. Employee health controls
3. Controlling hands as a vehicle of contamination
4. Time and temperature parameters for controlling pathogens
5. The consumer advisory

It is the responsibility of the Washoe County, Environmental Health Services Division to conduct routine inspections of retail food establishments in Washoe County in order to ensure compliance with the Regulations of The Washoe County District Board of Health Governing Food Establishments (WCHD Food Regulations).

Definitions:

Critical Violations – A provision of the WCHD food regulations, that if in non-compliance, is more likely than other violations to contribute to one of the five foodborne illness risk factors or one of the five FDA public health interventions. Critical violations pose an imminent threat to public health and have the potential to cause foodborne illness. A critical violation must be corrected or mitigated during an inspection in order to avoid closure. When a critical violation cannot be immediately corrected or mitigated, the food facility is subject to closure.

Non-Critical Violations – A provision of the WCHD food regulations that do not directly cause foodborne illness, but are important factors in general sanitation, operational controls, general maintenance, and facility design that allow for safe, wholesome and unadulterated food products. The time frame for corrections will be assessed on a case by case basis by the REHS and should not exceed 30 days, except for CFPM related issues (see flow diagram in WCHD Field Guide).

Time Frame for Corrective Actions- Reference WCHD Food Establishment Field Inspection Guide

The time frame for corrective actions will be determined by the REHS based on the Inspection Rating at the time of the inspection.

Pass (Green):

- **Critical Violations** - An establishment having no more than one critical violation observed during the inspection. Critical violation shall be corrected or mitigated during the inspection.

- **Non-Critical Violations** - Establishments with multiple non-critical violations or repeat non-critical violations may be subject to reinspection's, reinspection fees, and additional enforcement action including permit suspension, and/or permit revocation. ***Non-critical violations must still be corrected or mitigated during the inspection if they are noted under the Risk Factor Intervention section (items #1-30) on the Food Establishment Inspection Form.**

Conditional Pass (Yellow):

- An establishment having two or more critical violations observed during the inspection. Critical violations shall be corrected or mitigated during the inspection. A reinspection shall be conducted within 24 to 72 hours to verify critical violation(s) remain corrected

Closed (Red):

- If a substantial health hazard exists, as defined in these regulations, or if it is determined that there is a risk of imminent danger to the public, the Health Authority shall suspend the health permit and the establishment must immediately cease foodservice operations. Operations, once ceased, shall not be resumed until the health permit is reinstated by the Health Authority.

Risk Control Plan (RCP):

Risk Control Plans are intended to identify repeat critical violations and are designed for operators to obtain long term compliance. The REHS will fill out page one of the Risk Control Plan & the operator will fill out page two with the guidance and assistance of the REHS. The operator must submit the plan within the timeframe set for approval by the REHS. The following are examples of violations that may warrant a Risk Control Plan:

1. Lack of Active Managerial Control
2. Cooling, Cooking, & Reheating violations
3. Pest Control Issues
4. Storage and Date Marking violations
5. Handwashing
6. Employee Health Policies

Inspection Frequency:

- Risk Level I & II Food Establishments are inspected 1 time per year.
- Risk Level III Food Establishments are inspected 2 times per year.

Compliance & Enforcement Procedures:

The identification of foodborne illness risk factors in a foodservice establishment necessitates a specific procedure for consistency and uniformity regarding on-site corrective action, long-term control and follow-up, permit suspension and/or revocation if warranted.

This document outlines procedures for three different scenarios that the REHS may encounter when conducting food establishment inspections: The Initial Routine inspection, Consecutive Conditional Pass Ratings, and Repeat Critical Violations.

Initial Routine Inspection (See Flowchart #1)

This inspection is the REHS's first routine inspection of the year or if it is a Risk Level III, it could be the second routine inspection as required by WCHD policy. See ***Food Establishment Inspection Procedures SOP*** for more information on procedures for conducting a routine food inspection.

In following the Food Establishment Inspection Procedure SOP, conducting a file review is mandatory. If there are no prior repeat critical violations or conditional passes noted during the previous inspection during the file review, proceed with Flowchart #1.

***Note: If there are repeat conditional passes or repeat critical violations, proceed with Flowcharts #2 or #3 as needed.

The following information provides direction for the REHS when a food establishment requires multiple re-inspections because the operator either cannot or will not comply with the WCHD Food Regulations.

1. If, during the inspection a critical violation is observed, on-site corrective action must be obtained.
2. As per the Field Guide, one or fewer critical violations is considered a pass and no follow-up is required.
3. If there are two or more critical violations the operator receives a conditional pass and a re-inspection is required.

Re-inspection:

1. All critical violations are corrected at time of inspection. No further action is required.
2. Violations noted during original inspection are out of compliance. On-site corrective action must be obtained.
3. REHS must document that a re-inspection fee must be paid prior to re-inspection.

2nd Re-inspection:

1. Verify re-inspection fee has been paid prior to re-inspection. Failure to pay will result in automatic permit suspension.
2. All critical violations noted during previous inspections have been corrected. No further action.
4. Violations noted during previous inspection are out of compliance. On-site corrective action must be obtained.
5. A Risk Control Plan is required to be submitted and approved by the REHS. Set timeframe for re-inspection. Additional logs, documentation or plans may also be required on an as needed basis.
6. Discuss the long-term control of foodborne illness risk factors with the manager through the development of an effective monitoring and control system.
7. REHS must document that a re-inspection fee must be paid prior to re-inspection.

3rd Re-inspection:

1. Verify re-inspection fee has been paid prior to re-inspection. Failure to pay will result in automatic permit suspension.
2. Operator has implemented the Risk Control Plan(s) and/or other logs/plans as needed. All critical violations noted during previous inspection have been corrected. No further action.
3. Violations noted during previous inspections are out of compliance. Suspend Health Permit to Operate. Close facility. Schedule office hearing and follow internal office policy.

*** During office hearing, WCHD staff and operator will work together to come up with a plan move forward. Operator must pay re-inspection fee prior to 4th re-inspection which will occur within the timeframe set at the office hearing.

4th Re-inspection:

1. Verify re-inspection fee has been paid prior to re-inspection. Failure to pay will result in permit suspension status until paid.
2. All critical violations noted during previous inspection have been corrected. Operator is working in accordance to plan outlined during the office hearing. Permit is re-instated.
3. Violations noted during previous inspections are out of compliance. Proceed to Health Permit to Operate Revocation Process.

Consecutive Conditional Pass ratings (See Flowchart #2)

Routine Inspection:

1. REHS conducts facility file review prior to inspection. In the process it is noted that the facility has received a conditional pass for the **two** consecutive previous routine inspections.
2. REHS conducts routine inspection and the facility receives a conditional pass. On-site corrective action must be obtained.
3. A Risk Control Plan is required to be submitted and approved by the REHS. Set timeframe for re-inspection. Additional logs, documentation or plans may also be required on an as needed basis.

Re-inspection:

1. All critical violations noted during previous inspection have been corrected. Operator has implemented the Risk Control Plan(s). No further action.
2. Violations noted during previous inspections are out of compliance. On-site corrective action must be obtained AND
3. Mandatory in-house training for all essential staff at the facility must be coordinated by the REHS and/or the Food Safety team and the PIC.

Mandatory Training:

The food establishment must be closed to the public during the in-house training to ensure staff is able to focus on the training. All essential staff are required to attend. The type of training will be determined on a case by case basis depending on the needs of the facility in order to gain long term compliance. WCHD staff (REHS & Food Safety Team) will work with the operator to set the training date.

Operator must pay re-inspection fee prior to re-inspection which will occur within the timeframe set at the end of the in-house training.

2nd Re-inspection:

1. Verify re-inspection fee has been paid prior to re-inspection. Failure to pay will result in automatic permit suspension.
2. All critical violations noted during previous inspection have been corrected. No further action is required.
3. Violations noted during previous inspections are out of compliance. Suspend Health Permit to Operate. Close facility. Schedule office hearing and follow internal office policy.

*** During office hearing, WCHD staff and operator will work together to come up with a plan move forward. Operator must pay re-inspection fee prior to re-inspection which will occur

within the timeframe set at the office hearing.

3rd Re-inspection:

1. Verify re-inspection fee has been paid prior to re-inspection. Failure to pay will result in permit suspension status until paid.
2. All critical violations noted during previous inspection have been corrected. Operator is working in accordance to plan outlined during the office hearing. Permit is re-instated.
3. Violations noted during previous inspections are out of compliance. Proceed to Health Permit to Operate Revocation Process.

Consecutive Repeat Critical Violations (See Flowchart #3)

Routine Inspection:

1. REHS conducts facility file review prior to inspection. In the process it is noted that the facility has received a repeat critical violation during the **two** previous routine inspections.
2. REHS conducts routine inspection and the facility receives the same repeat critical violation noted in the previous **two** consecutive inspections. On-site corrective action must be obtained.
3. A Risk Control Plan is required to be submitted and approved by the REHS. Set timeframe for re-inspection. Additional logs, documentation or plans may also be required on an as needed basis.

Re-inspection:

1. All critical violations noted during previous inspection have been corrected. Operator has implemented the Risk Control Plan(s). No further action.
2. Violations noted during previous inspections are out of compliance. On-site corrective action must be obtained.
3. REHS must document that a re-inspection fee must be paid prior to re-inspection.

2nd Re-inspection:

1. Verify re-inspection fee has been paid prior to re-inspection. Failure to pay will result in automatic permit suspension.
2. All critical violations noted during previous inspection have been corrected. No further action is required.

3. Violations noted during previous inspections are out of compliance. Suspend Health Permit to Operate. Close facility. Schedule office hearing and follow internal office policy.

*** During office hearing, WCHD staff and operator will work together to come up with a plan move forward. Operator must pay re-inspection fee prior to re-inspection which will occur within the timeframe set at the office hearing.

3rd Re-Inspection:

1. Verify re-inspection fee has been paid prior to re-inspection. Failure to pay will result in permit suspension status until paid.
2. All critical violations noted during previous inspection have been corrected. Operator is working in accordance to plan outlined during the office hearing. Permit is re-instated.
3. Violations noted during previous inspections are out of compliance. Proceed to Health Permit to Operate Revocation Process.

Consecutive Repeat Non-Critical Risk Factor Violations

On the third consecutive repeat non-critical violation in the Risk Factor Intervention section (items #1-30) on the Food Establishment Inspection form, the REHS must offer a Risk Control Plan to the operator. If the operator agrees to the Risk Control Plan, it must be submitted and approved by the RHES. If the Risk Control Plan is declined, long-term corrective actions must be discussed and documented on the Food Establishment Inspection form. Additional logs, documentation, or plan may be required on an as needed basis.

References:

Regulations of the Washoe County District Board of Health Governing Food Establishments

Washoe County Health District Food Establishment Field Inspection Guide

Food Establishment Inspection Procedures SOP

Health Permit to Operate Revocation Process

Link to Resource Library:

<https://www.washoecounty.us/health/programs-and-services/environmental-health/food-protection-services/Resource-Library.php>

Attachments:

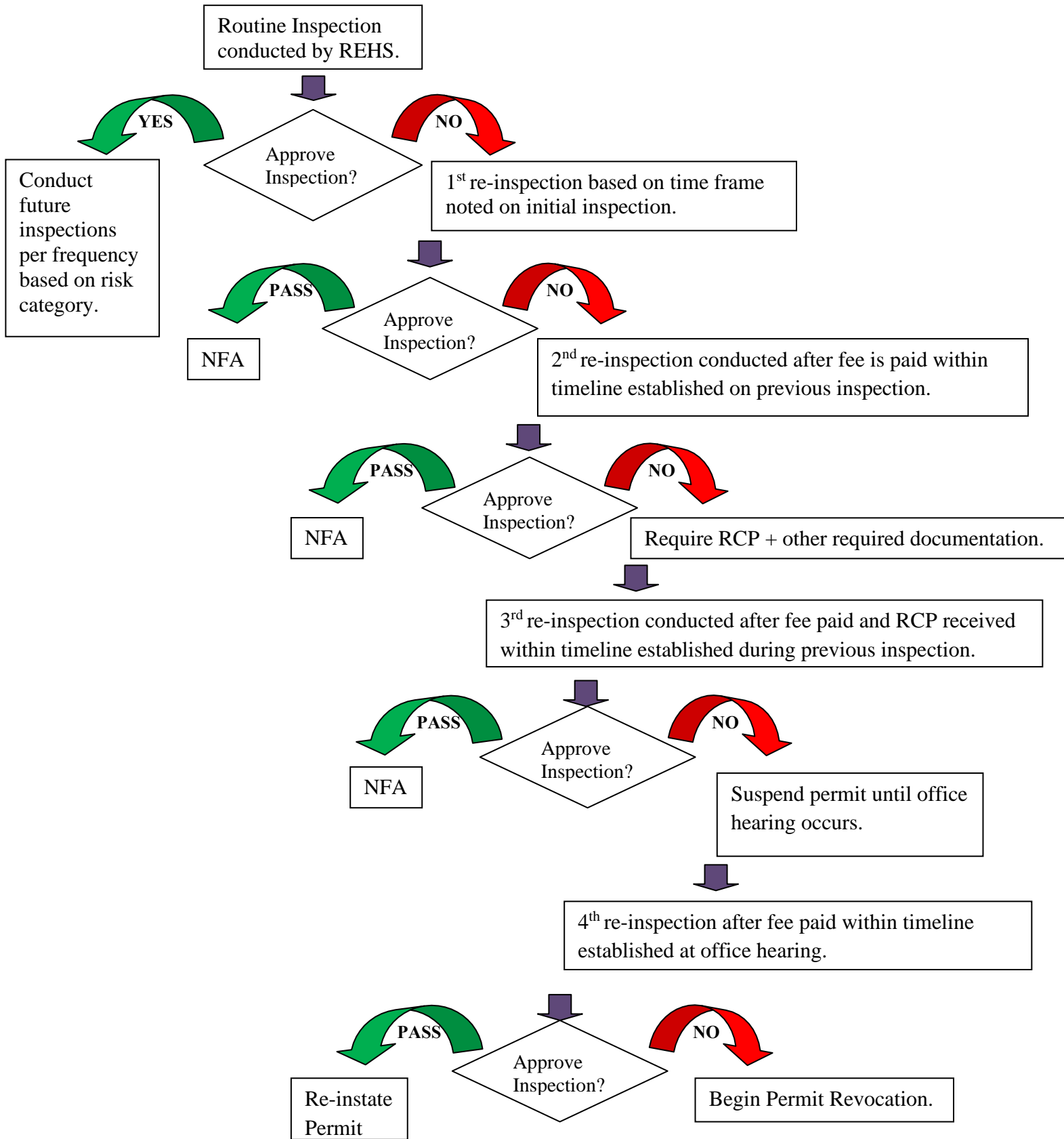
Attachment A: Flow Chart - Initial Routine Inspection

