



Consumer Health & Food Safety



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2025 SAMUEL J. CRUMBINE CONSUMER PROTECTION AWARD

Application for Consumer Health & Food Safety
Division in Pima County

Executive Summary

Pima County is the second most populous county in Arizona. The Pima County Health Department (PCHD), based in Tucson, serves as the designated public health authority for the region. As a PHAB-accredited local health department, PCHD is committed to preventing disease and promoting the health and well-being of all Pima County residents and visitors.



PCHD is structured into six key divisions: Business Operations, Emergency Mitigation and Preparedness, Consumer Health & Food Safety (CHFS), Clinical Services, Epidemiology, and Community Outreach, Prevention, & Education.

The CHFS division plays a critical role in protecting public health through four major program areas: the Administrative Support Program, the Plan Review Program, the Food Safety Program, and the Aquatic-Vector-Control Program. CHFS is tasked with regulating a wide range of public health establishments, including food establishments, lodging facilities, semi-public swimming pools, campgrounds, schools, mobile home/RV parks, home daycare centers, and public restrooms. CHFS Environmental Health (EH) staff interpret, promote, and enforce federal, state, and local laws and regulations related to these establishments to ensure public safety and health.

In 2019, under new leadership, CHFS embarked on a journey of continuous improvement with the support of PCHD senior leadership. Shortly thereafter, CHFS was elevated to become its own division. A key priority for CHFS was to strengthen relationships with stakeholders through a proactive, education approach, moving away from a primarily reactive enforcement model. This shift included introducing educational inspections and ratings during the first routine inspection of a food establishment, rather than using standard ratings, and revising the food establishment rating system to better align with FDA's Food Code and Retail Program Standards (**Appendix A**).

Just as CHFS began to build momentum, the COVID-19 pandemic brought significant challenges. The stringent regulations imposed on permit holders strained relationships with the regulated community, but the division responded by focusing on public health and safety throughout the crisis. As COVID-19 restrictions lifted in 2021, CHFS redoubled its commitment to improvement, developing a Comprehensive Strategic Improvement Plan (CSIP). This plan provided a framework for evaluating and enhancing all aspects of CHFS's programs, ensuring alignment with the mission to protect community health, safety, and well-being through leadership, collaboration, education, and regulation.

The CSIP was developed using project management principles and FDA's self-assessment and gap analysis tools, which helped identify program deficiencies and establish a roadmap for addressing them. This effort included outlining specific tasks, setting completion targets, and assigning individual leads to ensure progress. As a result of these efforts, Division Manager Loni Anderson, received the 2022 [Arizona Public Health Association Pete Wertheim Public Health Leadership Award](#) for her exceptional leadership and innovation during the COVID-19 pandemic.

In 2005, CHFS enrolled in the FDA's Retail Program Standards, but it wasn't until 2020 that the division actively advanced beyond Standards 1 and 7. Since then, significant progress has been made, with CHFS successfully meeting Standards 3-6 and 9, and partially meeting Standards 2 and 8. Through these efforts, CHFS has secured several competitive federal grants to support program activities and further its progress in meeting the Retail Program Standards, advancing towards an even more robust and responsive food safety program.

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Part I. Program Basics

Demographics



[Pima County](#) is roughly the size of New Hampshire, with a complex geopolitical landscape, sharing 130 miles of international border with Mexico. Furthermore, this region has been continuously inhabited by Native American people for more than 10,000 years and continues to be home to two sovereign Tribal Nations: the Tohono O’odham Nation and the Pascua Yaqui Tribe. According to the 2022 American Community Survey (ACS) 5-year census estimates, the county's population stands at 1,019,461, with the majority residing in Tucson, the county seat. Tucson is the second-largest city in Arizona.

Tucson attracts thousands of visitors each year, thanks to its vibrant culture, rich history, and commitment to sustainability. In January 2025, the city earned a spot on [BBC’s list of 25 Best Places to Travel](#), further cementing its reputation as a must-visit destination. Tucson is also proud to be the first North American city designated a UNESCO City of Gastronomy, celebrating its diverse culinary heritage. Pima County offers a wide array of unique attractions, including the University of Arizona, the world-renowned Biosphere 2, and the historic Davis-Monthan Air Force Base. The region is also home to several notable events, such as the Tucson Gem, Mineral, and Fossil Showcase, the Tucson Rodeo Parade, and the 4th Avenue Street Fair. Major sporting events like El Tour de Tucson, the Arizona Bowl, and the Cologuard Classic PGA Tour Championship draw large crowds, while cultural celebrations like the Tucson Festival of Books, Tucson Folk Festival, Tucson International Mariachi Conference, and various film festivals add to the area's dynamic cultural scene.

The [County’s](#) racial/ethnic breakdown is as follows: 50.1% non-Hispanic White, 38.1% Hispanic/Latino, 6.0% American Indian and Alaskan Native, 5.3% Black or African American, 4.5% Asian, 0.3% Native Hawaiian and Pacific Islander, 14.2% two or more races, and 19.8% other race. Since 2021, just over four-thousand people with refugee status have been resettled in Pima County. Approximately 27.0% of the residents speak a language other than English at home, the majority (82.7%) speak Spanish. According to the 2022 ACS, 89.5% of Pima County residents 25 years and older attained a high school diploma or higher, while 35% have a bachelor’s degree or higher.

In 2022, 14.9% of residents were living in poverty within the past year compared to 13.1% of Arizonans and 12.5% of people nationally. In 2022, the median household income in Pima County was \$64,323 per year, compared to \$72,581 in Arizona and \$75,149 in the US. The Pima County [Social Vulnerability Index Score](#) is .57, indicating a medium to high level of vulnerability.

CHFS regulates approximately 4,443 fixed food establishments, 60 limited food manufacturers, 691 mobile food establishments, 253 annual concessionaire and event coordinator permits, and annually conducts approximately 1,987 temporary/seasonal food inspections. Our facility type inventory consists of full-service restaurants, fast food establishments, school kitchens, culinary classrooms, coffee/ice scream shops, bars, convenience markets, commissaries, caterers, catered feeding sites, limited food manufacturers, daycare kitchens, healthcare facility kitchens, retail grocery stores including deli, meat/seafood, bakery, and produce departments. The time period covered on this application is from January 2020 to December 2024.



Program Resources

CHFS's Food Safety Program is primarily funded through a combination of revenue sources, including permitting and licensing fees, health fees, and other funding listed in **Table 1**. Over the past four years, the program's average annual budget has been \$2.6 million, while its average annual expenditures have been approximately \$3 million (**see graph**). It is important to note that CHFS's overall budget encompasses several programs beyond food safety, such as aquatic, school plants, mobile home park, and lodging facility regulation and vector control-surveillance. These programs are not separately accounted for within the division's total budget. Additionally, the budget includes seven staff members who do not engage in food safety-related activities.



CHFS's fee schedule is organized by service type, facility risk category, and facility size (**Appendix B**). The fee structure includes annual permit fees, seasonal/temporary fees, plan review fees, probation re-inspection fees, late fees, and food handler certification fees. Annual permit fees account for the largest portion of the total revenue generated from licenses and permits (**see pie chart**).

In 2016, the Pima County Board of Supervisors (BOS) approved a five-year incremental fee increase to occur between 2017-2020, as a part of a cost-recovery initiative. During the COVID-19 pandemic, the BOS paused 2020's fee adjustment and reverted back to 2019's fees from 2020 to 2022, in an effort to help alleviate some of the economic burden on permit holders. CHFS plans to submit a proposal to the Board of Supervisors (BOS) for an adjustment to the fee schedule, specifically for plan review fees, during the 2025-2026 period. The adjustment aims to better align fees with the actual time required to complete plan reviews and to account for inflation, as well as the program resources dedicated to inspection services and related activities.

Table 1 - Types of Revenue	
Licenses & permits	95%
Grants	3.9%
Health fees revenue	0.20%
Misc. Governmental & Agency Funds	0.08%
NSF Check Charge Revenue Source	0.01%
Stale Dated Warrants	0.01%
Collections Revenue	0%

CHFS's food establishment workforce includes: one Public Health Division Manager, two Consumer Health and Food Safety Managers, four EH Supervisors, one Admin Supervisor, two Program Coordinators, six Environmental Health Specialist (EHS) II Plan Reviewers, two EHS II Training Officers, 20 EHS I, and four Administrative Assistants, for a total staff of 42.

Over the four-year application period, CHFS has been awarded multiple, competitive federal grants from Food and Drug Administration (FDA), Association of Food and Drug Officials (AFDO), and FDA-NEHA Flexible Funding Model Grant to advance in the Retail Program Standards (**Appendix C**).



Program Vision, Goals, & Objectives

A Healthy Pima County
Every one. Every where. Every day.

Our organization’s overarching vision is “**A Healthy Pima County - Everyone. Everywhere.**

Every day.” CHFS’s mission is to protect public health and safety by preventing foodborne, waterborne, and vector-borne illnesses through education, partnership, collaboration, and regulation.

To fulfill this mission and ensure the health, safety, and well-being of our community, CHFS has adopted a data-driven, systematic approach to continuously enhance our programs. Our goal is to maintain a highly effective and responsive retail food regulatory program that meets the evolving needs of our community. This proactive approach has not only strengthened our internal operations but, more importantly, has had a positive impact on the diverse community we serve—providing fair and accessible services, tools, and resources.

Given the dynamic and ever-evolving challenges in environmental health, it is essential for an organization’s success to make informed, data-driven decisions while prioritizing stakeholders’ best interests and applying a fairness lens.



CHFS’s overall objectives are to:

1. Reduce the occurrence of foodborne illness by increasing constituents’ knowledge on the five major foodborne illness risk factors.
2. Enhance the knowledge of food establishment permit holders on jurisdictional rules and regulations through accessible and fair resources and tools.
3. Foster stronger community partnerships and collaboration with food establishment permit holders.
4. Streamline and improve processes based on data-driven insights to enhance program efficiency.

The practice of continuous improvement is a core mechanism, adopted to identify gaps and areas for growth, enabling development of visionary solutions to address these needs. The primary goal of our educational outreach and collaborative efforts with stakeholders is to reduce foodborne illness in our community. Additionally, this practice fosters creative problem-solving, supports data-driven decision-making, aligns our resources with community priorities, and ensures accountability and high-quality performance.

CHFS advances its mission, vision, goals, and objectives through a collaborative approach. This begins with strong support from our leadership team, extends through the contributions of CHFS staff at all levels, and incorporates valuable input from stakeholders. Data-informed improvements have modernized our program, enabling CHFS to optimize time, reallocate resources, and enhance food safety initiatives—ultimately driving our goal of reducing foodborne illness in the community.

Part II. Baseline and Program Assessment

Regulatory Foundation

Pima County, like all counties in Arizona, operates under [Dillon's Rule](#). This rule designates counties as extensions of the state government, limiting their powers to those explicitly granted by the state legislature. As part of this [framework](#), counties are mandated to establish a county department of health. State laws further require counties to ensure the health and safety of food establishments within their jurisdiction.

CHFS collaborates with the Arizona Department of Health Services (ADHS) through a delegation agreement (**Appendix D**) to ensure full compliance with state regulations. Pima County is home to a large, unincorporated urban population of nearly 400,000 residents, many of whom live outside any city or town boundaries. As a result, Pima County provides a wide range of services typically offered by municipalities. Under state law, CHFS is the sole local food safety regulatory agency serving the entire 9,182-square-mile county.

The State of Arizona has adopted [Arizona Administrative Code R9-9-110- Mobile Food Units](#), which outlines the structural requirements for mobile food units. All counties are required to adhere to these standards. In 2023, Pima County began enforcing these requirements to help reduce the regulatory burden on mobile food operators who work throughout Arizona. This code allows operators with a valid permit from any Arizona county to apply for a reciprocal permit in other counties without the need for a plan review.

All food establishments in the county must comply with [Pima County Title 8, Chapter 8.04 and 8.08](#), the 2013 FDA Food Code including Annex 1 Subpart 8-903 and Annex 7 Guide 3-B, and the [Arizona Administrative Code \(A.A.C.\) Title 9, Chapter 8, Article 1](#). In 2016, Pima County adopted the 2013 FDA Food Code, a significant update from the 1999 code that had been in use since 2010. This adoption included revisions to the inspection form, now documenting compliance status for each risk factor and intervention using IN, OUT, NO, or NA for violations (**Appendix E**). Additionally, the code introduced new violation categories—Priority, Priority Foundation, and Core—replacing the previous terms of critical and non-critical, to better align with the risk-based inspections conducted by staff.

CHFS is currently working through the adoption process for the 2022 FDA Food Code (FC). Additionally, we are revising our fee schedule, a complex process that involves justifying fee increases and benchmarking against other jurisdictions. Once finalized, the revisions will undergo legal review and be made available for public comment. Any proposed changes will then be reviewed by our legal advisors and the Board of Health before being submitted for approval or denial by the Pima County Board of Supervisors. Throughout this process, permit holders will be kept informed and educated. Additionally, staff training will occur once the new FC is adopted, followed by a grace period before enforcement begins. This process should be complete within the next two years. Standard 1 was met and verified in 2016 and again in 2021 (**Appendix F**).



Training Program

A comprehensive training program is essential to the success of Environmental Health Specialists (EHS) in conducting consistent, risk-based inspections. EHS are required to become Registered Sanitarians (RS) with the state of Arizona within 18 months of hire or promotion. The qualifications for the [RS exam](#) include a combination of education, experience, or reciprocity. On average, new hires complete the training program within 3-4 months (**Appendix G**).

CHFS's Food Safety Training Program is based on [FDA's Std 2 requirements](#), including competencies outlined in the Conference for Food Protection's (CFP) Manual. The program consists of a pre-inspection curriculum, joint field inspection training, and independent inspections.

The pre-inspection curriculum includes [FDA ORAU pre-courses](#) and a review of learning lessons. The latest improvement to the lessons includes self-paced, interactive eCourses (**Appendix H**), which feature knowledge checks designed to help trainees understand, interpret, and apply federal, state, and local regulations, as well as division policies and procedures. Joint field inspections are conducted across all facility type risk categories (1-4). On average, 47 joint inspections are completed between a trainer and trainee. Trainers lead various inspections within the same risk category, after which trainees lead under trainer oversight. Trainees receive written feedback after each inspection they lead to improve their performance in future inspections (**Appendix I**). Trainee feedback is also collected weekly (**Appendix J**).



Once trainees demonstrate competency in a risk category, they move on to the next. Trainees may perform risk 1 inspections independently after demonstrating competency in this category. However, they must complete 25 joint inspections with a trainer before conducting risk 2 inspections independently. A mid-training assessment is conducted at a risk 2 facility prior to risk 3 joint field training. Trainees are assessed on performance elements outlined in the CFP Manual and must achieve a minimum score of 75%. If any major deficiencies are noted, additional training is provided, followed by reassessment. After completing joint field inspection training, the Training Team EH Supervisor conducts a final evaluation at a risk 3 facility and signs off on the trainee's Training Plan and Log. Trainees are also enrolled in FD218 Conducting Risk-Based Inspections as well as [AFDO Inspector Bootcamp training](#).

CHFS's Training Team, consisting of one Environmental Health Supervisor and two EHS Training Officers, uses Microsoft Teams/SharePoint to manage and update staff training records. Staff eligibility for standardization and ongoing maintenance requirements are tracked through automated Excel trackers. Currently, 93% of staff meet Steps 1-3 and 5 of Standard 2 criteria, with 60% fully standardized using FDA standardization procedures. Three EH Supervisors are designated as Training Standards and oversee the standardization of the remaining team members. CHFS aims to have at least 90% of staff successfully complete Steps 1-5 of Standard 2 by 2026.

All EHS staff are required to complete 12 continuing education units (CEUs) annually to renew their Arizona RS credential. CEU opportunities are offered through conferences, webinars, and virtual courses provided by organizations such as AFDO, FDA, CFP, NACCHO, and others. Additionally, CHFS holds quarterly all-staff meetings to provide ongoing training.

In 2024, CHFS mentored three jurisdictions—Los Angeles County, Larimer County, and Navajo County—to enhance their training programs and advance in Standard 2. CHFS plans to meet and verify full compliance with Standard 2 by 2027.

Inspection Program Based on Hazard Analysis Critical Control Points (HACCP) Principles

To effectively implement HACCP principles and focus on foodborne illness risk factors (RF) during inspections, CHFS has developed several operating policies, procedures, and reference tools to support Environmental Health Specialists (EHS) in the field.

Policy *CHFS-23-01: Risk Categorization and Inspection Frequency of Food Establishments* (**Appendix K**) designates food establishments into one of four risk categories using a Risk Assessment Tool. This tool evaluates potential hazards such as food preparation processes and the population served, as well as the FDA Food Code Annex 5, Table 1. Based on the assigned risk category, the inspection frequency is determined:

- Risk Category 1: Inspected once per year. These establishments have minimal or no food preparation.
- Risk Category 2: Inspected twice per year. These establishments typically have a limited menu with mostly cook-to-order items.
- Risk Category 3: Inspected three times per year. These establishments allow for complex food preparation practices.
- Risk Category 4: Inspected three times per year. This category is reserved for facilities serving highly susceptible populations.



Policy *CHFS-19-02: Food Safety Inspection Rating System, Onsite Corrective Action, and Long-Term Control* (**Appendix L**) outlines the rating system and corrective actions for both foodborne illness RF items and Good Retail Practices (GRPs), as well as long-term compliance strategies. The policy prioritizes foodborne illness RFs in the rating system, ensuring that EH staff conduct follow-up inspections within 10 days for any unresolved, out-of-compliance P/Pf foodborne illness RF violations. It also includes the *Enforcement and Compliance Guidance Document* (**Appendix L1**), a reference tool for EH staff to use in the field. This document covers food reconditioning, destruction, and corrective actions based on time-temperature relationships to ensure that onsite corrective actions are appropriate for the violation.

To support HACCP plans and variance requests, CHFS developed the following policies:

- ❖ *CHFS-22-01: Variance and HACCP Approval* (**Appendix M**) outlines the validation or denial process for HACCP plans and variance requests. Our HACCP/Variance Committee meets regularly to review requests to ensure foods can be safely prepared involving a specialized process. The committee collaborates with the state health department and academic partners to deepen our knowledge of laboratory food safety testing protocols.
- ❖ *CHFS-22-02: On-Site Verification of Food Code Required HACCP Plans* (**Appendix N**) supports staff during routine inspections by guiding them in verifying HACCP plans and documenting any deviations from the approved plans and variances.
- ❖ *CHFS-22-03: On-Site Corrective Action During HACCP Verification and Long-Term Compliance* (**Appendix O**) outlines the process for addressing out-of-compliance critical limits during verification, including steps for ensuring long-term compliance and enforcement for repeat non-compliance with a specialized process.

Standard 3 was successfully met and verified in 2023 (**Appendix P**).

Quality Assurance

In early 2020, CHFS implemented the *CHFS-20-01 Uniform Inspection Program* policy and procedure (**Appendix Q**) to promote consistency among EHS staff in conducting risk-based inspections, and in their interpretation and application of county, state, and federal regulations, as well as CHFS policies. This procedure mandates that all field staff conducting routine inspections at food facilities complete a uniform assessment, as outlined in Standard 4. Pima County requires these assessments to be conducted at least three times per calendar year, with assessments occurring during inspections at risk 3 facilities once an EHS has been in their role for at least one year.

During each inspection, the EH supervisor observes and evaluates the inspector based on 20 items outlined in Standard 4, along with 5 CHFS-specific items. At the end of the assessment, the supervisor calculates the competencies demonstrated, ensuring that the inspector achieves a minimum of 75% competency for both sets of standards independently.

Risk-based inspections go beyond simple code compliance or checklist tasks—they require critical thinking to identify underlying issues, driving long-term compliance and fostering proactive managerial control. By transcending routine inspections, these processes ensure sustained food safety. Additionally, this approach helps to prevent complacency among our staff and disrupts the status quo, encouraging continuous improvement and a deeper commitment to safety standards.

Following each assessment cycle, CHFS conducts a quarterly data analysis, which is presented to staff during meetings to highlight key trends, recognize team strengths, and identify areas for improvement. When a staff member does not meet assessment standards, just-in-time training and one-on-one coaching are implemented to address identified gaps and ensure consistent performance. Additionally, more frequent ride-alongs are scheduled between the supervisor and inspector to provide hands-on guidance and further reinforce best practices.

To promote consistency in the evaluation of field staff, an assessment form marking guide (**Appendix Q1**) was developed in 2024 to be used to score assessments. Additionally, since late 2024, staff have been rotated among all four supervisors to further ensure uniformity in evaluations across the supervisory team. This rotation system helps eliminate any potential biases and promotes a more comprehensive evaluation process. The assessments conducted when this change occurred resulted in the lowest competency average of 85%, and two assessments falling below the 75% threshold. Additional targeted training resulted in an overall increase in the average competency during the February 2025 assessment period to 91% and zero failed assessments.



In addition to these efforts, EH supervisors regularly review a sample of their staff's inspection reports and provide targeted feedback during regular check-in meetings. This continuous feedback loop supports ongoing development and ensures alignment with uniform inspection practices.

Standard 4 was successfully met and verified in 2023 (**Appendix R**).

Foodborne Illness and Food Defense Preparedness and Response

Our Outbreak Investigation Team work collaboratively to address gaps in our policies and procedures required by FDA Standard 5 (**Appendix S**). Key components, including memorandums of understanding, were developed with input from our Epidemiology Team, state health departments, and labs. In addition, CHFS reviewed its foodborne illness complaint intake process and evaluated procedures from other jurisdictions. Based on this analysis, we updated our intake process to incorporate National Environmental Assessment Reporting System (NEARS), Council to Improve Foodborne Outbreak Response (CIFOR), and FDA Standard 5 guidelines into our food safety program.

For several years, CHFS responded to all submitted FBI complaints within 24 hours, yet in 44% of cases, no risk factors were found to be out of compliance. The high volume of these complaints, however, strained resources and reduced the productivity of routine inspections across Pima County. To address this, we revised our process to account for factors such as last meal bias, employee complaints, and customer complaints. Data from 2021-2023 revealed that EHS staff were able to conduct more routine inspections while simultaneously processing more accurate FBI data. This proactive approach has enhanced engagement with the community, industry, and public health partners, leading to a more efficient use of public health resources.



EHS collecting sample with swab during environmental assessment.

Our Outbreak Investigation Team has successfully managed two major FBI outbreaks: the *Salmonella* Braenderup outbreak (2020-2021) and the Staphylococcal enterotoxin outbreak (2021). Thanks to collaborative efforts with local, state, and federal agencies, as well as community organizations, including refugee and asylum-seeking groups, we coordinated effective responses to both outbreaks. Lauren Dinauer was awarded the 2022 [Jacob Joseph Corby Achievement Award](#) for exemplary performance as an Environmental Health Specialist (EHS), particularly for her role in managing the *Salmonella* Braenderup outbreak (**Appendix S1**).

Furthermore, Amanda Anderson received an Honorary Mention Certificate for the [John J. Guzewich Environmental Public Health Award](#) at the 2024 Integrated Foodborne Outbreak Response and Management Conference. This recognition was for her significant contributions to the National Food Safety System through the development and evaluation of innovative outbreak response programs and best practices. These efforts have not only sustained our program's fastest outbreak response but have also positioned CHFS as a mentor to other jurisdictions nationwide on improving outbreak response. Amanda also serves as a local representative with NACCHO to the Council to Improve Foodborne Outbreak Response (CIFOR).

To ensure ongoing improvement in our foodborne illness response and adherence to Standard 5, monthly status meetings will continue, involving our Epidemiology and Emergency Preparedness Divisions. In the absence of outbreaks, CHFS will conduct tabletop exercises to maintain staff readiness. Staff will also strengthen their response capabilities through continuous education and training, including participation in quarterly state task force meetings and the annual state infectious disease conference. FDA Standard 5 was met and verified in 2023 (**Appendix S2**).

Compliance and Enforcement

CHFS is committed to strengthening relationships with stakeholders through a proactive, education approach rather than a reactive, enforcement-driven model. Our food establishment rating system reflects this philosophy by aligning with FDA's Food Code and providing a more comprehensive framework for compliance. A key element of this system is the use of educational inspections and ratings during a food establishment's first routine inspection, which helps foster a food safety mindset among industry partners and supports long-term compliance.

CHFS-19-02 policy *Food Safety Inspection Rating System, Onsite Corrective Action, and Long-term Control*, covers wide range of topics including corrective action of RFs and GRPs, timeframes for corrective action, inspection rating, enforcement protocols, repeat violations, and discussion of long-term compliance options with operators. This policy is supported by an *Enforcement and Compliance Guidance* document that provides staff clear, step by step procedures for enforcement (**Appendix L1**). Under [Pima County Code 8.08.060 Enforcement](#), CHFS has the authority to take enforcement actions, including closure of food establishments for imminent health hazards (IHH) (**Appendix T**), fines, and permit revocation for failure to comply with corrective actions within the agreed timeframes for RF, Priority (P), and Priority Foundation (Pf) items.

The table shown below provides a description of the ratings assigned to food establishments during routine inspections. Risk Factor (RF), (P) or (Pf) violations and GRP, P/Pf violations do not carry the same weight. Each P/Pf violation in the RF section is counted once; every third P or

Rating System

Priority & Priority (P/Pf) Foundation Violation Totals					
Risk Factor Violation Counts #1-29	0	1-2	3-4	1-4 Risk Factors Not Corrected During Inspection	5 or More Risk Factors
	Excellent (E)	Good (G)	Satisfactory (S)	Needs Improvement (NI)	Probation (P)

Pf violation in the GRP section impacts the facility's rating. Core (C) violations do not have any bearing on the rating except as outlined in the enforcement code –

four repeat violations of the same GRP item (P, Pf, C) among six routine/re-inspections can result in a Probation rating. Probation ratings include a \$190 fee, re-inspection to assess correction of all violations (P,Pf, C) and the implementation of Active Managerial Controls identified by CHFS, such as a corrective action plan, food handler certifications for identified food employees, among other requirements.

CHFS provides food establishments the opportunity to demonstrate compliance with corrective actions for out-of-compliance RFs, offering flexible follow-up timeframes that consider the public health impact. For example, uncorrected RF Priority and Priority Foundation items that do not pose an imminent health hazard (IHH) are scheduled for re-inspections within a timeframe ranging from 24 hours to 10 days. The corrective timeframes vary based on the severity of the violations, the operator's willingness to remediate hazards, the facility's risk category, operation type, and its compliance history. When patterns of non-compliance are identified early, staff encourage enrollment in a voluntary risk control plan (**Appendix T1**). This proactive measure addresses root causes, aiming for sustainable solutions and preventing the need for enforcement actions in the future. Lastly, equipping staff with the necessary negotiation and de-escalation techniques to gain operator buy-in for regulatory compliance is key. FDA Standard 6 was met and verified in 2024 (**Appendix T2**).

Industry and Community Relations



The COVID-19 pandemic highlighted the need for more direct and effective communication with permit holders, prompting CHFS to expand outreach through community forums and targeted social media. This ensured that critical information was shared promptly and efficiently when it directly impacted businesses.

CHFS established community forums to build trust with business owners and create a two-way dialogue, focusing on issues such as foodborne illness prevention, waterborne illness, and public health nuisances. In late 2024, the Bilingual Outreach team was created to enhance engagement with the Hispanic community, given the significant number of Spanish-speaking permit holders and food employees. This team consists of 10 Spanish-speaking staff members, including seven Registered Sanitarians. Their goal is to collaborate with community organizations to provide targeted educational resources and support.

In pursuit of improving interactions with the regulated community, CHFS partnered with [Just Evaluation Services \(JES\)](#), a third-party consultant funded through grants, to identify areas of improvement in the inspection process. This led to staff training based on operator feedback gathered during ride-along inspections. Combined with collaborations with the Pima County Economic Development Department, the Small Business Commission, and local Chambers of Commerce, these efforts have helped raise awareness of CHFS events and services, strengthening relationships with the business community.

In 2020, CHFS created a [Facebook group](#) for permit holders, allowing staff to screen member requests and target communications more effectively. This group serves as a direct channel for sharing time-sensitive updates that impact permit holders' operations. PCHD also manages a [public-facing Facebook page](#) for general food safety information for the broader community. With this setup, CHFS is now better equipped to quickly share critical updates with permit holders in real-time through the social media platforms they already use.

Additionally, CHFS distributes quarterly [newsletters](#) to all permit holders, covering timely food safety topics. Since tracking email communications began in 2021, the open rate of these newsletters has improved significantly—from 35.8% in 2021 to 52.1% in 2023. This increase reflects the growing partnership CHFS is building with the regulated community and their engagement with our communications. We are actively seeking promotion strategies to further enhance engagement and ensure that our messages reach as many stakeholders as possible.

As part of our ongoing educational outreach, CHFS offers free food safety materials, including [standard operating procedure templates](#) and [educational handouts](#). CHFS offered a free online [ServSafe Food Handler course](#) and exam, available in English, Spanish, and Chinese, to support food employees during 2020-2024. Furthermore, our [voluntary incentive program](#) promotes Active Managerial Control, offering food establishments the opportunity to reduce their annual permit fee by up to 25%. This initiative not only encourages better food safety practices but also helps businesses lower operational costs.

To empower consumers to make informed dining decisions, CHFS maintains an online [public disclosure site](#) where food establishment inspection results are publicly accessible.

CHFS met and was verified for FDA Standard 7 in 2021 and 2022 ([Appendix U](#)

Program Support and Resources

CHFS is responsible for regulating food establishments, lodging facilities, semi/public swimming pools, campgrounds, school physical plants, mobile home/R.V. parks, home daycares, massage parlors, and public restrooms; overall regulating approximately 6,500 permits. To maintain public health and safety, CHFS operates several key programs: the Food Safety Program, Vector Control Program, Plan Review Program, Internship Program, and Training Program. The Food Safety program is comprised of two teams: two fixed food establishment teams and one mobile/temporary/seasonal food team. Other teams include our: Outbreak Investigation Team, Grants Management Team, eNewsletter Team, and Bilingual Team.

CHFS's food establishment workforce consists of 42 FTE, as detailed in the table below. However, due to retirements and turnover, maintaining consistent retention of all FTEs has proven challenging.

CHFS Food Program Workforce Organizational Table	
Job Title	Brief Overview of Duties
1 Division Manager	Oversees CHFS Division.
2 Program Managers	Oversee Food Safety, Training, Plan Review, and Vector Programs. Supervise EH Supervisors.
4 EH Supervisors	Supervises EHS I/II staff.
1 Admin Supervisor	Supervises Administrative Assistants.
2 Program Coordinators	Coordinate special projects. Oversight of inspection software. Provides support to programs and management team.
8 EHS II	Plan reviewers conduct plan review activities. EHS II Training Officers train new hires.
20 EHS I	Conducts inspections/investigations/environmental assessments at retail, mobile, and temporary/seasonal food establishments.
4 Administrative Assistants	Intake complaints, process various types of applications, and payments such as for permit renewals, plan review activities, food handler's course, etc.

During fiscal year 2023-2024, EHS I, were collectively responsible for conducting 10,526 food safety routine inspections, in addition to follow-up inspections, complaint investigations, and environmental assessments (**Appendix V**). Sixty-one percent of total inspections conducted in FY23-24 were routine, 16% temporary/seasonal, 14% plan review, 4% general food safety complaint investigations, 4% re-inspections, and 1% foodborne illness complaint investigations/environmental assessments. CHFS staff meet field activity standards, conducting at least 15 field activities each week as part of their regular duties (**Appendix W**). The staffing assessment for std 8 identified the need for 31 additional FTEs to support our food program. In collaboration with senior leadership, funding for additional FTEs was successfully secured, set to begin in fiscal year 2025. In the short term, CHFS is focused on refining processes using data-driven insights to improve efficiency, enabling better resource allocation and a greater overall impact. This will ensure that all food establishments receive the appropriate support and education, ultimately reducing the risk of foodborne illness in our community. To equip staff with the tools needed for their work, the following are provided:

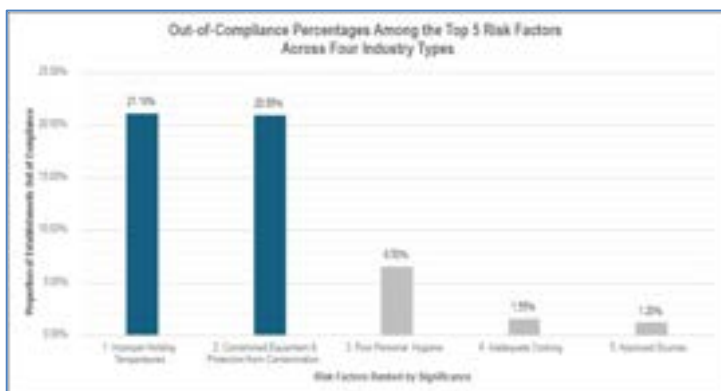
- ❖ County issued smart cellphone with mobile hotspot, touchscreen laptop with inspection software application, stylus, laptop bag, slip-resistant-shoes, County shirts, County vehicle, County issued ID.
- ❖ Office supplies such as notepads and pens, clipboards, car file box, paper inspection forms/handouts, physical FDA Food Code/Annex booklet.
- ❖ Infrared thermometer, thermocouple, dish temp thermometer, minimum/maximum registering thermometers, light meter, flashlight, alcohol swabs, chemical test kits (chlorine, quaternary ammonium, and lactic acid), disposable gloves, fanny/satchel bag for equipment, environmental sampling equipment.

