Issue History:
This is a brand new Issue.

Title:
Report and Re-create - Employee Food Safety Training Committee

Issue you would like the Conference to consider:
Acknowledge the Food Employee Food Safety Training Committee report and re-create the committee for the 2016-2018 biennium.

Public Health Significance:
Food employees trained in food safety have the potential to decrease incidents of foodborne illness in foodservice establishments. The existence of many variations of food safety training requirements in many jurisdictions throughout the United States makes it difficult for foodservice establishments that have more than one location to have a consistent food employee food safety training program. Foodservice establishments could more readily and efficiently offer effective food employee training if consistent national food employee training standards were created. Such standards would encourage more food employee training in food safety and could improve public health.

Recommended Solution: The Conference recommends...:

acknowledging the Employee Food Safety Training Committee report and thanking the committee members for their efforts.

The Conference further recommends re-creating the Employee Food Safety Training Committee to continue the work initiated during the 2014-2016 biennium and to complete the original charges from Issue 2014-II-011; specific committee charges for the 2016-2018 biennium are to:

1. Identify what a food employee should know about food safety, prioritized by risk.
2. Develop a guidance document to include recommendations for appropriate operator, regulator, and/or third-party food safety training program(s); including the criteria for the program and learning objectives.
3. Report Committee findings and recommendations to the 2018 Conference for Food Protection Biennial Meeting.

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Content Documents:
- "Employee Food Safety Training committee report"

Supporting Attachments:
- "CFP-employee-training-committee-1-8-15"
- "Literature on evaluating food handler training programs:"
- "FDA Risk Factor Study 1998, 2003 and 2008 comparison"
- "Employee Food Safety Training Committee Meeting Minutes"
- "CFP Food Employee Training Committee Training Component Draft"
- "Employee Food Safety Training Topics"

*It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.*
COMMITTEE NAME: Employee Food Safety Training Committee

COUNCIL or EXECUTIVE BOARD ASSIGNMENT: Council II

DATE OF REPORT: January 15, 2016

SUBMITTED BY: Ben Chapman and Chuck Catlin

COMMITTEE CHARGE(s): Created by Council II at the 2014 biannual meeting, in response to issue 011, the Employee Food Safety Training Committee was given the following charges:
1. Make recommendations to the Conference for Food Protection in regard to:
   a. What a food employee should know about food safety, prioritized by risk.
   b. A guidance document to include recommendations for appropriate operator, regulator, and/or third-party food safety training program(s); including the criteria for the program and learning objectives.
2. Report Committee recommendations to the 2016 Conference for Food Protection Biennial Meeting.

COMMITTEE ACTIVITIES AND RECOMMENDATIONS:
1. Progress on Overall Committee Activities:
   a. December 2014 kick off for charges and initial discussions
   b. March 18, 2015, Face-to-face meeting Chicago

We divided our members into three subcommittees so that each could dig deeply into the subject matter to review and compile information to help make decisions on what to include in our final committee recommendations.

Subcommittee 1 - Industry non-regulatory delivery of food handler training
Subcommittee 1 focused on the main sources of information from existing programs that the retail and food service industry have implemented. Pertinent questions to answer included:

- What is common between the programs (content, practices, approach)?
- What is unique about any of the programs?
- Are there particular emphases?
- Delivery modes?
- Evaluation?
Subcommittee 2 - Review current state requirements and local (e.g., CA, IL, FL)

Subcommittee 2 focused on the main sources of information will be gleaned from states that currently require some sort of food handler training. Pertinent questions to answer included:

- What is common between the programs (content, practices, approach)?
- What is unique about any of the programs?
- Are there particular emphases?
- Lessons learned from the process (where did the programs/requirements start, where did they end up what were the sticky points)?
- Delivery modes?

Subcommittee 3 - FDA Risk Factor related employee activities and research

Subcommittee 3 focused on reviewing and analyzing existing sources of data. These included:

- FDA Retail Risk Factor Study results. ([http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodborneIllnessRiskFactorReduction/ucm230313.htm](http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodborneIllnessRiskFactorReduction/ucm230313.htm))
- Information gleaned from the 2013 Food Code that relates to food handlers.
- Peer reviewed literature and other pertinent research on food handler practices and behaviors.

c. Sub committees met three times via call and one time as a whole group in person (minutes available in attachments).
   - June 17, 2015 Phone
   - July 27, 2015, in Portland concurrent with IAFP (in person)
   - August 12, 2015 Phone
   - October 2, 2015 Phone

d. Also produced was a comparison of risk factor compliance issues taken from FDA’s Risk Factor Studies. This information was used to ensure the risk-based nature of the committee’s decision making, as well as provide a framework for charge #2 (A guidance document to include recommendations for appropriate operator, regulator, and/or third-party food safety training program(s); including the criteria for the program and learning objectives) to be carried out in future years. The document is entitled, FDA Risk Factor Study 1998, 2003 and 2008 comparison. In addition, the subcommittee compiled a list of relevant literature related to evaluating food employee training materials, entitled, Literature on evaluating food employee training programs (attached)

e. Through reviewing the outputs from each of the subcommittees, in mid-October 2015, a draft of a compiled list of what a food employee should know about food safety was distributed to the entire committee for review, (attached, entitled, CFP Food Employee Training Committee Training Component Draft)

f. On November 6, 2015, a call was held to discuss the compiled matrix. Quorum was not met so a vote was conducted via email. Attached final document, entitled, Employee Food Safety Training Topics detailing consensus-reached topics (two ‘no’ votes).
2. Recommendations for consideration by Council:
   a. Future of the committee: Re-create the Committee through 2018

CFP ISSUES TO BE SUBMITTED BY COMMITTEE:

1. Acknowledge the committee report, thank the committee members, and re-create the committee for the 2016-2018 biennium with the following charges:
   a. What a food employee should know about food safety, prioritized by risk.
   b. A guidance document to include recommendations for appropriate operator, regulator, and/or third-party food safety training program(s); including the criteria for the program and learning objectives.
   Report Committee recommendations to the 2018 Conference for Food Protection Biennial Meeting.

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Literature on evaluating food handler training programs:

Studies of training programs

- ServSafe programs
    - Abstract: The number of foodborne illnesses traced to improper food handling in restaurants indicates a need for research to improve food safety in these establishments. Therefore, this 2-year longitudinal study investigated the effectiveness of traditional ServSafe (National Restaurant Association Educational Foundation, Chicago, IL) food-safety training and a Theory of Planned Behavior intervention program targeting employees' perceived barriers and attitudes toward important food-safety behaviors. The effectiveness of the training and intervention was measured by knowledge scores and observed behavioral compliance rates related to food-safety practices. Employees were observed for handwashing, thermometer usage, and proper handling of work surfaces at baseline, after receiving ServSafe training, and again after exposure to the intervention targeting barriers and negative attitudes about food-safety practices. Repeated-measures analyses of variance indicated training improved handwashing knowledge, but the intervention was necessary to improve overall behavioral compliance and handwashing compliance. Results suggest that registered dietitians; dietetic technicians, registered; and foodservice managers should implement a combination of training and intervention to improve knowledge and compliance with food-safety behaviors, rather than relying on training alone. Challenges encountered while conducting this research are discussed, and recommendations are provided for researchers interested in conducting this type of research in the future.
  - Roberts et al., 2008: [https://krex.k-state.edu/dspace/bitstream/handle/2097/806/RobertsFPTApr2008.pdf?sequence=1](https://krex.k-state.edu/dspace/bitstream/handle/2097/806/RobertsFPTApr2008.pdf?sequence=1)
    - Abstract: Statistics show that 59% of foodborne illnesses are traced to restaurant operations. Food safety training has been identified as a way to assure public health, yet evidence supporting the effectiveness of training has been inconclusive. A systematic random sample of 31 restaurants in three midwestern states was selected to assess the effect of training on food safety knowledge and behavior. A total of 402 employees (242 pretraining and 160 post-training).
participated in this study. Pre and post-training assessments were conducted on knowledge and behavior related to three key food safety practices: cross contamination, poor personal hygiene, and time/temperature abuse. Overall knowledge (P ≥ .05) and compliance with standards of behavior (P ≥ .001) improved significantly between pre- and post-training. When each practice was examined independently, only handwashing knowledge (P ≥ .001) and behavior (P ≥ .001) significantly improved. Results indicated that training can improve knowledge and behaviors, but knowledge alone does not always improve behaviors.

- Non-ServSafe or multi-program studies
  - Ehiri, Morris, and McEwen, 1997:
    - Abstract: This paper reports the findings of a study which investigated the effectiveness of a food hygiene training course in Scotland, and discusses the implications these may have for food safety control in the UK and elsewhere. One hundred and eighty-eight individuals who undertook the elementary food hygiene training course of the Royal Environmental Health Institute of Scotland (REHIS), and a comparison group comprising two hundred and four employees of a City Council were surveyed by means of a structured self-completion questionnaire. Food hygiene knowledge, attitudes and opinions of the course participants were assessed before and after training, and compared with those of the comparison group. The training course evaluated by the study is typical of many certificated training courses applied in the food industry. After training, no significant improvements were observed in course participants’ pre-course knowledge of a number of crucial aspects of food safety, including food storage, cross contamination, temperature control, and high risk foods. The findings highlight problems likely to arise from reliance on training designs which primarily emphasise the provision of information that seldom translates into positive attitudes and behaviours. This suggests a need for the adoption of approaches which take account of social and environmental influences on food safety, thus, ensuring that food hygiene training is seen, not as an isolated domain which sole purpose is to produce certificated personnel, but as part of an overall infrastructure for effective food safety control.

- Online programs
  - Croker and Liu, 2006 (dissertation):
    http://dl.acm.org/citation.cfm?id=1168405
Abstract: The purpose of the study was to identify preferences among foodservice employees for traditional classroom or computer-based training (CBT) based upon age, gender, and educational level; examine how employee preferences toward traditional classroom training or CBT differ in two franchise restaurant types, fast food restaurants and full service restaurants; explore learning preferences among foodservice employees toward using traditional classroom training or CBT; and analyze the possible relationships between age, gender, educational level, type of restaurant, and learning style in the attitudes toward CBT among foodservice employees in Southeastern Idaho. A self-reporting inventory was designed to collect data. Results of this study showed that older employees were less comfortable with CBT than younger employees, females were less comfortable with CBT than males, and employees in full service restaurants were also less comfortable than those in fast food restaurants. Employees with a diverger learning style more often preferred traditional classroom training than CBT. As to the attitudes among foodservice employees toward CBT, the results revealed that female and older employees, employees with lower education levels, employees in full service restaurants and employees with a diverger or an assimilator learning style had more negative attitudes toward CBT in terms of format, presentation, confidence, learning motivation, and usefulness of CBT. These findings might contribute to a better understanding of employee preferences for different training methods, employee attitudes toward CBT and examine CBT usage and programs.


Abstract: Foodborne illness in Canada is an ongoing burden for public health and the economy. Many foodborne illnesses result from improper food handling practices. If food handlers had a greater knowledge of what causes foodborne illness, perhaps these illnesses would have less of an impact on society. This study gave researchers the opportunity to examine the current food safety knowledge of food handlers by using a standardized questionnaire. Questionnaires were distributed by environmental health officers to food handlers working in the food service industry during on-site inspections, and responses were used to evaluate immediate knowledge of key food safety issues. Both certified and noncertified food handlers were evaluated. Information also was collected on the number of years since food safety
certification was achieved and the number of years experience noncertified food handlers had in the food service industry. Results indicated that certified food handlers had a greater knowledge of food safety information than did noncertified food handlers. The highest failure rates were observed among noncertified food handlers with more than 10 years of experience and less than 1 year of experience. The results support the need for mandatory food safety certification for workers in the food service industry and for recertification at least every 10 years. Although the study was not sufficiently rigorous to evaluate existing food safety courses, data collected provided valuable insight into what issues should be emphasized in existing food safety courses and which should be targeted by future food safety initiatives.


- Abstract: In both their enforcement and training role environmental health officers (EHOs) may influence businesses’ attitudes to hygiene training. A survey was conducted to examine EHOs’ experience and perceptions of the provision and effectiveness of food hygiene training in small food businesses. The results indicate that officers had concerns about the content and the delivery of hygiene courses and about the quality of other hygiene trainers. Officers use the industry guides to advise on training but receive limited guidance on the assessment of hygiene training in the workplace. The checking of training records was considered to be less important than the use of observation and questioning for assessing hygiene training effectiveness. Environmental factors, such as supervisor support and situational aids were judged by officers to be important factors in the implementation of workplace hygiene training. They reported low levels of formal refresher training and active support of training by management.

- See Methods section for survey details

Medeieros et al. 2011 (Food Control, Volume 22, Issue 8, August 2011, Pages 1136–1144) Assessment of the methodological strategies adopted by food safety training programmes for food service workers: A systematic review

- Abstract: This is a systematic review conducted to identify and assess the methodological strategies used in training programmes designed to enhance food safety in food services. Fourteen original articles
were selected from the Scopus, Scielo and Medline digital databases. The topics most dealt with in the educational programmes were personal hygiene, food safety and best practices. The resources most widely used during the training courses were interactive media, audiovisual materials, videos, lectures and recreational activities. In addition to being low cost, hand washing activities yield positive results in food safety. Employee training assessment is carried out by using questionnaires, analytical monitoring, a check list and the Likert scale. Hand washing is the most assessed item. The activities most widely accepted by the employees during training courses are interactive media and hands-on activities. These activities contribute toward the enhancement of employees’ skills and knowledge, and encourage changes in attitude and behaviour.

Studies on evaluation

• Ko, 2010:  
  **Abstract:** This study investigates food safety perceptions and agricultural food handling practices, as well as satisfaction with the work performance of such handlers. Data are collected from 333 food handlers at agricultural food processing companies or restaurants. Data is analyzed by SPSS, with statistical analyses including descriptive statistics, *t* tests and regression analyses. **Dimensions pertaining to food safety perception and practices include personal sanitation, pre-handling food preparation, food preparation and after food preparation.** The scales of food safety perception during analysis are higher than what are typically found in practice, and some gaps are identified. Analysis results indicate that food preparation and after food preparation dimensions have significantly higher mean values than those associated with pre-food handling and personal sanitation. Regression analysis further demonstrates that satisfaction with work performance can accurately predict food safety perception and practice components. Moreover, their handling practices mediate how perception affects satisfaction with work performance of food handlers.

• Medeiros et al., 2001:  
  **Abstract:** Traditionally, nutrition educators have used a fairly global approach to teach food safety by teaching a broad range of safe food handling behaviors in the expectation that this will lead to the avoidance of foodborne illness. This approach can be confusing and lead to evaluation data that are difficult to interpret. This article suggests that food safety education and evaluation in the future be organized around five behavioral constructs: practice personal
hygiene, cook foods adequately, avoid cross-contamination, keep foods at safe temperatures, and avoid food from unsafe sources. These five constructs are derived from data on actual outbreaks and estimated incidences of foodborne illness. Research is needed to establish reliable and valid evaluation measures for these five behavioral constructs. Evaluation instruments can be tailored to fit specific education programs. If evaluation instruments focus on these five behavior areas, the result will be meaningful evaluation data that can be more easily summarized across food safety education programs for consumers.

  - Old study on evaluating the effectiveness of public health programs
## FDA Risk Factor Study 1998, 2003 and 2008 comparison

### % Out of Compliance

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>4.7</td>
<td>2.3</td>
<td>36.2</td>
<td>17.6</td>
<td>17.1</td>
<td>14.6</td>
<td></td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>2.1</td>
<td>9.6</td>
<td>29.2</td>
<td>16.8</td>
<td>16.0</td>
<td>12.5</td>
<td></td>
</tr>
<tr>
<td>Elementary Schools</td>
<td>3.7</td>
<td>11.8</td>
<td>27.5</td>
<td>14.7</td>
<td>14.9</td>
<td>13.4</td>
<td></td>
</tr>
<tr>
<td>Fast Food</td>
<td>2.4</td>
<td>7.4</td>
<td>38.2</td>
<td>17.4</td>
<td>24.2</td>
<td>31.4</td>
<td></td>
</tr>
<tr>
<td>Full Service</td>
<td>12.0</td>
<td>15.4</td>
<td>54.7</td>
<td>35.0</td>
<td>40.9</td>
<td>25.2</td>
<td></td>
</tr>
<tr>
<td>Delis</td>
<td>4.3</td>
<td>9.4</td>
<td>50.8</td>
<td>18.8</td>
<td>20.5</td>
<td>28.4</td>
<td></td>
</tr>
<tr>
<td>Meat &amp; Poultry</td>
<td>2.3</td>
<td>-#</td>
<td>19.9</td>
<td>17.0</td>
<td>6.8</td>
<td>14.1</td>
<td>#low observations</td>
</tr>
<tr>
<td>Seafood</td>
<td>11.4</td>
<td>-#</td>
<td>32.5</td>
<td>13.6</td>
<td>8.9</td>
<td>9.6</td>
<td>#low observations</td>
</tr>
<tr>
<td>Produce</td>
<td>1.5</td>
<td>-#</td>
<td>34.7</td>
<td>16.1</td>
<td>15.1</td>
<td>10.2</td>
<td></td>
</tr>
</tbody>
</table>

The highest percentage out of compliance for all 9 types of facilities that were visited was Improper Holding Time/Temperature.

Study also found all 9 types of facilities did not have adequate written employee health policies. All had greater than 50% out of compliance.

### Data Items in Need of Priority Attention for Each Risk Factor

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Data Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food from Unsafe Sources</td>
<td>Shellstock tags retained for 90 days;</td>
</tr>
<tr>
<td>Inadequate Cooking</td>
<td>Rapid reheating; poultry, stuffed fish, meat, pasta cooked;</td>
</tr>
<tr>
<td>Improper Holding Time/Temperature</td>
<td>cooling; cold-holding; hot holding; date-marking; discarding of foods; time alone used as a public health control;</td>
</tr>
<tr>
<td>Contaminated Equipment/Protection from Contamination</td>
<td>Surface/utensils cleaned/sanitized; separation of raw/RTE foods; protection from contamination; raw animal foods separated</td>
</tr>
<tr>
<td>Poor Personal Hygiene</td>
<td>Proper, adequate handwashing; handsink convenient/accessible; good hygienic practices; prevention of contamination of hands; handsink, cleanser/drying device;</td>
</tr>
<tr>
<td>Other (Chemical Contamination)</td>
<td>Poisonous or toxic materials properly identified, stored and used</td>
</tr>
</tbody>
</table>
### Recommendations

<table>
<thead>
<tr>
<th>For Whom</th>
<th>Task</th>
<th>Including</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industry Managers</td>
<td>Develop and Implement SOPs</td>
<td>Detail monitoring &amp; corrective action for time/temperature control; training should be covered in employee orientation and in refreshers</td>
</tr>
<tr>
<td>Industry Managers</td>
<td>Provide necessary resources, equipment, and supplies</td>
<td>Thermocouples, temperature logs, hand soap &amp; towels, chemical sanitizers, test kit</td>
</tr>
<tr>
<td>Industry Managers</td>
<td>Verify employees are following monitoring procedures</td>
<td>Daily oversight; provide employees with necessary knowledge &amp; skills</td>
</tr>
<tr>
<td>Industry Managers</td>
<td>Identify methods to routinely assess effectiveness of SOPs</td>
<td>Could be based on internal review; regulatory inspections, or third party evaluation; risk factor violations noted during inspections should motivate managers to respond with active managerial control</td>
</tr>
<tr>
<td>Industry Managers</td>
<td>Overall – active managerial control over the risk factors</td>
<td>High out of compliance percentages of data items related to handwashing, bare-hand contact with ready to eat foods, time/temperature control, and contaminated equipment indicate needed improvement in those areas</td>
</tr>
<tr>
<td>Regulatory Programs</td>
<td>Conduct quality, risk-based inspections</td>
<td>Spend more time observation employee practices – handwashing, food handling, cooling of foods, and clean-up procedures; provide inspection tools; consider alternate working schedules to allow inspections at different times – observe cooling when it is occurring</td>
</tr>
<tr>
<td>Regulatory Programs</td>
<td>Providing onsite education and achieving voluntary compliance</td>
<td>Make use of existing training programs; establish open dialogue; obtain immediate corrective action; assist operators with SOPs and risk control plans; develop intervention strategies</td>
</tr>
<tr>
<td>Regulatory Programs</td>
<td>Implementing consistent and effective enforcement protocol</td>
<td>Develop procedures and strategies; look for active managerial control over risk factors; ensure credibility by applying enforcement actions uniformly</td>
</tr>
<tr>
<td>Regulatory Programs</td>
<td>Continuous program improvement</td>
<td>Self-assessment outlined in Program Standards</td>
</tr>
</tbody>
</table>

“...it is important to note that the risk factors and data items in need of priority attention remain the same as in previous data collection periods for each of the facility types. This is an indication that more action is needed by the industry and regulatory bodies.” FDA Risk Factor Study, page 150
Employee Food Safety Training Committee Meeting Minutes

**Date:** Wednesday, December 17, 2014

**Time:** 3:00 p.m. (EST)

**Facilitator:** Hal King

Introduced himself as Chair and Ben as Vice Chair. . . Ben is not on the call due to illness.

1. Thanked everyone for agreeing to be a participant on the committee and explained that there is a lot of work to do
2. 19 voting members, Linda Catalan will not participate due to change in job duties
3. 18 participants on the call. Hal allowed the pragmatic system to announce callers.
4. Hal read the Antitrust Statement (conference for Food Protection, Inc.). Wants to be clear that everyone has a copy and understands.
5. Read the Committee Charge
   1. Make recommendations to the Conference for Food Protection in regard to:
      a. What a food employee should know about food safety, prioritized by risk.
      b. A guidance document to include recommendations for appropriate operator, regulator, and/or third-party food safety training program(s); including the criteria for the program and learning objectives.
   2. Report Committee recommendations to the 2016 Conference for Food Protection Biennial Meeting.
6. Ken Rosenwinkel – thanked Hal for being committee chair. Committee has one year as opposed to two years to complete the charge.
   - Hal stated that he wants to make sure that every voice is heard, and solicits everyone’s input
7. The process of gathering information will allow to “close the gaps” in standards of food safety.
   - Christina. . .likes how process is layed out. Question: What can we gain from the training??
   - William. . .not a regulated thing from gov’t perspective. It is a requirement for food safety training.
   - Chirag. . .understands that the focus is retail food protection and not the manufacturing side.

8. We are only talking about “line” employees. Don’t want miss what we can learn from other sectors. The goal is to make sure that the food handler is ready.

9. Alan – Does anyone have a job that is based on Job Task Analysis (JTA)? Wants to prevent any assumptions as to what a food worker should know. The committee should decide what a food handler should really know. He and Hal have been through the JTA process. It would be great to stay as close to the JTA process as possible.

10. Take a look across the board at processes in different states (William). Agreed to be a part of this process and get ASTM standard information. Want to compare the states that are represented, just to see if there is a gap in what states are using.

11. Next call can be based on reports of gaps by members. Will collect info via email prior to call.

12. Steven (FDA) made suggestion to first figure out where programs are. Then look at them as a committee to agree on the actual gaps.

13. Aimee volunteered to get info on the grocery/retail side. Ben will search on the academic side.

14. Janice suggested to start at the state level.

15. Jeff Lang willing to serve with Ben on the academic sector.

16. Regardless of industry, there should not be that big of a difference.
17. A little confusion as to what the motive or goal is. As a baseline, it was suggested to start with the ASTM standard.

18. Hal thanked everyone for the comments and suggestions. The next call should take place at the end of January. Send emails or templates to Hal to assist. The goal is to make more progress.

19. Scheduling of future calls – suggested to preset calls. Select dates that will work for Hal and Ben. Then to send committee to vote on those dates. FDA can’t use doodle. Meeting Wizard works best for FDA. Suggested to have calls more frequently.

20. Call ended at 4:25 p.m.

CFP Food Service Employee Training Committee Meeting
Chicago, IL - March 18, 2015
Minutes of the Meeting

Attendance (see below)

1. Introductions
The members introduced themselves and their interest in this committee.

2. An industry and regulatory perspective on the process (Chuck Catlin)
Co-Chair Chuck Catlin presented an overview of perspectives for the Committee to consider as it frames its work. It was noted that the typical food employee sees their activity as “low risk,” a dangerous perspective. Catlin also reminded the members that consensus is important, and asked them to leave personal and business biases aside, and deliberate with open-mindedness.

3. Framing behavior-based training (Ben Chapman)
Co-Chair Ben Chapman suggested that the Committee could work on “knowledge based” guidance, but miss the opportunity to focus on changing behavior. Looking at the food safety requirements and risk factors viewed through the “why” of best practices, in a “behavior based” frame might yield greater impact. Identifying desirable behaviors and advancing their adoption and implementation is the opportunity. Chapman went on to present some academic background information for the members’ consideration, including:

- A good analogy for our work is to consider employees that clean hospital rooms: it’s known that they care, and understand that their interventions (sanitizing to control infection) matters.
- For our purposes, how do we ensure that food employees care? Teaching and showing them that people get sick when they fail to adhere to standards, and that is largely preventable by food employees. Training must show them how to do this, and getting them talking to each other about this is essential to its successful adoption.

- Methods that matter:
  1. Using stories more than numbers
  2. Putting the info into relatable context for the employee
  3. Generating surprise
  4. Generating ongoing dialog

4. Review of the committee charge, clarification of scope

Charge 1
Make recommendations to the Conference for Food Protection in regard to:

a. What a food employee should know about food safety, prioritized by risk.

b. A guidance document to include recommendations for appropriate operator, regulator, and/or third-party food safety training program(s); including the criteria for the program and learning objectives.

Charge 2
Report Committee recommendations to the 2016 CFP Biennial Meeting.

Chapman asked Council II member Brain Turner to perspective on this Committee’s genesis, and about what audience we should focus on. Turner explained that discussion about forming this Committee centered on the need for consistent criteria for “frontline” training, and how to provide value (impact) to that training.

Discussion ensued regarding the jobs/people this Committee should focus on impacting, and it was suggested that while position-specific information might be useful, starting with the Food Code definition of “food employee” is a better, more general, and broader reaching start. Consensus of the Committee is to use the Food Code definition of “food employee.” Discussion ensued regarding the study and creation of JTAs, and consensus reached that this would not be undertaken by the Committee.

Chapman then asked the Committee to consider clarifying its understanding of the term “prioritized” in the charge, and consensus was reached that this means starting with the known risk factors and prioritizing their importance in training content. Chapman will communicate this “reading” of the prioritization charge to the CFP Executive Board.

Additional consensus was reached by the Committee that:
- the Committee’s work will apply to employees in any place the Food Code applies to.
- the learning objectives in the Committee charge are from section a) of the charge (with perspective provided from Council II by Brian Turner).
5. Review cataloged documents/data sources
   - Job Task Analysis (JTA) and the process
   - Current industry outlines
   - Compliance/behavior change literature related to employee food safety training
   - FDA risk factor study insights

Chapman overviewed documents that Committee members were provided, and asked for others to be submitted. Differentiation was established between “certificate” (that uses learning objectives), and “certification” (that uses a JTA) work. Committee consensus is to proceed based on learning objectives, rather than JTAs.

Discussion ensued regarding CA and IL programs, and their basis in ASTM 2659, which does require a JTA, and consensus reached that what the Committee produces must be “measurable and reportable,” and provide a template for national consistency.

Opposition was voiced to moving in any way toward ASTM 2659 and/or employee testing. It was pointed out that demonstration of knowledge via employee questions currently exists in the Food Code. Steven Hughes, FDA consultant to the Committee, pointed out that three main areas exist in our review: Content, Mechanics (implementation), and Food Code relativity, and suggested the Committee focus on the Content mission.

6. Establish subcommittees for each group
Chapman reviewed three proposed subcommittees scopes of work:
   1. Review current Industry non-regulatory delivery
   2. Review current state requirements (i.e., CA, IL, FL)
   3. FDA Risk Factor related employee activities (FC sec. 203.11; “must haves” and “nice to haves”).

The Committee Co-Chairs will call for volunteers to subcommittees, then when formed those groups will select their chairs.

Catlin pointed out that the Committee should be creative in its objectives and activity, not simply use existing “check boxes,” and be aware of the opportunity to create work product based in or derived from something that does not yet exist.

7. Milestone setting
   - Co-Chairs set March 27 as the deadline for subcommittee sign up.
   - Subcommittees will meet at their own direction, and once empanelled the Committee Co-Chairs will establish reporting deadlines for the reminder of the CFP 2014-16 cycle.
   - Committee Co-Chairs will poll Committee members for three proposed Committee meetings moving forward, with integration of the subcommittee schedules. Potential dates: May 2015, in Chicago concurrent with the NRA show July 24-27, 2015, in Portland concurrent with IAFP
November, 2015, week 1, details TBD

8. **Adjourn**
With unanimous consent the Committee adjourned at 1:40 PM.
Food Handler Training subcommittee: Industry non-regulatory delivery of food handler training
June 15
12pm ET- 1pm ET

Attending: Ben Chapman, Suzanne Feazell, Susan Delauris, Chirag Bhatt, Chuck Catlin, Aimee Lee, Stephen Hughes

• Reviewed the charge and approved the charge subcomponents.

• Quick thoughts on the charge, focused on generating a common outline capturing the elements of current programs.
• Suggestion to create a matrix, using risk factors as a foundation, in order to compare ‘apples to apples’ of different programs. What elements were similar?

• Discussion on recognizing that specific departments may result in specific requirements: produce department and pizza are different.

• Specific to job tasks should be recognized, not in the generic outline.
• Lets focus on the common knowledge, skills and behaviors.

• We need to try to achieve that the syllabus is universal as the baseline knowledge, skills and understanding

• Suggestion to align the matrix by the suggested inspection code

• Additional resources for this group: Brian Chapman State Food Safety & Kate Piche with NRA

Action 1 : Reach out to William on NRAs members looking like
Action 2: Susan Feazell - create a template to compare apples to apples - Susan to send to Ben
Action 3: Chirag to send to a quick email to restaurants food service to
gather FMI info.
Action 4: Chuck to reach out to additional resources noted above
CFP Employee Training Committee Meeting
IAFP Conference – Portland, OR
July 8, 2015
Conference call

Jordan Mason -FL
Ken Rosenwinkel - IL
Joe Graham - WA
Joyce Jensen

Ben talked about the charge, what we need to do.

Introductions

Expectations were confirmed – review state programs and discuss common elements

Allergens were discussed as a hot topic as they relate to food handlers - need to take into consideration and what’s out there and not being used

Joe for context - states that already have it that go into the code interesting conversation, code requirement

Ken Shared: IL - Contentious issues were not really even within scope of content but related to implementation of assessment.

Some very basic criteria food employee training/food handler
Little of basic components - cleaning and sanitizing, temperature controls, personal hygiene
Should it be ANSI approved or not
* IL rule as a compromise - two classifications of training (restaurant vs non-restaurant) no such thing as restaurant vs. non-restaurant component
In IL - Certificates that required after three years

Joe from WA shared:

30 min training requirement as a minimum
Every two years
Food allergy awareness is included
Manual
36 questions are provided in the assessment they are risk based and weighted
Offered in 7 languages - not required in the code

Actions: Joe to send us a food handler info an populate the matrix.
(completed)

Food employees

ANSI landminds

FL experience from Allergens Safe Staff
GA requirements
JTAs
Jordan – shared that there are not JTAs available from Florida

Wrap-up and next meeting confirmed for August 12, 2015.
Chirag provided details on a few programs:
Cracker Barrel
Waffle House and Starbucks, to be added to matrix

Susan’s discussed the matrix including common competencies and unique foci

Pest control - brief of and concise - inform supervisor as - control measures related to pest control

Tom suggested that cleaning and sanitizing - is a core item (specifically the difference between cleaning and sanitizing)

Identifying core items - pest control/cleaning and sanitizing should that maybe be required under.

Some discussion around allergens - potential around adding allergens for food handler core

Focused some discussion of knowledge of a food handler diseases:
Reportable illnesses

- Knowledge know and understand the 6 reportable illnesses
- Shouldn’t come to work if they are feeling sick
- Obligation when they have certain symptoms
- Some kind of documentation and a diagnosis is a manager
- If they are throwing up with diarrhea - because of the symptoms
- The problem with the anecdote, is that the indicated pathogens
- Sort of need to know why they are reporting it
- Teach them the symptoms vs. the pathogen
- Need to make sure that the knowledge

Wrap Up
A meeting of the CPF Training Committee was called to order by Chairman Ben Chapman at noon on July 27, 2015. Those in attendance were Ben Chapman, Susan Feazell, Hal King, Geoff Luebkemann, William Weichelt, Chuck Catlin, Davene Sarrocco-Smith, Bryan Chapman, George Nakamura, Jeff Lang, Joe Graham, ..... 

Chairman Chapman explained that the purpose of the meeting was to report on the progress of the work of the three subcommittees and clarify any matters.

**Subcommittee 1: Looking at current Industry Practices with regard to food safety employee training.**
There was some discussion regarding the different levels of training across the food service industries and the differing categories of food industries – grocery, restaurant, wholesale, etc. It was noted that the subcommittee should not describe in detail what is in the training program but that a subject matter is present.

**Subcommittee 2: Looking at State Food Service Employee Training Programs.**
It was noted that there appears to be little consistency between State food service training programs and requirements. A request went out for more state program information.

**Subcommittee 3: Looking at Risk Factors as they relate to food safety employee training.**
In reviewing the literature, it appears that there are five common risk factors being addressed across several training programs. They include Cross Contamination, Personal Hygiene/Hand Washing, Temperature Control, Employee Illness Reporting, and Cleaning/Sanitizing. There was some discussion regarding clarification of terms of employee illness reporting with regard to exclusion/restriction, reportable disease and symptom reporting. It was felt that symptom reporting was key to the discussion.

It was reported that some of the outliers being noted were issues like Pest Control, Allergens, etc.

It was noted that an important factor in evaluating training programs for the food serving employee would be to access the learning level of the population. It was also noted that when putting in place the California statutes for food training there were political hurdles which needed to be overcome and should be considered when making recommendations to Council. Two new committee members volunteered to work with Subcommittee 2 in looking at state programs.

It was reported that all three subcommittees were collecting data and information and building matrixes for the purpose of comparison and concluding recommendations.

Chairman Chapman advised that what we would be submitting to Council would be “guidelines” for what should be in any food server training program.
The subcommittees will be meeting by conference call monthly to complete their matrixes and will attempt to schedule a call of the full committee around the Thanksgiving time frame. Chairman Chapman thanked everyone in attendance and those on the phone.
1. Introduction To Food Safety; What it is and the impact on health

Burden of foodborne illness
  • Number of illnesses
  • Cost of illnesses
  • Consequences Pathogens of most concern – Add highly susceptible populations very quickly – and a possible example from the oral

What is food safety
What is foodborne illness
Who gets it, CDC risk factors

Other hazards – include it Chemical/Physical

2. Reportable Symptoms, Illnesses, Causes; Food Handler Role

Supervision
  ● Person in Charge

Employee Health
  ● Reportable Symptoms
    ○ Vomiting
    ○ Diarrhea
    ○ Jaundice
    ○ Sore throat with fever
    ○ Lesion containing pus or infected wound that is open and draining.

  ● Stay home if sick – if you have these symptoms –

  ● Reportable Illnesses
    ○ Norovirus
○ Shiga Toxin-Producing Escherichia Coli or Shigella
○ Salmonella spp.
○ Salmonella Typhi
○ Hepatitis A

● Exclusion/Restrictions

**Labeling**
- Consumer advisory

**Highly Susceptible Populations**

**Compliance with Approved Procedures**
- HACCP Plans

3. Avoiding Contamination and Cross-contamination

Preventing contamination
- Ice
- Equipment
  - Utensils
- Consumers
- Produce Washing
- Animals
- Pasteurized Eggs
- Ventilation
- Vending Machines
  - Auto shutoff
- Equipment Certifications (NSF, UL)
- Single Service Use Items
- Proper Storage of Food
  - Locations
  - Storage levels

4. Time and Temperature Control PHF/TCS

Food
- Receiving
○ Condition
○ Temperatures
○ Shellfish
- Shellfish Tags
- Juicing

Destruction of organisms of public health Concern
- Cooking
- Freezing
  - Parasite destruction
- Reheating
- Raw Animal Foods

Limiting Growth Of Organisms of Public Health Concern
- Hot holding
- Cold holding
- Chilling
- Time as a public health control
- Thawing
- Date Marking (TCS RTE foods)

5. Personal Hygiene and Hand Washing

Good Hygienic Practices
- Clean Clothing
- Washing Hands and arms
- Fingernails
- Jewelry
- Proper eating, drinking and Tobacco use

Preventing Contamination from hands
- Food Contamination Prevention
- Hair Restraints
- Glove use
- Hand washing
- Facilities for hand washing
- No bare hand contact with RTE’s
6. Cleaning and Sanitizing

Chemical Use and Storage
- Chlorine
- Quaternary Ammonia
- Iodine
- Pesticides

Cleaning and Sanitation (Food & Non-food Contact Surfaces)
- Wiping Cloths
- Dish Washing
- Manual Cleaning
- Hot Water

Responding to Contamination Events
- Bodily Fluids clean up (Vomit, Diarrhea)

7. Pest Control

Insect control devices that are used to electrocute or stun flying insects must be designed to retain the insect within the device.
  - Control devices shall not be located over food prep areas.
  - Dead insects and fragments must be prevented from falling on exposed food or clean equipment or other food contact surfaces.
  - Exposed food or food contact surfaces must be protected from contamination by insects, rodents or other vermin.

Poisonous or toxic materials shall be stored in a manner that prevents contamination of food, or food contact surfaces.

8. Hazard Identification & Control (receiving, storing and preparing)

Identify harbors for microorganisms
  - Niches
  - Foods to pay attention to
  -
Identify control measures for some specific foods as they relate to risk factors

9. Allergen Control

Allergens are proteins that react negatively in some people triggering an immune system response that can be life threatening. Anaphylaxis is a severe allergic reaction of rapid onset affecting many body systems and is the most dangerous to the victim. More than 160 foods have been identified as sources of allergic reactions in humans. However, 90 percent of these reactions are caused by eight main food categories. The 8 main categories of food containing allergens are milk, eggs, finfish, crustacean shellfish, peanuts, tree nuts, wheat and soy.

- Food services must post emergency contact numbers to provide a quick reference in an emergency.
- Call 911 if a guest or employee is having a serious allergic reaction.
- Ask the person, who is having the reaction, if they carry an EpiPen. Do not inject the allergic victim. The allergic person or medical personnel are the only people authorized to administer medicine.

Note: an EpiPen is a small medical device often carried by people that have severe allergic reactions. The device delivers a measured dose (or doses) of epinephrine (also known as adrenaline) using autoinjector technology.

Compliance With Laws
- Permits
- Regulatory Agencies
- Inspection and Correction of Violations

Facilities
- Approved Water Sources
- Hand wash sinks
- Hand drying provisions
- Plumbing
  - Airgap
  - Backflow prevention
• Mobile Food Trucks
• Toilet Rooms
• Lighting
Terms
(NOTE this is not the list of things that food employees should know, this is a list of terms that we would want to use for consistency within the content areas)

(1) "Food additive" has the meaning stated in the Federal Food, Drug, and Cosmetic Act, § 201(s) and 21 CFR 170.3(e)(1).

(2) "Color additive" has the meaning stated in the Federal Food, Drug, and Cosmetic Act, § 201(t) and 21 CFR 70.3(f).

"Adulterated" has the meaning stated in the Federal Food, Drug, and Cosmetic Act, § 402.

"Approved" means acceptable to the REGULATORY AUTHORITY based on a determination of conformity with principles, practices, and generally recognized standards that protect public health.

Asymptomatic.
(1) "Asymptomatic" means without obvious symptoms; not showing or producing indications of a disease or other medical condition, such as an individual infected with a pathogen but not exhibiting or producing any signs or symptoms of vomiting, diarrhea, or jaundice.
(2) "Asymptomatic" includes not showing symptoms because symptoms have resolved or subsided, or because symptoms never manifested.

"aw " means water activity which is a measure of the free moisture in a FOOD, is the quotient of the water vapor pressure of the substance divided by the vapor pressure of pure water at the same temperature, and is indicated by the symbol AW .
"Balut" means an embryo inside a fertile EGG that has been incubated for a period sufficient for the embryo to reach a specific stage of development after which it is removed from incubation before hatching.

"Beverage" means a liquid for drinking, including water. "Bottled drinking water" means water that is SEALED in bottles, packages, or other containers and offered for sale for human consumption, including bottled mineral water.
"Casing" means a tubular container for sausage products made of either natural or artificial (synthetic) material.

"Certification number" means a unique combination of letters and numbers assigned by a SHELLFISH CONTROL AUTHORITY to a MOLLUSCAN SHELLFISH DEALER according to the provisions of the National Shellfish Sanitation Program.

"CFR" means CODE OF FEDERAL REGULATIONS. Citations in this Code to the CFR refer sequentially to the Title, Part, and Section numbers, such as 40 CFR 180.194 refers to Title 40, Part 180, Section 194. CIP.

(1) "CIP" means cleaned in place by the circulation or flowing by mechanical means through a piping system of a detergent solution, water rinse, and SANITIZING solution onto or over EQUIPMENT surfaces that require cleaning, such as the method used, in part, to clean and SANITIZE a frozen dessert machine.
(2) "CIP" does not include the cleaning of EQUIPMENT such as band saws, slicers, or mixers that are subjected to in-place manual cleaning without the use of a CIP system.

"Commingle" means:
(1) To combine SHELLSTOCK harvested on different days or from different growing areas as identified on the tag or label, or
(2) To combine SHUCKED SHELLFISH from containers with different container codes or different shucking dates.

Comminuted. (1) "Comminuted" means reduced in size by methods including chopping, flaking, grinding, or mincing.
(2) "Comminuted" includes FISH or MEAT products that are reduced in size and restructured or reformulated such as gefilte FISH, gyros, ground beef, and sausage; and a mixture of 2 or more types of MEAT that have been reduced in size and combined, such as sausages made from 2 or more MEATS.

"Conditional employee" means a potential FOOD EMPLOYEE to whom a job offer is made, conditional on responses to subsequent medical questions or examinations designed to identify potential FOOD EMPLOYEES who may be
suffering from a disease that can be transmitted through FOOD and done in compliance with Title 1 of the Americans with Disabilities Act of 1990.

"Confirmed disease outbreak" means a FOODBORNE DISEASE OUTBREAK in which laboratory analysis of appropriate specimens identifies a causative agent and epidemiological analysis implicates the FOOD as the source of the illness.

"Consumer" means a PERSON who is a member of the public, takes possession of FOOD, is not functioning in the capacity of an operator of a FOOD ESTABLISHMENT or FOOD PROCESSING PLANT, and does not offer the FOOD for resale.

Core Item. (1) "Core item" means a provision in this Code that is not designated as a PRIORITY ITEM or a PRIORITY FOUNDATION ITEM. (2) "Core item" includes an item that usually relates to general sanitation, operational controls, sanitation standard operating procedures (SSOPs), facilities or structures, equipment design, or general maintenance.

"Corrosion-resistant material" means a material that maintains acceptable surface cleanability characteristics under prolonged influence of the FOOD to be contacted, the normal use of cleaning compounds and SANITIZING solutions, and other conditions of the use environment.

"Counter-mounted equipment" means EQUIPMENT that is not portable and is designed to be mounted off the floor on a table, counter, or shelf.

"Critical control point" means a point or procedure in a specific FOOD system where loss of control may result in an unacceptable health RISK.
"Critical limit" means the maximum or minimum value to which a physical, biological, or chemical parameter must be controlled at a CRITICAL CONTROL POINT to minimize the RISK that the identified FOOD safety HAZARD may occur.

“Cut leafy greens” means fresh leafy greens whose leaves have been cut, shredded, sliced, chopped, or torn. The term “leafy greens” includes iceberg lettuce, romaine lettuce, leaf lettuce, butter lettuce, baby leaf lettuce (i.e., immature lettuce or leafy greens), escarole, endive, spring mix, spinach,
cabbage, kale, arugula and chard. The term “leafy greens” does not include herbs such as cilantro or parsley.

"Dealer" means a PERSON who is authorized by a SHELLFISH CONTROL AUTHORITY for the activities of SHELLSTOCK shipper, shucker-packer, repacker, re-shipper, or depuration processor of MOLLUSCAN SHELLFISH according to the provisions of the National Shellfish Sanitation Program.

"Disclosure" means a written statement that clearly identifies the animal-derived FOODS which are, or can be ordered, raw, undercooked, or without otherwise being processed to eliminate pathogens, or items that contain an ingredient that is raw, undercooked, or without otherwise being processed to eliminate pathogens.

Drinking Water.
(1) "Drinking water" means water that meets criteria as specified in 40 CFR 141 National Primary Drinking Water Regulations.
(2) "Drinking water" is traditionally known as "potable water.
(3) "Drinking water" includes the term "water" except where the term used connotes that the water is not potable, such as "boiler water," "mop water," "rainwater," "wastewater," and "nondrinking" water.

"Dry storage area" means a room or area designated for the storage of PACKAGED or containerized bulk FOOD that is not TIME/TEMPERATURE CONTROL FOR SAFETY FOOD and dry goods such as SINGLE-SERVICE items.

Easily Cleanable.
(1) "Easily cleanable" means a characteristic of a surface that: (a) Allows effective removal of soil by normal cleaning methods; (b) Is dependent on the material, design, construction, and installation of the surface; and (c) Varies with the likelihood of the surface's role in introducing pathogenic or toxigenic agents or other contaminants into FOOD based on the surface's APPROVED placement, purpose, and use.

