



*Cerro Gordo County
Department of Public Health*



**CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH
FOOD SAFETY ASSESSMENT MEETING QUESTIONNAIRE**

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. 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 applicant demonstrate food safety risk factors will be controlled.

MATERIALS CHECKLIST TO BRING TO THE FOOD SAFETY ASSESSMENT MEETING:

- This completed questionnaire.
- Any documentation (policies, procedures, training manual, etc.) that helps to demonstrate awareness, knowledge, or practices related to food safety.

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

CONTACT INFORMATION:

Business Name_____

Operating Address_____

Type of Establishment_____

Name of Owner_____

Person(s) in Charge_____

FACILITY EMPLOYEES ATTENDING THE INTERVIEW (NAME AND TITLE):

TRANSLATOR WHO WILL ATTEND THE INTERVIEW (if needed, the applicant must provide):

WHICH RULES GOVERN FOOD SAFETY FOR FOOD ESTABLISHMENTS IN IOWA?

EXPLAIN _____

COLD HOLD:

Will food be held cold? Yes___ No___ If no, skip to HOT HOLD.

Refrigeration and Freezers adequate (enough capacity) for cold storage needs: YES___ NO___

What is the maximum temperature for holding cold food? _____

THE PERSON-IN-CHARGE MUST ENSURE COLD FOOD IS COLD.

What procedures/monitoring will be in place to ensure cold food is maintained cold?

EXPLAIN _____

HOT HOLD:

Will food be held hot? Yes___ No___ If no, skip to COOLING.

LIST FOODS TO BE HELD HOT:

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EQUIPMENT ADEQUATE FOR HOT HOLDING: YES___ NO___

What is the minimum temperature for holding hot food? _____

THE PERSON-IN-CHARGE MUST ENSURE HOT FOOD IS HOT.

What procedures/monitoring will be in place to ensure hot food is maintained hot?

EXPLAIN _____

COOLING:

Will food be cooled? Yes___ No___ If no, skip to COOKING.

LIST FOODS TO BE COOLED:

Cooling methods to be used: Shallow/uncovered pans___ Rapid chill equipment ___ Reduced volumes ___ Ice Baths ___ Metal Containers ___ Cooling Paddles ___ Ice as ingredient ___ Pre-chilling ingredients ___ Pre-chilling pans ___

EQUIPMENT ADEQUATE FOR COOLING: YES___ NO___

What are the time/temperature parameters for cooling? _____

THE PERSON-IN-CHARGE MUST ENSURE FOOD IS COOLED PROPERLY.

What procedures/monitoring will be in place to ensure food is cooled properly?

EXPLAIN _____

COOKING:

Will raw animal foods be cooked? Yes___ No___ If no, skip to REHEATING.

EQUIPMENT ADEQUATE FOR COOKING: YES___ NO___

What are the minimum temperatures for cooking (list all that apply to your operation)?

_____	_____ F
_____	_____ F
_____	_____ F
_____	_____ F
_____	_____ F
_____	_____ F

THE PERSON-IN-CHARGE MUST ENSURE FOOD IS COOKED PROPERLY.

What procedures/monitoring will be in place to ensure food is cooked adequately?

EXPLAIN _____

DO YOU NEED A CONSUMER ADVISORY TO SERVE UNDERCOOKED FOOD? YES___ NO___

REHEATING:

Will food be reheated for hot holding? Yes___ No___ If no, skip to
WAREWASHING/CLEANING/SANITIZING.

LIST FOODS TO BE REHEATED:

EQUIPMENT ADEQUATE FOR REHEATING: YES___ NO___

What is the minimum temperature for reheating food prepared on-site? _____

What is the minimum temperature for reheating food opened from commercial packaging? _____

What is the maximum time to reheat food? _____

THE PERSON-IN-CHARGE MUST ENSURE FOOD IS REHEATED PROPERLY.

What procedures/monitoring will be in place to ensure food is reheated adequately?

EXPLAIN_____

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___

If a high temperature dishwasher is used, do you have an irreversible heat indicator? Yes___ No___
NA___

What are the minimum temperature and/or sanitizer concentrations for products you are using?

Sanitizing buckets in use? Yes___ No___

Where are the sanitizer buckets going to be stored? _____

THE PERSON-IN-CHARGE MUST ENSURE WARES ARE ADQUATELY CLEANED AND SANITIZED.

What procedures/monitoring will be in place to ensure wares are adequately cleaned and sanitized?
EXPALIN_____

CROSS CONTAMINATION PREVENTION:

Are there raw animal foods at the facility? Yes___ No___ If no, skip to EMPLOYEE HEALTH.

How will foods be stored to prevent cross contamination? _____

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

EMPLOYEE HEALTH: SEE ANNEX

Will employees handle unpackaged food, wares, or single service items? Yes___ No___ If no, skip to HANDWASHING.