Program Assessment

In 2021, CHFS's Risk Factor Study (RFS) project lead began by reviewing the FDA's RFS protocol, which served as the foundation for defining CHFS's study design and methodology. This process included determining the inventory, facility category placements, and establishing a sample size based on a 95% confidence level with a 10% margin of error. To facilitate data collection, a PDF form was developed to capture risk factor data for items #1-10, 13, 14, and 17, as well as manager certification assessments (**Appendix X**).

In collaboration with the FDA Retail Specialist, CHFS conducted a comprehensive training session to ensure uniformity in data collection practices across the team. Facility lists were generated and distributed, and data was collected via the PDF forms, which were then entered into the FoodSHIELD RFS database for streamlined analysis.

Data collection occurred in several phases. Healthcare facilities and schools were collected using a field observation approach in 2022-2023. Delis data was collected through a hybrid method in 2023. Restaurant data, including both fast food and full-service establishments, was gathered via a file study in 2024.

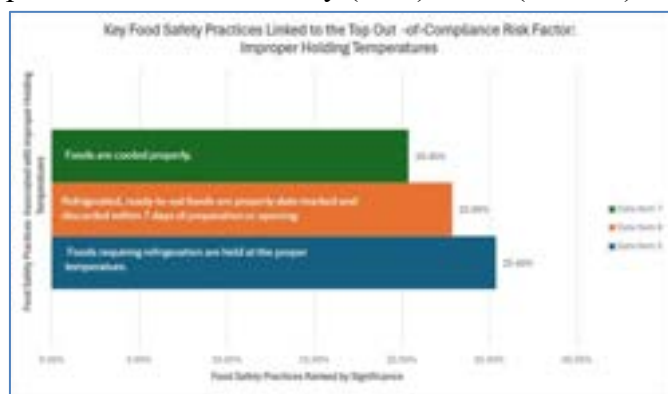


Throughout the data collection process, adjustments were made to accommodate other program priorities and staffing constraints while ensuring the study remained on track.

In 2024, CHFS completed all data collection (**Appendix X1**), entered the data into FoodSHIELD, and developed initial intervention strategies. Data analysis identified improper holding temperatures (21.10%) as the highest-priority risk factor, followed by issues related to contaminated equipment and

inadequate protection from contamination (20.95%). These findings are visualized in the bar graph shown above. Specifically, improper holding temperatures were linked to foods that required refrigeration but were not maintained at the correct temperature (25.40%), non-compliance with date-marking requirements (22.90%), and improperly cooled time/temperature control for safety (TCS) foods (20.40%) as shown below.

In response to these findings, CHFS's risk factor committee—comprised of Environmental Health Specialists—developed educational handouts in English, which were subsequently translated into Spanish. These handouts ([1](#), [2](#), [3](#)) are aimed at helping operators understand and address these critical food safety issues during routine inspections. To support long-term compliance, CHFS also formalized a risk control plan procedure, implemented in late 2024, to guide operators in mitigating these high-priority risk factors (**Appendix T1**).



Following this initial data collection period, CHFS plans to conduct two data collection periods every three years to track trends and ensure continued improvement. CHFS successfully met Standard 9 in December 2024 and anticipates completing the verification audit by June 2025.

Part III: Challenges, Objectives, Measurements & Achievements



Challenge 1 - Innovating Outdated Infrastructure

CHFS addressed the challenges posed by outdated technology, both internally and externally, by modernizing our technological infrastructure. This modernization began when CHFS transitioned from paper inspection forms to an electronic inspection application. Prior to this change, handwritten inspections were often difficult to read, and inconsistent phrasing of Food Code references or violations varied from inspector to inspector. The new application standardized report-writing process, allowing field staff to streamline inspections and improve accuracy (**Appendix Y**). Additionally, the electronic system enabled inspectors to access historical data and conduct inspections more efficiently in the field. Inspection forms can now be easily modified or created as needed, and management can review incoming data in real time, facilitating quick responses and data-driven decisions. This shift has enhanced our ability to quickly collect and analyze inspection data, resulting in program improvements and modifications.

Before 2023, our program's application forms were available on our website as PDF documents with minimal guidance. Applicants were required to fax, email, mail, or deliver their applications in person, which created several challenges: incomplete applications often lacked necessary supporting documentation, our reduced administrative workforce struggled to manage the high volume of calls from stakeholders seeking guidance, and stakeholders had limited options for submitting their applications. To address these issues, CHFS consulted with our IT department and adopted an online survey tool that allowed us to build, distribute, collect, and analyze responses all within the same platform. The survey tool proved to be user-friendly and intuitive, enabling our internal team to quickly adapt and begin converting PDF forms into online formats for desktop, mobile phone, and tablet users.

During this process, CHFS took the opportunity to consult with subject matter experts within our team to ensure the forms were accurate and comprehensive. For example, our plan review team reviewed the [plan review application](#), while our foodborne illness response team provided input on the [foodborne illness complaint intake form](#). To date, CHFS has successfully launched six online forms. Each form's landing page outlines the requirements and guidelines, providing helpful resources, links to guidance documents, and frequently asked questions. Importantly, applicants are required to acknowledge that they have received, reviewed, and understood the application requirements before proceeding.

To improve accessibility, the forms feature graphics to clarify complex requirements that may not be easily understood through text alone. Additionally, key requirements are highlighted using large, bold font to ensure they are not overlooked. The online survey tool allows CHFS to quickly gather, review, and act upon key findings, enabling us to make informed, data-driven decisions. Feedback and modifications can be implemented rapidly and published immediately based on stakeholder input. To further improve accessibility, CHFS installed a computer in our lobby, available for use by constituents who may not have access to a computer or mobile device at home. We also provide in-person assistance for individuals with limited computer literacy or physical disabilities, ensuring that all stakeholders can easily navigate the system.

Lastly, CHFS began enhancing our New Hire Training (NHT) manual by transitioning from a paper-based binder to an electronic format, organized into PowerPoint (PPT) lessons (**Appendix H**). These PPTs were converted into interactive eLearning courses, allowing trainers to track progress through knowledge checks and completion certificates. Additionally, we moved from paper-based training records to an electronic system using Microsoft Teams (MST), (**Appendix Y1**). MST enables trainers to organize, collaborate, manage access, and update training materials in real time, reducing the risk of document loss and ensuring compliance with std 2 documentation requirements. These improvements have streamlined the training process, increased tracking efficiency, and strengthened document management.

Challenge 2 – Leveraging Virtual Practices to Enhance Program Efficiency

After evaluating the effectiveness of our foodborne illness (FBI) complaint intake procedure, CHFS identified the need to incorporate meal histories from 3 to 7 days prior to the onset of illness. Previously, all FBI complaints required an onsite response, diverting resources from routine food safety inspections. This approach impacted productivity, making it clear that a more efficient method was necessary.

In response, CHFS adopted a hybrid model for handling FBI complaints. This model involves identifying all permitted facilities in the complainant's meal history and conducting a Virtual Complaint Response (VCR) for those facilities. An onsite visit is still required for all FBI outbreaks or suspected outbreaks. The VCR process, outlined in **Appendix Z**, is educational and includes the following:

- Informing the facility that it was identified in the complainant's meal history.
- Sharing FBI educational materials and prevention methods.
- Reminding the person in charge that employees with symptoms of foodborne illness are not permitted to work.
- Providing multi-lingual educational handouts to post in the facility, reminding employees to report when they or someone in their household develop symptoms of FBI or receive a diagnosis of a reportable illness transmissible through food.
- Sharing key FBI risk factors and prevention strategies.

By implementing the VCR as a first step in our FBI investigations, CHFS has been able to conduct more routine food safety inspections, improving efficiency despite reduced staffing levels.

Additionally, CHFS has adopted VCF for some follow-up inspections and temporary food event inspections. This approach has streamlined the inspection process, cutting follow-up inspection time by half. On average, an onsite follow-up can take 40 to 50 minutes, just accounting for travel time. Virtual inspections are used for temporary food booths that historically demonstrate compliance and are lower-risk (e.g., beverage-only or sampling booths). These inspections, conducted via video calls or submitted photos, provide flexibility for both operators and staff without compromising food safety. This practice helps us stay on track with routine inspections, contributing to the proactive prevention of foodborne illness in Pima County.



Furthermore, CHFS has enhanced the remote intern experience by introducing GoPro equipment for virtual onsite inspections. The footage captured assists food employees, CHFS staff, and emerging professionals in identifying public health issues within retail food establishments and developing collaborative prevention strategies to improve food safety.

Challenge 3 - Driving Program Success Through Staff Development and Strategic Collaboration

CHFS understands that achieving the organization's goals requires not only leadership support but also the active contributions of our dedicated frontline staff, including both field and administrative staff. Previously, professional development opportunities were limited to a select few. However, under new leadership, the Health Department has shifted its approach. Now, we actively encourage and support staff development by offering multiple training opportunities throughout the year, helping our staff enhance their knowledge, skills, and ability to perform risk-based inspections effectively.

Promoting a culture that prioritizes staff professional development and team collaboration is a proactive strategy to combat the status quo and prevent burnout among team members. Encouraging contributions from all levels of the CHFS hierarchy strengthens a sense of belonging, responsibility, and accountability. This collaborative environment not only enhances team morale but also reinforces a positive culture that empowers individuals and promotes shared ownership of our collective goals. As we continue our journey of growth, it is essential to inspire and empower staff to drive ongoing success.

Staff participation in national conferences has seen a notable increase during the application period, with a marked rise in both attendance and presentations. Key forums where staff have actively engaged include NACCHO 360 (2020, 2022, 2024), INFORM (2022-2024), the NEHA AEC (2022-2024), and the FDA Retail Program Standards (RPS) Symposium (2023-2024). These events provide staff with valuable opportunities to share successes and challenges, network with peers, and gain insights from others. Such interactions foster the exchange of fresh perspectives, highlight emerging trends, and reinforce best practices, including updates from the FDA RPS. The knowledge acquired has directly contributed to tangible improvements in our programs.

Since 2020, all field staff have participated in FD218, with EH Supervisors and EHS II staff further advancing their expertise through FD207 and FD312. Our team has also engaged in specialized training such as the 2022-2024 Environmental Health Training in Emergency Response Operations (EHTER Ops) cohorts and the 2021-2024 NEHA Leadership Academy cohorts. Staff also serve on various committees and boards, including the CFP (2021-2022), NACCHO Food Safety (2021-2023), and the CIFOR Promote Team (2022-2024), AZ Environmental Health Association Board (2024-2025), and AZ County Directors of Environmental Health Services Association (ACDEHSA) Board (2024-2025).

Staff actively seek free virtual training opportunities from organizations like NACCHO, AFDO, FDA, and NEHA. We engage regularly in state and regional collaborations, such as monthly state FDA RPS calls, monthly ACDEHSA meetings, quarterly state Foodborne Illness Taskforce meetings, and quarterly Southwest Region FDA RPS calls. These gatherings included productive discussion regarding emerging food safety challenges, lessons learned from program initiatives, and successes from programs across the state and country.

CHFS is committed to seeking out grant opportunities to fund out-of-state training, ensuring our staff has access to advanced learning experiences. Whenever possible, we allocate a portion of our budget to support professional development expenses. Additionally, the department encourages staff to submit individual development plans each fiscal year, helping to set clear goals for their growth.

Our department implemented a new initiative, PHOCUS (*Public Health Opportunities for Continuous UpSkill*ing) Days, in response to the overwhelming demand for career development, mentoring, and overall upskilling in the public health profession. PHOCUS days occur on the first Thursday of each month, offering staff a dedicated day to engage in training of their choice. This initiative allows employees to take ownership of their development and provides a structured opportunity for continuous learning.

Part IV: Program Longevity

CHFS management and key staff participated in a week-long project management course, equipping us with the knowledge and tools to develop and launch our comprehensive strategic improvement plan (CSIP). The process of creating the CSIP was collaborative; it was essential to not only engage decision-makers but also involve frontline staff, whose valuable input helped shape the plan.

To ensure continued progress, we established recurring project update meetings. These meetings are crucial for keeping the team on track, delegating tasks, reviewing target completion dates, and addressing any challenges that arise.

At first, executing our CSIP seemed daunting and overwhelming to see all the work that needed to be done. However, as we began to tackle each action item one step at a time, the process became more manageable, eventually building positive momentum. Although setting up new processes initially took time, CHFS has now reached a point where these processes are sustainable. Ongoing collaboration with our team ensures that, even amidst retirements and turnover, staff remain experienced in building, modifying, and improving data metrics within the program.

Microsoft Teams has been instrumental in organizing and storing all working documents, allowing the team to access materials regardless of who originally created them. This collaborative approach fosters buy-in, ensures program continuity, and shifts the culture away from storing documents in personal files or restricting access. We have moved beyond the "gatekeeping" of information, with everyone contributing to and sharing responsibility for the program.

Through networking, CHFS has recognized the value of learning from other jurisdictions' processes and activities. This helps us avoid duplicating efforts and allows us to adopt proven practices that have already demonstrated success in similar programs.

To optimize program costs, our team actively pursues federal grant opportunities, covering expenses such as employee time and equipment purchases. These grants have facilitated the drafting and approval of policies and procedures, leading to the creation of a basic operating manual for the program. Going forward, we plan to modify these procedures, though with much less effort, making it a sustainable process that will continue to evolve as part of our ongoing program success.

We will continue building upon these practices and expanding our program areas. Additionally, our division plans to remain actively engaged with the Retail Program Standards and conduct periodic self-assessments using the nine criteria outlined by the FDA.



Part V: Contact Information and Permission

Name: Cesia Estrada

Title: Environmental Health Supervisor

Organization: Pima County Health Department – Consumer Health & Food Safety Division

Address: 3950 S. Country Club Rd. Suite 100 Tucson, AZ 85714

Phone: 520-724-7778

Email: cesia.estrada@pima.gov

Testimonial Letters



P.O. Box 1214
Tucson, Arizona 85702
520-477-8278
www.startuptucson.com

February 15, 2025

Dear Jury,

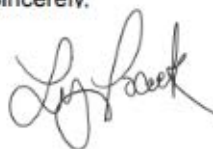
On behalf of Startup Tucson and our Food Forward program, I am writing to express our deepest gratitude to the Pima County Health Department for their invaluable contributions to the growth and education of Southern Arizona food entrepreneurs and small businesses.

As the CEO of Startup Tucson, I have had the privilege of witnessing the transformation that our Food Forward program has brought to food business owners in our community. This transformation has been significantly enhanced by the Pima County Health Department's commitment to educating our entrepreneurs on the vital aspects of permits and licensing. For the past sessions, the Health Department has delivered a comprehensive one-hour session integrated into our accelerator curriculum. These workshops have provided our participants with a clear understanding of the regulatory landscape they must navigate to ensure their ventures comply with health and safety standards.

The dedication of the Health Department's team to not only impart knowledge but also to engage in thoughtful discussions has been nothing short of exemplary. The clarity and depth of information presented have enabled our entrepreneurs to confidently prepare for the permitting process, bringing them one step closer to realizing their dreams of launching and operating successful food businesses.

The ongoing support from the Pima County Health Department has become a cornerstone of our program, and the feedback from our cohorts has consistently highlighted the workshops as a key highlight in their educational journey. In recognition of their continued support and the tangible impact they've had on our program's success, I heartily endorse the Pima County Health Department for any acknowledgments or accolades that celebrate their contributions to community education and public health.

Sincerely,



Liz Pocock, CEO, Startup Tucson



TUCSON UNIFIED SCHOOL DISTRICT

Food Services Department

2150 E. 15th Street Tucson, AZ 85719 Phone: (520) 225-4700 Fax: (520) 225-4867

December 3, 2024

Dear Samuel J. Crumrine Consumer Protection Award Committee,

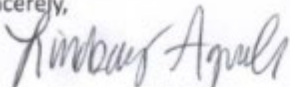
The Consumer Health and Food Safety (CHFS) Division of the Pima County Health Department is applying for the Samuel J. Crumrine Consumer Protection Award. As a local community partner that works directly with the Consumer Health and Food Safety Division of the Pima County Health Department, I am pleased to submit this letter of support on their behalf for consideration of this prestigious award.

With over 40,000 students across 87 schools in our school district, CHFS Division of the Pima County Health Department is a valuable partner in providing a quality food program to support our school communities and demonstrates their commitment to the safety and well-being of our schools. CHFS Division of the Pima County Health Department conducts inspections twice annually of all school kitchens as well as all school campuses and provides quality training resources and materials for which we use to enhance our food safety program. We have also participated in CHFS Division's Risk Factor Study in conjunction with the Food and Drug Administration. CHFS Division of the Pima County Health Department has increased engagement with local businesses and the public through their newsletters, community forums, incentive program for fee reduction, free ServSafe Food Handler's Courses, and expansion of online resources including materials in Spanish.

I consistently contact CHFS Division of the Pima County Health Department directly for assistance for which their leadership team is always responsive and collaborative to support our food program needs as the largest school district in Pima County. They understand our needs operating services in schools can be unique compared to other local businesses they support. A specific example that comes to mind is CHFS Division's approach to working with us on indirect drain connections in all our school kitchens. They met with my team as well as our district facilities team to develop a plan of action for correcting any direct connections. They provided photos of examples of indirect connections as well as other helpful resources. Working with them on this process was an example of their ultimate goal of working towards uniformity ensuring code requirements are met and reducing food safety risks. I appreciate their ongoing program enhancements, accessibility, and commitment to supporting the safety of our schools and community.

CHFS Division of the Pima County Health Department leads a model food safety program for which I hope you will find them a leading choice for the Samuel J. Crumrine Consumer Protection Award.

Sincerely,



Lindsay Aguilar, RD, SNS
Director, Food Services Department
Tucson Unified School District
(520)225-4728
lindsay.aguilar@tusd1.org

December 17, 2024

Samuel J Crumbine Consumer Protection Award Jury
C/O The National Association of County and City Health Officials
1201 Eye St NW 4th Floor
Washington D.C. 20005

Dear Crumbine Award Jury Members,

I am writing on behalf of the Pima County Health Department and their application for the Samuel J. Crumbine award. I oversee all of the concession's operations for the University of Arizona. I have had the pleasure to work with the crew down at PCHD and am delighted to offer my testimonial in support of this award.

We oversee very large stadiums and arenas and that requires excellent planning and organization to get all of the locations and sub-contractors inspected. My experience with the PCHD has been exemplary and frictionless. The inspectors have all been very knowledgeable during inspections to help educate and coach employees on best practices. They really help foster a culture of food safety and sanitation. There is a genuine sense of caring with the team at PCHD and that is translated to the locations they inspect.

I have worked in many other locations around the country and have seen many models of how health departments operate and I can say that what is happening here in Tucson is fantastic. Education, coaching and really creating culture of keeping our food safe for the guests at our events is refreshing. I hope you give the Pima County Health Dept a hard to look to receive the Crumbine Award. They truly are deserving.

Sincerely



Ian Waetje
General Manager
University of Arizona
Aramark Sports + Entertainment

Animal & Comparative Biomedical Sciences
Building 90, Room 201
P. O. Box 210090
Tucson, AZ 85721-0900



Tel: (520) 626-1499
Fax: (520) 621-6366
Email: sadhravi@email.arizona.edu

January 30, 2025

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:

I am writing to express my enthusiastic support for the nomination of the Pima County Health Department for the 2025 Samuel J. Crumbine Consumer Protection Award. Having observed the department's dedication and unwavering commitment to safeguarding public health, I wholeheartedly believe that they exemplify the qualities deserving of this esteemed recognition.

My name is Sadhana Ravishankar, and I am a Professor at the University of Arizona in Tucson, Arizona. Along with teaching and research in food safety, I am also Chair of the University of Arizona's Food Safety Consortium as well as a Food Process Authority (Association of Food and Drug Officials – AFDO approved). Since I am a Food Process Authority, my microbiological food safety lab offers a range of services with the most common being shelf-life testing, assistance with HACCP plans, and process authority letters. Therefore, I work with many local businesses to assist them in meeting food safety regulations.

Throughout my interactions with the Pima County Health Department, my team and I have consistently witnessed their tireless efforts in ensuring the highest standards of consumer protection and health promotion within our community. They have demonstrated their genuine dedication to serving the public interest, and emphasis on collaboration and community involvement, notably Dan DeBee (Environmental Health Supervisor), team members Patti Mahaney, Amanda Anderson, Enrique Zarate, Priscilla Urbina, Melissa Duran, Jack Kincaid, Chris Shetterly, Grecia Nava, and Ana Lopez as well as other team members. Examples include the abovementioned members visiting my food safety team who assist the local businesses, and touring my food safety labs to foster collaboration and information exchange. Encouraging such collaborations facilitates a more streamlined process for local businesses. This is particularly evident in cases where certain products, such as beef jerky, pose more complex challenges under HACCP regulations, requiring a greater number of items for compliance. My team and I appreciate that the Pima County Health Department fosters a culture of inclusivity, collaboration, and continuous improvement.

In light of the Pima County Health Department's contributions and commitment to excellence, I wholeheartedly endorse their nomination for the 2025 Samuel J. Crumbine Consumer Protection Award. I am confident that they are deserving of this award, and offer my full support for their nomination.

Thank you for considering their candidacy, and please do not hesitate to reach out if you require any further information or assistance.

Sincerely,



Sadhana Ravishankar, Ph.D.
Professor
School of Animal & Comparative Biomedical Sciences
University of Arizona



Feb 6, 2025

Samuel J Crumbine Award Committee

On behalf of Beyond Bread, I am pleased to be able to share a letter of testimony regarding the Consumer Health and Safety Division of the Pima County Health Department.

We have always had an amazing relationship with the health department. We are a local business in Tucson and during our 26 years in the community, we have gone through a lot of change and development that would not have been possible without the assistance and guidance of the CHFS division of the health department. They have helped us with multiple HACCP plans to ensure we are providing a safe product to our community. Regulatory visits are always helpful. Any issues that come up are addressed professionally and respectfully.

On one occasion, we had a regulatory visit right in the middle of a very chaotic crash of our refrigeration. Instead of focusing on the inspection, our inspector was there to help with guidance and suggestions on how to keep things safe with minimal impact on the business. We have always felt this to be a partnership rather than a regulatory body. We have participated in community outreach events and have seen real positive progress in this department and the relationship it has with our community.

Sincerely,
Matt Boling
District Manager
Beyond Bread
matt@beyondbread.com

Margie's Restaurants, Inc.
DBA Margie's Kitchen



February 12, 2025

Dear Crumline Award Jury Members,

My name is Garrett Rohwer, President and CEO of Margie's Restaurants Inc. and over the past 32 years we have owned and operated 5 Restaurants in Pima county. We have had the privilege of working very closely with Pima County Health Department and have developed a close relationship with them. On behalf of Margie's Restaurants Inc. I would like to recommend the Pima County Health Department for this year's Crumline Award.

The Pima County Health Department has always been extremely responsive and diligent whenever there have been questions and always been willing to work with businesses to educate us and make us better and safer for the community. I have attended many educational classes provided by the department and they have always provided us with educational material and handouts for both myself and all of my staff whenever needed. They have always provided us with new ideas and guidance for the most up to date practices of food safety and cleanliness and have helped us apply these methods and train staff members on the best ways to carry out those practices. I have had nothing but positive and completely professional relationship when working with the Pima County Health Department and because of our relationship with them we are a better and safer place for our community members to enjoy our establishment.

During the COVID-19 pandemic the Pima County Health Department was an extraordinary resource in relation to new practices of safety and their response and proactiveness has always been nothing short of exemplary in regards to any questions or concerns we ever have had.

The Pima County Health Department's dedication to food safety along with the continuing education, safety, and wellbeing of the citizens and businesses of Pima County is why I would like to endorse for the Pima County Health Department with the highest level of recommendation for their assistance and partnership throughout the years

Thank you,

Garrett Rohwer

Business Office and Mailing Address
101 S. Monitor Place Tucson, AZ 85710
(520) 349-7709



December 09, 2024

National Association of County and Health Officials (NACHO)

Re: Testimonial letter for the Samuel Crumie Award for Excellence in Food Protection

Dear Jury Members:

My name is Dr. Ralph Renger and I have been working with the Consumer Health and Food Safety (CHFS) division of the Pima County Health Department (PCHD) as an external evaluator since 2017. In my capacity as an external evaluator, I believe I am uniquely qualified to speak to the Crumie award criteria.

My initial evaluation efforts focused on the PCHD director's desire to understand the barriers to the implementation of the Active Managerial Control (AMC) in the Pima county service area. Based on my extensive interviews with clients and staff, the PCHD director acted on my recommendation to change the punitive inspection culture by removing the CHFS director and replacing him with a new director with an educational inspection focus. That change alone resulted in significant improvements in CHFS-community relationships, as evidenced by several businesses offering to be the "testing" grounds for new inspectors.

I also shadowed and evaluated several CHFS inspectors, learning and documenting their best practices. These lessons learned are shared as part of a regular staff CQI, with more experienced inspectors detailing their tricks and tips to conducting efficient and effective inspections. One important observation arising from my shadowing/evaluation was how some more experienced inspectors were using system thinking to conduct inspections. System thinking is especially a good fit for food safety inspectors because of the complex and interdependent relationship between plans, menus, kitchen design, and food handling/storage. When discovering a violation, some inspectors were observed engaging in upstream thinking to make appropriately targeted improvement recommendations – note the departure from the more colloquial and punitive term "corrective actions". I recommended that all inspectors be taught the application of system thinking concepts to their day to day operations. Leadership agreed and funded a series of system thinking workshops using my observed examples to illustrate the power of system thinking to improve inspections. In 2024 I worked with all CHFS teams to document their internal processes (e.g., handling complaints, permits, etc.) and to understand how they could work together more efficiently. Finally, I mentored PCHD internal evaluators on how to apply system thinking skills more broadly to all county health divisions and programs. I think you will agree that CHFS leadership commitment to the application of systems thinking is an innovative problem-solving approach to conducting food safety inspections.

I would be remiss if I didn't also comment on the CHFS exceptional response to the COVID-19 pandemic. The Board of Supervisors placed CHFS inspectors in the unenviable task of also enforcing the COVID proclamation and resolution. The new role as "COVID-Cops" (term used by food establishments) placed enormous strain on the inspectors' workload and jeopardized the good will created by inspectors since hiring the new education-focused CHFS director. Fortunately, the commitment to a QI-education focus helped maintain good community relationships through a very challenging health event amidst significant political tension.

Finally, during the last two years CHFS has conducted several community forums, focusing on educating new food establishments and reminding seasoned establishments about important topics like the risks of FBI and how to use HACCP to reduce and mitigate FBI risk. These forums always contain an evaluative component aimed at soliciting feedback from the community about the delivery of workshop as well as topics for future community forums. These forums are evidence of CHS commitment to fostering community exchange.

Sincerely,



Ralph Renger, PhD

Just Evaluation Services (JESS), LLC



February 18, 2025

Dear Members of the Crumline Award Jury,

The Tucson Restaurant Advisory Council (TRAC), sponsored by Pepsi Co., is proud to unify Tucson's restaurant voice. The mission of the TRAC is to engage local restaurant operators and food professionals with access to local elected and public officials, giving restaurant operators a platform to directly interact with policymakers and regulators. TRAC is Tucson's only restaurant-specific advocacy group. With support from the Chamber, TRAC projects the restaurant industry's voice and opinions on policy issues.

We, the Tucson Restaurant Advisory Council, commend the Pima County Health Department (PCHD) for its exceptional collaboration with our council. Their active engagement in regulatory updates, incorporation of industry expertise, and dedication to food safety have been vital to the continued growth of Tucson's unique food scene.

The department's delivery of continuing education and services is emblematic of its commitment to safety and wellness, serving as a valuable resource for both Pima County residents and businesses. We commend their exemplary efforts. Through education and interaction with industry experts, the Pima County Health Department has allowed TRAC members to continue contributing to the success of local restaurants by allowing a local voice in the policy making process.

In conclusion, we extend gratitude to the Pima County Health Department for its exceptional work, setting a commendable standard for public health agencies nationwide. We heartily recommend PCHD for the 2025 Crumline Award.

Sincerely,

Ray Flores, Flores Concepts & Si Charro! Restaurants
Chair, Tucson Restaurant Advisory Council



Environmental Services
Environmental Health Division
Eastern Regional Office
106 East Baseline Road
Mesa, Arizona 85210

ESD.Maricopa.gov

February 10, 2025

Samuel J. Crumbine
Consumer Protection Award Jury,

To Whom It May Concern:

We at the Maricopa County Environmental Services Department would like to recommend the Pima County Health Department, Consumer Health and Food Safety for the Samuel J. Crumbine Excellence in Food Protection Award.

Our department has had the pleasure of recently partnering with the Pima County Health Department in order to mutually improve our programs by striving to meet the U.S. Food and Drug Association's Voluntary National Retail Food Regulatory Program Standards. This collaboration has allowed us to provide and receive verification audits on some of the Standards that we have both met.

Additionally, Pima County has developed several food safety tools and made them available online to reduce the incidents of foodborne illness in their community. These tools are often shared with other jurisdictions during our periodical Arizona Retail Food Program Standards meetings.

Pima County's true dedication to improving the health and safety of its community through innovative approaches to food safety and their willingness to share experiences with other agencies exemplifies their worthiness of the Samuel J. Crumbine Excellence in Food Protection Award.

Sincerely,

Tim Hurst, MPH, R.S.

Tim Hurst, M.P.H., CPM, R.S., REHS
Environmental Health Supervisor
Maricopa County Environmental Services Department
106 East Baseline Road
Mesa, AZ 85210
(602) 372-3353



January 27, 2025

To Whom It May Concern,

On behalf of the Food and Waterborne Disease Epidemiology Program at the Arizona Department of Health Services (ADHS), I am pleased to offer our wholehearted support for Pima County's Consumer Health & Food Safety (CHFS) team in their application for the Samuel Crumbine Award for Excellence in Food Protection. The CHFS team has consistently demonstrated an unwavering commitment to enhancing food protection services and ensuring the safety and well-being of their community.

Pima County CHFS has been at the forefront of improving foodborne illness outbreak response in their jurisdiction. The team works in close collaboration with the Pima County Epidemiology Program and the ADHS Food and Waterborne Disease Epidemiology Program, coordinating efforts to investigate and resolve foodborne outbreaks. Two recent outbreak investigations illustrate the effectiveness and professionalism of Pima County CHFS in safeguarding public health:

- ***Salmonella* Braenderup Outbreak at a Restaurant**
- **Foodborne Illness Outbreak at a Hotel among the Refugee Population**

In both cases, the Pima CHFS team exhibited exceptional communication and collaboration, working seamlessly with the Pima and ADHS Epidemiology teams and other stakeholders. Their proactive engagement ensured a swift and effective response to these outbreaks, which included the prompt collection of environmental samples and implementation of necessary interventions to protect the public.

During the *Salmonella* Braenderup investigation, the CHFS team quickly educated themselves on appropriate sampling techniques and environmental sampling zones. As a result, they identified areas within the restaurant that tested positive for *Salmonella*, leading to the facility undergoing professional cleaning and corrective measures to prevent further spread. Additionally, the team ensured that all staff demonstrated proper hygiene practices and adhered to required cleaning procedures through education, routine inspections, and follow-up site visits.

Katie Hobbs | Governor

Jennifer Cunico, MC | Director

150 North 18th Avenue, Suite 500, Phoenix, AZ 85007-3247

P | 602-542-1025 W | azhealth.gov

Health and Wellness for all Arizonans

Similarly, during the outbreak at the hotel, the Pima CHFS team worked efficiently with caterers and the facility to collect food samples. Thanks to their swift action in submitting the samples for testing, Staph enterotoxin was detected, which ultimately led to the identification of the source of the outbreak. An environmental assessment was carried out, and the team provided educational resources to the caterers to prevent future incidents. Furthermore, educational materials developed throughout this investigation were shared with public health partners across the state, and the CHFS team presented their findings and lessons learned at statewide food safety and foodborne illness conferences.

Throughout every outbreak investigation, the Pima CHFS team's commitment to preventing the spread of foodborne illness is unwavering. They continuously demonstrate a willingness to learn, seek assistance when necessary, and collaborate with others to improve their practices. Their dedication to excellence is evident in their active involvement with organizations such as the National Environmental Health Association (NEHA), the Council to Improve Foodborne Outbreak Response, and the Arizona Foodborne Illness/Food Safety Taskforce.

The Pima County CHFS team's outstanding commitment to food safety, their prompt and effective response to outbreaks, and their tireless efforts to protect their community make them a deserving candidate for the Samuel Crumbine Award for Excellence in Food Protection.

Should you require any further information or clarification, please do not hesitate to contact me at 602-390-6929 or via email at joli.weiss@azdhs.gov.

Sincerely,

Dr. Joli R Weiss, PhD
Chief, Office of Infectious Disease Control
Arizona Department of Health Services

Katie Hobbs | Governor

Jennifer Cunico, MC |

Cabinet Executive Officer
Executive Deputy Director

Appendices

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Appendix A

Pima County Health Department Consumer Health & Food Safety Program Program Policies and Procedures	
Subject: Food Safety Initial First Routine, Educational Inspections	PP NO. CHFS – 19 - 01
Approved by: 	Approval Date: 7-8-19
Applies to : All CHFS Staff	

A. Statement of Purpose

The policy outlines how Environmental Health Specialist (EHS) staff will conduct an educational inspections at food establishments. The policy applies to fixed food and mobile establishments.