Attachment B: Flow Chart - Repeat Conditional Pass on Consecutive Inspections

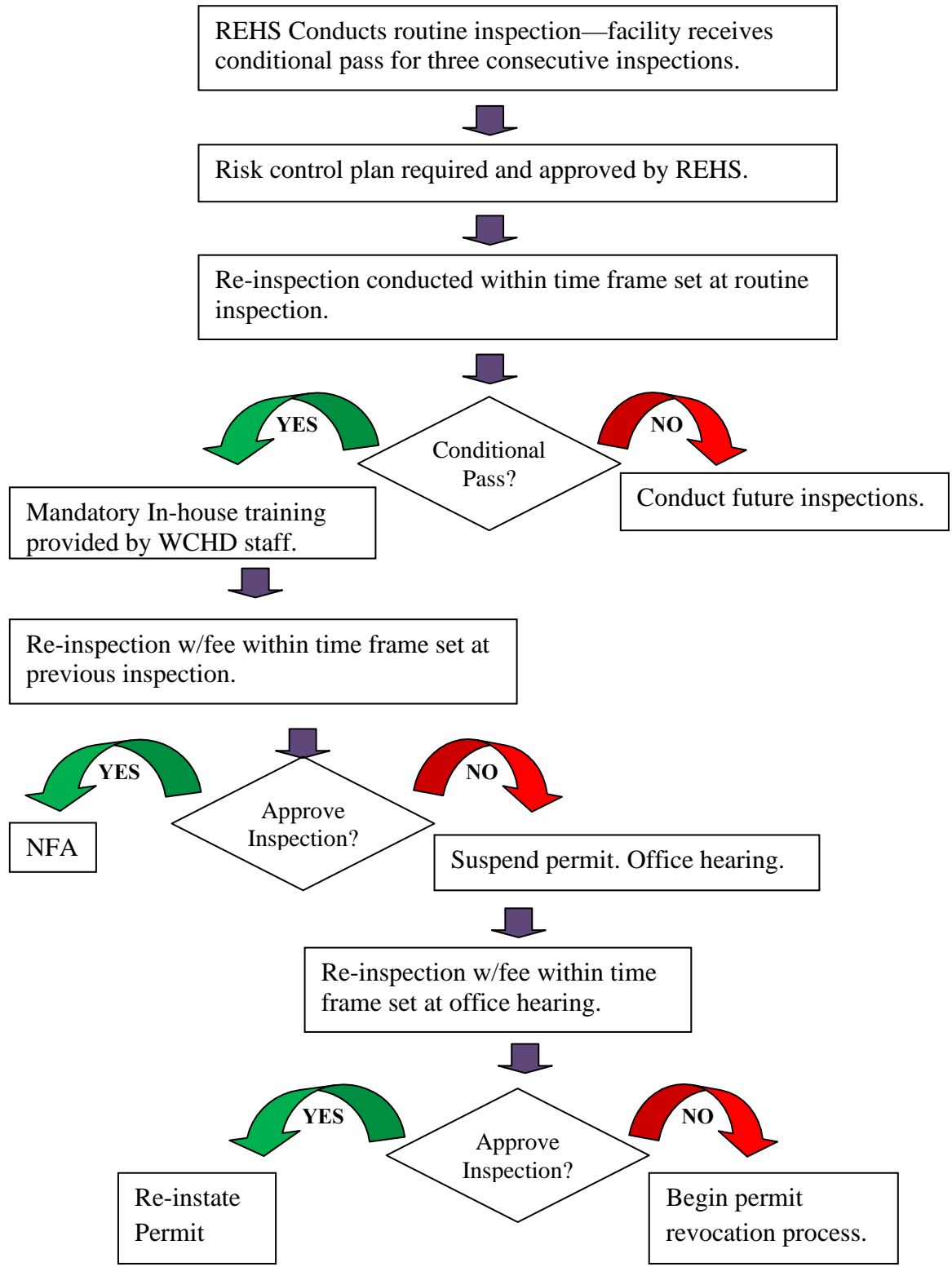
Attachment C: Flow Chart - Repeat Critical Violations on Consecutive Inspections

Attachment D: Risk Control Plan (RCP)

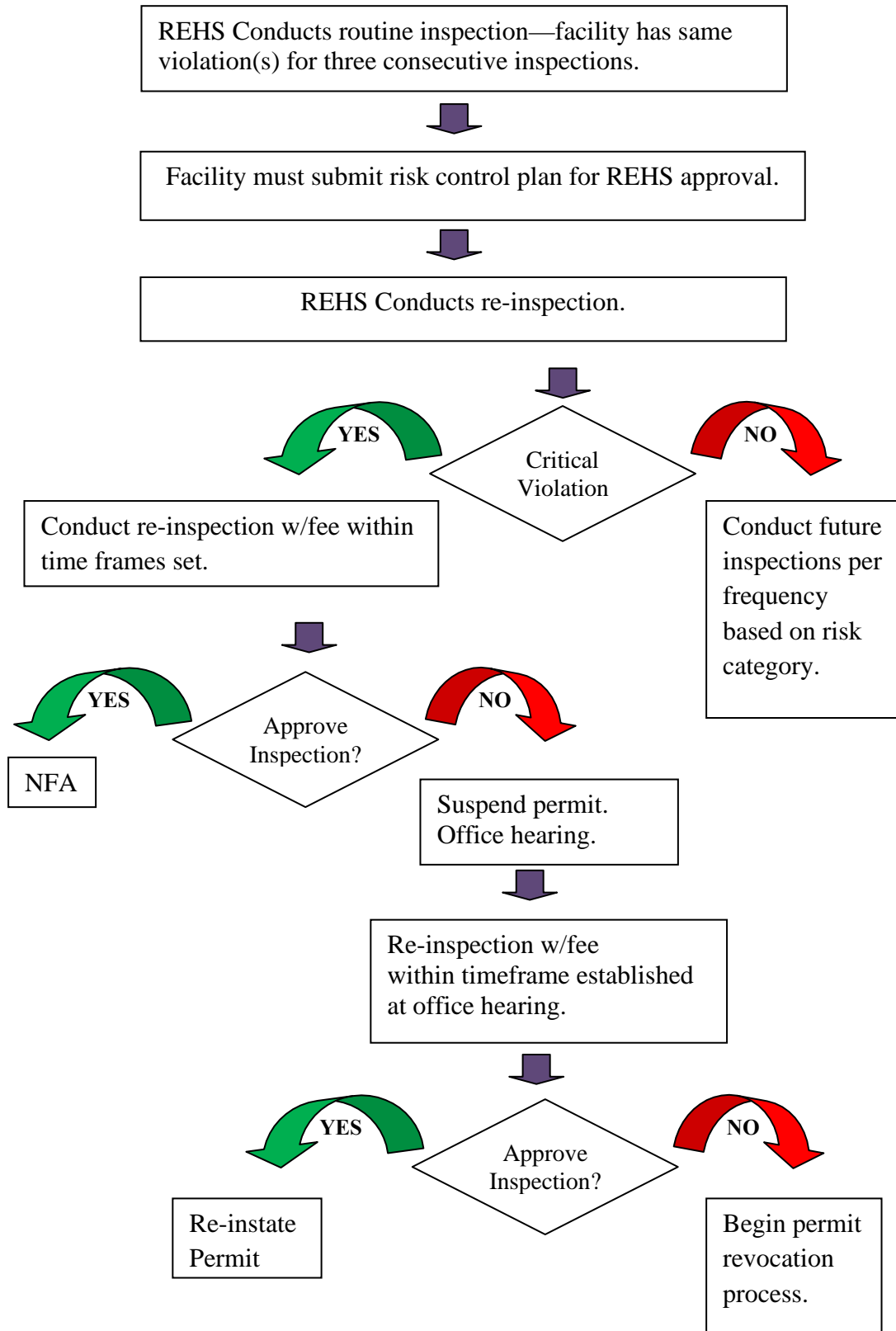
Initial Routine Inspection- Flowchart #1



Repeat Conditional Pass- Flowchart #2



Consecutive Repeat Critical Violations- Flowchart#3



WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Risk Control Plan					
Establishment Name:			Type of Facility:		
Address:			Person in Charge:		
City:	State:		Zip:	County:	
Time In:	Time Out:	Date:		Inspector's Name:	
Agency:					

Specific observation noted during inspection:

Applicable code violation(s): - (Optional)

Risk factor to be controlled:

Hazard (most common, significant):

What must be achieved to gain compliance in the future:

How will active managerial control be achieved:

(Who is responsible for the control, what monitoring and record keeping is required, who is responsible for monitoring and completing records, what corrective actions should be taken when deviations are noted, how long is the plan to continue)

How will the results of implementing the RCP be communicated back to the inspector:

As the person in charge of the _____ located at _____, I have voluntarily developed this risk control plan, in consultation with _____ and understand the provisions of this plan.

(Establishment Manager)

(Date)

(Regulatory Official)

(Date)



SERVICE ANIMALS ONLY.

NO PETS PLEASE.

Washoe County Health District regulations prohibit all animals, except for service animals, in grocery stores, restaurants, and other food establishments.

The Americans with Disabilities Act (ADA) authorizes the use of service animals in a food establishment **ONLY** for the benefit of individuals with disabilities.

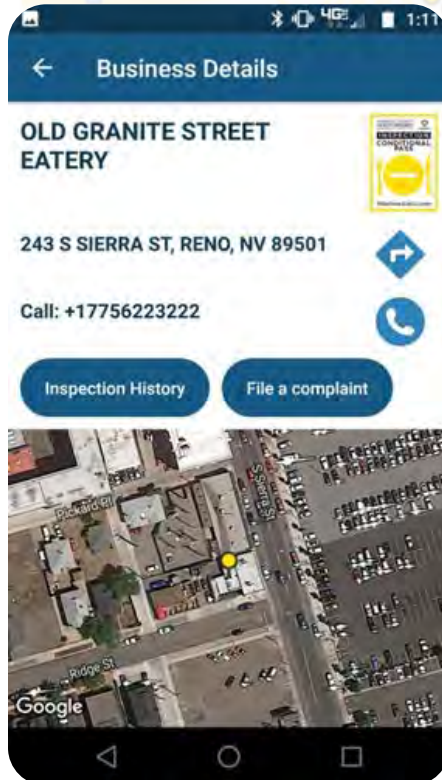
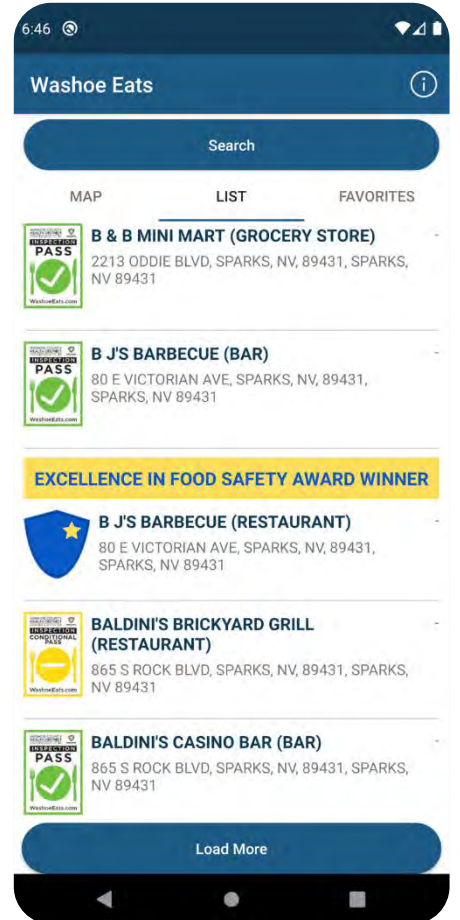
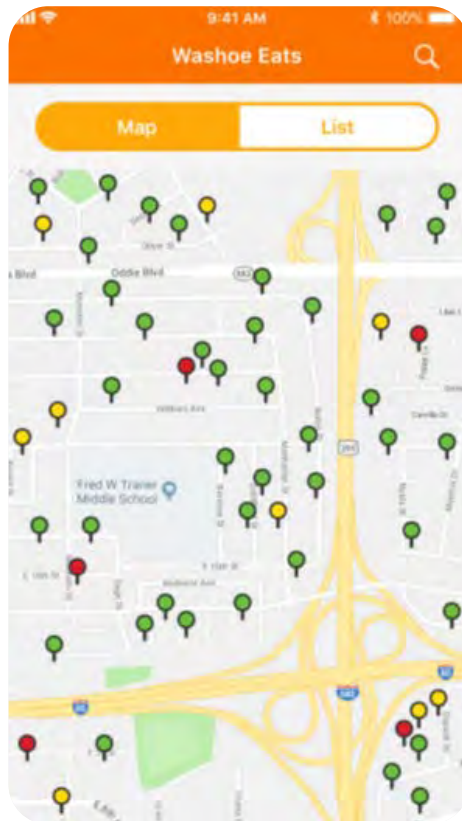
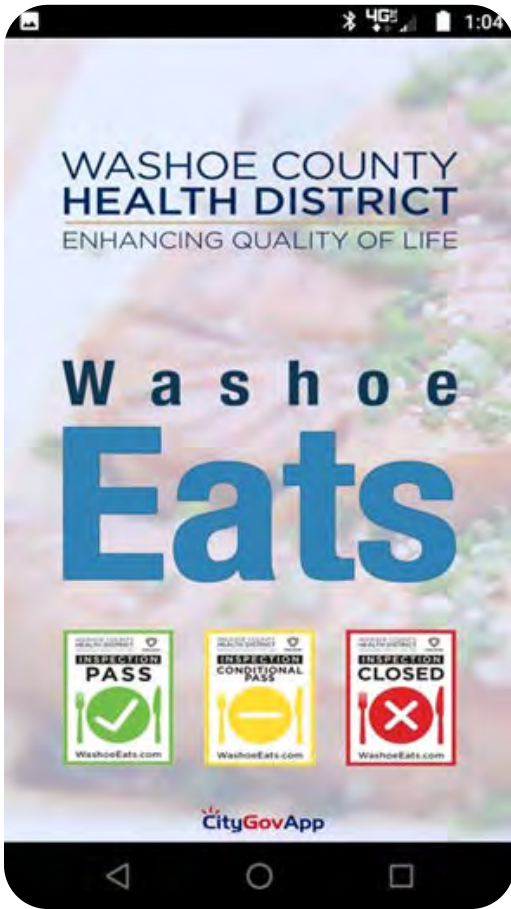
A service animal is a dog that is individually trained to do work or perform tasks for people with disabilities. Dogs and pets whose function is to provide comfort, or emotional support **DO NOT** qualify as service animals according to the ADA.