(2) "Easily cleanable" includes a tiered application of the criteria that qualify the surface as EASILY CLEANABLE as specified in Subparagraph (1) of this definition to different situations in which varying degrees of cleanability are required such as:
(a) The appropriateness of stainless steel for a FOOD preparation surface as opposed to the lack of need for stainless steel to be used for floors or for tables used for CONSUMER dining; or
(b) The need for a different degree of cleanability for a utilitarian attachment or accessory in the kitchen as opposed to a decorative attachment or accessory in the CONSUMER dining area.

"Easily movable" means:
(1) Portable; mounted on casters, gliders, or rollers; or provided with a mechanical means to safely tilt a unit of EQUIPMENT for cleaning; and
(2) Having no utility connection, a utility connection that disconnects quickly, or a flexible utility connection line of sufficient length to allow the EQUIPMENT to be moved for cleaning of the EQUIPMENT and adjacent area.

Egg.
(1) "Egg" means the shell EGG of avian species such as chicken, duck, goose, guinea, quail, RATITES or turkey.
(2) "Egg" does not include:
(a) A BALUT;
(b) The egg of reptile species such as alligator; or
(c) An EGG PRODUCT.

Egg Product.
(1) "Egg Product" means all, or a portion of, the contents found inside EGGS separated from the shell and pasteurized in a FOOD PROCESSING PLANT, with or without added ingredients, intended for human consumption, such as dried, frozen or liquid eggs.
(2) "Egg Product" does not include FOOD which contains EGGS only in a relatively small proportion such as cake mixes.

"Employee" means the PERMIT HOLDER, PERSON IN CHARGE, FOOD EMPLOYEE, PERSON having supervisory or management duties, PERSON on the payroll, family member, volunteer, PERSON performing work under contractual agreement, or other PERSON working in a FOOD ESTABLISHMENT.

"EPA" means the U.S. Environmental Protection Agency.

Equipment.
(1) "Equipment" means an article that is used in the operation of a FOOD ESTABLISHMENT such as a freezer, grinder, hood, ice maker, MEAT block, mixer, oven, reach-in refrigerator, scale, sink, slicer, stove, table, TEMPERATURE MEASURING DEVICE for ambient air, VENDING MACHINE, or WAREWASHING machine.

(2) "Equipment" does not include apparatuses used for handling or storing large quantities of PACKAGED FOODS that are received from a supplier in a cased or overwrapped lot, such as hand trucks, forklifts, dollies, pallets, racks, and skids.

"Exclude" means to prevent a PERSON from working as an EMPLOYEE in a FOOD ESTABLISHMENT or entering a FOOD ESTABLISHMENT as an EMPLOYEE.

"FDA" means the U.S. Food and Drug Administration.

Fish.
(1) "Fish" means fresh or saltwater finfish, crustaceans and other forms of aquatic life (including alligator, frog, aquatic turtle, jellyfish, sea cucumber, and sea urchin and the roe of such animals) other than birds or mammals, and all mollusks, if such animal life is intended for human consumption.

(2) "Fish" includes an edible human FOOD product derived in whole or in part from FISH, including FISH that have been processed in any manner.

"Food" means
(1) a raw, cooked, or processed edible substance, ice, BEVERAGE, or ingredient used or intended for use or for sale in whole or in part for human consumption, or chewing gum. "Foodborne disease outbreak" means the occurrence of two or more cases of a similar illness resulting from the ingestion of a common FOOD.

"Food-contact surface" means:
(1) A surface of EQUIPMENT or a UTENSIL with which FOOD normally comes into contact; or
(2) A surface of EQUIPMENT or a UTENSIL from which FOOD may drain, drip, or splash: (a) Into a FOOD, or (b) Onto a surface normally in contact with FOOD.
"Food employee" means an individual working with unPACKAGED FOOD, FOOD EQUIPMENT or UTENSILS, or FOOD-CONTACT SURFACES.

Food Establishment.
(1) "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; conveyance used to transport people; 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.

(2) "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.

(3) "Food establishment" does not include:
(a) An establishment that offers only prePACKAGED FOODS that are not TIME/TEMPERATURE CONTROL FOR SAFETY FOODS;
(b) A produce stand that only offers whole, uncut fresh fruits and vegetables;
(c) A FOOD PROCESSING PLANT; including those that are located on the PREMISES of a FOOD ESTABLISHMENT;
(d) A kitchen in a private home if only FOOD that is not TIME/TEMPERATURE CONTROL FOR SAFETY FOOD, is prepared for sale or service at a function such as a religious or charitable organization’s bake sale if allowed by LAW and if the CONSUMER is informed by a clearly visible placard at the sales or service location that the FOOD is prepared in a kitchen that is not subject to regulation and inspection by the REGULATORY AUTHORITY;
(e) An area where FOOD that is prepared as specified in Subparagraph (3) (d) of this definition is sold or offered for human consumption;
(f) A kitchen in a private home, such as a small family day-care provider; or a bed-and-breakfast operation that prepares and offers FOOD to guests if the home is owner occupied, the number of available guest bedrooms does not exceed 6, breakfast is the only meal offered, the number of guests served does not exceed 18, and the CONSUMER is informed by statements contained in published advertisements, mailed brochures, and placards posted at the registration area that the FOOD is prepared in a kitchen that is not regulated and inspected by the REGULATORY AUTHORITY; or

(g) A private home that receives catered or home-delivered FOOD. Food Processing Plant.

(1) "Food processing plant" means a commercial operation that manufactures, packages, labels, or stores FOOD for human consumption, and provides FOOD for sale or distribution to other business entities such as FOOD PROCESSING PLANTS or FOOD ESTABLISHMENTS.

(2) "Food processing plant" does not include a FOOD ESTABLISHMENT.

Game Animal.

(1) "Game animal" means an animal, the products of which are FOOD, that is not classified as livestock, sheep, swine, goat, horse, mule, or other equine in 9 CFR 301.2 Definitions, or as Poultry, or FISH.

(2) "Game animal" includes mammals such as reindeer, elk, deer, antelope, water buffalo, bison, rabbit, squirrel, opossum, raccoon, nutria, or muskrat, and nonaquatic reptiles such as land snakes.

(3) "Game animal" does not include RATITES.

"General use pesticide" means a pesticide that is not classified by EPA for restricted use as specified in 40 CFR 152.175 Pesticides classified for restricted use. "Grade A standards" means the requirements of the United States Public Health Service/FDA "Grade A Pasteurized Milk Ordinance" with which certain fluid and dry milk and milk products comply.

"HACCP plan" means a written document that delineates the formal procedures for following the HAZARD Analysis and CRITICAL CONTROL POINT principles developed by The National Advisory Committee on Microbiological Criteria for Foods.

Handwashing Sink.
(1) "Handwashing sink" means a lavatory, a basin or vessel for washing, a wash basin, or a PLUMBING FIXTURE especially placed for use in personal hygiene and designed for the washing of the hands.

(2) "Handwashing sink" includes an automatic handwashing facility.

"Hazard" means a biological, chemical, or physical property that may cause an unacceptable CONSUMER health RISK.

"Health practitioner" means a physician licensed to practice medicine, or if allowed by LAW, a nurse practitioner, physician assistant, or similar medical professional.

"Hermetically sealed container" means a container that is designed and intended to be secure against the entry of microorganisms and, in the case of low acid canned FOODS, to maintain the commercial sterility of its contents after processing.

"Highly susceptible population" means PERSONS who are more likely than other people in the general population to experience foodborne disease because they are:

(1) Immunocompromised; preschool age children, or older adults; and

(2) Obtaining FOOD at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.

"Imminent health hazard" 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:

(1) The number of potential injuries, and

(2) The nature, severity, and duration of the anticipated injury.

"Injected" means manipulating MEAT to which a solution has been introduced into its interior by processes that are referred to as "injecting," "pump marinating," or "stitch pumping".

Juice.
(1) "Juice" means the aqueous liquid expressed or extracted from one or more fruits or vegetables, purées of the edible portions of one or more fruits or vegetables, or any concentrates of such liquid or purée.  
(2) "Juice" does not include, for purposes of HACCP, liquids, purées, or concentrates that are not used as BEVERAGES or ingredients of BEVERAGES.

"Kitchenware" means FOOD preparation and storage UTENSILS.

"Law" means applicable local, state, and federal statutes, regulations, and ordinances.

"Linens" means fabric items such as cloth hampers, cloth napkins, table cloths, wiping cloths, and work garments including cloth gloves. Major Food Allergen.

(1) "Major food allergen" means: (a) Milk, EGG, FISH (such as bass, flounder, cod, and including crustacean shellfish such as crab, lobster, or shrimp), tree nuts (such as almonds, pecans, or walnuts), wheat, peanuts, and soybeans; or (b) A FOOD ingredient that contains protein derived from a FOOD, as specified in Subparagraph (1)(a) of this definition.

(2) "Major food allergen" does not include: (a) Any highly refined oil derived from a FOOD specified in Subparagraph (1)(a) of this definition and any ingredient derived from such highly refined oil; or (b) Any ingredient that is exempt under the petition or notification process specified in the Food Allergen Labeling and Consumer Protection Act of 2004 (Public Law 108-282).

"Meat" means the flesh of animals used as FOOD including the dressed flesh of cattle, swine, sheep, or goats and other edible animals, except FISH, POULTRY, and wild GAME ANIMALS as specified under Subparagraphs 3-201.17(A)(3) and (4).

Mechanically Tenderized.

(1) "Mechanically tenderized" means manipulating meat with deep penetration by processes which may be referred to as “blade tenderizing,” “jaccarding,” “pinning,” “needling,” or using blades, pins, needles or any mechanical device.
(2) "Mechanically tenderized" does not include processes by which solutions are INJECTED into meat. "mg/L" means milligrams per liter, which is the metric equivalent of parts per million (ppm).

"Molluscan shellfish" means any edible species of fresh or frozen oysters, clams, mussels, and scallops or edible portions thereof, except when the scallop product consists only of the shucked adductor muscle.

Non-Continuous Cooking.
(1) "Non-continuous cooking" means the cooking of FOOD in a FOOD ESTABLISHMENT using a process in which the initial heating of the FOOD is intentionally halted so that it may be cooled and held for complete cooking at a later time prior to sale or service.
(2) "Non-continuous cooking" does not include cooking procedures that only involve temporarily interrupting or slowing an otherwise continuous cooking process.

Packaged.
(1) "Packaged" means bottled, canned, cartoned, bagged, or wrapped, whether PACKAGED in a FOOD ESTABLISHMENT or a FOOD PROCESSING PLANT.
(2) "Packaged" does not include wrapped or placed in a carry-out container to protect the FOOD during service or delivery to the CONSUMER, by a FOOD EMPLOYEE, upon CONSUMER request.

"Permit" means the document issued by the REGULATORY AUTHORITY that authorizes a PERSON to operate a FOOD ESTABLISHMENT.

"Permit holder" means the entity that:
(1) Is 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" means an association, a corporation, individual, partnership, other legal entity, government, or governmental subdivision or agency.

"Person in charge" means the individual present at a FOOD ESTABLISHMENT who is responsible for the operation at the time of inspection.
Personal Care Items.
(1) "Personal care items" means items or substances that may be poisonous, toxic, or a source of contamination and are used to maintain or enhance a PERSON'S health, hygiene, or appearance.
(2) "Personal care items" include items such as medicines; first aid supplies; and other items such as cosmetics, and toiletries such as toothpaste and mouthwash.

"pH" means the symbol for the negative logarithm of the hydrogen ion concentration, which is a measure of the degree of acidity or alkalinity of a solution.

"Physical facilities" means the structure and interior surfaces of a FOOD ESTABLISHMENT including accessories such as soap and towel dispensers and attachments such as light fixtures and heating or air conditioning system vents.

"Plumbing fixture" means a receptacle or device that:
(1) Is permanently or temporarily connected to the water distribution system of the PREMISES and demands a supply of water from the system; or
(2) Discharges used water, waste materials, or SEWAGE directly or indirectly to the drainage system of the PREMISES.

"Plumbing system" means the water supply and distribution pipes; PLUMBING FIXTURES and traps; soil, waste, and vent pipes; sanitary and storm sewers and building drains, including their respective connections, devices, and appurtenances within the PREMISES; and water-treating EQUIPMENT.

"Poisonous or toxic materials" means substances that are not intended for ingestion and are included in 4 categories:
(1) Cleaners and SANITIZERS, which include cleaning and SANITIZING agents and agents such as caustics, acids, drying agents, polishes, and other chemicals;
(2) Pesticides, except SANITIZERS, which include substances such as insecticides and rodenticides;
(3) Substances necessary for the operation and maintenance of the establishment such as nonfood grade lubricants and PERSONAL CARE ITEMS that may be deleterious to health; and
(4) Substances that are not necessary for the operation and maintenance of the establishment and are on the PREMISES for retail sale, such as petroleum products and paints.

"Poultry" means:
(1) Any domesticated bird (chickens, turkeys, ducks, geese, guineas, RATITES, or squabs), whether live or dead, as defined in 9 CFR 381.1 Poultry Products Inspection Regulations Definitions, Poultry; and
(2) Any migratory waterfowl or game bird, pheasant, partridge, quail, grouse, or pigeon, whether live or dead, as defined in 9 CFR 362.1 Voluntary Poultry Inspection Regulations, Definitions.

"Premises" means:
(1) The PHYSICAL FACILITY, its contents, and the contiguous land or property under the control of the PERMIT HOLDER; or
(2) The PHYSICAL FACILITY, its contents, and the land or property not described in Subparagraph (1) of this definition if its facilities and contents are under the control of the PERMIT HOLDER and may impact FOOD ESTABLISHMENT personnel, facilities, or operations, and a FOOD ESTABLISHMENT is only one component of a larger operation such as a healthcare facility, hotel, motel, school, recreational camp, or prison.

"Primal cut" means a basic major cut into which carcasses and sides of MEAT are separated, such as a beef round, pork loin, lamb flank, or veal breast.

Priority Item.
(1) "Priority item" means a provision in this Code whose application contributes directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury and there is no other provision that more directly controls the hazard.
(2) "Priority item" includes items with a quantifiable measure to show control of hazards such as cooking, reheating, cooling, handwashing; and
(3) "Priority item" is an item that is denoted in this Code with a superscript P-P.

Priority Foundation Item.
(1) "Priority foundation item" means a provision in this Code whose application supports, facilitates or enables one or more PRIORITY ITEMS.
(2) "Priority foundation item" includes an item that requires the purposeful incorporation of specific actions, equipment or procedures by industry management to attain control of risk factors that contribute to foodborne illness or injury such as personnel training, infrastructure or necessary equipment, HACCP plans, documentation or record keeping, and labeling; and
(3) "Priority foundation item" is an item that is denoted in this Code with a superscript Pf - Pf.

"Public water system" has the meaning stated in 40 CFR 141 National Primary Drinking Water Regulations.

"Ratite" means a flightless bird such as an emu, ostrich, or rhea.

Ready-to-Eat Food.
(1) "Ready-to-eat food" means FOOD that:
(a) Is in a form that is edible without additional preparation to achieve FOOD safety, as specified under one of the following: ¶ 3-401.11(A) or (B), § 3-401.12, or § 3-402.11, or as specified in ¶ 3-401.11(C); or
(b) Is a raw or partially cooked animal FOOD and the consumer is advised as specified in Subparagraphs 3-401.11(D)(1) and (3); or
(c) Is prepared in accordance with a variance that is granted as specified in Subparagraph 3-401.11(D) (4); and
(d) May receive additional preparation for palatability or aesthetic, epicurean, gastronomic, or culinary purposes.
(2) "Ready-to-eat food" includes:
(a) Raw animal FOOD that is cooked as specified under § 3-401.11 or 3-401.12, or frozen as specified under § 3-402.11;
(b) Raw fruits and vegetables that are washed as specified under § 3-302.15;
(c) Fruits and vegetables that are cooked for hot holding, as specified under § 3-401.13;
(d) All TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that is cooked to the temperature and time required for the specific FOOD under Subpart 3-401 and cooled as specified under § 3-501.14;
(e) Plant FOOD for which further washing, cooking, or other processing is not required for FOOD safety, and from which rinds, peels, husks, or shells, if naturally present are removed;
(f) Substances derived from plants such as spices, seasonings, and sugar;
(g) A bakery item such as bread, cakes, pies, fillings, or icing for which further cooking is not required for FOOD safety;
(h) The following products that are produced in accordance with USDA guidelines and that have received a lethality treatment for pathogens: dry, fermented sausages, such as dry salami or pepperoni; salt-cured MEAT and POULTRY products, such as prosciutto ham, country cured ham, and Parma ham; and dried MEAT and POULTRY products, such as jerky or beef sticks; and
(i) FOODS manufactured as specified in 21 CFR Part 113, Thermally Processed Low-Acid Foods Packaged in Hermetically Sealed Containers.

Reduced Oxygen Packaging.
(1) "Reduced oxygen packaging" means:
(a) The reduction of the amount of oxygen in a PACKAGE by removing oxygen; displacing oxygen and replacing it with another gas or combination of gases; or otherwise controlling the oxygen content to a level below that normally found in the atmosphere (approximately 21% at sea level); and
(b) A process as specified in Subparagraph (1)(a) of this definition that involves a FOOD for which the HAZARDS Clostridium botulinum or Listeria monocytogenes require control in the final Packaged form.
(2) "Reduced oxygen packaging" includes:
(a) Vacuum PACKAGING, in which air is removed from a PACKAGE of FOOD and the PACKAGE is HERMETICALLY SEALED so that a vacuum remains inside the PACKAGE;
(b) Modified atmosphere PACKAGING, in which the atmosphere of a PACKAGE of FOOD is modified so that its composition is different from air but the atmosphere may change over time due to the permeability of the PACKAGING material or the respiration of the FOOD. Modified atmosphere PACKAGING includes reduction in the proportion of oxygen, total replacement of oxygen, or an increase in the proportion of other gases such as carbon dioxide or nitrogen;
(c) Controlled atmosphere PACKAGING, in which the atmosphere of a PACKAGE of FOOD is modified so that until the PACKAGE is opened, its composition is different from air, and continuous control of that atmosphere...
is maintained, such as by using oxygen scavengers or a combination of total replacement of oxygen, non-respiring FOOD, and impermeable PACKAGING material;
(d) Cook chill PACKAGING, in which cooked FOOD is hot filled into impermeable bags which have the air expelled and are then sealed or crimped closed. The bagged FOOD is rapidly chilled and refrigerated at temperatures that inhibit the growth of psychrotrophic pathogens; or 
(e) Sous vide PACKAGING, in which raw or partially cooked FOOD is vacuum packaged in an impermeable bag, cooked in the bag, rapidly chilled, and refrigerated at temperatures that inhibit the growth of psychrotrophic pathogens.

"Refuse" means solid waste not carried by water through the SEWAGE system.

"Regulatory authority" means the local, state, or federal enforcement body or authorized representative having jurisdiction over the FOOD ESTABLISHMENT.

"Reminder" means a written statement concerning the health RISK of consuming animal FOODS raw, undercooked, or without otherwise being processed to eliminate pathogens.

"Re-service" means the transfer of FOOD that is unused and returned by a CONSUMER after being served or sold and in the possession of the CONSUMER, to another PERSON.

"Restrict" means to limit the activities of a FOOD EMPLOYEE so that there is no RISK of transmitting a disease that is transmissible through FOOD and the FOOD EMPLOYEE does not work with exposed FOOD, clean EQUIPMENT, UTENSILS, LINENS, or unwrapped SINGLE-SERVICE or SINGLE-USE ARTICLES.

"Restricted egg" means any check, dirty EGG, incubator reject, inedible, leaker, or loss as defined in 9 CFR 590.

"Restricted use pesticide" means a pesticide product that contains the active ingredients specified in 40 CFR 152.175 Pesticides classified for restricted use, and that is limited to use by or under the direct supervision of a certified applicator.
"Risk" means the likelihood that an adverse health effect will occur within a population as a result of a HAZARD in a FOOD.

"Safe material" means:
(1) An article manufactured from or composed of materials that may not reasonably be expected to result, directly or indirectly, in their becoming a component or otherwise affecting the characteristics of any FOOD;
(2) An additive that is used as specified in § 409 of the Federal Food, Drug, and Cosmetic Act; or
(3) Other materials that are not ADDITIVES and that are used in conformity with applicable regulations of the Food and Drug Administration.

"Sanitization" means the application of cumulative heat or chemicals on cleaned FOOD-CONTACT SURFACES that, when evaluated for efficacy, is sufficient to yield a reduction of 5 logs, which is equal to a 99.999% reduction, of representative disease microorganisms of public health importance.

"Sealed" means free of cracks or other openings that allow the entry or passage of moisture.

"Service animal" means an animal such as a guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability.

"Servicing area" means an operating base location to which a mobile FOOD ESTABLISHMENT or transportation vehicle returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding FOOD.

"Sewage" means liquid waste containing animal or vegetable matter in suspension or solution and may include liquids containing chemicals in solution.

"Shellfish control authority" means a state, federal, foreign, tribal, or other government entity legally responsible for administering a program that includes certification of MOLLUSCAN SHELLFISH harvesters and DEALERs for interstate commerce.
"Shell stock" means raw, in-shell MOLLUSCAN SHELLFISH.

"Shiga toxin-producing Escherichia coli" (STEC) means any E. coli capable of producing Shiga toxins (also called verocytotoxins). STEC infections can be asymptomatic or may result in a spectrum of illness ranging from mild non-bloody diarrhea, to hemorrhagic colitis (i.e., bloody diarrhea), to hemolytic uremic syndrome (HUS - a type of kidney failure). Examples of serotypes of STEC include: E. coli O157:H7; E. coli O157:NM; E. coli O26:H11; E. coli O145:NM; E. coli O103:H2; and E. coli O111:NM. STEC are sometimes referred to as VTEC (verocytotoxigenic E. coli) or as EHEC (Enterohemorrhagic E. coli). EHEC are a subset of STEC which can cause hemorrhagic colitis or HUS.

"Shucked shellfish" means MOLLUSCAN SHELLFISH that have one or both shells removed. "Single-service articles" means TABLEWARE, carry-out UTENSILS, and other items such as bags, containers, placemats, stirrers, straws, toothpicks, and wrappers that are designed and constructed for one time, one PERSON use after which they are intended for discard.

Single-Use Articles.
(1) "Single-use articles" means UTENSILS and bulk FOOD containers designed and constructed to be used once and discarded.
(2) "Single-use articles" includes items such as wax paper, butcher paper, plastic wrap, formed aluminum FOOD containers, jars, plastic tubs or buckets, bread wrappers, pickle barrels, ketchup bottles, and number 10 cans which do not meet the materials, durability, strength, and cleanability specifications under §§ 4-101.11, 4-201.11, and 4-202.11 for multiuse UTENSILS.

"Slacking" means the process of moderating the temperature of a FOOD such as allowing a FOOD to gradually increase from a temperature of -23o C (-10o F) to -4o C (25o F) in preparation for deep-fat frying or to facilitate even heat penetration during the cooking of previously block-frozen FOOD such as shrimp.

"Smooth" means:
(1) A FOOD-CONTACT SURFACE having a surface free of pits and inclusions with a cleanability equal to or exceeding that of (100 grit) number 3 stainless steel;
(2) A non-FOOD-CONTACT SURFACE of EQUIPMENT having a surface equal to that of commercial grade hot-rolled steel free of visible scale; and
(3) A floor, wall, or ceiling having an even or level surface with no roughness or projections that render it difficult to clean.

"Tableware" means eating, drinking, and serving UTENSILS for table use such as flatware including forks, knives, and spoons; hollowware including bowls, cups, serving dishes, and tumblers; and plates.

"Temperature measuring device" means a thermometer, thermocouple, thermistor, or other device that indicates the temperature of FOOD, air, or water.

"Temporary food establishment" means a FOOD ESTABLISHMENT that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration.

Time/Temperature Control for Safety Food (formerly "potentially hazardous food" (PHF)).
(1) "Time/temperature control for safety food" means a FOOD that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation.
(2) "Time/temperature control for safety food" includes:
(a) 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, or garlic-in-oil mixtures that are not modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation; and
(b) Except as specified in Subparagraph (3)(d) of this definition, a FOOD that because of the interaction of its AW and PH values is designated as Product Assessment Required (PA) in Table A or B of this definition:

Table A. Interaction of PH and AW for control of spores in FOOD heat-treated to destroy vegetative cells and subsequently PACKAGED
* TCS FOOD means TIME/TEMPERATURE CONTROL FOR SAFETY FOOD
** PA means Product Assessment required

Table B. Interaction of PH and AW for control of vegetative cells and spores in FOOD not heat-treated or heat-treated but not PACKAGED

<table>
<thead>
<tr>
<th>Aw values</th>
<th>pH: 4.6 or less</th>
<th>pH: &gt; 4.6 - 5.6</th>
<th>pH: &gt; 5.6</th>
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<tr>
<td>&lt;0.92</td>
<td>non-TCS FOOD*</td>
<td>non-TCS FOOD</td>
<td>non-TCS FOOD</td>
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<tr>
<td>&gt;0.92 - 0.95</td>
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<td>non-TCS FOOD</td>
<td>PA**</td>
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<tr>
<td>&gt;0.95</td>
<td>non-TCS FOOD</td>
<td>PA</td>
<td>PA</td>
</tr>
</tbody>
</table>

* TCS FOOD means TIME/TEMPERATURE CONTROL FOR SAFETY FOOD
** PA means Product Assessment required

(3) "Time/temperature control for safety food" does not include:
(a) An air-cooled hard-boiled EGG with shell intact, or an EGG with shell intact that is not hard-boiled, but has been pasteurized to destroy all viable salmonellae;
(b) A FOOD in an unopened HERMETICALLY SEALED CONTAINER that is commercially processed to achieve and maintain commercial sterility under conditions of non-refrigerated storage and distribution;
(c) A FOOD that because of its PH or AW value, or interaction of AW and PH values, is designated as a non-TCS FOOD in Table A or B of this definition;
(d) A FOOD that is designated as Product Assessment Required (PA) in Table A or B of this definition and has undergone a Product Assessment showing that the growth or toxin formation of pathogenic microorganisms that are reasonably likely to occur in that FOOD is precluded due to:
(i) Intrinsic factors including added or natural characteristics of the FOOD such as preservatives, antimicrobials, humectants, acidulants, or nutrients,
(ii) Extrinsic factors including environmental or operational factors that affect the FOOD such as packaging, modified atmosphere such as REDUCED OXYGEN PACKAGING, shelf life and use, or temperature range of storage and use, or
(iii) A combination of intrinsic and extrinsic factors; or
(e) A FOOD that does not support the growth or toxin formation of pathogenic microorganisms in accordance with one of the Subparagraphs (3) (a) - (3)(d) of this definition even though the FOOD may contain a pathogenic microorganism or chemical or physical contaminant at a level sufficient to cause illness or injury.

"USDA" means the U.S. Department of Agriculture.

"Utensil" means a FOOD-CONTACT implement or container used in the storage, preparation, transportation, dispensing, sale, or service of FOOD, such as KITCHENWARE or TABLEWARE that is multi use, SINGLE-SERVICE, or SINGLE-USE; gloves used in contact with FOOD; temperature sensing probes of FOOD TEMPERATURE MEASURING DEVICES; and probe-type price or identification tags used in contact with FOOD.

"Variance" means a written document issued by the REGULATORY AUTHORITY that authorizes a modification or waiver of one or more requirements of this Code if, in the opinion of the REGULATORY AUTHORITY, a health HAZARD or nuisance will not result from the modification or waiver.

"Vending machine" means a self-service device that, upon insertion of a coin, paper currency, token, card, or key, or by optional manual operation, dispenses unit servings of FOOD in bulk or in packages without the necessity of replenishing the device between each vending operation.

"Vending machine location" means the room, enclosure, space, or area where one or more VENDING MACHINES are installed and operated and includes the storage areas and areas on the PREMISES that are used to service and maintain the VENDING MACHINES.
"Warewashing" means the cleaning and SANITIZING of UTENSILS and FOOD-CONTACT SURFACES of EQUIPMENT.

"Whole-muscle, intact beef" means whole muscle beef that is not injected, mechanically tenderized, reconstructed, or scored and marinated, from which beef steaks may be cut.
# Employee Food Safety Training Topics Adopted Dec 1, 2015

<table>
<thead>
<tr>
<th>Topic</th>
<th>Category</th>
<th>Short Description</th>
<th>Risk Delineation</th>
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<tbody>
<tr>
<td>I</td>
<td>Introduction To Food Safety</td>
<td>Burden of foodborne illness</td>
<td>Risk Factors</td>
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<td></td>
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<td>Pathogens of most concern</td>
<td>Risk Factors</td>
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<td>CDC risk factors</td>
<td>Risk Factors</td>
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<td></td>
<td></td>
<td>Highly susceptible populations</td>
<td>Priority</td>
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<tr>
<td>II</td>
<td>Reportable Symptoms, Illnesses, Causes; Food Handler Role</td>
<td>Stay home if sick</td>
<td>Priority</td>
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<td></td>
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<td>Reportable symptoms (food code)</td>
<td>Priority</td>
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<tr>
<td></td>
<td></td>
<td>Reportable illnesses (food code)</td>
<td>Priority Foundation</td>
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<tr>
<td>III</td>
<td>Personal Hygiene and Hand Washing</td>
<td>Clean clothing</td>
<td>Priority</td>
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<tr>
<td></td>
<td></td>
<td>Washing hands and arms: How, When, Facility needs</td>
<td>Priority</td>
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<td></td>
<td></td>
<td>Fingernails</td>
<td>Priority Foundation</td>
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<td></td>
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<td>Jewelry</td>
<td>Priority Foundation</td>
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<td></td>
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<td>Proper eating, drinking and tobacco use</td>
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<td>Hair restraints</td>
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<td></td>
<td></td>
<td>Glove use</td>
<td>Priority Foundation</td>
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<tr>
<td></td>
<td></td>
<td>Bare hand contact with ready-to-eat foods</td>
<td>Priority Foundation</td>
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<tr>
<td>IV</td>
<td>Avoiding Contamination and Cross-contamination</td>
<td>Preventing contamination: ice</td>
<td>Priority</td>
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<td></td>
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<td>Preventing contamination: equipment, utensils</td>
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<td>Preventing contamination: produce washing</td>
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<tr>
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<td></td>
<td>Preventing contamination: proper food storage (location, storage hierarchy)</td>
<td>Priority</td>
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<tr>
<td>V</td>
<td>Allergen Control</td>
<td>8 main categories</td>
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<td></td>
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<td>Major symptoms</td>
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<tr>
<td>VI</td>
<td>Time and Temperature Control PHF/TCS</td>
<td>Cooking</td>
<td>Priority</td>
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<td>Cooling</td>
<td>Priority Foundation</td>
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<td>Thawing</td>
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<td></td>
<td></td>
<td>Reheating</td>
<td>Priority</td>
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<tr>
<td></td>
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<td>Hot holding</td>
<td>Priority</td>
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<td></td>
<td></td>
<td>Cold holding</td>
<td>Priority</td>
</tr>
<tr>
<td>VII</td>
<td>Cleaning and Sanitizing</td>
<td>Chemical use and storage (sanitizers)</td>
<td>Priority Foundation</td>
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<tr>
<td></td>
<td></td>
<td>Chemical use and storage (chemicals)</td>
<td>Priority Foundation</td>
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<td></td>
<td>Wiping cloths</td>
<td></td>
<td>Priority Foundation</td>
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<tr>
<td></td>
<td>Dish washing: Mechanical, Manual</td>
<td></td>
<td>Priority Foundation</td>
</tr>
<tr>
<td></td>
<td>Hot water</td>
<td></td>
<td>Priority Foundation</td>
</tr>
</tbody>
</table>
Issue History:
This is a brand new Issue.

Title:
Report- Demonstration of Knowledge (DoK) Committee

Issue you would like the Conference to consider:
The Conference for Food Protection (CFP) Demonstration of Knowledge Committee seeks Council II's acknowledgment of the committee's final report.

Public Health Significance:
Demonstration of knowledge is identified as one of the five key public health interventions to protect consumer health. The designated person in charge who is knowledgeable about foodborne disease prevention, Hazard Analysis and Critical Control Point (HACCP) principles, and Code requirements is prepared to recognize conditions that may contribute to foodborne illness or that otherwise fail to comply with Code requirements, and to take appropriate preventive and corrective actions. A dialogue with the person in charge during the inspection process will also reveal whether or not that person is enabled by a clear understanding of the Code and its public health principles to follow sound food safety practices and to produce foods that are safe, wholesome, unadulterated, and accurately represented.

Recommended Solution: The Conference recommends...:
1. Acknowledgement of the 2014-2016 Demonstration of Knowledge (DoK) Committee Report and attachments, and
2. Acknowledgement of the committee members for their participation on the conference calls, surveys and work completed.

Submitter Information 1:
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Telephone: 850.717-1734
E-mail: michelle.haynes@myfloridalicense.com

Submitter Information 2:
Name: Eric Moore, Committee Co-Chair
Organization: 2014-2016 Demonstration of Knowledge Committee
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City/State/Zip: Malvern, PA 19355
Telephone: 267.971.0916
E-mail: eric.moore@acmemarkets.com

Content Documents:
- "2014-2016 DoK Committee Final Report"
- "Attachment I 2014-2016 DoK Roster"
- "Attachment II 2014-2016 DoK Meeting Record"
- "Attachment III 2014-2016 DoK Pro Con Table 2-102.11 Template"
- "Attachment V 2014-2016 DoK Pro Con Listing 2013 Food Code 2-102.11 (C)"
- "Attachment VI 2014-2016 DoK Alternative Methods of Demonstrating Knowledge"
- "Attachment VII 2014-2016 DoK Final Survey Results"

It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.
COMMITTEE NAME: Demonstration of Knowledge Committee (DoK)

COUNCIL or EXECUTIVE BOARD ASSIGNMENT: Council II

DATE OF REPORT: January 31, 2016

SUBMITTED BY: Michelle Haynes and Eric Moore, Co-Chairs

COMMITTEE CHARGE(s):
1. Review the current methods in Food Code Section 2-102.11 for demonstrating knowledge.
2. Identify the pros and cons of the existing methods in Food Code Section 2-102.11(A) and 2-102.11(C) for the Person in Charge to demonstrate knowledge.
3. In lieu of Food Code Section 2-102.11(A) and 2-102.11(C), identify methods that could be used to demonstrate knowledge if/when the Certified Food Protection Manager (CFPM) is not onsite.
4. Identify the pros and cons of alternative methods to demonstrate knowledge if/when the CFPM is not onsite. Although not limited to the following areas, the committee should assess the pros and cons of each alternative method in light of the following areas:
   a. Differentiation between knowledge and application;
   b. Emphasis on risk factors;
   c. Ease of uniform assessment by regulators and industry;
   d. Enabling the Person in Charge to demonstrate knowledge even when there is language barrier;
   e. What corrective action should be taken when there is not a demonstration of knowledge from the Certified Food Protection Manager or the Person In Charge.
5. Report back to the 2016 Biennial Meeting.

COMMITTEE ACTIVITIES AND RECOMMENDATIONS:
1. Progress on Overall DoK Committee Activities:
   a. The DoK Committee began actively addressing the charges starting with the first of many web conference calls in November 2014. Meeting records are detailed in Attachment II 2014-2016 DoK Meeting Record. After an initial review of the relevant Food Code section in question, committee members contributed their suggestions of pros, cons and alternative methods via email. The compilation was shared and vigorously discussed among the members during monthly web conference calls. Customized online surveys (see Attachment VII) were used to determine the selected statements that would be included in the final report.
   b. The DoK committee was able to successfully complete the majority of its charges except Charge 4.
      i. Charge 1, completed: “Review the current methods in Food Code Section 2-102.11 for demonstrating knowledge.”
         1. The review of Food Code Section 2-102.11 was completed by having committee members fill out a form (Attachment III DoK Pro & Con Table..."
2-102.11) that classified each article in Food Code Section 2-102.11 as a pro or con.

2. Each member was requested to provide an explanation for each article in section 2-102.11 for both pro and con point of view.

3. This form was then compiled in to one list for use in completing Charge 2 and 3.

ii. Charge 2, completed: “Identify the pros and cons of the existing methods in Food Code Section 2-102.11(A) and 2-102.11(C) for the Person in Charge to demonstrate knowledge.”

1. Member feedback from charge 1 was then compiled into two separate pro and cons documents:
      i. This document identifies the Pros and Cons determined by the committee through consensus that would be used to develop the DoK Final Survey that would be used to support the committee’s recommendations to the conference.
      ii. Should the conference grant re-formation of the Demonstration of Knowledge Committee this document is recommended for use.
   b. Attachment V 2014-2016 DoK Pro Con Listing 2013 FDA Food Code 2-102.11(C)
      i. This document identifies the Pros and Cons determined by the committee through consensus that would be used to develop the DoK Final Survey that would be used to support the committee’s recommendations to the conference.
      ii. Should the conference grant re-formation of the Demonstration of Knowledge Committee this document is recommended for use.

2. Consensus for all pros and cons was reached by the Demonstration of Knowledge Committee

iii. Charge 3, complete: “In lieu of Food Code Section 2-102.11(A) and 2-102.11(C), identify methods that could be used to demonstrate knowledge if/when the CFPM is not onsite.”

1. Member feedback obtained from charge 1 was then compiled into Attachment VI 2014-2016 DoK Alternative Methods to Demonstrating Knowledge.
   a. This document provides 10 methods which food establishments are able to demonstrate knowledge in the absence of a CFPM.
   b. These methods were determined through committee consensus.
   c. Also included are suggested alternative Food Code language for Section 2-102.11.
   d. Should the conference grant re-formation of the Demonstration of Knowledge Committee this document is recommended for use.
iv. Charge 4, incomplete. “Identify the pros and cons of alternative methods to demonstrate knowledge if/when the CFPM is not onsite. Although not limited to the following areas, the Committee should assess the pros and cons of each alternative method in light of the following areas:

a. Differentiation between knowledge and application;
b. Emphasis on risk factors;
c. Ease of uniform assessment by regulators and industry;
d. Enabling the Person in Charge to demonstrate knowledge even when there is a language barrier;
e. What corrective action should be taken when there is not a demonstration of knowledge from the Certified Food Protection Manager or the Person in Charge?”

1. Due to time constraints, the DoK Committee was unable to address Charge 4. It is the Committee’s desire to be re-created and charged with completing this charge from the 2014 CFP Biennial Meeting using the methods outlined in Attachment VI Alternative Methods for Demonstrating Knowledge.

2. Recommendations for consideration by Council II:
   a. The committee recommends that the Council II acknowledge the final report, including Attachments I-VII.
   b. The DoK Committee will submit an issue to recommend re-creation of the committee in order to complete the charges originally assigned during the CFP 2014 Biennial Meeting, utilizing Attachments II-VII as reference documents.

CFP ISSUES TO BE SUBMITTED BY COMMITTEE:

1. **Report – Demonstration of Knowledge Committee**
   The committee seeks acknowledgement of the DoK Committee report including the Attachments I-VII and thanks the committee members for their work.

2. **Re-Create – Demonstration of Knowledge Committee**
   Recreate the Demonstration of Knowledge (DoK) Committee following the CFP 2016 Biennial Meeting with the following charges:
   a. Review findings of 2014-2016 DoK Charge 2 “Identify the pros and cons of the existing methods in Food Code Section 2-102.11(A) and 2-102.11(C) for the Person in Charge to demonstrate knowledge.” using the following:
      i. Attachment IV 2014-2016 DoK Pro Con Listing 2013 FDA Food Code 2-102.11(A)
   b. Attachment V 2014-2016 DoK Pro Con Listing 2013 FDA Food Code 2-102.11(C) Continue evaluation of 2014-2016 DoK Committees original Charge 4: “Identify the pros and cons of alternative methods to demonstrate knowledge if/when the CFPM is not onsite. Although not limited to the following areas, the Committee should assess the pros and cons of each alternative method in light of the following areas:
      a. Differentiation between knowledge and application;
      b. Emphasis on risk factors;
      c. Ease of uniform assessment by regulators and industry;
d. Enabling the Person in Charge to demonstrate knowledge even when there is a language barrier;

e. What corrective action should be taken when there is not a demonstration of knowledge from the Certified Food Protection Manager or the Person in Charge?” using the following:

   i Attachment VI 2014-2016 DoK Alternative Methods to Demonstrating Knowledge

c. Propose alternative methods as recommended FDA Food Code language
d. Present their findings at the CFP 2018 Biennial Meeting.