B. Definitions

Core (c) item means a provision in the FDA code that is not designated as a priority item or a priority foundation item

Corrected During Inspection (CDI) means that a code reference violation occurred during an inspection and the permit holder was able to fix the violation before the regulatory authority finished the inspection

District List means a list of permitted establishments in a specified area

Educational Inspection (ED) means the first inspection conducted after a food establishment receives their permit or receives a new owner and is rated as "Educational Inspection"

Food Establishment includes (a) an element of the operation such as a transportation vehicle or a central preparation facility that supplies a vending location or satellite feeding location unless the vending or feeding location is permitted by the regulatory authority and (b) an operation that is conducted in a mobile, stationary, temporary, or permanent facility or location; where consumption is on or off the premises; and regardless of whether there is a charge for the food.

Good Retail Practice Items (GRP) means the preventive measures that include practices and procedures which effectively control the introduction of pathogens, chemicals and physical objects into food. Good retail practices are prerequisites to instituting a HACCP plan or risk control plan, items 30 through 56 on the FDA Food Establishment Inspection Report

Imminent Health Hazard (IHH) means a significant threat or danger to health that is considered to exist when there is evidence sufficient to show that a product, practice, circumstance or event creates a situation that requires immediate correction or cessation of

operation to prevent injury based on: (i) the number of potential injuries, and (ii) the nature, severity, and duration of the anticipated injury

Initial Packet means educational materials such as the food safety handout packet, 2013 FDA food code, CHFS newsletter, and an ADHS smoke free Arizona sticker

Notification of Inspection Rights means a document that explains the permit holder's or the permit holder's representative's rights under A.R.S §11-1603

Permit holder means the entity that is (1) legally responsible for the operation of the food establishment such as the owner, the owner's agent or other person; and (2) possesses a valid permit to operate a food establishment

Person – In – Charge (PIC) means the individual present at a food establishment who is responsible for the operation at the time of inspection

Priority (P) means a provision in the FDA food code whose application contributes directly to the elimination, prevention or reduction to an acceptable level, hazards associated with food borne illness or injury and there is no other provision that more directly controls the hazard.

Priority Foundation (Pf) means a provision in the FDA food code whose application supports, facilitates or enables one or more priority items

Regulator Authority means the local, state, or federal enforcement body or authorized representative having jurisdiction over the FOOD ESTABLISHMENT

Risk Factor Items (RF) means frequently identified by epidemiologic investigation as a cause of foodborne illness or injury at the retail level, items 1 through 29 on the FDA Food Establishment Inspection Report

Routine Inspection is a periodic inspection conducted as part of an on-going regulatory scheme

C. Policy

Once a new permit holder is identified the EHS will initiate an educational inspection. The circumstances of their educational inspection may vary. The new food establishment owner may already be a permit holder and appear on the district list as due for an initial first routine or an EHS may find a situation where a food establishment may have a new owner operating under the old owner's permit. This will be the procedure EHS staff will follow to conduct a food establishment's educational inspection.

D. Procedure

Steps	Responsible Party	Action	
1	EHS Staff	The EHS II conducting the permitting inspection will notify the permit holder about the educational inspection on their final inspection report. Then the EHS staff will discuss scheduling the inspection by contacting the CHFS office	
2	EHS Staff	IF the permit holder has not contacted the EHS I assigned to their district to schedule the educational inspection	THEN contact the food establishment to schedule the inspection on a date that works for the food establishment as well as the EHS staff member assigned to the inspection within 30 days of their permit issue date OR
3	EHS Staff	IF the EHS is conducting a routine inspection and discovers the food establishment has a new owner	THEN the inspection will become an educational inspection Skip to STEP 7 and ensure the facility receives a initial packet at the end of the inspection or the next day IF an owner or owner's representative capable of making management decision requests to reschedule contact a supervisor for review
4	EHS Staff	IF contact is made over the phone	THEN confirm the inspection date with the food establishment permit holder AND/OR the permit holder's representative, who has the authority to make these decisions via phone AND email Confirmation with a permit holder and/or their representative capable of making those decisions is vital.
5	EHS Staff	Obtain an initial packet to take to the inspection.	
6	EHS Staff	At the food establishment review the notification of inspection rights form and the initial packet prior to beginning the inspection	
7	EHS Staff	During the educational inspection keep communication open. Explain what EHS staff are looking for and the regulatory agency's expectations for the person in charge (PIC) during a routine inspection	
8	EHS Staff	IF during the educational inspection violations are noted	THEN take time to point them out and suggest solutions, whenever possible, to keep violations from occurring again The PIC will need to know that the regulatory agency expects violations to be CDI
9	EHS Staff	After the inspection a written report should be prepared just like a routine inspection. Count the number of violations and identify if the violations are P, Pf, or c	
10	EHS Staff	IF a violation is notated on the report	• THEN a correction date must be assigned, all violations MUST be "corrected by the next routine inspection" • The food establishment will need to make corrections regardless of the rating

			The following statement must appear on the report "This is a scheduled inspection, and will be assigned a rating of EDUCATIONAL INSPECTION, the violations noted must still be corrected by the next routine inspection.
11	EHS Staff	IF the results of the inspection report are Excellent, Good , or Satisfactory	THEN the inspector will write EDUCATIONAL INSPECTION at the top of the report and ED in the rating box
12	EHS Staff	IF the results of the inspection report are Needs Improvement or Probationary	THEN the inspector will write EDUCATIONAL INSPECTION at the top of the report, ED in the rating box THEN the food establishment will be given a return date of 10 days from the education inspection - The following statement must appear on the report "The facility has violations that require an additional inspection, on {insert date}, a routine inspection will be conducted at that time and a standard rating will be assigned."
13	EHS Staff	IF an Imminent Health Hazard (IHH) situation results during the inspection	THEN immediately call a supervisor to prepare for a closure, refer to PCC 8.08.060 AND/OR the IHH policy and procedure for more information
14	EHS Staff	At the end of the inspection sit down with the food establishment's permit holder and review the inspection form with them. Explain the Pima County rating system and how P, Pf, and c violations are weighted and the difference between a RF and GRP items	
15	EHS Staff	VERBALLY tell the permit holder what the food establishment's rating would have been if it was a regular routine inspection ED should be written in the rating box DO NOT write any rating in the report	

E. Other topics

The Pima County Code 8.08.060, Enforcement, will still need to be taken into account when considering a food establishment's score.

Original Date: June 12, 2019

Establishment Type	Operating Annual Permit Fee Starting 1/1/2017	Operating Annual Permit Fee Starting 1/1/2018	Operating Annual Permit Fee Starting 1/1/2019	Operating Annual Permit Fee Starting 1/1/2020	Plan Review & Remodel Fee	Minor Remodel Fee	Change of Ownership Inspection	Late Fee
Hotel/Motel/ B&B Less Than 20 Rooms HOTEL: TOUR, LODGING, MEETING, AND A RESTAURANT/CLUB	\$ 60.00	\$ 110.00	\$ 115.00	\$ 120.00	\$ 225.00	\$ 60.00	\$ 50.00	\$ 30.00
Mobile Home/Trailer/R.V Parks 120 Units or Larger MOBILE HOME PARK: 120 MOBILE HOMES, MOBILE HOME TRAILER PARK, TRAILER PARK, TRAILER HOME PARK	\$ 110.00	\$ 130.00	\$ 135.00	\$ 140.00	\$ 225.00	\$ 60.00	\$ 50.00	\$ 30.00
Mobile Home/Trailer/R.V Parks Less Than 120 Units MOBILE HOME PARK: 1-119 MOBILE HOMES, MOBILE HOME TRAILER PARK, TRAILER PARK, TRAILER HOME PARK	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 225.00	\$ 60.00	\$ 50.00	\$ 30.00
Camp Grounds and Children's Camps Grounds	\$ 90.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 60.00	\$ 60.00	\$ 50.00	\$ 30.00
PUBLIC or CHARTER SCHOOL SCHOOL	\$ 130.00	\$ 135.00	\$ 140.00	\$ 150.00	\$ 60.00	\$ 60.00	\$ 50.00	\$ 30.00
Swim Public Aquatics Facilities SWIM PUBLIC: SWIMMING POOL, WET SUIT DRY SUIT, SWIM PUBLIC: 1-2 SWIMMING POOLS, SWIM PUBLIC: 3-4 SWIMMING POOLS, SWIM PUBLIC: 5-6 SWIMMING POOLS, SWIM PUBLIC: 7-8 SWIMMING POOLS, SWIM PUBLIC: 9-10 SWIMMING POOLS	\$ 120.00	\$ 125.00	\$ 130.00	\$ 140.00	\$ 60.00	\$ 60.00	\$ 50.00	\$ 30.00
Athletic/Health Club Aquatics Facilities ATHLETIC/HEALTH CLUB: SWIMMING POOL, WET SUIT DRY SUIT, ATHLETIC/HEALTH CLUB: 1-2 SWIMMING POOLS, ATHLETIC/HEALTH CLUB: 3-4 SWIMMING POOLS, ATHLETIC/HEALTH CLUB: 5-6 SWIMMING POOLS, ATHLETIC/HEALTH CLUB: 7-8 SWIMMING POOLS, ATHLETIC/HEALTH CLUB: 9-10 SWIMMING POOLS	\$ 145.00	\$ 175.00	\$ 205.00	\$ 235.00	\$ 60.00	\$ 60.00	\$ 50.00	\$ 30.00
Public Aquatics Facilities PUBLIC: SWIMMING POOL, WET SUIT DRY SUIT, PUBLIC: 1-2 SWIMMING POOLS, PUBLIC: 3-4 SWIMMING POOLS, PUBLIC: 5-6 SWIMMING POOLS, PUBLIC: 7-8 SWIMMING POOLS, PUBLIC: 9-10 SWIMMING POOLS	\$ 170.00	\$ 230.00	\$ 270.00	\$ 320.00	\$ 60.00	\$ 60.00	\$ 50.00	\$ 30.00
Adult Amusement Establishments ADULT	\$ 120.00	\$ 130.00	\$ 130.00	\$ 130.00	\$ 60.00	\$ 60.00	\$ 50.00	\$ 30.00
OTHER APPLICABLE FEES								
	INITIAL FEE	SAMPLING FEE	LATE SUBMITTAL					
Temporary Event Less Than 15 Consecutive Days (one event)	\$ 60.00	\$ 30.00	\$ 45.00					
Temp. Event + 15 Con. Days (1 event) Charitable Non-Profit	\$ 30.00	\$ 10.00	\$ 40.00					
Annual Temporary Event Consecutive (multiple events)	\$ 300.00	\$ 120.00	\$ 45.00					
Annual Temporary Event Consecutive (multiple events) Charitable Non-Profit	\$ 180.00	\$ 60.00	\$ 45.00					
Seasonal Event - Four Months (one event)	\$ 130.00	\$ 40.00	\$ 45.00					
Seasonal - Four Months (1 event) Charitable Non-Profit	\$ 60.00	\$ 20.00	\$ 40.00					
Event Coordinator Permit - Annual Permit - Multiple Events	\$ 50.00	Charitable Non-Profit	\$ 30.00					
Home Family Day Care Inspections	\$ 60.00							
Massage Parlor Inspections	\$ 60.00							
Plan Review Additional Hourly Cost Beyond the Initial Review Time	\$ 50.00/hr.							
Expedited Plan Review Fee	1 1/2 Times Plan Review Fee							
Plan Review - Catering at a Commissary Location	\$ 60.00							
Plan Review Extension of 180 Days Beyond One Year Initial Deadline	Equal Minor Remodel Fee for that Permit Type							
Final On-site Construction Inspection	\$ 30.00	Additional Construction Inspections	\$ 50.00					
Plan Review On-site Consultation	\$ 150.00							
Variances Review Process Fee (up to 2 hours for review)	\$ 120.00	Additional Time for Complex	\$ 60.00/hr.					
Probationary Status Re-inspection, Formal Corrective Action or Performance Plan Review			\$ 150.00					
Inspection Upon Request	\$ 120.00							
Pet Friendly Permit and all other Miscellaneous Permits	\$ 60.00							
Equipment Based Certification and Training								
	Initial	Renew	Upgrade					
Food Sanitation Certification	\$ 30.00	\$ 20.00	\$ 15.00					
Food Sanitation Certification - technician level	\$ 30.00	\$ 20.00	\$ 15.00					
Food Sanitation Certification - operator level	\$ 30.00	\$ 20.00	\$ 15.00					
Potential Reduction of Initial & Annual Fees								
Establishments with a Department Approved ACTIVE MANAGEMENT CONTROL PLAN - Fee Reduction of 50%								
All Applicable Establishments that Display a Calorie Count at Point of Ordering - Fee Reduction of 5%								
All Applicable Establishments that Participate in the Food Bank Program approved by CHFS - Fee Reduction of 5%								
All Applicable Establishments that Demonstrate Evidence of NO TRAVEL FAST on Menu - Fee Reduction of an additional 5%								
All Fee Reductions must be submitted and pre-approved. For new fee will be rounded to the nearest dollar								

Appendix C

Grants Overview 2020-2024

Food and Drug Administration (FDA) of the U.S. Department of Health and Human Services (HHS)

- Project Title: Achieving Conformance with FDA Standards 2&4
- Total Amount Awarded: \$65,192
- Project Period: 2020-2021

- Project Title: Achieving Conformance with FDA Standards 3&5
- Total Amount Awarded: \$69,875
- Project Period: 2020-2021

Association of Food and Drug Officials and FDA

- Project Title: Develop a Comprehensive Improvement Plan of all 9 FDA Standards
- Total Amount Awarded: \$2,500
- Project Period: 2021-2022

- Project Title: Achieving Completion of Verification Audit for Standard 7
- Total Amount Awarded: \$3,000
- Project Period: 2021-2022

- Project Title: Moderate projects- Equipment Needs for Standard 7
- Total Amount Awarded: \$2,848
- Project Period: 2021-2022

- Project Title: Training: CFP
- Total Amount Awarded: \$1,050
- Project Period: 2021-2022

NEHA-FDA Retail Flexible Funding Model

- Project Title: Training: Achieving advancement with Standard 9, conformance with Standards 2, 3, 4, and 5; maintenance with Standard 1 & 7; and continuous improvement on Standards 6 & 8
- Total Amount Awarded: \$165,173
- Project Period: 2022-2024

- Project Title: Training Add On- NEHA- AEC Conference 2022
- Total Amount Awarded: \$7,500
- Project Period: 2022

- Project Title: Capacity Building – Retail Program Standards Program Coordinator Position

- Total Amount Awarded: \$179,551.01
- Project Period: 2022-2024
- Project Title: Training Add On- NEHA-AEC Conference 2023 & CFP Conference 2023
- Total Amount Awarded: \$7,500
- Project Period: 2023
- Project Title: Mentorship (Mentoring 3 jurisdictions)
- Total Amount Awarded: \$18,000
- Project Period: 2024
- Project Title: Training Add On for NEHA-AEC Conference 2024
- Total Amount Awarded: \$5,625
- Project Period: 2024

Appendix D

**DELEGATION AGREEMENT
No. AGR2017-052
AMENDMENT #1**

APPENDIX B

1. COUNTY DELEGATED RESPONSIBILITIES TO BE CARRIED OUT BY PCHD:

Delegated Functions and Duties	Applicable Statutes and Rules
Swimming Pools and Bathing Places	A.R.S. § 36-132(A)(12). A.A.C. Title 9, Chapter 8, Article 8.
Bottled Water	A.R.S. §§ 36-132(A)(13) and 36-136(A)(6). A.A.C. Title 9, Chapter 8, Article 2.
Campgrounds	A.R.S. § 36-136(A)(6). A.A.C. Title 9, Chapter 8, Article 6.
Children's Camps	A.R.S. §§ 36-3901 through 36-3915 (<i>formerly 8-551 through 8-568</i>) and 36-136(A)(6). A.A.C. Title 9, Chapter 8, Article 4.
Food Establishments except for state prisons and behavioral health facilities.	A.R.S. § 36-136(A)(6). A.A.C. Title 9, Chapter 8, Article 1.
Hotel and Motel Sanitation	A.R.S. § 36-136(A)(6). A.A.C. Title 9, Chapter 8, Article 13.
Public Nuisance Responses	A.R.S. §§ 36-136(A)(6) and 36-601.
Public Toilet Facilities	A.R.S. § 36-136(A)(6). A.A.C. Title 9, Chapter 8, Article 3.
Public School Sanitation	A.R.S. § 36-136(A)(6). A.A.C. Title 9, Chapter 8, Article 7.
Trailer Coach Park Sanitation	A.R.S. § 36-136(A)(6). A.A.C. Title 9, Chapter 8, Article 5.
Pure Food Control Investigations	A.R.S. §§ 36-901 through 36-916.
Smoke-Free Arizona	A.R.S. § 36-601.01 A.A.C. Title 9, Chapter 2, Article 1.

2. COUNTY DELEGATED RESPONSIBILITIES TO BE CARRIED OUT BY PDEQ:

Delegated Functions and Duties	Applicable Statutes and Rules
Public Nuisance Responses	A.R.S. §§ 36-136(A)(6), 36-601(A)(1), (4)-(6), (8), (9), (12), (14), (17) and (18), (B) and (C).

3. ADHS RETAINS inspections for food establishments at state prisons and behavioral health facilities not delegated to the County in Section 1, Records and Inspections.

Appendix E



FOOD SAFETY INSPECTION REPORT						Page 1/7
As Governed by Pima County Code 8.08 3950 S. Country Club Rd, Ste 2301 Tucson AZ 85714 Phone 520-724-7908, Fax 520-724-9597			Number of Priority/Priority Foundation Violations 1 Number of Core Violations 3		Date 01/1/11 Time in 01:45 PM Time out 03:45 PM	
Establishment ABC		Address 123 S ABC AVE TUCSON AZ 85714		Rating Excellent		
Permit# 1234567		Permit Holder Jane Doe		Purpose of Inspection Standard Frequency Inspection - Routine		Est. Type and Risk Category Class 3 Food Service Operations Less than 2500sqft (3000C)
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS						
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation						
Risk factors are food preparation practices and employees behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury						
Compliance Status			COS	R	Compliance Status	
Supervision						
01. In PIC present, demonstrates knowledge, and performs duties			☐	☐	17. In Proper disposition of returned, previously served, reconditioned, and unsafe food ☐ ☐	
02. Out Certified Food Protection Manager			☐	☒	Time Temperature Control for Safety Food (TCS Food)	
Employee Health					18. In Proper cooking time and temperatures ☐ ☐	
03. In Management and food employee knowledge, and conditional employee; Knowledge, responsibility and reporting			☐	☐	19. N/O Proper reheating procedures for hot holding ☐ ☐	
04. In Proper use of restrictions and exclusions			☐	☐	20. N/O Proper cooling time and temperatures ☐ ☐	
05. In Clean-up of Vomiting and Diarrheal Events			☐	☐	21. In Proper hot holding temperatures ☐ ☐	
Good Hygienic Practices					22. In Proper cold holding temperatures ☐ ☐	
06. In Proper eating, tasting, drinking, or tobacco use			☐	☐	23. In Proper date marking and disposition ☐ ☐	
07. In No discharge from eyes, nose, and mouth			☐	☐	24. N/A Time as a Public Health Control: procedures and records ☐ ☐	
Preventing Contamination by Hands					Consumer Advisory	
08. In Hands clean and properly washed			☐	☐	25. N/A Consumer advisory provided for raw or undercooked foods ☐ ☐	
09. In No bare hand contact with RTE foods or a pre-approved alternative procedure properly followed			☐	☐	Highly Susceptible Populations	
10. In Adequate handwashing sinks, properly supplied and accessible			☐	☐	26. N/A Pasteurized foods used; prohibited foods not offered ☐ ☐	
Approved Source					Food/Color Additives and Toxic Substances	
11. In Food obtained from approved source			☐	☐	27. N/A Food additives: approved and properly used ☐ ☐	
12. N/O Food received at proper temperature			☐	☐	28. In Toxic substances properly identified, stored, and used; held for retail sale, properly stored ☐ ☐	
13. In Food in good condition, safe, and unadulterated			☐	☐	Conformance with Approved Procedures	
14. N/A Required records available: shellstock tags, parasite destruction			☐	☐	29. N/A Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan ☐ ☐	
Protection from Contamination						
15. In Food separated and protected			☐	☐		
16. In Food-contact surfaces: cleaned and sanitized			☐	☐		

Appendix F



Appendix G

Pima County Health Department Consumer Health & Food Safety Division OPERATING POLICIES AND PROCEDURES	
Subject: Standard for New Hire Training: Environmental Health Specialist	OPP NO. CHFS-21-09
Approved by: <i>Loni Anderson</i> Loni Anderson, RS, REHS, Division Manager – Consumer Health & Food Safety	Approval Date: 11/17/2021
Applies to: All CHFS Staff	

A. Statement of Purpose

The purpose of this policy is to outline the training procedure for newly hired, Environmental Health Specialist (EHS) Staff. This policy will outline the first 18 months from the employee hire date to ensure uniform inspections.

B. Definitions

Environmental Health Specialist – means a public health professional qualified by specific education, specialized training, and field experience to protect the health, safety and general welfare of the public from adverse environmental determinants. This individual must pass the Sanitarian Exam within 18 months of hire or apply for reciprocity with the State of Arizona.

FDA Standard 2 - part of the FDA Voluntary National Retail Food Regulatory Program Standards. This Standard applies to the essential elements of a training program for regulatory staff. The jurisdiction's "training standard" must have met all the requirements for conducting field standardizations as presented in the definition section of these Standards.

FDA Standard 4 - part of the FDA Voluntary National Retail Food Regulatory Program Standards. Developed as part of the Voluntary National Retail Food Regulatory Program Standards as defined: "This standard applies to the jurisdiction's internal policies and procedures established to ensure uniformity among regulatory staff in the interpretation of regulatory requirements, program policies and compliance/enforcement procedures."

Independent Inspection – means inspections conducted by the trainee without the supervision of the trainer or supervisor.

Joint Inspections – an inspection conducted with the trainee (newly hired EHS) and the trainer.

Training Module - the individual sections that make up the New Hire Training Manual.

New Hire Training System – an instructional tool designed to guide the trainee through the training process. The tool is comprised of presentations, policies and procedures, visual aids, county code, and materials provided by Environmental Health agencies such as the FDA, Conference for Food Protection, and Maricopa Environmental Services.

Pima County Final Training Plan- the document detailing required competencies that must be demonstrated by a trainee before they are assigned to their team for independent inspections. There are two (2) training plans. One for Non-Food and one for Food. Informed by the Conference for Food Protection training guide.

Registered Sanitarian (RS)- a public health professional qualified by specific education, specialized training, and field experience to protect the health, safety and general welfare of the public from adverse environmental determinants. This individual has passed the Sanitarian Exam and is referred to as an Environmental Health Specialist in Pima County.

Standardization Inspection – an inspection used to demonstrate a candidate's knowledge, communication skills, and ability to identify violations of all regulatory requirements and to develop a risk control plan for identified, uncontrolled risk factors. This competency is part of FDA Standard 4.

Trainer – an individual who is qualified to train Environmental Health employees on how to conduct inspections for food facilities, pools, spas, mobile home parks, school physical plants, hotels and motels, and any other public health activities as determined by CHFS management, PCHD upper management, or Pima County Administration.

C. Policy

The standard for new hire training will outline the first 18 months of a newly hired Environmental Health Specialist's training to ensure that all EHS staff are complying with FDA Standard 2 and Standard 4 for regulatory retail food program inspections as well as proficient in the other areas of regulation delegated to Consumer Health and Food Safety (CHFS) by Arizona Department of Health Services (ADHS), Mobile Home Parks, Lodging, Children's Camps, Campgrounds, public toilet facilities, Public and Semi-public swimming pools and Bathing Places. Upon completion of the new hire training, the EHS will be able to perform retail food inspections in accordance with the Uniform Inspection Policy outlined in CHFS—20-01.

The newly hired EHS will complete each module of the new hire training manual and demonstrate knowledge and proficiency in each module, including performing the field inspections, before moving on to the next module in the series.

The newly hired EHS will be required to comply with the Sanitarian Exam Policy CHFS –21-08 and become a Registered Sanitarian (RS) within 18 months of their hire date. Employment is contingent on successful registration as a Registered Sanitarian with the State of Arizona within 18 months.

D. Procedure

This procedure will outline the timeframe, under normal circumstance, in which a newly hired EHS staff will complete the training program. Field inspections will be demonstrated by the trainer (trainer-led) then the EHS trainee will lead. The EHS trainee will not conduct independent inspections until the trainer observes the trainee demonstrate competency. The trainee must conduct 25 food safety joint inspections with a trainer before they can conduct independent inspections on facility type risk 2, 3, and 4.

The first 4 months from the hire date	
Week 1	• New Hire Supervisor Checklist • Pima County Orientation date assigned • Food and Pool Class date assigned • Begin the application for the sanitarian exam • Introduction to the department: division of duties, policies and procedures, etc. • Equipment: Cell phones, car assignment, inspection equipment, building key access • Register for access to the online curriculum • Review the Introduction Module of the New Hire Training Manual
Week 2	• Software Access • Introduction to the software: training and reading the software manual • Administration Training: Shadowing the administration staff to learn about payments, complaints, and paperwork. • Meet the Management Team • Field Safety Module • Start the Vector Module
Week 3-5	• Ride along with EHT: learn about vector complaints and mosquito trapping. • Vector Module, Mobile Home Park Module, Aquatic Module, School Physical Module, and Lodging Module.
Week 6	• Complete Pre-Inspection Curriculum • Food Code Activities and Quizzes • Food Safety Module • Read Guide 3-B Marking Guide

OPP CHFS-21-09	PAGE 4 of 5
Standard for New Hire Training: Environmental Health Specialist	

	• Read Annex 5 of the Food Code
Week 7-12	• Food Safety Inspections: begin with Risk 1 and then move on to Risk 2, 3, and 4 • Complete scenarios for Risk 2s and Risk 3s • Complete the Complaints Module and the HACCP Module
Week 13-14	• Complete General Food Complaint training • Complete Foodborne Illness (FBI) Complaint training • Complete FBI ORAU course • HACCP plan field verification training
The first 9 months from the hire date	
9 Months	• Competently conducting at least 2 inspections (routine, complaint, follow up, etc.) a day
The first 18 months from the hire date	
12-18 Months	• At least 25 independent risk 3 and risk 4 routine inspections completed • Post-Courses outlined in Standard 2 • Begin the standardization inspection process

Measuring Progress

Training progress will be measured throughout the training process and regular feedback provided to the EHS. The following are the several ways the training team will measure the progress of the newly hired EHS:

1. An Environmental Health Specialist Checklist will be completed throughout the training process as items on the list are completed. The trainee and the trainer are required to sign off on each item before progressing.
2. All the inspections conducted jointly with a trainer and/or supervisor will be documented on a joint inspection form until an adequate number of inspections for each inspection type have been conducted to show competency.
3. Trainees will be given documents of scenarios to work on throughout training to help them apply and assess their knowledge of the Food Code. These will be reviewed by a trainer with the trainee.
4. The Uniform Inspection Program - Inspector Assessment Form from the CHFS Uniform Inspection Policy and Procedure will be used during training to assess progress. One assessment will be completed during risk 2s before the trainee can move on to risks 3s. Another 2-3 assessments will be completed at the end of the new hire training process. The EHS must meet the minimum proficiency outlined in the Uniform Inspection Policy.
5. The training team will review all independent inspection reports written by the trainee and feedback will be provided in a standing weekly meeting during the

first 14 weeks of training. These reviews will be documented in the trainees Independent Inspection Log. After the first 14 weeks of training, the trainee's supervisor will continue the process of reviewing reports and providing feedback for at least 12 months from the new hire date.

6. The trainee will be expected to consistently provide feedback to their training team as to their understanding of the training material and inspection process. Accommodations will be made for additional training as needed.
7. The Pima County Final Training Plan will be completed to ensure all competencies have been met for Non-Food and Food inspections, follow-ups, and complaint investigations.

Measuring Productivity

1. Trainees are expected to complete an effective work day in an efficient and professional manner at all times.
2. Staff members will be required to begin tracking their productivity when they reach 12 months in the position.
 - a. Tracking productivity will be used as a training tool from 12-18 months on the job to assist the Environmental Health Specialist in managing their workload effectively.
3. Once a staff member reaches 18 months in the position, they will be required to meet the minimum productivity standard per CHFS-21-02 Inspection Productivity Standard.

E. Other Topics

Uniform Inspection Policy CHFS –20-01

Sanitarian Exam Policy CHFS –21-08

Inspection Productivity Standard CHFS-21-02

Environmental Health Specialist Checklist



Environmental Health Training Checklist

Field Equipment Checklist

Equipment	Yes	No	Need to Order
County ID			
Building Access Key			
Car File Box			
Food Code and Food Code Annex			
Clip Boards (2)			
<u>Thermopen</u> Thermometer			
Infrared Thermometer			
Min/Max Thermometer			
Dish Temp Thermometer			
Flashlight			
Chlorine Test Strips			
Quat Test Strips			
Lactic Acid Test Strips			
Tape Measure			
Alcohol Wipes			
Cell Phone and Charger			
<u>Otterbox</u> for County Phone			
Dell wall charger			
Dell stylus			
Pens and Note Pads			
Tablet Bag/ <u>back pack</u> /rolling bag			
<u>Side bag</u> /leg-waist bag/fanny-pack			
Date of Shoe Voucher			
Safety Alarm Device			



Environmental Health Training Checklist

Training Requirements	Date Completed	
HD New Employee Welcome Orientation		
HR Passport Program		
Meet Supervisors PPT		
Administrative Team Shadowing		
Food Class Video Recording		
Pool Class		
Hedgehog Training		
RS exam		
Sanitarian Application Submitted		
	Pass	Fail
Sanitarian Exam 1- Date:		
Sanitarian Exam 2- Date:		
Sanitarian Exam 3- Date:		
Grease Trap Training		
Landfill Tour		
Wastewater Tour		
Septic Tank Tour		
Public Pool Training		

Employee Name:

Employee Start Date:

Employee Signature:

Completion Date:

Trainer Signature:

Verification Date:



Environmental Health Training Checklist

Pre-Inspection Curriculum	
Training Module	Date of Completion
<i>Module must be completed prior to scheduled field training.</i>	
General Modules	
Introduction Module & Introduction documents	
Meet the Management Team PPT	
Inspection Rights PPT	
Workplace Injury Instructions folder documents	
Employee Resources on De-escalation and Safety folder documents	
Court Hearing PPT	
Effective Communication PPT	
Smoke Free Arizona Training Recording	
Vector Control Overview	
Introduction to Vector Control for EHS staff PPT	
Vector Team Field Shadowing	
Food Safety Program Modules - 1. Introduction to Food Safety	
Introduction to Food Establishments PPT	
Complete FDA ORAU Pre-Courses	
Guide 3-B Instructions for Marking the Food Establishment Inspection Report PDF	
Complete Independent Study Activities 1-8 & Food Code Quizzes	
Conducting Risk Based Inspections PPT	
Identifying Food Equipment PPT	
Operating an Infrared Thermometer PPT	
Sanitizers-General Overview PPT & Sanitizer Job Aides folder	
Facility File PPT	
<u>ESL</u> how to translate work docs PPT	
Food Safety Program Modules - 1. Pre-Field Training Curriculum	
Enforced Codes folder	
FDA Food Code Handouts	
Inspector Guides, Tools, & Resources	
Rating System and Educational Inspection Information PPT & documents	
Enforcement Inspections PPT & documents	
Active Managerial Control PPT & documents	

Mid-Training Curriculum	
	Date of Completion
Risk 1 Field Training (limited convenient stores, bars, coffee/ice cream shops)	
• Hand-written report writing	
• Food Code Chapter ORAU courses curriculum	
• Temperature Abuse/Cold Holding/Cooling Scenarios	
• Communication Role Play Scenario	
• Risk 2 Pre-Assessment Activity	
Risk 2 Field Training (complex convenient stores, grocery stores, fast food, simple <u>restaurant</u> , meat market, mom & pop)	
• Hand-written report writing	
2. Mid Field Training Curriculum	
• <u>Catering, Micromarket, and Limited Food Manufacturing PPT & documents</u>	
• <u>Mexican American Foods PPT & documents</u>	
• <u>Ethnic Foods PPT & documents</u>	
• <u>Cottage Food PPT</u>	
• <u>General Food Safety Complaint Investigations PPT/documents</u>	
o General Food Complaint Field Training	
• <u>Food Additives recording</u>	
• Risk 2-Post Assessment Activity	
Risk 3 Field Training (breakfast, sushi, seafood, HACCP/variance, mom & pop)	
• FD312 prerequisite courses curriculum	
2. Mid Field Training Curriculum	
• <u>HACCP -Variance Field Verification PPT & documents</u>	
o HACCP Field Training	
• <u>Foodborne Illness Complaints Investigations PPT/documents</u>	
o FBI ORAU courses curriculum	
o Hedgehog TEST scenario	
o FBI Field Training	
• <u>Mock Inspection Scenario</u>	
• <u>Temporary and Mobile Food</u>	
o Mobile food team shadowing	
• <u>Pet Patio Information PPT & documents</u>	
Risk 4 Field Training (childcare center, assisted living facility)	
• <u>Review HSP requirements</u>	



Environmental Health Training Checklist

Post-Field Training Curriculum	
	Date of Completion
Food Safety Program Modules - 3. Post Field Training Curriculum	
• Emergency Response and On Call Duties	
o IHH mock scenario in Hedgehog TEST	
• Continued Education	
• Pre-Standardization Material	
• Training Recap	
Attend FD218	



Environmental Health Training Checklist

FDA ORAU – Learn ED Course Curriculums

Pre-Inspection FDA ORAU Courses <i>To be completed during the 25 joint inspection period AND prior to conducting any independent inspections</i>	Date of Certificate <i>(attach certificates)</i>
PUBLIC HEALTH PRINCIPLES	
**Public Health Principles (450) CC8026W	
MICROBIOLOGY	
**Biological Hazards (90) CC8028W	
**CC9013W: Food Microbiological Control 7A: Control by Thermal Processing	
**Pasteurization CC8002W (105)	
**Sampling CC8035W (120)	
**Sanitation Practices CC8032W (210)	
PREVAILING STATUTES, REGULATIONS, ORDINANCES	
**Laws and Regulations CC8039W (120)	
**Basics of Inspection: Beginning an Inspection (90) CC9037W	
**Basics of Inspection: Issues & Observations (90) CC9038W	
**Food Defense CC8027W (90)	
FDA 2013 Food Code	
Specific state/local laws & regulations to be addressed by each jurisdiction	
COMMUNICATION SKILLS	
**Communication Skills for Regulators (120) CC8030W	

** LearnED: <https://fdaoted.csod.com/login/render.aspx?id=defaultclp>

NOTE: All courses with a course number beginning with "CC" can be found on the LearnEd platform at: <https://fdaoted.csod.com>.