WASHOE COUNTY HEALTH DISTRICT

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WashoeEats App



Food Safety Handouts

Critical Temperatures

for Potentially Hazardous Foods [PHF (TCS)]

- 165°F / 74°C**
 - Reheat of PHF (TCS) made on site for hot holding
 - Poultry
 - Stuffed foods
- 155°F / 68°C**
 - Tenderized/injected and ground meats
 - Raw shell eggs for hot holding
- 145°F / 63°C**
 - Whole muscle meat and pork*
 - Fish and Seafood
 - Raw shell eggs for immediate service
 - *Roasts can be cooked to 130°F/54.4°C for 112 minutes or per roast cook chart
- 135°F / 57°C**
 - Fruits, vegetables and grains cooked for hot holding
 - Reheat of manufactured PHF (TCS)
 - Hot holding
- DANGER ZONE!**
 - Between 41°F/5°C and 135°F/57°C
- 41°F / 5°C (or below)**
 - Cold Holding
 - Frozen food must be maintained frozen solid

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Know the difference between...

service dogs

therapy dogs and

emotional support animals!



COMPARISON	SERVICE DOGS	THERAPY DOGS	EMOTIONAL SUPPORT ANIMALS
ADA covered rights to bring animals into public establishments including food establishments	✓	✗	✗
Needs to tolerate a wide variety of environments and people	✓	✓	✗
Specifically trained to assist just one person	✓	✗	✗
Primary function to provide emotional support through companionship	✗	✗	✓
Provides support and comfort to many people	✗	✓	✗
Allowed to ride in shopping carts or sit on tables and chairs	✗	✗	✗

Cool Foods Quickly and Safely

Two stage cooling is required for hot foods.

Stage 1: 135°F to 70°F within 2 hours

Stage 2: 70°F to 41°F within 4 hours

- Foods prepared from room temperature may be cooled to 41°F within 4 hours if they will be reheated.
- Ready-to-eat potentially hazardous foods must be made with pre-chilled ingredients.

Rapid Cooling Methods

Shallow Metal Pans (2" to 4" deep)

- Leave pan partially uncovered until product reaches 41°F
- Refrigerate immediately
- DO NOT** stack hot pans; allow room for air flow

Ice Bath

- Fill a clean sink or large pan with ice and cold water
- Transfer hot product into the ice water bath making sure the level of the ice bath is at least as high as the product
- Stir/agitate every 10 minutes. (Use an ice paddle to stir to greatly reduce cooling time)
- Once the food reaches 41°F, cover, label/date and place in refrigeration

Small Portions

- Divide food into smaller pans
- Separate food into smaller portions (2" for thick foods, 4" for thin liquids)
- Cut or slice portions of meat no larger than 4" or 4 pounds

Helpful Hints:

- Add ice directly to the product as an ingredient.
- Use a blast chiller.
- Metal containers cool much faster than plastic
- When cooling in a refrigerator, use the top shelf
- Product below 135°F should never be cooled at room temperature
- Once cool, cover and label/date product.
- Use a clean thermometer to monitor the temperature of the food.
- Use cooling logs to document proper cooling.

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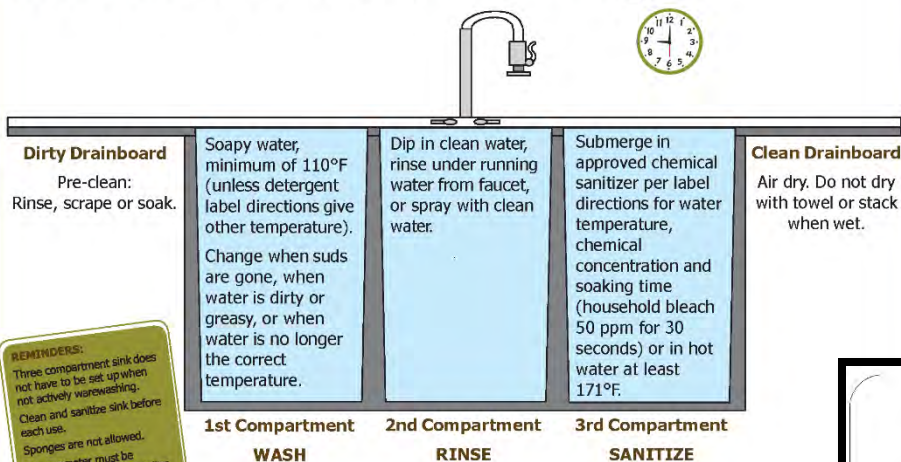
If you have any concerns about an animal's demeanor or behavior, you can ask two questions of the owner:

1. Is it a service animal?
2. What is it trained to do?

More at www.washoecounty.us/health

WASHOE COUNTY
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Manual Warewashing





REMINDEES:
Three compartment sink does not have to be set up when not actively warewashing. Clean and sanitize sink before each use.
Sponges are not allowed. Thermometer must be available and used to monitor wash and sanitizing water temperatures.
Test strips must be available and used to monitor chemical sanitizer concentration.
Do not store chemicals above sink.





Refrigerated Storage


Cover, label and date all prepared foods.


-  Cooked and ready-to-eat foods


-  Cleaned, prepared fruits and vegetables

-  Unwashed fruits and vegetables

-  Raw fish, seafood, whole muscle meat, pork and shell eggs

-  Raw ground meats

-  Raw chicken, turkey, poultry, and stuffed foods

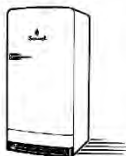
-  Store off the floor at least 6 inches



Thawing Using Approved Methods

Under Refrigeration

- * Plan ahead—large items may take several days to thaw
- * Maintain refrigeration at 41°F or less
- * Also known as “slacking”



As Part of Cooking

- * Taken directly from frozen to cooking
- * Great for foods that are small (e.g. frozen shrimp)



- * Freezing merely slows down bacterial growth
- * When thawing frozen foods, outer portions will rise in temperature faster than the middle portion
- * Keep foods safe! As thawing normally takes more than four hours, it is very important to thaw foods properly to limit bacterial growth

In Microwave (To Be Immediately Cooked)

- * To be transferred immediately to a conventional cooking process
- * Entire cooking process can occur in microwave



Fully Submerged Under Cold Running Water



- * Ensure running water flows fast enough to remove and float off loose particles
- * Ensure all portions of food are fully submerged under water
- * Running water should be cold; food should not rise above 41°F for more than 4 hours



Food Safety Workshop Announcements

New Food Establishment Rating System, September 2016:

<https://www.washoecounty.us/outreach/2016/08/2016-08-30-inspection-workshops-health.php>

Service Animals in Food Facilities, What Everyone Needs to Know, January 2017:

<https://www.washoecounty.us/outreach/2016/12/2016-12-06-hlth-service-animal-workshop.php>

Service Animal Education at Pack the Park Event, September 2017:

<https://www.washoecounty.us/outreach/2017/09/2017-09-14-pack-the-park.php>

Foodborne Illness Risk Factor Survey Results, March 2018:

<https://www.washoecounty.us/outreach/2018/03/2018-03-02-hlth-Risk-Factor-workshop.php>

New Food Establishment Regulation Amendments, May 2019:

<https://www.washoecounty.us/outreach/2019/04/2019-04-29-food-workshops-publichearing.php>

Managing Employee Health Workshop, November 2019:

<https://www.washoecounty.us/outreach/2019/10/2019-10-16-employee-health-training-updated.php>

Brian Nummer's Retail Fermented Foods HACCP Training, February 2020:

<https://www.washoecounty.us/outreach/2020/01/2020-01-28-haccp-food-safety-training.php>

Save the Dates!

Food Establishment Inspection Workshop

Learn about the new inspection process and forms. Workshop is free to attend. We encourage all members of the public to attend, especially those working in the restaurant industry.

Choose one of the following dates below:

September 12th
Location: Eldorado Resort & Casino, Room TBA
Time: 9:30am-10:30am

September 13th
Location: Washoe County Complex, Building B
Time: 9:00am-10:00am

September 14th
Location: Washoe County Complex, Building B
Time: 3:00pm-4:00pm



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Follow us on Facebook to get the latest updates about workshops!
<https://www.facebook.com/wchdehs>

Save the Dates!

Service Animals & Food Facilities

What Everyone Needs to Know.

Workshop will focus how service animal laws effect the restaurant industry. Training is free to attend and is open to all members of the public. No RSVP is required.

Choose one of the following dates below:

January 10, 2017
Nevada Restaurant Association, 401 Ryland St Reno NV 89502
Time: 3pm-4pm

January 11, 2017
Nevada Restaurant Association, 401 Ryland St Reno NV 89502
Time: 9:30am-10:30am

January 11, 2017
Washoe County Complex, 1001 E. Ninth St. Bldg B. Reno NV 89512
Time: 6pm-7pm



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Follow us on Facebook to get the latest updates about workshops!
<https://www.facebook.com/wchdehs>

**WASHOE COUNTY
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**Report on the Occurrence of Foodborne Illness Risk Factors
in Washoe County**

Washoe County Health District (WCHD) 2017 Baseline Data Collection Report

- I. BACKGROUND
- II. INTRODUCTION AND PURPOSE
- III. METHODOLOGY
 - A. Selection of Facilities
 - B. Random Selection of Establishments
 - C. Data Collection Procedures
 - D. Data Collection Form
 - E. Quality Control
- IV. RESULTS AND DISCUSSION
 - A. Overall Findings
 - B. Institutional Food Service – Senior Independent Living
 - C. Institutional Food Service – Schools K-12
 - D. Restaurants – Fast Food
 - E. Restaurants – Full Service
 - F. Retail Food Stores – Delis
- V. RECOMMENDATIONS AND INTERVENTION STRATEGIES
- VI. APPENDICES
 - A. Notice of Data Collection Letter
 - B. Data Collection Forms
 - C. FoodSHIELD Facility Type Reports – Full Data Table

APPENDIX P - Baseline Risk Factor Study**Report on the Occurrence of Foodborne Illness Risk Factors in
Washoe County****Washoe County Health District (WCHD) 2017 Baseline Data Collection Report**

I. BACKGROUND

The mission of the Washoe County Health District is to protect and enhance the well-being and quality of life for all in Washoe County. The Washoe County Health District (WCHD) Food Safety Program is continuously striving to meet this mission statement by promoting active managerial control of risk factors most commonly associated with foodborne disease in Washoe County food establishments.

The retail food regulatory program is comprised of two Environmental Health Supervisors, three Senior Environmental Health Specialists and 18 fulltime Environmental Health Specialists who are responsible for conducting compliance inspections and complaint investigations of approximately 3,599 permitted food establishments in Washoe County. Washoe County Food establishments include full service restaurants, fast food restaurants, school kitchens, manufacturing firms, mobile food units, and retail food stores such as delis, meat departments, seafood departments, produce departments, and bakeries.

Regulatory authority is derived from the local *Regulations of the Washoe County District Board of Health Governing Food Establishments* which are adopted by the Washoe County District Board of Health and approved by the Nevada State Board of Health. The most recent adoption of the regulations occurred in August 2016. The regulations are largely based on the US Food and Drug Administration (FDA) 2005 and 2009 Food Code with some provisions from the 2013 Food Code.

II. INTRODUCTION AND PURPOSE

The Centers for Disease Control and Prevention (CDC) has identified five food preparation activities and behaviors most often associated with foodborne illness outbreaks. The FDA has designated these contributing factors as “foodborne illness risk factors.” The five foodborne illness risk factor categories include:

- Improper Holding Temperatures
- Inadequate Cooking
- Poor Personal Hygiene
- Contaminated Equipment
- Food from Unsafe Sources

The WCHD enrolled in the FDA Voluntary National Retail Food Regulatory Program Standards (Program Standards) in 2004. The Program Standards serve as a framework for the design and management of a retail food regulatory program with the ultimate goal of reducing the occurrence of risk factors that contribute to foodborne illness.

In 2017, as part of the Program Standards, the WCHD conducted an assessment of the occurrence of these risk factors in Washoe County food establishments. The study was conducted using assessment criteria based on the 2013 FDA Food Code. The WCHD used models, methodology and forms provided by the FDA guidance document titled, *Study on the Occurrence of Foodborne Illness Risk Factors in Select Retail and Foodservice Facility Types*. Industry segments surveyed include senior independent living establishments, school (K-12) kitchens, fast food restaurants, full service restaurants, and retail store deli departments. The results of the data collection for each facility type will establish a baseline on the occurrence of foodborne illness risk factors in Washoe County Food Establishments. Data collection results will be used to identify the foodborne illness risk factors that are in most need of priority attention. This information will assist the WCHD Food Safety Program in the development of strategies to reduce the occurrence of these risk factors.

III. METHODOLOGY

This assessment will be conducted every five years in order to detect trends and measure the effectiveness of intervention strategies in reducing the occurrence of foodborne illness risk factors over time. The following sections of the report present an overview of the methodology used in the 2017 assessment.

Baseline Data Collection Timeline

Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sept 2017	Oct 2017
Study Design and Planning			Staff Training by FDA	Data Collections, Data Entry, and Quality Assurance Discussions					Data Entry Analysis and Report Development			

A. Selection of Facilities

For this assessment, five facility types were chosen from three foodservice industry segments. The selected industry segments represent the majority of the industry regulated by the retail food inspection program in Washoe County.

Washoe County food establishments were categorized according to the following descriptions of facility types that comprise the three industry segments:

APPENDIX P - Baseline Risk Factor Study

Industry Segment	Facility Type	Description
Institutional Food Service	Senior Independent Living	Foodservice operations that prepare meals for residents in a group living setting. Note: The FDA description for this industry segment includes hospitals and long-term assisted living centers; however, these types of facilities located in Washoe County are regulated by the Nevada Division of Public and Behavioral Health. In order to represent a similar industry segment regulated by the WCHD, non-medical senior living establishments were included in the survey.
	Schools K-12	Public and private school foodservice facilities where meals are either fully prepared in the on-site kitchen, or partially prepared in a central or base kitchen, and served to students on-site.