ATTACHMENTS:

I. 2014-2016 DoK Roster
II. 2014-2016 DoK Meeting Record
III. 2014-2016 DoK Pro Con Table 2-102.11 Template
IV. 2014-2016 DoK Pro Con Listing 2013 FDA Food Code, section 2-102.11(A)
V. 2014-2016 DoK Pro Con Listing 2013 FDA Food Code, section 2-102.11(C)
VI. 2014-2016 DoK Alternative Methods of Demonstrating Knowledge
VII. 2014-2016 DoK Final Survey Results
## 2014-2016 Demonstration of Knowledge Committee Roster

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Position</th>
<th>Constituency</th>
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<tr>
<td>Bogard</td>
<td>April</td>
<td>Member</td>
<td>State Regulator</td>
<td>Minnesota DOH</td>
<td>St Paul</td>
<td>MN</td>
<td>(651) 201-5076</td>
<td><a href="mailto:april.bogard@state.mn.us">april.bogard@state.mn.us</a></td>
</tr>
<tr>
<td>Brown</td>
<td>Robert</td>
<td>Member</td>
<td>Industry</td>
<td>Whole Foods Market</td>
<td>Austin</td>
<td>TX</td>
<td>(512) 944-7405</td>
<td><a href="mailto:robert.brown@wholefoods.com">robert.brown@wholefoods.com</a></td>
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<tr>
<td>Buck</td>
<td>Francie</td>
<td>Member</td>
<td>Industry</td>
<td>Sealed Air(Diversey)</td>
<td>Racine</td>
<td>WI</td>
<td>(505) 610-3816</td>
<td><a href="mailto:francie.buck@sealedair.com">francie.buck@sealedair.com</a></td>
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<tr>
<td>Crabtree</td>
<td>Deborah</td>
<td>Member</td>
<td>Local Regulator</td>
<td>Fairfax County Health Dept</td>
<td>Fairfax</td>
<td>VA</td>
<td>(703) 246-8431</td>
<td><a href="mailto:deborah.crabtree@fairfaxcounty.gov">deborah.crabtree@fairfaxcounty.gov</a></td>
</tr>
<tr>
<td>Dela Cruz</td>
<td>Hector</td>
<td>Member</td>
<td>Local Regulator</td>
<td>LA County Environmental Health</td>
<td>Los Angeles</td>
<td>CA</td>
<td>(818) 672-2230</td>
<td><a href="mailto:hdelacruz@ph.lacounty.gov">hdelacruz@ph.lacounty.gov</a></td>
</tr>
<tr>
<td>Earnest</td>
<td>Mark</td>
<td>Member</td>
<td>Industry</td>
<td>Captain D's</td>
<td>Nashville</td>
<td>TN</td>
<td>(615) 231-2089</td>
<td><a href="mailto:mark.earnest@captainds.com">mark.earnest@captainds.com</a></td>
</tr>
<tr>
<td>Ford</td>
<td>Lisa</td>
<td>Member</td>
<td>Industry</td>
<td>Brinker International</td>
<td>Dallas</td>
<td>TX</td>
<td>(972) 770-9627</td>
<td><a href="mailto:lisa.ford@brinker.com">lisa.ford@brinker.com</a></td>
</tr>
<tr>
<td>Gilliland</td>
<td>Robert</td>
<td>Member</td>
<td>Local Regulator</td>
<td>Kansas City, MO Health Department</td>
<td>Kansas City</td>
<td>MO</td>
<td>(816) 513-6181</td>
<td><a href="mailto:rob.gilliland@kcco.org">rob.gilliland@kcco.org</a></td>
</tr>
<tr>
<td>Haynes</td>
<td>Michelle</td>
<td>Co-Chair</td>
<td>State Regulator</td>
<td>DBPR, Division of Hotels &amp; Restaurants</td>
<td>Tallahassee</td>
<td>FL</td>
<td>(850) 717-1734</td>
<td><a href="mailto:michelle.haynes@myfloridalicense.com">michelle.haynes@myfloridalicense.com</a></td>
</tr>
<tr>
<td>Huang</td>
<td>Yao-Wen</td>
<td>Member</td>
<td>Academia</td>
<td>University of Georgia</td>
<td>Athens</td>
<td>GA</td>
<td>(706) 542-1092</td>
<td><a href="mailto:huang188@gmail.com">huang188@gmail.com</a></td>
</tr>
<tr>
<td>Hughes</td>
<td>Stephen</td>
<td>FDA Advisor</td>
<td>Federal Regulator</td>
<td>FDA</td>
<td>College Park</td>
<td>MD</td>
<td>(240) 402-2833</td>
<td><a href="mailto:stephen.hughes@fda.hhs.gov">stephen.hughes@fda.hhs.gov</a></td>
</tr>
<tr>
<td>Huuls</td>
<td>Julie</td>
<td>Member</td>
<td>Local Regulator</td>
<td>City of Milwaukee</td>
<td>Milwaukee</td>
<td>WI</td>
<td>(414) 286-5746</td>
<td><a href="mailto:julius@milwaukee.gov">julius@milwaukee.gov</a></td>
</tr>
<tr>
<td>James-Davis</td>
<td>Lucia</td>
<td>Member</td>
<td>Industry</td>
<td>The Seritech Group</td>
<td>Charlotte</td>
<td>NC</td>
<td>(321) 287-1394</td>
<td><a href="mailto:lucia.james-davis@steritech.com">lucia.james-davis@steritech.com</a></td>
</tr>
<tr>
<td>Lively</td>
<td>Shanna</td>
<td>Member</td>
<td>State Regulator</td>
<td>TN Department of Agriculture</td>
<td>Nashville</td>
<td>TN</td>
<td>(615) 837-5176</td>
<td><a href="mailto:shanna.lively@tn.gov">shanna.lively@tn.gov</a></td>
</tr>
<tr>
<td>Marcillo</td>
<td>John</td>
<td>FDA Advisor</td>
<td>Federal Regulator</td>
<td>FDA</td>
<td>Tempe</td>
<td>AZ</td>
<td>(480) 829-7396</td>
<td><a href="mailto:john.marcillo@fda.hhs.gov">john.marcillo@fda.hhs.gov</a></td>
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<tr>
<td>Millos</td>
<td>Mark(Mick)</td>
<td>Member</td>
<td>Industry</td>
<td>National Restaurant Association</td>
<td>Buford</td>
<td>GA</td>
<td>(770) 868-7422</td>
<td><a href="mailto:mmillos@restaurant.org">mmillos@restaurant.org</a></td>
</tr>
<tr>
<td>Moore</td>
<td>Eric</td>
<td>Co-Chair</td>
<td>Industry</td>
<td>ACMV Markets</td>
<td>Melville</td>
<td>PA</td>
<td>(267) 971-0916</td>
<td><a href="mailto:eric.moore@acmemarkets.com">eric.moore@acmemarkets.com</a></td>
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<tr>
<td>Morris</td>
<td>Shari</td>
<td>Member</td>
<td>State Regulator</td>
<td>PA Dept. of Agriculture</td>
<td>Harrisburg</td>
<td>PA</td>
<td>(717) 787-5299</td>
<td><a href="mailto:shmorris@pea.gov">shmorris@pea.gov</a></td>
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<tr>
<td>Peters</td>
<td>Brad</td>
<td>Member</td>
<td>Industry</td>
<td>HHR Universal LLC</td>
<td>Birmingham</td>
<td>AL</td>
<td>(855) 447-2864</td>
<td><a href="mailto:bpeters@hrunl.com">bpeters@hrunl.com</a></td>
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<tr>
<td>Sylvis</td>
<td>Christine</td>
<td>Member</td>
<td>Local Regulator</td>
<td>Southern Nevada Health District</td>
<td>Las Vegas</td>
<td>NV</td>
<td>(702) 759-1251</td>
<td><a href="mailto:sylvis@snhhmail.org">sylvis@snhhmail.org</a></td>
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<tr>
<td>Taylor</td>
<td>Todd</td>
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<td>Industry</td>
<td>Ecolab</td>
<td>Greensboro</td>
<td>NC</td>
<td>(336) 931-2200</td>
<td><a href="mailto:todd.taylor@ecolab.com">todd.taylor@ecolab.com</a></td>
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<tr>
<td>Yannik</td>
<td>Dale</td>
<td>Member</td>
<td>Industry</td>
<td>Yum! Brands, Inc.</td>
<td>Saint Cloud</td>
<td>FL</td>
<td>(407) 593-6181</td>
<td><a href="mailto:yannik.dale@yum.com">yannik.dale@yum.com</a></td>
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<tr>
<td>Zadziski</td>
<td>Linda</td>
<td>Member</td>
<td>Industry</td>
<td>Little Caesers Enterprises, Inc.</td>
<td>Detroit</td>
<td>MI</td>
<td>(313) 471-6550</td>
<td><a href="mailto:linda.zadziski@lcecorp.com">linda.zadziski@lcecorp.com</a></td>
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<tr>
<td>Radke</td>
<td>Vince</td>
<td>CDC Advisor</td>
<td>Federal Regulator</td>
<td>CDC</td>
<td></td>
<td></td>
<td>(770) 488-7065</td>
<td><a href="mailto:vradke@cdc.gov">vradke@cdc.gov</a></td>
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<tr>
<td>Balli</td>
<td>Petra</td>
<td>At Large Member</td>
<td>Industry</td>
<td>Aramark</td>
<td>Philadelphia</td>
<td>PA</td>
<td>(215) 413-8745</td>
<td><a href="mailto:balli-petra@aramark.com">balli-petra@aramark.com</a></td>
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<td>Deslauriers</td>
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<td>At Large Member</td>
<td>Industry</td>
<td>Big Y Foods</td>
<td>Springfield</td>
<td>MA</td>
<td>(413) 504-4452</td>
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<td>Erwin</td>
<td>Rob</td>
<td>At Large Member</td>
<td>Local Regulator</td>
<td>Fairfax County Health Department</td>
<td>Fairfax</td>
<td>VA</td>
<td>(703) 246-8430</td>
<td><a href="mailto:robert.erin@fairfaxcounty.gov">robert.erin@fairfaxcounty.gov</a></td>
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<td>Nelson</td>
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<td>Alchemy Systems</td>
<td>Austin</td>
<td>TX</td>
<td>(512) 637-5100</td>
<td><a href="mailto:laura.nelson@alchemyystems.com">laura.nelson@alchemyystems.com</a></td>
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<td>Paster</td>
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<td>Paster Training, Inc.</td>
<td>Gilbertsville</td>
<td>PA</td>
<td>(610) 970-1776</td>
<td><a href="mailto:tara.paster@pastertraining.com">tara.paster@pastertraining.com</a></td>
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<tr>
<td>Tylewski</td>
<td>Susan</td>
<td>At Large Member</td>
<td>Industry</td>
<td>CKE Restaurants Holdings, Inc.</td>
<td>Anaheim</td>
<td>CA</td>
<td>(714) 254-4562</td>
<td><a href="mailto:stylewski@zkr.com">stylewski@zkr.com</a></td>
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<tr>
<td>Wood</td>
<td>Sharon</td>
<td>At Large Member</td>
<td>Industry</td>
<td>HEB Grocery Company</td>
<td>San Antonio</td>
<td>TX</td>
<td>(210) 936-8511</td>
<td><a href="mailto:wood.sharon@heb.com">wood.sharon@heb.com</a></td>
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**Committee Name:** Demonstration of Knowledge
**2014 - 2016 CFP**  
**Demonstration of Knowledge Committee**

**Teleconference:** 1  
**Friday, November 14, 2014**  
**1:00pm – 3:00p.m. EST**

**Call-In Number:** 877-394-5901  
**Access Code:** 2995496#

**Co-Chairs:** Eric Moore, Michelle Haynes  
**FDA Advisors:** John Marcello Stephen Hughes  
**CDC Advisor:** Vince Radke  
**Scribe:** Eric Moore

**AGENDA ITEMS:**

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<td>Eric &amp; Michelle</td>
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<td>Conference for Food Protection, Inc. Antitrust Statement</td>
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<td>Review of CFP Committee Membership Expectations</td>
<td>Michelle</td>
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<td></td>
<td>a. CFP Biennial Meeting/Conference Procedures 2014, Part VIII</td>
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<td>b. Participation and feedback expectations</td>
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<td>Food Code provisions review</td>
<td>Stephen Hughes</td>
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<td>Review of issue &quot;As Submitted&quot; at 2014 CFP</td>
<td>April Bogard</td>
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<td>Review CFP Timeline for Committee Work</td>
<td>Michelle</td>
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<td>Work Plan Recommendations</td>
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<td>(Please be prepared to identify the charges in which you are most interested in the event of subgroup formation)</td>
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<td>9</td>
<td>Other Items/General Discussion</td>
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<td>Regular Monthly Meeting Dates</td>
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**Attendance:**

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<td>Bogard</td>
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<td>Sheri</td>
<td>Morris</td>
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<td>Eric</td>
<td>Moore</td>
<td>X</td>
<td>Dale</td>
<td>Yamnik</td>
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**Meeting Minutes:**

- Welcome and introductions completed, each member provided a brief history and why he/she were interested in the DoK Committee
- Recorded attendance
  - Read and reviewed the following CFP documents:
    - Antitrust statement
    - Committee member participation expectations
    - DoK Committee Charges
- FDA Advisor (Steven Hughes) provided Food Code provisions review
2014 - 2016 CFP
Demonstration of Knowledge Committee

- Food Code sections: 2-102.11, 2-102.20, 2-103.11, & Annex 3 Public Health
  Reasons/Administrative Guidelines
- Representative of Issue submitter (April Bogard) provided overview of why the issue was submitted to 2014 CFP
- Committee starting late and may require short timelines for feedback
- Next meeting to be scheduled for 12/5/14

Action Items for Committee:
1. Review of the following documents:
   a. Demonstration of Knowledge issue as submitted at 2014 CFP
   b. Food Code sections: 2-102.11, 2-102.20, 2-103.11, & Annex 3 Public Health
      Reasons/Administrative Guidelines
   c. Demonstration of Knowledge Committee Charges
2. Identify the pros and cons of the existing methods in Food Code Section 2-102.11(A) and 2-102.11(C) for the Person in Charge to demonstrate knowledge.
   a. Report all feedback on 2014 DoK Committee Feedback Template
3. In lieu of Food Code Section 2-102.11(A) and 2-102.11(C), identify methods that could be used to demonstrate knowledge if/when the CFPM is not onsite.
   a. Report all feedback on 2014 DoK Committee Feedback Template
2014 - 2016 CFP
Demonstration of Knowledge Committee

Teleconference: 2

Friday, December 05, 2014
1:00pm – 3:00p.m. EST
Call-In Number: 877-394-5901
Access Code: 2995496#

Co-Chairs: Eric Moore, Michelle Haynes
FDA Advisors: John Marcello Stephen Hughes
CDC Advisor: Vince Radke
Scribe: Susan Tyjewski

AGENDA ITEMS:
1. Welcome, Call to Order Eric
2. Roll-Call, Eric
4. Approval of minutes (voting members) Eric
5. Review CFP Timeline for Committee Work Michelle
6. Review of member submitted pros and cons of Food Code Section 2-102.11(A) and 2-102.11(C) for PIC to demonstrate knowledge Michelle
7. Review of member submitted proposed methods to demonstrate knowledge if/when the CFPM is not onsite Eric
8. Open discussion All
9. Determine next meeting date & action items All

ATTENDENCE:

<table>
<thead>
<tr>
<th>April Bogard</th>
<th>Robert Brown</th>
<th>Francie Buck</th>
<th>Deborah Crabtree</th>
<th>Hector Dela Cruz</th>
<th>Mark Earnest</th>
<th>Lisa Ford</th>
<th>Robert Gilliland</th>
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<th>Yao-Wen Huang</th>
<th>Julie Hults</th>
<th>Lucia James-Davis</th>
<th>Shanna Lively</th>
<th>Mark(Mick) Miklos</th>
<th>Eric Moore</th>
<th>Sheri Morris</th>
<th>Linda Zaziski</th>
<th>Dale Yamnik</th>
<th>Todd Taylor</th>
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| Meetinig Minutes:

- Meeting opened and roll call
- CFP committee report timeline reviewed
- Discussed individual committee member submitted pros & cons
2014 - 2016 CFP
Demonstration of Knowledge Committee

- Determined that most efficient method to review all pros & cons would be to compile all feedback provided by members and conduct on-line poll for members to review and vote on.

Teleconference: 3

Friday, January 23, 2015 Call-In Number: 877-394-5901
1:00pm – 3:00p.m. EST Access Code: 2995496#

Co-Chairs: Eric Moore, Michelle Haynes
FDA Advisors: John Marcello Stephen Hughes
CDC Advisor: Vince Radke
Scribe: Susan Tyjewski

AGENDA ITEMS:

1. Welcome, Call to Order Eric
2. Roll-Call, Eric
4. Review of member submitted pros and cons of Food Code Section 2-102.11(A) and 2-102.11(C) for PIC to demonstrate knowledge Michelle
5. Review of member submitted proposed methods to demonstrate knowledge if/when the CFPM is not onsite Michelle
6. Open discussion All
7. Determine next meeting date & action items All

ATTENDENCE:

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Page 4 of 19
2014 - 2016 CFP
Demonstration of Knowledge Committee

Meeting Minutes:
- Welcome and Roll-Call
- Discussion of pros and cons survey results
- Food Code Section 2-102.11(A)
  - Pro 1: Accepted alternate language
  - Pro 2: Accepted as is
  - Pro 3: Accepted as is
  - Pro 4: Amend alternate language – In 2\textsuperscript{nd} sentence change is after “compliance” to may and take out “designed to Achieve Managerial Control”
  - Pro 5: Amend alternate language – replace “food employees” with PIC
  - Con 1: Accepted alternate language
  - Con 2: Accepted 1\textsuperscript{st} alternate language
  - Con 3: Accepted 1\textsuperscript{st} alternate language and agreed on taking 2\textsuperscript{nd} sentence from original Con (language barriers) and create Con 6
  - Con 4: Accepted as is
  - Con 5: Omit, Con 2 sufficiently covers
- Food Code Section 2-102.11(C)
  - Pro 1: Accept the 1\textsuperscript{st} alternate language with the code citation removed
  - Pro 2: Use the alternate language of Pro 5
  - Pro 3: Accept alternate language
  - Pro 4: Accept alternate language
  - Pro 5: At the end of the sentence of the original language, add — pertaining to their operation.
  - Pro 6: Accept the 2\textsuperscript{nd} alternate language with adding the word customized before the word questions…
  - Pro 7: Accept as is
  - Pro 8: Amend the alternate language – replace restaurant with food establishment
  - Con 1: Accept alternate language with removing the last sentence
  - Con 2: Amend alternate language to read – Questions not asked while inspection is being conducted may take extra time or be forgotten
  - Con 3: Begin next call with this item

Action Item:
1. The Pros & Cons discussed today will be distributed with the agreed upon changes included.

Wrap Up
- First report from the Chair to the CFP Board is due in March, 2015
- Next call will be on Feb. 9 at the same time and discussion will begin with Con 3 of Food Code Section 2-102.11(C).
Teleconference: 4

Monday, February 9, 2015
1:00pm – 3:00p.m. EST
Call-In Number: 877-394-5901
Access Code: 2995496#

Co-Chairs: Eric Moore, Michelle Haynes
FDA Advisors: John Marcello Stephen Hughes
CDC Advisor: Vince Radke
Scribe: Susan Tyjewski

AGENDA ITEMS:
1. Welcome, Call to Order
2. Roll-Call,
3. Continue discussion of Pros & Cons
4. Determine next meeting date & action items

ATTENDENCE:

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 Meeting Minutes:
- Welcome and Roll-Call
- Review of minutes from January 23 meeting
- Discussion of pros and cons survey results continued
2014 - 2016 CFP
Demonstration of Knowledge Committee

- Food Code Section 2-102.11(C)
  - Con 3  Submitter withdraws
  - Con 4  Omit – this is covered in Con 10
  - Con 5  Omit – it is combined with Con 9
  - Con 6  Alternate language accepted
  - Con 7  The agreed upon language for Con 7 is the 2nd sentence from the 2nd alternate language of Con 9. “Regulators need to ensure only questions relevant to the operation are asked and that answers given for a facilities procedure that exceeds the minimum requirement (such as temperatures) are not debited for.”
  - Con 8  Accepted as is
  - Con 9  Use the 1st alternate language for now. This can be re-evaluated when the form with amended verbiage is circulated.
  - Con 10  Eric and Michelle will make changes with a focus on nerves, intimidation, ability to communicate, etc. Will start the next call with this item.
  - Con 11  Submitter removes
  - Con 12  Submitter removes because the core is covered in #7.

- Action Item 3
  - In lieu of Food Code Section 2-102.11(A) and 2-102.11(C), identify methods that could be used to demonstrate knowledge if/when the CFPM is not onsite.
    - #1  Strike this one. It is not aligned with the committee’s charge.
    - #2  Strike this for #11.
    - #11  Discussion on amending #11 to include organizations that have their own program that matches an ANSI-ASTM accredited program.

Wrap Up
During the discussion of food safety training in #11 it was mentioned there is another CFP committee that is working on employee food safety training standards. Susan Quam will contact the chairs, Chuck Catlin and Ben Chapman for a possible meeting with Eric and Michelle to discuss the overlap of this topic between the two committees.

Next Meeting
The following was provided by Julie Hults to be incorporated into suggestion #3 for discussion.

Language from the WI version of the food code 2-102.11 (C):
(C) Demonstrating FOOD safety principles based on the PERMITTED/LICENSED establishment’s specific FOOD operations. The areas of knowledge include:

Next meeting is scheduled for February 27, 2015 at 1:00 pm Eastern time. Discussion should start with Con 10 of Food Code Section 2-102.11(C)
2014 - 2016 CFP
Demonstration of Knowledge Committee

Teleconference: 5

Monday, March 23, 2015
1:00pm – 3:00p.m. EST
Call-In Number: 877-394-5901
Access Code: 2995496#

Co-Chairs: Eric Moore, Michelle Haynes
FDA Advisors: John Marcello Stephen Hughes
CDC Advisor: Vince Radke
Scribe: Susan Tyjewski

AGENDA ITEMS:
5. Welcome, Call to Order
6. Roll-Call,
7. Continue discussion of Action Item 3
8. Determine next meeting date & action items

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Meeting Minutes:

- Welcome
- Review and approval of minutes from February 9 meeting
- Announcements
2014 - 2016 CFP
Demonstration of Knowledge Committee

- Eric & Michelle haven’t connected with the other CFP committee – Food Safety Training. They will discuss off line with Susan if that should still be done.
- The Chair and Co-Chair were notified last week that Miss Bogard has to resign from the committee, she is leaving her position. We are in the process of identifying a substitute regulatory representative to take her position as a voting member of the committee. We are appreciative of all the work she has done and wish her luck in her future endeavors.

- Roll-Call
- Discussion began on Action Item 2 – Identify the pros and cons of the existing methods in Food Code Section 2-102.11(A) and 2-102.11(C) for the Person in Charge to demonstrate knowledge. - Con 7
  - Modify to clearly address the state of mind of the worker and eliminate all other concerns because they are covered in Con 5. Submitter of Con 7 agrees.
    - Michelle proposed new wording that was accepted regarding nervousness, intimidation and anxiety.
  - Discussion regarding whether this Con speaks to the problem of even asking questions to determine compliance.
    - Yes it does and there are 2 other methods that can be utilized.
      Agreement that this is not the right place to make a statement on this.
- Continued discussion on Action Item # 3, In lieu of Food Code Section 2-102.11(A) and 2-102.11(C), identify methods that could be used to demonstrate knowledge if/when the CFPM is not onsite. - #3
  - Mick Miklos opposes this one and gave an industry perspective about increasing the # of options allowed to demonstrate knowledge not reduce them.
  - Stephen Hughes with the FDA added that there was a lot of effort that went into developing what constitutes the appropriate body of knowledge for a manager. There would be some concern if it were suggested a second and different certification process (food handler) be introduced into that section.
  - There was clarification on the intent of #3 and that was to change the requirement of having to meet one of the three options to having to meet two of the three.
    - Sherry Morris pointed out there is a difference of opinion between industry and regulators on whether to change the # of options required to meet the determination.
  - Agreement that the voting members of this committee should vote on #3 again.
    - Bullet points should be incorporated so when there is a vote it will be clear what the issues are. Various members will contribute their comments and Michelle will add them to the documentation.

Next Meeting
We will begin the next meeting with Julie Hults having the opportunity to give her perspective on Action Item 3 and the following language from the WI version of the food code 2-102.11 (C):
2014 - 2016 CFP
Demonstration of Knowledge Committee

“Demonstrating FOOD safety principles based on the PERMITTED/LICENSED establishment's specific FOOD operations. The areas of knowledge include:”

Eric will send out different dates to choose from for our next meeting.
2014 - 2016 CFP
Demonstration of Knowledge Committee

Teleconference: 6

Monday, April 17, 2015
1:00pm – 2:30p.m. EST
Call-In Number: 877-394-5901
Access Code: 2995496#

Co-Chairs: Eric Moore, Michelle Haynes
FDA Advisors: John Marcello Stephen Hughes
CDC Advisor: Vince Radke
Scribe: Susan Tyjewski

AGENDA ITEMS:

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Meeting Min:

Julie Hults: WI version of the food code 2-102.11 (C):

“Demonstrating FOOD safety principles based on the PERMITTED/LICENSED establishment’s specific FOOD operations. The areas of knowledge include:”

Demonstrating in place of
Teleconference: 7

Friday, June 19, 2015
1:00pm – 3:00p.m. EST
Call-In Number: 877-394-5901
Access Code: 2995496#

Co-Chairs: Eric Moore, Michelle Haynes
FDA Advisors: John Marcello Stephen Hughes
CDC Advisor: Vince Radke
Scribe: Susan Tyjewski

AGENDA ITEMS:

13. Welcome, Call to Order Eric
14. Roll-Call, Eric
15. Continue discussion of Action Item 3 All
16. Determine next meeting date & action items All

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Meeting Minutes:

- Welcome
- Antitrust Statement Reminder
- Are there any comments on the minutes of March 23? No
- Discussion begins with Action Item 3, # 14.
Mic reads language he has suggested.

- Consider recommending that Section 2-102.11 of the Food Code be deleted rather than amended.
  - Section 2-102.11(A) The lack of priority violations may be accidental and not a true demonstration of knowledge.
  - Section 2-102.11(B) The presence of a CFPM is already required in Section 2-102.12(A).
  - Section 2-102.11(C) The risk based inspection identifies whether an establishment is being well run and whether knowledge is being demonstrated. The list of 17 questions could be moved to Annex 5 as guidelines for dialogue with PICs.

- There is discussion with Stephen Hughes on clarification of the requirement of a CFPM in Section 2-102.11 and 2-102.12.

- Mic comments the inspection itself shows if the facility is well run proving demonstration of knowledge. The 2 sections are like “double dipping”.
  - Mic meant for # 14 to be a blanket suggestion to change the Food Code in place of all Action Items.

- There is discussion on how the committee will proceed with input to CFP.

- Mic and Sheri Morris will further modify and refine the suggested language of #14 to incorporate what was discussed and submit to Eric and Michelle.

- Eric and Michelle will reformat the survey and use the information for the upcoming report due by 7/2.

- After the report is submitted the action item feedback will be circulated for final review by the committee.

- Eric will send invitations to the next meeting.
Teleconference: 8

**Wednesday September 30, 2015**  
2:00pm – 3:30p.m. EST  
Call-In Number: 877-394-5901  
Access Code: 2995496#

**Co-Chairs:** Eric Moore, Michelle Haynes  
**FDA Advisors:** Stephen Hughes  
**CDC Advisor:** Vince Radke  
**Scribe:** Susan Tyjewski

**AGENDA ITEMS:**

1. Welcome, Call to Order — Michelle  
2. Roll-Call — Michelle  
3. Review of last meeting's minutes — All  
4. Discussion will begin with # 14 amended language — All  
5. Brief overview of entire PDF document — Michelle  
6. Review voting process and timeline — Michelle

**ATTENDANCE:**

| Robert Brown | ✓ | Christine Sylvis | ✓ |
| Francie Buck | ✓ | Stephen Hughes | ✓ |
| Deborah Crabtree | ✓ | John Marcello |
| Hector Dela Cruz | | Vince Radke |
| Mark Earnest | | Petra Balli |
| Lisa Ford | | Susan Deslauriers |
| Robert Gilliland | ✓ | Rob Erwin | ✓ |
| Michelle Haynes | ✓ | Christina Eckhardt |
| Yao-Wen Huang | | Laura Nelson |
| Julie Hults | ✓ | Tara Paster |
| Lucia James-Davis | ✓ | Susan Tyjewski | ✓ |
| Shanna Lively | | Sharon Wood | ✓ |
| Mark(Mick) Miklos | ✓ | Brad Peters |
| Eric Moore | ✓ | David Lawrence |
| Sheri Morris | ✓ | |
| Linda Zaziski | ✓ | |
| Dale Yamnik | ✓ | |
| Todd Taylor | ✓ | |

**Meeting Minutes:**

- Welcome  
- Antitrust Statement Reminder
2014 - 2016 CFP
Demonstration of Knowledge Committee

- Are there any comments/changes to the minutes of June 19? No

- Discussion begins - There are three tables that summarize our committee work.
  - Mic refers to Method 12 which is a recommendation to replace demonstration with duties. He acknowledges Dale and Sherry for their input.
  - Stephen clarifies that section 2.102.11 requires someone to be on site with knowledge. Section 2.102.12 requires someone on staff to be a CFPM but does not require them to be on site.
    - The FDA would be reluctant to eliminate section B.
    - This may not be the charge of the committee which is to recommend alternate methods.
  - Sherry comments that the charge of the committee is to list alternative methods discussed whether they are viable or not.
  - Mic will take a look at the language in the 2nd bullet in view of Stephen’s comments.

- Going to the beginning – discussion on improving how the Pros & Cons are written.
  - Dale volunteers to provide improved wording on
    - Page 1 – Pro 1
    - Page 2 – Con 1
    - Page 2 – Con 2
    - Minor changes to Con 3 & Con 4 are offered and accepted.
  - Michelle reads modified language for Page 2 Pro 1. It is accepted.

- Returning to the Alternative Methods.
  - Mic proposes that we strike Method 3 because that is not the committee’s charge. Agreed.
  - Method 4 – wording modified during call.
  - Clarification on Method 11 – food safety principles be demonstrated instead of responding to questions.
  - Discussion on how some methods are thematically the same but the order should be changed. For voting the order will be
    - Method 2
    - Method 10
    - Method 9
    - Method 12
  - Discussion on whether Method 5 should be removed because it’s covered in other methods. Dale offers to improve wording on this for voting.
  - Remove Method 7 – it refers to computer tablets.

- Next Steps
  - All adjusted wording will be submitted to Michelle on Monday by noon.
  - The link to the survey will be sent out on Tuesday and you’ll have one week to review.
  - We will have another meeting after the results of the survey are analyzed so the final report can be discussed.
2014 - 2016 CFP
Demonstration of Knowledge Committee

Teleconference: 9

Friday November 6, 2015
2:00pm – 3:30p.m. EST
Call-In Number: 877-394-5901
Access Code: 2995496#

Co-Chairs: Eric Moore, Michelle Haynes
FDA Advisors: Stephen Hughes
CDC Advisor: Vince Radke
Scribe: Susan Tyjewski

AGENDA ITEMS:

1. Roll call
2. Reminder on anti-trust statement
3. Review of last meeting’s minutes
4. Review of remaining timeline for report submission
5. Discussion of survey results
6. Proposal of issues that the committee would like to submit for 2016 CFP

ATTENDANCE:

<table>
<thead>
<tr>
<th>Name</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert</td>
<td>✓</td>
</tr>
<tr>
<td>Francie</td>
<td>✓</td>
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<tr>
<td>Deborah</td>
<td>✓</td>
</tr>
<tr>
<td>Hector</td>
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<tr>
<td>Mark</td>
<td>✓</td>
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<tr>
<td>Lisa</td>
<td>✓</td>
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<tr>
<td>Robert</td>
<td>✓</td>
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<tr>
<td>Michelle</td>
<td>✓</td>
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<tr>
<td>Yao-Wen</td>
<td>✓</td>
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<tr>
<td>Julie</td>
<td>✓</td>
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<tr>
<td>Lucia</td>
<td>✓</td>
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<tr>
<td>Shanna</td>
<td>✓</td>
</tr>
<tr>
<td>Mark(Mick)</td>
<td>✓</td>
</tr>
<tr>
<td>Eric</td>
<td>✓</td>
</tr>
<tr>
<td>Sheri</td>
<td>✓</td>
</tr>
<tr>
<td>Linda</td>
<td>✓</td>
</tr>
<tr>
<td>Dale</td>
<td>✓</td>
</tr>
<tr>
<td>Todd</td>
<td>✓</td>
</tr>
<tr>
<td>Christine</td>
<td>✓</td>
</tr>
<tr>
<td>Stephen</td>
<td>✓</td>
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<tr>
<td>John</td>
<td>✓</td>
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<tr>
<td>Vince</td>
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<td>Petra</td>
<td>✓</td>
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<tr>
<td>Susan</td>
<td>✓</td>
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<tr>
<td>Rob</td>
<td>✓</td>
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<tr>
<td>Christina</td>
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<tr>
<td>Laura</td>
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<tr>
<td>Tara</td>
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<td>Susan</td>
<td>✓</td>
</tr>
<tr>
<td>Sharon</td>
<td>✓</td>
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<tr>
<td>Brad</td>
<td>✓</td>
</tr>
<tr>
<td>David</td>
<td>✓</td>
</tr>
</tbody>
</table>

Meeting Minutes:

- Welcome
- Antitrust Statement Reminder
2014 - 2016 CFP
Demonstration of Knowledge Committee

- Review of minutes of Sept. 30 meeting. Any comments or questions? - No
- Timeline for report submissions
  - Final report must be turned in to Susan Quam by Dec. 4.
  - The following volunteered to help with the final report.
    - Tara
    - Dale
    - Linda
    - Hector
  - The Issues must be submitted by Jan. 15.

- Discussion on the Survey Results

- Dale recommended that the questions be put in order by the % of agreement with the high on top and the low at the bottom. Also questions with the level of agreement split closely be removed.
  - A comment was made that only 12 out of the 21 voting members participated by voting. There will be a reminder sent out with a survey deadline.

- Discussion continued on questions where the % of agreement was close and if they should be deleted.
  - There was a motion to eliminate Q1 because Q2 is a restatement.
    - The motion was seconded and no one opposed.
    - Q1 will be removed.
  - There was a motion to eliminate Q20 in favor of Q21.
    - The motion was seconded and no one opposed.
    - Q20 will be removed.
  - There was a motion to eliminate Q3.
    - The motion was seconded and no one opposed.
    - Q3 will be removed.
  - Discussion on Q39 and Q40 determined that they were not exactly the same. Q39 recommends eliminating the code section and Q40 recommends modifying. They will both stay.

- Proposal for the issue submission
  - Recommend the acceptance of the final report
  - This committee did not complete the complete charge.
    - Item # 4 of the original charge.
      - Identify the pro’s and con’s of alternative methods to demonstrate knowledge if/when the CFPM is not onsite. Although not limited to the following areas, the committee should assess the pro’s and con’s of each alternative method in light of the following areas:
        a. Differentiation between knowledge and application.
        b. Emphasis on risk factors;
        c. Ease of uniform assessment by regulators and industry;
        d. Enabling the Person in Charge to demonstrate knowledge even when there is a language barrier.
e. What corrective action should be taken when there is not a demonstration of knowledge from the Certified Food Protection Manager or the Person in charge.

   o Recommend the committee be re-formed to complete the charge and also list the alternative methods to be evaluated by the new committee.
     ▪ Recommend the committee propose either to change the language in the food code or provide an alternative method.

- It was agreed that the committee will request a meeting time at the CFP on Friday afternoon and also present a report on Sunday morning.

- The final report will be prepared and submitted to Susan Quam by Dec. 4.

- Meeting adjourned.
### 2014 - 2016 CFP

**Demonstration of Knowledge Committee**

**2-102.11 Demonstration.**
Based on the risks inherent to the food operation, during inspections and upon request the PERSON IN CHARGE shall demonstrate to the REGULATORY AUTHORITY knowledge of foodborne disease prevention, application of the HAZARD Analysis and CRITICAL CONTROL POINT principles, and the requirements of this Code. The PERSON IN CHARGE shall demonstrate this knowledge by:

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Pro</th>
<th>Con</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Complying with this Code by having no violations of PRIORITY ITEMS during the current inspection; Pf</td>
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<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to... (1) Describing the relationship between the prevention of foodborne disease and the personal hygiene of a FOOD EMPLOYEE; Pf</td>
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<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to... (2) Explaining the responsibility of the PERSON IN CHARGE for preventing the transmission of foodborne disease by a FOOD EMPLOYEE who has a disease or medical condition that may cause foodborne disease; Pf</td>
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<tr>
<td>Regulation</td>
<td>Pro</td>
<td>Con</td>
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<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(4) Explaining the significance of the relationship between maintaining the time and temperature of TIME/TEMPERATURE CONTROL FOR SAFETY FOOD and the prevention of foodborne illness; Pf</td>
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<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(5) Explaining the HAZARDS involved in the consumption of raw or undercooked MEAT, POULTRY, EGGS, and FISH; Pf</td>
<td></td>
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<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(6) Stating the required FOOD temperatures and times for safe cooking of TIME/TEMPERATURE CONTROL FOR SAFETY FOOD including MEAT, POULTRY, EGGS, and FISH; Pf</td>
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<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(7) Stating the required temperatures and times for the safe refrigerated storage, hot holding, cooling, and reheating of TIME/TEMPERATURE CONTROL FOR SAFETY FOOD; Pf</td>
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<tr>
<td>Regulation</td>
<td>Pro</td>
<td>Con</td>
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<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(8) Describing the relationship between the prevention of foodborne illness and the management and control of the following:</td>
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</tr>
<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(a) Cross contamination, $Pf$</td>
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</tr>
<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(b) Hand contact with READY-TO-EAT FOODS, $Pf$</td>
<td></td>
</tr>
<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(c) Handwashing, $Pf$ and</td>
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</tr>
<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(d) Maintaining the FOOD ESTABLISHMENT in a clean condition and in good repair; $Pf$</td>
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</tr>
<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(9) Describing FOODS identified as MAJOR FOOD ALLERGENS and the symptoms that a MAJOR FOOD ALLERGEN could cause in a sensitive individual who has an allergic reaction. $Pf$</td>
<td></td>
</tr>
<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(10) Explaining the relationship between FOOD safety and providing EQUIPMENT that is:</td>
<td></td>
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<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(a) Sufficient in number and capacity, $Pf$ and</td>
<td></td>
</tr>
<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(b) Properly designed, constructed, located, installed, operated, maintained, and cleaned; $Pf$</td>
<td></td>
</tr>
</tbody>
</table>
## 2014 - 2016 CFP
### Demonstration of Knowledge Committee

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Pro</th>
<th>Con</th>
</tr>
</thead>
<tbody>
<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to... (11) Explaining correct procedures for cleaning and SANITIZING UTENSILS and FOOD-CONTACT SURFACES of EQUIPMENT; Pf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to... (12) Identifying the source of water used and measures taken to ensure that it remains protected from contamination such as providing protection from backflow and precluding the creation of cross connections; Pf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to... (13) Identifying POISONOUS OR TOXIC MATERIALS in the FOOD ESTABLISHMENT and the procedures necessary to ensure that they are safely stored, dispensed, used, and disposed of according to LAW; Pf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to... (14) Identifying CRITICAL CONTROL POINTS in the operation from purchasing through sale or service that when not controlled may contribute to the transmission of foodborne illness and explaining steps taken to ensure that the points are controlled in accordance with the requirements of this Code; Pf</td>
<td></td>
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</tbody>
</table>
### 2014 - 2016 CFP

**Demonstration of Knowledge Committee**

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Pro</th>
<th>Con</th>
</tr>
</thead>
<tbody>
<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(15) Explaining the details of how the PERSON IN CHARGE and FOOD EMPLOYEES comply with the HACCP PLAN if a plan is required by the LAW, this Code, or an agreement between the REGULATORY AUTHORITY and the FOOD ESTABLISHMENT; Pf</td>
<td></td>
</tr>
<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(16) Explaining the responsibilities, rights, and authorities assigned by this Code to the:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(a) FOOD EMPLOYEE, Pf</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) CONDITIONAL EMPLOYEE, Pf</td>
<td></td>
</tr>
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<td></td>
<td>(c) PERSON IN CHARGE, Pf</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(d) REGULATORY AUTHORITY; Pf</td>
<td></td>
</tr>
<tr>
<td>(C) Responding correctly to the inspector's questions as they relate to...</td>
<td>(17) Explaining how the PERSON IN CHARGE, FOOD EMPLOYEES, and CONDITIONAL EMPLOYEES comply with reporting responsibilities and EXCLUSION OR RESTRICTION of FOOD EMPLOYEES.</td>
<td></td>
</tr>
</tbody>
</table>

**Alternative Method to Demonstrate Knowledge if/when CPM is Not Onsite**

1.                                                                                      | Pro                                                                 | Con |

---
### Pro/Con Listing for 2-102.11(A)

#### 2-102.11 Demonstration

*Based on the RISKS inherent to the FOOD operation, during inspections and upon request the PERSON IN CHARGE shall demonstrate to the REGULATORY AUTHORITY knowledge of foodborne disease prevention, application of the HAZARD Analysis and CRITICAL CONTROL POINT principles, and the requirements of this Code. The PERSON IN CHARGE shall demonstrate this knowledge by: A) Complying with this Code by having no violations of PRIORITY ITEMS during the current inspection; Pf*

<table>
<thead>
<tr>
<th>Pro 1:</th>
<th>This is a good way to show knowledge because it allows the PIC to demonstrate operational controls as they relate to Food Code requirements.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pro 2:</td>
<td>Having no PRIORITY ITEMS allows both regulators and industry to easily know when a food establishment is in compliance with the demonstration of knowledge requirements. It also allows both the inspector and industry to know which sections of the Food Code to focus training on.</td>
</tr>
<tr>
<td>Pro 3:</td>
<td>Easy for the inspector to evaluate.</td>
</tr>
<tr>
<td>Pro 4:</td>
<td>If you accept the assumption that performance is a direct reflection of the PIC’s level of knowledge, then the absence of Priority Item violations is indicative of the individual’s knowledge. Additionally, full compliance may be indicative that the principles and the elements of a food safety management system are in place to control risk.</td>
</tr>
<tr>
<td>Con 1:</td>
<td>Inspections capture conditions at a facility at a given point in time, and as such, may miss some systemic failures that are present and ongoing but not detectable at the moment. Although the desired end is the elimination of risk factors and full compliance with this Code works to that end, it might be argued that this subsection is Demonstration of Compliance rather than Demonstration of Knowledge.</td>
</tr>
<tr>
<td>Con 2:</td>
<td>Could be subjective in the day to day reality of conducting inspections. Relies on regulator’s judgment resulting in lack of consistency.</td>
</tr>
<tr>
<td>Con 3:</td>
<td>The undue focus on Priority Items to the exclusion of Priority Foundation and Core violations could overlook potential threats to Food Safety.</td>
</tr>
<tr>
<td>Con 4:</td>
<td>Studies have shown that knowledge and behavior do not always go hand-in-hand.</td>
</tr>
<tr>
<td>Con 5:</td>
<td>Language barriers may cause a loss of effective communication between inspectors and operators.</td>
</tr>
</tbody>
</table>
**Pro/Con Listing for 2-102.11(C)**

2-102.11 Demonstration  
*Based on the RISKS inherent to the FOOD operation, during inspections and upon request the PERSON IN CHARGE shall demonstrate to the REGULATORY AUTHORITY knowledge of foodborne disease prevention, application of the HAZARD Analysis and CRITICAL CONTROL POINT principles, and the requirements of this Code. The PERSON IN CHARGE shall demonstrate this knowledge by:*

C) Responding correctly to the inspector's questions as they relate to the specific FOOD operation. The areas of knowledge include…….

<table>
<thead>
<tr>
<th>Pro 1:</th>
<th>This gives the inspector the opportunity to ask customized questions directly related to operation being observed; not just utilizing standard questions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pro 2:</td>
<td>This gives the PIC the opportunity to explain the processes performed in their food establishment which can often be validated with operations manuals and other training tools.</td>
</tr>
<tr>
<td>Pro 3:</td>
<td>Gives a clear understanding for regulators and industry of the requirements and rationale to demonstrate Food Code knowledge as it pertains to their operations.</td>
</tr>
<tr>
<td>Pro 4:</td>
<td>PIC is able to demonstrate food safety knowledge by successfully answering questions pertaining to their operation.</td>
</tr>
<tr>
<td>Pro 5:</td>
<td>It addresses the importance of the PIC having knowledge of the risks and how they relate to foodborne illness.</td>
</tr>
<tr>
<td>Pro 6:</td>
<td>If completely and correctly answered, the PIC can establish him/herself as properly trained, knowledgeable and engaged in the management of food safety in the establishment. It reflects that systems for managing food safety are in place even if momentary execution might be lacking.</td>
</tr>
<tr>
<td>Pro 7:</td>
<td>Through Q&amp;A the inspector is able to determine training needs.</td>
</tr>
<tr>
<td>Pro 8:</td>
<td>This essentially amounts to an abbreviated CFPM oral exam. If the PIC is able to successfully answer all questions posed, they clearly have a solid understanding of basic food safety principals pertaining to their operation.</td>
</tr>
</tbody>
</table>

<p>| Con 1: | Inspector's questions could be easily misunderstood by a PIC, especially if the inspector is not properly trained on asking appropriate questions relevant to the establishment’s operation. This could also result in a degree of inconsistency based on the types and numbers of questions asked of the PIC by the inspector. For instance, there is no standard for how many questions a PIC must answer correctly to demonstrate knowledge. |
| Con 2: | Inspector may focus on the questions and may not make observations of behaviors a higher priority. |</p>
<table>
<thead>
<tr>
<th>Con 3:</th>
<th>Regulators need to ensure only questions relevant to the operation are asked and that answers given for a food establishment’s procedures that exceed the minimum requirement (such as temperatures) are not debited if in compliance with food establishment’s standards.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Con 4:</td>
<td>If a PIC is not accompanying an inspector at the time the inspector has a question, the inspector may need to take extra time at the end of the inspection to return to an area with the PIC to question the food establishment’s procedure, thereby adding additional time for completion of the inspection. In some cases, if the PIC is not with the inspector, the inspector may have entirely forgotten the question he had regarding that process by the time the PIC rejoins the inspection.</td>
</tr>
<tr>
<td>Con 5:</td>
<td>The number of questions asked and the percent that must be answered correctly in order to “pass” these criteria for demonstration of knowledge is not standardized resulting in inconsistent application from one inspector to another.</td>
</tr>
<tr>
<td>Con 6:</td>
<td>The quality of an interview is as much a function of the interviewer’s ability as it is the interviewee’s competence. If the inspector does not ask questions properly/clearly, then the PIC’s ability to successfully answer them will be limited. This “oral exam” also assumes that the inspector is a subject matter expert, has no competency issues, and knows the correct answers to the questions posed. On a more practical level, in many establishments English is not the primary language of the PIC or kitchen staff. Clearly, communication barriers are difficult to overcome in these situations. CFPM classes/exams overcome this by way of bilingual instructors and translated study materials/exams; however, it is far more challenging to overcome this in an on-site interview with an inspector.</td>
</tr>
<tr>
<td>Con 7:</td>
<td>Nervousness, intimidation, and anxiety are all factors that may affect the employee’s ability to relay accurate answers to the regulator’s questions.</td>
</tr>
</tbody>
</table>
Alternative Methods for Demonstrating Knowledge

**Method 1:** The person in charge can demonstrate Food Code knowledge through practical means such as showing how they take temperatures, calibrate a thermometer, mix or test sanitizer, showing a posted employee health policy or list of major food allergens, etc.

**Method 2:** Establishment is in compliance with 2-103.11.

**Method 3:** Recommend modifying Section 2-102.11 of the Food Code as follows:

*Section 2-102.11 (B) would remain as currently written in the Food Code and would be followed by this:*

- If the Certified Food Protection Manager is not present, and because the distinction between knowledge and application is vague and difficult to articulate which often leads to frustration between operators and regulators, the PIC shall be a food handler certificated through an ANSI-ASTM accredited program or its equivalent. The PIC shall substantiate knowledge through direct application of (A) through (O) of the Duties Section of the Food Code (2-103.11.) The successful completion of these tasks should adequately demonstrate the PIC’s knowledge.

  - Eliminate Section 2-102.11 (A). The number of times that an establishment has no priority violations is statistically insignificant. There is also the suspicion among regulators that a lack of priority violations could be accidental and not a true reflection of demonstration of knowledge.

  - Eliminate Section 2-102.11 (C). The Food Code already articulates the duties of a PIC in Section 2-103.11. In addition, the entirety of the risk based inspection identifies whether an establishment is controlling risk and, by extension, whether knowledge is being demonstrated through application. The current list of 17 questions found in 2-102.11 (C) could be moved to Annex 5 as guidelines for inspectors who wish to have dialogue with PICs.

**Method 4:** Employees are completing tasks correctly.

**Method 5:** Having one or more food handlers who are certificated through an ANSI-ASTM accredited program or equivalent and who comply with section 2-103.11 of this Code, thus applying practical means knowledge to the successful completion of tasks.

**Method 6:** The PIC can show evidence of demonstration of knowledge through the use of job aides or other means.
<table>
<thead>
<tr>
<th>Method 7:</th>
<th>Change the Demonstration of Knowledge criteria. Instead of meeting one of the three options to be in compliance, change it to having to meet two of the three options to be in compliance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method 8:</td>
<td>The establishment has a food handler certificated program through an ANSI-ASTM program or equivalent and one or more employees is certificated through the program.</td>
</tr>
<tr>
<td>Method 9:</td>
<td>Change the code language in 2-102.11 (C) to: “Demonstrating food safety principles based on the specific food operation. The areas of knowledge include:...”.</td>
</tr>
</tbody>
</table>
| Method 10: | Recommend eliminating Section 2-102.11 within the Food Code as follows:  
  
  * This method seeks to replace the Demonstration Section, in its entirety with reliance instead on the Duties Section as it might be performed by ANSI-ASTM accredited food handlers:  
  
  Allow the Duties Section of the Food Code (2-103.11) to substantiate demonstration of knowledge in lieu of the Demonstration Section (2-102.11). The distinction between knowledge and application is vague and difficult to articulate and this can lead to frustration between operators and regulators. Having one or more food handlers certificated through an ANSI-ASTM accredited program or equivalent and who comply with (A) through (O) of Section 2-103.11 by applying practical knowledge to the successful completion of tasks should adequately demonstrate knowledge of the PIC.  
  