Environmental Health Training Checklist

Food Code ORAU Courses - FD112W100 Curriculum: Food Code <i>Complete during field training</i>	Date of Certificate (attach certificate)
Food Code Chapter 1: Purpose and Definitions (FD112W100-01)	
Food Code Chapter 2: Supervision (FD112W100-02)	
Food Code Chapter 3: Part I (FD112W100-03.1)	
Food Code Chapter 3: Part II (FD112W100-03.2)	
Food Code Chapter 3: Part III (FD112W100-03.3)	
Food Code Chapter 4: Part I (FD112W100-04.1)	
Food Code Chapter 4: Part II (FD112W100-04.2)	
Food Code Chapter 5: Water, Plumbing, and Waste (FD112W100-05)	
Food Code Chapter 6 (FD112W100-06)	
Food Code Chapter 7: Poisonous and Toxic Materials (FD112W100-07)	
Food Code Chapter 8: Enforcement and Annex 1 (FD112W100-08)	

Courses available via LearnED: <https://fdaoted.csod.com/login/render.aspx?id=defaultclp>

FBI Courses Curriculum <i>Complete during field training</i>	Date of Certificate (attach certificates)
TRACEBACK Investigations - CC9030W Curriculum	
*Lesson 1-Introduction CC9030W	
*Lesson 2-Point of Service Investigations CC9030W	
*Lesson 3-Distributor Investigation CC9030W	
*Lesson 4-Trace back of Eggs and other Commodities CC9030W	
*Lesson 5-Concluding the Investigation and Reporting the Results CC9030W	
FOODBORNE ILLNESS INVESTIGATIONS - FD9035W Curriculum	
*Lesson 1-Collecting Surveillance Data (90) FD9035W	
*Lesson 2-Beginning the Investigation (90) FD9035W	
*Lesson 3-Expanding the Investigation (90) FD9035W	
*Lesson 4-Conducting a Food Hazard Review (90) FD9035W	
*Lesson 5-Epidemiological Statistics (90) FD9035W	
*Lesson 6-Final Report (30) FD9035W	
CDC ENVIRONMENTAL ASSESSMENT TRAINING SERIES	
**EATS 101: Foundation Skills	
**EATS 102: Skill Building	

*Courses available via LearnED: <https://fdaoted.csod.com/login/render.aspx?id=defaultclp>

** Available via CDC <https://www.cdc.gov/restaurant-food-safety/php/training/eats.html>



Environmental Health Training Checklist

FD312- Special Processes at Retail Prerequisites <i>Complete during joint field training</i>	Date of Certificate
Reduced Oxygen Packaging at Retail (120) FD8004W Units 1-4+Assessment	
Curing, Smoking, Drying of Meat, Poultry, Fish & Processing of Fermented Sausage (120) FD8005W Units 1-5	
Custom Processing of Meats at Retail (180) FD8006W Units 1-3	
Shellfish Tanks at Retail FD8007W Units 1-6	
Juicing at Retail (180) FD8008W Units 1-4	
Fermentation at Retail (120) FD8009W Units 1-3	

Courses available via LearnED: <https://fdaoted.csod.com/login/render.aspx?id=defaultclp>

Appendix H

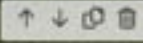


Welcome to the Consumer Health and Food Safety Division's food safety training program designed for Environmental Health Specialists who are new to our program. This curriculum aims to provide you with the essential knowledge, skills, and tools you'll need before beginning joint field training. The content and requirements of this curriculum align with the FDA's Retail Program Standard 2, which outlines the qualifications for trained regulatory staff.

☰ Facility Files & Translating Documents	☐
☰ Introduction to Food Safety - Part 1	☐
☰ Introduction to Food Safety - Part 2	☐
☰ Introduction to Food Safety - Part 3	☐



Knowledge Check



Requires a correct answer to continue

What is the primary contributing factor to outbreaks in food establishments?

☐ Dirty Floors

☐ Poor Personal Hygiene Practices

☐ Improper Cold Holding

SUBMIT

What is an Environmental Assessment?

Type your answer here

SUBMIT

Appendix I

 PIMA COUNTY HEALTH DEPARTMENT		Consumer Health & Food Safety Training Program
Feedback Form		
Establishment Name: ABC	Establishment Address: 123 E ABC Blvd	
Environmental Health Staff Member: Jane Doe	Permit number: 1234567	
Trainer/Supervisor: Joe Smith	Risk level, if applicable: 1	
Inspection Date: 1/1/1111	Inspection Type: Routine	

Purpose: provide trainees feedback to help improve their knowledge, skills, and ability to adequately perform required duties.

Key strengths:
Provide examples

❖ Properly washes hands prior to starting the inspection and conducts walk-thru of the facility.

❖ Assessed the concentration of the sanitizer basin and identified that the sanitizer was low. Asked PIC for corrective action to drain the sanitizer basin and to prepare a new batch.

❖ Utilizes marking guiding and food code cheat sheet to properly fill out inspection form. Great job in utilizing your resources.

❖ Identified that the facility was operating under an expired permit and issued NOV.

Areas for improvement and further development:

Provide examples and suggestions

❖	Prompted EH to take several photos during the inspection. As you observe the violations remember to capture a photo in order to substantiate your findings.
❖	
❖	
❖	

Additional Notes

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Appendix J



Consumer Health & Food Safety
Training Program

Weekly Self Evaluation Form

Trainee: Jan Doe

Date: 1/1/11

Successes this week (*e.g. Completed HR on-boarding tasks; completed ORAU courses; completed pool training, etc.*)

Observed a risk 1 with Rocio. Conducted a risk 1 with Rocio. Completed 4 independent risk 1s.

Attended AFDO boot camp. Completed EATS101 and several other FBI FDA courses.

Became more familiar with hedgehog. Got computer to have U: drive access when computer has no internet connection.

Challenges this week:

Learning hedgehog. Adobe acrobat reader.

What would you like to learn more about and/or need assistance with? (*Please be specific, e.g. cold holding corrective actions, assessing cooling, determining appropriate code reference, documenting complaints, etc.*):

Hedgehog. Resolving previous violations. Why some previous violations show up and some don't.

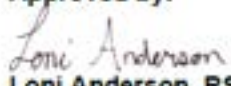
Areas to focus on next week:

Becoming better with using hedgehog.

Questions, concerns, comments:

The pest control segment of the AFDO boot camp was interesting and helpful.

Appendix K

Pima County Health Department Consumer Health & Food Safety Division OPERATING POLICIES AND PROCEDURES	
Subject: Risk Categorization and Inspection Frequency of Food Establishments	OPP NO. CHFS-23-01
Approved by:  Loni Anderson, RS Division Manager – Consumer Health & Food Safety	Approval Date: 2/21/2023
Applies to: All Environmental Health Specialist Staff	

A. STATEMENT OF PURPOSE

The purpose of this policy is to outline the process to designate a food establishment to one of four risk categories based on a risk assessment tool.

B. DEFINITIONS

Reference Consumer Health and Food Safety Operating Policy and Procedure, Definitions.

C. POLICY

Pima County Health Department, Consumer Health (CHFS) and Food Safety will categorize all food establishments into one of four risk categories using the risk assessment tool. The tool was created by evaluating the potential for hazards such as food preparation processes 1, 2 and 3 and population served. CHFS utilized FDA Food Code Annex 5, Table 1 to create the risk assessment tool. All Environmental Health Specialist staff are responsible for ensuring food establishments are in the correct risk category.

Food establishments will be inspected by the Environmental Health Specialists to which they are assigned at the frequency corresponding to the risk category to which the food establishment has been assigned.

D. PROCEDURE

1. Risk Categorization of food establishment

- a. The Plan Review Staff conducting the final, requalifying, change-of-ownership, or remodeling inspection will review the food establishment's menu, food preparation processes, and population served prior to permitting. Based on the descriptions in Risk Assessment Tool, the Plan

Review Staff will assign the food establishment to the proper risk category and enter that information into the electronic inspection database.

- b. At the time of each routine inspection, the Environmental Health Specialists will review the food establishment's menu, food preparation processes, population served, and confirm if the food establishment is assigned to the correct risk category. If the food establishment is found to be assigned to the wrong risk category, the Environmental Health Specialist I will document findings on inspection report to alert the operator then consult with their supervisor to reassign the food establishment to the proper risk category and enter that information into the electronic inspection database by submitting a New Change Request.

E. REFERENCE TOOLS

1. Risk Assessment Tool

**Risk Categorization and Inspection Frequency of Food Establishments Policy and
Procedure – Risk Assessment Tool**

Table 1 - Risk Categorization and Inspection Frequency of Food Establishment

RISK CATEGORY	DESCRIPTION	INSPECTION FREQUENCY #/YR
1 Low Risk	Limited FOOD preparation. No cooking of raw animal FOODS. No cooling of TCS FOODS. Examples may include: a. a convenience store operation, b. a coffee shop, c. an ice cream/snow cone shop, d. a FOOD ESTABLISHMENT that serves or sells only pre-packaged, non-time/temperature control for safety (TCS) FOODS, e. a FOOD ESTABLISHMENT that prepares only non-TCS FOODS, f. an establishment that heats only commercially processed, TCS FOODS for hot holding, or g. a FOOD ESTABLISHMENT that would otherwise be grouped in Risk Category 2 but has shown through historical documentation to have achieved active managerial control of foodborne illness risk factors.	1
2 Moderate Risk	Limited menu. Most products are prepared/cooked and served immediately. May involve hot and cold holding of TCS FOODS after preparation or cooking. Complex preparation of TCS FOODS requiring cooking, cooling, and reheating for hot holding is limited to only a few TCS FOODS. Examples may include: a. a retail food store operation, b. a quick service operation, c. a school not serving a HIGHLY SUSCEPTIBLE POPULATION, d. a FOOD ESTABLISHMENT that would otherwise be grouped in Risk Category 3 but has shown through historical documentation to have achieved active managerial control of foodborne illness risk factors, e. a FOOD ESTABLISHMENT that would otherwise be grouped in Risk Category 1 which has a history of repeated risk factor violations, or f. a newly permitted FOOD ESTABLISHMENT that would otherwise be grouped in Risk Category 1 until history of active managerial control of foodborne illness risk factors is achieved and documented.	2 (every 6 months)
3 High Risk	Complex preparation including cooking, cooling, and reheating for hot holding involves many TCS FOODS. Variety of processes require hot and cold holding of TCS FOOD. Examples may include: a. a full-service restaurant with an extensive menu and handling of raw ingredients, b. a FOOD ESTABLISHMENT that would otherwise be grouped in Risk Category 2 which has a history of repeated risk factor violations, or c. a newly permitted FOOD ESTABLISHMENT that would otherwise be grouped in Risk Category 2 until history of active managerial control of foodborne illness risk factors is achieved and documented.	3 (every 4 months)
4 High Risk	A facility serving a HIGHLY SUSCEPTIBLE POPULATION such as a preschool, hospital, or nursing home.	3 (every 4 months)

Appendix L

Pima County Health Department Consumer Health & Food Safety Program OPERATING POLICIES AND PROCEDURES	
Subject: Food Safety Inspection Rating System, Onsite Corrective Action, and Long-term Control	PPP NO. CHFS-19-02
Approved by:  Loni Anderson, RS, REHS Division Manager – Consumer Health & Food Safety	Approval Date: 07/08/2019
Applies to: All Environmental Health Staff	

A. STATEMENT OF PURPOSE

The policy will outline how Environmental Health Specialist (EHS) staff will determine rating, corrective action, and potential enforcement action for food establishments during routine and follow-up inspections.

The policy will also guide EHS staff in long-term corrective action. This policy applies to fixed food and mobile food establishments.

B. DEFINITIONS

Reference Consumer Health and Food Safety Operating Policy and Procedure, Definitions.

C. POLICY

The food establishment's rating is determined by the number of items observed out of compliance. Violations will only be counted by the item. If more than 1 code reference is noted within an item, it will only count as one violation. An item will count as a violation based on the severity level of the code reference, Priority (P), Priority Foundation (Pf) or Core (C) violations. However, Foodborne Illness Risk Factor (RF)-P/Pf violations and GRP-P/Pf violations do not carry the same weight. RFs and Public Health Intervention items #1-29 will be counted as one violation toward the rating. Every third GRP-P/Pf violations will drop the rating level by one. Core (C) violations will not have any bearing on the rating except as outlined in the enforcement code.

The Pima County Code 8.08.060, Enforcement, will be utilized when determining a food establishment's rating if necessary to protect against public health hazards per PCC §8-102.10(A-B). EHS staff may implement long-term compliance strategies for the purposes of obtaining immediate compliance when necessary and to better assist operator(s) with long-term compliance that may improve future inspection outcomes and serve to protect against public health hazards.

The procedure portion of this policy includes timeframes for achieving corrective actions.

D. PROCEDURE

1. Calculating the Rating

- a) Risk Factor violations – 1 P/PF violation will count one towards the rating
- b) Good Retail Practice violations - 3 P/Pf violations of the GRPs will count as one towards the rating

2. Ratings

- a) Excellent: 0 Priority/Priority Foundation.
- b) Good: 1-2 Priority/Priority Foundation Risk Factor violations corrected during inspection.
- c) Satisfactory: 3-4 Priority/Priority Foundation Risk Factor violations corrected during inspection.
- d) Needs Improvement: 1-4 Priority/Priority Foundation Risk Factor violations not corrected during inspection.
 - 1. Corrective action timeframe is 10 days.
- e) Probation: 5 or more Priority/Priority Foundation Risk Factor violations regardless if corrected during routine inspection per P.C.C. 8.08.060.
 - 1. Pattern of non-compliance per P.C.C. 8.08.060 (B)(2)(a-b)

3. Onsite Corrective Action

- a) On-site corrective action as appropriate to the violation include but are not limited to the following:
 - 1. Destruction of foods that have experienced extreme temperature abuse,
 - 2. Embargo or destruction of foods from unapproved sources,
 - 3. Accelerated cooling of foods when cooling time limits can still be met,

4. Reheating when small deviations from hot holding have occurred,
5. Continue cooking when proper cooling temperatures have not been met,
6. Limited use of gloves, tongs, or utensils to prevent hand contact with ready-to-eat foods, or
7. Required hand washing when potential contamination is observed.
8. Remedial training

4. Repeat Violations

- a) Repeat, uncorrected risk factor violations per P.C.C. 8.08.06 (B)(2)(a):
 1. On the first and second instance, discuss and document on the report the options for long-term compliance strategies with the person in charge.
- b) Pattern of non-compliance per P.C.C 8.08.060 (B)(2)(b):
 1. On the second and third instance, discuss and document on the report the options for long-term compliance strategies with the person in charge.
- c) Utilize long-term compliance strategies as needed when repeat, risk factor violations are observed and corrected during an inspection(s)
 1. Example: A handwashing violation is observed and corrected during inspection. Then the same violation is observed and corrected during a subsequent inspection(s).

5. Long-term compliance strategies include but are not limited to the following:

- a) Certified food protection managers who have shown a proficiency in required information by passing a test that is part of an accredited program
- b) Standard operating procedures (SOPs) for performing critical operational steps in a food preparation process, such as cooling
- c) Recipe cards that contain the specific steps for preparing a food item and the food safety critical limits, such as final cooking temperatures, that need to be monitored and verified

- d) Purchase specifications
- e) Equipment and facility design and maintenance
- f) Monitoring procedures
- g) Record keeping
- h) Manager and employee training
- i) On-going quality control and assurance
- j) Specific goal-oriented plans, like Risk Control Plans (RCPs), that outline procedures for controlling foodborne illness risk factors
- k) Remedial training

E. OTHER TOPICS

Reference Enforcement and Compliance Tools; CHFS-16-04 Voluntary Destruction and Issuing Hold Orders for Unsafe or Adulterated Food Products Policy and Procedure; CHFS -21-03 Imminent Health Hazard Closure

Original Date: June 10, 2019

Revised Date: February 27, 2023

Appendix L1

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ENFORCEMENT PROCEDURE

ENFORCEMENT PROCEDURE FOR NEEDS IMPROVEMENT, PROBATIONARY AND/OR AN IMMINENT HEALTH HAZARD

Introduction

Arizona Revised Statutes Title 36 establishes definitions; sets standards for management and personnel, food operations, and equipment and facilities; and provides for food establishment plan review, permit issuance, inspection, employee restriction, and permit suspension. The regulatory authority shall apply to promote its purpose of safeguarding public health and ensuring that food is safe, not adulterated, and honestly presented when offered to the consumer. If necessary to protect against public health hazards or nuisances, the regulatory authority may impose specific requirements in addition to the requirements found in Pima County Food Code that are authorized by law.

Expectations

The food establishment employee, person in charge, food manager, and/or permit holder shall comply with the provisions found within Pima County Code. The Pima County Health Department's Consumer Health and Food Safety Division (CHFS) may conduct a charged re-inspection if the food establishment is found to have five or greater Foodborne Illness Risk Factor (RF) violations or the establishment is found to have non-functional essential equipment during a routine and/or follow-up inspection. CHFS may also close any permitted facility if the food establishment is found to have an imminent health hazard. The regulatory authority will ensure all Risk Factor violations are corrected during the inspection. Foodborne Illness Risk Factor violations and Good Retail Practice (GRP) violations will be issued a correct by date.

General Procedures

Routine Inspections (Flow Chart #1)

Environmental Health Specialists (EHS) shall inform the Person in Charge (PIC) of their inspection rights under ARS 11-1603 before starting the inspection. All routine inspections are documented in the FDA Food Establishment Inspection Report. All other inspections, including re-inspections, will utilize the Food Safety supplemental inspection form and Food Safety Supplemental report.

Inspectors will document all item numbers with the actual observation using IN, OUT, NA, NO in accordance with the 2013 Food Code Annexes 3-B Instructions for Marking the Food Establishment Inspection Report, Including Food Code References for Risk Factors/Interventions and Good Retail Practices. When writing a violation, EHS will write their observation, the Food Code reference, the corrective action and correct by date. If the violation is corrected onsite, the "Corrected During Inspection (CDI)" box shall be checked.

The food establishment's rating is determined by the number of items observed out of compliance. Violations will only be counted by the line item. If more than 1 code reference is noted within a line item, it will count as one violation. An item will count as a violation based on the severity level of

the code reference, Priority (P), Priority Foundation (Pf) or Core (C) violations. Foodborne Illness Risk Factors (RF), P/Pf violations and GRP, P/Pf violations do not carry the same weight. Foodborne Illness Risk Factors and Public Health Interventions items #1-29 will be counted as one violation toward the rating. Every set of three GRP, P/Pf violations will drop the rating level by one. Core (C) violations will not have any bearing on the rating except as outlined in Pima County Code 8.08.060.

Pima County Code 8.08.060, Enforcement, will be utilized when determining a food establishment's rating if necessary to protect against public health hazards under PCC §8-102.10(A-B). EHS staff may implement long-term compliance strategies for the purposes of obtaining immediate compliance when necessary and to better assist operator(s) with long-term compliance that may improve future inspection outcomes and serve to protect against public health hazards.

Imminent Health Hazard Inspections

If at any point during a routine, follow up/re-inspection, an educational inspection or a complaint investigation, or any other inspection conducted by CHFS, the food establishment shall cease and desist operations, if the EHS staff observes any of the following outlined in PCC 8.08.060,

Enforcement:

1. Sewage back up in the food preparation, cleaning and sanitizing, or food service areas;
2. Failure to appropriately retain or dispose of sewage;
3. Interruption of electrical or water service for more than one hour;
4. Inability to maintain TCS foods at proper temperatures;
5. Lack of functional hand washing facilities;
6. Apparent onset of a foodborne illness outbreak;
7. Flooding;
8. Fire or activation of a fire suppression system;
9. Use of poisonous or toxic materials that results in contamination of food or food contact surfaces;
10. For fixed food and mobile food establishments, lack of hot water under pressure for more than twenty-four hours;
11. For a temporary, seasonal, or farmers market food establishment, a priority item violation that cannot be corrected during the department's inspection;
12. Any grossly unsanitary condition or circumstance that may endanger public health.

The imminent health hazard must be completely remediated before the EHS can lift the imminent health hazard notice and the establishment can be allowed to operate. A permit holder need not discontinue operations in an area of an establishment that is unaffected by the imminent health hazard.

Step	Responsible Party	Action	
1	EHS Staff	IF any of the issues outlined in PCC 8.08.060 are observed	THEN contact a supervisor OR if a supervisor cannot be reached, contact program manager prior to issuing an order to close.
2	EHS Staff	IF approval is granted AND the EHS staff member is not a Registered Sanitarian (RS) by the Arizona Revised Statutes	THEN the EHS staff member cannot issue the order to close and must wait for an RS to assist with the closure.
3	EHS Staff	IF approval is granted AND the EHS staff member is an RS by the Arizona State Statutes OR once the EHS is accompanied by an EHS staff member that is an RS	THEN issue the order to close with an IHH closure form. Ensure thorough documentation of the observed conditions, including photos. Documentation should be on a Supplemental Form to provide to the facility at the time of the inspection in addition to entering the information in Hedgehog. Include applicable code references from the FDA Food Code as well as Pima County Enforcement Code. Include the remedial actions necessary for the permit holder to be re-inspected and have the order to close lifted. Include the EHS staff member's contact information.
4	EHS Staff	IF approval is granted by supervisory staff to close the food establishment	THEN give the permit holder the option to post their own close sign before posting the IHH closure form. Take photo of closure sign, ensure picture is wide enough to show business entrance. The IHH closure form should still be filled out and given to the permit holder even if they close themselves and post their own signage. Take photo documentation of the IHH closure form.
5	EHS Staff	IF the IHH is noticed by the EHS staff member early into the inspection	THEN DO NOT continue with the routine, re-inspection, educational inspection, or complaint investigation. Documentation should be done on a Food Safety Supplemental. Contact supervisor to determine if the inspection could safely continue.
6	EHS Staff	IF the routine, re-inspection, education inspection, or complaint investigation is completed OR is nearly complete	THEN continue, finish the inspection. Document the education/routine inspection on an FDA Inspection Model 2013. Document the IHH findings on a Food Safety Supplemental. Contact supervisor to determine if the inspection could continue safely.

7	EHS Staff	IF the IHH is remediated before the EHS staff member leaves	THEN document the actions as correct during inspection (CDI) if they have remediated the situation lift the order to close.
8	EHS Staff	IF the IHH is NOT remediated before the EHS staff member leaves	THEN instruct the Person in Charge (PIC) to contact the regulatory agency when the necessary corrections have been made and the EHS staff member will schedule a re-inspection to determine if the order to close can be lifted. If issued on your last workday of the week, discuss reinspection arrangements with your supervisor. On-call staff may be able to assist after hours.
9	EHS Staff	IF the IHH is only addressed	THEN the food establishment will receive a rating of Imminent Health Hazard (IHH) to be documented on the Food Safety Supplemental. After returning to the office ensure all documents are submitted to your supervisor via email. The supervisor must notify the Program Manager and the Division Manager.
10	EHS Staff	IF the routine/educational inspection is conducted	THEN the rating on the FDA Inspection Model 2013 will need to follow the standard rating system as outline in Policy and Procedure CHFS-19-02.

Imminent Health Hazard Re-Inspections

Steps	Responsible Party	Action	
1	EHS Staff	WHEN the permit holder or PIC calls	THEN schedule a re-inspection time if they confirm that the IHH has been completely remediated, within 24 hours of their phone call, during business hours. If outside of business hours, discuss with supervisor.
2	EHS Staff	IF the food establishment has made all the necessary remedial actions and it's confirmed during the re-inspection	THEN lift the order to close and the food establishment can begin food preparations. Document all the actions taken by the food establishment as well as any observations by EHS staff member(s).
3	EHS Staff	IF the food establishment has NOT made all the necessary remedial actions	THEN DO NOT lift the order to close. Document all observations along with the remedial actions still required before the order to close can be lifted.
4	EHS Staff		The food establishment will receive a rating of PASS/FAIL After returning to the office ensure all documentation is submitted to your supervisor via email.
5	EHS Staff	IF the food establishment receives a FAIL	THEN instruct the PIC to contact the regulatory agency to schedule a re-inspection once all the remedial action have been taken.

Repeat Violations-Long Term Control of Risk Factors (Flow Chart #2)

Repeat Foodborne Illness Risk Factor violations are defined as having the same violations cited during consecutive inspections, including routine and re-inspections. Repeat RF violations advance to the next enforcement step during routine inspections as well as during re-inspections. The regulatory authority will ensure that that Person in Charge (PIC) will correct all RF violations during the inspection. RF violations that cannot be corrected will be issued a ten (10) day correct by date. If 10 days from current inspection date falls on a weekend it shall be moved to the following workday.

If repeat RF violations are observed for two consecutive inspections (routine or reinspection), the regulatory authority will make a note on the inspection report stating there was a repeat red critical violation and that a risk control plan will be developed during the next inspection if the same red critical violation is cited as a violation. Establishments with existing repeat red violations before the effective date of this SOP will start at the 1st repeat red violation step.

Facility and Equipment Issues

Facility and equipment issues are defined as when the inspector observes problems during an inspection of the physical facility or any equipment that may lead to violations if not corrected.

Is the violation likely to cause an illness?

A. If yes:

- Cite the violation and issue a 24-hour comply-by date.
- Verify compliance the first working day after the comply-by date.
- Was the violation corrected?
 - a. If yes:
 1. Close the violation and schedule the next routine inspection.
 - b. If no:
 1. Contact supervisor or other available management.
 2. Issue an Imminent Health Hazard (IHH) order for closure.
 3. Establishment to remain closed until approved to reopen by the regulatory authority.

B. If no:

- Has the issue been noted in a previous inspection report?
 - a. If no:
 1. Note the facility or equipment correction needed and should be corrected by next routine inspection.
 - b. If yes:
 1. Cite appropriate violation and schedule the next routine inspection.
 2. Do not schedule a comply-by date.
- During the next routine inspection, has the item(s) been corrected?
 - a. If yes:
 1. Document the violation has been corrected and resolve the violation.
 - b. If no:
 1. Cite the violation again and issue a comply-by date for the violation to be corrected and schedule the next routine inspection.
- During the next routine inspection, has the item(s) been corrected?
 - a. If yes:
 1. Document the violation has been corrected in the inspection report and close the open violation.
 - b. If no:
 1. Cite the violation again and grant a 30-day extension to fix the violation and schedule the next routine inspection.
 2. Document in the inspection report that a re-inspection fee will be charged if the item is not corrected.
- During the next routine inspection, has the item(s) been corrected?
 - a. If yes:
 1. Document the violations have been corrected in the inspection report and close the open violation.
 - b. If no:
 1. Cite the violation again and charge a re-inspection fee.
 2. Issue a new comply-by date for the violation to be corrected.

C. Verify the violation has been corrected the first working day after the comply-by date.

1. If the violation has been corrected, close the open violation and schedule the next inspection.
2. If the violation has not been corrected, cite the violation and charge a re-inspection fee.

Continue this step until the violation has been corrected.

Routine Inspection Rating (Flow Chart #4)

	Risk Factor (RF) Item Totals				
P/Pf Violations	0	1-2	3-4	1-4 Not CDI	5 or more
Ratings	Excellent (E)	Good (G)	Satisfactory (S)	Needs Improvement (NI)	Probation (P)

Based on total count of Priority and Priority Foundation Risk Factor violations items 1-29.

Good Retail Practice items #30-56.

- 3 P/Pf violations of Good Retail Practices count as 1 violation towards the rating.
- Good Retail Practices do not have to be corrected during inspection and do not lead to a Needs Improvement rating.
- GRPs CAN result in an imminent health hazard (IHH), refer to the IHH policy and Procedure and/or PCC 8.08.060

Scenarios

Scenario	Responsible Party	Actions	
1	EHS Staff	IF the food establishment has a Needs Improvement (NI) rating AND has failed the SECOND NI's follow up inspection	THEN the food establishment will receive a rating of Probationary (P)
2	EHS Staff	IF the food establishment has received a fourth violation of the same GRP within 6 routine OR follow up inspections	THEN the food establishment will receive a rating of Probationary (P)
3	EHS Staff	IF the food establishment has a follow up inspection and has corrected ALL the violation P/Pf noted from the RF	THEN the food establishment will receive a rating of Pass
4	EHS Staff	IF the food establishment has a follow up inspection and has NOT corrected ALL the violation P/Pf noted from the RF	THEN the food establishment will receive a rating of Fail

FOOD RECONDITIONING AND DESTRUCTION PROCEDURE

Purpose

Food establishment inspectors often encounter situations during inspections where Time/Temperature Control for Safety (TCS) foods are found at improper temperatures. At such times, decisions are made about what to do with the food. The potential courses of action depend on the temperature of the food, the time the food has been at improper temperatures, and what preparation step the food is in when observed. While each situation is evaluated on a case-by-case basis, a uniform procedure on what to do with foods found at improper temperatures for various periods of time is needed.

This procedure will assist inspectors in decisions on food reconditioning and destruction concerning foods found at improper temperatures that may present a public health risk.

Definition

Time/temperature control for safety food (TCS) means food that requires time and/or temperature control for safety to limit pathogenic microorganism growth or toxin formation. Examples include an animal food that is raw or heat-treated, a plant food that is heat-treated or consists of raw seed sprouts, cut melons, cut leafy greens, cut tomatoes or mixtures of cut tomatoes that are not modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation, fresh herb-in-oil mixtures, or garlic-in-oil mixtures unless modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation.

Reconditioning means, in this application, immediate and proper reheating to at least 165°F or cooling to 41°F or below.

Destruction means rendering a product unusable.

Procedures

Temperature Assessment

For each TCS at improper temperature, several factors must be considered to determine whether there is a violation of the Food Code and whether a corrective action is needed. These factors include:

- The time the food has been at that temperature;
- Potential variations (reliability) of the temperature measuring device – since most thermometers and thermocouples are only accurate within $\pm 2^\circ\text{F}$; and
- The preparation step (e.g., cold holding, cooking, etc.).

There are food preparation steps in which it is acceptable for TCS to temporarily be between 41°F and 135°F, including:

- Proper cooking
- Proper reheating
- Proper cooling
- Proper thawing

- Active preparation for up to two hours, and
- When time as a public health control is used per a written plan.

When an inspector determines that a TCS has been held at an improper temperature for a period that presents a potential public health risk, the food must be reconditioned, destroyed or otherwise removed from sale or service.

Guidelines

Cooling

If the food is being cooled, the cooling procedure being used should be confirmed.

- TCS food being cooled must meet the time/temperature requirements (135°F to 70°F in two hours; and to 41°F (or 45°F) within a total of six hours. They should have verified (ex. temperature logs) the process by monitoring it to ensure it meets the time- temperature requirements. For cooling processes that are repeated and have been verified (same recipe, same amount/size/volume of food) the cooling method does not require temperature logs to be kept for each batch, but the process should be verified periodically or after making any changes to ensure the time-temperature requirements are still met.

Reconditioning

- Food that is determined to be safe for reconditioning must be reheated to 165°F or cooled to 41°F immediately. Food reheated as a corrective action should have the final reheat temperature witnessed by the inspector. Food cooled as a corrective action should have the beginning of the process witnessed by the inspector, with follow up by the PIC. Examples, beef contaminated by chicken would be required to be cooked to 165F. RTE fish used for sushi contaminated by bare hand contact can be cooked to 145F.

Food Destruction

- Food that is unsafe due to time and temperature abuse must be destroyed/discarded by the PIC or permit holder, or placed under a hold order by the inspector. Proper disposal usually means putting food in the garbage can. In rare situations, the inspector may require the food be denatured, such as covering with soap or bleach, to ensure the food item is unsalvageable. Reference PP CHFS 16-04.
- The inspector should not engage in the actual destruction or denaturing of food but should serve in the capacity of the witness to observe the actual destruction of the food by verifying all of the food was sufficiently treated to ensure it is unsalvageable. The inspector will note the action on the inspection form.

Cooking

Food that has not reached proper cooking temperature needs to continue cooking until appropriate temperatures have been met.