Industry Segment	Facility Type	Description
Restaurants	Full Service	Establishments where customers place their order at their table; are served their meal at the table, receive the service of the wait staff, and pay at the end of the meal.
	Fast Food	Also referred to as quick service restaurants and defined as any restaurant that is not a full service restaurant. Customers generally order and pay for their meals at a counter.

Industry Segment	Facility Type	Description
Retail Food Stores	Deli Department/Operation	Retail food store where foods, such as luncheon meats and cheeses, are sliced for the customers and where sandwiches and salads are prepared on-site or received from a commissary in bulk containers, portioned, and displayed. Parts of the deli department/operation may include: <ul style="list-style-type: none"> • Salad bars, pizza stations, and other food bars managed by the deli department manager, • Areas where meat and poultry products are cooked and offered for sale as ready-to-eat and are managed by the deli department manager.

The WCHD submitted the total number of Washoe County food establishments in the above categories to the FDA for analysis to determine the appropriate sample size needed to achieve statistical significance for each facility type. This sample size selected provides sufficient observations to be 95% confident that compliance percentages derived from the data collections are within 10% of their actual occurrence. The following chart reflects the three industry segments and five facility types selected for the survey. Sample size (n) is shown for each facility type.

APPENDIX P - Baseline Risk Factor Study

Industry Segment	Facility Type
Institutional Food Service	Senior Independent Living (n=6) Schools K-12 (n=52)
Restaurants	Full Service (n=80) Fast Food (n=81)
Retail Food Stores	Deli Departments (n=32)

B. Random Selection of Establishments

A list of all Washoe County establishments for each facility type was generated and then randomized using Research Randomizer (www.randomizer.org). A sample number was assigned to each facility, including substitute facilities. FDA methodology was used for selecting alternate facilities when substitutes were needed. If an establishment was no longer in business, unwilling to participate, or categorized incorrectly, the data collector was assigned the next substitute establishment on the list.

C. Data Collection Procedures

Prior to initiating the data collection surveys, a risk factor study data collection training was provided to all data collectors and program managers by the region's FDA Retail Food Specialist. The training included interpretation of data items, marking instructions, and how to conduct the survey.

The randomly selected establishments were split among six data collectors. Data collectors were assigned a list of each facility type to survey. Staff chosen to be data collectors included four Environmental Health Specialists who maintain a routine food establishment inspection area and two Senior Environmental Health Specialists who oversee staff training related to food establishments. All data collectors were knowledgeable of foodborne illness risk factors and the regulatory requirements outlined in the 2013 FDA Food Code.

Unannounced visits to the selected establishments were conducted over a period of five months. The assessment was designed to be observational rather than regulatory and observations did not affect the establishment's inspection rating. The Person in Charge (PIC) of each facility was informed of the reason for the visit and provided a letter explaining the purpose of the visit (see Appendix A – Notice of Data Collection Letter). The data collectors were not the area inspectors assigned to the establishments selected for the study. If observations merited regulatory action, the data collector would obtain corrective action for the condition and follow up with the staff member assigned to that establishment to ensure long term corrective action.

D. Data Collection Form

The data collections were intended to target the control of foodborne illness risk factors. The WCHD utilized the FDA data collection forms for each industry segment and facility type (see Appendix B - Data Collection Forms). The focus of the data collections was based on observations of the primary data items listed on the data collection form. Data items 1 through 10 are considered primary data items and were used as the key indicators for statistical analysis per the current FDA protocol. Each of the primary data items has been placed under the appropriate FDA foodborne illness risk factor category:

- **Risk Factor –Poor Personal Hygiene**
 - #1 – Employees practice proper handwashing
 - #2 – Food Employees do not contact ready-to-eat foods with bare hands
- **Contaminated Equipment / Protection from Contamination**
 - #3 – Food is protected from cross-contamination during storage, preparation, and display
 - #4 – Food contact surfaces are properly cleaned and sanitized
- **Improper Holding / Time and Temperature**
 - #5 – Foods requiring refrigeration are held at the proper temperature
 - #6 – Foods displayed or stored hot are held at the proper temperature
 - #7 – Foods are cooled properly
 - #8 – Refrigerated, ready-to-eat foods are properly date marked and discarded within 7 days of preparation or opening
- **Inadequate Cooking**
 - #9 – Raw animal foods are cooked to required temperatures
 - #10 – Cooked foods are reheated to required temperatures

Data items 11 through 19 are listed under the heading “Other Areas of Interest.” These food safety practices and procedures directly support control of the foodborne illness risk factor areas addressed under the primary data items:

- **Other Areas of Interest**
 - #11 – Handwashing facilities are accessible and properly maintained
 - #12 – Employees practice good hygiene
 - #13 – Consumers are properly advised of risks of consuming raw or undercooked animal foods
 - #14 – Time alone is properly used as a public health control
 - #15 – Facilities have adequate equipment and tools for ensuring food temperature control and sanitization of food contact surfaces
 - #16 – Special processes are conducted in compliance with issued variance / HACCP Plan, when required
 - #17 – Food is received from safe sources
 - #18 – Toxic materials are identified, used and stored properly
 - #19 – Management and food employees are trained in food allergy awareness as it relates to their assigned duties

It is important to note that the fifth foodborne illness risk factor category, Food from Unsafe Sources was included under “Other Areas of Interest” rather than as a primary data item due to low numbers of total observations during previous studies.

For each of the data items, the surveyor marked the item as:

- **IN** - Item observed to be “in compliance” with Food Code provisions.
- **OUT** - Item observed to be “out of compliance” with Food Code provisions. An explanation was provided in the comment section on the data collection form for each observations marked “OUT”.
- **NO** - Item was “not observed.” The “NO” notation was used when an item was a usual practice in the food service operation, but the practice was not observed during the time of the inspection. For example if a restaurants cooks food and then cools it for later use, but was not doing so at the time of the survey, then data items pertaining to cooling practices and cooling temperatures were marked “not observable.”
- **NA** - Item was “not applicable.” The “NA” notation was used when an item was not part of the food service operation. For example, if a quick service sandwich shop that conducts no cooking was selected for the study, then all data items pertaining to cooking were marked “not applicable”.

E. Quality Control

To ensure consistency, staff discussed concerns, reviewed data collection procedures and asked questions. The regional FDA Retail Food Specialist was consulted when clarification on how to mark a data item was needed. Upon completion, each data collection form was entered into the FoodSHIELD database and an email pdf version of the data collection was sent to the project manager to review for completeness, accuracy, and consistency. FoodSHIELD is the web-based database platform developed by the National Food Protection and Defense Institute that was used to store and maintain the data from the baseline study. The database system has several built-in quality control features to ensure accuracy and completeness of data.

IV. RESULTS AND DISCUSSION

The results contained in the 2017 Washoe County baseline risk factor study are intended to highlight food establishment employee behaviors and food preparation practices most in need of improvement in Washoe County food establishments. The figures and discussions in this section will primarily focus on observations and data analysis of the 10 primary data items that represent the foodborne illness risk factors. The percent OUT of compliance indicates the overall effectiveness of existing food safety management systems for each risk factor for the baseline

study data collection period. It can be implied that the higher the percent OUT of compliance, the weaker the management system for control of the risk factor.

Reducing the occurrence of foodborne illness risk factors is the ultimate goal of the retail food regulatory program. The program intends to establish regulatory program performance measures that are based on reducing the occurrence of these risk factors, and develop intervention strategies that direct the Washoe County foodservice industry's efforts towards reducing the occurrence of these risk factors. Recommended intervention strategies are discussed in section V. RECOMMENDATIONS AND INTERVENTION STRATEGIES.

A. Overall Findings

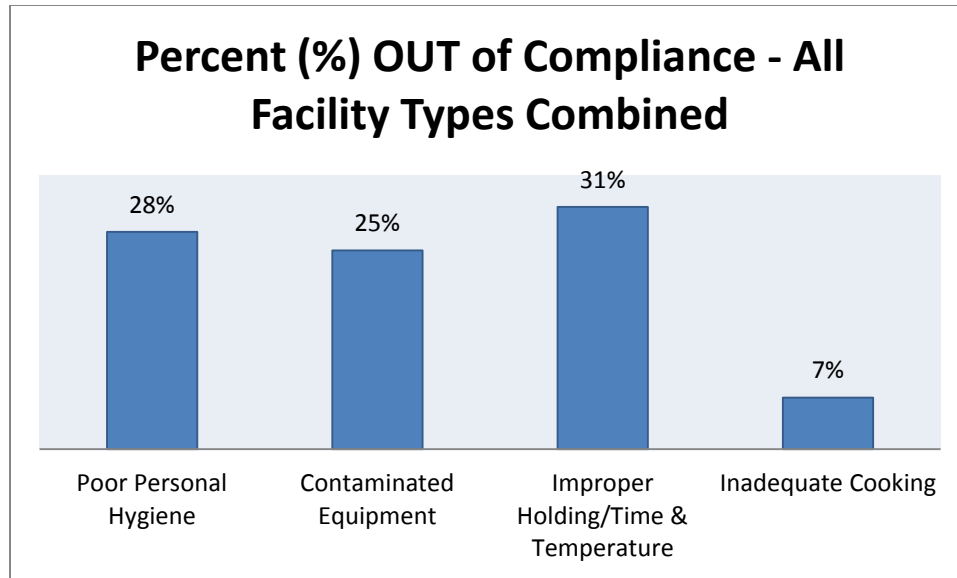
The following table represents the overall percent of primary data items (1-10) observed IN compliance by industry segment and facility type.

**Percentage (%) of Observations IN Compliance
for Primary Data Items**

Industry Segment	Facility Type	2017 Baseline % IN Compliance for Primary Data Items (rounded to the nearest %)
Institutional Food Service	Senior Independent Living	64%
	Schools K-12	93%
Restaurants	Full Service	60%
	Fast Food	72%
Retail Food Stores	Deli Departments	73%

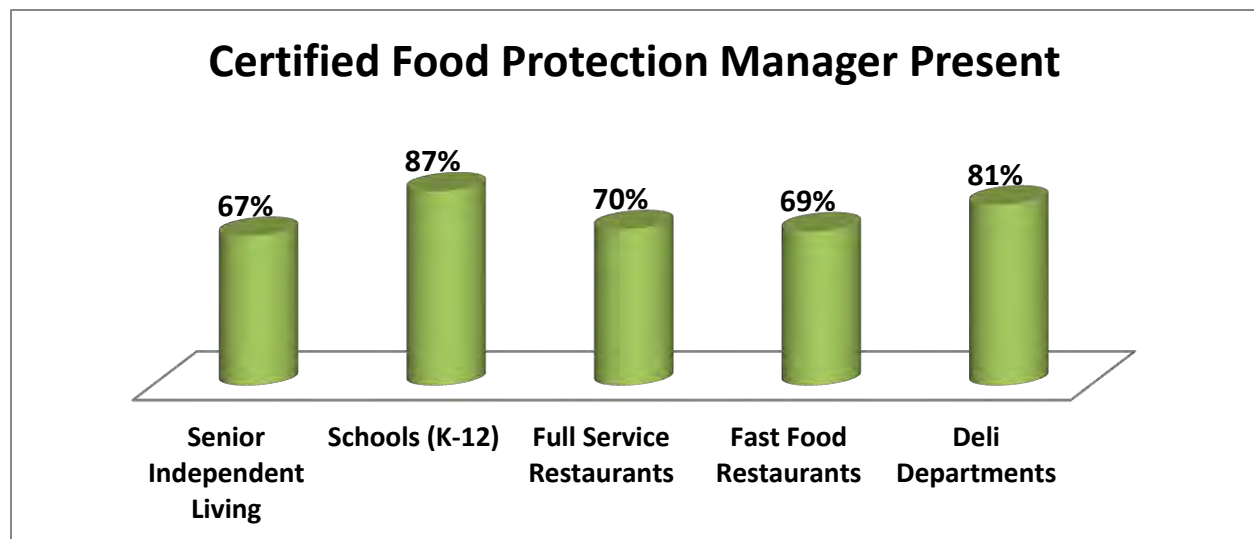
Schools had the highest percentage of IN compliance primary data item observations while full service restaurants had the lowest percentage of IN compliance primary data item observations during the data collection period. Detailed data findings on the 2017 Washoe County baseline report can be found in Appendix C, FoodSHIELD Report.

Primary data items (data item #1-10) were used to determine the risk factor data items marked OUT of Compliance for all industry segments and facility types combined; percent OUT was calculated using the total number of data collection findings marked IN and OUT.



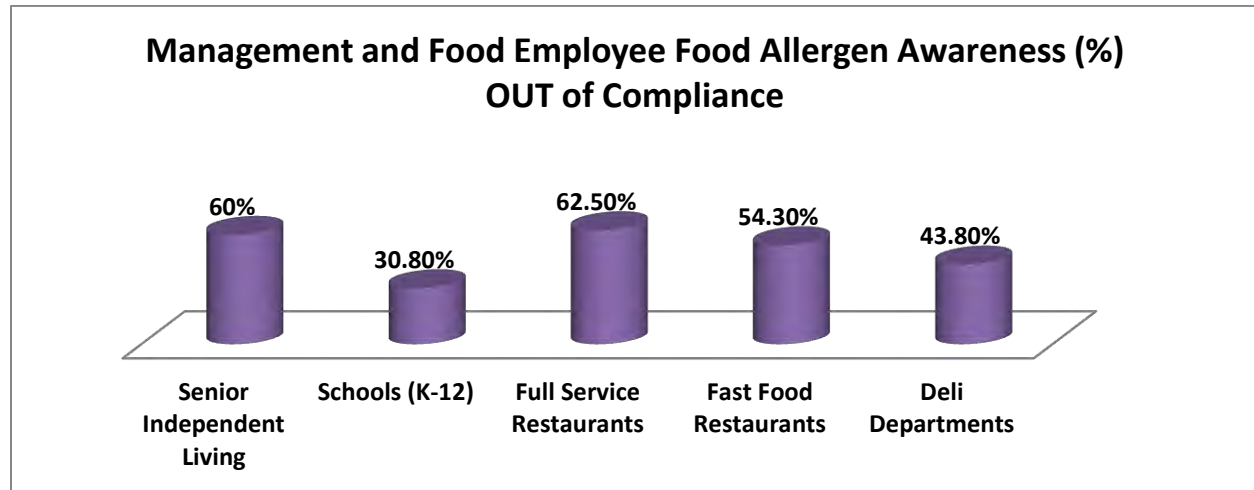
The most frequent individual data items found OUT of compliance fell into two foodborne illness risk factor categories, Poor Personal Hygiene, and Improper Holding Time & Temperature. These risk factors are priorities for intervention strategies.