  * Eliminate Section 2-102.11 (A). The number of times that an establishment has no priority violations is statistically insignificant. There is also the suspicion among regulators that a lack of priority violations could be accidental and not a true reflection of demonstration of knowledge.  
  
  * Eliminate Section 2-102.11 (B). The Food Code already requires the presence of a CFPM in Section 2-102.12 (A). The FDA Risk Factor Study correlates the presence of a CFPM with better control of risk factors and provides justification for the requirement in the Food Code to have at least one CFPM per establishment.  
  
  * Eliminate Section 2-102.11 (C). The Food Code already articulates the duties of a PIC in Section 2-103.11. In addition, the entirety of the risk based inspection identifies whether an establishment is controlling risk and, by extension, whether knowledge is being demonstrated through application. The current list of 17 questions found in 2-102.11 (C) could be moved to Annex 5 as guidelines for inspectors who wish to have dialogue with PICs. |
Q1 Pro 1: Good easy to follow expectation for both the regulator and industry representative to know the criteria to be in compliance and the rationale. Requirement is easy to providetrainig to both the regulator and industry.

Answered: 11  Skipped: 1

<table>
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<th>Answer Choices</th>
<th>Responses</th>
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Q2 Pro 1.1: Having no PRIORITY ITEMS allows both regulators and industry to easily know when a food establishment is in compliance with the demonstration of knowledge requirements. It also allows both the inspector and industry to know which sections of the Food Code to focus training on.

Answered: 11  Skipped: 1

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</table>
Q3 Pro 2: The establishment demonstrates knowledge through compliant operations.

Answered: 11  Skipped: 1

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<th>Responses</th>
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</thead>
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<td><strong>Total</strong></td>
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</table>
Q4 Pro 3: Easy for the inspector to evaluate.

Answered: 11  Skipped: 1

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Q5 Pro 4: If you accept the assumption that performance is a direct reflection of the PIC's level of knowledge, then the absence of Priority Item violations is indicative of the individual's knowledge. Additionally, full compliance may be indicative that the principles and the elements of a food safety management system are in place to control risk.

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Q6 Pro 5: This is a good way to show knowledge because it allows the PIC to demonstrate operational controls as they relate to Food Code requirements.

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Q7 Con 1: Could be subjective in the day to day reality of conducting inspections. Relies on regulator's judgment resulting in lack of consistency.

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Q8 Con 2: Inspections capture conditions at a facility at a given point in time, and as such, may miss some systemic failures that are present and ongoing but not detectable at themoment. Although the desired end is the elimination of risk factors and full compliance with this Code works to that end, it might be argued that this subsection is Demonstration of Compliance rather than Demonstration of Knowledge.

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Q9 Con 3: The undue focus on Priority Items to the exclusion of Priority Foundation and Core violations could overlook potential threats to Food Safety.

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Q10 Con 4: Studies have shown that knowledge and behavior do not always go hand-in-hand.

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Q11 Con 5: Language barriers may cause a loss of effective communication between inspectors and operators.

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Q12 Pro 1: Gives a clear understanding for regulators and industry of the requirements and rationale to demonstrate Food Code knowledge as it pertains to their operations.

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Q13 Pro 2: PIC is able to demonstrate food safety knowledge by successfully answering questions pertaining to their operation.

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Q14 Pro 3: It addresses the importance of the PIC having knowledge of the risks and how they relate to foodborne illness.

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Q15 Pro 4: Through Q&A the inspector is able to determine training needs.

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Q16 Pro 5: This essentially amounts to an abbreviated CFPM oral exam. If the PIC is able to successfully answer all questions posed, they clearly have a solid understanding of basic food safety principals pertaining to their operation.

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Q17 Pro 6: This gives the inspector the opportunity to ask customized questions directly related to operation being observed; not just utilizing standard questions.

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Q18 Pro 7: If completely and correctly answered, the PIC can establish him/herself as properly trained, knowledgeable and engaged in the management of food safety in the establishment. It reflects that systems for managing food safety are in place even if momentary execution might be lacking.

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Q19 Pro 8: This gives the PIC the opportunity to explain the processes performed in their food establishment which can often be validated with operations manuals and other training tools.

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Q20 Con 1: Could be easily misconstrued by regulators if not properly trained on asking appropriate questions based on the establishment’s operation. Resulting in a level of consistency being lost. Pertaining to how many questions not answered correctly results in being marked OUT for Demo of Knowledge.

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Q21 Con 1.1: Inspector’s questions could be easily misunderstood by a PIC, especially if the inspector is not properly trained on asking appropriate questions relevant to the establishment’s operation. This could also result in a degree of inconsistency based on the types and numbers of questions asked of the PIC by the inspector. For instance, there is no standard for how many questions a PIC must answer correctly to demonstrate knowledge.

Answered: 11  Skipped: 1
Q22 Con 2: Questions not asked during the course of the inspection take extra time or maybe forgotten entirely.

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Q23 Con 2.1: If a PIC is not accompanying an inspector at the time the inspector has a question, the inspector may need to take extra time at the end of the inspection to return to an area with the PIC to question the food establishment’s procedure, thereby adding additional time for completion of the inspection. In some cases, if the PIC is not with the inspector, the inspector may have entirely forgotten the question he had regarding that process by the time the PIC rejoins the inspection.

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Q24 Con 3: Inspector may focus on the questions and may not make observations of behaviors a higher priority.

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**Q25** Con 4: Regulators need to ensure only questions relevant to the operation are asked and that answers given for a food establishment’s procedures that exceed the minimum requirement (such as temperatures) are not debited if in compliance with food establishment’s standards.

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Q26 Con 5: The quality of an interview is as much a function of the interviewer’s ability as it is the interviewee’s competence. If the inspector does not ask questions properly/clearly, then the PIC’s ability to successfully answer them will be limited. This “oral exam” also assumes that the inspector is a subject matter expert, has no competency issues, and knows the correct answers to the questions posed. On a more practical level, in many establishments English is not the primary language of the PIC or kitchen staff. Clearly, communication barriers are difficult to overcome in these situations. CFPM classes/exams overcome this by way of bilingual instructors and translated study materials/exams; however, it is far more challenging to overcome this in an on-site interview with an inspector.

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Q27 Con 6: The number of questions asked and the percent that must be answered correctly in order to "pass" these criteria for demonstration of knowledge is not standardized resulting in inconsistent application from one inspector to another.

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Q28 Con 7: Nervousness, intimidation, and anxiety are all factors that may affect the employee's ability to relay accurate answers to the regulator's questions.

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Q29 Method 1: Change the Demonstration of Knowledge criteria. Instead of meeting one of the three options to be in compliance, change it to having to meet two of the three options to be in compliance.

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Q30 Method 2: Establishment is in compliance with 2-103.11.

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**Q31 Method 4:** The PIC can show evidence of demonstration of knowledge through the use of job aides or other means.

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**Q32 Method 5: PIC/designee can demonstrate through practical means knowledge.**

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Q33 Method 5.1: The person in charge can demonstrate Food Code knowledge through practical means such as showing how they take temperatures, calibrate a thermometer, mix or test sanitizer, showing a posted employee health policy or list of major food allergens, etc.

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Q34 Method 6: Develop standardized questions covering all areas of knowledge enumerated in sub-section (C).

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**Q35** Method 8: Employees are completing tasks correctly.

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Q36 Method 9: Having one or more food handlers who are certificated through an ANSI-ASTM accredited program or equivalent and who comply with section 2-103.11 of this Code, thus applying practical means knowledge to the successful completion of tasks.

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Q37 **Method 10:** The establishment has a food handler certificated program through an ANSIASTM program or equivalent and one or more employees is certificated through the program.

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Q38 Method 11: Change the code language in 2-102.11 (C) to: “Demonstrating food safety principles based on the specific food operation. The areas of knowledge include: ……”

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38 / 42
Q39 Method 12: Recommend eliminating Section 2-102.11 within the Food Code as follows: Allow the Duties Section of the Food Code (2-103.11) to substantiate demonstration of knowledge in lieu of the Demonstration Section (2-102.11). The distinction between knowledge and application is vague and difficult to articulate and this can lead to frustration between operators and regulators. Having one or more food handlers certificated through an ANSI-ASTM accredited program or equivalent and who comply with (A) through (O) of Section 2-103.11 by applying practical knowledge to the successful completion of tasks should adequately demonstrate knowledge of the PIC.

Eliminate Section 2-102.11 (A). The number of times that an establishment has no priority violations is statistically insignificant. There is also the suspicion among regulators that a lack of priority violations could be accidental and not a true reflection of demonstration of knowledge.

Eliminate Section 2-102.11 (B). The Food Code already requires the presence of a CFPM in Section 2-102.12 (A). The FDA Risk Factor Study correlates the presence of a CFPM with better control of risk factors and provides justification for the requirement in the Food Code to have at least one CFPM per establishment.

Eliminate Section 2-102.11 (C). The Food Code already articulates the duties of a PIC in Section 2-103.11. In addition, the entirety of the risk-based inspection identifies whether an establishment is controlling risk and, by extension, whether knowledge is being demonstrated through application. The current list of 17 questions found in 2-102.11 (C) could be moved to Annex 5 as guidelines for inspectors who
Demonstration of Knowledge Committee Final Survey

wish to have dialogue with PICs.

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**Q40** Method 12.1: Recommend modifying Section 2-102.11 of the Food Code as follows: If the Certified Food Protection Manager is not present, and because the distinction between knowledge and application is vague and difficult to articulate which often leads to frustration between operators and regulators, the PIC shall be a food handler certificated through an ANSI-ASTM accredited program or its equivalent. The PIC shall substantiate knowledge through direct application of (A) through (O) of the Duties Section of the Food Code (2-103.11.) The successful completion of these tasks should adequately demonstrate the PIC’s knowledge.

Eliminate Section 2-102.11 (A).

The number of times that an establishment has no priority violations is statistically insignificant. There is also the suspicion among regulators that a lack of priority violations could be accidental and not a true reflection of demonstration of knowledge.

Eliminate Section 2-102.11 (C).

The Food Code already articulates the duties of a PIC in Section 2-103.11. In addition, the entirety of the risk-based inspection identifies whether an establishment is controlling risk and, by extension, whether knowledge is being demonstrated through application. The current list of 17 questions found in 2-102.11 (C) could be moved to Annex 5 as guidelines for inspectors who wish to have dialogue with PICs.
Demonstration of Knowledge Committee Final Survey

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Conference for Food Protection  
2016 Issue Form  

Issue: 2016 II-003

Council Recommendation: Accepted as Submitted  _____ Amended  _____ No Action  _____
Delegate Action: Accepted  _____ Rejected  _____

All information above the line is for conference use only.

Issue History:
This is a brand new Issue.

Title:
Re-create - Demonstration of Knowledge (DoK) Committee

Issue you would like the Conference to consider:
The Conference for Food Protection (CFP) Demonstration of Knowledge Committee (DoK) requests that the committee be re-created to continue evaluation of the methods of demonstrating knowledge found in the 2013 FDA Food Code Section 2-102.11.

Public Health Significance:
Demonstration of knowledge is identified as one of the five key public health interventions to protect consumer health. The designated person in charge who is knowledgeable about foodborne disease prevention, Hazard Analysis and Critical Control Point (HACCP) principles, and Code requirements is prepared to recognize conditions that may contribute to foodborne illness or that otherwise fail to comply with Code requirements, and to take appropriate preventive and corrective actions. A dialogue with the person in charge during the inspection process will also reveal whether or not that person is enabled by a clear understanding of the Code and its public health principles to follow sound food safety practices and to produce foods that are safe, wholesome, unadulterated, and accurately represented.

Recommended Solution: The Conference recommends...:
The Demonstration of Knowledge (DoK) Committee be re-created following the 2016 CFP Biennial Meeting to continue work originally assigned in Issue 2014-II-016 with the following charges:

1. Identify and evaluate the pros and cons of Alternative Methods to Demonstrating Knowledge, a document created by the 2014-2016 DoK Committee (Attachment VI to the DoK Committee Report). Although not limited to the following areas, the committee will assess the pros and cons of each alternative method in light of the following areas:
a) Differentiation between knowledge and application
b) Emphasis on risk factors
c) Ease of uniform assessment by regulators and industry
d) Enabling the Person in Charge to demonstrate knowledge even when there is a language barrier
e) What corrective action should be taken when there is not a demonstration of knowledge from the Person in Charge

2. Recommend alternative methods of demonstrating knowledge as new or amended Food Code language.


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Submitter Information 2:
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**Conference for Food Protection**  
**2016 Issue Form**

**Issue: 2016 II-004**

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**Issue History:**
This issue was submitted for consideration at a previous biennial meeting, see issue: 2014-I-032; new or additional information has been included or attached and the recommended solution has been revised.

**Title:**  
Imminent Health Hazard: Modify Enforcement & PIC Duties

**Issue you would like the Conference to consider:**
Modify both the enforcement action and the duties of the Person in Charge in the FDA Food Code relative to "Imminent Health Hazard" so that a facility 1) with a written emergency operating plan that is preapproved by the regulatory authority; and that 2) takes immediate corrective action to eliminate, prevent or control a risk or hazard in accordance with that written and preapproved emergency operating plan; and that 3) informs the regulatory authority of the risk or hazard having occurred and the written preapproved emergency operating plan having been implemented should not have to cease operations.

**Public Health Significance:**
As stated in CFP's 2014 Emergency Action Plan for Retail Food Establishments, "All retail food establishments are vulnerable to a potential emergency or disaster that could impact the safety of the food and products they sell or serve to consumers. Yet, in times of crises, these facilities can also serve the community and provide valuable resources." During crisis, industry and public health are partners with a common purpose; to restore normalcy to the community quickly while protecting the public health in the process. Industry is the expert at feeding people, not emergency management agencies. The sooner food establishments can get operating; the sooner communities can return to normal. Pre-approval of emergency operating plans enables facilities to remain in operation and the regulatory authority to deploy their limited resources more efficiently, starting with establishments that don't have emergency operating plans, because delays in re-opening hurt all stakeholders; customers, employees and first responders.

The proposed language for Food Code Section 2-103.11(P) is modeled after language in the State of Georgia Rules & Regulations Governing Food Service, 511-6-1 effective November 1, 2015, found in a supporting attachment accompanying this Issue.
In the following link, "Emergency Action Plan for Retail Food Establishments", CFP 2014, note in particular Localized Emergency or Event #s 2, 3 & 4 located on pages 4-5. Also note planning for Response to an Emergency paragraphs 1, 2 & 3 located on page 7. Also see chart I on page 17; Procedures for Handling Refrigerated TCS Foods during a Power Outage.

http://www.foodprotect.org/media/guide/Emergency%20Action%20Plan%20for%20Retail%20food%20Est.pdf

In the following link, "Lessons Learned: Food Safety Preparedness before the Next Natural Disaster" in Food Safety Magazine, August/September 2014, note in particular, authors Kalis & Blake (CDC), Hatch (AL DPH) & Corby (AFDO) on the value of preapproved emergency operating plans. Kalis & Blake add that in a crisis, food service providers with preapproved emergency operating plans become part of the infrastructure that protects public health.


Recommended Solution: The Conference recommends...:

that a letter be sent to the FDA requesting that the 2013 Food Code be amended by adding new paragraphs to Sections 8-404.11 and 2-103.11 as follows (underline format used for new language):

Section 8-404.11. Ceasing Operations and Reporting.

(A) Except as specified in ¶ (B) and (C) of this section, a PERMIT 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 PERMIT HOLDER need not discontinue operations in an area of an establishment that is unaffected by the IMMINENT HEALTH HAZARD.

(C) A PERMIT HOLDER need not discontinue operations if the facility has experienced an interruption of water service or an extended interruption of electrical service for two or more hours so long as the facility has a specific written emergency operating plan that has been preapproved by the regulatory authority and if the Person in Charge takes immediate corrective action to eliminate, prevent or control the risk or hazard in accordance with the specific written preapproved emergency operating plan and if the Person in Charge informs the regulatory authority of the specific risk or hazard having occurred and of the specific written preapproved emergency operating plan having been implemented. 

Section 2-103.11. Person in Charge

The Person in Charge shall ensure that:

(P) Imminent Health Hazard. If an imminent health hazard exists because of an emergency such as a fire, flood, interruption of electrical or water service for two or more hours, sewage malfunction, misuse of poisonous or toxic materials, onset of an apparent
foodborne illness outbreak, gross unsanitary occurrence or condition, or other circumstances that may endanger public health, then operations are immediately discontinued and the Health Authority is notified. If, however, the Imminent Health Hazard consists of an interruption of water service or an extended interruption of electrical service for two or more hours, the establishment may continue to operate under a specific written emergency operation plan that has been preapproved by the Health Authority prior to the occurrence of the specific emergency event provided the Person in Charge notifies the Health Authority that the specific emergency event has occurred and the preapproved specific written emergency operation plan is being implemented.

Submitter Information:
- Name: Mark "Mick" Miklos
- Organization: National Restaurant Association
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Supporting Attachments:
- "Rules & Regulations Governing Food Service for the State of Georgia"

It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.
Below are the Rules & Regulations Governing Food Service (Food Code) for the State of Georgia, effective November 1, 2015. Note Section 511-6-1.03 (2) (n), Management & Personnel, Responsibilities of the Person in Charge (PIC), Imminent Health Hazard which is highlighted in yellow.

511-6-1-.03 Management and Personnel

(1) Demonstration of Knowledge. Based on the risk of foodborne illness inherent to the food service operation, during inspections and upon request, the person in charge shall demonstrate to the Health Authority knowledge of foodborne disease prevention, application of the Hazard Analysis Critical Control Point principles, and the requirements of this Chapter. The person in charge shall demonstrate this knowledge in one of the following ways:

(a) Compliance with Chapter. Complying with this Chapter by having no violations of Priority Items during the current inspection;

(b) Certified Food Service Manager. Being a certified food service manager who has shown proficiency of required information through passing a test that is part of an accredited program;

or

(c) Correct Answers to Food Safety Questions. Responding correctly to the inspector's questions as they relate to the specific food operation. The areas of knowledge include:

1. Describing the relationship between the prevention of foodborne disease and the personal hygiene of a food employee;

2. Explaining the responsibility of the person in charge for preventing the transmission of foodborne disease by a food employee who has a disease or medical condition that may cause foodborne disease;

3. Describing the symptoms associated with the diseases that are transmissible through food;

4. Explaining the significance of the relationship between maintaining the time and temperature of time/temperature control for safety food and the prevention of foodborne illness;

5. Explaining the hazards involved in the consumption of raw or undercooked meat, poultry, eggs, and fish;

6. Stating the required food temperatures and times for safe cooking of time/temperature control for safety food including meat, poultry, eggs, and fish;

7. Stating the required temperatures and times for the safe refrigerated storage, hot holding, cooling, and reheating of time/temperature control for safety food;
8. Describing the relationship between the prevention of foodborne illness and the management and control of the following:
   (i) Cross contamination,
   (ii) Hand contact with ready-to-eat foods,
   (iii) Handwashing, and
   (iv) Maintaining the food service establishment in a clean condition and in good repair;

9. Describing foods identified as major food allergens and the symptoms major food allergen could cause in a sensitive individual who has an allergic reaction;

10. Explaining the relationship between food safety and providing equipment that is:
    (i) Sufficient in number and capacity, and
    (ii) Properly designed, constructed, located, installed, operated, maintained, and cleaned;

11. Explaining correct procedures for cleaning and sanitizing utensils and food-contact surfaces of equipment;

12. Identifying the source of water used and measures taken to ensure that it remains protected from contamination such as providing protection from backflow and precluding the creation of cross connections;

13. Identifying poisonous or toxic materials in the food service establishment and the procedures necessary to ensure that they are safely stored, dispensed, used, and disposed of according to law;

14. Identifying critical control points in the operation from purchasing through sale or service that when not controlled may contribute to the transmission of foodborne illness and explaining steps taken to ensure that the points are controlled in accordance with the requirements of this Chapter;

15. Explaining the details of how the person in charge and food employees comply with the HACCP plan if a plan is required by the law, this Chapter, or an agreement between the Health Authority and the food service establishment;

16. Explaining the responsibilities, rights, and authorities assigned by this Chapter to the:
    (i) Food employee,
    (ii) Conditional employee,
    (iii) Person in charge,
17. Explaining how the person in charge, food employees, and conditional employees comply with reporting responsibilities and exclusion or restriction of food employees. Pr

(2) Responsibilities of the Person in Charge (PIC). There must be a person in charge on the premises of the food service establishment at all times. The person in charge shall ensure compliance with the following:

(a) Operations Not Conducted in Private Home. Food service establishment operations are not conducted in a private home or in a room used as living or sleeping quarters; Pr

(b) Authorized Personnel Access. Persons unnecessary to the food service establishment operation are not allowed in the food preparation, food storage, or warewashing areas, except that brief visits and tours may be authorized by the person in charge if steps are taken to ensure that exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles are protected from contamination; Pr

(c) Authorized Persons Compliance. Employees and other persons such as delivery and maintenance persons and pesticide applicators entering the food preparation, food storage, and warewashing areas comply with this Chapter; Pr

(d) Employee Handwashing. Employees are effectively cleaning their hands, by routinely monitoring the employees’ handwashing; Pr

(e) Monitoring of Receiving. Employees are visibly observing and verifying delivered foods as they are received to determine that they are from approved sources and are placed into appropriate storage locations, as required by this Chapter, such that they are received and maintained at the required temperatures, protected from contamination, unadulterated, and accurately presented, by routinely monitoring the employees’ observations, maintaining receiving/corrective action records for deliveries during non-operating hours, and periodically evaluating foods upon their receipt as specified within DPH Rule 511-6-1-.04(3)(m); Pr

(f) Proper Cooking Techniques. Employees are properly cooking cold/hot holding, and reheating for hot holding time/temperature control for safety food, being particularly careful in cooking, reheating, and holding those foods known to cause severe foodborne illness and death, such as eggs and comminuted meats, through daily oversight of the employees’ routine monitoring of the cooking, holding, and reheating for hot holding temperatures using appropriate temperature measuring devices properly scaled and calibrated. Pr

(g) Proper Cooling Methods. Employees are using proper methods to rapidly cool time/temperature control for safety food, that are not held hot or are not for consumption within four hours, through daily oversight of the employees’ routine monitoring of food temperatures during cooling; Pr

(h) Consumer Food Safety. Consumers who order raw or partially cooked ready-to-eat foods of
animal origin are informed that the food is not cooked sufficiently to ensure its safety; \( P_t \)

(i) **Proper Sanitizing.** Employees are properly sanitizing cleaned multiuse equipment and utensils before they are reused, through routine monitoring of solution temperature and exposure time for hot water sanitizing, and chemical concentration, pH, temperature, and exposure time for chemical sanitizing; \( P_t \)

(j) **Clean Tableware.** Consumers are notified that clean tableware is to be used when they return to self-service areas such as salad bars and buffets; \( P_t \)

(k) **Bare Hand Contact.** Unless the conditions specified in DPH Rule 511-6-1-.04(4)(a)4 are met, employees are preventing cross-contamination of ready-to-eat food with bare hands by properly using suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment; \( P_t \)

(l) **Food Safety Training.** Employees are properly trained in food safety, including food allergy awareness, as it relates to their assigned duties; \( P_t \)

(m) **Reporting Responsibilities.** Food employees and conditional employees are informed in a verifiable manner of their responsibility to report in accordance with the Chapter, to the person in charge, information about their health and activities as they relate to diseases that are transmissible through food; \( P_t \) and

(n) **Imminent Health Hazard.** If an imminent health hazard exists because of an emergency such as a fire, flood, interruption of electrical or water service for two or more hours, sewage malfunction, misuse of poisonous or toxic materials, onset of an apparent foodborne illness outbreak, gross unsanitary occurrence or condition, or other circumstances that may endanger public health, then operations are immediately discontinued and the Health Authority is notified. However, establishments may continue to operate under an emergency operation plan that has been approved by the Health Authority prior to the occurrence of such emergency events. \( P_t \)

(o) **Procedures and Plans.** Written procedures and plans, where specified by this Chapter and as developed by the food service establishment, are maintained and implemented as required. \( P_t \)
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<th><strong>Title:</strong></th>
<th>Demonstration of Knowledge regarding Food Allergen Labeling</th>
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<td>Adding an amendment to the 2013 FDA Food Code section 2-102.11(C)(9) to include describing proper food allergen labeling for products, when applicable, produced by the venue.</td>
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<td>Pre-packaged products from bakeries, delis, restaurants, and other venues often are not labeled with allergens that they contain (a violation of the Food Code section 3-602.11(B)(5)), nor the potential allergens that may have been in contact with the products. This poses a serious risk to allergic consumers who may experience anaphylaxis as a result of exposure to the allergens.</td>
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| that a letter be sent to the FDA requesting that Subparagraph 2-102.11(C)(9) of the 2013 Food Code be amended as follows (new language is underlined): 2-102.11 Demonstration.  
(C) Responding correctly to the inspector's questions as they relate to the specific FOOD operation. The areas of knowledge include:  
(9) Describing FOODS identified as MAJOR FOOD ALLERGENS and the symptoms that a MAJOR FOOD ALLERGEN could cause in a sensitive individual who has an allergic reaction. Describe proper food allergen labeling for pre-packaged products produced by the establishment. |  |

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<tr>
<td>Name:</td>
<td>Nona Narvaez</td>
</tr>
<tr>
<td>Organization:</td>
<td>Anaphylaxis and Food Allergy Association of MN (AFAA)</td>
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</tbody>
</table>
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Telephone: 6516445937
E-mail: nona@minnesotafoodallergy.org

*It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.*
Issue History:
This is a brand new Issue.

Title:
Report – Program Standards Committee (PSC)

Issue you would like the Conference to consider:
The Conference for Food Protection (CFP) Program Standards Committee seeks Council II's acknowledgment of the committee's final report.

Public Health Significance:
The Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards) were developed to serve as a guide for regulatory retail food program managers in the design, management, and execution of a retail food program with the public health outcome of reducing foodborne illness risk factors. The Program Standards Committee is a standing committee reporting to the CFP Executive Board. The Committee provides ongoing input to the FDA on issues that arise with the Retail Program Standards. The Committee serves the Conference by indirectly assisting Retail Program Standards enrollees in making progress towards meeting the Retail Program Standards. The Committee continues to work with the FDA internal Program Standards working group and the FDA Clearinghouse Workgroup to clarify and address issues that arise with the Retail Program Standards.

Recommended Solution: The Conference recommends:
1. Acknowledgment of the 2014 - 2016 Program Standards Committee Final Report, and
2. Thanking the Committee members for their work and dedication during the 2014 - 2016 biennium.

Submitter Information 1:
Name: David Lawrence, Chair
Organization: Program Standards Committee
It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.
COMMITTEE NAME:  Program Standards

COUNCIL or EXECUTIVE BOARD ASSIGNMENT:  Executive Board

DATE OF REPORT:  12/18/2015

SUBMITTED BY:  
David Lawrence, Chair  
Caroline Friel, Co Vice-Chair  
Debbie Watts, Co Vice-Chair

COMMITTEE CHARGE(s):

The charges to the 2014 – 2016 Program Standards Committee were designated as follows in two 2014 CFP issues:

Issue #: 2014 II-005:
Charges:

1. Identify areas where the Voluntary National Retail Food Regulatory Program Standards can be changed or improved to enhance enrollment and implementation; and
2. Work on a project to recognize levels of performance of Program Standards enrollees that will demonstrate the progress of enrollees in a meaningful way and acknowledging the enrollees for taking the necessary incremental steps toward meeting the Program Standards. As part of this project:
   a. Provide a Cost/Benefit Analysis for recognizing partial achievement of the Retail Program Standards;
   b. Identify different approaches that could be used to recognize partial achievement of the Retail Program Standards that would not require additional resources to perform or administer; and
   c. Examine whether there is an additional burden placed on enrollees or FDA (in time, money, or added complexity of the Standards) associated with development of a system to ensure that jurisdictions are uniformly recognized for partial achievement of the Standards.
3. Review the current verification audit requirement and:
   a. Identify strengths of the current verification audit requirement;
   b. Identify weaknesses of the current verification audit requirement, with emphasis on any barriers that may result from the current requirement; and
   c. Determine whether there are potential changes to the requirement, or the administration of the requirement, that could maintain the credibility of the Retail Program Standards while reducing barriers to achievement that may result from the current verification audit requirement.
4. Serve as a sounding board for FDA with respect to ideas generated during collaboration with the other entities such as NACCHO, PFP, AFDO.
5. Formulate resolutions to issues brought before the committee and report back at the 2016 CFP Biennial Meeting.

Issue #: 2014 II-003:
Charges:
To solicit the support of industry to:

1. Identify the benefits to industry for regulatory authorities to achieve Standard 2, Standard 4, and Standard 7 of the Voluntary National Retail Food Regulatory Program Standards.
2. Examine methods to support regulatory efforts to achieve Standard 2, Standard 4, and Standard 7 of the Voluntary National Retail Food Regulatory Program Standards.
3. Report back at the 2016 CFP Biennial Meeting with recommendations on how the Conference can collaborate with industry to facilitate enrollment and achievement of the Voluntary National Retail Food Regulatory Program Standards.

COMMITTEE ACTIVITIES AND RECOMMENDATIONS:

1. Progress on Overall Committee Activities:
   a. The Program Standards Committee membership included recruitment efforts to gain additional food industry and local regulatory members across the CFP regions. Per the Constitution and Bylaws, a balanced ratio of regulatory to industry members has been maintained. In April 2015, the Executive Board approved an updated roster that maintains this ratio by listing eight (8) regulatory and eight (8) food industry representatives as voting members. Any CFP members who expressed interest in the committee but who were not selected as voting members were designated as either electives or “at large” members. These electives and “at large” members have been included in all committee activities.
   b. The first full committee call was held on September 17, 2014. The committee chair and co vice-chairs presented the recommendation that the charges be worked on at a subcommittee level to stay ahead of the Executive Board’s due dates and to complete the charges by December 2015 or sooner. The committee members supported the recommendation. Two subcommittees were formed: (1) Issue 2014 II-003 Subcommittee with co-leads Caroline Friel (food service industry) and Todd Mers (regulatory - state), and (2) Issue 2014 II-005 Subcommittee with co-leads Debbie Watts (regulatory - local) and Angie Cyr (regulatory - state). Each full committee member expressed their interest in serving on either or both subcommittees.
   c. Meetings were held via conference call and using GoToMeeting and Adobe Connect (arranged by the FDA consultants) to share reference documents online. To facilitate work on the current charges, a familiarization of all members with the Voluntary National Retail Food Regulatory Program Standards (hereafter referred to as Retail Program Standards) was established by ensuring access to the FDA resources. The full committee has met seven times (September 17, 2014 kick-off call; April 15, 2015; May 20, 2015; June 17, 2015; July 22, 2015; August 19, 2015; and September 23, 2015). During the initial meetings, time was allocated to introduce new members to the historical perspective of the committee. Subcommittee updates were provided as part of the full committee calls. Work on requests from the FDA regarding proposed revisions to Standards 4, 7 and 9 were conducted by the full committee.

2. Progress on Issue 2014 II-003 Activities:
   a. The Issue 2014 II-003 Subcommittee (hereafter referred to as Competency of Inspectors Subcommittee) met via phone conferencing (October 15, 2014, November 12, 2014, January 14, 2015, February 11, 2015, March 11, 2015, April 8, 2015, and May 13, 2015) and by email from October 2014 until September 2015. The Subcommittee developed and distributed a survey questionnaire (see Industry Support for Standards 2, 4 and 7 Survey Tool attached to this report) to assess industry’s opinion regarding the benefits, if any, of having regulatory authorities achieve Standard 2, Standard 4, and Standard 7 of the Retail Program Standards. The Subcommittee gathered information from industry stakeholders regarding the value to industry of having a regulatory agency involved with the Retail Program Standards and provided recommendations to support regulatory efforts to achieve the Retail Program Standards.
   b. This part of the Program Standards Committee’s final report outlines the disposition of issues worked on by the Competency of Inspectors Subcommittee and its recommendations to the Conference. Along with being a foundation and system upon which all regulatory programs can build through a continuous improvement process, the Retail Program Standards provide a template of what a quality regulatory food establishment program needs. Per the specific charges, this report will refer to only Standards 2, 4, and 7.
      i. Standard 2 provides the essential elements of a training program for regulatory staff.
ii. Standard 4 pertains to implementing an on-going quality assurance program that evaluates inspection uniformity to ensure inspection quality, inspection frequency and consistency among the regulatory staff.

iii. Standard 7 relates to enhancing communication with industry and consumers through forums designed to solicit input to improve the food safety program.

c. **Charge 1: To solicit the support of industry to identify the benefits to industry for regulatory authorities to achieve Standard 2, Standard 4, and Standard 7 of the Voluntary National Retail Food Regulatory Program Standards.**

The 2011 Food Safety Modernization Act (FSMA) requires the FDA to partner with state and local food safety regulatory agencies to build a national Integrated Food Safety System (IFSS). The goal of a national IFSS is to develop a seamless partnership and operation of federal, state, and local food safety regulatory agencies to meet the public health mission of achieving a safer food supply.

The benefits of having a regulatory authority meet the Retail Program Standards contributes to an IFSS by improving the confidence in the food safety work being conducted by other agencies, focusing efforts on the reduction of risk factors known to contribute to foodborne illness, and encouraging retail food establishments to implement active managerial control over these risk factors.

The Competency of Inspector Subcommittee developed and distributed the Industry Support for Standards 2, 4 and 7 Survey Tool to assess industry’s opinion regarding the benefits to industry, if any, of having regulatory authorities achieve Standard 2, Standard 4, and Standard 7 of the Retail Program Standards:

i. The original survey was disseminated to the Food Marketing Institute (FMI) and the National Restaurant Association (NRA). 133 responses were received. Incomplete surveys were removed and the remaining 116 surveys were combined and analyzed.

ii. Most respondents were food service operations/restaurants (n=55) and retail food establishments (n=49). Wholesale distribution and national grocery stores were represented one time each, and there were 10 respondents who did not respond to the self-identification question.

iii. The Subcommittee analyzed the survey responses and identified that the most important benefits to industry of having regulatory authorities achieve the Retail Program Standards are that the Standards:

1. Support a consistent approach to inspections;
2. Focus inspector and industry time on the true risk factors to reduce foodborne illness versus focusing time, money and limited resources on Good Retail Practices that have little impact on preventing foodborne illnesses;
3. Enable “apple to apple data analyses” on a National basis; and
4. Enable trend analysis for identifying opportunities and long-term solutions.

iv. The Subcommittee’s analysis of survey responses found that the most important benefits to industry of having regulatory authorities achieve Standard 2 are:

1. Supporting a consistent, credible approach to inspections;
2. Providing more time for industry to focus on food safety rather than disputing improper citations or managing non-uniform regulations;
3. Focusing both industry and regulators on solving complex public health problems; and
4. Increasing consumer confidence.

v. The Subcommittee’s analysis of survey responses found that the most important benefits to industry of having regulatory authorities achieve Standard 4 are:

1. Quality assurance is needed due to the diversity in inspector competency;
2. Quality assurance drives uniformity in the inspection process. This is important with the increased use of inspection information by media to report results to the public; and
3. Standard 4 criteria help to drive continuous improvement.

vi. The Subcommittee’s analysis of survey responses found that the most important benefits to industry of having regulatory authorities achieve Standard 7 are:
   1. The more collaboration industry and regulatory authorities have, the better off we are – as we are on the same team;
   2. Standard 7 criteria enable free, open communication and sharing to align priorities;
   3. Relationship building is of the utmost importance as it enables problem solving and improvement; and
   4. Standard 7 promotes the establishment of partnerships to facilitate swift responses to future outbreaks and crises.

vii. The Subcommittee identified the following trends after compiling the survey data:
   1. There is a positive correlation between the length of time in business and the perceived value of Standards 2, 4, and 7.
   2. Having a larger number of employees was statistically associated with perceived value of Standard 2.

d. Charge 2: To solicit the support of industry to examine methods to support regulatory efforts to achieve Standard 2, Standard 4, and Standard 7 of the Voluntary National Retail Food Regulatory Program Standards. The Retail Program Standards offer a systematic approach to, through a continuous improvement process, enhance retail food regulatory programs. They define and provide a framework designed to accommodate both traditional and emerging approaches of a regulatory food safety system. To address the charge, the Subcommittee interviewed regulatory agencies enrolled in the Retail Program Standards, mostly those who had achieved Standards 2, 4, and 7 and who conduct direct (not contracted) inspections, to examine and provide methods to support regulatory efforts to achieve Standard 2, Standard 4, and Standard 7.

e. Recommendations from Issue 2014 II-003. Based on the work done by the Competency of Inspectors Subcommittee, the Program Standards Committee has the following recommendations (in bold) for consideration by Council (See Issue PSC 2):

   i. Develop a roadmap. When an enrolled regulatory agency implements the Retail Program Standards correctly, there is a cultural transition in the agency that supports continuous improvement. The committee recommends that the FDA develops a Retail Program Standards guide or template to help regulatory agencies to enroll in the Retail Program Standards, realize what they are getting involved in prior to enrollment, provide recommendations about where an enrollee should begin, and provide a roadmap to allow management to plan for proper staffing and resources to actually complete and sustain the activities associated with the Retail Program Standards.

   ii. Involve industry in the funding and benchmark achievement processes. While the committee does not support an agency enrolling in the Retail Program Standards solely to receive accolades, there is reason to celebrate along the way as an agency progresses through meeting various levels of the Retail Program Standards. Industry members of this committee made it very clear that industry would like to be a formal part in developing a recognition process but feel that development of such a process is beyond the scope of the current Issue 2014 II-003 charges. The committee recommends the continuation of charge 2 of Issue 2014 II-005 by the 2016 - 2018 Program Standards Committee with support from the FDA to further examine a process for recognizing partial achievement of the Retail Program Standards. Note: This recommendation will be made in Issue PSC 3.
iii. Recognize that meeting the Retail Program Standards is a primary means to reducing foodborne illness within enrolled jurisdictions. One regulatory agency with 47,000 food establishments reports that implementation of the Retail Program Standards within their agency was instrumental in achieving a 90% reduction in foodborne illness outbreaks within their jurisdiction since 1997. The committee recommends that the FDA seek forums for enrollees to share their success stories that correlate with the implementation of the Retail Program Standards. Note: This recommendation has redundancy with the recommendation presented below in viii.

iv. Provide extra points on the grant application to encourage the regulatory agencies who are actively achieving the Retail Program Standards. While the different funding mechanisms are not a prerequisite for enrollment in the Retail Program Standards, only the top-scoring eligible proposals in each FDA Region are awarded grants. The committee found that those applicants who are actively achieving the Retail Program Standards are treated no differently than a regulatory agency who is applying for the first time. This existing approach may encourage more agencies to enroll in the Retail Program Standards but it does not encourage completion of the Retail Program Standards. Those actively enrolled in the Retail Program Standards should receive extra points on the application process. This would financially facilitate an agency’s progress in achieving and sustaining the Retail Program Standards. This committee recommends that the FDA reward achievement of the Retail Program Standards by giving extra credit during the application review and scoring process for grants.

v. Establish and conduct regularly scheduled meetings, conferences, and/or webinars of state or FDA regional workgroups that will encourage regulatory agencies in their efforts with the Retail Program Standards. Trying to meet the Retail Program Standards without having someone to mentor you along the way can be an arduous task. The Retail Program Standards have been around since 2001. The FDA reports that as of October 2015, 119 enrollees have completed self-assessments AND have met three or more Standards. However, there are only 14 regulatory agencies that conduct direct inspections and have achieved Retail Program Standards 2, 4 and 7. This committee recommends that the FDA establish additional formal networks to complement the existing NACCHO Program Standards Mentorship Program (e.g., workgroups in each state or by FDA region with routinely scheduled webinars, conference calls) to assist regulatory agencies in their efforts with the Retail Program Standards.

vi. Promote the utilization of FoodSHIELD. The Retail Program Standards requires the creation of many documents, many of which can be obtained from others already enrolled in the Retail Program Standards. FoodSHIELD provides a means where federal, state and local governmental regulatory agencies may share documents by creating a workgroup and inviting others to see/review such documents. FoodSHIELD was designed to facilitate collaboration among the federal regulatory agencies, laboratories, state and local government entities, military branches, and academics involved in protecting the food supply and responding to foodborne illness outbreaks and safety concerns. The upcoming FoodSHIELD Program Standards Resource Center should further provide additional help for program managers who are developing the Program Standards within their agency. The committee recommends that the FDA engages in a promotion of the FoodSHIELD Program Standards Resource Center when it goes live.

vii. Ensure that FDA Regional Retail Food Specialists are highly knowledgeable regarding the Retail Program Standards. The FDA has 25 Regional Retail Food Specialists located throughout the United States and are assigned to one of the five FDA regions. The Specialists work with their assigned state, local, tribal, and territorial regulatory agencies to provide technical assistance. Any wisdom that can be shared along the way
with enrollees is invaluable. Testimonials describing the competency and proficiency of their Regional Retail Food Specialist regarding the Retail Program Standards were mixed. However, the successful retail food regulatory programs reportedly had very supportive Regional Retail Food Specialists. Having FDA Regional Retail Food Specialists who provide accurate and timely answers helps maintain momentum as one moves through the Standards. The committee recommends that the FDA provides a means to ensure that each of the FDA Regional Retail Food Specialists has a minimum level of knowledge regarding implementation of the Retail Program Standards.

viii. Champion the cause of implementing the Retail Program Standards. It is very unlikely a regulatory agency will successfully sustain meeting the Retail Program Standards without first getting the full support of management and then authorizing someone to responsibly drive forward the discussions regarding the Standards. All of the success stories shared with the committee spoke of one or two individuals who constantly championed the cause of implementing the Retail Program Standards. They always required the decision makers to ask the question, “How will this activity/initiative further achievement of the Retail Program Standards?” The committee recommends that the FDA seeks the expansion of existing forums (e.g., NACCHO sharing sessions, NEHA AEC Retail Program Standards Workshop, and cooperative agreements with NACCHO and AFDO) for enrollees to share their success stories with the Retail Program Standards. Note: This recommendation will encompass the recommendation made in iii.

Note: The Competency of Inspectors Subcommittee would like to acknowledge and thank Elvir Begic, MPH and Genevieve Weseman, MPH of the Saint Louis County Department of Public Health for extrapolating and conducting the analysis of the survey data in this report and for designing and producing the Retail Program Standards - Competency of Inspectors infographic attached to this report.

3. Progress on Issue 2014 II-005 Activities:

a. The Issue 2014 II-005 Subcommittee (hereafter referred to as the Retail Program Standards Subcommittee) met via phone conferencing (October 31, 2014; December 3, 2014; January 23, 2015; April 15, 2015; August 19, 2015; and September 23, 2015) and conducted additional business by email and phone. The Subcommittee developed and distributed a survey questionnaire (see Verification Audit Survey Tool attached to this report) to the jurisdictions currently enrolled in the Retail Program Standards to gather information about verification audits.

b. This part of the Program Standards Committee’s final report outlines the disposition of issues worked on by the Issue 2014 II-005 Subcommittee and its recommendations to the Conference.

c. Charge 1: Identify areas where the Voluntary National Retail Food Regulatory Program Standards can be changed or improved to enhance enrollment and implementation; and Charge 3: Review the current verification audit requirement and: (a) Identify strengths of the current verification audit requirement; (b) Identify weaknesses of the current verification audit requirement, with emphasis on any barriers that may result from the current requirement; and (c) Determine whether there are potential changes to the requirement, or the administration of the requirement, that could maintain the credibility of the Retail Program Standards while reducing barriers to achievement that may result from the current verification audit requirement.

i. An excel spreadsheet identifying all enrolled jurisdictions, contact person and contact e-mail address was developed from data located in the Listing of Jurisdictions Enrolled in the Voluntary Retail Food Regulatory Program Standards on the FDA website at: http://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards/UCM434742.pdf. The Verification Audit Survey Tool was developed which contained both jurisdictional demographic information in addition to specific inquiries regarding the audit process, resources, and solicitation for improvements. Questions were based on the most current version of the Retail Program Standards (December 2013).
ii. 550 invitations to participate in the Verification Audit Survey were sent out, 53 were returned undeliverable, and 102 responses were received, combined and analyzed.

iii. The respondents were as follows: local (n=76); state (n=18); tribal (n=3); territory (n=1), and other (n=4).

iv. Verification Audit Survey Summary Related to Charge 1: Identify areas where the Voluntary National Retail Food Regulatory Program Standards can be changed or improved to enhance enrollment and implementation:

1. Regarding Retail Program Standard objectives being clearly outlined, respondents indicated that:
   a) Retail Program Standard requirements need to be simplified;
   b) Forms and procedures need to be simplified;
   c) Previous version of the FDA’s verification audit guide for the Retail Program Standards was preferred due to increased thoroughness with step-by-step instructions and screenshots of audit tools; and
   d) Additional examples on how the individual Retail Program Standards can be met are desired.

v. Verification Audit Survey Summary Related to Charge 3: Review the current verification audit requirement and:

1. Identify strengths of the current verification audit requirement;
   a) 90% of respondents indicated that the audit requirements clearly outline the specific objective needed to meet a standard, and
   b) The FDA’s self-assessment guide for the Retail Program Standards is helpful to prepare an enrollee for a successful verification audit.