Which symptoms are required to be reported to the person-in-charge?

Which diagnosed illnesses are required to be reported to the person-in-charge and then to the Health Department by the person-in-charge?

Are employees informed in a *verifiable manner* about their responsibility to report symptoms, illnesses and exposures? YES___ NO___ How?

Do you have a written policy related to employee illness? Yes___ No___

How will you manage FOOD EMPLOYEES experiencing persistent sneezing, coughing, or a runny nose (2-401.12)? _____

HANDWASHING:

Will employees handle unpackaged food, wares, or single service items? Yes___ No___ If no, skip to AVOIDING BAREHAND CONTACT WITH READY-TO-EAT FOOD.

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___

THE PERSON-IN-CHARGE MUST ENSURE FOOD WORKERS ARE PROPERLY WASHING THEIR HANDS.

Where will employees wash their hands? _____

How will employees wash their hands? _____

When will employees wash their hands?

AVOIDING BAREHAND CONTACT WITH READY-TO-EAT FOOD:

Will employees handle unpackaged food? Yes___ No___ If no, skip to SOURCE.

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.)? _____

THE PERSON-IN-CHARGE MUST ENSURE FOOD WORKERS ARE NOT TOUCHING READY-TO-EAT FOOD WITH THEIR BARE HANDS.

What procedures will be in place to ensure employees avoid bare hand contact?
EXPLAIN _____

SOURCE:

What are all the sources of food (where will you buy your food from)?

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

TRAINING: Explain the training program which will be implemented to ensure your staff can comply with your procedures for all applicable risk categories (those covered in this Questionnaire):

OVERSIGHT: Explain how management will oversee all applicable risk categories at your facility to ensure your procedures and training are working (those covered in this questionnaire):

OTHER INFORMATION

WILL YOU HAVE A SMALL DIAMETER PROBE THERMOMETER: Yes___ No___ NA___

PROCESSES: Will you be doing any of the following (CHECK ALL THAT APPLY): Smoking meat ___
Reduced-Oxygen Packaging ___ Curing meats ___ pH/a_w adjustment to make food shelf stable ___
Sprouting seeds ___ Unpasteurized juicing ___ Molluscan shellfish tank ___ Non-continuous cooking
(par-cooking) ___ Using time as control ___ Sushi fish freezing___

WHAT ARE THE MAJOR FOOD ALLERGENS?

Thawing methods to be used: _____

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

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

Signature(s): _____

Permit Holder or Person In Charge _____

Date: _____

INSTRUCTIONS TO OPERATOR:

Note: This questionnaire is not all encompassing of all aspects of the Food Code. Approval of this assessment by the 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.

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.*

For Cerro Gordo County 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.

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. Call (641) 421-9300 to schedule an appointment _____

OR

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

Reviewer: _____

Signature: _____

TIME IN: _____

TIME OUT: _____

RESULT: PASS ____ Fail ____



Cerro Gordo County Department of Public Health

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Tel. (641) 421-9300 ♦ Fax (641) 421-9350 ♦ www.cghealth.com

EMPLOYEE ILLNESS REPORTING AGREEMENT

You play an important role in providing safe food to the general public. As a food handler, you have a responsibility to report the symptoms and conditions listed below.

I agree to report to the person in charge the following symptoms of foodborne illness:

1. Vomiting.
2. Diarrhea.
3. Jaundice – yellow skin or eye color.
4. Sore throat with fever.
5. Infected wounds.

I agree to report to the person in charge if a doctor says that I have one of the following infections:

1. E.coli.
2. Salmonella Typhi.
3. Shigella.
4. Hepatitis A.
5. Norovirus.
6. Non-typhoidal Salmonella.

I agree to report to the person in charge if I am exposed to foodborne illness in the following ways:

1. I am exposed to a confirmed outbreak of foodborne illness;
2. Someone who lives in my house is diagnosed with a foodborne illness;
3. Someone who lives in my house attends an event or works in a place which has a confirmed outbreak of foodborne illness.

Employee Acknowledgement

I understand that if I fail to meet the terms of this agreement, action could be taken by the food establishment or the Cerro Gordo County Department of Public Health that may affect my employment.

Employee Name (please print): _____

Employee Signature: _____ Date: _____

Signature of Person in Charge: _____ Date: _____

Employee Illness Decision Guide for Person-In-Charge (non-HSP)

Use this flow chart to determine if an employee with an **undiagnosed** illness can spread the illness through food and should be restricted or excluded from work.

Employee calls manager to report illness, Person-in-charge asks EACH of the following questions:



If a food employee reports a **diagnosis of Norovirus, *Shigella*, Hepatitis A virus, Salmonella Typhi, Non-typhoidal Salmonella, or Shigatoxin-producing (STEC) E.coli**, immediately exclude the employee and contact the Cerro Gordo County Department of Public Health at 641-421-9300 for guidance.