Data from nationwide FDA Risk Factor Studies indicate that the presence of a Certified Food Protection Manager (CFPM) in retail food establishments correlates to a lower occurrence of risk factors for foodborne illness. In Washoe County, surveyors gathered data on whether a CFPM who completed an American National Standards Institute (ANSI) accredited course was present during the data collection. Results indicated that Schools were most likely to have a Certified Food Protection Manager (87%) present while Senior Independent Living facilities were least likely (67%). The occurrence of risk factors in facilities with and without a CFPM is shown in the individual industry segment and facility type reports.



APPENDIX P - Baseline Risk Factor Study

Although food allergen awareness is not a foodborne illness risk factor, and not included in the ten primary data items, it is still an important part in protecting public health. The following figure shows the percent of Observations found OUT of compliance for both management and foodservice employee allergen awareness for each individual industry segment and facility type.



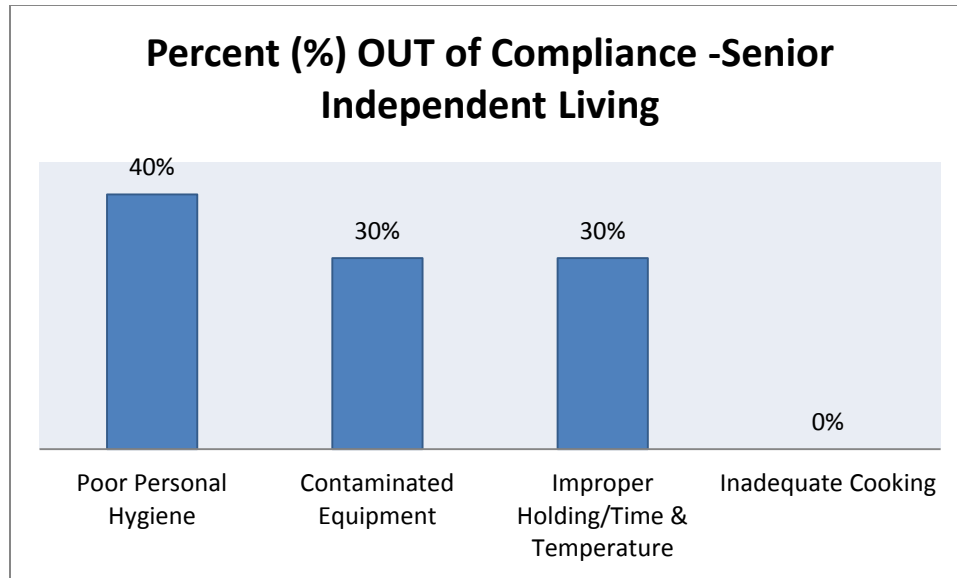
Full service and fast food restaurants, and senior independent living establishments had the highest percentage of OUT of compliance observations related to management and foodservice employee food allergen awareness. Deli departments also had notable OUT of compliance percentages. Allergen awareness is a priority for intervention strategies.

B. Institutional Food Service – Senior Independent Living

The FDA description for this industry segment includes hospitals and long-term assisted living centers; however, these types of facilities located in Washoe County are regulated by the Nevada Division of Public and Behavioral Health. In order to represent a similar industry segment regulated by the WCHD, non-medical senior living establishments were included in the survey. These facilities are those operations that serve meals to residents in a group living setting, but do not include medical or hospital services. It is important to note that although these types of facilities serve older adults, they do not meet the definition of a “highly susceptible population” per the Regulations of the Washoe County District Board of Health Governing Food Establishments. Because of the low sample size, all six Senior Independent Living facilities were selected for the survey; however, one establishment was unwilling to participate resulting in a total of five facilities assessed for the survey.

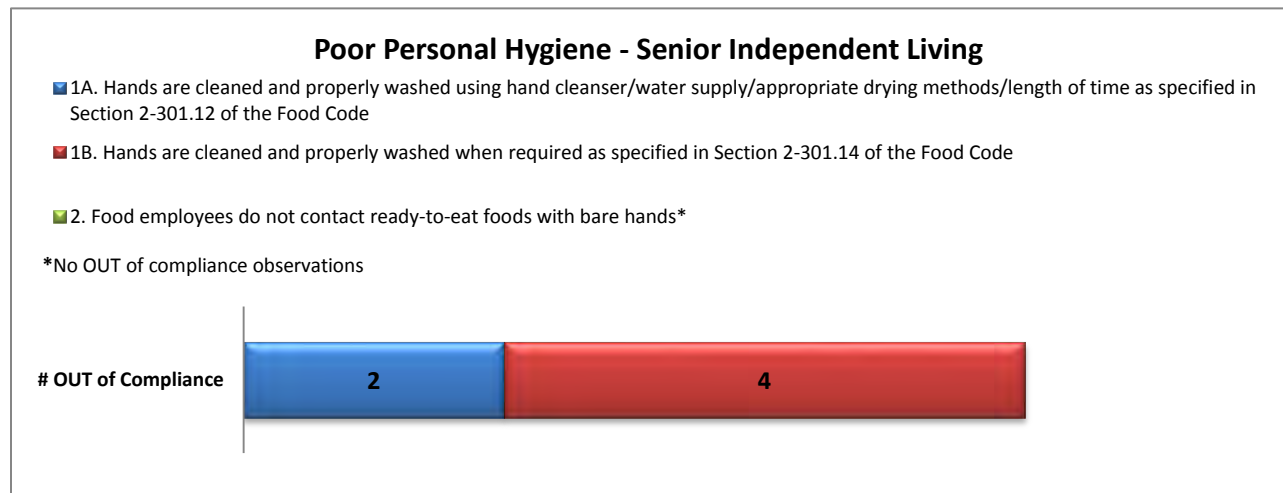
The following figure depicts the percent of observations found OUT of compliance for each risk factor in the Senior Independent Living facility type:

APPENDIX P - Baseline Risk Factor Study



Poor personal hygiene was the risk factor with the highest OUT of compliance percentage. Contaminated equipment and improper holding time and temperature also had notable OUT of compliance percentages. Senior Independent Living facilities appeared to have food safety management systems in place to ensure foods were adequately cooked during this data collection period.

The following figure shows the number of individual data items found OUT of compliance for observations found in the Poor Personal Hygiene risk factor category:



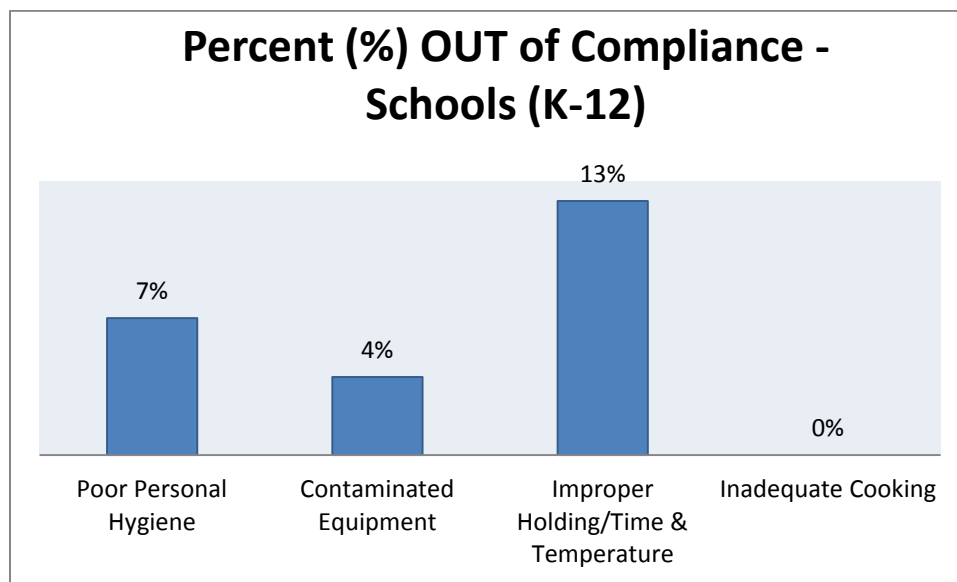
The food safety procedures for the poor personal hygiene risk factor that are most in need of attention in Senior Independent Living facilities include: hands are washed when required (4 OUT of compliance observations), and hands are washed using adequate handwashing procedures (2 OUT of compliance observations). Senior Independent Living facilities appeared

to have food safety management systems in place to ensure employees do not contact ready-to-eat foods with bare hands.

C. Institutional Food Service – Schools K-12

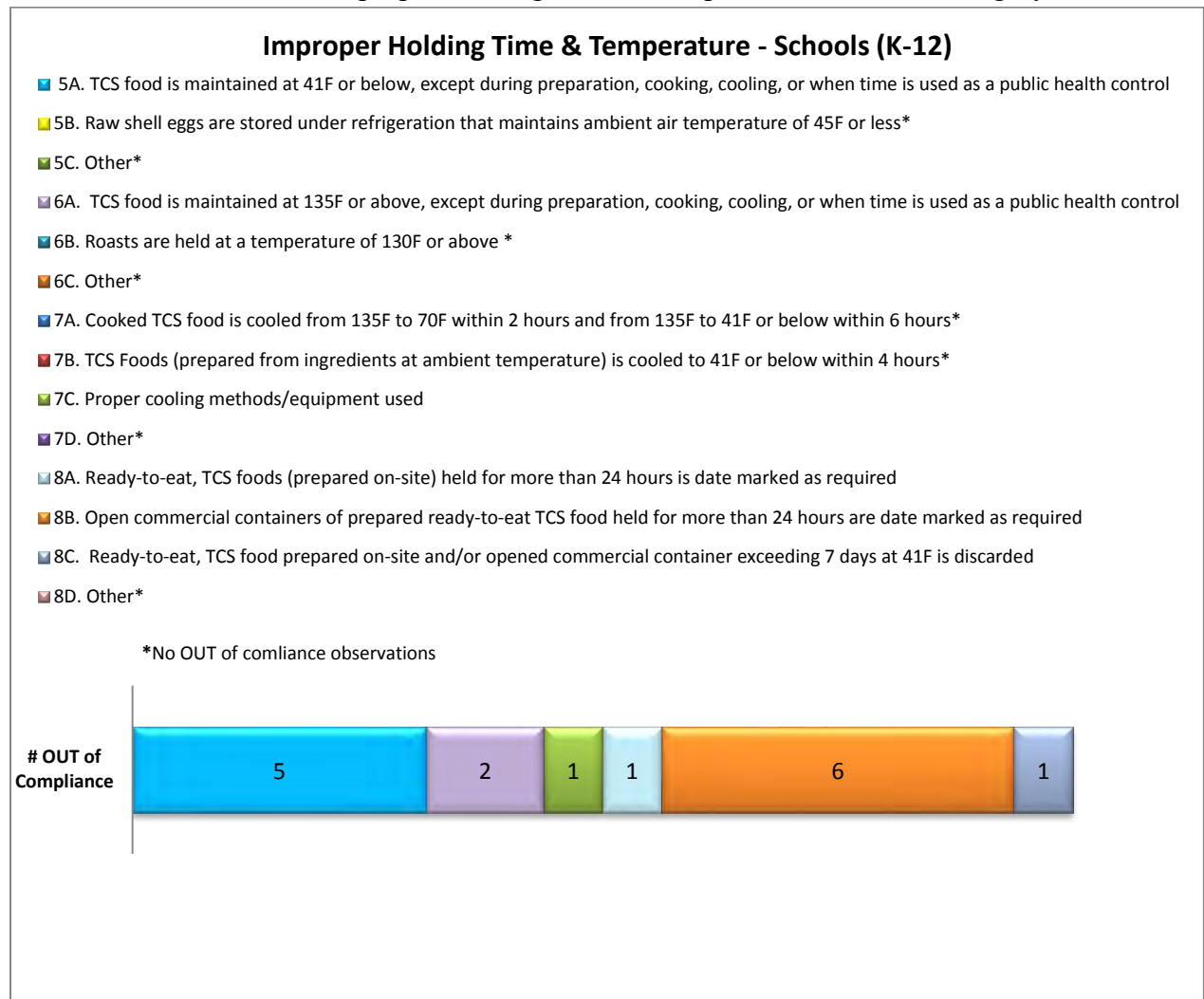
The FDA description for this industry segment includes public and private school foodservice facilities where meals are either fully prepared in the on-site kitchen, or partially prepared in a central or base kitchen, and served to students on-site. A total of 52 establishments were included in the assessment.

The following figure depicts the percent of observations found OUT of compliance for each risk factor in the Schools K-12 facility type:



Although the overall percent of observations found OUT of compliance for Schools K-12 were relatively low compared to the other facility types, Improper Holding/Time & Temperature was the risk factor with the highest OUT of compliance percentage. Schools (K-12) appeared to have food safety management systems in place to ensure: proper personal hygiene, prevention of contaminated equipment, and foods were adequately cooked during this data collection period.

The following figure shows the number of individual data items found OUT of compliance for observations found in the Improper Holding/Time & Temperature risk factor category:

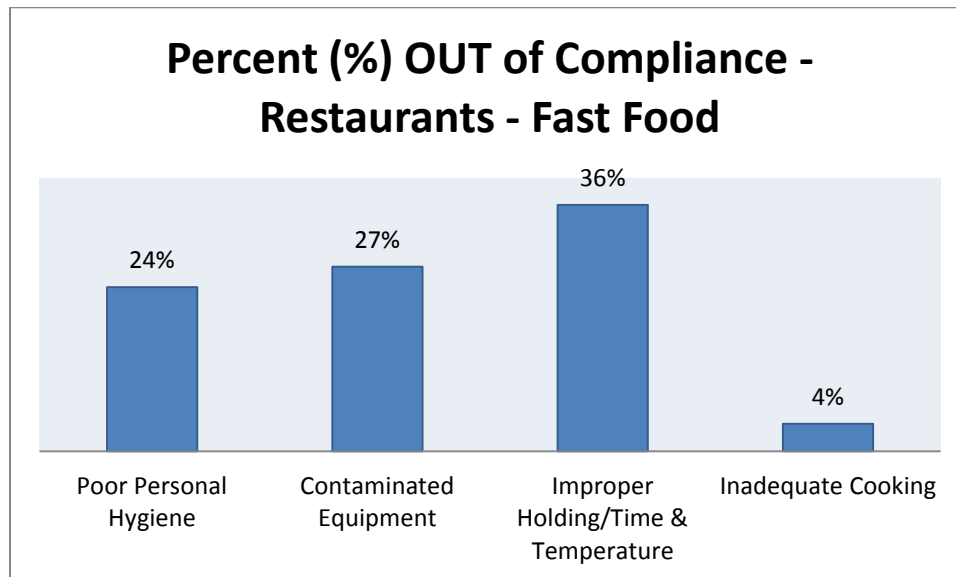


For the improper holding/time and temperature risk factor, there is a need to review food safety management systems in Schools (K-12) related to: date marking open commercial containers of prepared ready-to-eat TCS (time/temperature control for safety) foods (6 OUT of compliance observations), and maintaining cold holding temperatures of TCS foods (5 OUT of compliance observations).