2. Identify weaknesses of the current verification audit requirement, with emphasis on any barriers that may result from the current requirement;
   a) The lack of resources, both time and staffing, is a barrier to achieving the Retail Program Standards for the majority of the jurisdictions responding;
   b) Individuals do not feel comfortable conducting verification audits;
   c) Individuals feel that they do not meet the criteria to be a verification auditor;
   d) Enrolled jurisdictions do not know who they can contact to conduct a verification audit; and
   e) Additional funding is needed to assist jurisdictions in attaining the Retail Program Standards and for conducting a verification audit.

3. Determine whether there are potential changes to the requirement, or the administration of the requirement, that could maintain the credibility of the Retail Program Standards while reducing barriers to achievement that may result from the current verification audit requirement.
   a) Provide verification auditor training;
   b) Create a mentor program for verification auditors;
   c) Include information on the FDA website indicating if an enrolled jurisdiction is willing to conduct a verification audit of the Retail Program Standards for others,
   d) Provide funding to assist enrolled jurisdictions, and
   e) Allow for forms to be submitted electronically to auditor (Note: Electronic submission is not specifically prohibited by the verification audit procedures.)

4. Related specifically to “maintaining the credibility of the Retail Program Standards”:
   a) Create a more clearly defined quality assurance step; and
   b) Establish criteria to become an “authorized” auditor.

vi. The FDA consultants requested that the Retail Program Standards Subcommittee brainstorm other models for who can conduct a verification audit. The subcommittee came up with four potential models for audits:

1. An enrolled jurisdiction conducts a verification audit of another jurisdiction;
2. FDA conducts the verification audits;
3. A third party auditor gets trained and conducts the verification audits; and,
4. No verification audit is required.

The Verification Audit Survey results indicated that agencies have limited staff time and financial resources in order to conduct audits for other jurisdictions. Additionally, several respondents indicated that they do not
feel qualified or comfortable conducting an audit of another agency. FDA resources are also limited. Potential third party auditors discussed were industry, students, and trade organizations or associations such as the National Environmental Health Association, Association of Food and Drug Officials, International Food Protection Training Institute, National Association of County and City Health Officials (NACCHO), Food Marketing Institute, and NSF International. These third party auditors would need additional training to be familiar with retail food and the Program Standards. All of the subcommittee members felt strongly that the option to not require verification audits should not be considered.

vii. The Retail Program Standards Subcommittee discussed with the FDA consultants the barriers related to the knowledge of a verification auditor and the need to remove those barriers by:
1. Educating enrolled jurisdictions on the criteria for verification audits;
2. Providing auditor training courses to help create a pool of auditors and a support system for those conducting verification audits;
3. Developing a mentorship program for verification auditors similar to the NACCHO Program Standards Mentorship Program; and
4. Making jurisdictions and potential verification auditors aware of the FDA’s 2011 Program Standards Self-Assessment & Audit resource disk that includes screenshots of the various worksheets and forms used to conduct a verification audit. Note: This information can no longer be posted on the FDA’s website due to the Americans with Disabilities Act accessibility requirements.

d. Charge 2. Work on a project to recognize levels of performance of enrollees that will demonstrate the progress of enrollees in a meaningful way and acknowledging the enrollees for taking the necessary incremental steps toward meeting the standards. Subcommittee members felt that recognizing an enrolled jurisdiction for partial achievement of the Retail Program Standards would be beneficial and recommend continuation of this charge for the 2016 - 2018 Program Standards Committee. Work on this charge was limited to a brainstorming session resulting in the following discussion points:

i. Ways that partial recognition is beneficial are:
1. Shows decision makers that the jurisdiction is making strides to improve the program;
2. Aids jurisdictions in obtaining additional resources in order to meet the Retail Program Standards;
3. Shows that the Retail Program Standards may need to be revised if there is a Standard that is almost impossible to meet;
4. Recognition of “the small wins” may be important to keep a jurisdiction moving forward in meeting the Retail Program Standards; and
5. Recognition of partial achievement of a Retail Program Standard could be part of the supporting documentation for agencies striving for Public Health Accreditation through the Public Health Accreditation Board.

ii. The committee discussed potential methods of recognition for partial achievement of a Standard and other issues related to partial achievement of a Standard. This cost/benefit analysis will depend on what the recognition is going to be. Options discussed were:
1. Changing the FDA website to indicate/include partial achievement (cost)
2. Verbal mention on enrollee achievements at regional conferences
3. Letter from FDA recognizing partial achievement (cost)

iii. Other issues to be considered related to developing an approach to recognize a partial achievement are:
1. Will the recognition for partial achievement involve more audits? (cost)
2. If an audit to recognize partial achievement of a standard is required, will the audit be a formal audit or will an informal audit be developed? (cost)
3. Criteria will need to be developed for each standard so it is clear when partial achievement is attained, e.g., 25% of the elements in the standard have been met. (cost)
4. Currently not all of the Standards are easily quantified for partial achievement. The Standards may need to be rewritten which may make them more complex. (cost)
5. Imposes additional reporting requirements for enrolled jurisdictions. (cost)
6. The criteria developed for determining partial achievement would need to be designed so that it can be applied consistently. (cost)
e. Recommendations from Issue 2014 II-005. Based on the work done by the Retail Program Standards Subcommittee, the Program Standards Committee has the following recommendations for consideration by Council (See Issue PSC 3):

i. To continue charges 1, 2 and 4 from Issue 2014 II-005 to the 2016 - 2018 Program Standards Committee as follows:
   1. Identify areas where the Voluntary National Retail Food Regulatory Program Standards can be changed or improved to enhance enrollment and implementation; and
   2. Work on a project to recognize levels of performance of Program Standards enrollees that will demonstrate the progress of enrollees in a meaningful way and acknowledging the enrollees for taking the necessary incremental steps toward meeting the Program Standards. As part of this project:
      a. Provide a Cost/Benefit Analysis for recognizing partial achievement of the Retail Program Standards;
      b. Identify different approaches that could be used to recognize partial achievement of the Retail Program Standards that would not require additional resources to perform or administer; and
      c. Examine whether there is an additional burden placed on enrollees or FDA (in time, money, or added complexity of the Standards) associated with development of a system to ensure that jurisdictions are uniformly recognized for partial achievement of the Standards.
   4. Serve as a sounding board for FDA with respect to ideas generated during collaboration with the other entities such as NACCHO, PFP, AFDO.

ii. That a letter be sent to the FDA with the recommendations to encourage the FDA to:
    a) Work on removing the barriers identified related to conducting a Retail Program Standard verification audit by: (1) providing auditor training; (2) creating a mentorship program for auditors; (3) including information on the online Listing of Enrolled Jurisdictions document indicating which enrollees are willing to serve as verification auditors for other enrollees; and (4) continuing to work to simplify the forms and procedures for the Program Standards in an effort to reduce the amount of time required to complete the required documentation.
    b) Expand funding opportunities to help support and sustain the Retail Program Standards-related activities of enrollees.
    c) Better publicize and promote the work that is being done by the FDA Clearinghouse Workgroup as an important resource for Retail Program Standards enrollees.

4. Additional progress on Issue 2014-005, Charge 1: Identify areas where the Voluntary National Retail Food Regulatory Program Standards can be changed or improved to enhance enrollment and implementation. The FDA requested work by the full Program Standards Committee on the Retail Program Standards as follows:
   a. Review and provide feedback on proposed revisions to Standard 7. The committee members reviewed, deliberated, and supported the proposed revisions. The proposed revisions allow for electronic mechanisms, such as social media and web-based meetings or forums, to be used as a method to satisfy the Standard 7 requirement for two-way interaction between regulatory authorities and industry/community stakeholders. The committee will submit an issue to recommend that Council II accepts the proposed revisions to Standard 7 (See Issue PSC 5).
   b. Review and provide feedback on the FDA’s proposed response to the recommendations for Standard 4 submitted by the Certification of Food Safety Regulatory Professionals Committee in Issue 2012 II-025: Recommendations from Uniform Inspection Program Audit Pilot Project. The FDA consultants to the committee reviewed each of their proposed responses, including changes to Standard 4 and the CFP Field Training Manual. The committee members provided feedback with minor revisions to the proposed responses, including changes to Standard 4 language, and indicated no lack of support. The FDA will submit an issue to recommend that Council II accepts the proposed revisions to Standard 4.
   c. Review and provide feedback on proposed revisions to Standard 9. The committee members reviewed, deliberated, and indicated no lack of support for the proposed revisions. The FDA will submit an issue to recommend that Council II accepts the proposed revisions to Standard 9.
5. Request from the Executive Board to plan and facilitate the Retail Program Standards Session to be held at the 2016 CFP biennial meeting. The purpose of the session is to provide a forum to share information about the Retail Program Standards, to gain insight from industry about the value of implementation of the Retail Program Standards by regulators, and to facilitate a discussion about success stories related to implementation of the Retail Program Standards. The Program Standards Committee has formed a planning team/workgroup consisting of industry and regulatory members to plan and facilitate the Retail Program Standards Session to be held on Tuesday, April 19, 2016.

6. Support for establishing workgroups within the Program Standards Committee to address charges previously assigned to the Certification of Food Safety Regulation Professionals Committee/Workgroup and the Interdisciplinary Foodborne Illness Training Committee.
   a. The members of the Program Standards Committee view the work of both the Certification of Food Safety Regulation Professionals Committee (CFSRP) and the Interdisciplinary Foodborne Illness Committee (IFIC) as being within the scope of the Retail Program Standards, respectively Standards 2 and 5.
   b. The Program Standards Committee encourages Council II to accept the recommendation in an issue submitted by the CFSRP to assign charges previously assigned to that committee to the 2016 - 2018 Program Standards Committee as follows:

   **Issue 2014 II-002, Charge 1:**

   Collaborate with the FDA Division of Human Resource Development, and the Partnership for Food Protection Training and Certification Workgroup (PFP TCWG) to:
   1. Continue review of all initiatives: existing, new or under development; involving the training, evaluation and/or certification of food safety inspection officers. This collaborative working relationship will ensure the sharing of information so as not to create any unnecessary redundancies in the creation of work product or assignment of tasks/responsibilities.
   2. Review the results of the partnership for food protection training and certification work group recommendations for the nationally recognized Retail Food Curriculum based on the Retail Food Job Task Analysis (JTA) to determine if changes are needed in the Standard 2 curriculum. Identify any gaps and recommendations for change and review the time frame for completion of Steps 1 through 4 for new hires or staff newly assigned to the regulatory retail food protection program.
   3. Review the results of the partnership of food protection training and certification work group recommendations to determine if the Conference for Food Protection Field Training Manual for Regulatory Retail Food Safety Inspection Officers and forms need to be revised.

**CFP ISSUES TO BE SUBMITTED BY COMMITTEE:**

1. Report – Program Standards Committee (PSC)
   b. Acknowledgement and thanks by Council II to the members of the committee. Acknowledgement of the work done by the co-leads of the two subcommittees for their diligence in facilitating work to address the charges.
2. PSC 2 – Recommendations from Issue 2014 II-003
   a. The Program Standards Committee is submitting recommendations with requests to the FDA regarding the Retail Program Standards.
3. PSC 3 – Recommendations from Issue 2014 II-005
   a. The Program Standards Committee is submitting recommendations with requests to the FDA regarding the Retail Program Standards and resources for the verification audit process.
4. PSC 4 – Posting of Retail Program Standards Infographic on CFP Website
a. The Program Standards committee requests the posting of the infographic on the CFP website as a resource to exhibit the value to industry of regulators achieving Standards 2, 4 and 7 of the Retail Program Standards.

5. PSC 5 – Amend Retail Program Standard 7
   a. The committee recommends amendment of Standard 7 to allow electronic mechanisms, such as social media and web-based meetings for forums, to be used as a method to satisfy the requirement for two-way interaction between regulatory authorities and industry/community stakeholders.

Attachments:

Content Documents:
1. 2014 – 2016 Program Standards Committee Final Report
2. 2014 – 2016 Program Standards Committee Membership Roster
3. Retail Program Standards - Competency of Inspectors Infographic

Support Documents:
4. Verification Audit Survey Tool
5. Industry Support for Standards 2, 4 and 7 Survey Tool
6. Verification Audit Survey Results
7. Industry Support for Standards 2, 4 and 7 Survey Results (FMI Summary)
8. Industry Support for Standards 2, 4 and 7 Survey Results (NRA Summary)

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<tr>
<td>O'Donnell</td>
<td>James</td>
<td></td>
<td>Member - Voting</td>
<td>Food Industry Support</td>
<td>Bridgeton</td>
<td>MO</td>
<td>(314) 296-4778</td>
<td><a href="mailto:James.Odonnell@hussmann.com">James.Odonnell@hussmann.com</a></td>
</tr>
<tr>
<td>Whatley</td>
<td>Mike</td>
<td></td>
<td>Member - Voting</td>
<td>Food Industry Support</td>
<td>Washington</td>
<td>DC</td>
<td>(202) 331-5917</td>
<td><a href="mailto:mwhatley@restaurant.org">mwhatley@restaurant.org</a></td>
</tr>
<tr>
<td>Arbizu</td>
<td>Thomas</td>
<td></td>
<td>Member - Elective</td>
<td>Regulatory - State</td>
<td>Austin</td>
<td>TX</td>
<td>(512) 834-6770</td>
<td><a href="mailto:Tom.Arbizu@dshs.state.tx.us">Tom.Arbizu@dshs.state.tx.us</a></td>
</tr>
<tr>
<td>MacLeod</td>
<td>Michael</td>
<td></td>
<td>Member - Elective</td>
<td>Retail Food Industry</td>
<td>Springfield</td>
<td>MA</td>
<td>(413) 504-4453</td>
<td><a href="mailto:mmacleod@bigy.com">mmacleod@bigy.com</a></td>
</tr>
<tr>
<td>Radke</td>
<td>Vince</td>
<td></td>
<td>Consultant</td>
<td>Regulatory - Federal</td>
<td>Atlanta</td>
<td>GA</td>
<td>770-488-4136</td>
<td><a href="mailto:ver2@cdc.gov">ver2@cdc.gov</a>;</td>
</tr>
<tr>
<td>Hughes</td>
<td>Stephen</td>
<td></td>
<td>Consultant</td>
<td>Regulatory - Federal</td>
<td>College Park</td>
<td>MD</td>
<td>(240) 402-2833</td>
<td><a href="mailto:Stephen.Hughes@fda.hhs.gov">Stephen.Hughes@fda.hhs.gov</a></td>
</tr>
<tr>
<td>Kennedy</td>
<td>Katey</td>
<td></td>
<td>Consultant</td>
<td>Regulatory - Federal</td>
<td>Beaverton</td>
<td>OR</td>
<td>(503) 671-9711</td>
<td><a href="mailto:Katey.Kennedy@fda.hhs.gov">Katey.Kennedy@fda.hhs.gov</a></td>
</tr>
<tr>
<td>Adan</td>
<td>Natalie</td>
<td></td>
<td>Member - &quot;At Large&quot;</td>
<td>Regulatory - State</td>
<td>Atlanta</td>
<td>GA</td>
<td>(404) 754-1794</td>
<td><a href="mailto:Natalie.Adan@agr.georgia.gov">Natalie.Adan@agr.georgia.gov</a></td>
</tr>
<tr>
<td>Crabtree</td>
<td>Debbie</td>
<td></td>
<td>Member - &quot;At Large&quot;</td>
<td>Regulatory - Local</td>
<td>Fairfax</td>
<td>VA</td>
<td>(703) 246-8431</td>
<td><a href="mailto:Deborah.Crabtree@fairfaxcounty.gov">Deborah.Crabtree@fairfaxcounty.gov</a></td>
</tr>
<tr>
<td>DeFrancesco</td>
<td>Joetta</td>
<td></td>
<td>Member - &quot;At Large&quot;</td>
<td>Regulatory - State</td>
<td>Bonita Springs</td>
<td>FL</td>
<td>(850) 245-5520</td>
<td><a href="mailto:Joetta.Defrancesco@freshfromflorida.com">Joetta.Defrancesco@freshfromflorida.com</a></td>
</tr>
<tr>
<td>Erwin</td>
<td>Robert</td>
<td></td>
<td>Member - &quot;At Large&quot;</td>
<td>Regulatory - Local</td>
<td>Fairfax</td>
<td>VA</td>
<td>(703) 246-8430</td>
<td><a href="mailto:Robert.Erwin@fairfaxcounty.gov">Robert.Erwin@fairfaxcounty.gov</a></td>
</tr>
<tr>
<td>Finkenbinder</td>
<td>Dean</td>
<td></td>
<td>Member - &quot;At Large&quot;</td>
<td>Regulatory - State</td>
<td>Cheyenne</td>
<td>WY</td>
<td>(307) 777-6587</td>
<td><a href="mailto:Dean.Finkenbinder@wyo.gov">Dean.Finkenbinder@wyo.gov</a></td>
</tr>
<tr>
<td>Guzzle</td>
<td>Patrick</td>
<td></td>
<td>Member - &quot;At Large&quot;</td>
<td>Regulatory - State</td>
<td>Boise</td>
<td>ID</td>
<td>(208) 334-5036</td>
<td><a href="mailto:guzzlep@dhw.idaho.gov">guzzlep@dhw.idaho.gov</a></td>
</tr>
<tr>
<td>Mickiewicz</td>
<td>Courtney</td>
<td></td>
<td>Member - &quot;At Large&quot;</td>
<td>Regulatory - State</td>
<td>Virginia Beach</td>
<td>VA</td>
<td>(757) 368-3905</td>
<td><a href="mailto:Courtney.Mickiewicz@vdacs.virginia.gov">Courtney.Mickiewicz@vdacs.virginia.gov</a></td>
</tr>
<tr>
<td>Read</td>
<td>David</td>
<td></td>
<td>Member - &quot;At Large&quot;</td>
<td>Emeritus</td>
<td>St. Paul</td>
<td>MN</td>
<td>(651) 485-8905</td>
<td><a href="mailto:dread5668@gmail.com">dread5668@gmail.com</a></td>
</tr>
</tbody>
</table>
A committee was charged to identify the benefits to industry for regulatory authorities to achieve Standard 2, 4, and 7 of the Voluntary National Retail Food Retail Program Standards. A survey was designed to capture the benefits to industry as outlined in the Committee’s charge and sent to participants from the National Restaurant Association (NRA) and Food Marketing Institute (FMI).

92% of respondents found Program Standard 7, industry participation, to be very valuable.

60% of respondents were aware of the Retail Program Standards prior to the survey.

Most of the respondents were from larger organizations with many employees and operate in several states.

Level Playing Field

Creates a level playing field for all operators and regulators which should lead to consistency.

Increased Accuracy & confidence in results

Uniformity allows better allocation of resources

True risks are measured and identified

Inspector are better trained and the inspections are more consistent

Added assurance that the inspector is adequately trained & reputable

Industry identified that Program Standard 2, properly trained staff, supports a consistent approach to inspections

90% of respondents found Program Standard 4, quality assurance, to be somewhat or very valuable

Training supports a consistent, suitable approach to inspections

Funding supports a consistent, suitable approach to inspections

60% of respondents operate in 1 to 5 stores

40% of respondents were aware of the Retail Program Standards through local regulatory outreach/FDA website

We all benefit from teamwork.
The Conference for Food Protection Program Standards Committee is asking for your input on the Voluntary National Retail Food Regulatory Program Standards and related verification audits. Your input is greatly appreciated and it will assist us in our work on the CFP Issue 2014-II-005.

Background Information:

The Program Standards Committee has the following charges related to Verification Audits:
1. Identify areas where the Voluntary National Retail Food Regulatory Program Standards can be changed or improved to enhance enrollment and implementation.
2. Review the current verification audit requirement and:
   - Identify strengths of the current verification audit requirement;
   - Identify weaknesses with the current verification audit requirement, with emphasis on any barriers that may result from the current requirement; and
   - Determine whether there are potential changes to the requirement, or the administration of the requirement, that could maintain the credibility of the Retail Program Standards while reducing barriers to achievement that may result from the current verification audit requirement.

Jurisdiction Type: [Local] [State] [Tribal] [Territory] [other ________]
Inspection Staff Size: __________
Number of Inspected Food Service Facilities in Inventory: __________
Population of Jurisdiction: __________

What year did you enroll in the Retail Program Standards? [(year) ________] [don’t know]

Please mark each item that applies to your jurisdiction:

1) Have you had a verification audit? [yes] [no]
   If yes, what standards have you had audited?

2) When was/were the audits conducted?
   Standard 1 [(year) ________] [don’t know] [have never been audited]
   Standard 2 [(year) ________] [don’t know] [have never been audited]
   Standard 3 [(year) ________] [don’t know] [have never been audited]
   Standard 4 [(year) ________] [don’t know] [have never been audited]
   Standard 5 [(year) ________] [don’t know] [have never been audited]
   Standard 6 [(year) ________] [don’t know] [have never been audited]
   Standard 7 [(year) ________] [don’t know] [have never been audited]
   Standard 8 [(year) ________] [don’t know] [have never been audited]
   Standard 9 [(year) ________] [don’t know] [have never been audited]

3) What was the outcome of the Standards on which you have had a verification audit?
Verification Audit Survey Tool

**Standard 1** [Standard Met Criteria] [Standard Did Not Meet Criteria] [Have not been audited]
If Standard not met, why? ____________________________________________

**Standard 2** [Standard Met Criteria] [Standard Did Not Meet Criteria] [Have not been audited]
If Standard not met, why? ____________________________________________

**Standard 3** [Standard Met Criteria] [Standard Did Not Meet Criteria] [Have not been audited]
If Standard not met, why? ____________________________________________

**Standard 4** [Standard Met Criteria] [Standard Did Not Meet Criteria] [Have not been audited]
If Standard not met, why? ____________________________________________

**Standard 5** [Standard Met Criteria] [Standard Did Not Meet Criteria] [Have not been audited]
If Standard not met, why? ____________________________________________

**Standard 6** [Standard Met Criteria] [Standard Did Not Meet Criteria] [Have not been audited]
If Standard not met, why? ____________________________________________

**Standard 7** [Standard Met Criteria] [Standard Did Not Meet Criteria] [Have not been audited]
If Standard not met, why? ____________________________________________

**Standard 8** [Standard Met Criteria] [Standard Did Not Meet Criteria] [Have not been audited]
If Standard not met, why? ____________________________________________

4) Have you conducted a verification audit for another agency? [Yes] [No]

5) On what standards have you conducted an audit for another agency?


6) What was/were the outcome(s) to the audits conducted for another agency?

   [Agency met Standard Criteria]
   [Agency did not meet Standard Criteria]
   [Audit cancelled due to incomplete information to conduct]
   [Other, please specify ______________________]
   [Not applicable]

7) Why have you not conducted an audit for another agency?

   [Have not been asked]
   [Did not meet criteria to become an auditor]
   [Do not feel comfortable conducting an audit]
   [Other, please specify ______________________]

8) Would it be beneficial to have an available list of individuals that can conduct verification audits?

   [yes] [no] [Don’t know]
9) Would you be willing to be included on that list?
   [yes] [no] [don't know]
   If you don't know, please explain____________________

The next several questions are about your agency and having an audit conducted to determine if a Standard has been met.

10) Do the audit requirements clearly outline the specific objectives needed to meet a Standard? [Yes] [No]
    If no, please explain____________________

11) What barriers have you had that have made you unable to conduct a verification audit on a Standard?
    (Mark all that apply.)
    [Could not find an auditor to conduct verification audit]
    [Requirements to conduct/complete a self-assessment leading to a verification audit not clear]
    [Inadequate staff to conduct self-assessment that would lead to a verification audit]
    [Inadequate time to conduct self-assessment and/or verification audit]
    [No support of management to work on Program Standards]
    [No barriers]
    [Other – please list____________________]

12) What resources were/are lacking to be able to complete a verification audit?
    [Requirements identified to meet a specific Program Standard not clear or easy to follow]
    [Inadequate knowledge to develop written internal policies to meet a Standard]
    [Administrative Procedure documents (now a separate document, previously included under Standard 9) not easy to understand/not clear]
    [No resources are currently lacking]
    [Other – please identify____________________]

13) What resources did you use to ensure a successful verification audit?
    [Administrative procedure document (new in version 2013, previously in Standard 9)]
    [Self-assessment guide provided in the Program Standards]
    [FDA Regional Retail Food Specialist]
    [Contacts from other jurisdictions that are enrolled in the Standards]
    [Participation in the NACCHO Mentorship Program]
    [FDA Retail Program Standards Grant made available through a Cooperative Agreement with AFDO]
    [No resources used]
    [Other – please identify____________________]
14) Would it be beneficial to your jurisdiction to be able to submit the Self-Assessment form, Verification Audit form, and any applicable documentation electronically to your auditor for review? [Yes] [No] If no, please explain ________________________________

15) What could increase the credibility of the audit process?
[A more clearly defined quality assurance step]
[Establish criteria to become an authorized auditor]
[Other – please list ________________________________]

General information questions

16) Are you aware that a Clearinghouse Workgroup exists that can help clarify questions related to the Program Standards? [Yes] [No]

17) Do you have anything else you would like to share based on your experience?

18) If you would be willing to be contacted by the committee if they have any questions, please list your information below:
[Name]
[Agency]
[Role/Title]
[Address]
[City/Town]
[State]
[Zip]
[Email address]
[Phone number]

Thank you for your time in completing this survey. The information you provided will be of great assistance to the CFP Program Standards committee in accomplishing their charges as identified by the 2014 Conference.
This survey is completely anonymous; your candid feedback is appreciated.

This survey is designed to help the Conference for Food Protection Program Standards Committee identify benefits to industry for regulatory authorities to achieve Standard 2, Standard 4, and Standard 7 of the Voluntary National Retail Food Regulatory Program Standards. The Committee is due to report back at the 2016 Biennial Meeting on how the Conference can collaborate with industry to facilitate enrollment and achievement of the Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards).

Retail Program Standards Overview

The Retail Program Standards are comprised of nine separate Standards, each focusing on a different aspect of a retail food regulatory program. Broadly speaking, the Standards:

- Serve as a guide to retail food regulatory program managers in the design and management of retail food regulatory programs;
- Are intended to help retail food regulatory programs enhance the services they provide to the public;
- Provide a foundation and system upon which all regulatory programs can build through a continuous improvement process;
- Encourage agencies to improve and build upon existing programs;
- Provide a framework designed to accommodate both traditional and emerging approaches to food safety; and reinforce proper sanitation (good retail practices) and operational and environmental prerequisite programs while encouraging regulatory agencies and industry to focus on the factors that cause and contribute to foodborne illness, with the ultimate goal of reducing the occurrence of those factors.

Standard 2 (Trained Regulatory Staff)
The regulatory retail food program inspection staff shall have the knowledge, skills, and ability to adequately perform their required duties.

Five step training process for retail food program inspection staff:
- Completion of initial course curriculum before conducting joint inspections.
- Completion of 25 joint inspections.
- Completion of 25 independent inspections, and completion of the remainder of the course curriculum.
- Completion of Standardization process (re-standardization occurs every three years).
- Completion of continuing education.

Standard 4 (Quality Assurance Program)
Program Management implements an on-going quality assurance program that evaluates inspection uniformity to ensure inspection quality, inspection frequency, and uniformity among the regulatory staff.

Standard 7 (Industry/Community Outreach Activities)
This standard applies to industry and community outreach activities utilized by a regulatory program to solicit a broad spectrum input into a comprehensive regulatory food program, communicate sound public health food safety principles, and foster and recognize community initiatives focused on the reduction of foodborne disease risk factors.

1. Which of the following best describes your operation?

☐ Food Service Operation/Restaurant

☐ Retail Food Establishment

☐ Convenience Store

☐ Other Type of Operation (please specify)

2. How long has your company been in business?

☐ 1 to 5 years

☐ 6 to 25 years

☐ 26 to 50 years

☐ More than 50 years

3. How many employees work at your company?

☐ 1 to 50 employees

☐ 51 to 500 employees

☐ 501 to 5,000 employees

☐ More than 5,000 employees
4. How many States does your company operate in?

- [ ] 1 to 5 states
- [ ] 6 to 15 states
- [ ] 16 to 30 states
- [ ] More than 30 states

5. What is the approximate total revenue for your company?

- [ ] $1K to $500K
- [ ] $501K to $10 Million
- [ ] $11 Million to $500 Million
- [ ] More than $500 Million

6. Prior to receiving this survey, were you aware of the Retail Program Standards?

- [ ] Yes
- [ ] No

Voluntary National Retail Food Regulatory Program Standards - 15 Minute Survey (Small/New Businesses)

7. How did you become aware of the Retail Program Standards? Please select all options that apply.

- [ ] Industry peers
- [ ] Local Regulatory outreach/communication
- [ ] FDA website
- [ ] Peers/Coworkers
- [ ] Other (Please specify below in 'Other' box)
8. Would it be valuable to your company if all regulatory authority inspection staff responsible for conducting inspections at retail food establishments were trained to the Retail Program Standard 2 as outlined below?

Standard 2 (Trained Regulatory Staff)
The regulatory retail food program inspection staff shall have the knowledge, skills, and ability to adequately perform their required duties.

Five step training process for retail food program inspection staff:
- Completion of initial course curriculum before conducting joint inspections.
- Completion of 25 joint inspections.
- Completion of 25 independent inspections, and completion of the remainder of the course curriculum.
- Completion of Standardization process (re-standardization occurs every three years).
- Completion of continuing education.

☐ Very valuable
☐ Somewhat valuable
☐ Not very valuable
☐ Not at all valuable

Comments (Optional)

9. Would it be valuable to your company if all regulatory authorities implemented an ongoing Quality Assurance program as outlined in the Retail Program Standard 4, as outlined below?

Standard 4 (Quality Assurance Program)
Program Management implements an on-going quality assurance program that evaluates inspection uniformity to ensure inspection quality, inspection frequency, and uniformity among the regulatory staff.

☐ Very valuable
☐ Somewhat valuable
☐ Not very valuable
10. Would Industry find it beneficial if regulatory authorities invited industry to participate in food safety forums or to participate in food safety advisory boards to enhance food safety strategies or otherwise collaborate to improve food safety in the jurisdiction?

- Very valuable
- Somewhat valuable
- Not very valuable
- Not at all valuable

Comments (Optional)

11. What are the benefits to Industry when the regulatory authority invests in the Retail Program Standards by having trained regulatory staff (Standard 2), an ongoing Quality Assurance program (Standard 4) and Industry/Community outreach activities (Standard 7)? Please select all options that apply and add any additional benefits in the ‘Other’ box.

- Confidence in retail food establishment assessment results by general public
- Confidence in retail food establishment assessment results by Industry
- Increased engagement with regulatory authority by Industry
- Calibration of regulatory staff across the State/Jurisdiction

Other Benefits (please specify)

12. Please rate your identified benefits to Industry for regulatory authorities to invest in the Retail Program Standards by having trained regulatory staff, an ongoing Quality Assurance program and Industry/Community outreach activities?

<table>
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<tr>
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<th>Some Benefit</th>
<th>Greatest Benefit</th>
<th>N/A</th>
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</thead>
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<tr>
<td>Confidence in retail food establishment</td>
<td>Confidence in</td>
<td>Confidence in</td>
<td>Confidence in</td>
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Voluntary National Retail Food Regulatory Program Standards - 15 Minute Survey

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<th>assessment results by general public</th>
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<th>Some Benefit</th>
<th>Greatest Benefit</th>
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<td>retail food establishment assessment results by general public</td>
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<td>Greatest Benefit</td>
<td>N/A</td>
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<tr>
<td>Confidence in retail food establishment assessment results by Industry</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Increased engagement with regulatory authority by Industry</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Calibration of regulatory staff across the State/Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

13. If you have multiple locations in different regulatory districts, can you identify benefits of working with a regulatory authority that is enrolled in the Retail Program Standards versus one that has not enrolled in the Retail Program Standards?

- Not Applicable
- Yes
- No

Comments (please specify)
Conference for Food Protection Voluntary Retail Food Program Standards
Subcommittee 5 – Verification Audit Summary

550 Total Invitations
18.5% responded (102)
1.1% opted out (6) – no reason given
9.6% bounced (53)
70.7% not responded (389)

550 total-53 bounced=497 good email addresses

102 Total Responses
83.3% completed (85)
16.7% partial (17)

102 total responses/497 good email addresses=20.52% response

Q1. Jurisdiction Type – 102 answered, 0 skipped

- Local (City &/or County) 74.51% (76)
- State 17.65% (18)
- Tribal 2.94% (3)
- Territory 0.98% (1)
- Other 3.92% (4)
  - University 1
  - Federal 2
  - Idaho 1

Q2. Number of Inspected Food Service Facilities in Inventory – 102 answered, 0 skipped

- ≤250 30
- 251-500 18
- 501-750 5
- 751-1000 7
- 1001-5000 27
- 5001-7500 4
- 7501-10000 3
- ≥10001 8
**Q3. Inspection Staff Size** – 102 answered, 0 skipped

<table>
<thead>
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<th>Staff Size</th>
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<tbody>
<tr>
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<tr>
<td>6-10</td>
<td>18</td>
<td>(18%)</td>
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<tr>
<td>11-25</td>
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<td>(16.7%)</td>
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<tr>
<td>26-50</td>
<td>3</td>
<td>(2.9%)</td>
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<td>(1.9%)</td>
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<tr>
<td>≥101</td>
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<td>(1.9%)</td>
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**Q4. Population of Jurisdiction** – 102 answered, 0 skipped

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<td>(26%)</td>
</tr>
<tr>
<td>50,001 to 100,000</td>
<td>13</td>
<td>(13%)</td>
</tr>
<tr>
<td>100,001 to 250,000</td>
<td>16</td>
<td>(16%)</td>
</tr>
<tr>
<td>250,001 to 500,000</td>
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<td>(11%)</td>
</tr>
<tr>
<td>500,001 to 750,000</td>
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</tr>
<tr>
<td>750,001 to 999,999</td>
<td>3</td>
<td>(3%)</td>
</tr>
<tr>
<td>1M to 3M</td>
<td>13</td>
<td>(13%)</td>
</tr>
<tr>
<td>4M to 10M</td>
<td>7</td>
<td>(7%)</td>
</tr>
<tr>
<td>&gt;10M</td>
<td>1</td>
<td>(1%)</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>(67%)</td>
</tr>
</tbody>
</table>

- Retail food establishment such as restaurants, takeout, mobile units, catering, schools, correctional facilities, vending and senior citizen meals
- Resort casino
- Entire state of Nevada
- NA
- 27 tribes – don’t know the actual population sizes
- Unknown
- Entire state – except local health jurisdictions
Q5. What year did you enroll in the Retail Program Standards? – 102 answered, 0 skipped

- Don't Know – 14 (13.73%)
- 2000 – 1
- 2001 – 8
- 2002 – 6
- 2003 – 3
- 2004 – 6
- 2005 – 4
- 2006 – 6
- 2007 – 5
- 2008 – 6
- 2009 – 8
- 2010 – 1
- 2011 – 13
- 2012 – 10
- 2013 – 6
- 2014 – 6
- 2015 – 0

Dates of Interest –
1999 – Pilot Test of Program Standards in each of the 5 FDA regions
2000 – Pilot Test results report to the Conference for Food Protection
2002 – 1st Version of the Program Standards, approved at the CF
2012 – 1st year of NACCHO Mentorship Program

Q6. Have you had a verification audit? – 102 answered, 0 skipped

Yes 54.90% 56
No 45.10% 46

Q7. What Standards have you had audited? – 55 answered, 47 skipped

<table>
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<th>Percentage</th>
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<td>35</td>
</tr>
<tr>
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<td>9.09%</td>
<td>5</td>
</tr>
<tr>
<td>Standard 9</td>
<td>23.64%</td>
<td>13</td>
</tr>
</tbody>
</table>
Q8. When was/were the audit(s) conducted? – 59 answered, 43 skipped

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Have not been audited</td>
<td>26.47%</td>
<td>36.36%</td>
<td>27.59%</td>
<td>45.00%</td>
<td>35.48%</td>
<td>42.86%</td>
<td>18.18%</td>
<td>72.22%</td>
<td>45.83%</td>
</tr>
<tr>
<td>Do not know</td>
<td>2.94%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>3.23%</td>
<td>0.00%</td>
<td>4.55%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>2001</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>2002</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>2003</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
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<td>0.00%</td>
<td>0.00%</td>
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</tr>
<tr>
<td>2004</td>
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<td>0.00%</td>
<td>3.60%</td>
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<td>0.00%</td>
<td>4.76%</td>
<td>2.27%</td>
<td>0.00%</td>
<td>4.17%</td>
</tr>
<tr>
<td>2005</td>
<td>0.00%</td>
<td>0.00%</td>
<td>3.45%</td>
<td>5.00%</td>
<td>0.00%</td>
<td>4.76%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>2006</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>2007</td>
<td>5.88%</td>
<td>3.03%</td>
<td>0.00%</td>
<td>5.00%</td>
<td>6.45%</td>
<td>4.76%</td>
<td>4.55%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>2008</td>
<td>2.94%</td>
<td>3.03%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>2009</td>
<td>5.88%</td>
<td>3.03%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>3.23%</td>
<td>0.00%</td>
<td>4.55%</td>
<td>0.00%</td>
<td>4.17%</td>
</tr>
<tr>
<td>2010</td>
<td>0.00%</td>
<td>3.03%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>12.90%</td>
<td>0.00%</td>
<td>2.27%</td>
<td>0.00%</td>
<td>4.17%</td>
</tr>
<tr>
<td>2011</td>
<td>5.88%</td>
<td>0.00%</td>
<td>3.45%</td>
<td>0.00%</td>
<td>3.23%</td>
<td>0.00%</td>
<td>2.27%</td>
<td>0.00%</td>
<td>4.17%</td>
</tr>
<tr>
<td>2012</td>
<td>11.76%</td>
<td>12.12%</td>
<td>6.90%</td>
<td>10.00%</td>
<td>9.68%</td>
<td>9.52%</td>
<td>18.18%</td>
<td>11.11%</td>
<td>12.50%</td>
</tr>
<tr>
<td>2013</td>
<td>11.76%</td>
<td>9.09%</td>
<td>17.24%</td>
<td>20.00%</td>
<td>19.35%</td>
<td>14.29%</td>
<td>18.18%</td>
<td>16.67%</td>
<td>12.50%</td>
</tr>
<tr>
<td>2014</td>
<td>8.82%</td>
<td>24.24%</td>
<td>20.69%</td>
<td>5.00%</td>
<td>6.45%</td>
<td>14.29%</td>
<td>18.18%</td>
<td>0.00%</td>
<td>8.33%</td>
</tr>
<tr>
<td>2015</td>
<td>14.71%</td>
<td>6.06%</td>
<td>13.79%</td>
<td>10.00%</td>
<td>0.00%</td>
<td>4.76%</td>
<td>6.82%</td>
<td>0.00%</td>
<td>4.17%</td>
</tr>
</tbody>
</table>
Have not been audited
Do not know

When was/were the audit(s) conducted?
Q9. What was the outcome of the Standards on which you have had a verification audit?
67 answered, 35 skipped

<table>
<thead>
<tr>
<th>Standard</th>
<th>Standards Met Criteria</th>
<th>Standards did not meet Criteria</th>
<th>Have not been Audited</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 1</td>
<td>38.00% (19)</td>
<td>8.00% (4)</td>
<td>54.00% (27)</td>
<td>20</td>
</tr>
<tr>
<td>Standard 2</td>
<td>40.43% (19)</td>
<td>4.26% (2)</td>
<td>55.32% (26)</td>
<td>47</td>
</tr>
<tr>
<td>Standard 3</td>
<td>40.91% (18)</td>
<td>4.55% (2)</td>
<td>54.55% (24)</td>
<td>44</td>
</tr>
<tr>
<td>Standard 4</td>
<td>18.92% (7)</td>
<td>10.81% (4)</td>
<td>70.27% (26)</td>
<td>37</td>
</tr>
<tr>
<td>Standard 5</td>
<td>35.42% (17)</td>
<td>6.25% (3)</td>
<td>58.33% (28)</td>
<td>48</td>
</tr>
<tr>
<td>Standard 6</td>
<td>23.08% (9)</td>
<td>5.13% (2)</td>
<td>71.79% (28)</td>
<td>39</td>
</tr>
<tr>
<td>Standard 7</td>
<td>58.18% (32)</td>
<td>3.64% (2)</td>
<td>38.18% (21)</td>
<td>55</td>
</tr>
<tr>
<td>Standard 8</td>
<td>2.78% (1)</td>
<td>8.33% (3)</td>
<td>88.89% (32)</td>
<td>36</td>
</tr>
<tr>
<td>Standard 9</td>
<td>28.21% (11)</td>
<td>5.13% (2)</td>
<td>66.67% (26)</td>
<td>39</td>
</tr>
</tbody>
</table>
Q10. Have you conducted a verification audit for another agency?
92 answered, 10 skipped

Yes 29 31.52%
No 63 68.48%

Q11. What Standards have you conducted an audit for another agency?
28 answered, 74 skipped

<table>
<thead>
<tr>
<th>Standard</th>
<th># audit for standard</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 1</td>
<td>7</td>
<td>25.00%</td>
</tr>
<tr>
<td>Standard 2</td>
<td>11</td>
<td>39.29%</td>
</tr>
<tr>
<td>Standard 3</td>
<td>7</td>
<td>25.00%</td>
</tr>
<tr>
<td>Standard 4</td>
<td>4</td>
<td>14.29%</td>
</tr>
<tr>
<td>Standard 5</td>
<td>8</td>
<td>28.57%</td>
</tr>
<tr>
<td>Standard 6</td>
<td>4</td>
<td>14.29%</td>
</tr>
<tr>
<td>Standard 7</td>
<td>17</td>
<td>60.71%</td>
</tr>
<tr>
<td>Standard 8</td>
<td>1</td>
<td>3.57%</td>
</tr>
<tr>
<td>Standard 8</td>
<td>3</td>
<td>10.71%</td>
</tr>
</tbody>
</table>

Q12. What was/were the outcome(s) to the audits conducted for another agency?
29 answered, 73 skipped

<table>
<thead>
<tr>
<th>Outcome</th>
<th># of responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency met Standard Criteria</td>
<td>25</td>
<td>86.21%</td>
</tr>
<tr>
<td>Agency did not meet Standard Criteria</td>
<td>4</td>
<td>13.79%</td>
</tr>
<tr>
<td>Audit cancelled due to incomplete information to conduct</td>
<td>2</td>
<td>6.90%</td>
</tr>
</tbody>
</table>

Q13. Why have you not conducted an audit for another agency?
74 answered, 28 skipped

<table>
<thead>
<tr>
<th>Reason</th>
<th># of responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have not been asked</td>
<td>66</td>
<td>89.19%</td>
</tr>
<tr>
<td>Did not meet criteria to become an auditor</td>
<td>9</td>
<td>12.16%</td>
</tr>
<tr>
<td>Do not feel comfortable conducting an audit</td>
<td>18</td>
<td>24.32%</td>
</tr>
</tbody>
</table>
Q14. Would it be beneficial to have an available list of individuals that can conduct verification audits? – 91 answered, 11 skipped

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>79</td>
<td>85.71%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>2.20%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>11</td>
<td>12.09%</td>
</tr>
</tbody>
</table>

Q15. Would you be willing to be included on that list? – 92 answered, 10 skipped

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>39</td>
<td>42.39%</td>
</tr>
<tr>
<td>No</td>
<td>29</td>
<td>31.52%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>24</td>
<td>26.09%</td>
</tr>
</tbody>
</table>

If respondent answered “no” or “don’t know”, they were asked to explain:

- Would need county approval
- Too busy with work requirements
- Time constraints is the issue (these things can be very time consuming)
- I am not sure if I would be qualified to fill this role
- Available time
- I will be retiring by the end of June 2015
- Within New Mexico, we know who in each agency can do a verification audit. I think this informal information network works well and ensures that we don’t become overloaded. I don’t know if the list you are proposing would go out to other states. This might get overwhelming.
- Our staff are not qualified yet
- No time
- Still working on our agency to be in conformance
- No time, very understaffed
- Don’t understand it all that well
- My current job role would not allow me to do this
- Not sure I’m qualified to conduct audits
- Not sure we will continue effort due to costs
- Don’t have time
- Currently have insufficient staffing to add another duty
- No time
- Time and resource issues
- Time constraints as I am trying to complete standardization for grant funding
- Agency representative instead of named individual
- Not certain of qualifications
- Do not have time
- Would be open to being an auditor, but additional information about how to conduct an audit would be helpful since our agency has not completed an audit.
- Extremely busy and understaffed, may not be approved
- Plan to retire soon
Since we have not had a verification audit, I do not feel qualified to audit other LHDs
Training needed, otherwise yes
Do not qualify to become an auditor
We have not had a lot of progress made in the program and staffing is limited
No time to audit other regulatory agencies
Too busy
No time
Staffing limitations

Q16. Do the audit requirements clearly outline the specific objective needed to meet a Standard? – 90 answered, 12 skipped

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>81</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
</tr>
</tbody>
</table>

If respondent answered “no” they were asked to explain:

- Need to simplify
- No idea
- Forms and procedures need to be simplified
- The older version of the audit book was more thorough and had step by step instructions. The new versions of the book just gives an overall requirement. I prefer the older version
- Cumbersome
- There needs to be more examples of possible methods for meeting a standard. A FDA training for verification audits might be a god course to have better consistencies among those who do audits.
- Not clear
- No
- More is read into the requirements than is actually stated
Q17. What barriers have you had that have made you unable to conduct a verification audit on a Standard? – 84 answered, 18 skipped

<table>
<thead>
<tr>
<th>Barriers to Audit</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could not find an auditor to conduct verification audit</td>
<td>11</td>
<td>13.10%</td>
</tr>
<tr>
<td>Requirements to conduct/complete a self-assessment leading to a verification audit not clear</td>
<td>9</td>
<td>10.71%</td>
</tr>
<tr>
<td>Inadequate staff to conduct self-assessment that would lead to a verification audit</td>
<td>28</td>
<td>33.33%</td>
</tr>
<tr>
<td>Inadequate time to conduct self-assessment and/or verification audit</td>
<td>44</td>
<td>52.38%</td>
</tr>
<tr>
<td>No support of management to work on Program Standards</td>
<td>9</td>
<td>10.71%</td>
</tr>
<tr>
<td>No barriers</td>
<td>20</td>
<td>23.81%</td>
</tr>
<tr>
<td>Other (please list)</td>
<td>18</td>
<td>21.30%</td>
</tr>
</tbody>
</table>

List of other responses provided:
- It was known that we did not meet the standards, so did not spend the time of the auditor
- IL, Dept. of Public Health – lack of support
- Self-assessment yields standard not met, so audit not needed
- Our self-assessment revealed that we don’t meet the standards
- Availability of an agreed upon time that works for both agencies
- Lack of funding to support implementation of the retail standards
- Self-assessment done. Finding time for verification audit
- Unable to meet Standards 1, 3, 4, 6 due to inspection software
- First time jitters
- Not enough time to improve that self-assessments that did not meet the standards
- Program Standards is a very time intensive project
- We did the self-assessment, but not certain where to go for the audit
- Funding support
- No audit of the self-assessment was every conducted
- Dependence on state program
- Not clean
- Inadequate staff to conduct the work required to put processes/procedures in place to meet a standard
- Not trained to audit
Q18. What resources are lacking to be able to complete a verification audit?
84 answered, 18 skipped

<table>
<thead>
<tr>
<th>Resource Lack</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No resources lacking</td>
<td>10</td>
<td>11.90%</td>
</tr>
<tr>
<td>Requirements identified to meet a specific Program Standard not clear or not easy to follow</td>
<td>18</td>
<td>21.43%</td>
</tr>
<tr>
<td>Inadequate knowledge to develop written internal policies needed to meet a Standard</td>
<td>16</td>
<td>19.05%</td>
</tr>
<tr>
<td>Administrative Procedure documents (now a separate document, previously included under Standard 9) not easy to understand/not clear</td>
<td>18</td>
<td>21.43%</td>
</tr>
<tr>
<td>No resources are currently lacking</td>
<td>23</td>
<td>27.38%</td>
</tr>
<tr>
<td>Other (please identify)</td>
<td>28</td>
<td>33.33%</td>
</tr>
</tbody>
</table>

List of other responses provided:
- Time
- Time and other priorities
- Change of staff, training issues
- Available time
- Time and people
- Finding the time to do it
- Time and staff; recently have spent time on inspection disclosure
- We are early in the process yet and have been focusing on training regulatory staff and hoping for the state to adopt the 2013 food code
- Time and staff
- More staff resources would be beneficial in implementing and audition standards
- Program requirements often changed without notification to participants
- I think these responses aren’t clear: “no resources lacking" and “no resources are currently lacking" -??? We are currently lacking resources
- Lack of funding to support implementation of the retain standards
- Staff time, don’t know who would be willing to audit locally
• Not enough time
• Lack resource
• Lacked resources to purchase new inspection software
• Not a clear understanding of the proper procedures
• Human resources and time
• Understaffed now, inspections delinquent, Standardization of staff is the priority
• Training, staffing
• Financial resources (other than ADFO Money) which is appreciated!
• Staff and time
• Time FTE’s
• Time in standards coordinator work plan to accommodate the necessary work on a standard
• Time
• Never had an audit or performed one
• Staff limitations

Q19. What resources did you use to ensure a successful verification audit?
76 answered, 26 skipped

| Administrative procedure document (new in Program Standards version 2013, previously located in Standard 9) | 11 | 14.47% |
| Self-assessment guide provided in the Program Standards | 48 | 63.16% |
| FDA Regional Retail Food Specialist | 31 | 40.79% |
| Contact from other jurisdictions that are enrolled in the Standards | 27 | 35.53% |
| Participation in the NACCHO Mentorship Program | 13 | 17.11% |
| FDA Retail Program Standards Grant made available through a Cooperative Agreement with AFDO | 26 | 34.21% |
| No resources used | 11 | 14.47% |
| Other (please identify) | 17 | 22.37% |
List of other responses provided:
- Indiana State Dept. of Health Standards Workshop
- N/A
- Clearinghouse responses
- FDA Retail Program Standards Grant before AFDO
- We have not conducted an audit yet. Scheduled to be completed by September 2015
- Did not complete a verification audit
- Have no performed
- NACCHO is important
- Auditors list might be helpful in the long run
- FDA Self-assessment and Verification Audit Workshop materials
- Previous audits completed by our State Food program Manager, who has retired. Thus year plan to have Mark from Iowa audit.
- No audit was performed
- NA
- Nave not completed a verification audit
- NA
- Never had an audit or performed one.
- Have applied for the mentorship program but have not been accepted

Q20. Would it be beneficial to your jurisdiction to be able to submit the Self-Assessment form, Verification Audit form, and any applicable documentation electronically to your auditor for review? – 86 answered, 16 skipped

Yes  85  98.84%
No   1   1.16

If “no”, please explain:
- Not sure – some documents are on a shared folder and it may be more time consuming to re-save those in a format that can be sent electronically and the files may be too large to send via e-mail
- No idea
- We scan and submit form electronically.
- There is way too much supporting documentation to submit everything electronically. This may work for some Standards, but not all.

