|  |  |
| --- | --- |
| Facility Name: | Date: |
| Address: | Phone: |
| CP staff: | Manager: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic** | **Yes** | **No** | **Comments** |
| **Hours of Operation?** | ---- | ----- |  |
|  |  |  |  |
| **Employees** | ---- | ---- |  |
| How many total employees? |  |  |  |
| How many ill employees? |  |  |  |
| * Name of Ill employees |  |  |  |
| * When did they last work? |  |  |  |
| * Were they ill on the job? |  |  |  |
| * Day they returned to work? |  |  |  |
| * What jobs do they perform? |  |  |  |
| * Do they work at other facilities? |  |  |  |
| * Does the employee have ill housemates/family/S.O.? |  |  |  |
| **Other Establishments** | ---- | ---- |  |
| Does this establishment have any other locations? If so, where? |  |  |  |
| **Ill Patrons** | ---- | ---- |  |
| Have any customers vomited in/around facility? Other? (Important for Noro-suspected outbreaks)   * Who, when, where? |  |  |  |
| **Complaints** | ---- | ---- |  |
| Any other customer complaints?   * Date/Complaint * Name/Contact info |  |  |  |
| **Employee Training** | ---- | ---- |  |
| What employee training is in place? |  |  |  |
| **Standard Operating Procedures** | ---- | ---- |  |
| What written SOP’s are in place? |  |  |  |
| Is there any monitoring of SOP’s?   * Gather copy of logs and document findings in reports. |  |  |  |
| What hygiene/illness practices are in place?   * Ill employee- How long do they need to be out? |  |  |  |
| * Hand washing- Is hand sanitizer used in lieu of washing? |  |  |  |
| * Bare hand contact? |  |  |  |
| **Approved Source and Storage** | ---- | ---- |  |
| Is food received from approved source?   * Document distributors * Copy of invoices * If fish involved, collect safe source/freezing documentation |  |  |  |
| How often do you get deliveries? |  |  |  |
| What is the receiving policy after shipment received? |  |  |  |
| * Is food left outside by distributor before staff come in? |  |  |  |
| * Are temps checked on arrival? |  |  |  |
| * How quickly is food put in refrigeration after receipt of shipment? |  |  |  |
| * How is food stored? * Storage of raw * Stock rotation * Frequency of orders * Temps of PHF during visit |  |  |  |
| **Water/Sewer** | ---- | ---- |  |
| Describe System   * City/Septic/Well? |  |  |  |
| * Any water/sewer issues prior incident? |  |  |  |
| **Food Preparation and Food Flow** | ---- | ---- |  |
| Do you monitor food temperatures when cooking? How? |  |  |  |
| Do you:   * Cool * Reheat * Hot Hold Foods? |  |  |  |
| Any recent changes to menu? |  |  |  |
| Any recent special menus? |  |  |  |
| Are recipes followed? |  |  |  |
| * Document how the questionable food was prepared, start to finish |  |  |  |
| * Note equipment/utensils used to prepare food |  |  |  |
| * Note opportunities for cross-contamination |  |  |  |
| * Which workers handled implicated foods? If no foods implicated, then list what jobs are performed by which employee on date in question. |  |  |  |
| * Observe/document hand washing/glove use |  |  |  |
| * What is done with leftovers? |  |  |  |
| * Is food taken home by employees or transported off site? |  |  |  |
| * How is produce handled? Is it washed? |  |  |  |
| Are any foods prepared at other locations? Where? At private home? |  |  |  |
| Do you serve any undercooked meats/seafood/eggs?   * List items * List items made with raw eggs |  |  |  |
| Do you have any specially processed foods?   * Canned * Vacuum packaged/ROP * Smoked, Cured * Sprouting |  |  |  |
| **Food Service/Plating** | ---- | ---- |  |
| How is food plated? |  |  |  |