D. Restaurants – Fast Food

The FDA description for this facility type includes any quick service restaurant where customers order and pay for their meal at a counter. Examples include fast food restaurants, sandwich shops, and pizza shops. A total of 81 establishments were included in the assessment.

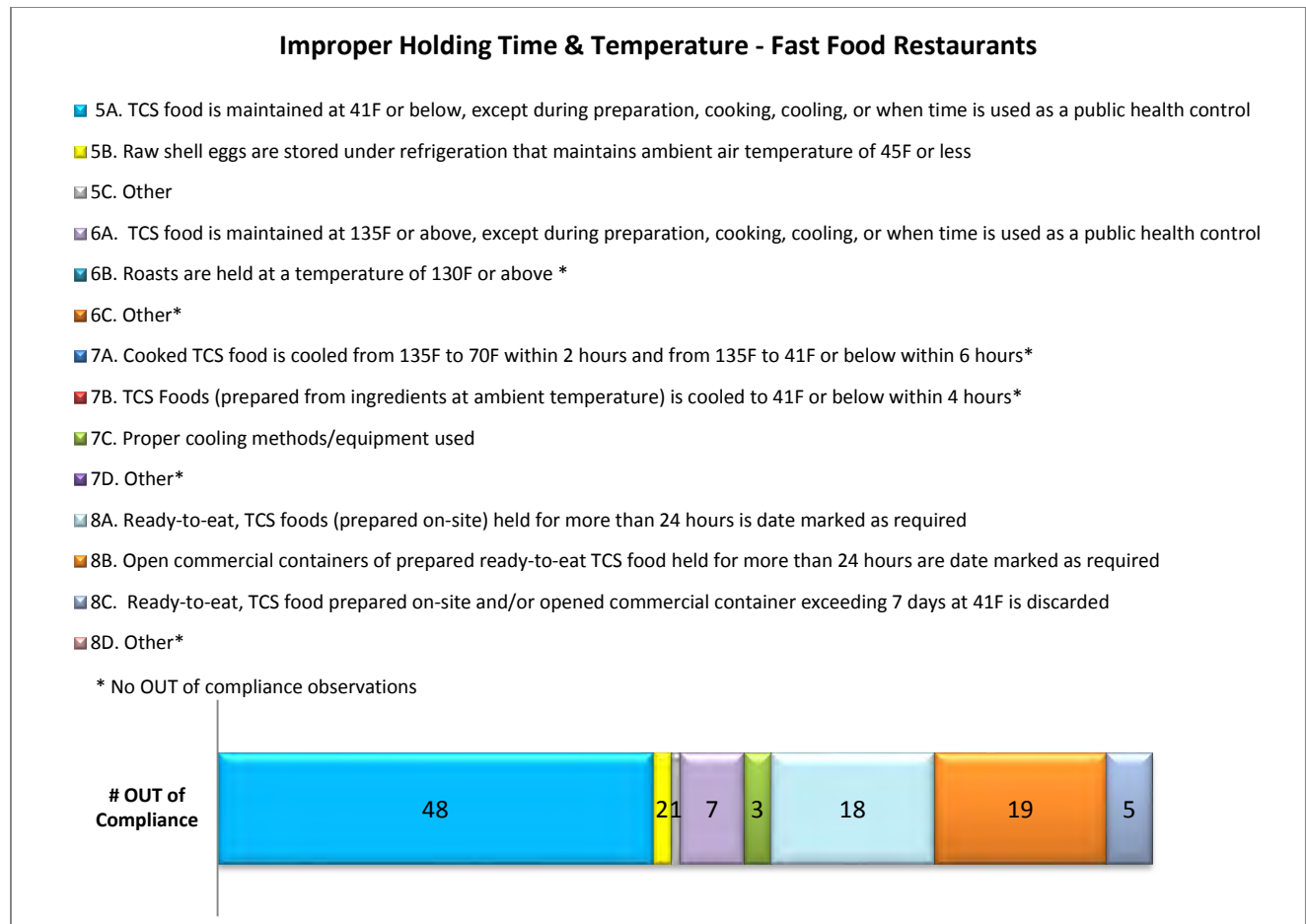
The following figure represents the percent of observations found OUT of compliance for each risk factor in the Fast Food Restaurant industry segment and facility type:



Improper Holding/Time & Temperature was the risk factor with the highest OUT of compliance percentage. Poor personal hygiene and contaminated equipment also had notable OUT of compliance percentages. Fast food restaurants appeared to have food safety management systems in place to ensure foods were adequately cooked during this data collection period

The following figure shows the number of individual data items found OUT of compliance for observations found in the Improper Holding/Time & Temperature risk factor category:

APPENDIX P - Baseline Risk Factor Study

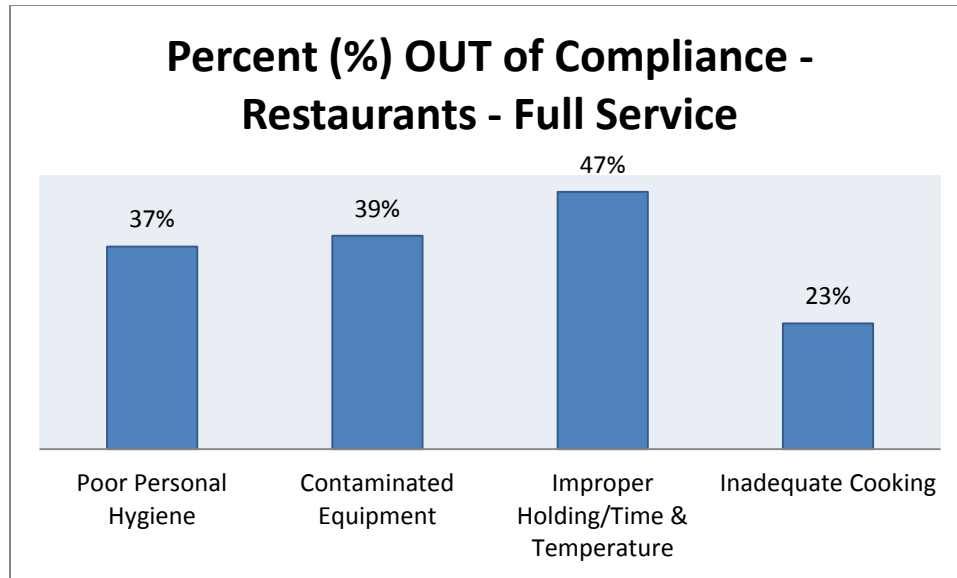


For the improper holding/time and temperature risk factor, there is a need to review food safety management systems in fast food restaurants related to: maintaining cold holding temperatures of TCS foods (48 OUT of compliance observations), date marking ready-to-eat, TCS foods prepared on-site (18 OUT of compliance observations), and date marking open commercial containers of prepared ready-to-eat TCS foods (19 OUT of compliance observations).

E. Restaurants – Full Service

The FDA description for this facility type includes establishments where customers place their order and are served their meal by wait staff at the table, and pay at the end of the meal. A total of 80 establishments were included in the assessment.

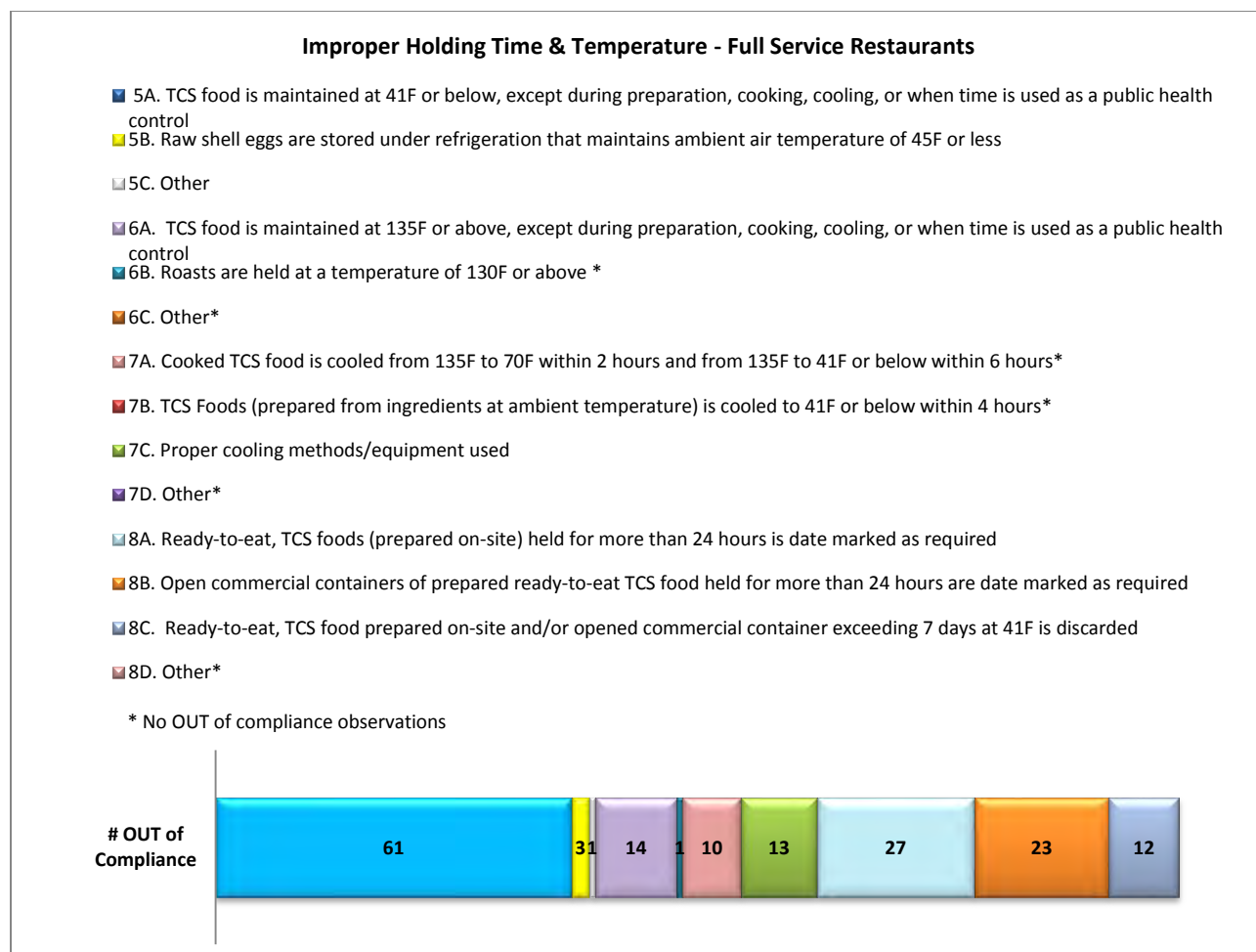
The following figure represents the percent of observations found OUT of compliance for each risk factor in the Full Service Restaurant industry segment and facility type:



Improper Holding/Time & Temperature was the risk factor with the highest OUT of compliance percentage. Poor personal hygiene, contaminated equipment, and inadequate cooking also had notable OUT of compliance percentages during this data collection period.

The following figure shows the number of individual data items found OUT of compliance for observations found in the Improper Holding/Time & Temperature risk factor category:

APPENDIX P - Baseline Risk Factor Study



For the improper holding/time and temperature risk factor, there is a need to review food safety management systems in full service food restaurants related to: maintaining cold holding temperatures of TCS foods (61 OUT of compliance observations), date marking ready-to-eat, TCS foods prepared on-site (27 OUT of compliance observations), and date marking open commercial containers of prepared ready-to-eat TCS foods (23 OUT of compliance observations).

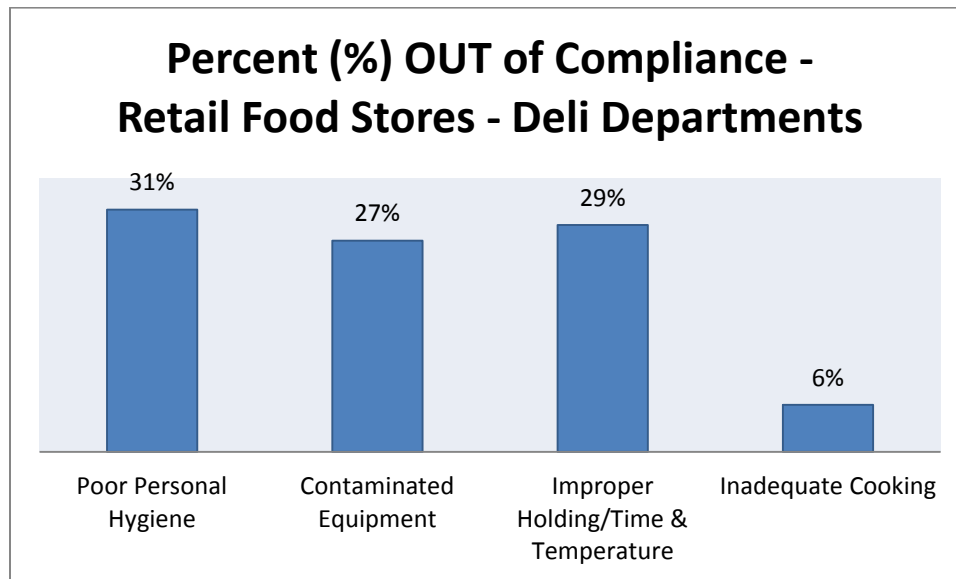
F. Retail Food Stores – Delis

The FDA description for this facility type includes areas of a retail food store where foods such as luncheon meats and cheeses are sliced for the customer, and where sandwiches and salads are either prepared on-site or received from a commissary in bulk containers, and are then portioned and displayed. Parts of the deli department/operation may include: areas where meat and poultry products are cooked and offered for sale as ready-to-eat foods, salad bars, pizza stations, and other food bars managed by the deli department manager. Nationwide risk factor studies conducted by the FDA also include assessments of retail food store seafood departments and produce departments. The WCHD determined that a survey of the deli departments would be

