

CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH

FOOD SAFETY ASSESSMENT MEETING QUESTIONAIRRE

Based on 8-201.12(E) of the 2013 Food Code an applicant for a new food license must ensure that standard procedures are developed or are being developed to demonstrate compliance with the Food Code. This questionnaire aids the department in determining if CDC risk factors have been accounted for by the applicant. An interview must be scheduled by the applicant with the Cerro Gordo County Department of Public Health before a license can be issued, call (641) 421-9300. The interview is to help the Department determine if the applicant is in compliance with 8-201.12(E). If the applicant does not meet the intent of 8-201.12(E) further information or additional interviews may be needed.

PLEASE FILL OUT THE FIRST TWO PAGES OF THIS FORM PRIOR TO THE INTERVIEW. THE REST OF THE FORM WILL BE COMPLETED BY THIS DEPARTMENT BUT WE ENCOURAGE YOU TO LOOK THROUGH IT TO PREPARE FOR THE INTERVIEW. *Note: This questionnaire is not all encompassing of all aspects of the Food Code.*

Steps to receive a food license:

- 1. Submit a food license application, all associated documentation, and license fee*
- 2. Attend the Food Safety Assessment Meeting*
- 3. Pre-opening inspection of the facility*

New Facility_____ **Change of Ownership**_____ **Other (Explain)**_____

CONTACT INFORMATION:

Business Name_____

Operating Address_____

Type of Establishment_____

Name of Owner_____

Person(s) in Charge_____

MATERIALS CHECKLIST TO BRING TO THE FOOD SAFETY ASSESSMENT MEETING:

- The **food license application and ALL associated documentation required in the application** (If you have already submitted it to this office, you do not need to bring another copy):
- Any documentation (policies, procedures, training manual, etc.) that helps to demonstrate awareness, knowledge, or practice with the issues addressed on this questionnaire.
- This questionnaire.

Certified Food Protection Manager: YES___ NO___

NAME _____ EXPIRATION DATE _____

FACILITY REPRESENTATIVES ATTENDING THE ASSESSMENT (NAME AND TITLE):

Translator (if needed the applicant must provide):

STOP – YOU MAY READ THE FOLLOWING SECTIONS, BUT PLEASE DO NOT COMPLETE THE REST OF THE FORM, IT WILL BE COMPLETED DURING THE FOOD SAFETY ASSESSMENT MEETING

DO YOU KNOW ABOUT THE IOWA RULES GOVERNING FOOD SAFETY IN FOOD ESTABLISHMENTS?

YES ___ NO ___

COLD HOLD:

Will food be held cold? Yes ___ No ___

Refrigeration and Freezers adequate (enough capacity) for cold storage needs: YES ___ NO ___

Remote storage (stored at another location) YES ___ NO ___ Location _____

What is the maximum temperature for holding cold food? _____

Are adequate procedures/monitoring in place to ensure cold food is maintained cold? Yes ___ No ___

Is suitable training in place to ensure cold food is maintained cold? Yes ___ No ___

Is proper oversight in place to ensure cold food is maintained cold? Yes ___ No ___

HOT HOLD:

Will food be held hot? Yes ___ No ___

LIST FOODS TO BE HELD HOT:

EQUIPMENT ADEQUATE FOR HOT HOLDING: YES ___ NO ___

What is the minimum temperature for holding hot food? _____

Are adequate procedures/monitoring in place to ensure hot food is maintained hot? Yes ___ No ___

Is suitable training in place to ensure hot food is maintained hot? Yes ___ No ___

Is proper oversight in place to ensure hot food is maintained hot? Yes ___ No ___

COOLING:

Will food be cooled? Yes___ No___

From ambient to cold: Yes___ No___ From hot to cold: Yes___ No___

LIST FOODS TO BE COOLED: _____

Circle all cooling methods to be used: Shallow/uncovered pans Rapid chill equipment
Reduced volumes Ice Baths Metal Containers Ice Paddles Ice as ingredient

EQUIPMENT ADEQUATE FOR COOLING: YES___ NO___

What are the time/temperature parameters for cooling? _____

Are adequate procedures/monitoring in place to ensure food is cooled properly? Yes___ No___

Is suitable training in place to ensure food is cooled properly? Yes___ No___

Is proper oversight in place to ensure food is cooled properly? Yes___ No___

COOKING:

Will food be cooked? Yes___ No___

LIST TYPES OF RAW ANIMAL FOODS TO BE COOKED:

EQUIPMENT ADEQUATE FOR COOKING: YES___ NO___

What are the minimum temperatures for cooking (all that apply)? _____

Are adequate procedures/monitoring in place to ensure food is cooked adequately? Yes___ No___

Is suitable training in place to ensure food is cooked adequately? Yes___ No___

Is proper oversight in place to ensure food is cooked adequately? Yes___ No___

REHEATING:

Will food be reheated for hot holding? Yes___ No___

LIST FOODS TO BE REHEATED: _____

EQUIPMENT ADEQUATE FOR REHEATING: YES___ NO___

What is the minimum temperature for reheating? _____

Are adequate procedures/monitoring in place to ensure food is reheated adequately? Yes___ No___

Is suitable training in place to ensure food is reheated adequately? Yes___ No___

Is proper oversight in place to ensure food is reheated adequately? Yes___ No___

WAREWASHING/CLEANING/SANITIZING:

Type of equipment used for ware-washing? 3-compartment sink___

Commercial Dishwasher___ (High Temp___ Low Temp___)