Reheating

Food that has not reached proper reheating temperature, and not on track to meet appropriate temperatures inspector shall instruct the PIC to accelerate the process before the 2-hour time limit per code.

Unapproved Source

Inspectors will discard food that appears to be made and/or transported from an unapproved kitchen (ex: home kitchen). Food products that appear to be commercially produced will have a hold order placed on the food product until food operator can show proof of purchase. Food will have a 10-day compliance. Reference PP CHFS 16-04.

Dirty and/or Contaminated Utensils and Equipment

Utensils and equipment that are observed to be dirty and/or contaminated will be sent to the dishwashing area to be washed, rinse, and sanitized.

Hold Order

If there is a question regarding the safety of the suspect food (e.g., food associated with a foodborne illness outbreak), or if the PIC or permit holder elects not to destroy the suspect food, the inspector may place a written hold order on the food until a determination of safety can be made. The inspector will tag, label, or otherwise identify all food subject to the hold order. The food establishment is responsible for providing evidence of the safety of the food.

Food that is subjected to a hold order may not be used, served, or moved from the food establishment until the regulatory authority informs the permit holder or PIC of the disposition of the food. If holding the food is not possible without risk to public health, immediate destruction will be required.

Pending resolutions of the conditions that resulted in the hold order being placed on the food the EHS shall:

- Observe the destruction of the food; or
- Remove hold order and tags if the hold order is vacated.

Appendix M

Pima County Health Department Consumer Health and Food Safety Division Operating Policies and Procedures	
Subject: Variance and HACCP Review Process	OPP NO. CHFS-22-01
Approved by:  Loni Anderson REHS, RS Division Manager	Approval Date: March 15, 2022
Applies to: CHFS Environmental Health Staff	

A. STATEMENT OF PURPOSE

The purpose of this policy is to outline the duties and responsibilities of the plan review team and the steps they will take to approve variances and Food Code required Hazard Analysis Critical Control Point (HACCP) plans.

B. DEFINITIONS

Reference Consumer Health and Food Safety Operating Policy and Procedure, Definitions.

C. POLICY

The Plan Review Team shall review applications for validated HACCP Plans and applications for variances submitted by a food establishment. The food establishment shall submit application for Food Code modifications or waivers and have written approval from Pima County Health Department (PCHD) prior to engaging in the activity. The Plan Review Team may need to collaborate with the facility's owner/person-in-charge (PIC) to achieve this goal.

D. PROCEDURE

1. Requirements of the application submittal

- a. In order to review a HACCP plan and/or variance the following must be received in the application:
 1. The variance request meets the requirements of PCC 8-103.10, PCC 8-103.11, and 8-201.13 (A).
 2. The name of the owner/PIC and contact information.
 3. The name and address of the food establishment.
 4. If, applying for a Food Code required HACCP plan, plans and procedures that are submitted shall comply as specified under 8-201.14 of the FDA Food Code and be fully validated by a Food Processing Authority.
 5. HACCP plan/variance review fees.

Variance and HACCP Approval

2. Approval or Denial Process

- a. Applications for HACCP plans and/or variances shall be assigned to an Environmental Health Specialist (EHS) II for review.
- b. The application for Food Code required HACCP plan and/or variance shall be reviewed in accordance with the applicable licensing time-frame outlined in Arizona Administrative Code R9-8-108, up to 90 days.
 1. The EHS II shall send out an administratively complete or incomplete report once they have verified if all the requirements of the application have been met or not.
- c. The Plan Review Team, comprised of EHS IIs and a supervisor, shall work together to determine if a variance can be approved.
 1. The supervisor shall consult the management team whenever necessary to determine if the variance should be approved.
- d. The plan review team shall utilize the HACCP Plan/Variance Review Worksheet to conduct the review.
- e. If approved, the plan reviewer will send an approval letter detailing any stipulations that must be met by the food establishment to the owner/PIC.
 1. An on-site visit may be required: on-site verification must be completed prior to issuing the approval letter when necessary, for example, a variance for a physical facilities modification.
- f. If denied, the plan reviewer shall send a letter detailing alternative procedures to consider. The facility may choose to revise and resubmit based on the recommendations to get approval. If the facility does not resubmit and gain approval, they cannot use the denied HACCP/variance ensure code requirements are met.
- g. Architects, contractors, and consultants cannot prepare HACCP plans and standard operation procedures (SOPs) without a signature from the owner/PIC.

E. OTHER TOPICS

2013/2017 Food Code and Annexes
HACCP Plan/Variance Review Worksheet
Arizona Administrative Code R9-8-108

Appendix N

Pima County Health Department Consumer Health and Food Safety Program Operating Policies and Procedures	
Subject: On-Site Verification of a Food Code Required HACCP Plan and/or Variances	OPP NO. CHFS-22-02
Approved by:  Loni Anderson REHS, RS Division Manager	Approval Date: March 8, 2022
Applies to: CHFS Environmental Health Staff	

A. STATEMENT OF PURPOSE

The purpose of the policy is to outline the procedure Environmental Health (EH) Staff will take during a routine inspection to verify a Food Code required Hazard Analysis Critical Control Point (HACCP) Plan and/or variance that has been approved by Consumer Health and Food Safety (CHFS).

B. DEFINITIONS

Reference Consumer Health and Food Safety Operating Policy and Procedure, Definitions.

C. POLICY

Food Code required HACCP Plans and/or variances shall be verified by CHFS, EH Staff during routine inspections who have completed HACCP/variance training. The EH will use the Verification Worksheet to determine compliance for Food Code required HACCP plans and/or variance. The frequency of which the HACCP Plan and/or variance will be reviewed will be dependent on the facilities risk rating. Additional reviews may be conducted based on general complaints or foodborne illness complaints.

D. PROCEDURE

1. During a routine inspection of a food establishment that has a Food Code required HACCP Plan, and/or variance the EH Staff member will utilize a verification worksheet to conduct the compliance check.
 - a. Prior to visiting the food establishment, the EH will review the history of the food establishment.
 1. The history review of the food establishment should include past compliance with the HACCP.
 2. An EH may conduct the review on site when circumstances do not allow for the EH to conduct the review prior to arriving at the food establishment.
2. The EH shall complete the verification worksheet.

On-Site Verification of a Food Code Required HACCP Plan and/or Variances

3. Document how long the records are being kept according to the HACCP Plan.
4. Document evidence of verification (i.e. management oversight of the activities).
5. During the routine inspection, verify the food establishment has a copy of their current HACCP Plan.
6. The Person-In-Charge (PIC) of the food establishment shall demonstrate knowledge of the food establishment's HACCP Plan. The PIC shall demonstrate how the food establishment is complying with HACCP.
7. Verify the HACCP Plan is completely implemented in the food establishment's operating procedure.
8. Review a minimum of at least 3 random production dates.
9. At the end of the inspection the EH shall evaluate the effectiveness of the HACCP Plan.
10. Document any deviations from the HACCP Plan, including corrective actions:
 - a. If the food establishment is unable to provide corrective actions during the inspection, a re-inspection will be conducted per CHFS-19-02, Food Safety Inspection Rating System.
11. Document under Foodborne Illness Risk Factors and Public Health Interventions on the FDA Inspection Report (items 1-29).
 - a. If necessary, the EH will speak with a supervisor to discuss continued non-compliance of a HACCP Plan, an EH may need to provide guidance to the food establishment's owner/PIC.
12. If the food establishment has made any modifications to the HACCP, the EH shall obtain a copy of the HACCP Plan at the end of the inspection.
13. If modifications have been made this shall be documented on the routine inspection report and verification worksheet.
14. The modifications shall be reviewed by the EH staff member and their supervisor.

E. OTHER TOPICS

2013/2017 FDA Food Code and Annexes
Field Verification Worksheets

HACCP and/or Variance Verification Checklist				
Establishment Name:		Permit #:		
Address:				
Validation Date:		Validated by:		
Type of Verification (e.g. HACCP plan, Variance, both):		Verification Date:		
HACCP				
Yes	No	N/A	N/O	Pre-Visit File and Variance and/or HACCP Plan Review
1. Indicate what specialized process(es) and/or variance(s) are being verified (e.g. outdoor grilling or smoking). Comments:				
☐	☐	☐	☐	2. Is there an accurate description or list of products being prepared using the specialized process and/or variance? Comments:
☐	☐	☐	☐	3. Is there a dedicated work area(s) for all process(s)?
☐	☐	☐	☐	4. Are there employee health and hygiene policies that comply with chapter 2 of the Food Code (Parts 2-2, 2-3, 2-4, and 2-5)? If no, what's missing?
☐	☐	☐	☐	5. Are there policies that address handwashing and barehand contact?
☐	☐	☐	☐	6. Are there policies that address cleaning and sanitizing?
☐	☐	☐	☐	7. Are there procedures that outline how to protect food and equipment from contamination? ROP – HACCP plan details a procedure for ensuring a properly sealed bag? Comments:
☐	☐	☐	☐	8. Are there procedures that address critical equipment operation, calibration and schedule (e.g. thermometer, pH meter)?
☐	☐	☐	☐	9. Are there procedures for vendor certification programs and buyer specifications (approved source)?
☐	☐	☐	☐	10. Are there procedures for time/temperature control (cooking, cooling, cold/hot holding, reheating)?
☐	☐	☐	☐	11. Are there procedures for First in First out (FIFO) – storage, display, distribution (shelf-life/expiration dates)? ROP – Expiration dates on the packages and are items being discarded according to the HACCP plan? Comments:



A Healthy Pima County
Every one. Every where. Every day.

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☐	☐	☐	☐	12. Is there a list of equipment (specifications/manufacturer's instruction and operational manual)?
☐	☐	☐	☐	13. Does the establishment have a training program to support the variance and/or HACCP plan? If deficient, describe the deficiencies. Comments:
14. List the Critical Control Points (CCPs) and Critical Limits (CLs) identified by the HACCP Plan.				
Food Item or Process e.g. receiving, cooler storage, dry storage		CCPs	CLs	Comments/Problems Noted During the Inspection
		Cookin		
		Cookin		
		Cookin		
		Cookin		
		Cookin		
		Cookin		
		Cookin		
		Cookin		
Other Comments or Notes:				
Yes	No	N/A	N/O	Reduced Oxygen Packaging (ROP), - Sous Vide, Cook/Chill, etc. ONLY.
☐	☐	☐	☐	15. Does the HACCP plan state that Cook chill/Sous Vide products are not sold to any other business entity or to the public in bagged or packaged form? Comment:
☐	☐	☐	☐	16. Cook chill/Sous Vide – Does the HACCP plan detail continuous electronic monitoring; visual examination two times per day? If no, describe.
☐	☐	☐	☐	17. ROP'd products not requiring a variance are packaged as prescribed by the Food Code 3-502.12
Other Comments or Notes:				

Yes	No	N/A	N/O	On-site Inspection and Observations of the Variance and/or HACCP Plan
☐	☐	☐	☐	18. Do managers and employees demonstrate knowledge of the variance and/or HACCP plan? If no, describe.
☐	☐	☐	☐	19. Is the food flow, menu, packaging and formulation consistent with the flow chart and approved variance and/or HACCP plan?
☐	☐	☐	☐	20. During the inspection, are employees using forms for recording recipe, calibration, temperature or other measurements?
☐	☐	☐	☐	21. During the inspection, are temperature, pH, and/or other CCPs and CLs being followed per the variance and/or HACCP plan? Answer yes or no and comment under item 14 on this form.
☐	☐	☐	☐	22. Records for the present day are accurate for the observed situation in the facility? Comment:
☐	☐	☐	☐	23. Are the establishment's corrective actions the same actions described in the establishment's variance and/or HACCP plan? If no, describe.
Other Comments or Notes:				
Yes	No	N/A	N/O	Records Review
☐	☐	☐	☐	24. When training is provided, is it documented and are the records available?
25. What monitoring records are required by the establishment's HACCP Plan?				
Type of Record		Monitoring Frequency and Procedure		Record Location (Where kept?)

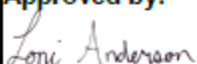
Person in Charge (Print)

 _____
Person in Charge (Signature)

Environmental Health Specialist (Print)

 _____
Environmental Health Specialist (Signature)

Appendix O

Pima County Health Department Consumer Health and Food Safety Program Operating Policies and Procedures	
Subject: On-Site Corrective Action During HACCP/Variance Verification and Long-Term Compliance	OPP NO. CHFS-22-03
Approved by:  Loni Anderson REHS, RS Division Manager	Approval Date: March 8, 2022
Applies to: CHFS Environmental Health Staff	

A. STATEMENT OF PURPOSE

The purpose of this policy and procedure is to provide Environmental Health (EH) staff with a guide for on-site corrective action for out of compliance Critical Limits (CLs) during HACCP verification and variance assessment during routine inspection. This policy will also provide procedures on long-term compliance and enforcement action.

B. DEFINITIONS

Reference Consumer Health and Food Safety Operating Policy and Procedure, Definitions.

C. POLICY

A regulator evaluation program that focuses on ensuring corrective actions are taken when critical limits (CLs) are not met during on-site verification of a Food Code required HACCP plan approved by Consumer Health and Food Safety (CHFS), during routine inspections. The policy shall assist EH staff with on-site, immediate corrective action, as well as outlining the process for attaining long-term correction of out of compliance CLs for the HACCP plan required for Specialized Process. This policy will also assist EH staff with the verification of variances not associated with a Food Code required HACCP. The policy will also ensure a uniform compliance process from EH staff during on-site HACCP plan and/or variance verification and therefore ensure long-term active managerial control over the Food Code required HACCP plan and/or variance.

D. PROCEDURE

1. Critical Limits (CL) not met during on-site verification of a Food Code required HACCP plan at a routine inspection.
 - a. If the CL is not met during a routine inspection, then refer to the corrective action in the HACCP plan.

- b. If the CL is not meet and the HACCP plan corrective action will not ensure food safety, then refer to CHFS-16-04, Voluntary Destruction and Issuing Hold Orders for Unsafe or Adulterated Food Products.
 - c. If the food establishment is not documenting according to their HACCP plan, then the food establishment shall receive a violation of PCC 8-201.14(D)(6) and receive a Needs Improvement rating as the logs cannot be corrected during the inspection (CDI).
 1. Refer to CHFS-19-02, Food Safety Inspection Rating System.
2. Variance **NOT** associated with a HACCP plan assessment during a routine inspection.
 - a. The EH shall determine if the food establishment is in or out of compliance with the variance by reviewing their approval letter from CHFS and their previously submitted Standard Operating Procedure(s) (SOPs).
 - b. If the EH finds the food establishment is following the approval letter and SOPs, then the food establishment is in compliance with their variance.
 - c. If the EH finds the food establishment is not following their approval letter and SOPs, the food establishment shall be marked out of compliance with their variance. Refer to CHFS-19-02.
3. Long-term compliance of Food Code required HACCP plans and Variances.
 - a. If it's the **first occurrence** that the HACCP plan and/or variance is out of compliance during a routine inspection, then refer to CHFS-19-02.
 - b. If the HACCP plan and/or variance is out of compliance on the **second consecutive routine inspection**, then the rating shall be a Needs Improvement with a 10 day follow up even if the facility was able to correct during inspection (CDI). Discussion with a supervisor shall take place.
 - c. If the HACCP plan and/or variance is out of compliance on the **third consecutive routine inspection**, then the rating shall be a Needs Improvement with a 10 day follow up even if the facility was able to CDI.
 1. The facility will be offered the option to enter into a Risk Control Plan (RCP).
 2. The facility will receive a warning that they could lose approval to hold the variance and/or HACCP plan.

- d. If the HACCP plan and/or variance is out compliance on the **fourth consecutive routine inspection**, then the facility shall receive a Needs Improvement.
 1. Notify the food establishment they must cease and desist the process(s) outline in the HACCP plan and/or variance.
 2. The food establishment will have a follow up inspection in 10 days to ensure they have discontinued the process(s).
4. Follow ups/Re-inspection on HACCP plan and/or variance compliance shall follow CHFS-19-02, Food Safety Inspection Rating System.

E. OTHER TOPICS

CHFS-16-04 Voluntary Destruction and Issuing Hold Order for Unsafe or Adulterated Food Products

CHFS-19-02 Food Safety Inspections Rating System

FDA 2013/2017 Food Code and Annexes

Appendix P



Appendix Q

Pima County Health Department Consumer Health & Food Safety Division OPERATING POLICIES AND PROCEDURES	
Subject: Uniform Inspection Program	OPP NO. CHFS-20-01
Approved by:  Loni Anderson, RS Division Manager – Consumer Health & Food Safety	Approval Date: 01/30/2020 Revision Date: 05/20/2024
Applies to: All EHS Staff	

A. STATEMENT OF PURPOSE

This policy outlines procedures to promote uniformity among Environmental Health Specialists in the interpretation of the Pima County Code Title 8; the application of these rules and the use of compliance and enforcement procedures required for the regulation of food establishments.

B. DEFINITIONS

Refer to the Consumer Health and Food Safety Definitions Operating Policy and Procedure.

C. POLICY

The uniform inspection program is a quality assurance program that evaluates inspection uniformity to promote inspection quality, inspection frequency and uniformity among regulatory staff. This policy will ensure that each Environmental Health Specialist (EHS) conducting routine inspections meets the requirements set by the FDA in Standard 4 of the Voluntary National Retail Food Regulatory Program and Pima County standards as outlined in Annex 1 – Uniform Inspection Program-Inspector Assessment.

D. PROCEDURE

1. Each EHS staff member should receive a minimum of 3 separate assessments for 3 different risk level 3 facilities during the calendar year.
 - a. Exceptions include EHS staff that have been with the department for less than one year and EHS staff that do not conduct routine food safety inspections.

Uniform Inspection Program

2. Supervisors/trainers must schedule inspections with the EHS staff members. After scheduling inspection dates, it is up to the EHS in conjunction with their supervisor/trainer to choose the facility. It would be preferable to choose a facility that the EHS has never been before.
3. During the inspection, supervisors/trainers will observe and shadow the EHS and use the Inspector Assessment Form (Annex 1).
 - a. Items identified as FDA will determine performance based on Standard 4 of the Voluntary National Retail Food Regulatory Program. Items identified as PC determine performance based on program policies and procedures.
4. A minimum score of 75% is needed to pass.
 - a. At the end of the assessment, the supervisor/trainer will sit down with the EHS and discuss areas that need improvement.
 - b. Should significant deficiencies be noted, a score of less than 75%, additional training will be provided to the EHS on the deficient item(s).
5. After quarterly assessments are completed, supervisors/training officers will analyze all Uniform Inspection Program- Inspector Assessments and will compile the data. Results and deficiencies will be communicated to staff through a presentation or email, as needed.
6. At the end of the calendar year, supervisors/training officers will compile all completed Uniform Inspection Program-Inspector Assessments and ensure that all EHS staff meet a score at least 75% competency during joint inspections for the FDA Standard 4 and Pima County operating policy and procedures.
7. At the end of the calendar year, if there are EHS staff that have failed to meet 75% of the items noted in both the FDA Standard 4 and Pima County operating policy and procedures on more than 1 assessment, the supervisor of the EHS will develop a plan of action to assist the EHS with performance improvement.

E. OTHER TOPICS

Annex 1: Uniform Inspection Program-Inspector Assessment

Annex 2: Standard 4 Uniform Assessment Guidance Document



Uniform Inspection Program - Environmental Health Specialist Assessment
Retail Food, Restaurant, and Institutional Food Service
Food Safety Inspection Officer

Establishment Name:	Establishment Address:
Environmental Health Specialist:	Permit Number:
Trainer/Supervisor:	Risk Level:
Inspection Date:	Inspection Type:
	Inspection Rating:

Pre-Inspection	Opportunity occurred for EHS to demonstrate competency during joint inspection.		Competency demonstrated during inspection.	
	YES	NO	YES	NO
1. Reviews the contents of the establishment file, including the previous inspection report, reported complaints on file, and, if applicable, required HACCP Plans or documents supporting the issuance of a variance. ^{FDA2}	☐	☐	☐	☐
2. Has required equipment and forms to conduct the inspection. (Including inspection equipment, computer, safety shoes, etc.) ^{FDA1}	☐	☐	☐	☐
Comments:				

Risk Based Inspection Assessment	Opportunity occurred for EHS to demonstrate competency during joint inspection.		Competency demonstrated during inspection.	
	YES	NO	YES	NO
1. Provides identification as a regulatory official to the person in charge and states the purpose of the visit. ^{FDA4}	☐	☐	☐	☐
2. Uses a risk-based inspection methodology to conduct the inspection. ^{FDA6}	☐	☐	☐	☐
3. Cites the proper code provisions for risk factors and Food Code interventions, in accordance with the jurisdiction's policies. ^{FDA16}	☐	☐	☐	☐
4. Obtains corrective action for out-of-compliance risk factors and Food Code interventions in accordance with the jurisdiction's policies. ^{FDA8}	☐	☐	☐	☐
5. Interprets and applies the jurisdiction's laws, rules, policies, procedures, and regulations required for conducting retail food establishment inspections. ^{FDA5}	☐	☐	☐	☐
6. Demonstrates proper sanitary practices as expected from a food service employee. ^{FDA13}	☐	☐	☐	☐
Comments:				

Risk Based Inspection Report Writing Assessment	Opportunity occurred for EHS to demonstrate competency during joint inspection.		Competency demonstrated during inspection.	
	YES	NO	YES	NO
1. Did the inspector take photographs to substantiate findings to be included with the inspection report? ^{PC1}	☐	☐	☐	☐
2. Completes the inspection form per the jurisdiction's policies (i.e. observations, public health reasons, applicable code reference, compliance dates.) ^{FDA14}	☐	☐	☐	☐
3. 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). ^{FDA7}	☐	☐	☐	☐
4. Documents the compliance status of each risk factor and intervention (IN, OUT, NA, NO). ^{FDA15}	☐	☐	☐	☐
5. Documents corrective action for out-of-compliance risk factors and Food Code interventions in accordance with the jurisdiction's policies. ^{FDA17}	☐	☐	☐	☐
6. Did the inspector evaluate Smoke Free Arizona? ^{PC2}	☐	☐	☐	☐
7. Did the inspector determine the correct rating for the inspection? ^{PC3}	☐	☐	☐	☐
8. Conducts an exit interview that explains the out-of-compliance observations, corrective actions, and timeframes for correction, in accordance with the jurisdiction's policies. ^{FDA11}	☐	☐	☐	☐
9. 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 accordance with the jurisdiction's policies. ^{FDA19}	☐	☐	☐	☐

Risk Based Inspection Report Writing Assessment (continued)	Opportunity occurred for EHS to demonstrate competency during joint inspection.		Competency demonstrated during inspection.	
	YES	NO	YES	NO
10. Discuss the 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. ^{FDA9}	☐	☐	☐	☐
11. Did the inspector promote the Incentive Program? ^{PCA}	☐	☐	☐	☐
12. Did the inspector write the report using appropriate language? (i.e. avoiding slang, clear and concise descriptions of violations, use of language in the Food Code) ^{PCS}	☐	☐	☐	☐
Risk Based Inspection Follow-Ups	Opportunity occurred for EHS to demonstrate competency during joint inspection.		Competency demonstrated during inspection.	
	YES	NO	YES	NO
1. 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. ^{FDA18}	☐	☐	☐	☐
2. Verifies correction of out-of-compliance observations identified during the previous inspection. In addition, follows through with compliance and enforcement in accordance with the jurisdiction's policies. ^{FDA10}	☐	☐	☐	☐

Post Risk Based Inspection	Opportunity occurred for EHS to demonstrate competency during joint inspection.		Competency demonstrated during inspection.	
	YES	NO	YES	NO
1. 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. ^{FDA3}	☐	☐	☐	☐
2. Provides the inspection report and, when necessary, cross-referenced documents, to the person in charge or permit holder, in accordance with the jurisdiction's policies. ^{FDA12}	☐	☐	☐	☐
3. Files the reports and other documentation in a timely manner. ^{FDA20}	☐	☐	☐	☐
Comments:				

	FDA Competency	Pima County Competency
Number of Opportunities that Occurred	0	0
Number of Competency Items Demonstrated during Inspection	0	0
Competency Percentage (Pass is 75% or above)	0.0%	0.0%

Trainer/Supervisor Name (print)

Trainer/Supervisor (signature) Date

EHS Name (print)

EHS (signature) Date

Appendix Q1



Standard 4 Uniform Assessment Form Guidance Document

The purpose of this guidance document is to provide a reference and framework for the assessor who is marking the Standard 4 Uniform Inspection Assessment Checklist. Guidance for each section of the form is given below.

Pre-Inspection

1. Reviews the contents of the establishment file, including the previous inspection report, reported complaint on file, and, if applicable, required HACCP Plans of documents supporting the issuance of a variance. (FDA 2)
 - a. The supervisor/assessor must conduct a file review of the establishment and interview the EHS to determine if they have conducted a file review.
2. Has required equipment and forms to conduct the inspection. (Including inspection equipment, computer, safety shoes, etc.) (FDA 1)
 - a. Different types of inspections require different inspection equipment and inspection models in Hedgehog. The supervisor/assessor will verify that the appropriate models in Hedgehog and equipment are used during the inspection.

Risk Based Inspection Assessment

1. Provides identification as a regulatory official to the person in charge and states the purpose of the visit. (FDA4)
 - a. EHS should identify themselves verbally as a PCHD employee upon arrival, show their Pima County employee badge, state the purpose of the visit, introduce their supervisor/assessor, and notify the person in charge of their inspection rights.
2. Uses a risk-based inspection methodology to conduct the inspection. (FDA 6)
 - a. EHS staff should spend a majority of their time observing the behaviors, practices, and procedures that are likely to lead to out-of-control foodborne illness risk factors. EHS staff should ask management and food employees questions to supplement actual observations. See FDA Food Code, Annex 5, Section 4.
 - i. Did they establish an open dialogue with the person in charge?
 - ii. Did they conduct a quick walkthrough at the start of the inspection?
 - iii. Did they ask appropriate questions regarding cooling, reheating, cooking, etc,
 - iv. Did they start in an area where food preparation was occurring?
 - v. Did they recognize which foods were TCS?
 - vi. Did they take cooking temperatures for several different types of food when available?
 - vii. Did the inspector observe cleaning and sanitizing?
 - viii. Did the inspector observe employee hygiene and food handling practices?

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3. Cites proper code provisions for risk factors and Food Code interventions, in accordance with the jurisdiction's policies. (FDA 16)
 - a. Throughout the inspection, the EHS correctly articulates correct code requirements and assesses compliance of risk factors.
4. Obtains corrective action for out-of-compliance risk factors and Food Code interventions in accordance with the jurisdiction's policies. (FDA 8)
 - a. EHS discusses violation with PIC and obtains immediate corrective action as violations are observed during inspection. For example, food held at improper temperatures being discarded, requiring hand washing when cross contamination is observed, restocking a hand sink when required.
5. Interprets and applies the jurisdiction's laws, rules, policies, procedures, and regulations required for conducting retail food establishment inspections. (FDA 5)
 - a. EHS correctly applies the regulations and internal policies of CHFS and references proper code sections, including CHFS enforcement procedures.
6. Demonstrates proper sanitary practices as expected from a food service employee. (FDA 13)
 - a. EHS staff must lead by example.
 - i. Wash hands at the beginning of the inspection and as often as needed throughout the inspection
 - ii. Do not conduct inspections while sick
 - iii. do not touch RTE foods with bare hands
 - iv. regularly wash/sanitize thermopen during inspection
 - v. demonstrate good personal hygiene
 - vi. make sure hair is in a restraint per the Food Code
 - vii. be careful not to contaminate clean and sanitized food contact surfaces with unclean hands and/or equipment

Risk Based Inspection Report Writing Assessment

1. Did the inspector take photographs to substantiate findings to be included with the inspection report? (PC 1)
 - a. The EHS should take pictures of all violations to support written documentation on the report.
2. Completes the inspection form per the jurisdiction's policies (i.e. observations, public health reasons, applicable code reference, compliance dates. (FDA 14)
 - a. EHS documents observations in detail in the appropriate section of the inspection form, citing the public health concern, correct code violation, and the corrective action required. EHS notes if the violation was corrected on site and the corrective action taken by the facility.



3. 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). (FDA 7)
 - a. EHS observes and asks questions to see what items are applicable to the establishment, and then correctly determines that status of each item.
4. Documents the compliance status of each risk factor and intervention (IN, OUT, NA, NO). (FDA 15)
 - a. EHS marks each violation in the correct section of the form and documents the correct status of each item.
5. Documents corrective action for out-of-compliance risk factors and Food Code interventions in accordance with the jurisdiction's policies. (FDA 17)
 - a. EHS documents on the inspection report the measures taken by the EHS and the PIC to ensure out-of-compliance risk factors were corrected on-site during the inspection. For example, EHS documents food discarded, food reheated, or cooling intervention methods used.
6. Did the inspector evaluate Smoke Free Arizona? (PC 2)
 - a. EHS ensures there is a Smoke Free Arizona sticker at the entrance to the facility, and documents if there are any potential violations to Smoke Free Arizona. If potential violations are observed, they are then referred to the PCHD Smoke Free Arizona staff upon completion of the inspection documentation. CHFS staff is not expected to complete any enforcement activities for Smoke Free Arizona.
7. Did the inspector determine the correct rating for the inspection? (PC 3)
 - a. The EHS should determine the correct rating for the establishment per policy CHFS-19-02, Food Safety Inspection Rating System, Onsite Corrective Action, and Long-term Control.
8. Conducts an exit interview that explains the out-of-compliance observations, corrective actions, and timeframes for correction, in accordance with the jurisdiction's policies. (FDA 11)
 - a. 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 and terminology used within the report.
9. 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 accordance with the jurisdiction's policies. (FDA 19)
 - a. EHS provides reference documents, such as educational handouts: cooling logs, vomit/fecal accident handout, etc. This is to ensure that staff are appropriately documenting what is going to be provided to the establishment in the final inspection



email, as well as ensuring that this documentation is appropriately saved in the establishments file or in Hedgehog.

10. Discuss the 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/pr facility modification, menu modification, buyer specifications, remedial training, or HACCP Plans. (FDA 9).
 - a. EHS follows internal policies for progressive enforcement. EHS should discuss an intervention strategy for consecutive out-of-control foodborne illness risk factors noted during inspection.
11. Did the inspector promote the Incentive Program? (PC 4)
 - a. EHS discusses the incentive program and potential permit fee savings to the PIC. Provides the handout about the program.
12. Did the inspector write the report using appropriate language? (PC 5)
 - a. The EHS should communicate effectively within the report. They should avoid using slang, provide clear and concise descriptions of violations, and use language that is in the Food Code. This includes writing out acronyms/abbreviations at least once. For example, person-in-charge (PIC), reach-in refrigerator (RIR), etc.

Risk Based Inspection Follow-Ups

1. 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. (FDA 18)
 - a. Documentation reflects that the EHS has reviewed previous inspection reports and documents repeat violations when observed. 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.
2. Verifies the correction of out-of-compliance observations identified during the previous inspection. In addition, follow through with compliance and enforcement in accordance with the jurisdiction's policies. (FDA 10)
 - a. EHS determines previous violations or compliance requirements via a file review and ensures continued compliance at time of inspection. If applicable, appropriately tracks pattern of non-compliance for GRPs.

Post Risk Based Inspection

1. 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. (FDA 3)
 - a. Supervisor/assessor interviews EHS on their understanding of the risk categories as defined in the regulations and inspection frequency. EHS verifies correct risk category



during inspection and makes corrections as needed to the establishment risk category in Hedgehog.

2. Provides the inspection report and, when necessary, cross-referenced documents, to the person in charge or permit holder, in accordance with the jurisdiction's policies. (FDA 12)
 - a. EHS provides report, handouts, Smoke Free Arizona stickers, or other documentation referenced in the inspection report. This is to ensure that staff are attaching appropriate documents to the final inspection email that is provided to the establishment.
3. Files the reports and other documentation in a timely manner. (FDA 20)
 - a. EHS updates electronic files as required. The files are up to date with documentation required during inspection, such as exemptions, logs, SOPs, and NOV nexus issue. Supervisor/assessor must check Hedgehog to ensure report was saved in a timely manner.

Appendix R



Appendix S

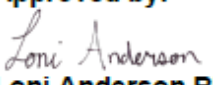
Pima County Health Department Consumer Health and Food Safety Program Policies and Procedures	
Subject: Foodborne Illness and Food Defense Preparedness and Response	PP NO. CHFS -23-02
Approved by:  Loni Anderson REHS, RS Division Manager	Approval Date: 05/15/2023
Applies to: All CHFS Staff	

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Foodborne Illness and Food Defense Preparedness and Response

A. STATEMENT OF PURPOSE

The purpose of this standard operating procedure (SOP) is to document procedures for surveillance, conducting investigations, response functions, and other such activities of food-related incidents. The intent of these actions is to stop, control, and prevent hazards that are likely to result in a foodborne illness, injury, or outbreak.

B. POLICY

The Foodborne Illness Team, within the Pima County Health Department Consumer Health and Food Safety Division, will follow the procedures in this document to mitigate and investigate Foodborne Illness within Pima County.

C. PROCEDURE

1. Training of Registered Sanitarians (RS)/ Environmental Health Specialists (EHS) for the Foodborne Illness Team

- a. All members of the Foodborne Illness Team will complete extensive training to increase their knowledge of foodborne illness in order to effectively complete Environmental Assessments and Complaint Investigations.
- b. Environmental Health Specialists will complete required training including online courses, review of guidance documents listed in *Annex 1- Training Courses*, and complete joint field training.