APPENDIX P - Baseline Risk Factor Study

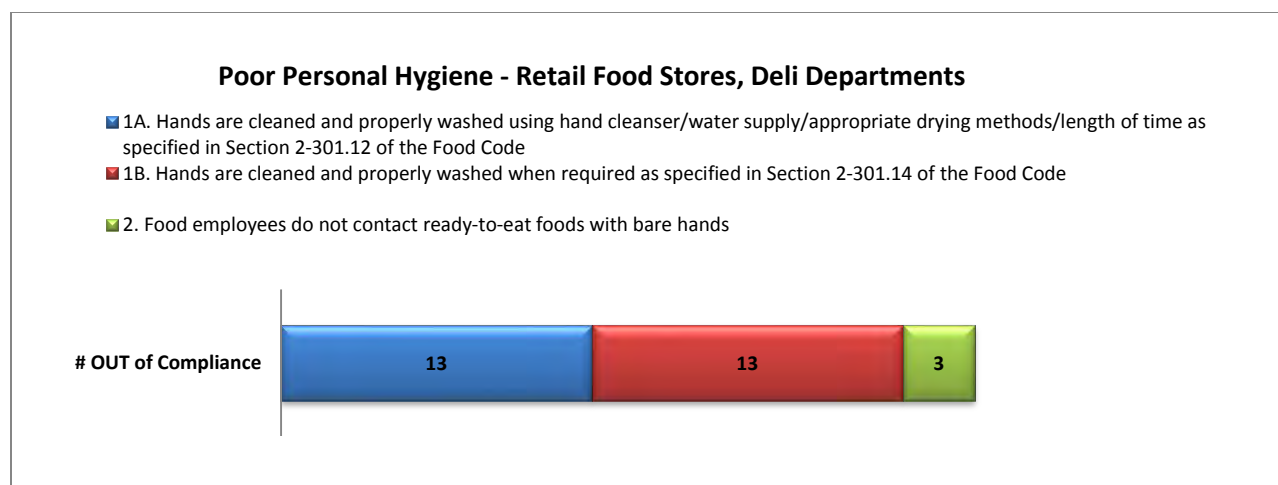
sufficient to represent the overall food safety management systems of retail food stores in Washoe County. A total of 32 establishments were included in the assessment.

The following figure represents the percent of observations found OUT of compliance for each risk factor in the Retail Food Stores, Deli Department industry segment and facility type:



Poor personal hygiene was the risk factor with the highest OUT of compliance percentage. Contaminated equipment and improper holding time and temperature also had notable OUT of compliance percentages. Retail food stores, deli departments appeared to have food safety management systems in place to ensure foods were adequately cooked during this data collection period.

The following figure shows the number of individual data items found OUT of compliance for observations found in the Poor Personal Hygiene risk factor category:



APPENDIX P - Baseline Risk Factor Study

The food safety procedures for the poor personal hygiene risk factor that are most in need of attention in retail food stores, deli departments include: hands are washed when required (13 OUT of compliance observations), and hands are washed using adequate handwashing procedures (13 OUT of compliance observations). Deli departments appeared to have food safety management systems in place to ensure employees do not contact ready-to-eat foods with bare hands.

V. RECOMMENDATIONS AND INTERVENTION STRATEGIES

The recommendations contained in this section are based on the findings in this report and will focus on strategies to enhance the effectiveness of regulatory and industry retail food protection programs.

Results of this survey indicate the food preparation activities and behaviors most in need of improvement across all industry segments and facility types include effective handwashing when required, cold holding of TCS foods, date marking of refrigerated ready-to-eat TCS foods, and food allergen awareness.

Hands can become contaminated when foodservice employees engage in specific activities such as handling soiled equipment or utensils, using the restroom, or handling raw animal foods. Proper handwashing when required is a critical factor in reducing the fecal-oral pathogens that can be transmitted from hands to ready-to-eat foods as well as other pathogens that can be transmitted from environmental sources.

Maintaining TCS foods at the proper cold temperatures and date marking of refrigerated ready-to-eat, TCS foods are critical to limiting the growth of *Listeria monocytogenes* and preventing foodborne illness.

Studies indicate that over 11 million Americans suffer from one or more food allergies. FDA receives reports from consumers who have experienced an adverse reaction after exposure to a food allergen. Symptoms of food allergic reaction include hives or itchy rashes, nausea, abdominal pain, vomiting and/or diarrhea, wheezing, shortness of breath, swelling of various parts of the body, and in some severe cases, anaphylactic shock and death may result. These reactions typically occur because product labels do not declare food allergens, or because of cross-contamination of food allergens with food not intended as an ingredient of the food being prepared or processed.

The responsibility for the development and maintenance of food safety management systems ultimately falls to the management of individual institutional foodservice establishments, restaurants, and retail food stores.

Recommendations for intervention strategies for the foodservice industry include:

APPENDIX P - Baseline Risk Factor Study

- Development and implementation of written procedures to include:
 - Procedures on how critical limits will be monitored, by whom, how often, and what control measures will be taken if critical limits are not met.
- Provide the necessary resources, equipment and supplies to implement the procedures such as:
 - Temperature logs that include a section to record corrective actions if critical limits are not met.
 - Temperature measuring devices.
 - Discard logs to record foods exceeding the required holding time limit.
 - Conveniently located handwashing sinks.
 - Availability of hand soap and disposable towels at each handwashing station.
- Training on procedures and how to carry them out.
- Routine, active monitoring of employees to ensure procedures are being followed and providing feedback to employees.
- Identify methods to routinely assess the effectiveness of the procedures. Managers should review procedures at least annually to determine whether procedures are effective or whether modifications in operations, equipment or personnel are needed.

Recommendations for Regulatory Retail Food Protection Program include:

- **Adoption of the current version of the FDA Food Code** – the WCHD food establishment regulations are consistent with the FDA 2009 Food Code with some provisions from the 2013 Food Code. The cold holding temperature requirements and date marking requirements contained in the Washoe County food establishment regulations are consistent with the current version of the FDA Food Code; however no allergen awareness provisions are currently included in the Washoe County food establishment regulations. The WCHD intends to revise the Washoe County food establishment regulations by the end of 2018 to ensure consistency with the FDA 2017 Food Code – scheduled to be released in late 2017.
- **Continuous Program Improvement by participating in the FDA Program Standards-** the Program Standards are the foundation for a highly effective and responsive program for the regulation of foodservice establishments. Similar to the Public Health Accreditation Board’s (PHAB) program, the Program Standards provide science based, data driven performance measures and standards as well as promote continuous quality improvement. Implementation of the Program Standards has enabled the WCHD to focus inspection efforts on the reduction of the occurrence of risk factors in Washoe County food establishments by:
 - providing a regulatory inspection form and processes that is focused on the foodborne illness risk factors
 - providing an inspection system to obtain immediate corrective action for OUT of compliance risk factors

APPENDIX P - Baseline Risk Factor Study

- encouraging an inspection style that provides on-site education and assistance for operators on the development of policies and procedures for the control of risk factors
- providing resources, such as handwashing signs, temperature charts, temperature logs, written policy templates, and guidance material to foodservice operators
- ensuring constancy and training for all inspection staff
- **Initiate Educational Outreach Efforts Related to the Risk Factors in Need of Priority Attention:**
 - The full 2017 Risk Factor Study report will be posted on the Health District website.
 - The WCHD plans to invite the regulated foodservice industry to workshops where food establishment operators and inspectors can discuss the results of the 2017 Risk Factor Study and develop additional intervention strategies to improve food handler's temperature control, date marking practices, handwashing practices, and food allergen awareness procedures – workshops are tentatively scheduled for early 2018.
 - The WCHD has received funding from the FDA to develop and purchase educational material and launch an educational outreach campaign related to the foodborne illness risk factors identified as needing priority attention in the study – scheduled to be completed by May 31, 2018.
 - The WCHD has received funding from the FDA to launch a media campaign to educate foodservice workers and the general public on the eight major food allergens – scheduled to be completed by June 31, 2019.

Because the ultimate goal of the program is to improve food safety behaviors and practices and reduce the occurrence of foodborne illness risk factors in Washoe County food establishments, this risk factor study will be repeated again in 2021 to assess the effectiveness of the targeted intervention strategies.

References:

FDA Report on the Occurrence of Foodborne Illness Risk Factors in Selected Institutional Foodservice, Restaurant, and Retail Food Store Facility Types (2009)

<https://wayback.archive-it.org/7993/20170406023004/https://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodborneIllnessRiskFactorReduction/ucm224321.htm>

Protocol for the Risk Factor Study Data Collection or Study on the Occurrence of Foodborne Illness Risk Factors in Selected Retail and Foodservice Facility Types (2013-2024)

<https://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/FoodborneIllnessRiskFactorReduction/UCM505468.pdf>

2013 FDA Food Code

<https://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.htm>

Intervention Strategies – Employ Health and Hygiene

Online Screenshots:
Facebook/Instagram

Online Screenshots
Facebook

iOS

Android

Intervention Strategies – Major Food Allergens

Washoe County Health District
Sponsored •

Each year, millions of Americans have allergic reactions to food. Most cause mild symptoms, but s... [Continue Reading](#)

WHEAT

EGGS

PEANUTS

WASHOECOUNTY.US
Do You Know the Big 8 Food Allergens?

FOOD ALLERGENS

THE BIG 8

WHEAT

TREE NUTS

EGGS

FISH

SOYBEANS

MILK

PEANUTS

CRUSTACEAN SHELLFISH

SYMPTOMS of Allergic Reactions

A food allergy is an immune system response to a particular food. Symptoms may include:

SWELLING FACE

NAUSEA OR VOMITING

HIVES OR ECZEMA

TROUBLE BREATHING

DIZZINESS

SAFETY TIPS

Avoid cross contact with allergens & Follow recipes and menus exactly

- Wash and sanitize all food contact surfaces before starting to prepare a new item
- Do not use the same utensil or glove to serve foods with Big 8 allergens and other foods
- Do not make substitutions without authorization

Support guest requests, and be sure you're right.
Refer questions or requests about food ingredients to your supervisor.

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Intervention Strategies – Date Marking



DATE MARKING

Date marking is an identification system for ready-to-eat foods held over 24 hours so you know how old they are. The system helps to identify when food is to be discarded. Date marking ensures food safety, and it's the law.

DON'T RUIN SOMEONE'S DATE



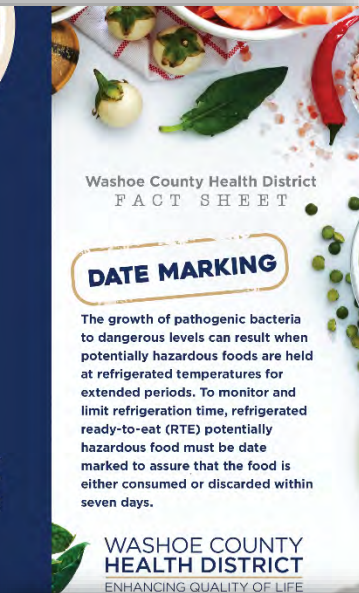
DATE MARK YOUR FOODS

Serving foods exceeding the 7-day shelf-life can lead to the growth of harmful bacteria that can cause gastroenteritis symptoms.

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

1001 East Ninth Street
PO Box 11130
Reno, Nevada 89520

Phone: 775-328-2434
Fax: 775-328-6176
FoodSafety@washoecounty.us
www.WashoeEats.com



Washoe County Health District
FACT SHEET

DATE MARKING

The growth of pathogenic bacteria to dangerous levels can result when potentially hazardous foods are held at refrigerated temperatures for extended periods. To monitor and limit refrigeration time, refrigerated ready-to-eat (RTE) potentially hazardous food must be date marked to assure that the food is either consumed or discarded within seven days.

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Date Marking Brochure



WHEN DO I DATE MARK?

If you answer "YES" to all five of these questions, then the food **MUST** be date marked:

- ✓ Does the food require refrigeration?
- ✓ If commercially packaged, has the original package been opened?
- Could the food be eaten just like it is, regardless of temperature? Examples include cold, cooked meats, potatoes, pastas, soups, stews, deli meats, and cottage cheese.
- Is the food potentially hazardous? Will the food support bacterial foodborne organism growth? For example, *Listeria monocytogenes*.
- ✓ Will the food be in the establishment for more than 24 hours? This applies even if the food is or will be mixed with other ingredients.

FREQUENTLY ASKED QUESTIONS

Are there any exceptions to the date marking requirement?

Yes...

- Shelf stable, dry fermented sausages such as pepperoni and Genoa salami that retain the original casing, and salt-cured products such as Parma (ham) that are not labeled "keep refrigerated" **do not** need to be date marked.
- Hard cheeses like Cheddar, Gruyere, Parmesan, Reggiano, Romano, and medium old Asiago **do not** need to be date marked.
- Semi-soft cheeses like Blue, Colby, Gorgonzola, Monterey, Swiss, Provolone, and Muenster **do not** need to be date marked.
- Cultured dairy products such as sour cream, yogurt, and buttermilk **do not** need to be date marked.
- Commercially pre-packaged deli salads such as potato salad or macaroni salad **do not** need to be date marked.
- Preserved fish products such as pickled herring and dried or salted cod **do not** need to be date marked.

If the food has an expiration date on it, isn't that the same as a date mark?

No, the expiration date is the date through which the manufacturer guarantees the food will meet their quality standards. Date marking ensures the **safety** of food.

The establishment goes through food so fast! Even if it's going to be gone in less than 4 to 7 days, do I still need to date mark?

Yes, if the food is not going to be served or discarded within 24 hours, it **MUST** be date marked.

When should I discard the food?

When refrigeration is at 41°F or below, discard within 7 days.

What if I freeze the food?

Freezing food **stops the date marking clock, but does not reset it**. If a food is stored at 41°F for 2 days and then frozen, it can still be stored at 41°F for 5 more days when it begins to thaw. The freezing date, thawing date, and prep date need to be put on the container, or an indication of how many of the original 7 days have been used.



Date Marking Magnet



WHEN DO I DATE MARK?

- ✓ If it's a ready-to-eat, potentially hazardous food I made, such as chili, cooked chicken, or rice...
- ✓ Or if it's a potentially hazardous food I opened, such as deli meat, hot dogs, or cottage cheese...

Mark it with the date made and/or the date it expires.