EQUIPMENT ADEQUATE FOR WAREWASHING: YES___ NO___

What type(s) of sanitizer will be used in the facility? _____

Are test papers available to test all sanitizers that will be used? Yes___ No___

What is the minimum temperature and/or sanitizer concentration? _____

Are adequate procedures/monitoring in place to ensure wares are adequately cleaned and sanitized?
Yes___ No___

Is suitable training in place to ensure wares are adequately cleaned and sanitized? Yes___ No___

Is proper oversight in place to ensure wares are adequately cleaned and sanitized? Yes___ No___

Sanitizing buckets in use? Yes___ No___

CROSS CONTAMINATION PREVENTION:

Are there raw animal foods at the facility? Yes___ No___

How will foods be stored to prevent cross contamination? _____

Explain cross contamination prevention measures in place during preparation (hands, surfaces, equipment)? _____

Are prevention measures adequate? Yes___ No___

EMPLOYEE HEALTH:

Will employees handle unpackaged food, wares, or single service items? Yes ___ No ___

What symptoms are required to be reported to the person-in-charge:
_____?

What diagnosed illnesses are required to be reported to the Health Department by the PIC:
_____?

Are employees informed in a *verifiable manner* about their responsibility to report symptoms, illnesses and exposures? YES ___ NO ___

Do you have a written policy related to employee illness? Yes ___ No ___

Are adequate procedures in place to ensure employees are properly removed? Yes ___ No ___

Is suitable training in place to ensure employees know their responsibilities? Yes ___ No ___

Is proper oversight in place to ensure the person-in-charge is informing employees of their responsibility and removing them as required? Yes ___ No ___

HANDWASHING:

Will employees handle unpackaged food, wares, or single service items? Yes ___ No ___

Where will employees wash their hands? _____

How will employees wash their hands? _____

When is it required for employees wash their hands?

EQUIPMENT ADEQUATE FOR HAND WASHING (To allow convenient use by employees in food preparation, food dispensing, ware-washing areas and in or immediately adjacent to toilet rooms).

YES ___ NO ___

Hot and cold water: Yes ___ No ___ Hand Drying: Yes ___ No ___ Soap: Yes ___ No ___

Signage: Yes ___ No ___ Waste receptacle: Yes ___ No ___

Are adequate procedures/monitoring in place to ensure employees wash their hands? Yes ___ No ___

Is suitable training in place to ensure employees wash their hands? Yes ___ No ___

Is proper oversight in place to ensure employees wash their hands? Yes ___ No ___

AVOIDING BAREHAND CONTACT WITH READY-TO-EAT FOOD:

Will employees handle unpackaged food? Yes___ No___

What types of barriers are available for employees to avoid bare hand contact with ready-to-eat food (single-use gloves, deli tissues, utensils, etc.)? _____

Are adequate procedures/monitoring in place to ensure employees avoid bare hand contact? Yes___ No___

Is suitable training in place to ensure employees avoid bare hand contact? Yes___ No___

Is proper oversight in place to ensure employees avoid bare hand contact? Yes___ No___

SOURCE:

What are all the sources of food? _____

Will incoming food be checked for: Temperature: Yes___ No___ Condition: Yes___ No___

Expiration Dates: Yes ___ No ___

OTHER INFORMATION

ICE MAKER: YES___ NO___

SMALL DIAMETER PROBE THERMOMETER: Yes___ No___ NA___

PROCEDURES: Will you be doing any of the following (CIRCLE ALL THAT APPLY): Smoking, ROP, curing, pH/a_w adjustment to make food shelf stable, sprouting seeds, adding preservatives, unpasteurized juicing, molluscan shellfish tank, non-continuous cooking (par-cooking), or using time as control?

DO YOU NEED A CONSUMER ADVISORY? YES___ NO___

DO YOU KNOW THE MAJOR FOOD ALLERGENS? YES___ NO___

Thawing methods to be used: _____

Explain date marking procedures (what food, how long before discarded, etc.)

I hereby certify that the information provided in this interview is accurate and truthful.

Signature(s): _____

Permit Holder or Person In Charge _____

Date: _____

INSTRUCTIONS TO OPERATOR:

Approval of this knowledge assessment by this Health Department does not indicate compliance with any other code, law or regulation that may be required by federal, state, or local agencies. It further does not constitute endorsement or acceptance of the completed establishment (structure, equipment, or operational plans).

A pre-opening inspection of the establishment with equipment installed and operational is required prior to commencing operations.

For Department of Public Health Staff Use Only

____ PASS: Based on the food safety information and plans provided today, the facility has demonstrated sufficient knowledge to receive a food permit. The PIC(s) agree to apply the above food safety practices and control the five (5) foodborne illness risk factors in the facility at all times. Failure to do so may result in enforcement action(s).

____ FAILED: Based on the food safety information and plans provided today, the facility has not demonstrated sufficient knowledge to receive a food permit. The facility may reschedule an additional Food Safety Assessment meeting when sufficient knowledge has been obtained. Outlined below are uncontrolled risks for foodborne illness.

Circle uncontrolled risks:

Poor personal hygiene Improper cooking/reheating Contamination/Cleaning and Sanitizing
Foods from unsafe source Improper holding/time and temperatures Cooling

PASS: Schedule pre-opening inspection with Cerro Gordo County Department of Public Health; for appointment call (641) 421-9300 _____

OR

FAIL: Review food safety practices and necessary information, then reschedule Food Safety Assessment Meeting. Call (641) 421-9300 to schedule. _____

Reviewer: _____

Signature: _____

TIME IN: _____

TIME OUT: _____

RESULT: PASS ___ Fail ___