Q21. What would increase the credibility of the audit process? – 72 answered, 30 skipped

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A more clearly defined quality assurance step</td>
<td>40</td>
<td>55.56%</td>
</tr>
<tr>
<td>Establish criteria to become an authorized auditor</td>
<td>37</td>
<td>51.39%</td>
</tr>
<tr>
<td>Other (please list)</td>
<td>14</td>
<td>19.44%</td>
</tr>
</tbody>
</table>
List of other responses provided:
- Attending the Auditor’s Course
- I don’t know
- I think the reviews done currently are credible because each agency has a conscientious auditor. I think having authorized auditory would just add another layer of time commitment that many people would not be able to do.
- Some coaching from another auditor to make sure all steps and documentation is presented
- Resources available to see what other have submitted to meet the standard, and that are available for your organization to use and adapt to your environment.
- Compelling reason to participate
- Do not make it more complicate
- Simplify forms and procedures
- Provide auditor training
- Mock audit
- Auditor training in regions – grant to pay for training of auditors, make standards required for additional funding
- FDA staff to conduct Audits like MFRPS
- Don’t know because never done the audit process
- Get the bureaucratic language out

Q22. Are you aware that a Clearinghouse Workgroup exists that can help clarify questions related to the Program Standards? – 88 answered, 16 skipped

Yes 51 59.30%
No 35 40.70%

Q23. Do you have anything else you would like to share based on your experience? 30 answered, 72 skipped

The answers in the clearinghouse are still not clear – would like more training in order to more clearly understand the requirements of each standard

<table>
<thead>
<tr>
<th>The answers in the clearinghouse are still not clear – would like more training in order to more clearly understand the requirements of each standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>In our particular organization, we do more than food inspections. Our licensing fees support our inspection process. License fees have not stayed current with costs associated to do inspections. The State Government has decided one again not to raise license fees. They have been increased only twice in the last approximately 35 years. The last time in 2007 or 2008…did not even bring it up to current costs then.</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Being in Hawaii we find it very difficult to locate Auditor’s and although we are in the internet age, it would be better if we could communicate with another jurisdiction on how they met a Standard. A face to face meeting is ideal vs. communication with email. Also because of the long distance and expense it is very difficult to participate in the mentor-mentee program.</td>
</tr>
</tbody>
</table>
I think the Program Standards are great and I'm glad our program enrolled. However, they are time consuming and it can be frustrating because you want to complete them but it seems there is never enough time. The FDA representative and clearinghouse have been very supportive.

A good idea, but frustration grows when Standards are not met and little time to improve. The focus is on making sure the inspections get done with the limited resources available. Staff is in the field with no staff assigned to any quality assurance and re-self-assessment.

The Regional FDA Specialist has been a great resource to us for pairing an auditor for our Standards.

We are a small health department and would not be able to work on conformance with the Standards if we didn’t receive the grants from FDA, AFDO, and NACCHO.

We are very new to the standards and have not completed our first verification audit, so we were unable to answer several of the questions. Our audit is scheduled to be completed by September.

No

Our agency has been working towards the Retail Program Standards since enrollment in 2009. However, we are one of the few agencies active in the Retail Program Standards and as a result, have not been requested to complete an audit. We feel comfortable with the Standards, but would appreciate deeper understanding from an audit perspective. We are partnering/mentoring a recent enrolled agency and will most likely be requested to conduct an audit in the future.

No

Our health department get overwhelmed by the process and the amount of reading and instructions required. We are currently trying to break it up into smaller bits and assign standards to different inspectors to work on.

No

I am a one person department and have had challenges finding another agency nearby to assist. Many of the questions in the audit pertain to department with many staff members, and there are not options for small one-person departments.

No

If you want the VRFPS to be more accepted by locals, don’t make it more complicated.

Again simplify the process and the forms.

I wish the annual FDA training traveling allowance is opened up for locals to attend. The only reason I cannot attend is I did not get the grant for travelling and our resources does not allow out of state travelling.

The audit of this jurisdiction has been delayed due to inadequate time and denied funding from FDA which was requested to complete the verification audit.

I would suggest that the standards be self-assessed and audited individually rather than all at once which in overwhelming to complete. Right or wrong that if how I have done this and that way each year we can work on one or two. We
have completed the second round of self-assessment and audit verifications on several Standards.

Could not have made progress on the Program Standards without participation in the NACCHO mentorship program and FDA grant support.

The self-assessment was completed, but no audit verification was ever completed by FDA

n/a

The number of inspectors listed in not FTE’s for food inspections. They also have other duties. The number of facilities does not include any temp food events. We are also in a high tourist area which has increased out temp events, inspectors and the number of facilities as compared to our population.

We have not dedicated time to the program. Staffing constraints limit program development.

I don’t understand why we need to complete the Self-Assessment info on the FDA Registry Form – when only submitting because an audit was performed. I also didn’t realize the self-assessment must be done within 30 days of the audit. Sometimes a self-assessment is done way in advance to determine gaps that need to be filled. Marking these boxes can also be confused with the every 5 year self-assessment.

Should run Retail Standard like the Manufactured Food Standards. Have FDA Staff conduct audits. Other state and local jurisdictions don’t have the time or resources to devote to auditing another agencies programs. Additionally our agency is hesitant to show another state agencies “how we do things”.

The standard are too cumbersome for Deschutes County. We really believe in the standards but the amt of time it takes make it impossible to do all my other field work, supervisor duties, admin work, budget, etc.

It would be nice to get some kind of training when you sign up as a participant.

Q24. If you would be willing to be contacted by the committee if they have any questions, please list your information below. – 48 answered, 54 skipped

Respondents were asked to provide the following information if they were willing to be contacted:

Name
Agency
Role/Title
Address
City/Town
State
Zip
E-mail address
Phone number
Q1 Which of the following best describes your operation?

Answer Choices

<table>
<thead>
<tr>
<th>Operation</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Service Operation/Restaurant</td>
<td>1.85% 1</td>
</tr>
<tr>
<td>Retail Food Establishment</td>
<td>94.44% 51</td>
</tr>
<tr>
<td>Convenience Store</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Other Type of Operation</td>
<td>5.56% 3</td>
</tr>
</tbody>
</table>

Total Respondents: 54
Q2 How long has your company been in business?

Answered: 54  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 5 years</td>
<td>0.00%</td>
</tr>
<tr>
<td>6 to 25 years</td>
<td>5.56%</td>
</tr>
<tr>
<td>26 to 50 years</td>
<td>3.70%</td>
</tr>
<tr>
<td>More than 50 years</td>
<td>90.74%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>54</strong></td>
</tr>
</tbody>
</table>
Q3 How many employees work at your company?

Answered: 54  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 50 employees</td>
<td>1.85%</td>
</tr>
<tr>
<td>51 to 500 employees</td>
<td>1.85%</td>
</tr>
<tr>
<td>501 to 5,000 employees</td>
<td>11.11%</td>
</tr>
<tr>
<td>More than 5,000 employees</td>
<td>85.19%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>
Q4 How many States does your company operate in?

Answered: 54  Skipped: 0

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 5 states</td>
<td>51.85%</td>
</tr>
<tr>
<td>6 to 15 states</td>
<td>18.52%</td>
</tr>
<tr>
<td>16 to 30 states</td>
<td>7.41%</td>
</tr>
<tr>
<td>More than 30 states</td>
<td>22.22%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

Voluntary National Retail Food Regulatory Program Standards - 15 Minute Survey (FMI)
Q5 What is the approximate total revenue for your company?

Answered: 54  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1K to $500K</td>
<td>1.85%</td>
</tr>
<tr>
<td>$501K to $10 Million</td>
<td>1.85%</td>
</tr>
<tr>
<td>$11 Million to $500 Million</td>
<td>20.37%</td>
</tr>
<tr>
<td>More than $500 Million</td>
<td>75.93%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>
Q6 Prior to receiving this survey, were you aware of the Retail Program Standards?

Answered: 54   Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>72.22%</td>
</tr>
<tr>
<td>No</td>
<td>27.78%</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
</tr>
</tbody>
</table>
Q7 How did you become aware of the Retail Program Standards? Please select all options that apply.

Answered: 37  Skipped: 17

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industry peers</td>
<td>56.76%</td>
</tr>
<tr>
<td>Local Regulatory outreach/communication</td>
<td>40.54%</td>
</tr>
<tr>
<td>FDA website</td>
<td>32.43%</td>
</tr>
<tr>
<td>Peers/Coworkers</td>
<td>37.84%</td>
</tr>
<tr>
<td>Other (Please specify below in 'Other' box)</td>
<td>37.84%</td>
</tr>
<tr>
<td>Total Respondents: 37</td>
<td></td>
</tr>
</tbody>
</table>
Q8 Would it be valuable to your company if all regulatory authority inspection staff responsible for conducting inspections at retail food establishments were trained to the Retail Program Standard 2 as outlined below? Standard 2 (Trained Regulatory Staff) The regulatory retail food program inspection staff shall have the knowledge, skills, and ability to adequately perform their required duties. Five step training process for retail food program inspection staff: - Completion of initial course curriculum before conducting joint inspections. - Completion of 25 joint inspections. - Completion of 25 independent inspections, and completion of the remainder of the course curriculum. - Completion of Standardization process (re-standardization occurs every three years). - Completion of continuing education.

Answered: 51  Skipped: 3

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very valuable</td>
<td>82.35%</td>
</tr>
<tr>
<td>Somewhat valuable</td>
<td>17.65%</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Not very valuable</td>
<td>0.00%</td>
</tr>
<tr>
<td>Not at all valuable</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51</strong></td>
</tr>
</tbody>
</table>
Q9 Would it be valuable to your company if all regulatory authorities implemented an ongoing Quality Assurance program as outlined in the Retail Program Standard 4, as outlined below?

Standard 4 (Quality Assurance Program)

Program Management implements an on-going quality assurance program that evaluates inspection uniformity to ensure inspection quality, inspection frequency, and uniformity among the regulatory staff.

Answered: 51  Skipped: 3

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very valuable</td>
<td>90.20%</td>
</tr>
<tr>
<td>Somewhat valuable</td>
<td>9.80%</td>
</tr>
<tr>
<td>Not very valuable</td>
<td>0.00%</td>
</tr>
<tr>
<td>Not at all valuable</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>
Q10 Would Industry find it beneficial if regulatory authorities invited industry to participate in food safety forums or to participate in food safety advisory boards to enhance food safety strategies or otherwise collaborate to improve food safety in the jurisdiction?

Answered: 51  Skipped: 3

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very valuable</td>
<td>94.12%</td>
</tr>
<tr>
<td>Somewhat valuable</td>
<td>5.88%</td>
</tr>
<tr>
<td>Not very valuable</td>
<td>0.00%</td>
</tr>
<tr>
<td>Not at all valuable</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51</strong></td>
</tr>
</tbody>
</table>

Voluntary National Retail Food Regulatory Program Standards - 15 Minute Survey (FMI)
Q11 What are the benefits to Industry when the regulatory authority invests in the Retail Program Standards by having trained regulatory staff (Standard 2), an ongoing Quality Assurance program (Standard 4) and Industry/Community outreach activities (Standard 7)? Please select all options that apply and add any additional benefits in the 'Other' box.

Answer Choices

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidence in retail food establishment assessment results by general public</td>
<td>70.59% 36</td>
</tr>
<tr>
<td>Confidence in retail food establishment assessment results by Industry</td>
<td>80.39% 41</td>
</tr>
<tr>
<td>Increased engagement with regulatory authority by Industry</td>
<td>82.35% 42</td>
</tr>
<tr>
<td>Calibration of regulatory staff across the State/Jurisdiction</td>
<td>86.27% 44</td>
</tr>
</tbody>
</table>

Total Respondents: 51
Q12 Please rate your identified benefits to Industry for regulatory authorities to invest in the Retail Program Standards by having trained regulatory staff, an ongoing Quality Assurance program and Industry/Community outreach activities?

Answered: 51  Skipped: 3

<table>
<thead>
<tr>
<th>Benefit</th>
<th>No Benefit</th>
<th>Some Benefit</th>
<th>Greatest Benefit</th>
<th>N/A</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidence in retail food establishment assessment results by general public</td>
<td>6.25%</td>
<td>52.08%</td>
<td>41.67%</td>
<td>0.00%</td>
<td>48</td>
<td>2.35</td>
</tr>
<tr>
<td>Confidence in retail food establishment assessment results by Industry</td>
<td>0.00%</td>
<td>30.00%</td>
<td>68.00%</td>
<td>2.00%</td>
<td>50</td>
<td>2.69</td>
</tr>
<tr>
<td>Increased engagement with regulatory authority by Industry</td>
<td>0.00%</td>
<td>37.25%</td>
<td>62.75%</td>
<td>0.00%</td>
<td>51</td>
<td>2.63</td>
</tr>
<tr>
<td>Calibration of regulatory staff across the State/Jurisdiction</td>
<td>0.00%</td>
<td>8.00%</td>
<td>92.00%</td>
<td>0.00%</td>
<td>50</td>
<td>2.92</td>
</tr>
</tbody>
</table>
Q13 If you have multiple locations in different regulatory districts, can you identify benefits of working with a regulatory authority that is enrolled in the Retail Program Standards versus one that has is not enrolled in the Retail Program Standards?

Answered: 51  Skipped: 3

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>11.76%</td>
</tr>
<tr>
<td>Yes</td>
<td>82.35%</td>
</tr>
<tr>
<td>No</td>
<td>5.88%</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
</tr>
</tbody>
</table>
Q1 Which of the following best describes your operation?

Answered: 79  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Service Operation/Restaurant</td>
<td>81.01%</td>
</tr>
<tr>
<td>Retail Food Establishment</td>
<td>5.06%</td>
</tr>
<tr>
<td>Convenience Store</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other Type of Operation (please specify)</td>
<td>13.92%</td>
</tr>
</tbody>
</table>

Total Respondents: 79
Q2 How long has your company been in business?

Answered: 79  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 5 years</td>
<td>7.59%</td>
</tr>
<tr>
<td></td>
<td>6</td>
</tr>
<tr>
<td>6 to 25 years</td>
<td>40.51%</td>
</tr>
<tr>
<td></td>
<td>32</td>
</tr>
<tr>
<td>26 to 50 years</td>
<td>26.58%</td>
</tr>
<tr>
<td></td>
<td>21</td>
</tr>
<tr>
<td>More than 50 years</td>
<td>25.32%</td>
</tr>
<tr>
<td></td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>79</strong></td>
</tr>
</tbody>
</table>

Voluntary National Retail Food Regulatory Program Standards - 15 Minute Survey (NRA)

SurveyMonkey
### Q3 How many employees work at your company?

**Answered:** 79  **Skipped:** 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 50 employees</td>
<td>29.11%</td>
</tr>
<tr>
<td>51 to 500 employees</td>
<td>36.71%</td>
</tr>
<tr>
<td>501 to 5,000 employees</td>
<td>10.13%</td>
</tr>
<tr>
<td>More than 5,000 employees</td>
<td>24.05%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>
Q4 How many States does your company operate in?

Answered: 79  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 5 states</td>
<td>68.35%</td>
</tr>
<tr>
<td>6 to 15 states</td>
<td>3.80%</td>
</tr>
<tr>
<td>16 to 30 states</td>
<td>5.06%</td>
</tr>
<tr>
<td>More than 30 states</td>
<td>22.78%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>79</strong></td>
</tr>
</tbody>
</table>
Q5 What is the approximate total revenue for your company?

Answered: 79  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1K to $500K</td>
<td>12.66%</td>
</tr>
<tr>
<td>$501K to $10 Million</td>
<td>40.51%</td>
</tr>
<tr>
<td>$11 Million to $500 Million</td>
<td>22.78%</td>
</tr>
<tr>
<td>More than $500 Million</td>
<td>24.05%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>
Q6 Prior to receiving this survey, were you aware of the Retail Program Standards?

Answered: 79  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>51.90%</td>
</tr>
<tr>
<td></td>
<td>41</td>
</tr>
<tr>
<td>No</td>
<td>48.10%</td>
</tr>
<tr>
<td></td>
<td>38</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>79</td>
</tr>
</tbody>
</table>
Q7 How did you become aware of the Retail Program Standards? Please select all options that apply.

Answered: 32  Skipped: 47

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industry peers</td>
<td>40.63%</td>
</tr>
<tr>
<td>Local Regulatory outreach/communication</td>
<td>34.38%</td>
</tr>
<tr>
<td>FDA website</td>
<td>37.50%</td>
</tr>
<tr>
<td>Peers/Coworkers</td>
<td>18.75%</td>
</tr>
<tr>
<td>Other (Please specify below in 'Other' box)</td>
<td>25.00%</td>
</tr>
</tbody>
</table>

Total Respondents: 32
Q8 Would it be valuable to your company if all regulatory authority inspection staff responsible for conducting inspections at retail food establishments were trained to the Retail Program Standard 2 as outlined below? Standard 2 (Trained Regulatory Staff) The regulatory retail food program inspection staff shall have the knowledge, skills, and ability to adequately perform their required duties. Five step training process for retail food program inspection staff:
- Completion of initial course curriculum before conducting joint inspections.
- Completion of 25 joint inspections.
- Completion of 25 independent inspections, and completion of the remainder of the course curriculum.
- Completion of Standardization process (re-standardization occurs every three years).
- Completion of continuing education.

Answered: 64  Skipped: 15

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very valuable</td>
<td>71.88%</td>
</tr>
<tr>
<td>Somewhat valuable</td>
<td>23.44%</td>
</tr>
<tr>
<td>Not very valuable</td>
<td></td>
</tr>
<tr>
<td>Not at all valuable</td>
<td></td>
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</table>

SurveyMonkey
<table>
<thead>
<tr>
<th>Not very valuable</th>
<th>1.56%</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all valuable</td>
<td>3.13%</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>64</strong></td>
<td></td>
</tr>
</tbody>
</table>
Q9 Would it be valuable to your company if all regulatory authorities implemented an ongoing Quality Assurance program as outlined in the Retail Program Standard 4, as outlined below?

Standard 4 (Quality Assurance Program)

Program Management implements an on-going quality assurance program that evaluates inspection uniformity to ensure inspection quality, inspection frequency, and uniformity among the regulatory staff.

Answered: 64  Skipped: 15

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very valuable</td>
<td>73.44%</td>
</tr>
<tr>
<td>Somewhat valuable</td>
<td>23.44%</td>
</tr>
<tr>
<td>Not very valuable</td>
<td>0.00%</td>
</tr>
<tr>
<td>Not at all valuable</td>
<td>3.13%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

Responses

- Very valuable: 47
- Somewhat valuable: 15
- Not very valuable: 0
- Not at all valuable: 2

Total: 64
Q10 Would Industry find it beneficial if regulatory authorities invited industry to participate in food safety forums or to participate in food safety advisory boards to enhance food safety strategies or otherwise collaborate to improve food safety in the jurisdiction?

Answered: 64  Skipped: 15

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very valuable</td>
<td>90.63%</td>
</tr>
<tr>
<td>Somewhat valuable</td>
<td>7.81%</td>
</tr>
<tr>
<td>Not very valuable</td>
<td>1.56%</td>
</tr>
<tr>
<td>Not at all valuable</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>
Q11 What are the benefits to Industry when the regulatory authority invests in the Retail Program Standards by having trained regulatory staff (Standard 2), an ongoing Quality Assurance program (Standard 4) and Industry/Community outreach activities (Standard 7)? Please select all options that apply and add any additional benefits in the 'Other' box.

Answered: 64  Skipped: 15

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidence in retail food establishment assessment results by general public</td>
<td>73.44%</td>
</tr>
<tr>
<td>Confidence in retail food establishment assessment results by Industry</td>
<td>75.00%</td>
</tr>
<tr>
<td>Increased engagement with regulatory authority by Industry</td>
<td>70.31%</td>
</tr>
<tr>
<td>Calibration of regulatory staff across the State/Jurisdiction</td>
<td>75.00%</td>
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</tbody>
</table>

Total Respondents: 64
Q12 Please rate your identified benefits to Industry for regulatory authorities to invest in the Retail Program Standards by having trained regulatory staff, an ongoing Quality Assurance program and Industry/Community outreach activities?

Answered: 64  Skipped: 15

<table>
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<tr>
<th>Benefit</th>
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<th>Some Benefit</th>
<th>Greatest Benefit</th>
<th>N/A</th>
<th>Total</th>
<th>Weighted Average</th>
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<tr>
<td>Confidence in retail food establishment assessment results by general public</td>
<td>6.35%</td>
<td>57.14%</td>
<td>36.51%</td>
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<td>63</td>
<td>2.30</td>
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<tr>
<td>Confidence in retail food establishment assessment results by Industry</td>
<td>3.23%</td>
<td>33.87%</td>
<td>62.90%</td>
<td>0.00%</td>
<td>62</td>
<td>2.60</td>
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<tr>
<td>Increased engagement with regulatory authority by Industry</td>
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<td>59.68%</td>
<td>1.61%</td>
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<td>2.57</td>
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<tr>
<td>Calibration of regulatory staff across the State/Jurisdiction</td>
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<td>32.81%</td>
<td>65.63%</td>
<td>0.00%</td>
<td>64</td>
<td>2.64</td>
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Q13 If you have multiple locations in different regulatory districts, can you identify benefits of working with a regulatory authority that is enrolled in the Retail Program Standards versus one that has is not enrolled in the Retail Program Standards?

Answered: 64  Skipped: 15

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
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<tr>
<td>Not Applicable</td>
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<tr>
<td>Yes</td>
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<tr>
<td>No</td>
<td>6.25%</td>
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<tr>
<td>Total</td>
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Issue History:
This is a brand new Issue.

Title:
PSC 2 - Recommendations from Issue 2014 II-003

Issue you would like the Conference to consider:
The Program Standards Committee has completed the charges outlined in Issue 2014 II-003 related to Retail Program Standards 2, 4 and 7. The Committee has proposed recommendations to be sent to the FDA.

Public Health Significance:
The Retail Program Standards offer a systematic approach to, through a continuous improvement process, enhance retail food regulatory programs. They define and provide a framework designed to accommodate both traditional and emerging approaches of a regulatory food safety system. To address Issue 2014 II-003 (Charge 2: To solicit the support of industry to examine methods to support regulatory efforts to achieve Standard 2, Standard 4, and Standard 7 of the Voluntary National Retail Food Regulatory Program Standards), a subcommittee interviewed regulatory agencies enrolled in the Retail Program Standards, mostly those who had achieved Standards 2, 4, and 7 and who conduct direct inspections, to examine and provide methods to support regulatory efforts to achieve Standard 2, Standard 4, and Standard 7.

Recommended Solution: The Conference recommends...:

that a letter be sent to the FDA requesting that they:

1. Develop a Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards) guide or template to help regulatory agencies to enroll in the Retail Program Standards, realize what they are getting involved in prior to enrollment, provide recommendations about where an enrollee should begin, and provide a roadmap to allow management to plan for proper staffing and resources to actually complete and sustain the activities associated with the Retail Program Standards;
2. Reward achievement of the Retail Program Standards by giving extra credit during the application review and scoring process for FDA grants;

3. Establish additional formal networks to complement the existing NACCHO Program Standards Mentorship Program (e.g., workgroups in each state or by FDA region with routinely scheduled webinars, conference calls, etc.) to assist regulatory agencies in their efforts with the Retail Program Standards;

4. Seek the expansion of existing forums (e.g., NACCHO sharing sessions, NEHA AEC Retail Program Standards Workshop, and cooperative agreements with NACCHO and AFDO, etc.) for enrollees to share their success stories with the Retail Program Standards;

5. Engage in a promotion of the FoodSHIELD Program Standards Resource Center when it goes live; and

6. Provide a means to ensure that each of the FDA Regional Retail Food Specialists has a minimum level of knowledge regarding implementation of the Retail Program Standards.

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2016 Issue Form

Issue: 2016 II-008

Council Recommendation: Accepted as Submitted

______ Amended  ______ No Action

Delegate Action: Accepted ______ Rejected

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Issue History:
This is a brand new Issue.

Title:
PSC 4 - Posting of Retail Program Standards Infographic on CFP Website

Issue you would like the Conference to consider:
The Program Standards Committee has completed the charges outlined in Issue 2014 II-003 related to Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards) 2, 4 and 7. The committee has identified the benefits to industry for regulatory authorities to achieve Standard 2, Standard 4, and Standard 7. The committee developed an infographic poster that may serve as a resource for industry and other stakeholders to share those benefits.

Public Health Significance:
The 2011 Food Safety Modernization Act (FSMA) requires the FDA to partner with state and local food safety regulatory agencies to build a national Integrated Food Safety System (IFSS). The goal of a national IFSS is to develop a seamless partnership and operation of federal, state, and local food safety regulatory agencies to meet the public health mission of achieving a safer food supply. The benefits of having a regulatory authority meeting the Retail Program Standards contributes to an IFSS by improving the confidence in the food safety work being conducted by other agencies, focusing efforts on the reduction of risk factors known to contribute to foodborne illness, and encouraging retail food establishments to implement active managerial control over these risk factors.

Along with being a foundation and system upon which all retail food regulatory programs can build through a continuous improvement process, the Retail Program Standards provide a model of what a quality program should encompass. Standard 2 provides the essential elements of a training program for regulatory staff. Standard 4 pertains to implementing an on-going quality assurance program that evaluates inspection uniformity to ensure inspection quality, inspection frequency and consistency among the regulatory staff. Standard 7 concerns enhancing two-way communication with industry and consumers through forums designed to solicit input to improve the food safety program.
The Retail Program Standards Competency of Inspectors Infographic can be used by both industry, regulators, and other stakeholders to relate the benefits to industry for regulatory authorities to achieve Standards 2, 4 and 7 of the Retail Program Standards.

**Recommended Solution: The Conference recommends...:**

that the Retail Program Standards Competency of Inspectors Infographic be posted to the CFP website in PDF format as a Conference-developed guidance document.

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**Content Documents:**
- "Retail Program Standards - Competency of Inspectors Infographic"

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A committee was charged to identify the benefits to industry for regulatory authorities to achieve Standard 2, 4, and 7 of the Voluntary National Retail Food Retail Program Standards. A survey was designed to capture the benefits to industry as outlined in the Committee’s charge and sent to participants in the National Restaurant Association (NRA) and Food Marketing Institute (FMI).

60% of respondents operate in 1 to 5 states.

60% of respondents were aware of the Retail Program Standards prior to the survey.

40% of respondents were aware of the Retail Program Standards through local regulatory outreach/FDA website.

92% of respondents found Program Standard 7, industry participation, to be very valuable.

Training in Program Standard 2 allows more time for industry to focus on food safety rather than disputing improper citations.

Most of the respondents were from larger organizations with many employees & operate in several states.

True risks are measured and identified.

Uniformity allows better allocation of resources.

Inspectors are better trained & the inspections are more consistent.

Increased accuracy & confidence in results.

Level Playing Field

Creates a level playing field for all operators and regulators which should lead to consistency.

Industry identified that Program Standard 2, properly trained staff, supports a consistent approach to inspections.

90% of respondents found Program Standard 4, quality assurance, to be somewhat or very valuable.

we all benefit from teamwork.
Issue: PSC 3 - Recommendations from Issue 2014 II-005

Issue you would like the Conference to consider:
The Program Standards Committee has completed charge 3 of Issue 2014 II-005 to conduct an evaluation of the current verification audit requirement of the Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards). The Committee has proposed recommendations to be sent to the FDA.

Public Health Significance:
The Program Standards Committee is a standing committee reporting to the CFP Executive Board. The Committee provides ongoing input to the FDA on issues that arise with the Retail Program Standards. The Committee serves the Conference by indirectly assisting Retail Program Standards enrollees in making progress towards meeting the Standards. Issue 2014 II-005 included the charge to Review the current verification audit requirement and: (a) Identify strengths of the current verification audit requirement; (b) Identify weaknesses of the current verification audit requirement, with emphasis on any barriers that may result from the current requirement; and (c) Determine whether there are potential changes to the requirement, or the administration of the requirement, that could maintain the credibility of the Retail Program Standards while reducing barriers to achievement that may result from the current verification audit requirement. To address the charge, a subcommittee developed and distributed a survey questionnaire (see Verification Audit Survey Tool) to the jurisdictions currently enrolled in the Retail Program Standards to gather information about verification audits.

Recommended Solution: The Conference recommends...:
that a letter be sent to the FDA requesting that they:

1. Work on removing the barriers identified related to conducting a Voluntary National Retail Food Regulatory Program Standard verification audit by: (1) providing auditor training; (2) creating a mentorship program for auditors; (3) including information on
the online Listing of Enrolled Jurisdictions document indicating which enrollees are willing to serve as verification auditors for other enrollees; and (4) continuing to work to simplify the forms and procedures for the Retail Program Standards in an effort to reduce the amount of time required to complete the required documentation;

2. Expand funding opportunities to help support and sustain the Retail Program Standards-related activities of enrollees; and

3. Better publicize and promote the work that is being done by the FDA Clearinghouse Workgroup as an important resource for Retail Program Standards enrollees.

The Conference also recommends the continuation of charges 1, 2 and 4 from Issue 2014 II-005 to the 2016 - 2018 Program Standards Committee. Those charges are:

1. Identify areas where the Voluntary National Retail Food Regulatory Program Standards can be changed or improved to enhance enrollment and implementation; and

2. Work on a project to recognize levels of performance of Program Standards enrollees that will demonstrate the progress of enrollees in a meaningful way and acknowledging the enrollees for taking the necessary incremental steps toward meeting the Program Standards. As part of this project:
   a. Provide a Cost/Benefit Analysis for recognizing partial achievement of the Retail Program Standards;
   b. Identify different approaches that could be used to recognize partial achievement of the Retail Program Standards that would not require additional resources to perform or administer; and
   c. Examine whether there is an additional burden placed on enrollees or FDA (in time, money, or added complexity of the Standards) associated with development of a system to ensure that jurisdictions are uniformly recognized for partial achievement of the Standards.

3. Serve as a sounding board for FDA with respect to ideas generated during collaboration with the other entities such as the National Association of County and City Health Officials (NACCHO), Partnership for Food Protection (PFP) and Association of Food and Drug Officials (AFDO).

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2016 Issue Form

Issue: 2016 II-010

Council Recommendation: Accepted as Submitted _____ Amended _____ No Action _____
Delegate Action: Accepted _____ Rejected _____

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Issue History:
This is a brand new Issue.

Title:
PSC 5 - Amend Retail Program Standard 7

Issue you would like the Conference to consider:
Amend Standard 7 of the Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards) to allow electronic mechanisms, such as social media and web-based meetings for forums, to be used as a method to satisfy the requirement for two-way interaction between regulatory authorities and industry/community stakeholders.

Public Health Significance:
Several jurisdictions have asked whether the use of social media sites such as twitter, blogs or food program websites with surveys or feedback buttons would meet the Retail Program Standard No. 7 requirements. In its current form, Standard 7 (written in 1997 before the modern internet) requires an annual 'meeting' with stakeholders with the intent to facilitate program feedback from industry and consumers in the community. The stated intent is to foster communication exchange between regulatory, industry and consumers. Web-based forums for communication have expanded since the late 90's and can provide an effective mechanism for feedback to the retail food regulatory program. These web-based forums offer two-way communication with not only the food industry but also for consumers, who have traditionally been difficult to include in formal, face-to-face meetings in a meaningful way.

Recommended Solution: The Conference recommends...:
that a letter be sent to the FDA recommending the following changes to Standard 7 of the Voluntary National Retail Food Regulatory Program Standards (new language is underlined; language to be deleted is in strikethrough format):

Standard 7
Industry and Community Relations
This standard applies to industry and community outreach activities utilized by a retail food regulatory program to solicit a broad spectrum of input into a comprehensive regulatory food program about a retail food regulatory program's previous, current, and future activities, communicate sound public health food safety principles, and foster and recognize community initiatives focused on the reduction of foodborne disease illness risk factors.

Requirement Summary
The jurisdiction documents participation in forums that foster communication and information exchange among the regulators, industry and consumer representatives.

The jurisdiction documents outreach activities that provide educational information on food safety.

Description of Requirement
1. Industry and Consumer Interaction
The jurisdiction sponsors or actively participates in meetings forums with two-way communication such as food safety task force meetings, advisory boards, or advisory committees, customer surveys, web-based meetings or forums, or other mechanisms. These forums shall present information on food safety, food safety strategies and interventions to control risk factors. Offers of participation must be extended to industry and consumer representatives.

2. Educational Outreach
Outreach encompasses industry and consumer groups as well as media and elected officials. Outreach efforts may include industry recognition programs, websites, newsletters, Fight BAC™ campaigns, food safety month activities, food worker training, school-based activities, customer surveys use of oral culture learner materials, or other activities that increase awareness of the foodborne illness risk factors and control methods to prevent foodborne illness. Outreach activities may also include posting inspection information on a website or in the press.

Agency participation in at least one activity in each of the above categories annually is sufficient to meet this standard.

Outcome
The desired outcome of this standard is enhanced communication with industry and consumers through forums designed to solicit input to improve the retail food safety regulatory program. A further outcome is the reduction of foodborne illness risk factors through educational outreach and cooperative efforts with stakeholders.

Documentation
The quality records needed for this standard reflect activities over the most recent five-year period and include:

1. Minutes, agendas or other records documenting that forums were conducted,
2. For formal, recurring meetings, documents such documents as by-laws, charters, membership criteria and lists, frequency of meetings, roles, etc.,
3. Surveys, web feedback links with associated follow-up materials and review documents.
4. Documentation of performed actions or activities designed with input from industry and consumers to improve the control of foodborne illness risk factors, or

5. Documentation of food safety educational efforts.

Statements of policies and procedures may suffice if activities are continuous, and documenting multiple incidents would be cumbersome, (e.g., recognition provided to establishments with exemplary records or an on-going website).

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2016 Issue Form

Issue: 2016 II-011

Council Recommendation: Accepted as Submitted _______ Amended _______ No Action _______
Delegate Action: Accepted _______ Rejected _______

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Issue History:
This is a brand new Issue.

Title:
Amend VNRFRPS – Standard 4 – Uniform Inspection Program (Part 1)

Issue you would like the Conference to consider:
Amend Voluntary National Retail Food Regulatory Program Standard (VNRFRPS) No. 4 to reflect recommendations from the 2012 CFP Uniform Inspection Program Audit Pilot Project Report.

The Pilot Project Report is available with this Issue as a supporting attachment; it is also currently posted on the CFP website at: http://www.foodprotect.org/media/guide/uniform-inspection-program-audit-pilot-project-report.pdf

Public Health Significance:
The 2012 CFP Uniform Inspection Audit Pilot Project Report evaluated the Uniform Inspection Program process and audit worksheet as tools for conducting the quality assurance evaluations in Program Standard No. 4.
Implementing the following changes will address some of the recommendations provided in the Pilot Project Report, while also providing greater flexibility, improved program quality assessment, and greater consistency between Program Standard No. 2 and No. 4:

1. More closely align the ten Program Elements described in Program Standard No. 4 with the Performance Elements and Competencies contained in the Standard No. 2 - CFP Field Training Plan for new hires or staff newly assigned to the retail food protection program.
2. Provide a re-ordered listing of the Program Elements in Program Standard No. 4 to reflect the organized flow of the inspection process.
3. Increase the minimum number of required field assessments (joint inspections) to maintain consistency with the current statistical model upon which Standard 4 is based; this calculation is shown in “Attachment C - Update: Explanation of the Statistical Model for Program Standard No. 4.”
Recommended Solution: The Conference recommends...:

that a letter be sent to the FDA requesting that the Voluntary National Retail Food Regulatory Program Standards (VNFRPS), Program Standard No. 4 - Uniform Inspection Program, be amended to reflect the changes shown in "Attachment A - Proposed Amendments to Program Standard No. 4 - Uniform Inspection Program" (language to be added is underlined; language to be deleted is in strikethrough format).

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Content Documents:
- "Attachment A- Program Standard No. 4 - Uniform Inspection Program"

Supporting Attachments:
- "Attachment B-Explanation of the Statistical Model for Program Standard No.4"
- "Attachment C-Updated Explanation of the Statistical Model for Prog. Std. 4"
- "Attachment D- Uniform Inspection Program - Audit Pilot Project Report"

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STANDARD 4
UNIFORM INSPECTION PROGRAM

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.

Requirement Summary

Program management has established a quality assurance program to ensure uniformity among regulatory staff in the interpretation and application of laws, regulations, policies, and procedures.

Description of Requirement

1) Program Management implements an on-going quality assurance program that evaluates inspection uniformity to ensure inspection quality, inspection frequency and uniformity among the regulatory staff. The quality assurance program shall:

A.________Be an on-going program.

B. A. The quality assurance program shall Aassure that each inspector:

1. Determines and documents the compliance status of each risk factor and intervention (i.e., IN compliance, OUT of compliance, Not Observed, or Not Applicable is noted on the inspection form) through observation and investigation;
2. Completes an inspection report that is clear, legible, concise, and accurately records findings, observations and discussions with establishment management;
3. Interprets and applies laws, regulations, policies and procedures correctly;
4. Cites the proper local code provisions for CDC-identified risk factors and Food Code interventions;
5. Reviews past inspection findings and acts on repeated or unresolved violations;
6. Follows through with compliance and enforcement;
7. Obtains and documents on-site corrective action for out-of-control risk factors at the time of inspection as appropriate to the type of violation;
8. Documents that options for the long-term control of risk factors were discussed with establishment managers when the same out-of-control risk factor occurred 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;
9. Verifies that the establishment is in the proper risk category and that the required inspection frequency is being met; and
10. Files reports and other documentation in a timely manner.

1. Has required equipment and forms to conduct the inspection.
2. 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.
3. 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.
4. Provides identification as a regulatory official to the person in charge and states the purpose of the visit.
5. Interprets and applies the jurisdiction’s laws, rules, policies, procedures, and regulations required for conducting retail food establishment inspections.
6. Uses a risk-based inspection methodology to conduct the inspection.
7. 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).
8. Obtains corrective action for out-of-compliance risk factors and Food Code interventions in accordance with the jurisdiction’s policies.
9. Discusses options for the long-term control of risk factors with establishment managers, when the same out-of-control risk factor occurs on consecutive inspections, in accordance with the jurisdiction’s policies. 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.
10. 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.
11. Conducts an exit interview that explains the out-of-compliance observations, corrective actions, and timeframes for correction, in accordance with the jurisdiction’s policies.
12. 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.
13. Demonstrates proper sanitary practices as expected from a food service employee.
14. Completes the inspection form per the jurisdiction’s policies (i.e. observations, public health reasons, applicable code reference, compliance dates).
15. Documents the compliance status of each risk factor and intervention (IN, OUT, NA, NO).
16. Cites the proper code provisions for risk factors and Food Code interventions, in accordance with the jurisdiction’s policies.
17. Documents corrective action for out-of-compliance risk factors and Food Code interventions in accordance with the jurisdiction’s policies.
18. 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.
19. 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.
20. Files reports and other documentation in a time manner, in accordance with the
jurisdiction’s policies.

C. B. The Quality Assurance Program shall describe the actions that will be implemented when the program analysis identifies deficiencies in quality or consistency in any program aspect element listed above in 1) B.(A).

2) The quality assurance program must achieve an overall inspection program performance rating for each of the ten twenty measured aspects elements [Items 1-1020] of at least 75% using the following self-assessment procedure and the appropriate Table table provided in the Standard 4: Self-Assessment Instructions and Worksheet.

An assessment review of each inspector’s work shall be made during at least two three joint on-site inspections, with a corresponding file review of at least the three most recent inspection reports of the same inspected establishments, during every self-assessment period.

[*NOTE: Staff members who are within their initial 18 months of training and have not completed all prerequisite courses, 25 joint inspections and 25 independent inspections as required in Standard 2, are exempt from the joint on-site inspections and file reviews used in the performance measurement rating calculation in the Standard 4 Self-Assessment Worksheet.]