Items must be used or discarded within 7 days.

- ✗ Items kept less than 24 hours do not need to be date marked.
- ✗ Date marking does not apply to raw meats, poultry, or seafood.
- ✗ Non potentially hazardous items such as house made croutons, cut raw fruits and vegetables (excluding tomatoes, leafy greens or melons), or herbs do not need to be date marked.

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Intervention Strategies – Employ Health and Hygiene

Wet hands with hot water
Moje sus manos con agua caliente

Use soap
Use jabón

Wash and scrub for 20 seconds
Frote sus manos por 20 segundos

Rinse off soap
Enjuague

Turn off water with paper towel
Cierre la llave del agua usando una toalla de papel

Dry with paper towel or air dryer
Seque sus manos usando una toalla de papel o una secadora de aire

EMPLOYEES MUST WASH HANDS

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Feeling sick?

¿Se siente enfermo?

Your manager needs to know.

Se debe informar al supervisor.

VOMITING
INFECTED SORES
DIARRHEA
YELLOWING OF EYES
SORE THROAT
FEVER

VÓMITOS, LLAGAS INFECTADAS, DIARREA, DOLOR DE GARGANTA, FIEBRE.

If you are suffering from any of these symptoms, you must report them to your manager before working your shift.

Si usted tiene cualquiera de estos síntomas, debe informarle a su supervisor antes de empezar a trabajar.

1724032

Feeling sick?

¿Se siente enfermo?

Your manager needs to know.

Se debe informar al supervisor.

VOMITING
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<p>WASHOE COUNTY HEALTH DISTRICT ENHANCING QUALITY OF LIFE</p>	<p>WASHOE COUNTY HEALTH DISTRICT ENVIRONMENTAL HEALTH SERVICES DIVISION 1001 East Ninth Street, Building B • Reno, NV 89512 Telephone (775) 328-2434 • Fax (775) 328-6176 www.washoecounty.us/health health@washoecounty.us</p> <p>FOOD ESTABLISHMENT REVIEW</p>	<p>Permit # _____ Date: _____ Health # _____</p>
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Submitting incomplete plans can delay the review process.

Please answer every question that applies to your food service operation.

[Regulations of the Washoe County District Board of Health Governing Food Establishments](#)

APPROVAL of the plans and specifications is required PRIOR to construction or remodel.

A Final / Opening inspection should be scheduled with Washoe County Health District (Health) at least 5 working days before anticipated opening of the food facility.

Type of Review (select one): New construction (may require construction permit) Change of owner
 Remodel (may require construction permit) New permit (no construction)

Type Of Food Facility (select all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Meat Market | <input type="checkbox"/> Satellite Food Distribution Site |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Mobile Unit / Servicing | <input type="checkbox"/> School / Childcare Kitchen |
| <input type="checkbox"/> Delicatessen | <input type="checkbox"/> Outdoor Food Establishment | <input type="checkbox"/> Snack Bar _____ |
| <input type="checkbox"/> Food Manufacturing | <input type="checkbox"/> Portable Unit for Food Service | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Vending |

Name of Food Establishment: _____

Address: _____ City: _____ Zip: _____
 Phone: _____ Email: _____

Owner / Owner's Representative: _____

Address: _____ City: _____ Zip: _____
 Phone: _____ Email: _____

I certify that the information in this application is correct, and I understand that any change without prior approval from the Washoe County Health District may delay or prevent timely opening of this food establishment.

Signature: _____ Date: _____

Full menu or list attached of all food or drink stored displayed or served.

Plan review cannot be completed without the menu; failure to provide this information may delay the review process.

What are the estimated number and type of meals to be served per day:

Breakfast: _____ Lunch: _____ Dinner: _____

Will this food establishment serve raw or undercooked foods? Yes No

Will this food establishment serve alcohol? Yes No

Operational Plans:

Will this food establishment do any of the following (select all that apply)?

- BBQ'ing Dogs on Patio Outdoor Food Establishments
 Catering Non-Continuous / Par Cooking Satellite Food Distribution Site

Will time be used as the only form of public health control? Yes No

What Food?	How Long?	Location?	Standard Operating Procedure (SOP) for monitoring?
<i>(example) Sushi rice</i>	<i>4 hours</i>	<i>Line 1</i>	<input checked="" type="checkbox"/> I have attached the SOP for this process
			<input type="checkbox"/> I have attached the SOP for this process
			<input type="checkbox"/> I have attached the SOP for this process
			<input type="checkbox"/> I have attached the SOP for this process
			<input type="checkbox"/> I have attached the SOP for this process

Check the box next to the special processes used in this food establishment:

- Not Applicable - this food establishment performs no special processes**
 Acidification, (sushi rice, marinara sauce, BBQ sauces)
 Curing, Meat, Poultry or Fish
 Custom Processing of Game Animals
 Fermenting products, making Sauerkraut or Sausage
 Juice Processing and Packaging
 Molluscan Shellfish Display Tank (e.g. oysters, clams, mussels, or scallops)
 Packaging food that requires a label to be approved by Health
 Pickling
 Reduced Oxygen Packaging (e.g. vacuum sealed packaging, cook-chill, sous vide)
 Smoking for Preservation
 Sprouting (seeds or beans)

Explain the special processes checked above:

Will food be transported to another location (e.g. catering, satellite kitchen, etc.)? Yes No

Will this food establishment be bagging ice for retail sales? Yes No

Will this food establishment make food to be sold to other retail food establishments? Yes No

Cold Storage (Time Temperature Controlled for Safety (TCS) ≤ 41°F)

Not Applicable – this food establishment does not store any food items that require refrigeration

Cold Storage Types	Refrigeration (# of units)	Freezer (# of units)
Reach-In <input type="checkbox"/> 1-Door <input type="checkbox"/> 2-Door <input type="checkbox"/> Multiple		
Refrigerated drawers <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Multiple		
Sandwich Prep Table		
Under counter <input type="checkbox"/> 1-Door <input type="checkbox"/> 2-Door <input type="checkbox"/> Multiple		
Walk-in <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Display		

Cubic-feet of reach-in cold storage:	Square-feet of walk-in cold storage:
--------------------------------------	--------------------------------------

Refrigerator storage (cubic feet): _____ Refrigerator storage (square feet): _____

Freezer storage (cubic feet): _____ Freezer storage (square feet): _____

Hot Holding (Time Temperature Controlled for Safety (TCS) ≥ 135°F)

Not Applicable – this food establishment does not store any food items that require hot holding

How will TCS food(s) be maintained above 135-degree F during holding prior to service?

Cooling Method

How will TCS food(s) be cooled from 135° F to 70° F in 2 hours or less and from 70° F to 41° F in 4 hours or less
(the total time from 135° F to 41° F should be no more than 6 hours)?







Check the box for the cooling method(s) that is used

Cooling Method	Shallow pan	Ice Paddle	Ice Bath	Rapid Chill Equipment (e.g. blast chiller)	Volume Reduction (e.g. quartering)
					
<i>Example: Pinto Beans</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Solid Food: Roast(s), Turkey, Steaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft, Thick Foods: Beans, Rice, Gravy, Soups, Sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bake/Boiled Potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deli Salads (Tuna/Chicken)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thawing Method

Not Applicable – this food establishment does not thaw any food items

How will frozen TCS foods be thawed (thawed is temperatures below 41°F)?

<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Submerged under running water 70°F	<input type="checkbox"/> Cooked from a frozen state	<input type="checkbox"/> Microwave as part of cooking process	<input type="checkbox"/> NO THAWING ON COUNTER
				
<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	<input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish	

Food Handling Procedures

Explain the handling procedures for the following food categories. Describe the process from receiving to service.

Reheating:

How will TCS food that is cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds? Indicate the type and number of units for reheating foods.

Food Preparation

Ready-To-Eat Food Handling:

(Edible without additional preparation, e.g. produce, salads, coldsandwiches, raw molluscan shellfish, etc.)

Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? Yes No

If not, explain how ready-to-eat foods will be cooled to 41°F?

Will all produce be washed on-site prior to use? Yes No

Is there a location for washing produce (e.g. prep sink, etc.)? Yes No

Will disposable gloves, utensils, and food grade paper be used to prevent handling of ready-to-eat foods? Yes No

Poultry Handling

- Describe the procedure for minimizing the length of time TCS food will be kept in the temperature danger zone (41°F - 135°F) during preparation (e.g. small batches, made to order, etc.).
- How will food arrive (e.g. frozen, fresh, packaged, etc.)?
- What equipment will be used to prepare, handle, and cook food? (match to equipment schedule provided)

Meat Handling

- Describe the procedure for minimizing the length of time TCS food will be kept in the temperature danger zone (41°F - 135°F) during preparation (e.g. small batches, made to order, etc.).
- How will food arrive (e.g. frozen, fresh, packaged, etc.)?
- What equipment will be used to prepare, handle, and cook food? (match to equipment schedule provided)

Seafood Handling

- Describe the procedure for minimizing the length of time TCS food will be kept in the temperature danger zone (41°F - 135°F) during preparation (e.g. small batches, made to order, etc.).
- How will food arrive (e.g. frozen, fresh, packaged, etc.)?
- What equipment will be used to prepare, handle, and cook food? (match to equipment schedule provided)

Dry Storage

How many square feet of dry storage shelf space? _____

Explain where dry goods will be stored and identify the plan page(s) and location?

Employee Accommodations

Explain where employee personal items are stored and identify the plan page(s) and location?

What equipment is included in the specifications?

- | | | |
|--|--|---|
| <input type="checkbox"/> Bar Service Areas | <input type="checkbox"/> Floor Sinks and Floor Drains | <input type="checkbox"/> Personal Storage Areas |
| <input type="checkbox"/> Buffet Lines | <input type="checkbox"/> Food Preparation Sinks | <input type="checkbox"/> Toilet Facilities |
| <input type="checkbox"/> Chemical Dispensing Units | <input type="checkbox"/> Garbage/Recyclables Storage | <input type="checkbox"/> Utility Mop Sinks |
| <input type="checkbox"/> Chemical Storage Areas | <input type="checkbox"/> Hand sinks | <input type="checkbox"/> Ventilation Hoods |
| <input type="checkbox"/> Dipper Wells | <input type="checkbox"/> Ice Bins/Machines | <input type="checkbox"/> Wait Stations |
| <input type="checkbox"/> Dish machines | <input type="checkbox"/> Indoor/Outdoor Seating | <input type="checkbox"/> Warewashing Sinks |
| <input type="checkbox"/> Dry Storage Areas | <input type="checkbox"/> Laundry Establishment Locations | <input type="checkbox"/> Water Heater Locations |
| <input type="checkbox"/> Dump Sinks | <input type="checkbox"/> Outdoor Cooking/Bar/Patio | <input type="checkbox"/> Other _____ |

Water Source

What is the source of water for the food establishment?

- Municipal --- provide the name of the water utility _____
- Well

Is ice made in the food establishment? Yes No

All backflow prevention devices and assemblies must be identified on the permit plans with the following information:

--- types, locations, and installation details (e.g. soda machine, water service, mop sink, etc.)

Water Heater Information

Gas (BTUs): _____ Electric (kW): _____ Tank Tankless

Manufacturer: _____

Model: _____

What is the hot water storage capacity (gallons)? _____

Hot water heater recovery rate (gallons per hour at 80°F temperature rise)? _____

(To calculate the recovery rate - <http://www.fda.gov/downloads/Food/GuidanceRegulation/ucm102738.pdf>)

Sewer

What is the source of sewer for the food establishment?

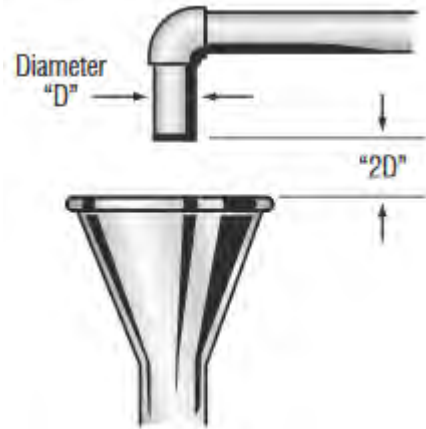
Municipal --- provide the name of the sewer utility: _____

Septic

Plumbing Cross Connections (sewer) Sewage Disposal*

Fixture	Indirect	Direct
3 compartment sink		
Bain-Marie / Kettle / Steamer		
Beverage lines (soda guns)		
Coffee / Espresso machine		
Dipper wells		
Dishwasher		
Glass washer		
Hand sink		
Hose connections		
Ice machine		
Ice storage bin		
Mop sink		
Prep sink		
Refrigeration condensation lines		
Rethermalizer		
Soda machine		
Walk-in floor drain		
Wok range		

*Sewage Disposal:
Air Gap: is the unobstructed vertical space between the water outlet and the flood level of a fixture.



Warewashing Equipment

Manual Warewashing (e.g. 3 compartment sink)

Size of sink compartments (inches): Length: _____ Width: _____ Depth: _____

What type of sanitizer will be used? _____

Does the largest pot or pan fit into each compartment of the sink? Yes No

Describe the cleaning procedure if the largest pot or pan doesn't fit in the sink,:

Mechanical Warewashing (e.g. dishwasher, glass washer, etc.)

Is a warewashing machine used? Yes No Manufacture & model: _____

What type of sanitizer will be used? Hot water (180°F) Chemical: _____

Does the largest pot or pan fit into the mechanical warewashing? Yes No

Describe the cleaning procedure if the largest pot or pan doesn't fit in mechanical warewashing:

Tableware

Single-use(Disposable) Reusable (Food Grade, Washable) Both

Handwashing

Describe the number, and location of all handwashing sinks, and identify on the permit plan(s):

Mop / Utility Sink:

Describe the number, size, and location of all mop sinks, and identify on the permit plan(s):

Is a separate mop storage area provided? Yes No

Describe the mop sink type and location:



--- "Y" or any other valves are not allowed on mop sinks ---

Refuse And Recyclables

Will refuse be stored inside? Yes No Where: _____

How will refuse be disposed? Dumpster Compactor

Describe location for storage of recyclables (e.g. cooking grease, cardboard, glass, etc.):

Insect and Rodent Control

What protection is provided on all outside doors? Self-closing door Fly Fan Screen Door

What protection is provided on windows? Self-closing Fly Fan Screening

Is commercial pest control used at this food establishment? Yes No

Poisonous or Toxic Materials

Describe the location for storage of poisonous / toxic materials (e.g. chemicals, sanitizers, etc), and identify on the permit plan(s):