| Is it served buffet style?   * Note equipment |  |  |  |
| Do waitresses handle food, salads, dressings, drinks? |  |  |  |
| Who garnishes food and how are garnishes handled? |  |  |  |
| If order is delivered/catered, what silverware/plastic ware is used? |  |  |  |
| **Time/Temperature Documentation** | ---- | ---- |  |
| Be sure to note all food temperatures on inspection form. |  |  |  |
| Is thermometer available?   * + Type   + Calibration |  |  |  |
| Cold holding temps |  |  |  |
| Cooking Temps |  |  |  |
| Hot Holding Temps |  |  |  |
| Cooling procedures/documentation   * + Logs   + How do they know when benchmarks hit?   + Size of containers   + Cooling methods |  |  |  |
| Reheating methods   * + What foods are reheated? |  |  |  |
| **Cleaning/Sanitizing Practices** | ---- | ---- |  |
| * Chemical concentrations   + Type   + Company * High Temp machine   + Temp   + Machine problems?   + How often serviced?   + Who services? |  |  |  |
| Is the chemical appropriate for suspect pathogen? Noro see EPA list G. |  |  |  |
| **Special Records to Consider Collecting** | ---- | ---- |  |
| * Invoices/Receiving Records |  |  |  |
| * Reservation List, credit card receipts, takeout order, guest lists |  |  |  |
| * Food labels, tags, pictures |  |  |  |
| * Complaint records |  |  |  |
| * Menu |  |  |  |
| * Food flow diagrams |  |  |  |
| * Recipes |  |  |  |
| * Time/Temp logs |  |  |  |
| * HACCP plan |  |  |  |
| * Employee Schedule/Illness |  |  |  |
| * Copy of sick policy |  |  |  |
| * Food history of employees |  |  |  |
| * Copy of SOP’s |  |  |  |
| * Cleaning/Sanitation Logs |  |  |  |
| * Training/Education documentation |  |  |  |
| * Employee Contact List |  |  |  |
| **Identify any special Circumstances** | ---- | ---- |  |
| * Are there any other facilities located inside facility? (Daycare, school, etc) |  |  |  |
| * Have there been any special events?   + Staff or resident party? |  |  |  |
| * Did anything out of the ordinary happen? (Low staffing, holidays, etc? |  |  |  |
| * Equipment failure? |  |  |  |
| **Document Samples Taken** | ---- | ---- | **Use agency form for sample collection** |
|  |  |  | #1  #2  #3  #4  #5 |
| **Facility Risk Control Plan by BCPH** | ---- | ---- |  |
| * Any food embargoed or destroyed? |  |  |  |
| * Sick workers excluded?   + Who?   + How long?   + Glove restrictions? |  |  |  |
| * Environmental Cleaning |  |  |  |
| * Staff re-training |  |  |  |
| * Modification of food prep/production/menu |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Considerations for Noro Outbreaks in LTCF** |  |  |  |
| **Hand Hygiene** | ---- | ---- |  |
| * Is staff using sanitizer in place of handwashing? |  |  |  |
| * Are staff washing hands in between dirty/clean dishes? |  |  |  |
| **Sick Policy** | ---- | ---- |  |
| * For Noro are ill foodworkers being excluded a minimum of 48 hours? |  |  |  |
| **Facility Design/Movement** | ---- | ---- |  |
| * Is the cafeteria family style, buffet or self-service line? |  |  |  |
| * How many tables/seating in cafeteria? |  |  |  |
| * Is there an assisted feeding table?   + Who feeds clients at this table? |  |  |  |
| * Are ills eating in cafeteria or in room?   + If cafeteria shut down- when? |  |  |  |
| * Who delivers tray to ills?   + Handwashing policy for this staff? |  |  |  |
| * Using disposable dishes, cutlery?   + If disposable, when was practice implemented? |  |  |  |
| * Where do nursing staff eat? |  |  |  |
| * Any self-service or communal areas for residents?   + Ice, popcorn, tea, coffee?   + Shut down? When? |  |  |  |
| * Is any staff or residents allowed in kitchen? Discourage. |  |  |  |

**Other Comments:**