Outcome

A quality assurance program exists that ensures uniform, high quality inspections.

Documentation

The quality records needed for this standard include:

1. A written procedure that describes the jurisdiction’s quality assurance program that meets the criteria under the Description of Requirement section 1) B.(A.), including corrective actions for deficiencies, and
2. Documentation that the program achieves a 75 percent performance rating on each aspect element using the self-assessment procedures described above.
EXPLANATION OF THE STATISTICAL MODEL for STANDARD 4

This is an explanation of the thinking that determined the statistical model relating to the criteria used for evaluating the inspectional performance of jurisdictions.

Evaluation of the performance of large jurisdictions

For large jurisdictions (jurisdictions with 10 or more inspectors), the evaluation is based on direct oversight of two inspections per inspector, with respect to 10 items of performance. If 10 or more inspectors are being evaluated in the program, then we will see 20 or more scores of satisfactory or unsatisfactory for each item. The standard for approval of the inspection performance is a passing score of 75% on each of the 10 items. An individual item receives a passing score if at least 75 percent of the instances of observation are completed in a satisfactory manner. For example, with 10 inspectors, we must have at least 15 (that is 75 percent of 20 inspections) completed correctly for item number 1. Similarly, for item number 2, we would need to see at least 15 inspections done correctly. In order for the program to pass the evaluation successfully with respect to inspection performance, all of the 10 items would be required to show satisfactory completion of at least 15 out of the 20 ratings. For those jurisdictions with more than 10 inspectors, we simply apply the 75 percent rule as we did for the jurisdiction with 10 inspectors. Using two overseen inspections for each inspector, record the observations for each item, figure the percent correct for each item, and round up to the next higher whole number when the percent is not a whole number.

The 75 percent per item rule was determined by the consensus of several highly experienced individuals working in the retail food safety team. We view the set of overseen inspections as a sample from a much larger set of total inspections performed. In this approach to program evaluation, the statistical measure does not evaluate any individual inspector. The emphasis is on the overall performance of the team, with respect to any item. Even if an inspection is observed in which one inspector fails all 10 items, the program would not necessarily fail.

The jurisdiction’s quality assurance program, however, must address individual inspector’s performance to ensure a standard of uniformity among the team. If each inspection were successful only 75 percent of the time for each item, the team as a whole would almost always fail. This is because they would almost always dip below 75 percent on at least one of the 10 items. For example, a team that scored 70, 70, 70, 75, 75, 75, 80, 80, and 80 on each of the 10 items would be successful 75 percent of the time, but they would fail three times over since three items scored below 75. However, for a team with 10 inspectors exactly, if their chance of getting each item right improved to 88 percent at each inspection, then they would have a much better chance of keeping all 10 results at 75 percent or higher. Under the simple statistical assumption of independent sampling, a team achieving 88 percent at each inspection would pass the evaluation 75 percent of the time. Therefore, this 88 percent level of performance was used as a simple representation of a team that is good enough that we want them to have a
good chance of passing, but not so good that they would not find it advantageous to improve.

Evaluation of performance of small jurisdictions

A statistical issue was to determine a reasonable standard for those jurisdictions with less than 10 inspectors. When the sample gets this small, the relative error in the estimated fractions gets so large that the “each of 10 items rule” will fail good programs too frequently. Therefore, the 88 percent level of performance at each inspection was the feature of the standard that was kept constant in designing the sample sizes for the smaller jurisdictions.

In jurisdictions with less than 10 inspectors, the statistical solution is to group all of the individual ratings, disregarding the individual items. For 5 inspectors we would review 5 x 2 = 10 inspections, with respect to all 10 items combined. This gives 100 observations. It is not possible to make a total observation test mimic exactly a 10 item test, but the minimum passing rates will be about as stringent as the 75 percent for each of 10 aspects test:

For 4 to 9 inspectors, conduct two joint inspections for each inspector. Chart 4-1 shows the lowest total passing score out of the complete set of combined items that would give at least a 75 percent chance of passing for a team with an 88 percent chance of getting any particular observation correct. For a team of three or less, it is recommended that extra oversight inspections be performed to produce a total of 8 inspections. This is an intuitive judgment call that any set smaller than 8 could randomly turn out to be odd enough to produce an unfair rating.
**Chart 4-1**  
Method of Calculation for Jurisdictions with Less Than Ten Inspectors

<table>
<thead>
<tr>
<th># of inspectors</th>
<th># inspections needed</th>
<th># of items needed to be marked IN compliance in order to meet Standard 4 criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;4</td>
<td>8 minimum</td>
<td>65 (out of 80 possible Items)</td>
</tr>
</tbody>
</table>
| 4-9             | 2 per inspector      | 4 inspectors = 65 (out of 80 possible Items)  
5 inspectors = 82 (out of 100 possible Items)  
6 inspectors = 99 (out of 120 possible Items)  
7 inspectors = 116 (out of 140 possible Items)  
8 inspectors = 133 (out of 160 possible Items)  
9 inspectors = 150 (out of 180 possible Items) |
Update: EXPLANATION OF THE STATISTICAL MODEL for STANDARD 4

There is a proposal to change the number of performance elements used in Standard 4, resulting in the need to update the statistical model. Previously, in large jurisdictions (jurisdictions with 10 or more inspectors), the evaluation was based on direct oversight of two inspections per inspector, with respect to 10 performance elements. However, the proposal contains 20 performance elements instead of 10.

Using the previous statistical model and assumptions, a team achieving 88 percent at each inspection would pass the evaluation 75 percent of the time. Therefore, this 88 percent level of performance was used as a simple representation of a team that is good enough that we want them to have a good chance of passing, but not so good that they would not find it advantageous to improve. But now with 20 items instead of 10, a jurisdiction with 88 percent level of performance would pass only 59 percent of the time. This would fail too many high performing jurisdictions.

In order to rectify this, for large jurisdictions (jurisdictions with 10 or more inspectors), the evaluation must now be based on direct oversight of three inspections per inspector, with respect to 20 performance elements. With the additional inspections evaluated, the 88 percent performing jurisdiction will pass 75% of the time.

Evaluation of performance of small jurisdictions

A statistical issue was to determine a reasonable standard for those jurisdictions with less than 10 inspectors. When the sample gets this small, the relative error in the estimated fractions gets so large that the “each of 20 items rule” will fail good programs too frequently. Therefore, the 88 percent level of performance at each inspection was the feature of the standard that was kept constant in designing the sample sizes for the smaller jurisdictions.

In jurisdictions with less than 10 inspectors, the statistical solution is to group all of the individual ratings, disregarding the individual items. For 5 inspectors we would review 5 x 3 = 15 inspections, with respect to all 20 items combined. This gives 300 observations. It is not possible to make a total observation test mimic exactly a 20 item test, but the minimum passing rates will be about as stringent as the 75 percent for the 20 item test:

For 4 to 9 inspectors, conduct three joint inspections for each inspector. Chart 4-1 shows the lowest total passing score out of the complete set of combined items that would give at least a 75 percent chance of passing for a team with an 88 percent chance of getting any particular observation correct. For a team of three or less, it is recommended that extra oversight inspections be performed to produce a total of 12 inspections. This is an intuitive judgment call that any set smaller than 12 could randomly turn out to be odd enough to produce an unfair rating.
## Chart 4-1: Method of Calculation for Jurisdictions with Less Than Ten Inspectors

<table>
<thead>
<tr>
<th># of inspectors</th>
<th># inspections needed</th>
<th># of items needed to be marked IN compliance in order to meet Standard 4 criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;4</td>
<td>12 minimum</td>
<td>200 (out of 240 possible Items)</td>
</tr>
<tr>
<td>4-9</td>
<td>3 per inspector</td>
<td>4 inspectors = 200 (out of 240 possible Items)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 inspectors = 252 (out of 300 possible Items)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 inspectors = 303 (out of 360 possible Items)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 inspectors = 355 (out of 420 possible Items)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 inspectors = 407 (out of 480 possible Items)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 inspectors = 459 (out of 540 possible Items)</td>
</tr>
</tbody>
</table>

**NOTE:**
1. These minimum inspection program assessment criteria are comparable to the 75% IN Compliance rate for each of the ten inspection program areas for jurisdictions with 10 or more inspectors.

**Example:**
*For 6 inspectors, there will be 3 field visits per inspector = 18 visits
18 visits X 20 Items per visit = 360 Total Possible Items*
CONFERENCE FOR FOOD PROTECTION

CERTIFICATION OF
FOOD SAFETY REGULATION PROFESSIONALS
WORK GROUP

UNIFORM INSPECTION PROGRAM
AUDIT PILOT PROJECT REPORT

December 1, 2011
ACKNOWLEDGEMENTS

The following individuals and/or entities are to be recognized for their invaluable contributions to the development of this report and the implementation of the Uniform Inspection Program Audit Pilot Project.

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Florida Department of Agriculture, Food Safety Division, FL
City of Wichita, KS
Genesee County Health Department, MI
Minnesota Department of Agriculture, Dairy and Food Inspection Division, MN
Olmsted County Public Health Services, MN
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Taney County Health Department, MO
Yellowstone City-County Health Department dba RiverStone Health, MT
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Joe Hainline, Jefferson County Health Department, MO
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Ruth N. Hendy, Texas Department of State Health Services
DeBrena Hilton, Tulsa Health Department, OK
Christina N. Johnson, Publix Super Markets, Inc.
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Amy Roedl, National Restaurant Solutions
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Zia Siddiqi, Orkin Commercial Services
Joyce Thread, Saint Louis County Department of Health, MO
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# Uniform Inspection Program Audit Pilot Project Report

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</tr>
</tbody>
</table>
Executive Summary

The Certification of Food Safety Regulatory Profession (CFSRP) Work Group, originating with the 2004 Conference for Food Protection (CFP), has been working with representatives of the Food and Drug Administration to create a multi-tiered process for training and standardizing Food Safety Inspection Officers (FSIOs). The goal of this initiative is to develop a nationally recognized training and standardization process for FSIOs that can be used as a model by retail food regulatory programs to enhance the effectiveness of food establishment inspections and increase uniformity among regulatory professionals in their assessment of food safety practices in the retail food industry.

Over the past 5 years, the CFP CFSRP Work Group has used the criteria contained in the FDA Voluntary National Retail Food Regulatory Program Standards (FDA Program Standards), Standard 2 – Trained Regulatory Staff to develop a comprehensive training model for regulatory retail Food Safety Inspection Officers. Jurisdictions using the CFP field training process and forms have indicated an overwhelmingly favorable experience.

Results from the follow-up interviews with jurisdictions using the Standard 2 criteria to train their retail food inspection staff indicated support for the development of an audit tool that mirrored the CFP field training process. The 2010 Conference charged the CFSRP Work Group with coordinating a pilot project to assess the appropriateness of using a customized version of the FDA Retail Food Level I Performance Audit process and forms with a limited number of jurisdictions enrolled in the FDA Voluntary National Retail Food Regulatory Program Standards.

The primary objective of the pilot project was to evaluate the Uniform Inspection Program Audit process and Audit Worksheet as tools for conducting the quality assurance evaluations included as part of Standard 4 – Uniform Inspection Program criteria. The Standard 4 criteria requires an assessment of each inspector’s work during at least two joint on-site inspections, with a corresponding file review of at least the three most recent inspection reports of the same inspected establishment. A model template for conducting this type of field assessment is not currently provided in Standard 4. One of the intended outcomes of the pilot project was to assess the feasibility for incorporating the Uniform Inspection Program Audit process and Audit Worksheet as model template contained in an Appendix to Standard 4.

A pilot application of the Uniform Inspection Program Audit process and Audit Worksheet was conducted by 14 retail food regulatory programs between July, 2010 and June, 2011. The type and number of jurisdictions that participated in the pilot project are: State (6), County (7), and City (1). The population living in the pilot jurisdictions ranged from 50,000 to more than 500,000. The total number of retail food and foodservice establishments under permit in the pilot jurisdictions ranged from 101 to over 6,000. The pilot jurisdictions were selected from regulatory agencies enrolled in the FDA Voluntary National Retail Food Regulatory Program Standards that had reported meeting the training requirements described in Steps 1 through 3 of Standard 2 – Trained Regulatory Staff.

A total of 76 FSIOs were assessed using the quality assurance inspection program criteria contained in Standard 4. A total of 42 FSIOs successfully performed all 10 Program Elements during the audit process. Seventy-one percent (71%) indicated that the uniform inspection program audit process is designed to facilitate a strengths-weaknesses assessment of a regulatory jurisdiction’s retail food inspection program.

Page 1
More than seventy-eight percent (78.6%) of the pilot participants agreed that the Uniform Inspection Program audit process was a valuable use of their jurisdiction’s resources. Most respondents were complimentary to the process and identified it as a “good start.” These same respondents, however, submitted several recommendations for enhancing the effectiveness of the audit process and audit worksheet. Some of the recommendations were specific to re-evaluating the 10 Program Elements described in Standard 4 criteria.

Key recommendations for enhancing the effectiveness of the Standard 4 include, but are not limited to:

- Aligning the 10 Program Elements described in Standard 4 with the Performance Elements and Competencies contained in the Standard 2 – CFP Field Training Plan for new hires or staff newly assigned to the retail food protection program.
- Providing a linear listing of the Program Elements in Standard 4 to reflect an organized flow to the inspection process.
- Providing an assessment system that differentiates between the complexity and importance of the 10 Program Elements, particularly as they are assessed during the inspection review process.
- Clarifying the Standard 4 criteria as to what qualifications an individual charged with assessing the performance of field staff should have and what type of establishments should be selected for the file and field review.
- Re-evaluating the system currently in place for determining compliance with the Standard 4 criteria. The Standards are intended to apply to the operation and management of regulatory retail food programs NOT as assessments of practitioners in the field. The current system weighted on a practitioner’s ability to demonstrate the 10 Program Elements during field inspections seems to be skewed more toward an assessment of the individual rather than an evaluation of the regulatory retail food inspection program.

The CFP CFSRP Work Group has prepared two issues related to the Uniform Inspection Program Audit Pilot Project for deliberation at the April 2012 Conference for Food Protection (CFP) in Indianapolis, IN. The issues include a recommendation for the Conference to send a letter to FDA requesting review of the recommendations outlined in this pilot project report including potential revisions to the Standard 4 criteria. The FDA review process is to illicit input and feedback from the CFP Program Standards Committee.
Introduction

Pilot Project

A pilot program began during the biennial CFP Conference in April 2010 when jurisdictions at all levels were solicited for their participation. During the conference, a fact sheet was distributed to prospective participants with basic information regarding the project. A gap analysis was conducted of the interested jurisdictions to determine if additional solicitation was needed to attain a demographically representative sample to reflect a national composition of regulatory retail food protection programs. In May of 2010, participant jurisdictions were selected and pilot project information packages were distributed.

In June of 2010, conference calls were held with the selected jurisdictions to provide them an overview of project objectives and information regarding the goals, methodology, data collection, and other pertinent issues. The pilot project was then launched in the summer of 2010 with a total enrollment of 14 State and Local jurisdictions. Additional conference calls were held as needed throughout the project and participating jurisdictions were able to correspond as needed with the Project Managers (Ms. Lee Cornman, Ms. Susan Kendrick, and Mr. John Marcello) for answers to their questions and problem resolution.

The pilot project was completed in July 2011 and this report represents the results.

Uniform Inspection Program Audit Pilot Project – Jurisdiction Feedback Form

To facilitate data collection on the project results and use of the Audit Worksheet, a survey instrument was designed for completion by the participant jurisdictions. The survey instrument titled, Jurisdictions Feedback of the Audit Process and Forms, (included as Appendix A), was designed to provide a structured process for collecting and analyzing feedback on the project. Results were then tabulated using statistical scoring software and narrative comments were tabulated and analyzed by Committee members.

For purposes of this report, the project results are presented in the same format as the actual Audit Process Feedback Form with each question appearing first followed by the tabulated results depicted in bold and within parenthesis after each response variable. Additionally, a summary of the analysis of the results is provided with tables and graphics where appropriate.

Pilot Project Objectives

The primary objectives of the pilot project focused on an assessment of the Uniform Inspection Program Audit Worksheet (included with this pilot project package) as a tool for the quality assurance evaluations conducted as part of Standard 4. Companion documents that included instructions and formats for using the Uniform Inspection Audit Worksheet were also included with this pilot project package.

Pilot project participants:
- Determined the strengths and weakness of the Uniform Inspection Audit Worksheet; instructions; and guidance documents.
• Provided feedback on the ease of use of the documents, including the instructions and format. Were jurisdictions able to use the documents independently without direct supervision or oversight?
• Determined the length of time required to use the documents and complete the audit process.
• Determined whether the audit process is an appropriate to assess the FSIO’s knowledge, skills and ability when applying the competencies required during a field inspection.
• Reviewed the 10 inspection program areas and competencies that comprise the Uniform Inspection Program Audit Worksheet for omissions, additions, and items they deem to be not applicable.
• Determined whether the audit process is properly positioned as part of the Standard 4 criteria.

**Uniform Inspection Program – Audit Worksheet**

A significant component of the pilot project was the use of the Uniform Inspection Program – *Audit Worksheet*. This worksheet was developed during 2008 and 2009 after the CFP Certification for Food Safety Regulatory Professionals Work Group completed a comprehensive review of the field audit process used by FDA for their Consumer Safety Officers. The Uniform Inspection Program – *Audit Worksheet* was designed to be used by the jurisdictions as a quality assurance tool to measure the effectiveness of a jurisdiction’s inspection program based on the performance elements and competencies identified in the Standard 2 – Trained Regulatory Staff, Field Training Plan. The use of the Uniform Inspection Program Audit provides a mechanism for regulatory jurisdictions to conduct quality assurance evaluations of their retail food protection programs while assessing the strengths and weakness within their training program for Food Safety Inspection Officers.

The data and feedback received from the pilot project jurisdictions on actual use of the Uniform Inspection Program – *Audit Worksheet* provide important insights on the strengths and weaknesses of using the Standard 4 criteria and assessment protocol as a quality assurance measurement. As a result of input received during the project, the CFP Certification for Food Safety Regulatory Professionals is submitting an issue to the 2012 Conference recommending that the Standard 4 criteria be reviewed, and revised where appropriate, to better reflect a comprehensive inspection program quality assurance protocol and measurement.

**Terminology**

For purposes of this report, the following terms and acronyms are defined:

*Audit Worksheet* – *Worksheet* used by jurisdictions during the two joint food safety inspections to assess FSIOs ability to demonstrate specific performance elements and competencies

**FSIO** – Food Safety Inspection Officer is an individual that has been newly hired or newly assigned to a regulatory retail food program

**Uniform Inspection Program - Jurisdiction Audit Feedback Form** – The survey instrument used during the pilot project to collect data and feedback from jurisdictions on the uniform inspection program audit process and forms. Terms in the narrative of the report pertaining to “survey”; “survey instrument”; and/or “survey questions” are direct references to the Jurisdiction Audit Feedback Form.
Section I - Demographics of Participant Jurisdictions

What is the population living within your Jurisdiction?

A. less than 25,000 (0)  
B. 25,000 to 49,999 (0)  
C. 50,000 to 99,999 (1)  
D. 100,000 to 249,999 (2)  
E. 250,000 to 499,999 (5)  
F. 500,000 or above (6)

A total of 14 jurisdictions participated in the Audit Pilot Project. The population in these jurisdictions ranged from one jurisdiction with a population of 50,000 to 99,999 to 11 jurisdictions with populations of 250,000 or higher. Of the jurisdictions responding, 43% had population sizes of 500,000 or higher. The graphic below depicts the responses.

![Population living within your jurisdiction](image)

What is your Jurisdiction’s total number of retail food and foodservice establishments under permit?

A. less than 100 (0)  
B. 101 to 500 (1)  
C. 501 to 1,000 (2)  
D. 1,001 to 3,000 (4)  
E. 3,001 to 6,000 (3)  
F. 6,001 or above (4)

Of the 14 jurisdictions responding, no jurisdictions had less than 100 foodservice establishments under permit, while seven reported 3,001 or more such establishments. Fifty-nine percent (59%) of the jurisdictions reported having 3,001 or more establishments under permit. Twenty-nine percent (29%) of the jurisdiction reported having 6,001 or more establishment under permit. The graphic that appears at the top of the next page depicts the responses.
How many Food Safety Inspection Officers are employed by your Jurisdiction with FULL TIME (i.e., 100%) responsibility in the food safety program?

A. less than 4 (4)  
B. 4 to 8 (2)  
C. 9 to 12 (1)  
D. 13 to 20 (1)  
E. 21 to 30 (1)  
F. 31 or more (4)  
G. No Response (1)  

Of the 13 jurisdictions responding, four (31%) reported having less than 4 full-time FSIOs while four (31%) reported having 31 or more full-time FSIOs. The median number of responding jurisdictions was 9 to 12 full-time FSIOs. The chart below depicts the responses.
How many Food Safety Inspection Officers are employed by your Jurisdiction with responsibilities in other environmental health program areas in addition to their retail food protection duties?

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. less than 4</td>
<td>1</td>
</tr>
<tr>
<td>B. 4 to 8</td>
<td>6</td>
</tr>
<tr>
<td>C. 9 to 12</td>
<td>0</td>
</tr>
<tr>
<td>D. 13 to 20</td>
<td>2</td>
</tr>
<tr>
<td>E. 21 to 30</td>
<td>0</td>
</tr>
<tr>
<td>F. 31 or more</td>
<td>5</td>
</tr>
</tbody>
</table>

Of the 14 jurisdictions responding, the number of FSIOs with responsibilities in other environmental health program areas in addition to their retail food protection duties ranged from one jurisdiction with less than 4 FSIOs with alternate assignments to five jurisdictions (36%) having 31 or more FSIOs with alternate assignments. The graphic below depicts the responses.

If your Food Safety Inspection Officers have responsibilities in other environmental health program areas, on average, how much of their annual work plan is dedicated to the retail food protection program?

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. less than 10%</td>
<td>0</td>
</tr>
<tr>
<td>B. 10% to 29%</td>
<td>2</td>
</tr>
<tr>
<td>C. 30% to 49%</td>
<td>3</td>
</tr>
<tr>
<td>D. 50% to 69%</td>
<td>2</td>
</tr>
<tr>
<td>E. 70% to 89%</td>
<td>3</td>
</tr>
<tr>
<td>F. 90% or more</td>
<td>4</td>
</tr>
</tbody>
</table>

Of the 14 jurisdictions responding, two jurisdictions reported that their FSIOs dedicate, on the average, 10% to 29% of their annual work plan to the retail food program, while seven jurisdictions (50%) reported that their FSIOs dedicate 70% or more on their retail food program responsibilities. Twenty nine percent (29%) reported that their FSIOs dedicate 90% or more percent of their annual work plan to the retail food protection program. The following graphic appearing at the top of the next page depicts the response.
Is your Jurisdiction AWARE of the *FDA Draft Voluntary National Retail Food Regulatory Program Standards*?

Yes (14)  No (0)

All 14 jurisdictions responding reported that their jurisdiction is aware of the *FDA Draft Voluntary National Retail Food Regulatory Program Standards*.

Is your Jurisdiction ENROLLED in the *FDA Draft Voluntary National Retail Food Regulatory Program Standards*?

Yes (14)  No (0)

All 14 jurisdictions responding reported that their jurisdiction is enrolled in the *FDA Draft Voluntary National Retail Food Regulatory Program Standards*.

If enrolled in the *FDA Draft Voluntary National Retail Food Regulatory Program Standards*, has your jurisdiction MET all the Standard 2 – Trained Regulatory Staff criteria?

Yes (14)  No (0)

All 14 jurisdictions responding reported that their jurisdiction meets the Standard 2 – Trained Regulatory Staff criteria contained in the *FDA Draft Voluntary National Retail Food Regulatory Program Standards*.

Does your Jurisdiction have a written field training plan that identifies the specific job performance elements and competencies a FSIO is expected to demonstrate during foodservice and retail food inspections?

Yes (14)  No (0)

All 14 jurisdictions responding reported that their jurisdiction has a written field training plan that identified the specific performance elements and competencies a FSIO is expected to demonstrate during inspections of foodservice and retail food establishments.
If your answer to Question #9 above is YES, please identify the type of written FSIO field training plan that is in use within your jurisdiction.

Of the 14 jurisdictions responding, 12 jurisdictions (86%) indicated that they use a customized version of the CFP Field Training Plan included as an Appendix with Standard 2 – Trained Regulatory Staff.

| A. | The CFP Field Training Plan as presented in Appendix B-2, Standard #2 – Trained Regulatory Staff, *FDA Voluntary National Regulatory Retail Food Program Standards* (0) |
| B. | A customized version of the CFP Field Training Plan, Appendix B-2, Standard #2 – Trained Regulatory Staff that is specific to our jurisdictions retail food inspection protocol (12) |
| C. | A Field Training Plan developed in-house that meets the intent and scope of the CFP Field Training Plan (1) |
| D. | Other (1) |

- We are moving from a Field Training Plan program developed in-house to a customized version of the CFP Field Training Plan. Mostly we are using a customized version.
- We have written policies and procedures for staff to follow while conducting inspections.
- We have specific protocols for inspections, training and enforcement that closely emulate federal standards and include state of Michigan accreditation standards.
- Our field training worksheet is almost identical to the one in Appendix B, except some sections are removed or slightly edited. For example, we don't use the section about sampling.
- Our agency has added the following to the CFP Field Training Plan: 1) the FSIO completes an open-book exercise on the content of the Texas Food Establishment Rules; 2) the FSIO must complete a citation exercise on the first 25 independent inspections.
- We have adopted the CFP Field Training Plan Appendix B-2 as presented and all FSIOs/Inspectors have completed the necessary training needs as specified by the Taney County Health Department, TCHD. The training involves mandatory state trainings and jurisdiction specific requirements as determined by the agency administrator.

If enrolled in the *FDA Voluntary National Retail Food Regulatory Program Standards*, has your Jurisdiction MET all the Standard #4 – Uniform Inspection Program criteria?

Yes (4) No (10)

While all 14 jurisdictions reported meeting the Standard 2 – Trained Regulatory Staff criteria contained in the *FDA Draft Voluntary National Retail Food Regulatory Program Standards*, only 4 (29%) indicated they met the Standard 4 – Uniform Inspection Program criteria. The graphic appearing at the top of the next page depicts the response.
Jurisdictions that Have Met ALL of the Standard #4 Criteria

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>
Section II - Guide to Uniform Inspection Program Audit - Content Evaluation

Were the instructions given in the *Guide to the Uniform Inspection Program Audit* sufficient for you to understand and implement the uniform inspection audit process in your jurisdiction?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>11</td>
<td>3</td>
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</tbody>
</table>

The majority of respondents (78.6%) indicated that the instructions given in the Guide were sufficient for understanding and implementation of the audit process.

Please put an “X” in the boxes below to identify any Section(s) of the *Guide to the Uniform Inspection Program Audit* you believe needs improvement. Please provide your recommendation(s) for improving the *Guide* in the space provided for each subject area. The page number from the *Guide* for each subject area is included in parentheses. If you have no recommended changes for a specific Section of the Guide, leave the corresponding box and comment area blank.

### GUIDE TO THE UNIFORM INSPECTION PROGRAM AUDIT

#### Preparing for Pilot Project Participation (page 1)

The write-in comments for this section are summarized below:

- Recommend clarifying that the review of the most recent three "inspection reports" are "regular" or "routine" inspections.
- The link to the Clearinghouse Q&A would not work.
- My overall comments on the document are that it's not helpful. We need a document similar to what was developed for Standard 2 that really explains the criteria for each component of the standard. This doesn't do it. We used it for about 4 staff members and found it to be too long and too cumbersome. We developed a one page summary that we used for the rest of our staff with whom we have done the joint inspections. The major item missing is the competencies, the criteria, for the ten elements--what is acceptable and what is not acceptable
- After the following statement:

  "After completing the training requirements in Steps 1 through 3, Standard 2, Trained Regulatory Staff,"

List the steps 1 through 3. This gives the reader the needed information instead of having to look on another document to know what the 3 steps are. It may be helpful to describe/define "inspection quality" and the value of assessing quality via an audit process.

#### Purpose of the Uniform Inspection Program Audit (page 2)

The write-in comments for this section are summarized below:

- Purpose of the UIP could have been expanded and explained a little better.
- The explanation of the purpose of the Uniform Inspection Program Audit was clear and understandable.
Selection of Establishments (page 2)

The write-in comments for this section are summarized below:

- How to select establishments was confusing. One question that was raised was how we could ensure establishments were not selected (or guard against) because of the amount of time an inspection would take (i.e. pick the “easy” ones).

- There should be additional clarification on determining what facilities should be selected as audit locations. Go back 3-5 years in the file to establish the firm has a history that needs follow-up, since many questions address issues from follow-up on previous violations and long term compliance. For example, pick complex establishments to make sure they are representative of all the components you need to evaluate.

- What are the standard 4 criteria that are to be followed in selecting establishments for the audit?

- The highest risk category establishments should always be included in the evaluation process even if the majority of the workload in the FSIO's jurisdiction is low risk.

- Selection of establishments should be from categories 3 and 4 from 2009 FDA Food Code Annex 5, Table 1 - Risk Categorization of Food Establishments,

- More guidance, education and direction to managers to ensure that they use strategies that involve randomization which will significantly help reduce potential for bias from a statistical standpoint. This will increase the reliability of the data collected.

- List the criteria from Standard 4. This gives the reader the needed information instead of requiring the reader to look on another document.

File Review – Selected Establishments (page 2)

The write-in comments for this section are summarized below:

- Include direction to compare what has changed at the store to the file history (name, operations, menu, etc.) so the need for changes in risk category or inspection frequency are identified.

- Must all 3 inspections in the file review have been completed by the inspector who is being audited? If so, how should newer inspectors be audited? For example, if a restaurant receives one inspection per year, it may be up to 4 years before an inspector can be audited.

- File review could be more clearly defined to include all auxiliary activities related to the establishment e.g. sampling, consumer complaints etc. that may not be included in the 3 most recent inspection reports.

- There needs to be more explanation for what items of the inspection report is to be reviewed during the file review.

FSIO’s Role During Joint Field Inspections (page 2)

The write-in comments for this section are summarized below:

- To expect no communication between the FSIO and the auditor is unrealistic. There will be questions asked from both parties.

- The statement "The FSIO is responsible for independently conducting the inspection while being evaluated by the auditor." gives a mixed message, as the audit isn't about evaluating the FSIO. The audit's purpose is to identify strengths and weaknesses within the training program as one means of assessing quality.
Uniform Inspection Auditor’s Role During Joint Inspections (page 2)

The write-in comments for this section are summarized below:

- This is the hardest part of the audit program. When should the auditor step in if the FSIO is giving incorrect corrective actions or missed a potential imminent health hazard. It is very hard to watch the inspection and not give input. It really shows the value of standing back and observing what is going on in the facility as a whole and not jumping to details.

- There is no guidance included for auditor qualifications, only their role during the inspection. This can be difficult for some jurisdictions when there are union contracts, etc. There should be additional training requirements for the auditors specifically on the subject of auditing, since that will make a difference in how the audit protocol is applied and interpreted in the field.

- Please clarify whether or not the auditor should step in if the inspector misses a violation: a) during the inspection? b) at the end of the inspection, before leaving the facility, or c) not at all? Does this answer depend on the nature of the violation, e.g. a non-critical violation vs. a critical violation or a violation that involves adulteration (for example, an employee is about to serve a contaminated food item to a customer)?

- Needs to be expanded so this will not be a re-standardization. Also might list qualifications for the auditor. If the FSIO's are one's own employees then there might be a "halo effect."

- The auditor will have a role during the inspection. The auditor--that third person--will have an impact on the person in charge as well as the FSIO being audited. It needs to be acknowledged and recognized that the FSIO will think their manner of conducting an inspection is being assessed--as it is.

- Auditors need some more education in regard to their role during the inspection.

- Provide a systematic selection process for choosing establishments randomly with more specific criteria such as: establishments must have had an inspection within the last week/month/year; the establishment must be open for business for a set amount of time prior to the audit (such as 1-2 years); the inspector should have previously inspected the select establishments for a specified number of visits (for those jurisdictions with rotating work lists) prior to the audit; to name a few.

- One establishment selected for our audit had not been inspected for over one year and made it hard to track past inspection findings, compliance, and enforcement. Some other establishments selected for the audit were previously inspected by a different inspector which also made it hard to track. It seems that a lack of more specific selection criteria could possibly skew audit results.

- List the standard 4 criteria. This gives the reader the needed information instead of requiring the reader to look on another document.

Pilot Project Steps – Uniform Inspection Program Audit – Step 1 (page 2)

Only one generic comment for this section:

- This looks good

Pilot Project Steps – Uniform Inspection Program Audit – Step 2 (page 3)

Only one generic comment for this section:

- Step 2 This looks good
### Pilot Project Steps – Uniform Inspection Program Audit – Step 3 (page 3)

The write-in comments for this section are summarized below:

- The guidance is confusing when it states "establishments used in the audit must be selected in accordance with the protocol outlined in Appendix D, Std 4". It should clearly state the "number of establishments that need to be selected" instead of just "establishments" since that appendix only addresses the statistical calculations and the number of establishments needed. The way it is currently written implies that protocol for the actual facility selection is found in Appendix D.
- The guide states that "Establishments used in the audit must be selected in accordance with the protocol outlined in Appendix D, Standard 4." This appendix does not specify how establishments should be selected. Establishments selected should be from categories 3 and 4 from 2009 FDA Food Code Annex 5, Table 1 - Risk Categorization of Food Establishments
- Step 3 looks good.

### Pilot Project Steps – Uniform Inspection Program Audit – Step 4 (page 3)

The write-in comments for this section are summarized below:

- Again, the competencies for the 10 criteria are not outlined in this document, nor is the audit tool clearly defined.
- Found the Uniform Inspection Program Audit Reference Guide to be very helpful as an auditing tool for determining competencies to observe for each inspection program area. Would prefer using it not only in conjunction with this pilot project, but for future audits as well. The examples were helpful and kept the auditor on task
- Include the 10 inspection program areas listed in standard 4, so the reader doesn't have to refer to another document

### Pilot Project Steps – Uniform Inspection Program Audit – Step 5 (page 3)

The write-in comments for this section are summarized below:

- Unclear on what is being looked at by the auditor during the file review. Make sure the FSIO acts on repeat violations or the establishment is acting upon their risk control plans?
- I think I understand, but not sure why the Guide says that the auditor should complete the "Audit Results Summary section of the Audit Results Summary and FSIO Training Plan Form." Why not just say that the auditor should complete the "Audit Results Summary and FSIO Training Plan Form"?
- The following sentence "The Audit Results Summary establishes a method for providing feedback to the FSIO and identifies any inspection program areas or competencies the FSIO needs additional training on." Is confusing. It gives the impression that the Audit and the Assessment of Training Needs processes have the same purpose. Because the 10 inspection program areas are broad (not linked to specific performance elements like the Assessment of Training Needs is) it may be inaccurate to identify an individual's specific training needs based upon 1 or 2 inspections where an auditor is present. The audit seems more suited to identifying areas where further policy development and/or training is needed for all (and where overall strengths are found).
### Pilot Project Steps – Uniform Inspection Program Audit – Step 6 (page 3)

The write-in comments for this section are summarized below:

- It was not clear from the guide that for the pilot project this calculation was an optional step. Only a portion of our staff was audited to do this project, so this step was not possible. However, the step would be clear if the document was for guidance to evaluate the entire program and not just for the purpose of completing this pilot project.

- Attach the tables from Appendix D, Standard 4, so that the reader can access all needed information in one place.

### Pilot Project Steps – Uniform Inspection Program Audit – Step 7 (page 3)

No comments were submitted for Step 7

### Uniform Inspection Program Audit Pilot Project – Reference Documents (page 4)

Only one comment for this section:

- Add 2009 FDA Food Code as a reference document
Section III
Audit Worksheet and Audit Reference Guide – Content Evaluation

The 10 Uniform Inspection Program Components included on the Audit Worksheet (and identified on page 1 of the Audit Reference Guide) sufficiently address inspection uniformity, inspection quality, inspection frequency, and uniform application of the regulatory jurisdictions retail food safety regulations and administrative procedures and are appropriate for all retail food program inspection staff. (*Please place an “X” in the box next to the rating that reflects the level of your agreement or disagreement with this statement*).

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>2 (1)</th>
<th>3 (3)</th>
<th>4 (3)</th>
<th>5 (4)</th>
<th>Strongly Agree</th>
<th>6 (3)</th>
</tr>
</thead>
</table>

Responses to this statement ranged from a low of 2 to a high of 6 with a mode (most frequently selected response) of 5. The mean (average) was 4.36 and the median (midpoint) was 4.5. Half of the jurisdictions (50.0%) selected 5 or higher, agreeing that the 10 performance elements sufficiently address the knowledge and skills a FSIO needs to effectively conduct independent inspections. The graphic below depicts the responses:

Please explain the reasons used to determine this rating.

**Positive comments:**
- Components made sense and had a lineal path.
- The audit guide explains the worksheet well. The program works well for local health depts. in Michigan that inspect retail food service establishments. Our state accreditation requirements are closely matched to the inspection components.
- All these components are the key to performing the job effectively because they cover all the knowledge, skills and abilities that FSIO's are expected to have to be successful.
- The audit reference guide was helpful in determining what performance elements should be considered for each section of the audit form.
Challenges:

- It was sometimes difficult to distinguish which category to debit some of the observations because they either blended together or required double debiting because of the nature of the observation.
- Some of the points are subjective and lead to individual interpretation.
- The Audit Worksheet is all subjective; there are no objective standards set for the competencies.

Recommendations for improvement:

- It could be broken down to be more detailed, to be a bit more specific to the needs.
- I believe item #1 can be best determined by creating a checklist, then based on a percentage, the auditor notes YES or NO.
- The identified categories are all there. However, the vagueness of the questions, the order in which the questions were organized, and the performance areas/competencies that are used as examples for each question in the guide do not seem logical for the purpose of conducting a field audit. Many times, the performance area/competency listed in the Reference Guide did not seem related to the question. Also, the weight of each question (i.e. the number of inspectional performance areas/competencies that each question was supposed to represent) did not seem equal for all questions. For example, questions 1 and 2 represented 5 or more competencies while question 10 represented only 1 competency. Additionally, for remotely located staff there can be some difficulty with establishing question 10 based on program policy (we typically mail all inspection and tracking documents in once a week, not per inspection, which is difficult for the auditor to determine while still completing the worksheet for one inspection and presenting findings in a timely manner to the auditee).

  There also seems to be overlap between question 2 and subsequent questions that discuss documentation in the Reference Guide. Proper documentation (whether a violation in routine inspection report as repeat occurrence or with additional regulatory documentation such as sanitary notice, embargo, etc.) seems to fall under both 2 and 6. There also appears to be overlap between 2 and 4 in regards to documentation in the inspection report for the code provisions (is it there vs. is it accurate?). The documentation for 7 could also be interpreted as being under 2 as well. Items 8-10 might also be better evaluated at a program level through management of resources and follow-up instead of at the individual inspection level. Whether or not the required frequency of inspection is being met could be based on many different factors and I don't think that is captured here (resources vs. improperly assigned risk category vs. management of facility inspection schedules based on risk). Number 8 is limited to long term corrections for continued out of compliance and could be better represented as long term corrections for all out of compliance findings (as opposed to just repeat violations).
- I wish there were a good way to include inspectors’ demeanor as part of this audit. For example, focusing on educating the restaurant employees and fostering an atmosphere of change (when necessary), as opposed to focusing on the enforcement of violations through use of force or intimidation.
- Found competencies #1 and #4 to be similar when completing the audit worksheet. The 10 uniform component questions were vague and need to be more specific for the auditor to follow.
- The program components provide a means to sufficiently assess inspection frequency and uniformity (across the 10 components). The 10 components do not adequately address inspection quality. Uniformity does not always equal quality. In order to promote success in long-term control of foodborne illness risk factors, the program components should include an assessment of a food program's capacity for conducting effective risk-based inspections.
The required minimum of two retail food establishment file reviews and joint field inspections for each FSIO is the appropriate number for completing a uniform inspection program audit

Yes (11)  No (2)  Both (1)

The majority of jurisdictions 78.6% felt that the minimum of two retail food establishment file reviews and joint field inspections for each FSIO is the appropriate number for completing the inspection program audit.

Explanations provided for the responses to the question above.

YES – the minimum of two file reviews and joint inspections are appropriate

• Agreed. Was hard for us to meet this requirement due to the time it took from other tasks.
• The first joint inspection was done incorrectly by the auditor. This is mostly because the auditor did not know how to complete the audit worksheet. Had the audit been done correctly the first time, two inspections would be enough to complete the audit.

NO – the minimum of two file reviews and joint inspection are appropriate

• We feel that only two inspections do not give the training coordinator enough information to get an accurate feedback on what is lacking in the training program. How do you determine if the presence of the auditor is causing the FSIO to be nervous and making errors in the inspection? We are not sure as to how many, but enough to build up a comfort level with the auditor to remove the anxiety. This may be something that has to be developed at the beginning with a trainee and on through a mentor program or audit program with the supervisor.
• It depends on the number of FSIO's on staff. For instance, if we have only a few FSIO's, we need to do more than just two otherwise this can lead to major statistical analysis problems like; lack of internal consistency, unreliability of the data and the validity of the data can be questionable. Increasing the minimal number of file reviews and joint field inspections across the board can take care of these three major statistical analysis problems significantly. Also, encouraging the auditor's to select facilities to be inspected on a proven methodology like randomization thereby eliminating some forms of bias that might interfere with the credibility of the data.

Both YES and NO – the minimum of two file reviews and joint inspection are appropriate

• It depends on how often an audit is conducted. I would think that 2 file reviews and inspections per FSIO every 6 months would be ideal. Less often (once per year) would be acceptable if other uniformity controls were in place, for example, requiring FSIOs to conduct joint inspections with each other every so often, so they can see their differences for themselves. We have found that this is a good way to discover questions you didn't know you even had.
Are there additional Program Components that you believe are necessary in order to effectively conduct a uniform inspection program audit but are MISSING from the current Audit Worksheet?

Yes (8)  No (5)  No Response (1)

Of the 13 jurisdictions responding, eight jurisdictions (61.5%) indicated that the current Audit Worksheet did not contain all the program components that are necessary to effectively conduct an inspection program audit. The graphic below depicts the response to this question.

Please identify and describe these missing components

YES – additional program components need to be added to effectively conduct a uniform inspection program audit

- Issues directly related to scoring an inspection. Feds/State do not score inspection. This can get “sticky” when doing an audit.
- Does the FSIO verify compliance with local requirements (i.e., is the establishment properly permitted based on the local/state permit requirements and meets the jurisdiction’s requirements regarding food manager and employee food handler permit training requirements)? Perhaps this is to be included in #9.
- Some sort of weighting to make not meeting number 1 to be of greater import statistically than the other items like number 10. Maybe breaking the large section questions into multiple questions?
- The importance of determining risk factors is unquestionable. However good retail practice need to be represented in a distinct manner whether it be in a separate category or made clearer in the categories already developed.
- I was unable to find a good place to document items related to professionalism as exhibited by the FSIO. I was looking for something similar to the professionalism performance elements found in the CFP training guide.
- The program components should include an assessment of a food program's capacity for conducting effective risk-based inspections.

NO – additional program components need to be added to effectively conduct a uniform inspection program audit

(No specific comments provided on feedback form for the “NO” responses)
Were any of the 10 Program Components consistently difficult to assess during the uniform inspection program audit?

<table>
<thead>
<tr>
<th></th>
<th>Yes (8)</th>
<th>No (4)</th>
<th>No Response (2)</th>
</tr>
</thead>
</table>

Two-thirds (66.7%) of the 12 jurisdictions responding indicated that some of the 10 Program Components were consistently difficult to assess during the inspection program audit.

If you have identified DIFFICULT TO OBSERVE Program Component(s), what factors made them difficult to observe?

<table>
<thead>
<tr>
<th>ITEMS 1, 3, 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Please refer to #1 of this section. Both are asking if the FSIO interpret enforcement procedures that are similar. For instance, 3 is looking at part to policies and procedures while 6 is looking at jurisdictions administrative procedures. One and the same, although the examples do give some differentiation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM 3</th>
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<tbody>
<tr>
<td>• Unclear – Explain what “Interpret” means or put into context.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM 5</th>
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</thead>
<tbody>
<tr>
<td>• This item could be addressed using a database and is harder when agency (local) depends on “Paper” review.</td>
</tr>
<tr>
<td>• The Audit Worksheet is vague and it is very hard to use as a standalone document. The questions do not clearly indicate or represent the performance areas/competencies that the Guide indicates. The 10 program components on the Audit Worksheet are not coordinated to flow with the normal inspection process itself. It also does not follow the same flow that the Abbreviated Field Inspection Training Worksheet has, which was used as a secondary reference when additional guidance was needed to connect observations from the audit with the proper program area/competency for documentation.</td>
</tr>
<tr>
<td>• It was difficult to assess review of past inspection findings when there were no violations present or when a different inspector previously inspected. Our files are mostly electronic.</td>
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<table>
<thead>
<tr>
<th>ITEM 6</th>
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<tbody>
<tr>
<td>• File review may not have included any inspections that required follow up, or the previous inspections for the establishment may have been conducted by a different inspector. If the current joint inspection required a follow up, I would generally have completed my audit before the follow up inspection came due. (Perhaps I should have kept the audit “open” until after the follow up inspection, a month or so later?</td>
</tr>
<tr>
<td>• The Audit Reference Guide gives the following examples of competencies for Item 6</td>
</tr>
<tr>
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<td></td>
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<tr>
<td>• There was never an opportunity to assess FSIO adherence to our policy regarding of confidential information during the audit process.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEMS 8 and 9</th>
</tr>
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<tbody>
<tr>
<td>• We are still working on some of the components of the standards such as a uniform system for determining the risk category for a facility. We did not run across a situation where we had a long term control problem that could be addressed with the options listed in item 8 nor have we consistently used these options as a tool.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>• It’s easy to observe licensed risk category but difficult to observe FSIO confirming the license process codes used in WI match the processes the establishment is engaged in.</td>
</tr>
</tbody>
</table>
ITEMS 8 and 10

- If you are only doing two joint inspections with the FSIO, documenting long term issues may be difficult to document. On item 10 our program does this but indirectly by receiving a report from our IT department when each inspector downloads their inspections.