2. Notification of Food Related Incident

- a. CHFS will receive complaints, these may be made via email, phone call, letter, in-person, over social media, and more.
- b. Epidemiological information from local, state, and/or federal agencies is used to detect incidents or outbreaks of foodborne illness or injury. This information is provided to CHFS when an investigation is requested.

3. Coordination

- a. Requests for the investigation of a foodborne illness outbreak or food-related incident must be submitted to the CHFS Program Managers and Division Manager.
- b. When multiple incidents occur and capacity is reduced other personnel, including but not limited to the Epidemiology Team, may assist with triage when approved to do so by Program Manager, Division Manager, and/ or other authorized party.
- c. The determination to investigate received complaints may be made via email or through a meeting, either in-person or by phone, or other

Foodborne Illness and Food Defense Preparedness and Response

authorized means as determined by the Program or Division Manager. Response time for food related incident complaints is within 24 hours of receiving the initial report or within 24 hours of receiving updates of the initial report. Contacts may be referenced and/ or utilized from the Foodborne Illness and Food Defense Preparedness and Response Contact Directory.

- 1) The Arizona Foodborne Illness and Food Defense Preparedness and Response Contact Directory identifies key individuals at local, tribal, state and federal agencies. The directory will be managed by Arizona Department of Health Services (ADHS).
- 2) The Directory will be distributed once per quarter to the identified parties on the contact list via email.
- d. In the event of intentional food contamination and when required to do so:
 - 1) The investigator shall notify the immediate supervisor, the CHFS Program Managers, as well as the Division Manager.
 - 2) The Program Managers and/ or Division Manager will follow division policy and immediately notify senior leadership as well as appropriate law enforcement agencies.
- e. In the case of a possible foodborne illness outbreak, CHFS will communicate with the Pima County Health Department Epidemiology Program according to the MOU located in *Appendix 5-A* as well as in the CHFS FBI Teams Folder.

4. Environmental Assessment Response

- a. The Epidemiology Program Manager emails the foodborne illness investigation request to CHFS Division Manager and CHFS Program Manager. The Program Manager assigns the investigation to a RS/ EHS. Email contains as much of the following information as possible:
 - 1) Name and address of the facility
 - 2) Exposure dates and times
 - 3) Onset of illness date(s), symptoms
 - 4) Suspected or confirmed food items
 - 5) Suspected or confirmed etiology
 - 6) How the outbreak was identified
 - 7) Other relevant background information
- b. Environmental Health Investigation :
 - 1) Refer to *Annex 2: Environmental Health Investigation*
 - 2) It is imperative to obtain as much information as possible to determine if a foodborne illness outbreak has occurred because information obtained may provide clues about the potential sources of infection and vehicles of contamination.

Foodborne Illness and Food Defense Preparedness and Response

- 3) If the facility involved has a Pima County operating permit and is due for a routine food safety inspection and there is enough time available, both the routine food safety inspection and the foodborne illness environmental assessment must be conducted.
- 4) Evaluate the facility's active managerial control and focus on the contributing factors that could have caused the foodborne illness outbreak when doing the routine food safety inspection. Refer to Annex 3: Environmental Assessment Hedgehog Form for step-by-step instructions on completing the assessment in Hedgehog.
- 5) Refer to *Annex 4- Steps during an Environmental Assessment* for procedure.

5. Multi-jurisdictional Outbreak Response

- a. Product originates outside Pima County jurisdiction or when product has been shipped interstate.
 - 1) Communication is critical when a complaint involves a product that originated outside the agency's jurisdiction or has been shipped interstate. A multijurisdictional investigation might involve a foodborne disease outbreak or the distribution or recall of a contaminated food product.
 - 2) After obtaining supervisor approval, RS/EHS from the local health department must notify the state epidemiologist. Investigators from the state department should notify the appropriate food regulatory agency. The multi-jurisdictional outbreak diagram 1 (*Annex 1*) may help you define if the outbreak is considered multijurisdictional.
- b. If the outbreak potentially involves a food from a source outside the jurisdiction, the state EPI department notifies all appropriate surrounding health jurisdictions. The Determining Federal Regulation Jurisdiction chart (*Annex 2*), the FDA/USA Jurisdictional Overlap for Commercial Food Products (*Annex 3*) may help you make the determination.

6. Sampling

- a. The Foodborne Disease Epidemiologist from ADHS will coordinate with Arizona State Public Health Lab (ASPHL) to put together supplies for sampling. CHFS will have an insulated transport container, ice packs, appropriate gloves, sampling sponges/ sample collection container(s), sterile bags (if required) in the Foodborne Illness Investigation Kit when sampling is required held in the Vector Lab.

Foodborne Illness and Food Defense Preparedness and Response

Sampling sponges and ice packs will be available in the small refrigerator/ freezer in the Vector Lab for immediate sampling needs.

- b. Refer to the sampling procedures located in *Annex 5- Sampling Quick Guide*.
- c. Collecting Environmental Surface Samples
 - 1) Create a list using the “zone concept” of the food and/or non-food contact surfaces where samples will be collected.
 - 2) Collection of Food Samples- Create a list of the foods that will be sampled. The ADHS lab will indicate how much of each sample to obtain.
 - 3) After collecting the samples, complete chain of custody section of the Food Analysis Microbiology Submission form and ship collected samples to ASPHL instructions.

7. Trace-backs

- a. Prior to initiating a trace-back investigation, CHFS shall first confirm the existence of an outbreak. CHFS must ensure that the vehicle is implicated and the source of contamination is within the production chain and has not been contaminated by the consumer, retailer or at the point of service (restaurant).
- b. CHFS must use the Trace-back Questionnaire located in *Annex 6- Trace back Questionnaire*, and answer YES to the questions before a trace back investigation shall be considered.
- c. Roles, duties, and responsibilities will be carried out by an EHS using a step-by-step process using the table found in *Annex 3- Roles, Duties, and Responsibilities*.

8. Interpretation and Reporting procedures for an FRI or suspected FBI

- a. The investigating Environmental Health Specialist will be responsible for filing and/or saving all investigative documents in the appropriate electronic files.
- b. The CHFS Program Manager or other supervisor will be responsible for reporting findings to the Pima County Epidemiology Program. CHFS will submit the information to the PCHD Epidemiology Program for review to forward on to the ADHS and CDC as necessary. The information shall be interpreted by the Epidemiologists to best determine the source of the food-related incident.
- c. Should it be suspected that intentional food contamination occurred, appropriate law enforcement as provided in the Arizona Contact Directory shall be notified immediately.

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- d. Reports generated at each on-site visit regarding the FRI in the Environmental Assessment Report and/ or the FBI Report will include the identification of possible contributing factors to the food-related illness, food-related injury or intentional food contamination.

9. Media

- a. If recommendation(s) are for operators, CHFS will work with the Pima County Communications Team to provide appropriate, targeted recommendations based on outbreak scenario and response findings (i.e. specific to retail location).
- b. If there is a food safety emergency or recommendations are for the public, information will be disseminated via social media, press release, website updates, email blasts, etc. as determined by and completed by the Pima County Communications Team in coordination with CHFS. In the event of an emergency requiring immediate action, a designated spokesperson will handle individual media requests as determined by the CHFS Program Managers, Division Manager, and/ or other authorized party.

10. Recalls

- a. Program management has an established procedure equivalent to 21 CFR Part 7 to address the recall of foods implicated in an illness, outbreak, or intentional food contamination.
- b. Program management has an established procedure for verifying the effectiveness of recall actions when requested or required to do so. Recall procedures are outlined in *Annex 7- Recalls*.

11. Control Measures

- a. Food-related illness, injury and hazards shall be mitigated and contained through strategies that include industry education, enforcement and public awareness activities. Operators of implicated facilities will be offered a one-hour food safety course on site for their employees to attend.
- b. Applicable categorized violations that contribute to foodborne illness may be addressed using Just In Time Training procedures outlined in annex based on foodborne illness risk factors using intervention strategies as control measures are included but not limited to items contained in the *Annex 8- Table D*. Contact supervisor for approval.
- c. Applicable uncategorized violations that may contribute to foodborne illness and require control measures per PCC 8.08 all inclusive, may also be addressed with just in time training. EHS should refer to,

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Annex 8- Table D Control Measures and Guidance for On-site/ Just in Time Training. The training procedures may be tailored to ensuring items observed out of compliance with PCC 8.08 are addressed. Contact supervisor for approval.

12. Post Response

- a. Program investigation and environmental assessment findings and reports shall be maintained.
- b. Program Managers and Division Manager will oversee communication and correspondence to authorized parties such as: ADHS, CDC, and other regulatory/ law enforcement authorities when appropriate based on investigation findings.
- c. The final program investigation report(s) shall be distributed, including an environmental assessment, if completed, to relevant agencies responsible for reporting contributing factors and antecedents to CDC.
- d. When available, recommendations and reports, from investigation and environmental assessment findings will be communicated to relevant agencies and stakeholders responsible for prevention, education and outreach.
- e. If applicable, recall verification or "effectiveness" exercises shall be performed to check that all affected product was removed from commerce.

13. Data Review and Analysis

- a. CHFS will conduct a monthly review of all Foodborne Illness complaints and food-related injury data to identify trends and possible contributing factors that are most likely to cause foodborne illness or food-related injury.
 - 1) These monthly reviews of foodborne illnesses may suggest a need for further investigations and may suggest steps for illness prevention.
 - 2) In the event that additional illness prevention is necessary at a specific facility, the establishment employees may undergo additional training if and/ or when required. Refer to, Annex 9 Table D- Table D- Control Measures and Guidance for On-site/ Just in Time Training.
- b. The review shall observe the following:
 - 1) Trends with a single establishment
 - 2) Trends with the same establishment type

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- 3) Trends with implicating the same food
 - 4) Trends associated with similar food preparation processes
 - 5) Number of confirmed foodborne disease outbreaks
 - 6) Number of foodborne disease outbreaks and suspect foodborne disease outbreaks
 - 7) Contributing factors most often identified
 - 8) Number of complaints involving real and alleged threats of intentional food contamination
 - 9) Number of complaints involving the same agent and any complaints involving unusual agents when agents are identified.
- c. In the event that there have been no food-related illness or food-related injury outbreak investigations conducted during the twelve months prior to the data review and analysis, program management will plan and conduct a mock foodborne illness investigation to test program readiness. The mock investigation should simulate response to an actual confirmed foodborne disease outbreak and include on-site inspection, sample collection and analysis.

Standard 5 Annex

Subject: Foodborne Illness and Food Defense Preparedness and Response-
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A. Associated Documents

1. [MFRPS Appendix 7.1 Self-Assessment Worksheet](#)
2. [VNRFRPS Standard 5 – Self-Assessment and Verification Audit Form](#)
3. [Arizona Foodborne Illness and Food Defense Preparedness and Response
Contact Directory](#)
4. Consumer Health and Safety New Hire Training Manual

B. Reference Materials

1. [FDA Manufactured Food Regulatory Program Standards, September 2019](#)
2. [FDA Voluntary National Retail Food Regulatory Program Standards, November 2019](#)
3. [Code of Federal Regulations \(CFR\) Title 21, Part 7](#)
4. [ADHS Office of Infectious Disease Services \(OIDS\), Foodborne and Waterborne Disease Outbreak Investigation Resource Manual](#)
5. [Council to Improve Foodborne Outbreak Response \(CIFOR\) Guidelines for Foodborne Disease Outbreak Response, Third Edition](#)
6. https://foodborne.unl.edu/pdf/kansas_foodborne_illness_manual.pdf
7. [https://www.newtonma.gov/home/showpublisheddocument?id=39961file:///C:/Users/u140745/Downloads/EnvHealthFoodborneIllnessManual%20\(1\).pdf](https://www.newtonma.gov/home/showpublisheddocument?id=39961file:///C:/Users/u140745/Downloads/EnvHealthFoodborneIllnessManual%20(1).pdf)
8. <https://www.mass.gov/files/documents/2019/03/15/foodborne-illness-manual-chapter-7.pdf>
9. <https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/sampling.html#:~:text=Surface%20sampling%20is%20used%20currently,pathogens%2C564%2C%201230%E2%80%93931232>

C. Annexes

Annex 1: Training Courses

- i. CDC Environmental Assessment Training Series
 1. EATS 101- Foundation Skills
 2. EATS 102- Skill Building
- ii. FDA ORAU Epidemiology Foodborne Illness Investigations
 1. F101: Collecting Surveillance Data
 2. F102: Beginning the Investigation
 3. F103: Expanding the Investigation
 4. F104: Conducting a Food Hazard Review
 5. F105: Epidemiological Statistics
 6. F106: Final Report
- iii. FDA ORAU Trace back Investigations
 1. TI01: Introduction
 2. TI02: Point-of-Service Investigations
 3. TI03: Distributor Investigations
 4. TI04: Trace back of Eggs and Other Commodities
 5. TI05: Concluding the Investigation and Reporting the Results
- b. Review Norovirus Outbreak Resources and Environmental Assessment Reports

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- c. Review FDA Bad Bug Book
- d. Review FBI Handouts
- e. Environmental Health Specialists new to the Foodborne Illness Team will ride along with an experienced member of the Foodborne Illness Team on an Environmental Assessment for their field training.
- f. Retail Food Safety Regulatory Association Collaborative Foodborne Illness Outbreak Resource Library includes Quick and Robust Training:
https://www.retailfoodsafetycollaborative.org/tools/foodborne-illness-outbreak-resource-library/?utm_source=newsletter&utm_medium=email&utm_campaign=new_foodborne_illness_outbreak_resource_library&utm_term=2022-09-16

Annex 2: Environmental Health Investigation

1. If the facility involved has a Pima County operating permit and is due for a routine food safety inspection and there is enough time available, both the routine food safety inspection and the foodborne illness environmental assessment must be conducted. Staff will need to first shadow three environmental assessments and then lead three with a trainer before they are approved to conduct Environmental Assessments independently.
2. Gather necessary materials before heading into the field
 - Inspection tools (e.g., thermometer, alcohol wipes, camera, etc.)
 - Pathogen-specific educational handouts
 - Conditional Employee or Food Employee Reporting Agreement Form 1-B
 - Sampling Kit (if necessary)
3. Acquaint yourself with the implicated illness/pathogen of concern. Refer to the FDA's Bad Bug Book or the FDA's Foodborne Illness Causing Organisms in the US.
4. Visit the implicated facility within 24 hours of receiving the investigation request.
 1. If the implicated location is not permitted or a private residence, two EHS staff should conduct the investigation with **authorized party approval**.
 2. Contact other jurisdictions or legal guidance for assistance as necessary.
5. Request to speak with the person in charge (PIC)
 - Introduce yourself
 - Explain the nature of the foodborne illness or disease investigation
 - You may provide the status of the investigation
 - Never release any names of the individuals affected
 - Are they aware of the complaint?

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- Have they received any additional foodborne illness complaints?
 - Have employees reported being ill around the illness onset identified in the investigation?
 - Is there an employee illness policy? If so, what is it?
 - Have any employees been ill around the onset illness timeframe?
 - If so, were they restricted or excluded from working?
 - If an ill employee worked during this time what were their duties?
6. Conduct the Environmental Assessment and the routine food safety inspection, if needed. For the environmental assessment, evaluate the facility's active managerial control and focus on the contributing factors that could have caused the foodborne illness outbreak when doing the routine food safety inspection.

Annex 3: Trace-back Procedures: Roles, Duties, and Responsibilities carried out by an Environmental Health Specialist

Roles, Duties, and Responsibilities carried out by an Environmental Health Specialist	
Identify mode of transmission and vehicle.	
If outbreak is associated with event or establishment:	• Gather all necessary information from the Epidemiology department in regards to the implicated food. • Obtain menu from establishment or event. • Interview food workers to determine food preparation responsibilities. • Reconstruct food flow for implicated meal or food item. • Identify contributing factors and environmental antecedents. • Obtain samples of implicated food. • Obtain environmental samples from food contact surfaces or possible environmental reservoirs.
If outbreak identified by pathogen-specific surveillance:	• Contact restaurants, grocery stores, or other locations identified by multiple case-patients to verify menu choices, identify ingredients, and identify distributors and/or source(s) for ingredients and/or food items of interest. May partner with Epidemiology. • Obtain samples of suspected food items. Work with appropriate regulatory authority to ensure that food samples are collected and maintained with the appropriate chain of custody. This will help the regulatory authority to take appropriate regulatory action. • Conduct an informational traceback to determine whether a suspected food vehicle from multiple case-patients has a distribution or other point in common. (Utilize Form 1 & 2)*

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Identify source of contamination	
If outbreak is associated with event or establishment	• Interview food workers to determine food preparation responsibilities. • Reconstruct food flow for implicated meal or food item. • Evaluate food flow for implicated meal or food item to identify contamination event at point of preparation or service. • If no contamination event identified, trace source of ingredients of implicated food item back through distribution to point where a contamination event can be identified or, if no contamination events can be identified during distribution, to source of production.
If outbreak is identified by pathogen-specific surveillance:	• Trace source of implicated food item or ingredients through distribution to point where a contamination event can be identified or to source of production if no contamination events can be identified during distribution. • Conduct environmental assessment of likely source of contamination, including a reconstructed food flow for implicated food item. Interview food workers to determine food preparation responsibilities and practices before exposure. • Obtain samples of implicated food or ingredients. Obtain environmental samples from food contact surfaces or potential environmental reservoirs.
Identify contributing factors antecedents (root causes)	
If outbreak is associated with event or establishment	• Evaluate results of environmental assessment, given identification of agent and results of epidemiologic investigation, to identify factors most likely to have contributed to outbreak and their environmental antecedents.
If outbreak is identified by pathogen-specific surveillance:	• Evaluate results of environmental assessment, given identification of agent and results of epidemiologic investigation, to identify contributing factors and antecedents
Determine potential for ongoing transmission and need for abatement procedures.	
If outbreak is associated with event or establishment:	• Implement control measures to prevent further exposures. Verify that all food workers who pose a risk for transmission have been excluded or restricted, as appropriate. Verify that potentially contaminated foods have been properly disposed of. Verify that food contact surfaces and potential environmental reservoirs have been adequately cleaned and sanitized. Train staff onsite in safe food-preparation practices. Discuss with facility operator what appropriate modifications of food-production and food-preparation processes may assist with foodborne illness prevention including but not limited to items such as menu modification.

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	• If any of these measures cannot be verified, review additional control measures, or if further exposure appears likely, alert public or close premises.
If outbreak is identified by pathogen-specific surveillance:	• Verify that food workers who might have been infected during outbreak and who pose a risk for transmission have been excluded or restricted, as appropriate. • Verify that potentially contaminated foods have been removed from distribution. • Train staff on safe food-preparation practices. • Modify food-production and food-preparation processes by implementing appropriate preventive controls. • Modify menu
5. Distribute Reports	Summarize or update findings of traceback and send to all agencies involved and with the CDC. Provide copies of traceback records to all agencies involved, and ask agencies to identify what other evidence they may need to continue with the investigation.

Annex 4: Steps During an Environmental Assessment

Step 1: Investigate the flow of the product

Once a particular food is determined to be the cause of the foodborne illness outbreak, the EHS must investigate how the product is handled at each step. Reference Table A Product flow.

Ensure food product is from an approved source (if not place a hold order and discuss procedure with your supervisor). If the implicated food such as produce, eggs, seafood and commercially processed food was contaminated at the original source (farm/ocean) it is crucial to obtain as much information as possible from the food establishment to identify the source of contamination. When the product is still in the original packaging take pictures of, and reference Table B to ensure proper information is obtained.

Step 2: Obtain invoices of the implicated food and obtain a copy of the menu.

Some foods such as temporary menu items, daily specials and custom orders may not be listed in the menu, therefore, it is imperative to ask if there are any food items not listed in the menu. Ensure the menu has a consumer advisory for raw or undercooked food if offered. During the investigation take pictures of the suspected food and its packaging. Take pictures of each side of the box as different product codes may be found on different areas of the packaging. Get invoices for the last 90 days from the facility.

Step 3: Identify food handling and preparation procedures of the implicated food.

Observe food handling and preparation procedures. If the implicated food is not available, interview the PIC and/or food handlers about handling and preparation procedures. Consider modes of transmission of the pathogen of concern when asking

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questions. For instance, for a *norovirus* outbreak focus on employee hygiene practices and how RTE food is handled. Inappropriate hygiene practices may contribute to food contamination. In contrast, *Vibrio parahaemolyticus* outbreak is likely to result from consuming raw or undercooked shellfish and not due to improper hygiene practices. Table C serves as a questionnaire sample based on the pathogen of concern to use when interviewing the PIC or food employees.

Step 4: Investigate equipment problems

It is vital to investigate if the facility has had any power outages, water shutoffs and sewage backflow problems around the time when the implicated food was received, cooked or consumed. Inquire if the facility has had any problems with food equipment (e.g., walk-in refrigerator, refrigerator display cases, make-top units, hot holding units, 3-compartment sink, dishwasher machine, etc.). Request all logs the facility has available for the implicated time period.

Step 5: Analyze data

Analyze data and identify potential hazards that may have contributed to the foodborne illness outbreak. Provide handouts and education. Preventive measures must be discussed with the PIC to ensure foodborne illness prevention.

Step 6: Reports

Reports must be documented in Hedgehog:

- Environmental Assessment: use "Environmental Assessment" inspection model
- If conducting a Routine Food Safety Inspection, use "FDA Inspection Model 2013" inspection model
- If not conducting a Routine Food Safety Inspection, violations must be corrected if they are observed. Document in the closing comments of the Environmental Assessment and provide the facility with a timeframe for correction and reinspection. Document the reinspection on a Supplemental Inspection Form.
- If conducted, email routine inspection report to PIC
- Email EA report(s) and all invoice pictures to CHFS Division Manager, Program Manager, and your supervisor within 24 hours of the completed investigation. EH staff will need to provide a same day update regarding investigation findings to the Program or Division Manager or other supervisor. EA requestor may indicate if they need information from the investigation sooner.

Step 7: Record keeping

1. Under SharePoint, Environmental Assessments, for the specific month and year create a folder with the facility's name and address.
2. Use the folder to upload all pictures and reports.

Step 8: Communication

1. After the investigation, the EHS assigned to perform the EA of the facility with a foodborne illness outbreak will write the report and include pertinent photos. Submit these items to the Program Manager of the FBI team for review.
 - After review by the Program Manager, the EHS may have to contact the facility for further information.
2. After the final Environmental Assessment is complete and approved by the CHFS Program Manager, the Environmental Assessment is emailed to the lead epidemiologist on the investigation. The lead epidemiologist is responsible for conveying the Environmental Assessment to the state epidemiologist at ADHS and to the CDC, as necessary.

Annex 5: Sampling Quick Guide

I. Conduct the environmental sampling with a team of 3, to ensure maintenance of sample integrity.

a. **Collector, Transcriber, Photographer**

II. Collecting samples

*Using the "zone concept" create a list of surfaces to sample.

a. **Steps for collecting Environmental Samples**

i. **Collector**

1. Wash hands, don sterile, non-powdered gloves and ensure to not touch anything but the stick of the sterile sponge

ii. **Transcriber**

1. Wash hands, label sterile sample bag using a sharpie (do NOT touch the interior of the bag).
2. Tear open the Whirl-Pak bag
3. Tear open foil pouch where sterile sponge sticks are stored

iii. **Collector**

1. Remove sponge handle from pouch (do NOT let sponge touch anything other than sample area)
2. Follow surface swabbing instructions outlined by the manufacturer for swab surface area dimensions and techniques regarding flat surfaces, cracks and crevices, etc.
3. If no such instruction exists consider discussing with Program Manager regarding best methods.
4. Slide handle clip back to release sponge into the Whirl-Pak bag

iv. **Transcriber**

1. Press air out of Whirl-Pak bag and close by folding over the ties.

v. **Photographer**

1. Take photos of surfaces samples
2. Assist when needed (i.e. Open doors, lift lids.)

b. **Steps for collecting Food Samples**

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i. Collector

1. Wash hands, don sterile, non-powdered gloves and ensure to not touch anything but the handle of the sampling utensil.

ii. Transcriber

1. Wash hands, label sterile sample bag using a sharpie (do NOT touch the interior of the container).
2. Tear open the Whirl-Pak bag
3. Tear open foil pouch where sterile scoops are stored

iii. Collector

1. Remove scoop handle from pouch (do NOT let scoop touch anything other than sample area)
2. Scoop amount of food requested by ADHS lab in to the Whirl-Pak bag

iv. Transcriber

1. Press air out of Whirl-Pak bag and close by folding over the ties.

v. Photographer

1. Take photos of surfaces samples
2. Assist when needed (i.e. Open doors, lift lids.)

c. After collecting the samples, complete chain of custody section of the Food Analysis Microbiology Submission form:

1. Relinquished by: PIC/owner of food establishment (signature and printed name)
2. Received by: EHS collecting samples (signature, printed name, date and time)

d. Shipping collected samples to ASPHL instructions:

1. Discuss shipping arrangements with Pima County Health Department Program or Division Manager to arrange courier pick up.
2. Place ice-packs and collected samples in Styrofoam boxes.
3. Contact courier service and arrange for transport.
4. Courier must fill out chain of custody section of the Food Microbiology Submission form as well as the EHS giving samples to the courier.

Annex: 6 Trace back Questionnaire

CHFS must answer YES to the following questions before a trace back investigation shall be considered:

- There must be solid evidence linking the product to the outbreak. Are there multiple locations? (The FDA will usually conduct a trace back investigation when there are multistate outbreaks.)

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- There must be historical precedent for the product being contaminated with the organism linked to the outbreak.
- There must be microbiological evidence linking the illness-causing organism to the product. Do all ill persons have the same pathogen?
- The product must have chemical and physical characteristics conducive to the survival and growth of the causative organism.
- Has mishandling by the consumer, retailer, or restaurant been ruled out as the cause of the outbreak? The hazard analysis is important in determining if the product was contaminated at the point of service.
- What is the likelihood of success? Most successful trace backs involve products with a long shelf life, are identified with a label and are unusual products. Unproductive trace backs often involve products with a short shelf life and derived from many sources.
- What are the benefits vs. the costs? Is the resulting disease serious? Does the disease cause permanent disability or death? Will there be ongoing exposure to the product? Does it involve a vulnerable population?

Annex 7: Recalls

1. The notification of recall process will involve the following procedures:
 - i. The FDA will contact the Arizona State Department of Health when a Class 1 recall is initiated involving adulterated or misbranded food.
 - ii. The USDA will contact the Arizona State Department of Health when a Class 1 recall is initiated for contaminated meat and poultry products.
 - iii. The Arizona State Department of Health will notify Pima County Health CHFS department division manager of the recall and the steps required to implement the recall.
2. CHFS will implement the recall actions as stated in 21 CFR Part 7.40 by participating in recall procedures undertaken at any time or at the request of the authorized designated regulatory authority in urgent situations that involve significant risk of injury.
3. ADHS, the FDA, the USDA or other authorized party decides the disposal criteria, correction, relabeling, removal and return of the product. CHFS requested recall response(s) may involve:
 - iv. Issuing a Hold Order/ Embargo- Labels may be attached to the affected food product to prevent serving or selling of the product. Embargo may occur when the product is suspected to have been adulterated or contaminated.

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- v. Confirming recalled product was returned for credit- Pima county generally recommends the establishment pull the product and return for credit unless directives from the State of Arizona, FDA or USDA supersedes the return for credit.
 - vi. Oversight of the destruction of recalled product(s) witnessed by a designated sanitarian that may also enumerate the specific items destroyed.
4. When CHFS is asked to participate in onsite recall investigations the purpose will be to collect recall information, identify the root cause of the recall, and document the correction action(s). The field staff will obtain and report on the following information related to the product and firm using the food safety supplemental report model and/ or other applicable report model.
- vii. Recalled product information including a brief description of the product as well as copies of all labeling.
 - viii. Lot numbers, serial numbers, and/ or other means of identifying the product.
 - ix. Volume of the product(s) distributed. Provide estimate of amount and availability of stocks remaining on market at all levels and state whether estimates are based on data from the firm or the FDA. List of customers who received/ purchased the recalled product. If the volume of the recalled product remains in commerce, then product can be considered for seizure if necessary.
 - x. Areas of distribution, the number of direct accounts, percentage of each type of consignee, the percentage of the product sent to each consignee, and the contracted civil units/ agencies that received the recalled product(s).
 - xi. If contracted sales involve a recalled product or the potential of a recalled product, include the invoice information/ number, date of invoice(s), and date of delivery, if applicable.
 - xii. Identify firms that processed or handled the product, supply components that may have resulted in the recall initiation, and indicate which firm(s) may be responsible for the violation.
 - xiii. Name/ address of the recalled firm and relationship to the manufacturer.
 - xiv. Report the name, title (chief executive officer/ owner in potential Class 1 or FDA requested recall(s), location, and telephone number of the person in charge who should be contacted concerning the recall.

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- xv. Reason for the recall:
 - 1. Reason for recommendation of recall initiation
 - 2. Specific information as to why the product is violative, including analytical findings (such as lab confirmed cases of pathogens present in product or individuals that handled/ prepared the product), as well as injuries and/ or death associated with the product.
- xvi. How and when the firm/ regulatory authority became aware of the problem. Include any copies of additional complaints received by the firm.
- 5. When asked to participate in conducting recall audit checks of a firm/ facility, conduct the investigation promptly to ensure potentially hazardous product are removed from the marketplace. Include what actions have been taken e.g., other inspections, sample collections, etc., and indicate if onsite audit check required additional onsite verification/ follow-up investigations.
 - xvii. Prior to recall audit checks:
 - 1. Review the recall letter
 - 2. Review all supporting recall documentation and relevant firm information
 - xviii. Recall audit check procedure:
 - 1. Contact the facility by phone, conduct an onsite investigation, or a combination of both phone calls and onsite visits with all assigned wholesalers/ retailers/ consignees that have confirmed receiving the recalled product(s) and determine if further investigation is necessary when recalled product(s) may have been further distributed to other retailers. In some circumstances, in addition to displaying credentials at the recall audit check, FDA 482 Notice of Inspection and/ or CHFS Notification of Inspection Rights.
 - 2. For onsite investigations record your inspection results using form FDA 3177, "Recall Audit Check Report" form. Verify that all areas storing the recalled product(s) are no longer storing the violative product(s) and that facility has effectively quarantined any violative product(s) remaining.
 - 3. Report and document the firm's corrective action and product disposition.
 - xix. If necessary and requested by ADHS or other regulatory agency, the recall coordinator and/ or recall team aiding the regulatory

agencies overseeing the recall process may determine additional actions are necessary if a recall procedure lacked efficacy as determined by the findings of a recall audit check.

1. During a recall audit check deemed ineffective due to violative product(s) being found onsite etc.:
 - a. Determine if the recalling firm notification was received by all facilities and/ or if the firm should re-notify the facilities
 - b. If a facility was not notified or if it is determined that not all facilities were notified then provide a copy of the recall notification letter and confirm the facility or facilities will follow the recall instructions. If multiple facilities were not notified, document the additional facilities.
 - c. If the facility received the recall notification but did not initiate a subrecall then:
 - i. Obtain the name, title, address, phone number, and email for the facility person-in-charge (PIC) and explain the health hazard identified in the recall notification to the PIC
 - ii. Determine why the facility did not subrecall
 - d. If the recall notification was ignored, encourage the firm to follow the recall notification instructions in order to have the product removed from the marketplace.
 - e. Field staff may be requested to further assist in facility compliance by removing recalled products from the premises when necessary.
- xx. A recall audit check is complete once you have determined if the firm(s) received the recall notification and followed the recall instructions.
6. The recall conclusion will be determined by the applicable regulatory authority once the determination is made that all reasonable efforts have been made to remove or correct the violative product in accordance with the recall strategy.
7. Written communication notifying firms involved in the recall that a recall has been terminated will be issued by the FDA district office, ADHS, or other regulatory authority responsible for overseeing the recall.

Annex 8: Tables Associated with Standard 5

Table A: Product Flow

- Is the product obtained from an approved source?
- Name of distributor/company/transportation company?
- How is the product delivered (e.g., ice chest, frozen, thawed, cold, hot, sealed in original packaging, zip-log bags, etc.)
- For TCS food, is temperature checked during delivery?
- What temperatures should TCS food be received?
- Are there any protocols if an employee notices temperature abuse during delivery?
- Where is the product stored?
- What happens to the product after it is received?
- Where is the product thawed?
- How is the product cooked?
- What is the final cooking temperature of the product?
- How is the product cooled?
- How is the product reheated?
- What equipment was used in the preparation of the implicated food?
- Is the product datemarked and for how long?

Table B: Product Identification

- Brand Name
- Product Name
- Code/Lot Number
- Expiration/Sell by/Use by Date
- Size/Weight
- Package Type
- Date of Purchase
- Manufacturer's Name and Address
- Distributor's Name and Address
- Retail Food Establishment Where Purchased

Table C: Questions to Consider Based on Pathogen of Concern

Norovirus

- What policy do you have in place for handling sick employees?
- When are employees restricted or excluded from working with exposed food or food contact surfaces?
- When do food handlers wash their hands?
- What action is taken when a food handler is observed not washing their hands?
- How are ready-to-eat (RTE) foods prepared?

