|  |  |
| --- | --- |
| 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:**