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- Do food handlers know what foods can be handled with bare hands? - Have any employees reported been sick around the time when the implicated food was prepared or sold? - Do employees implement double handwashing method after using the toilet? - Do you have written fecal and vomit cleaning procedures? - What happens to the mop head, cleaning cloths or linens after they were exposed or used to clean fecal and vomit? - How do you differentiate the restroom mop and the mop used to clean the kitchen? - Do employees share bristle nail brushes?
<i>Vibrio</i>
- Where do you buy shellfish? - How is shellfish delivered to the facility? - Which menu items contain shellfish or shellfish juice/broth? - How are those menu items cooked? - Is there fish or shrimp ceviche? Describe in detail how ceviche is prepared and/or cooked? - To what temperature is shellfish cooked? - Is there a system in place to prevent cross-contamination in the kitchen when thawing, handling and preparing shellfish? - Are consumer advisories listed in the menu for raw or undercooked food?
<i>Clostridium Perfringens</i>
- How do they monitor their refrigeration units to ensure they are maintaining proper temperature? - Do employees use other methods, other than storing food under refrigeration to maintain food cold (e.g., storage in ice)? - What equipment do employees use to check food temperatures? - How are cooked foods held until service? - Do you cool down the implicated food for next day service? - What cooling methods do you use? - Who is responsible for ensuring that cooling time frames are not exceeded?

Table D- Control Measures and Guidance for On-site/ Just in Time Training	
Food code intervention strategies	Just-in-time training procedure outline for out of control foodborne illness risk factors
1. Food from Unsafe Sources	
Education, demonstration of employee knowledge	- Gather all necessary information regarding the food product and source. - Ensure that product: - Is removed from in-use and backstock areas as well as relocated to a designated area for unsaleables. Product

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	must also be marked so as to indicate the product cannot be stocked for retail or sold. 2. If required, follow sampling procedures outlined in Section 6: Sampling. 3. If possible and approved to do so, may be sent back to the supplier in a manner that is safe so as not to risk consumption of the unsafe food product. 4. ***For specialized processes refer to corrective actions in HACCP plan, as disposition may be the only safe corrective action. Contact supervisor.*** • Educate PIC and food workers to ensure that employees know how to determine when unsafe food is received as well as when and what corrective actions should be taken. • If the food product is determined to be unsafe due to a recall ensure that all corresponding product information (invoices, lot number, etc.) is properly documented by the EHS. Recall procedure implementation may also be required. • Ensure that trained staff has demonstrated knowledge and understanding regarding prevention and disposition of unsafe food. • Document the training: 1. Duration of time spent training 2. Specific topic covered as it relates to addressing unsafe food 3. Indicate whether a risk control plan was implemented 4. Describe how the employees were tasked with demonstration of knowledge pre (i.e. during the inspection) and post (i.e. the just-in-time training) 5. Identify any educational materials that were provided 6. Any additional pertinent details
2. Inadequate Cooking	
Education, demonstration of knowledge, temperature measuring device, proper methods for ensuring adequate cooking, time/temperature relationships, consumer advisory (not for HSPs)	• Gather all necessary observations regarding the initial observed cook temperatures • Ensure that facility re-processes the food product such that required final cook temperature is observed, if it is safe to do so. ***For specialized processes refer to corrective actions in HACCP plan, as disposition may be the only safe corrective action. Contact supervisor.*** • Educate PIC and food workers to ensure that employees know how to determine when food is fully cooked as well as when and what corrective actions should be taken if food is not cooked. • Demonstrate for employees and have employees demonstrate competency for the following:

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	1. Thermometer calibration 2. Methods for observing cook temperatures accurately 3. Review proper usage of cooking equipment (overloading cooking equipment etc.) • Document the training: 1. Duration of time spent training 2. Specific topic covered as it relates to addressing inadequate cooking of food 3. Indicate whether a risk control plan was implemented 4. Describe how the employees were tasked with demonstration of knowledge pre (i.e. during the inspection) and post (i.e. the just-in-time training) 5. Identify any educational materials that were provided 6. Any additional pertinent details
3. Improper Holding Temperatures	
Education, demonstration of knowledge, temperature measuring device, proper methods for ensuring safe holding temperatures, time and temperature relationships	• Gather all necessary observations regarding the initial observed holding temperatures • If possible, ensure that facility re-processes the food product such that required holding temperature is observed, if it is safe to do so. ***For specialized processes refer to corrective actions in HACCP plan, as disposition may be the only safe corrective action. Contact supervisor.*** • Educate PIC and food workers to ensure that employees know how to properly determine food is holding at safe temperatures as well as when and what corrective actions should be taken if food is not holding at the proper temperatures. • Demonstrate for employees and have employees demonstrate competency for the following: 1. Thermometer calibration 2. Methods for observing holding temperatures accurately 3. Review proper usage of holding equipment (i.e. avoiding using hot holding equipment not designed for reheating to reheat TCS food, etc.) • Document the training: 1. Duration of time spent training 2. Specific topic covered as it relates to addressing inadequate cooking of food 3. Indicate whether a risk control plan was implemented 4. Describe how the employees were tasked with demonstration of knowledge pre (i.e. during the inspection) and post (i.e. the just-in-time training) 5. Identify any educational materials that were provided 6. Any additional pertinent details

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4. Contaminated Equipment	
Education, demonstration of knowledge, test strips and routine monitoring of cleaning equipment, active managerial control and verification of cleaning equipment, as well as difficult to clean equipment	• Gather all necessary observations regarding the contaminated equipment observations. • Ensure that facility re-washes, rinses, and sanitizes the contaminated equipment. • If facility identifies food prepared on contaminated equipment discuss and document any requirements of disposition. ***For specialized processes refer to corrective actions in HACCP plan, as disposition may be the only safe corrective action.*** Contact supervisor if questions or concerns arise.*** • Educate PIC and food workers to ensure that employees: know how to properly determine if equipment is clean (i.e. test strips to verify sanitization, is equipment clean to sight and touch, etc.), what cleaning procedures are required (i.e. do employees and PIC know how to dismantle multi-use food preparation equipment, is equipment smooth and easily cleanable), and when cleaning is required to take place (i.e. when contaminated, every 4-hours for some equipment held at ambient, etc.). Discuss with PIC whether they want to consider designating who is responsible for cleaning specific equipment and areas - monitoring and verification to prevent contaminated equipment. • Educate PIC and food employees to ensure that employees: 1. Understand how to properly clean/ determine if equipment is clean (i.e. test strips to verify sanitization, is equipment clean to sight and touch, etc.) 2. What cleaning procedures are required (i.e. do employees and PIC know how to dismantle multi-use food preparation equipment, is equipment smooth and easily cleanable) 3. When cleaning is required to take place (i.e. when contaminated, every 4-hours for some equipment held at ambient, etc.) • Discuss with PIC whether they want to consider designating who is responsible for cleaning specific equipment item(s)/ areas. Discuss monitoring and verification options to prevent contaminated equipment. • Have employees demonstrate relevant cleaning procedures that may be identified above. • Document the training: 1. Duration of time spent training 2. Specific topic covered as it relates to addressing inadequate cooking of food

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	3. Indicate whether a risk control plan was implemented 4. Describe how the employees were tasked with demonstration of knowledge pre (i.e. during the inspection) and post (i.e. the just-in-time training) 5. Identify any educational materials that were provided 6. Any additional pertinent details
5. Poor Personal Hygiene	
Education, demonstration of knowledge, implementation of employee health policies, preventing hands as a vehicle of contamination, ensuring no barehand contact with ready-to-eat foods	• Gather all necessary observations regarding employee poor personal hygiene. • If possible, ensure that facility implements corrective as needed and per PCC 8.08. ***For specialized processes refer to corrective actions in HACCP plan, as disposition may be the only safe corrective action. Contact supervisor with any questions or concerns.*** • Educate PIC and food workers to ensure that facility understands 1. The risks of poor personal hygiene 2. When and what corrective actions should be taken 3. Who is responsible for employee personal hygiene as well as for employees hygiene equipment - know how to properly determine food is holding at safe temperatures as well as if food is not holding at the proper temperatures. • Demonstrate for employees and have employees demonstrate competency for the following: 1. Proper handwashing 2. Handwashing sinks supplied and accessible 3. Foodborne illnesses and/ or symptoms that would require an employee be restricted or excluded • Document the training: 1. Duration of time spent training 2. Specific topic covered as it relates to addressing poor employee hygiene 3. Indicate whether a risk control plan was implemented 4. Describe how the employees were tasked with demonstration of knowledge pre (i.e. during the inspection) and post (i.e. the just-in-time training) 5. Identify any educational materials that were provided 6. Any additional pertinent details

Table E: Facility's Active Managerial Control

- Handwashing policy

- Written employee illness policy
- Temperatures
- Sanitation products and protocol
- Personal hygiene
- Food preparation and handling procedures that may have contributed to contamination of the suspected food agent
- Outbreak control measures

D. Appendix

Appendix 1- Memorandum of Understanding

Pima County Health Department Responsibilities- CHFS and Epidemiology

Pima County Health Department (PCHD) is the lead agency responsible for foodborne and/or waterborne illness and communicable disease outbreak investigations in Pima County. Investigations and disease control activities require regular communication and collaboration between the Epidemiology and Consumer Health and Food Safety (CHFS) programs of the PCHD.

Epidemiologists are responsible for investigating initial complaints of illness. Rapid epidemiologic response is needed to assess possible source(s) of illness, implicate specific foods or other sources in illness, determine risk factors and prevent and control spread of illness. The Epidemiologists role is to substantiate an increase in cases who are ill against established surveillance systems, develop a case definition, define susceptible population, develop a questionnaire, and interview cases and controls. All findings and reports are submitted to the Arizona Department of Health Services (ADHS) through MEDSIS.

Epidemiologists are also responsible for obtaining and coordinating shipment of biological samples (stool, vomit, blood) to Arizona State Laboratory. The PCHD works with commercial labs in Arizona to perform testing requested by healthcare providers. These commercial labs include Alliance Medical Laboratories, LabCorp, and Sonora Quest. In the event of a food-related emergency that would exceed the capability of those primary labs, PCHD has contracted with Center for Disease Detection (CDD) to provide additional services as needed.

The Epidemiologist will also manage outbreak data, perform statistical analysis of outbreak data, write scientific report, develop information for public messages and provide leadership and guidance in disease control practices. Epidemiologists perform supplemental questionnaires and investigations requested by CDC and

all outbreak information and cases of particular interest are shared with the CDC through the ADHS via MEDSIS.

It is the responsibility of the lead epidemiologist for the investigation to keep CHFS fully informed and to request inspections to be performed by CHFS at implicated establishments including food establishments, long term care facilities, schools, or any setting linked to an outbreak. Notification will be made at the beginning of any possible outbreak and communication will continue throughout the investigation. These may be outbreaks of food/water borne illness or other morbidities that require on-site investigation and implementation of mitigation efforts, such as Hepatitis A, Norovirus, and COVID-19. Where possible, if an inspection of an establishment is needed as part of the investigation, an Environmental Health Specialist and Epidemiologist/CDI will visit the site together.

Consumer Health and Food Safety is responsible for inspecting implicated establishments, verifying employee logs for ill employees, obtaining environmental samples (foods, water) and submitting samples to Arizona State Laboratory, obtaining menus, educating food handlers and staff on safe practices, initiating tracebacks if necessary, implementing additional disease control and prevention measures. CHFS is also responsible for generating a report to indicate critical violations observed in the establishment. CHFS communicates all findings from an inspection to Epidemiologists. A lead Environmental Health Specialist or point of contact will be appointed from CHFS for each investigation into a possible outbreak. It should be noted that national standards are demanding more actual food samples (or patient samples) to document the causes of such outbreaks, and all involved should be aggressive in trying to obtain such samples.

The Pima County Health Department has 24/7 capability to respond to foodborne and/or waterborne illness outbreaks. During normal business hours, Monday through Friday, from 8am to 5pm, the Epidemiology program may be reached at (520) 724-7797 and the Consumer Health and Food Safety program at (520) 724-7908. After hours and on weekends, both programs may be reached at (520) 743-7987.

Appendix 2- Determining Federal Regulation Jurisdiction

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PRODUCT	FDA	USDA
Red meat products	Nonspecified red meats, e.g., bison, rabbit, game animals, zoo animals, elk, wapiti, moose	Cattle, sheep, swine, goats, horses, mules, other equine
Poultry	Nonspecified birds: wild turkeys, wild ducks, wild geese, emus, ratites	Domesticated birds: chicken, turkey, ducks, geese, guineas
Other meat products	Products containing <3% red meat (wet) and closed faced meat sandwiches	Products containing 3% or more red meat (wet) and open-faced meat sandwiches
Other poultry products	Products containing < 2% poultry (wet)	Products containing 2% or more poultry (wet)
Eggs	Shell eggs, products containing egg products and other egg processing not covered by USDA (e.g., restaurants, cake mix plants, bakeries). Enforcement of shell egg labels/ labeling	Pasteurized processed egg products, egg processing plants (washing, sorting, breaking, and pasteurizing)
Soup	All soup not covered by USDA	Soup containing 3% or more red meat or 2% or more poultry (e.g., chicken noodle)
Other products	Cheese, onion, mushroom, pizza, spaghetti sauces (less than 3% red meat), spaghetti sauce with mushrooms and 2% meat, pork and beans, sliced egg sandwich (closed faced), frozen fish dinner, rabbit stew, shrimp flavored instant noodles, venison jerky, buffalo burgers, alligator nuggets	Pepperoni pizza, meat lovers stuffed crust pizza, meat sauces (3% or more red meat), spaghetti sauce with meatballs, open faced roast beef sandwich, hot dogs, beef/veg pot pie, chicken sandwich (open faced)
Exceptions to the above	All foods involved in an outbreak aboard an interstate vessel, plane, train, bus	

Appendix 3- Microbiology Food Analysis Submittal Form

	ARIZONA STATE PUBLIC HEALTH LABORATORY 2501 N. 17th Avenue, Phoenix, AZ 85007 Victor Winkler, PhD - Director/Chief MICROBIOLOGY FOOD ANALYSIS SUBMITTAL FORM	1. Cutting Board from Salsa MT Unit. SUBMITTER SAMPLE NUMBER	ASPHS LAB NUMBER	DATE/TIME RECEIVED
---	---	---	------------------	--------------------

PLEASE USE ONE FORM FOR EACH SAMPLE SUBMITTED. SUBMITTER MUST COMPLETE ALL SECTIONS IN YELLOW

AGENCY (JOB CODE) Pima County Health Department CHFS	PURPOSE OF SPECIMEN: ☐ QUALITY CONTROL ☐ SURVEILLANCE ☒ OUTBREAK ☐ OTHER _____	COLLECTION LOCATION Fishy Salsa Restaurant	
ADDRESS 9950 S Country Club Road Suite 100	CITY Tucson	ADDRESS OF COLLECTION 123 N Example St	
CITY/STATE/ZIP Tucson, AZ 85714	PERSON COLLECTING EHS name	PHONE NO. 520 567-8900	COLLECTION DATE 6/04/21
CONTACT PERSON Supervisor's name	PHONE NO. 520 123-1234	COLLECTION TIME 10:07 am	

ANALYSIS REQUESTED

☐ Aerobic Plate Count	☐ E. coli 0157:H7	☒ Salmonella	☐ Fats or Foreign Objects
☐ Total Coliforms	☐ Staphylococcus	☐ Yeast and Mold	
☐ Fecal Coliforms	☐ Bacillus cereus	☐ Container Analysis	
☐ E. coli	☐ Clostridium perfringens	☐ Urease	
☐ STEC	☐ Campylobacter	☒ Other	<u>Salmonella Enteritidis</u>

Type of Product: Environmental Surface Samples Size: _____

Process/Manufacturer: _____ Lot/Code Number: _____

Chain of Custody			
Released by:	Received by:	Date / Time	
(Signature) _____ Name of PIC	(Signature) _____ Name of EHS	6/04/21 11:50 am	

Appendix 4- Microbiology Food Analysis Submittal Form Blank

	ARIZONA STATE PUBLIC HEALTH LABORATORY 250 N. 17 th Avenue, Phoenix, AZ 85007 Victor Vlodavell, PhD – Bureau Chief MICROBIOLOGY FOOD ANALYSIS SUBMITTAL FORM	SUBMITTER SAMPLE NUMBER	ASPHL LAB NUMBER	DATE/TIME RECEIVED
---	---	----------------------------	------------------	--------------------

PLEASE USE ONE FORM FOR EACH SAMPLE SUBMITTED. SUBMITTER MUST COMPLETE ALL SECTIONS IN YELLOW

AGENCY (OR CODE): ADDRESS: CITY/STATE/ZIP: CONTACT PERSON: PHONE NO.:	PURPOSE OF SPECIMEN: ☐ QUALITY CONTROL ☐ SURVEILLANCE ☐ OUTBREAK ☐ OTHER:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">COLLECTION OF SAMPLE</th> </tr> <tr> <td style="width: 70%; padding: 2px;">COLLECTION LOCATION</td> <td style="width: 30%; padding: 2px;">CITY</td> </tr> <tr> <td colspan="2" style="padding: 2px;">ADDRESS OF COLLECTION</td> </tr> <tr> <td style="padding: 2px;">PERSON COLLECTING</td> <td style="padding: 2px;">PHONE NO.</td> </tr> <tr> <td style="padding: 2px;">COLLECTION DATE</td> <td style="padding: 2px;">COLLECTION TIME</td> </tr> </table>	COLLECTION OF SAMPLE		COLLECTION LOCATION	CITY	ADDRESS OF COLLECTION		PERSON COLLECTING	PHONE NO.	COLLECTION DATE	COLLECTION TIME
COLLECTION OF SAMPLE												
COLLECTION LOCATION	CITY											
ADDRESS OF COLLECTION												
PERSON COLLECTING	PHONE NO.											
COLLECTION DATE	COLLECTION TIME											

ANALYSIS REQUESTED

☐ Aerobic Plate Count
☐ Total Coliform
☐ Fecal Coliform
☐ E. coli
☐ STEC

☐ E. coli O157:H7
☐ Staphylococcus
☐ Bacillus cereus
☐ Clostridium perfringens
☐ Campylobacter

☐ Salmonella
☐ Yeast and Mold
☐ Container Analysis
☐ Listeria

☐ Filth or Foreign Objects
☐ Other

Type of Product: _____ Size: _____
 Processor/Manufacturer: _____ Lot/Code Number: _____

Chain of Custody				
(Signature)	Relinquished by:	(Print Name)	(Signature)	Received by:

Appendix 5- Laboratory Support Documentation

A. Letter of ASPHL Provided Services to Pima County Health Department located in CHFS FBI Teams Resources



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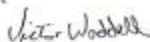
Ms. Jessica Rigler
June 27, 2016
Page 2

The ASPHL Chemistry program has the capability to analyze both organic and inorganic compounds in a wide variety of matrices, including, but not limited to, environmental, food, and clinical samples. ADHS Chemistry is a Food Emergency Response Network (FERN) laboratory for both the Food and Drug Administration (FDA) and the U.S. Department of Agriculture (USDA) FSIS (Food Safety Inspection Service). FERN is capable of testing food and beverage samples for chemical adulterations using methods developed by the Food and Drug Administration (FDA) and the United States Department of Agriculture (USDA) Food Safety Inspection Service (FSIS). The adulterants tested for may include but are not limited to pesticides, cleaning products, narcotics, heavy metals, and poisons. Detailed information regarding sample collection procedures for any of the tests are posted on the ASPHL website at <http://adhs.gov/documents/preparedness/state-laboratory/chemistry/chemistry-guide-to-lab-services.pdf>

In addition, ASPHL provides laboratory testing during an enhanced surveillance advisory. As required per A.R.S. 36-786, ASPHL shall coordinate specimen testing relating to enhanced surveillance advisory. If necessary, ASPHL may designate other laboratories to assist in testing specimens. ASPHL maintains a list of alternative laboratory contacts from which assistance could be sought in the event that a food-related emergency exceeds the capability of the laboratory. The list of laboratories includes FDA, USDA, CDC, or environmental laboratories and the specific analysis these laboratories can perform. The list is kept and maintained by ASPHL, and is available upon request.

We look forward to continued collaboration with the Food Safety and Environmental Services program and county environmental health departments.

Sincerely,



Victor Waddell,
Bureau Chief
Arizona State Public Health Laboratory

**Foodborne Illness and Food Defense Preparedness and Response- Annex OPP
CHFS-23-02**

Gary Frucci

From: Blanca Caballero <Blanca.Caballero@azdhs.gov>
Sent: Monday, June 27, 2016 2:33 PM
To: Amanda Anderson; Andy Linton (alinton@mail.maricopa.gov); Becky Bramlett (Becky.Bramlett@mohavecounty.us); Cecil Newell; Chris Sexton; christopher.reimus@pinalcountyaz.gov; David Ludwig; David Morales (DMorales@mail.maricopa.gov); Diana Gomez; Gary Frucci; Gavin Lawson (Glawson@graham.az.gov); Jeff Nafziger (Jeff.Nafziger@navajocountyaz.gov); Jose Arriola; Joyce McCuskey; Lemon, Mike; Maria Nunez (maria.nunez@yumacountyaz.gov); Marlene Gaither; mboelinger@co.greenlee.az.us; Michael McGee (MMcGee@cochise.az.gov); Michael O'Driscoll; monty.stansbury@yumacountyaz.gov; Rahil Abou Saleh (rsaleh@gilacountyaz.gov); Randy Phillips (rphillips@coconino.az.gov); Steve Rutherford; svanna@co.gila.az.us
Cc: Monica Kriner (monica.kriner@ywapai.us); David Morales (DMorales@mail.maricopa.gov); Scott Zusy (DZusy@mail.maricopa.gov); John Marcello (John.Marcello@fda.hhs.gov)
Subject: FDA Program Standard 5
Attachments: ASPHL Analytical Support to the Food Safety and Environmental Services P...pdf
Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon,

Attached is a letter of understanding from the Arizona Public Health Laboratory (APHL) that describes the testing that is available to ADHS and the counties, as required in element 3a of Standard 5. The letter also references a list of alternative laboratory contacts, maintained by APHL, as required in element 3b of the same standard. We, at ADHS, have updated the Standards Worksheet as being in compliance with elements 3a and 3b of Standard 5. I can share the self-assessor's general comments for these two elements if you are interested in updating your own worksheets, or whatever standards tracking system used, to show progress made.

Give me a call if you have any questions.

Thank you,

Blanca

Blanca Caballero, REHS/RS, CPM
Food Safety & Environmental Services Program Manager
Arizona Department of Health Services
150 North 18th Avenue, Suite 140, Phoenix, AZ 85007
Direct: 602-364-3851
Mobile: 602-364-3146
Email: Blanca.Caballero@azdhs.gov
Health and Wellness for all Arizonans

CONFIDENTIALITY NOTICE: This E-mail is the property of the Arizona Department of Health Services and contains information that may be PRIVILEGED, CONFIDENTIAL or otherwise exempt from disclosure by applicable law. It is intended only for the person(s) to whom it is addressed. If you receive this communication in error, please do not retain or distribute it. Please notify the sender immediately by E-mail at the address shown above and delete the original message. Thank you.

1

B. Alternative Laboratory Contacts:

1. <https://www.cdc.gov/laboratory/specimen-submission/list.html>

CDC's Infectious Diseases Laboratories accepts specimens from state public health laboratories and other federal agencies for analysis. Specimens from private healthcare providers and institutions should be submitted to the local state health department laboratory (state, county, city) for appropriate processing. The searchable Test Directory features an up-to-date list of orderable tests and provides information on specimen requirements, contact information,

test turnaround times, and other supplemental information. Access the directory here or while completing a Specimen Submission Form.

2. <https://www.ams.usda.gov/services/lab-testing/microbiological>

Contact:

Kerry R. Smith, Ph.D., Director
Laboratory Approval and Testing Division
Science & Technology Program
1400 Independence Avenue, SW, Room 3531-S
Washington, DC 20250-0272
Phone: (202) 690-0621
KerryR.Smith@ams.usda.gov

Appendix S1



Appendix S2



Appendix T

Pima County Health Department Consumer Health and Food Safety Program Policies and Procedures	
Subject: Imminent Health Hazard Closure	PP NO. CHFS -21-03
Approved by:  Loni Anderson REHS, RS Division Manager	Approval Date: April 9, 2021
Applies to: All CHFS Staff	

A. Statement of Purpose

This policy will outline the procedure Environmental Health Specialist (EHS) staff will take when an imminent health hazard occurs. This policy applies to fixed food establishments, mobile food establishments and temporary/seasonal food establishments.

B. Definitions

Corrected During Inspection (CDI) means that a code reference violation occurred during an inspection and the permit holder was able to correct the violation before the regulatory authority finished the inspection

Educational Inspection means the first inspection conducted after a food establishment receives their permit and is not rated

Follow Up/Re-Inspection means a subsequent inspection to assess specific code reference violations noted on a previous inspection report

Food Establishment means an operation that: (a) stores, prepares, packages, serves, vends food directly to the consumer, or otherwise provides FOOD for human consumption such as a restaurant; satellite or catered feeding location; catering operation if the operation provides FOOD directly to a CONSUMER or to a conveyance used to transport people; market; vending location; institution; or FOOD bank; and (b) relinquishes possession of FOOD to a CONSUMER directly, or indirectly through a delivery service such as home delivery of grocery orders or restaurant takeout orders, or delivery service that is provided by common carriers.

Imminent Health Hazard (IHH) means a significant threat or danger to health that is considered to exist when there is evidence sufficient to show that a product, practice, circumstance or event creates a situation that requires immediate correction or cessation of operation to prevent injury based on: (i) the number of potential injuries, and (ii) the nature, severity, and duration of the anticipated injury.

Notification of Inspection Rights means a document that explains the permit holder's or the permit holder's representative's rights under A.R.S §11-1603

Order to Close means a document provided to the facility to be posted detailing the order to close and reason for closure.

Permit holder means the entity that is (1) legally responsible for the operation of the food establishment such as the owner; and (2) possesses a valid permit to operate an establishment with CHFS.

Person – In – Charge (PIC) means the individual present at a food establishment who is responsible for the operation at the time of inspection

Registered Sanitarian (RS) means a public health professional qualified by specific education, specialized training, and field experience to protect the health, safety and general welfare of the public from adverse environmental determinants. This individual has passed the Sanitarian Exam and is referred to as an Environmental Health Specialist in Pima County.

Regulator Authority means the local, state, or federal enforcement body or authorized representative having jurisdiction over the FOOD ESTABLISHMENT

Routine Inspection means a periodic inspection that is performed as a part of the on-going environmental health safety system. Routine inspections are conducted at different intervals based on the type of facility.

C. Policy

If at any point during a routine, follow up/re-inspection, an educational inspection or a complaint investigation, or any other inspection conducted by CHFS, the food establishment shall cease and desist operations, if the EHS staff observes any of the following outlined in PCC 8.08.060, Enforcement. The EHS shall go over the notification of inspection rights before starting the inspection. The imminent health hazard must be completely remediated before the EHS can lift the imminent health hazard notice and the establishment can be allowed to operate. A permit holder need not discontinue operations in an area of an establishment that is unaffected by the imminent health hazard.

D. Procedure

IHH Inspection

Step	Responsible Party	Action	
1	EHS Staff	IF any of the issues outlined in PCC 8.08.060 are observed	THEN contact a supervisor OR if a supervisor cannot be reached, contact program manager prior to issuing an order to close.
2	EHS Staff	IF approval is granted AND the EHS staff member	THEN the EHS staff member cannot issue the order to close and must wait for an RS to assist with the closure.

		is not a Registered Sanitarian (RS) by the Arizona State Statues	
3	EHS Staff	IF approval is granted AND the EHS staff member is an RS by the Arizona State Statues OR once the EHS is accompanied by an EHS staff member that is an RS	• THEN issue the order to close with an IHH closure form. • Ensure thorough documentation of the observed conditions, including photos. • Documentation should be on a Supplemental Form to provide to the facility at the time of the inspection in addition to entering the information in Hedgehog. • Include applicable code references from the FDA Food Code as well as Pima County Enforcement Code. • Include the remedial actions necessary for the permit holder to be re-inspected and have the order to close lifted. • Include the EHS staff member's contact information.
4	EHS Staff	IF approval is granted by supervisory staff to close the food establishment	• THEN give the permit holder the option to post their own close sign before posting the IHH closure form. Take photo of closure sign, ensure picture is wide enough to show business entrance. • The IHH closure form should still be filled out and given to the permit holder even if they close themselves and post their own signage. • Take photo documentation of the IHH closure form.
5	EHS Staff	IF the IHH is noticed by the EHS staff member early into the inspection	THEN DO NOT continue with the routine, re-inspection, educational inspection or complaint investigation. Documentation should be done on a Food Safety Supplemental. Contact supervisor to determine if the inspection could safely continue.
6	EHS Staff	IF the routine, re-inspection, education inspection, or complaint investigation is	THEN continue, finish the inspection. Document the education/routine inspection on an FDA Inspection Model 2013. Document the IHH findings on a Food Safety Supplemental. Contact supervisor

		completed OR is nearly complete	to determine if the inspection could continue safely.
7	EHS Staff	IF the IHH is remediated before the EHS staff member leaves	THEN document the actions as correct during inspection (CDI) if they have remediated the situation lift the order to close.
8	EHS Staff	IF the IHH is NOT remediated before the EHS staff member leaves	THEN instruct the Person in Charge (PIC) to contact the regulatory agency when the necessary corrections have been made and the EHS staff member will schedule a re-inspection to determine if the order to close can be lifted. If issued on your last work day of the week, discuss reinspection arrangements with your supervisor. On-call staff may be able to assist after hours.
9	EHS Staff	IF the IHH is only addressed	THEN the food establishment will receive a rating of Imminent Health Hazard (IHH) to be documented on the Food Safety Supplemental. After returning to the office ensure all documents are submitted to your supervisor via email. The supervisor must notify the Program Manager and the Division Manager.
10	EHS Staff	IF the routine/educational inspection is conducted	THEN the rating on the FDA Inspection Model 2013 will need to follow the standard rating system as outline in Policy and Procedure CHFS-19-02.

Re-Inspection

Steps	Responsible Party	Action	
1	EHS Staff	WHEN the permit holder or PIC calls	THEN schedule a re-inspection time if they confirm that the IHH has been completely remediated, within 24 hours of their phone call, during business hours. If outside of business hours, discuss with supervisor.
2	EHS Staff	IF the food establishment has made all the necessary remedial actions and it's confirmed during the re-inspection	• THEN lift the order to close and the food establishment can begin food preparations. • Document all the actions taken by the food establishment as well as

			any observations by EHS staff member(s).
3	EHS Staff	IF the food establishment has NOT made all the necessary remedial actions	• THEN DO NOT lift the order to close. • Document all observations along with the remedial actions still required before the order to close can be lifted.
4	EHS Staff	The food establishment will receive a rating of PASS/FAIL . After returning to the office ensure all documentation is submitted to your supervisor via email.	
5	EHS Staff	IF the food establishment receives a FAIL	THEN instruct the PIC to contact the regulatory agency to schedule a re-inspection once all the remedial action have been taken.

E. Other Topics

2013 FDA Food Code 8-404.11 Ceasing Operations and Reporting. (A) Except as specified in ¶ (B) of this section, a LICENSE HOLDER shall immediately discontinue operations and notify the REGULATORY AUTHORITY if an IMMINENT HEALTH HAZARD may exist because of an emergency such as a fire, flood, extended interruption of electrical or water service, SEWAGE backup, misuse of POISONOUS OR TOXIC MATERIALS, onset of an apparent foodborne illness outbreak, gross insanitary occurrence or condition, or other circumstance that may endanger public health. (B) A LICENSE HOLDER need not discontinue operations in an area of an establishment that is unaffected by the IMMINENT HEALTH HAZARD.

2013 FDA Food Code 8-404.12 Resumption of Operations. If operations are discontinued as specified under § 8-404.11 or otherwise according to LAW, the LICENSE HOLDER shall obtain approval from the REGULATORY AUTHORITY before resuming operations. The REGULATORY AUTHORITY shall approve or deny resumption of operations within 5 days of the LICENSE HOLDER'S request to resume operations.



A Healthy Pima County
Every one. Every where. Every day.

Consumer Health and Food Safety
3950 S. Country Club Rd. Suite 100
Tucson, AZ 85714
520-724-7908
www.pima.gov/2024/Consumer-Health-and-Food-Safety

Risk Control Plan Guidance

What is a Risk Control Plan

Risk Control Plans are meant to address long-term out of compliance risk factors.

Benefits of a Risk Control Plan

- The plan allows the person in charge to consider all their options and decide what is best for their food establishment.
- Input from the inspector promotes a team-based approach to problem-solving.
- Creates long-term behavioral changes.
- A risk control plan serves as a strategy to manage and prevent repeat violations linked to risk factors that contribute to food poisoning.



Did You Know...

There are 48 million people in the United States who get foodborne illnesses, commonly known as food poisoning, each year. These illnesses result in an estimated 128,000 hospitalizations and 3,000 deaths.

The Centers for Disease Control and Prevention (CDC) has identified the top 5 factors contributing to food poisoning. Food poisoning can be prevented by actively controlling these 5 risk factors.

1. Poor Personal Hygiene	Poor personal hygiene practices serve as the leading cause of food poisoning. Food establishments must promote a culture of food safety by developing an employee illness policy, proper handwashing procedure, and a no barchand contact policy with ready-to-eat foods (RTE).
2. Improper Holding Temperatures	Food poisoning cases commonly occur when time/temperature control for safety food (TCS) is not held at proper temperatures. Keep hot foods at 135°F or above and cold foods below 41°F.
3. Improper Cooking Temperatures	Cooking food to the proper temperatures is extremely important because many raw meats have harmful germs, like bacteria, on them naturally, such as salmonella on raw chicken. Cooking is the only food preparation step that will actually kill bacteria.
4. Food from Unsafe Sources	All food is required to come from a reputable supplier, approved source, and be protected during transportation and received at the proper temperatures.
5. Contaminated Equipment/Cross-Contamination	The transfer of harmful germs, such as bacteria, from one person, object, or place to another. Equipment that is not washed and sanitized properly.

When to Offer a Risk Control Plan

For the most part, a routine food safety inspection and inspection report writing process is sufficient to address and eliminate Food Code violations. Violations are noted and then corrected. However, some uncontrolled (repeat) risk factors may become a pattern of non-compliance.

The Risk Control Plan process requires a food establishment's management team to take a closer look at the problem and come up with a way to fix it. Management is required to start using the plan over a period of time while keeping records to see if the plan is working. This process helps to make the changes permanent.

A Risk Control Plan must address the following:

- Identify the risk (hazard) that needs to be managed.
- How will the risk (hazard) be managed/controlled?
- Who is responsible for controlling/managing it?
- What monitoring, corrective actions, and record keeping are needed?
- What corrective action(s) will be taken if the safety limit is not met?
- Length of Plan
- How will the results be shared with the inspector?

Risk Control Plan Outline – To Be Answered by the Person in Charge of the Food Establishment

- **Describe the problem. Why is the problem occurring? Why is it difficult to control this problem?**
A safety limit is a set standard to follow to ensure you are proactively eliminating, preventing, or minimizing a risk (hazard). Example: The safety limit for cooking chicken is a minimum temperature of 165°F to ensure that it is hot enough to kill harmful germs, like Salmonella, that cause food poisoning.
- **How will you correct the problem?**
What can be done to ensure that the chicken is cooked correctly?
Example: Follow recipe instructions that have cooking times/temperatures to ensure consistent steps are followed when cooking chicken and other raw meat. Use a food thermometer to check whether meat has reached a safe minimum internal temperature.
- **Will staff need to be retrained? Who would train them?**
When you have figured out how to solve your problem, you must make sure that this plan will be followed to ensure long-term compliance. Which team members are responsible for cooking? Do they understand why raw meat needs to be cooked thoroughly? Are they trained in how to use a probe thermometer and what temperature to look for? This solution applies not only to chicken, but to all raw meats that need to be cooked.
- **What monitoring and record keeping are required?**
It is important to create a plan to instruct employees what to do when they observe that the safety limit is not met. Otherwise, the risk (hazard) will remain uncontrolled and unsafe food may be served to the public. There can be more than one corrective action.

For example, the corrective action to be taken when an employee finds the temperature of a cooked chicken is 130°F they can "Continue to cook until the safety limit of 165°F is met."
More examples of corrective actions for different risks:

- A. Employees responsible for monitoring will notify the manager when the temperature of a refrigerator reaches above 41°F.
- B. The manager will check the temperature setting of the refrigerator. Adjust if necessary.
- C. The manager will check the temperature of time-temperature control for safety (TCS) foods and the unit's ambient temperature within 2 hours.

D. If the safety limit is not met, then transfer the TCS foods to another cooler and call in a repair service.

- **Who will be responsible for monitoring and completing records?**

Active Managerial Control is an important component to any risk control plan.

Everyone has a role to take including shift leaders, managers, owners, etc. Without monitoring, it is impossible to know that food safety issues are being addressed. By putting a plan into place where monitoring occurs at regular intervals, a longer-term correction can occur.

- **What corrective actions should be taken when deviations are noted?**

When the Person in Charge discovers a problem with the correction, a new plan should be developed to promote food safety.

- **How long will the plan be in effect?**

The operator of the establishment will determine how long. Recommendation 60-90 days.

- **How will you update the inspector on your progress with the plan?**

To ensure long-term compliance, it's essential to develop a communication plan in collaboration with the inspector. This could be as straightforward as sending monthly emails with logs (such as cooling, cold holding, hot holding, etc.) throughout the duration of the plan. Follow-up communication can take various forms, including in-person site visits, emails, phone calls, text messages, or video calls. It's important to choose the methods that work best for the Person in Charge.

Risk Control Plan

Are you tired of constantly reacting to problems in your food establishment as they arise? Have you attempted to be more proactive in solving issues before they occur, but still struggle with completing tasks? If you said yes, we've got some great news for you!

We can serve as your accountability partner. Accountability is crucial because it helps you prioritize your goals and achieve success. By collaborating with your food safety inspector through a Risk Control Plan you may significantly improve your business reputation, reduce costs associated with product loss, and protect customers from getting food poisoning.



What is a Risk Control Plan?

- The primary goal of the Risk Control Plan is to achieve long-term compliance, aimed at lowering risk factors that lead to food poisoning. Risk factors include poor personal hygiene, improper cooking, improper food holding temperatures, contaminated food equipment and food from unsafe sources.
- This plan is voluntarily developed by the food service operator with the help of a food safety inspector. This collaborative approach ensures that the plan aligns with the specific needs of your food establishment's operation.

The Risk Control Plan process involves food establishment management to identify risk factors that could potentially lead to a food poisoning. Once the risk factors are identified, the next step is to implement an action plan to address the issue and put in place proactive measures to help you keep control of any potential risks; as a result, your food establishment can achieve Active Managerial Control, or proactive oversight of your operations. Active managerial control, preventative oversight, means being proactive and not reactive. Proactive is when you consider situations before they arise and create a backup plan to make sure your team is prepared for them. Reactive is when management and employees respond to a crisis and issues as they arise. Active managerial control is an investment in your business and the safety of your customers. This program provides the necessary steps to build a strong food safety foundation where your employees can successfully maintain food safety. Changing from being a stressed out, reactive problem solver to a prepared, proactive solution planner is not easy, but it is possible through the use of the Risk Control Plan.

We encourage you to evaluate your role as a food safety leader, use the Risk Control Plan to help you identify challenges within your facility, generate solutions to these challenges ahead of time, and establish specific actions and procedures that promote food safety. The Risk Control Plan serves as an effective training tool to increase food safety awareness, foster accountability among your team, and cultivate a culture of food safety.

Risk Control Plan Application

Food Establishment:
Physical Address:
Establishment License:
Person in Charge:
Establishment Type:
Inspection Date:
Inspector's Name:

TO BE FILLED OUT BY THE INSPECTOR:

Describe the violation (Risk Factor):

Describe the violation (Risk Factor):

Applicable Code Violation (s):

TO BE FILLED OUT BY THE PERSON IN CHARGE:

Describe the problem. Why is the problem occurring? Why is it difficult to control this problem?

How will you correct the problem?

Will staff need to be retrained? Who would train them?

What monitoring and record keeping are required?

Who will be responsible for monitoring and completing records?

What corrective actions should be taken when the plan is not followed?

How long will the plan be in effect?

How will you update the inspector on your progress with the plan?

The Risk Control Plan is a voluntary agreement by both the Person in Charge (PIC) and the Inspector, creating a plan for long-term compliance for the violation of concern with the goal of providing whole and safe food to consumers.

As the person in charge of located at

I have voluntarily developed this risk control plan in consultation with Consumer Health and Food Safety and understand the provisions of this plan.

Submitted by:

Person in charge

Inspector



Appendix U



Appendix V



Appendix C - Food & Sanitation Annual Form Office of Environmental Health

General Information	Total
Fiscal Year	07/01/23-06/30/2024
Jurisdiction	PIMA
Number of Full-Time Sanitarians in Food Safety Program	33
Number of Full-Time Sanitarian Aides in Food Safety Program	7

Food Program Activity Categories	Complex	Moderate	Limited	Total
Current Number of Food Establishments	1635	2758	752	5145
Number of Routine Inspections	2884	3713	800	7397

Other Food Program Activities	Total
Number of Re-inspections	544
Number of Pre-Operational Inspections	1681
Number of Foodborne Illness (FBI) Complaints Received	131
Number of Non-FBI Complaints Evaluated/Investigated	529
Number of Compliance Proceedings (Conferences, Hearings, Court)	0
Number of Embargos Issued	0
Pounds of Food Items Detained/Embargoed (if known)	N/A
Number of Temporary Food Establishment Inspections	1925

Food Program Educational Services	Total
Number of Presentations (Group Events)	25
Number of Participants/Audience (Group Events)	840
Number of Consultations/Counseling Provided	22
Number of Media Contacts	3

Appendix C - Food & Sanitation Annual Form
Office of Environmental Health

Sanitation Inspections and Other Programs	# of Facilities	# of Inspections	# of Complaint Investigations	# of Enforcement Actions
Bottled Water	N/A	N/A	N/A	N/A
Children's Camps	6	4	0	0
Recreational Vehicles and Parks	367	297	5	0
Campgrounds	N/A	N/A	N/A	N/A
Public Schools	282	245	5	0
Public and Semipublic Pools & Bathing Places	2512	2684	66	222
Lodging Establishments	157	169	26	0

Other Information for the Annual Activity Summary Report

Food Safety and Environmental Health Special Accomplishments, e.g., program awards, recognitions, special accomplishments, and new program developments, challenges, etc.

Certificate of Honorable Mentee - John J. Butsch EPH Award - Amanda Anderson, Consumer Health and Food Safety Manager

FDA Routine Standards Mentorship Program - Pima County CHFS is mentor to Los Angeles County, Larimer County, and Nevada County

Abstract Presentation 2023 NDHA: Building a Social Media Group as a Tool to Communicate with Operators

Abstract Presentation 2023 NDHA: Improving Communication with Environmental Health Staff to Ensure their Engagement and Success in the Training Program

Abstract Presentation 2024 InFORM: A Realistic and Scientific Approach to Fielding Foodborne Illness Complaints

AZDO Presentation 2024: IRC Unknown GI Outbreak

3 Environmental Health Staff are on Conference for Food Protection Committee and 1 Environmental Health Staff Member on NACCHO Committee.

Consumer Health and Food Safety (CHFS) conducts routine inspections on permitted facilities within Pima County. CHFS has worked to continue strengthening partnerships with operators through community forums, both in person and virtual. These community forums have been available in Spanish to ensure that operators are able to attend and fully engage with the content and presenters. Topics have included Active Managerial Control and Reducing Foodborne Illness. Staff regularly engages with students throughout the community to provide valuable information on food safety and vector control, while providing potential careers within Environmental Health through presenting to classes and attending career days. Internships have been hosted with students through partnerships with San Miguel, AmeriCorps, National Environmental Public Health Internship Program (NEPHIP), and the Public Health Infrastructure Grant.

Biannual newsletters are sent out to all permit holders. The content is geared towards food service establishments, with seasonal information about mosquito control and aquatic safety. In 2021, the average open rate was 35.8%, and improved to 52.1% in 2023. We credit this increase to the growing partnership we are cultivating with our regulated community.

CHFS has partnered with Tucson Meet Yourself, StartUp Tucson, and Impact Marana to assist local businesses with permitting to make them aware of the available resources and community forums.

Improvements made to the HACCP/Variance Committee and members have a stronger understanding of specialized processing. Collaborating and meeting with processing authorities to smooth communications between the two groups and the operators.

Hosted a Pre-Standardization Workshop, in conjunction with FDA, ADHS, and Maricopa County.

Please submit to foodsafety@azdhs.gov upon completion!

Appendix W

Pima County Health Department Consumer Health and Food Safety Division Operating Policies and Procedures	
Subject: Inspection Productivity Standards	OPP NO. CHFS-21-02
Approved by:  Loni Anderson, REHS, RS Consumer Health and Food Safety Division Manager	Approval Date: June 24, 2021
Applies to: All CHFS Staff	

A. STATEMENT OF PURPOSE

This policy establishes the productivity standards for activities for the Consumer Health and Food Safety Division (CHFS) field staff.

B. DEFINITIONS

Establishment means an operation in Pima County that is regulated by Consumer Health and Food Safety. Includes, but is not limited to, Food Establishments, Public and Semi-Public Aquatic Facilities, Lodging Facilities, Mobile Home and RV Parks, and School Physical Plants.

Executive Management means county employees whose positions are Division Manager, Deputy Director, Director, Deputy County Administrator and County Administrator or an employee of Executive Management.

Field Staff means county employees with the title Environmental Health Specialist I (EHS I), Environmental Health Specialist II (EHS II), and Environmental Health Technician (EHT).

High Profile Complaint means a complaint that poses an imminent health hazard to the public, is initiated by an elected official or the official's office, is initiated by the executive management of the Health Department or other County Department, or is given a specific interval in which to investigate by CHFS supervisory staff.

Inspection Frequency means the number of times an establishment is inspected as determined by CHFS according to regulations written by the Arizona Department of Health Services (ADHS) for Mobile Home Parks, School Physicals, Children's Camps, Campgrounds, Public and Semi Public Pools, and Lodging. Food inspection frequency is based on Annex 5, Table 1 of the 2013 Food Code for food establishments.

Inspection Productivity Standard

Normal Work Day means the approved daily work schedule set by the supervisory staff that reflects work hours as written in the ADP automated time card system.

Productivity Form means the form that is required to be completed when the minimum productivity for your job title is not met.

Routine Mosquito Trapping means preparing and setting traps in the afternoon of one day to be picked up the next morning. When the mosquitoes are picked up, they are then counted, identified, possibly RAMP tested, findings entered in to the CHFS Spreadsheet, and findings entered in to VectorServ. A completed cycle of mosquito trapping counts as 3 activities.

Supervisor means county employees with the title Environmental Health Supervisor, Program Manager, and Division Manager.

Value-added Time/Activities means time spent doing correspondence, work related telephone calls, research, complaint investigations, consulting with supervisory staff to resolve a situation and/or staff and department meetings.

C. POLICY

Food Team Environmental Health Specialist I's will complete a minimum of 15 activities per week. Activities include routine inspections and follow-up inspections.

Mobile Team Environmental Health Specialist I's will complete a minimum of 15 activities per week. Activities include annual Mobile Food Unit permit renewals at the office location, temporary food permit inspections, routine mobile food unit inspections and follow-up inspections.

Environmental Health Technician's will complete a minimum of 15 activities per week. Activities include routine inspections, follow-up inspections and complaint investigations.

Environmental Health Specialist II Plan Reviewers must complete their duties based on the Plan Review, Requalification and Change of Owner OPP and the timelines outlined.

Environmental Health Specialist II Training Staff must complete their duties based on the Environmental Health Specialist and Environmental Health Technician Training Policy, to ensure new staff is trained in a reasonable amount of time. Additional training of Environmental Health staff will be provided as time allows. Other duties may also be assigned.

If an Environmental Health staff member is assigned to a special task based on the needs of the Department, record the time spent on those tasks in the Productivity Form.

Inspection Productivity Standard

If the minimum requirement is not met, the inspector must provide in an email, a completed Productivity Form. If minimum activity numbers are consistently below the requirement, supervisors will work with staff to improve their productivity. If productivity is not consistently increased to the minimum within 4 consecutive weeks or a pattern of unapproved activity is demonstrated, progressive discipline may be initiated.

During times of an unprecedented public health emergency, additional duties may be assigned and counted as an activity.

D. PROCEDURE

Field staff shall spend a reasonable amount of time working on value-added activities. On average a reasonable time frame is no more than 1-2 hours a day. Value added time can include vehicle maintenance, computer or software issues, or any other activity approved by a supervisor. Supervisor permission is required if more time is needed. If issues occur with inspection equipment, vehicles, computers, software, and/or any other issue that may impede the EH from continuing with their daily activities, they should immediately notify their supervisor. Failure to notify a supervisor about anything impeding field work that results in a failure to meet this policy will result in an unapproved Productivity Form for that week.

Appendix X

Data Collection Form – Matches FoodSHIELD Database



Consumer Health & Food Safety
3950 S. Country Club Rd. Suite 100
Tucson, AZ 85714
Phone: 520-724-7908 | Email:
chfs@pima.gov

Date:

Time In:

Data collector:

Time Out:

Industry Segment/Institutional Foodservice:

Risk Categorization:

Establishment Name: Permit #:

Street Address:

City: State: Zip Code:

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

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

IN	OUT	NO	NA	
☐	☐			2. Food employees do not contact ready-to-eat foods with bare hands
COMMENTS:				

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

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

IN	OUT	NO	NA	
☐	☐			4. Food contact surfaces are properly cleaned and sanitized
IN	OUT	NO	NA	Description of Food Contact Surfaces OBSERVATIONS
☐	☐			A. Food contact surfaces and utensils are clean to sight and touch and sanitized before use
☐	☐	☐	☐	B. Equipment food contact surfaces and utensils are cleaned and sanitized properly using manual warewashing procedures
☐	☐	☐	☐	C. Equipment food contact surfaces and utensils are cleaned and sanitized properly using mechanical warewashing equipment
☐	☐		☐	D. Other (describe in the comments section below)
COMMENTS:				

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

IN	OUT	NO	NA				
☐	☐			5. Foods requiring refrigeration are held at the proper temperature			
IN	OUT	NO	NA	Description of Cold Holding Temperature OBSERVATIONS			
☐	☐			A. TCS Food is maintained at 41°F (5°C) or below, except during preparation, cooking, cooling, or when time is used as a public health control			
☐	☐	☐	☐	B. Raw shell eggs are stored under refrigeration that maintains ambient air temperature of 45°F (7°C) or less			
☐	☐		☐	C. Other (describe in the temperature chart and comments section below)			
COMMENTS:							
Cold Holding Temperatures Recorded During the Data Collection (List all temperatures taken)							
FOOD PRODUCT	FOOD TEMP.	FOOD CODE CRITICAL LIMIT	TYPE OF COLD HOLDING EQUIPMENT	FOOD PRODUCT	FOOD TEMP.	FOOD CODE CRITICAL LIMIT	TYPE OF COLD HOLDING EQUIPMENT
NUMBER OF FOOD PRODUCT TEMPERATURES				SUMMARY COLD HOLDING PRODUCT TEMPERATURE CATEGORIES			
				I. – Number of product temperature measurements IN Compliance with Food Code critical limits			
				II. – Number of OUT of Compliance product temperature measurements 1°F - 2°F above Food Code critical limits			
				III. – Number of OUT of Compliance product temperature measurements 3°F - 4°F above Food Code critical limits			
				IV. – Number of OUT of Compliance product temperature measurements 5°F - 9°F above Food Code critical limits			
				V. – Number of OUT of Compliance product temperature measurements 10°F or more above Food Code critical limits			

IN	OUT	NO	NA	
☐	☐	☐	☐	6. Foods displayed or stored hot are held at the proper temperature
IN	OUT	NO	NA	Description of Hot Holding Temperature OBSERVATIONS
☐	☐	☐	☐	A. TCS Food is maintained at 135°F (57°C) or above, except during preparation, cooking, cooling, or when time is used as a public health control.
☐	☐	☐	☐	B. Roasts are held at a temperature of 130°F (54°C) or above
☐	☐	☐	☐	C. Other (describe in the temperature chart and comments section below)
COMMENTS:				
Hot Holding Temperatures Recorded During the Data Collection (List all temperatures taken)				
FOOD PRODUCT	FOOD TEMP.	FOOD CODE CRITICAL LIMIT	TYPE OF HOT HOLDING EQUIPMENT	
NUMBER OF FOOD PRODUCT TEMPERATURES		SUMMARY HOT HOLDING PRODUCT TEMPERATURE CATEGORIES		
		I. – Number of product temperature measurements IN Compliance with Food Code critical limits		
		II. – Number of OUT of Compliance product temperature measurements 1°F - 2°F below Food Code critical limits		
		III. – Number of OUT of Compliance product temperature measurements 3°F - 4°F below Food Code critical limits		
		IV. – Number of OUT of Compliance product temperature measurements 5°F - 9°F below Food Code critical limits		
		V. – Number of OUT of Compliance product temperature measurements 10°F or more below Food Code critical limits		

[illegible]

IN	OUT	NO	NA	
☐	☐	☐	☐	8. Refrigerated, ready-to-eat foods are properly date marked and discarded within 7 days of preparation or opening
IN	OUT	NO	NA	Description of Date Marking OBSERVATIONS
☐	☐	☐	☐	A. Ready-to-eat, TCS Food (prepared on-site) held for more than 24 hours is date marked as required
☐	☐	☐	☐	B. Open commercial containers of prepared ready-to-eat TCS Food held for more than 24 hours are date marked as required
☐	☐	☐	☐	C. Ready-to-eat, TCS Food prepared on-site and/or opened commercial container exceeding 7 days at :S 41°F is discarded
☐	☐	☐	☐	D. Other (describe in the temperature chart and comments section below)
COMMENTS:				

Risk Factor – Inadequate Cooking (Items 9&10)

IN	OUT	NO	NA						
☐	☐	☐	☐	9. Raw animal foods are cooked to required temperatures					
IN	OUT	NO	NA	Description of Cooking Temperature OBSERVATIONS					
☐	☐	☐	☐	A. Raw shell eggs broken for immediate service are cooked to 145°F (63°C) for 15 seconds. Raw shell eggs broken but not prepared for immediate service cooked to 155°F (68°C) for 15 seconds					
☐	☐	☐	☐	B. Pock; Fish; Beef; Commercially-raised Game Animals are cooked to 145°F (63°C) for 15 seconds					
☐	☐	☐	☐	C. Commimented Fish, Meats, Commercially-raised Game Animals are cooked to 155°F (68°C) for 15 seconds					
☐	☐	☐	☐	D. Poultry; stuffed fish; stuffed meat; stuffed pasta; stuffed poultry; stuffed ratite; or stuffing containing fish, meat, poultry, or ratites; wild game animals are cooked to 165°F (74°C) for 15 seconds					
☐	☐	☐	☐	E. Roasts, including formed roasts, are cooked to 130°F (54°C) for 112 minutes or as Chart specifies and according to oven parameters per Chart. (NOTE: This data item includes beef roasts, corned beef roasts, pork roasts, and cured pork roasts such as ham).					
☐	☐	☐	☐	F. Other Cooking Observations (describe in the Comment Section and Temperature Chart below)					
COMMENTS:									
Cooking Temperatures Recorded During the Data Collection (List all temperatures taken)									
FOOD PRODUCT	FINAL COOK TEMP.	FOOD CODE CRITICAL LIMIT	CONSUMER ADVISORY		FOOD PRODUCT	FINAL COOK TEMP.	FOOD CODE CRITICAL LIMIT	CONSUMER ADVISORY	
			YES	NO				YES	NO
			☐	☐				☐	☐
			☐	☐				☐	☐
			☐	☐				☐	☐
			☐	☐				☐	☐
			☐	☐				☐	☐
NUMBER OF FOOD PRODUCT TEMPERATURES					SUMMARY COOKING FOOD PRODUCT TEMPERATURE CATEGORIES				
I. – Number of product temperature measurements IN Compliance with Food Code critical limits									
II. – Number of OUT of Compliance product temperature measurements 1°F - 2°F below Food Code critical limits									
III. – Number of OUT of Compliance product temperature measurements 3°F - 4°F below Food Code critical limits									
IV. – Number of OUT of Compliance product temperature measurements 5°F - 9°F below Food Code critical limits									
V. – Number of OUT of Compliance product temperature measurements 10°F or more below Food Code critical limits									

IN	OUT	NO	NA		
☐	☐	☐	☐	10. Cooked foods are reheated to required temperatures	
IN	OUT	NO	NA	Description of Reheating Temperature OBSERVATIONS	
☐	☐	☐	☐	A. TCS Food that is cooked and cooled on premises is rapidly reheated to 165°F (74°C) for 15 seconds for hot holding	
☐	☐	☐	☐	B. Commercially-processed ready-to-eat food, reheated to 135°F (57°C) or above for hot holding	
☐	☐	☐	☐	C. Other Reheating Observations (describe in the Comments Section and Temperature Chart below)	
COMMENTS:					
Reheating Temperatures Recorded During the Data Collection (List all temperatures taken)					
FOOD PRODUCT	FINAL REHEAT TEMP.	FOOD CODE CRITICAL LIMIT	FOOD PRODUCT	FINAL REHEAT TEMP.	FOOD CODE CRITICAL LIMIT
NUMBER OF FOOD PRODUCT TEMPERATURES			SUMMARY COOKING FOOD PRODUCT TEMPERATURE CATEGORIES		
			I. – Number of product temperature measurements IN Compliance with <i>Food Code</i> critical limits		
			II. – Number of OUT of Compliance product temperature measurements 1°F - 2°F below <i>Food Code</i> critical limits		
			III. – Number of OUT of Compliance product temperature measurements 3°F - 4°F below <i>Food Code</i> critical limits		
			IV. – Number of OUT of Compliance product temperature measurements 5°F - 9°F below <i>Food Code</i> critical limits		
			V. – Number of OUT of Compliance product temperature measurements 10°F or more below <i>Food Code</i> critical limits		

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

A. Manager Certification – Restaurants; Healthcare Facilities; Schools and Retail Food Deli Department Operation

1. Is there a certified food protection manager EMPLOYED at the establishment?
 Select an option.
 If the marking above contains a "YES" response, indicate the Type of Certification: Select an option
2. Is there an employee who is a certified food protection manager PRESENT during the data collection?
 Select an option.
 If the marking above contains a "YES" response, indicate the Type of Certification: Select an option
3. Is the PERSON IN CHARGE at the time of the data collection a certified food protection manager?
 Select an option.
 If the marking above contains a "YES" response, indicate the Type of Certification: Select an option
4. Is the establishment's policy to have a certified food protection manager present at all times? Select an option

B. Manager Certification – Retail Food Stores

i. Store Level Manager

1. Is the PERSON IN CHARGE of the retail food store at the time of the data collection a certified food protection manager?
 Select an option.
 If the marking above contains a "YES" response, indicate the Type of Certification: Select an option
2. Is the PERSON IN CHARGE of the retail food store the same as the PERSON IN CHARGE of the facility type?
 Select an option

General Comments:

Data Collector's signature:

Date:

Appendix X1

Data Collection across Four Industry Segments

- **Schools (K-12) - 2022**
 - Sample size: 69
 - Data collections on site
- **Health Care - 2022**
 - Sample size: 49
 - Data collections on site
- **Retail Food Stores- Deli Departments - 2023**
 - Sample size: 55
 - Data collections on site with routine
- **Restaurants – 2024**
 - File study based on routine inspection reports from 2021-2024
 - **Fast Food**
 - sample size: 89
 - **Full-Service**
 - sample size: 84

Appendix Y

OBSERVATIONS AND CORRECTIVE ACTIONS			
Item	P / Pfr C	PIC = Person in charge RTE = Ready to eat TCS = Time/temperature control for safety Violations cited in this report must be corrected in the frames below as indicated. A pattern of non-compliance may result in a Probationary status per PCC 8.08.060B - Four violations of the same good retail practices within six routine or re-inspections.	Correction Date
10	Priority Foundation	Observations: Observed boxes of single-use items and a cart used for food service was blocking access to handwashing sink at the front of the house near make unit and pita bread warming area. Observed pitcher for drinks was placed in handwashing sink basin located at the bar area. PIC stated all employees use handwashing sink that is near ware-washing machine around the corner from hot-holding area in kitchen. 5-205.11 (A) A HANDWASHING SINK shall be maintained so that it is accessible at all times for EMPLOYEE use. <i>Corrective Actions: Informed PIC that all handwashing sinks inside of facility shall be maintained so that the sinks are accessible at all times for employee use. Instructed PIC to move items blocking handwashing sink at front of house. PIC began to remove pitcher from handwashing sink basin located at the bar area.</i> <i>Corrective Actions: PIC moved items blocking handwashing sink.</i>	
15	Priority	Location(s): Make unit below vertical rotisserie. Observations: Observed raw fish being stored above cooked, ready-to-eat (RTE) chicken. 3-302.11 (A) FOOD shall be protected from cross contamination by: (1) Except as specified in (1)(c) below, separating raw animal FOODS during storage, preparation, holding, and display from: (a) Raw READY-TO-EAT FOOD including other raw animal FOOD such as FISH for sushi or MOLLUSCAN SHELLFISH, or other raw READY-TO-EAT FOOD such as fruits and vegetables, and (b) Cooked READY-TO-EAT FOOD; (c) Frozen, commercially processed and packaged raw animal FOOD may be stored or displayed with or above frozen, commercially processed and packaged, ready-to-eat food, (2) Except when combined as ingredients, separating types of raw animal FOODS from each other such as beef, FISH, lamb, pork, and POULTRY during storage, preparation, holding, and display by: (a) Using separate EQUIPMENT for each type, or (b) Arranging each type of FOOD in EQUIPMENT so that cross contamination of one type with another is prevented, and (c) Preparing each type of FOOD at different times or in separate areas; (3) Cleaning EQUIPMENT and UTENSILS as specified under 4-602.11(A) and SANITIZING as specified under § 4-703.11; (4) Except as specified under Subparagraph 3-501.15(B)(2) and in (B) of this section, storing the FOOD in packages, covered containers, or wrappings; (5) Cleaning HERMETICALLY SEALED CONTAINERS of FOOD of visible soil before opening; (6) Protecting FOOD containers that are received packaged together in a case or overwrap from cuts when the case or overwrap is opened; (7) Storing damaged, spoiled, or recalled FOOD being held in the FOOD ESTABLISHMENT as specified under § 6-404.11; and (8) Separating fruits and vegetables, before they are washed as specified under § 3-302.15 from READY-TO-EAT FOOD. <i>Corrective Actions: Informed PIC of proper food storage practices.</i> <i>Corrective Actions: PIC rearranged food items inside of make unit. PIC stated containers were not stored how they normally are due to the shipment that facility had just received this morning.</i>	

Appendix Y1

 **SharePoint**

 **+ New**  **Upload**  **Edit in grid view** 



Documents > Training Records

	Name
	Certified Pest Control License
	Current Employees
	Former Employees
	Interns
	RS and CEU's Certificates
	Surveys
	Training Checklists

Appendix Z

Subject: Foodborne Illness Complaint

To Whom It May Concern:

The Pima County Health Department, Consumer Health and Food Safety (CHFS) has updated foodborne illness complaint intake policies and procedures. In order to better serve the community, we have shifted our complaint process to involve either a 72-hour or 7-day meal history depending on symptoms.

Your facility was identified in either the 72-hour or 7-day meal history of an individual that submitted a foodborne illness complaint with CHFS. The complainant's meal history will be held on file to ensure that additional complaints are not received. An onsite complaint investigation may occur if your facility is identified in additional meal histories from other individuals.

Please be advised that managers need to ensure employees are restricted or excluded from the food establishment if they are ill with any of the following symptoms: diarrhea, vomiting, sore throat with fever, infected or pus-filled wound(s), and/ or jaundice. To prevent the spread of foodborne illness, food handlers are also required to report to their managers when they experience symptoms of foodborne illness. Food handling employees diagnosed with any of the following illnesses: Shigella spp., Hepatitis A, Norovirus, Nontyphoidal Salmonella (NTS), Salmonella Typhi, and/ or Shiga Toxin-producing Escherichia Coli (STEC) are required to report it to the appropriate manager so that they can assist with determining when it is safe to return to work. Please contact CHFS at chsfbf@pima.gov if you have any questions about this process.

Thank you for your understanding as we streamline our foodborne illness complaint response in order to better serve our community and thank you for your partnership in this important endeavor. It is through this type of cooperative effort that Consumer Health and Food Safety along with the food service industry, seek to provide safe and wholesome food to the consuming public.

You can use the provided links to obtain [food safety educational materials](#) regarding [foodborne illness reporting](#) and [foodborne illness symptoms](#).

Thank you,

Consumer Health & Food Safety

To Whom It May Concern:

Thank you for submitting your foodborne illness complaint to the Pima County Health Department.

In addition to providing either a 72-hour or 7-day meal history for the foodborne illness complaint submitted to CHFS, you have identified that you are experiencing symptoms of foodborne illness as well as that you are a food handling employee or work with a highly susceptible population, such as in a school. In order to prevent the spread of foodborne illness, food handlers are required to report to their managers when they experience any of the following symptoms: sore throat with fever, diarrhea, vomiting, infected or pus-filled wound(s), and/ or jaundice. If you are diagnosed with any of the following illnesses: Shigella spp., Hepatitis A, Norovirus, Nontyphoidal Salmonella (NTS), Salmonella Typhi, and/ or Shiga Toxin-producing Escherichia Coli (STEC) then you are required to report it to the appropriate manager so that they can assist with determining when it is safe to return to work. Please ensure that your doctor is aware that you are a food handling employee and that you adhere to all follow-up care instructions identified by your healthcare provider. When required, one of our Pima County Health Department Epidemiologists will reach out to ensure that the appropriate foodborne illness prevention measures have occurred involving when an employee may be required to be restricted and/or excluded from the workplace.

If you have any further questions surrounding your status as a food handling employee and when it is safe to return to work please ensure that you reach out to your healthcare provider and that you are communicating with the appropriate manager regarding when it is safe for you to return to work. You can use the provided links to obtain- educational materials regarding [foodborne illness reporting](#) and [foodborne illness symptoms](#).

Thank you for your understanding as we streamline our foodborne illness complaint response to better serve our community and thank you for your partnership in this important endeavor. Through this type of cooperative effort, Consumer Health and Food Safety along with food service industry members, can work together and improve efforts to provide safe and wholesome food to the consuming public.

Sincerely,

Consumer Health & Food Safety