Were there specific Program Components that FSIOs consistently experienced DIFFICULTY with?

Yes (10)  No (4)

Please identify these by placing an “X” adjacent to the item number of the Performance Elements(s) FSIOs had DIFFICULTY with. The Item number below corresponds to the same item number on the Audit Worksheet.

<table>
<thead>
<tr>
<th>Audit Worksheet</th>
</tr>
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<tbody>
<tr>
<td>Item 1 (4)</td>
</tr>
<tr>
<td>Item 2 (1)</td>
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<tr>
<td>Item 3 (1)</td>
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<td>Item 4 (2)</td>
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<td>Item 5 (5)</td>
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<td>Item 6 (1)</td>
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<tr>
<td>Item 7 (1)</td>
</tr>
<tr>
<td>Item 8 (3)</td>
</tr>
<tr>
<td>Item 9 (1)</td>
</tr>
<tr>
<td>Item 10</td>
</tr>
</tbody>
</table>

Based on the responses above, 10 jurisdictions (71.4%) indicated there were Program Components that FSIOs had consistent difficulty with. These pilot project results appear to indicate that there are several Program Components that should be reviewed for clarification or re-assessed to address the specific comments presented in the next section.

If you have identified Program Component(s) that FSIOs experienced DIFFICULTY with, what factors contributed to their challenges

ITEM 1
- How many of the Risk Factors would an FSIO be allowed to miss? Very few FSIOs inquire about health policies and perhaps missed a food cooling in the walk-in cooler.
- There was almost always some variation between the auditor and the FSIO. If the inspector misses just one violation, or forgets to ask about food source, or fails to take a temperature of an item that was cooked, then Item 1 is marked NO. So more often than not, our FSIOs did not meet item 1.
- Inspectors did not like the change of form from critical/non-critical to in/out/not observed/not applicable. Once the form was explained while looking at an inspection, they understood it better. It is also now used as a tool to educate operators to the overall picture of food safety in their establishment.

ITEM 2
- Legibility is in the eye of the beholder--handwriting that one person can easily read may not be easily read or understood by another person.

ITEM 3
- This program component was a catch all for not following our local jurisdictions policies and procedure. It is important that we capture the specific similar problems on the notes section to determine where the actual problem lies, especially for training purposes. There are too many variables in this program component that lead to non-compliance.
ITEM 4

- The FSIO did not always give the violation citation on the narrative. How many times does it take before the Auditor says that the FSIO gets a "did not meet the competency?"

ITEM 5

- Our agency does not have a computer system to track inspections. FSIOs do not have files in field and makes it hard to show facility staff past practices.

- What is meant by "act on repeated or unresolved violations"? We all know that there are those violations that will be noted as a repeat violation until such time the business is sold or burns down. Or are these only the High Risk areas?

- Historically, we have placed very little emphasis on reviewing past inspections (unless following up on a particular issue, short term). We are working on this weakness, but at this time, most inspectors were marked NO for item 5.

- Some of the FSIO's did not have a copy of the previous inspection with them. I feel you could present a case that is this really necessary? If the FSIO has been in this establishment sixteen times, is the previous inspection going to help?

- Not all FSIO's acted on repeated and unresolved violations and several of them did not file their reports on a timely manner as required.

ITEM 8

- Is there a difference between Item #5 and Item #8? Seems somewhat redundant. #5 and #8 should either be combined into one, or clarify the difference intended between the two.

- FSIO’s struggled with documentation of correction recommendations or long term corrective action plans for items identified as out of control either during current inspection or from consecutive inspections. WI training has not emphasized the successful use of risk control plans. Encouraging and assisting the PIC to create a risk control plan for items identified as out of control will become an opportunity for WI to eliminate this difficulty.

ITEMS 1, 4, 6, 7

- Our current database system is lacking and causes inconsistency between inspectors. This is because inspectors have the option of completing a report that assesses the risk factors and interventions. Some inspectors are good at assessing all the risk factors, some are good at assessing some of the risk factors, and one inspector does not assess them at all. Additionally, there is a lack of program policies/procedures to insure uniformity such as required inspection form completion, disclosure of confidential information, filing of reports, administrative policies, jurisdictional statutes, etc. With the lack of program policies comes the lack of requiring immediate corrective action for out-of-control risk factors and overall compliance. Our inspectors also need better training on the application of rules/regs for the manufacturing establishments.

ITEMS 8 and 9

- We are still working on some of the components of the standards such as a uniform system for determining the risk category for a facility. We did not run across a situation where we had a long term control problem that could be addressed with the options listed in item 8 nor have we consistently used these options as a tool except during standardization.
Do you think there are any Program Components that should be DELETED from the Audit Worksheet?

Yes (5)  No (8)  No Response (1)

The thirteen jurisdictional responses to this item were fairly evenly spread. Eight jurisdictions indicated that none of program component should be deleted. Those that indicated yes were asked to identify the program components that should be deleted from the audit process. Out of the 10 Program Components, only three, Items 8, 9, and 10 were identified as one that should be deleted or combined with other program components.

Please identify these by placing an “X” adjacent to the item number of the Performance Component(s) that should be DELETED. The Item number below corresponds to the same item number on the Audit Worksheet.

<table>
<thead>
<tr>
<th>Audit Worksheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1</td>
</tr>
<tr>
<td>Item 6</td>
</tr>
</tbody>
</table>

If you have recommended that one or more Program Components be deleted, what rationale can you provide to support the recommendation?

**ITEM 8**
- I think it may be difficult to document what was discussed during an exit interview. I think this could be corrected by training and documenting procedures.
- I don't foresee us incorporating the risk control plans, etc. into our program in the immediate future. We are however actively working on a system to identify if a firm is in the proper risk category with the proper frequency of inspection so item 9 will be very helpful to us once our system is in place.

**ITEM 9**
- RISK characterization should be a separate process that is very objective (not connected to an inspection).
- Items #5 and #8 can be combined.
- These elements may not need to be deleted completely, but analyzed in a subsequent process outside of individual inspections. They do not seem of equal weight to questions 1 and 2. They might also be better analyzed on a program level as opposed to during an individual inspection, such as question 9 determining if the required inspection frequencies are being met based on risk (probably more reflective of a resource allocation issue or prioritization issue at the program level as opposed to an individual inspector choosing to review an individual facility for inspection). More pieces of the program come into play for these items so it is deserving of a review in a broader context than an individual inspection.
- I don't necessarily think Item 9 should be deleted, but it doesn't really apply to us as every establishment has the same inspection frequency (once per year). I do realize that ideally, we would base our inspection frequency on risk- but at this time, as directed by our contract with KS Dept of Agriculture, we do not consider risk.
- There is too much latitude in the current risk category worksheets that are in use.

**ITEM 10**
- I don't feel this would help in the assessment of a program's effectiveness.
The performance areas/competencies listed as examples under each Program Component on pages 2 through 4 of the Audit Reference Guide are helpful to conducting the uniform inspection program audit. (Please place an “X” in the box next to the rating that reflects the level of your agreement or disagreement with this statement).

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>2 (1)</th>
<th>3 (1)</th>
<th>4 (1)</th>
<th>5 (6)</th>
<th>Strongly Agree</th>
</tr>
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<td></td>
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<td>6 (5)</td>
</tr>
</tbody>
</table>

Responses to this statement ranged from a low of 2 to a high of 6 with a mode (most frequently selected response) of 5. The mean (average) was 4.92 and the median (midpoint) was 5. Eleven jurisdictions (78.8%) responded with a 5 or above indicating agreement that the performance areas/competencies listed as examples, were for the most part helpful to conducting the inspection program audit.

Please provide an explanation for your response.

- We felt this guide was very useful in navigating through the program.
- Yes, we like the detailed examples given.
- Item #1 is the most difficult one to assess and rate for our department. We currently have 27 Risk Factors and 27 Good Retail Practices. If the FSIO consistently misses one of these does the Auditor mark NO on the Audit sheet for #1?
- The audit Reference Guide is too abbreviated. Pages 2-4 help a little, but it is just too abbreviated. The performance areas/competencies listed in the Reference Guide have their own guide of associated inspection observations in the Abbreviated Field Training Reference Document (pages 7-10 of the Abbreviated Field Training Worksheet). It was difficult to use the forms (Audit Worksheet, Audit Reference Guide, Abbreviated Field Training Worksheet references) during the audit inspection because you had to jump around between 3 forms that do not follow the same pattern. This meant that the Audit Worksheet could not be completed during the audit inspection, but was completed at a later time when paging through resources and cross referencing was possible using notes from the audit inspection. The Abbreviated Field Training Reference Guide was the most helpful and the easiest to use as a reference while completing the Audit Worksheet.
- The reference guide helped with details of each audit question.
- Some areas may need more or better examples to help clarify the component.

- The examples are very helpful, but some could use additional clarification.
  
  - Item 1: Is the list of regulations all-inclusive, or should other critical violations also be considered in Item 1 (presence of pests, toxic chemical violations, plumbing problems, etc.)? Also, should Item 1 be marked NO if only one performance area is out (for example, missed checking one cooler but did check all other coolers at an inspection)? Or should we mark YES if there is substantial competency shown?
  
  - Item 3: Does "other regulations… prevailing statutes, regulations and/or ordinances" refer to other critical violations from the Food Code (such as presence of pests, etc.), non-critical violations in the Food Code, or violations that are not even in the food code (which for us could include verifying that employees possess Food Handler Cards, or whether or not they are in compliance with their grease interceptor pumping)?
  
  - Item 9: the second example (HACCP Plans and Variance documentation) doesn't seem to go with the header for Item 9 (proper risk category and required inspection frequency). But maybe that is because the intention is to base risk category on presence or absence of HACCP plans and variances (this is not the case for us)?

- The listing was very helpful and I feel that it could be expanded by offering more examples.

- Need more examples or more objective examples of what competency of the criteria means.

- This is one way to help the auditor understand the different components of each item thus ensuring that they consider all the possible problems that might be associated with each item. From a statistical standpoint, this is a way that the CFP team can ensure that all the auditors understand the parameters that they are supposed to assess and provide them with the most accurate information so that they may be able to increase the accuracy of the information that they collect from the different jurisdictions in the country. Those examples increase the specificity of the data collected.

- Could not use the audit worksheet without referring back to the reference guide. Suggest combining the audit worksheet and reference guide as one document.

- The list of examples was essential to the process.

- The examples are very helpful. They help to further define the expectation of each area. Without them the audit process would include a much higher potential for subjectivity and inconsistency.

Are there any of the 10 Program Components for which the performance areas/competencies listed as examples on pages 2 through 4 of the Audit Reference Guide need REVISIONS (additions, deletions, changes)?

Yes (6) No (8)

The responses to this item were almost evenly split with 6 jurisdictions (42.9%) indicating there were Program Components in need of revisions and 8 jurisdictions (57.1%) indicating there were NOT any Program Components in need of revisions. The graphic at the top of the next page depicts these responses.
Please identify these by placing an “X” next to the item number of the Program Component(s) needing REVISIONS to the examples provided on pages 2 through 4 of the Audit Reference Guide.

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1 (5)</td>
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<td>Item 8</td>
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<td>Item 9 (1)</td>
<td>9</td>
</tr>
<tr>
<td>Item 10 (1)</td>
<td>10</td>
</tr>
</tbody>
</table>

Eight of the 10 Program Components were identified by at least one jurisdiction as an area needing revision. Six Program Components were identified only once as an area needing revision. Item 1 was identified by five jurisdictions (35.7%) as a Program Component in need of revision. The comments provided in the section below shed some light on potential challenges associated with the Program Components identified as ones needing revisions.

If you identified one or more Program Component(s) needing REVISIONS, what changes would you recommend to the performance areas/competencies listed as examples?

**General Comments**

- Perhaps a checklist for the auditor is needed and then a percentage is used to determine if the FSIO is meeting #1.
- The reference Guide and all supporting forms (Field Training Manual, etc.) lack a review of the planning and organizing component of an inspection. In some instances, an FSIO may overemphasize one component of the verification of risk based inspection methodology while missing another component entirely. This seems to be an issue that is not captured, especially if you are not seeing any violations in the one component that is being focused on. For example, the FSIO is observed taking numerous compliant temperatures in one display case while neglecting to make observations of a product cooling. There is no direction for how many of those performance areas/competencies listed in the guide for each question need to be deficient for the entire question to be answered "No". Is it one program area/competency, the majority of those that are listed, or would it be based on the severity of which ones are noted deficient (i.e. used risk based inspection methodology vs. correctly used inspection equipment from question 1) etc.? There also is no direction on how to document when an FSIO is neglecting to anticipate opportunities to make risk based observations (i.e. 10 items are observed being cooked during inspection and only 1 cooking temperature is verified by the FSIO).
ITEM 1

- For Item 1, if the intention is to identify all critical violations (risk factors), a line at the bottom of the list might read "any other critical (or priority or primary) risk factors." Also please identify where non-critical (supportive, secondary, core) risk factors are to be evaluated. Also there are so many components to item 1. I would prefer to break down Item 1 into separate sections.

- Item 1…Maybe a review of how many times a certain violation is marked by an FSIO?

- Example from Item 1.

FSIO used a risk-based inspection methodology to correctly assess regulations related to employee practices and management procedures essential to the safe storage, preparation, and service of food. When the risk factor and/or intervention was applicable and observable during the inspection, the FSIO verified.

I recommend removing "and observable" from the last sentence. Lack of (active) managerial control of FBI risk factors can be identified via discussion even when the FSIO is unable to observe specific processes because they are not happening during the time of inspection.

Recommend changing the word "verified" to "assessed" or "evaluated"

ITEMS 2 and 4

- The differences between Item 2 and Item 4 could be better defined as they both identify documenting code references

ITEMS 2 and 7

- The differences between Item 2 and Item 7 could be better defined as they both identify documenting corrective actions.

ITEM 3

- For Item 3, it would be helpful if examples of "other regulations" were included.

- Item 3…Might offer better examples to assist the accompanying supervisor.

ITEM 5

- Item 5 ..As stated above, does the previous inspection a good guide or a crutch?

ITEM 9

- Item 9…Maybe a better risk evaluation and maybe some jurisdictions are hindered by funding, staffing or legal guidelines.

ITEM 10

- Item 10…I wonder if this is necessary?
Section IV – Audit Worksheet – Format Evaluation

The format of the Audit Worksheet is user-friendly. (Please place an “X” in the box next to the rating that reflects the level of your agreement or disagreement with this statement).

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1 (2)</th>
<th>2</th>
<th>3 (1)</th>
<th>4 (5)</th>
<th>5 (3)</th>
<th>6 (2)</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Response (1)</td>
<td></td>
<td></td>
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</tbody>
</table>

Responses to this statement ranged from a low of 1 to a high of 6 with a mode (most frequently selected response) of 4. The mean (average) was 3.92 and the median (midpoint) was 4.0. The graphic below depicts the responses:

![The Format of the Audit Worksheet is User-friendly](image)

What improvements would you recommend?

- Try to get complete audit worksheet on one page.
- The flow could be improved by having it match the workflow in the Field Training worksheet. For those program areas/competencies listed in the Audit Reference Guide that have additional reference observations in the Field Training Reference Document, just include the Field Training Reference Document observation list to eliminated the need for cross-referencing.
- Instead of just YES and NO being the only options for each of the 10 items, I would prefer to see some sort of a scale, for example "Always, Often, Sometimes, Rarely" or a numerical scale 1-5, so that I can indicate when something is very good but has room for improvement, or needs a lot of improvement. I want to be able to differentiate between a marginal FSIO and one who did everything great, but may have just missed one or two minor items
- The format was OK but had to adapt it so I could show percentages
- Response options should not be yes and no. Recommendation is to change yes and no to exceeds, meets, needs improvement and does not meet.
- Auditor instructions should indicate that all audit conclusions are supported in the comments section of the form.
• The audit worksheet jumps around rather than following the natural progression of an inspection e.g. reviewing the previous three reports would be one of the first thing to occur but is not referenced until Item 5. Item 9 references the confirmation of risk category and inspection frequency through file review which would come at the beginning of the process. Would conducting the risk category review during the inspection to confirm the establishment has not eliminated or added processes be a better fit for Item 9?

• We converted the 4 page worksheet to a one page worksheet.

• Combine the worksheet and reference guide. There needs to be examples for the auditor to follow.

• It would be nice to use one form to record the results of all of the audit inspections rather than having a separate form for each inspection.

• List the Performance Areas/Competencies under each Program Component

The header labels are appropriate.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (2)</td>
<td>2 (1)</td>
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<tr>
<td>3</td>
<td>4 (2)</td>
</tr>
<tr>
<td>5 (4)</td>
<td>6 (5)</td>
</tr>
</tbody>
</table>

Responses to this statement ranged from a low of 1 to a high of 6 with a mode (most frequently selected response) of 6. The mean (average) was 4.43 and the median (midpoint) was 5.0. Nine jurisdictions 64.3% responded with a rating of 5 or above.

The graphic below depicts the responses:

![The Header Labels are Appropriate](image-url)
What improvements would you recommend?

- The audit form is too vague for questions 1 and 2 to represent the large number of program areas listed in the Audit Reference Guide and the questions are not really descriptive of those performance areas/competencies indicated in the Guide in many cases. The Audit Worksheet questions (which is what is assumed to be meant by "header labels") could be broken down to a larger number of questions or sub-questions (1a, 1b, 1c) to prevent false indications of program trends or deficiencies (for example, when question 1 may statistically indicate an overall program deficiency, when the deficiencies were actually spread in small numbers over multiple of the program areas/competencies that question 1 represents).
- I would suggest either removing the HACCP/ Variance component from item 9, or else rewording the title of #9 to clarify how this is relevant.
- Use newer Excel template.
- Rather than copying the header labels directly from Standard 4 they should be expanded to better incorporate the examples provided. During an audit we would not expect the auditor to have the examples memorized and flipping between the audit reference guide and the audit worksheet would be awkward.
- I didn't see header labels--just the competency.
- The first statement about the pre-requisite training courses could be separated more from the 10 questions - I put the information for question #1 in the wrong box the first time.

Enough space is provided for responses and comments.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>6 (5)</td>
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<td>3 (2)</td>
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<td>4 (2)</td>
<td></td>
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<td>5 (4)</td>
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</table>

There was a large spread of responses on this item with the responses ranging from a low of 2 to a high of 6. The mode (most frequently selected response) was 6. The mean (average) was 4.71 and the median (midpoint) was 5. Sixty-four percent (64.3%) of the respondents selected 5 or higher indicating there was enough space provided for responses. The narrative comments in the next section provide additional information regarding this. The graphic below depicts the responses:
• We thought there was too much room—as stated, we converted it to a one page table.
• More space would be better.
• Provide enough space to include the performance areas/competencies under each program area and room to make comments about the performance of the competency.

Is there any general information you believe is important that is MISSING?

Yes (3) No (11)

The majority of the jurisdictions (78.6%) indicted there was not any general information that was missing. Those that responded “yes” were asked to elaborate and a summary of their responses is provided below.

Please identify information that needs to be ADDED.

• Grade/Scoring space
• There should also be additional guidance on review of the individual Audit Worksheets for trends in the comments (if the overall answer for meeting the category is yes, b/c only one small section was not addressed but was documented in the comments, there should be a way to capture if that same small deficiency was noted among multiple audits). This would be for a competency such as risked based methodology, where 11 different elements are verified (demo of knowledge through consumer advisory). If 1-2 elements are consistently documented as being overlooked (such as cooling and food sources), the trend would still be identified if overall question 1 was answered as "yes" for all audits.
• I would like to see clarified in the general information, how this audit form is different (or how it is to be sued differently) from the field training worksheet, since so many of the components are exactly the same.

Is there any general information you believe should be DELETED?

Yes (1) No (12) No Response (1)

The majority of jurisdictions (92.3%) that responded felt there was NOT any general information that should be deleted. Those that responded “yes” were asked to elaborate and a summary of their responses is provided below.

Please identify information that should be DELETED.

• The question asking if the FSIO has successfully completed the pre-requisite training courses is not needed, because those FSIOs that have not completed the pre-requisites should not eligible for auditing because they are "still in training"

Did you modify the Audit Worksheet during the Uniform Inspection Program Pilot?

Yes (4) No (10)

The majority of the jurisdictions (71.4%) did not modify the Audit Worksheet during the pilot project.
Section V – Audit Results Summary and FSIO Training Plan (optional form)

The Audit Results Summary and FSIO Training Plan was included as an optional form a jurisdiction could use during the uniform inspection program audit pilot project. Did your jurisdiction decide to use the form?

Yes (3)  No (11)

Of the 14 jurisdictions, 11 (78.6) did not choose to use the optional Audit Results Summary and FSIO Training Plan during the pilot project. The following section provides some insights as to the factors that impacted the jurisdictions decision not to use the form.

What factors influenced your decision?

- A little too much paperwork. Need to simplify.
- Summarizing in that format helped me tie together information from the audits. In the initial CFP Uniform Inspection Program, I was the sole auditor, this time around there were two of us, so at a quick glance and discussion, we were able to identify areas to develop in our training program.
- Our staff is regularly "Standardized". Any incompetencies observed on routine inspections can be addressed at that time. Staff meets the training requirements of Standard 2 before they are allowed to operate independently.
- The audit results were shared with the FSIO alone and they were allowed to seek additional training with their supervisor at their own discretion. Since this was a pilot project and not all FSIO staff was audited, it was deemed to be unfair to require follow-up with the supervisor on an individual basis when a significant number of staff was not audited. The auditors reviewed general audit findings as a group to determine if trends were present (which would then be identified as program trends for supervisors to address with the entire inspection staff). However, no clear trends were identified for reporting to supervisors in this project.
- We are using the State of Michigan Field Evaluation Form which is more detailed than the federal audit form. Items are broken down into more questions for the in/out/no/na answers. Michigan used the form from the Federal Voluntary Standards to create one for all jurisdictions to use.
- Standardization performed on a yearly basis (2-2-2=6) and a Supervisor's ongoing audit provide the necessary tools to evaluate individual performances.
- Time and resources to dedicate to this.
- A lot of these issues were already instituted and already in place.
- We did not use the document with the FSIO but decided it is important to go through the exercise to evaluate the usefulness of the too.
- We decided that it was too cumbersome. I would still like to see an audit tool that more completely describes what is needed to determine if competency for the program components has been met.
- Form was simple to use and very well structured.
- During the time of this audit, our department lost its' Director. Newly assigned staff to replace the Director was also an FSIO and was part of the audit process. Essentially, there was no supervisor available to address identified competencies in need of improvement.
- Feedback to the FSIO was handled verbally and only minor corrections were needed.
- The Audit Results Summary and Training plan puts the emphasis on individual performance. This should occur in the assessment of training needs and as part of overall performance management of an employee, so that auditing can focus on identifying overall program strengths and weaknesses and improving the program overall.
Responses from jurisdictions that used the optional Audit Results Summary and FSIO Training Plan

It should be noted that only a minority of jurisdictions that participated in the uniform inspection program audit pilot project opted to use the Audit Results Summary and FSIO Training Plan. The following items contained on the Uniform Inspection Program – Jurisdiction Audit Feedback Form pertain to the use of that form during the pilot project. Since a low number of jurisdictions used the form, the responses presented here should be used as informational references rather than used to draw any definitive conclusions.

The Audit Result Summary and FSIO Training Plan is a useful tool for documenting the audit process and ensuring that additional training is provided to the FSIO for Program Components noted as needing improvement during the establishment file reviews and joint field inspections. (Please place an “X” in the box next to the rating that reflects the level of your agreement or disagreement with this statement).

| Strongly Disagree | | | | | | Strongly Agree |
|-------------------|-------------------|-----------------|-----------------|-----------------|-----------------|
| 1                 | 2                 | 3 (2)           | 4 (1)           | 5               | 6 (3)           |

No Response (8)

Six (42.8%) of the 14 jurisdictions responded this item. The responses ranged from a low of 3 to a high of 6 with a mode (most frequently selected response) of 6.

What improvements would you recommend?

- Maybe developing a spreadsheet so that you can see all the results summarized in one shot.
- More examples of good practices and maybe include more in depth instructions to the supervisor on how to "score" the audit sheet. I feel that Standard 4 should be re-worked and to get individual interpretations out of the process. Many of these same issues are covered in STD 2 and Std 9.
- None

The format of the Audit Results Summary and FSIO Training Plan is user-friendly

| Strongly Disagree | | | | | | Strongly Agree |
|-------------------|-------------------|-----------------|-----------------|-----------------|-----------------|
| 1                 | 2                 | 3 (1)           | 4               | 5 (3)           | 6 (2)           |

No Response (8)

Six (42.8%) of the 14 jurisdictions responded this item. The responses ranged from a low of 3 to a high of 6 with a mode (most frequently selected response) of 5.

What improvements would you recommend?

(None of the pilot jurisdictions submitted comments for this item)
The header labels on the Audit Results Summary and Training Plan are appropriate.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
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<td>No Response (8)</td>
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</tbody>
</table>

Six (42.8%) of the 14 jurisdictions responded this item. The responses ranged from a low of 3 to a high of 6 with a mode (most frequently selected response) of 5.

What improvements would you recommend?

| (None of the pilot jurisdictions submitted comments for this item) |

Enough space is provided for responses and comments on the form.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
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<td>5 (4)</td>
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</tr>
<tr>
<td>No Response (8)</td>
<td></td>
</tr>
</tbody>
</table>

Six (42.8%) of the 14 jurisdictions responded this item. The responses ranged from a low of 3 to a high of 6 with a mode (most frequently selected response) of 5.

What improvements would you recommend?

- When completed electronically the form adjusts and we would check mark 6 (Strongly Agree).
- When completed with pen to paper there is not sufficient room on the form and we would check mark this question 1 (Strongly disagree).
- More space will be needed because we had to use an extra sheet of paper.

Is there any general information that is missing?

| Yes (2) | No (4) | No Response (8) |

Please identify information that needs to be ADDED.

- A date should be established for completing the required re-training. When re-training has been completed a date should be designated for a follow-up audit.
- Adding a column with a timeframe on when the specific improvement will need to be completed.
Section VI – Uniform Inspection Program Audit Pilot Project Results

How many FSIOs were assessed as part of the jurisdiction’s uniform inspection program audit?

<table>
<thead>
<tr>
<th>Number of FSIOs</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - 1</td>
<td>1</td>
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<tr>
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<td>10 - 2</td>
<td>2</td>
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<tr>
<td>46 - 1</td>
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</tbody>
</table>

A total of 76 FSIOs participated in the Uniform Inspection Program Audit Pilot Project. The number of FSIO’s from each individual jurisdiction ranged from one jurisdiction that had two FSIO participating to one jurisdiction that had 46 FSIOs participating. More jurisdictions (5) had six FSIOs participating 35.7% than any other number of FSIOs participating. The graphic below depicts the responses.

![Number of FSIOs that Participated in the Uniform Inspection Program Audit](chart.png)

How many FSIOs successfully performed all 10 Program Components during the Audit Process?

<table>
<thead>
<tr>
<th>Number of FSIOs</th>
<th>Frequency</th>
</tr>
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<tbody>
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<td>6 - 1</td>
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<tr>
<td>10 - 1</td>
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<tr>
<td>13 - 1</td>
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</tr>
</tbody>
</table>

A total of 42 FSIOs successfully performed all 10 Program Components during the audit pilot project. This represents 55.3% of the total number of FSIOs participating in the audit process. The number of FSIO’s successfully performing all 10 Program Components process ranged from zero (in 3 jurisdictions) to thirteen FSIOs in 1 jurisdiction. The graphic at the top of the next page depicts the responses.
Within your jurisdiction, who served as the “auditors” (individuals responsible for assessing FSIOs as part of the uniform inspection program audit)?*

A. Retail Food Program Managers (2)  
B. The Supervisors of the Food Safety Inspection Officer (3)  
C. Training Officers (2)  
D. Senior Food Safety Inspection Officers (4)  
E. Quality Assurance/Qality Control Officers (2)  
F. Other – (Please described in the box provided below)

* Total exceeds 14 because two jurisdictions listed more than one answer

- The auditors are experience FSIOs, but not the most senior FSIOs on staff. These experienced FSIOs are also field inspection trainers as part of their job description (as are all FSIOs of that level in this program). They were chosen as auditors based on their ability to articulate their observations to the auditees. Only one auditor had completed formal auditor training designed specifically to impart skills on auditing field inspections.
- A, B, and C are all the same person (me) for our jurisdiction.
- The reason I put zero for completing all ten components was that the average was 80% and no one received a 100%
- FDA Certified Retail Standard and Evaluation Officer
- Registered Sanitarian knowledgeable with the audit process, but not manager of the program.

How many “auditors” (individuals responsible for assessing FSIOs as part of the uniform inspection program audit participated in the pilot project?

1 - 8  
2 - 3  
3 - 2  
7 – 1

A total of 27 “auditors” participated in the Pilot Project. The number of auditors participating within each jurisdiction ranged from a low of one (57.1% reported using one auditor) to a high of seven. The graphic at the top of the next page depicts the responses.
Was there more than one auditor per Food Safety Inspection Officer?

Yes (1)  
No (13)

Only one (7%) of the 14 jurisdictions reported using more than one auditor per FSIO. In this one instance, FSIOs did not report any differences between the auditors (per the item below).

If you answered YES to the question above, did Food Safety Inspection Officers report any differences between the auditors related to how the audit was conducted?

Yes (0)  
No (1)

If differences were noted, provide specific examples?

(None reported)
The uniform inspection program audit process is designed in such a way as to facilitate a strengths-weaknesses assessment of our jurisdiction regulatory retail food protection inspection program. *(Please place an “X” in the box next to the rating that reflects the level of your agreement or disagreement with this statement).*

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6 (4)</td>
</tr>
<tr>
<td>2 (2)</td>
<td>5 (6)</td>
</tr>
<tr>
<td>3 (1)</td>
<td></td>
</tr>
<tr>
<td>4 (1)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

The responses ranged from a low of 2 to a high of 6 with a mode (most frequently selected response) of 5. The mean (average) was 4.64 and the median (midpoint) was 5. Seventy-one percent (71%) of the respondents selected 5 of higher agreeing that the Uniform Inspection Program audit process is designed in such a way as to facilitate a strengths-weaknesses assessment of a jurisdiction’s regulatory retail food inspection program. The graphic below depicts the responses.

What factors influenced your decision?

- Shorten length of all forms, if possible.

- It is a very useful tool. The area of concern for me, for one is doing enough audits to get representative samples to determine what change need to done. I feel that many FSIO feel that the ATN process is a pass or fail, even when they are repeatedly told it is not. Staff gets very nervous having someone evaluate them in the field. This may be an internal problem where there has not been any type of mentorship and/ audit program in the food inspection program. Also, how/when is it determined that it is the training program or an employee’s lack to follow through with the training.

- Lincoln Lancaster County Health Department is evaluated by the NE Department of Agriculture, Bureau of Dairies and Foods every 5 years. Perhaps there can be a means to incorporate their evaluation of our program into Standard 4.

- The current design of the questions on the Audit Worksheet would result in a lot of individual interpretation during application in the field that would lead to inconsistent audit reporting and subsequently misleading program audit results. Specific areas resulting in individual interpretation are the potential overlap between audit questions and with other Voluntary Program Standards that is implied by the program areas/competencies listed in the Audit Reference Guide (see Section III question 1 for additional comment). The lack of auditor qualifications and marking instructions (such as when enough non-observations or deficiencies in individual program areas/competencies would warrant a "No" as opposed to a "Yes") would also lead to inconsistent application in the field and mis-representative program reporting.
• Clearly state where good retail practice variables should be addressed

• Standard 4 needs to be more distinctive because it is very much like a standardization. Standard 4 is supposed to be a program evaluation. Would an in depth study of how many times a violation is documented by various inspectors and a comparison between all inspectors be of more value?

• Give a definition of competency.

• Implement a training program for future auditors so that they will be comfortable and aware of the basic requirements of conducting effective audits.

• A breakdown of the risk factors would be helpful for the auditor.

• I would like to add performance elements associated with performance elements. Based on audit findings, we have made revisions to our new employee information packets to better inform them of our expectations.

• Removal of the emphasis on assessing individual performance.

On average, how long did it take to complete an orientation of the Uniform Inspection Program Audit process and Audit Worksheet for each of the Food Safety Inspection Officers?

A. less than 60 minutes (8)  
B. 61 – 120 minutes (5)  
C. 121 – 180 minutes (1)  
D. Other. Please specify (0)

Eight of the jurisdictions (57.1%) indicated it took less than 60 minutes to complete an orientation of the Uniform Inspection Program Audit process and Audit Worksheet for each FSIO. Five jurisdictions (35.7%) indicated it took between 61 and 120 minutes and one jurisdiction indicated it took between 121 and 180 minutes. The graphic displayed below depicts the responses.
**Uniform Inspection Program Audit Pilot Project Report**

On average, how long did it take to complete an audit of the Pre-Inspection Establishment File Review?

Half of the participating jurisdictions indicated it took less than 30 minutes for the FSIO to conduct a Pre-Inspection Establishment File Review while the other indicated the review tool between 31 and 60 minutes. The table below summarized the responses to this question:

<table>
<thead>
<tr>
<th>Average time it took a FSIO to conduct a Pre-Inspection Establishment File Review</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid less than 30 minutes</td>
<td>7</td>
<td>50.0</td>
<td>50.0</td>
<td>50.0</td>
</tr>
<tr>
<td>31 - 60 minutes</td>
<td>7</td>
<td>50.0</td>
<td>50.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

On average, how long did it take to complete the audit of a joint field inspection (SINGLE INSPECTION) using the Audit Worksheet (actual time in hours – including inspection, completion of the inspection report, and discussion of the inspection report with the person in charge)? Do NOT include travel time to & from the establishment.

As the table below indicates, the half of jurisdictions (n=7, 50%) indicated it took between 61 and 120 minutes (one to two hours) for an FSIO to complete a single on-site joint field inspection while using the Audit Worksheet. One jurisdiction reported it took four hours and one reported it took 5 hours.

<table>
<thead>
<tr>
<th>Average time it took to complete an on-site joint field-training inspection</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid less than 60 minutes</td>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>61 - 120 minutes</td>
<td>5</td>
<td>35.7</td>
<td>35.7</td>
<td>35.7</td>
</tr>
<tr>
<td>121 - 180 minutes</td>
<td>7</td>
<td>50.0</td>
<td>50.0</td>
<td>85.7</td>
</tr>
<tr>
<td>Other (see below*)</td>
<td>2</td>
<td>14.3</td>
<td>14.3</td>
<td>100.0</td>
</tr>
<tr>
<td>*4 hours – (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*5 hours – (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

On average, how long did it take to complete the audit process for each individual FSIO? (Include the orientation process; establishment file reviews; actual inspection time; review of the audit reports with the FSIO; and completion of all inspection program audit documents/worksheets.)

The table below contains a frequency distribution of the responses regarding the average time for the FSIO to complete the audit process. The responses varied greatly from less than 8 hours to 17 - 24 hours. Ten (76.9%) of the 13 jurisdiction submitting responses indicated that the audit process was completed in less than 16 hours.

<table>
<thead>
<tr>
<th>Average time for the FSIO to complete the Audit Process</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid less than 8 hours</td>
<td>6</td>
<td>42.9</td>
<td>42.9</td>
</tr>
<tr>
<td>9 to 16 hours</td>
<td>4</td>
<td>28.6</td>
<td>71.5</td>
</tr>
<tr>
<td>17 to 24 hours</td>
<td>3</td>
<td>21.4</td>
<td>92.9</td>
</tr>
<tr>
<td>25 to 32 hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 to 40 hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (see below*)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>7.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
The graphic below depicts the response from the previous page pertaining to the average time needed to complete the audit process with FSIOs.

The uniform inspection program audit process is a valuable use of my Jurisdiction’s resources (e.g., time; staff; finances).

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency (Number of Jurisdictions)</td>
<td>(2)</td>
<td>(1)</td>
<td>(7)</td>
<td>(4)</td>
<td>(1)</td>
<td>(2)</td>
<td>1</td>
</tr>
</tbody>
</table>

The responses ranged from a low of 3 to a high of 6. The mode (most frequently selected response) was 5. The mean (average) was 4.93 and the median (midpoint) was 5. A total of 11 (78.6%) jurisdictions selected either a 5 or 6 indicating agreement that the Uniform Inspection Program audit process was a valuable use of the Jurisdiction’s resources. The graphic below depicts the results of this item.
Explain, why?

- Time consuming, but in the end gave us a very good understanding of the “big picture” of our program.

- The program is very useful. Even with the limited number of FSIO's audits we were able to find some areas in the inspection program that may need reviewed or beefed up in our training program.

- Lincoln Lancaster County Health Department is evaluated by the NE Department of Agriculture, Bureau of Dairies and Foods every 5 years. Perhaps there can be a means to incorporate their evaluation of our program into Standard 4.

- For our program, there is a limited set of resources for the evaluation of field inspections. The audit process would overlap with the standardization process, which is already a challenge to complete with current resources. It seems that there needs to be more clarification to the auditor and the auditee on the difference of the audit process from the standardization process to avoid getting bogged down in an exercise of evaluating very single observation (or lack thereof) from the audit inspection. Another option may be development of a tool to link portions of the current standardization process with the audit process to reduce the resources necessary since both the program audit and standardization are necessary. An example would be to have the audit conducted by the standard (for those programs that complete standardization within the agency) and the risk based inspection marking observations from the standardization documentation could be used as support for marking on questions 1 and 4 of the Audit Worksheet.

- We already complete audits/reviews of staff to work on uniformity for Michigan accreditation so this uniform inspection program process was not anything new and different.

- Integrated nicely with our program and availability of Quality Assurance Specialist that are strategically placed around the State to handle this type of assessment as part of their responsibilities. Program evaluation is unique as another tool assessment for how the program is running collectively and has not put a strain on our resources. Our program initially started over 3 years ago and have benefited from the results in looking at our program collectively. We are in the process of addressing one of the deficiencies found during our first 3 year audit.

- Our program has a policy that each inspector is visited by their supervisor at least twice a year. Standard four can easily be interpreted as doing a standardization. I feel Std 4 should be more distinctive. Maybe a review of the data collected from FSIO's might be more meaningful.

- We modified it and will use our modification to help with the documentation for attainment of Standard 4.

- Because we have been able to develop a quality assurance program that has helped identify deficiencies or gaps within our division. As a result of this process, we have been able to implement a program to detect and deter problems noted during the audits and file reviews thus ensuring that we are using proactive rather that reactive management strategy. Having a division quality assurance for the first time has helped the manager and supervisor identify the training needs for different employees thus helping them to become better FSIO's.

- The process really helped our department to identify our programmatic weaknesses. While we were not able to fully improve upon FSIO competencies (due to loss of supervisor), the audit was useful for planning future program goals and objectives as we move forward with new leadership.

- We need a formalized process to evaluate our program after initial training has been completed.

- With the modifications that we made and the potential for ongoing improvements to the audit process as we continue to use and refine it.

If you indicated in Question #11 that the Uniform Inspection Program Audit process was a valuable use of your
Jurisdiction’s resources, how should the audit documents and forms be made available to other regulatory retail food protection programs?

A. The Uniform Inspection Program Audit and Forms should be included as an example template in an Appendix to Standard 4 – Uniform Inspection Program, FDA Voluntary National Retail Food Regulatory Program Standards (10)

B. The Uniform Inspection Program Audit and Forms should be made available as a resource document on FDA’s web site as a stand alone piece. The audit process and forms should not be included as part of the FDA’s Voluntary National Retail Food Regulatory Program Standards (1)

C. Other – Please describe in the box provided below (1)

D. B and C (1)

Ten (76.9%) out of the 13 jurisdictions that responded indicated that the Uniform Inspection Program Audit and Forms should be included as an example template in the Appendix to Standard 4 – Uniform Inspection Program, FDA Voluntary National Retail Food Regulatory Program Standards. The graphic below depicting these results is followed by specific comments related to this item.

- Much of the ability to audit is the fact that you are auditing against a set protocol and training regime. If the program does not also work to achieve std 2 and std 3, the feedback from this audit is not useful since the variation in results may be from many different sources (training development issues, training delivery issues, individual inspector implementations issues, supervisory/management issues, etc.), thereby limiting the ability to adequately identify and/or address the root cause of the trend noted in the program audit.

- Many states that do not have accreditation standards could benefit from the use of this tool.

- I believe the documents should be made available in both formats.

- They should be available as an appendix to standard 4 for jurisdictions enrolled in VRFRPS.

- The standalone document should be made user friendly for jurisdictions not enrolled in the VRFRPS e.g. eliminate the reference to standards 2 and 4.

- Consider creating a separate document/report that specifically speaks to Quality Standards for Food Protection Programs and include this as one tool that could be used to audit/assess quality.
Section VII – Uniform Inspection Program Audit Pilot – Additional Comments

General Comments

- Please remember that most retail inspection programs are local. Ensure audit program is very sensitive to local pressures, etc.
- Using these forms and completing inspections with staff show Michigan evaluation of staff is on target with federal standards.
- The process has been presented in a very simplified manner and I would encourage other jurisdictions to participate in this audit process using the approach outlined by the CFP committee. Managers can use this audit process as a way of identifying the problems and devising strategies to deal with them effectively. In Taney County Health Department - Environmental Services Division, we have been able to implement a quality assurance program that utilizes the 10 inspection program areas. We anticipate on conducting the onsite inspections and file reviews biannually to ensure that our workforce is effective in delivery of services to the public.
- It would be very helpful if there were sample policies/procedures available for jurisdictions to utilize and build from rather than having to start from scratch. Sample inspection reports would also be helpful as we are looking at revising ours so that the risk factors will be more routinely addressed for each inspection.

Audit Worksheet

- I find the field inspection worksheet for standard 2 to be very helpful, more so than this form. I don't really understand how this is significantly different from the standard 2 worksheet. For the first several joint inspections, I actually thought I was supposed to be using the field inspection worksheet and didn't realize that there was a separate form for the "audit." Even after realizing I was using the wrong form initially, I preferred to continue using the standard 2 worksheet in addition to the pilot project audit worksheet, since the field training worksheet gives so much more information and breaks everything down.
- I would suggest some rearranging to make things flow better. Item 5 and Item 8 seem to be very closely related and should be next to each other or combined into one item. If I were setting this sheet up, I would arrange the 10 items as follows to reflect a more linear thought process as follows (item number as it appears on the Audit Worksheet is in parenthesis):

  ➢ (1) compliance status
  ➢ (3) interpret and apply laws
  ➢ (5) review past inspections
  ➢ (8) long term control
  ➢ (7) corrective action
  ➢ (6) compliance & enforcement
  ➢ (9) risk category/ inspection frequency
  ➢ (4) proper codes
  ➢ (2) clear report
  ➢ (10) file reports
If I were setting this sheet up, I would arrange the 10 items as follows to reflect a more linear thought. The process has been presented in a very simplified manner and I would encourage other jurisdictions to participate in this audit process using the approach outlined by the CFP committee. Managers can use this audit process as a way of identifying the problems and devising strategies to deal with them effectively. In Taney County Health Department - Environmental Services Division, we have been able to implement a quality assurance program that utilizes the 10 inspection program areas. We anticipate conducting the onsite inspections and file reviews biannually to ensure that our workforce is effective in delivery of services to the public.

Audit Reference Guides

- The "Guide" is of little assistance on helping the auditor interpreting "Yes" or "No" on the Audit worksheet item #1. There are, in our case, too many Risk Factors (27) and Good Retail Practices (27) to consider and then determine if item #1 should be a YES or NO.

- "Revised" Audit Reference Guides that were used by auditors are attached. The numbers reference the sections of the Abbreviated Field Training Worksheet Reference Documents sections. One auditor completed the Abbreviated Field Training Worksheet and then used the cross reference numbers to cut and paste comments into corresponding Audit Worksheet sections (with use of the revised Audit Reference Guide).
Pilot Project Findings and Conclusions

The findings and conclusions for the pilot project will be presented in two parts:

Part I – Uniform Inspection Program Audit Process and Guides; and
Part II – Audit Worksheet

Part I – Uniform Inspection Program Audit Process and Guides

A solid majority (85.7%) of the pilot participants agreed that the Uniform Inspection Program Audit process was a valuable use of their jurisdiction’s resources. Most respondents were complimentary to the process and identified it as a “good start.” In a minority opinion, two jurisdictions identified the process as time consuming with too much paperwork and a potential drain on employee and monetary resources.

The majority of respondents (78.6%, n=11) indicated that the instructions given in the Guide to the Uniform Inspection Audit Process were sufficient for understanding and implementing the training process. However, some very good suggestions were made for clarifying and improving several sections of the Guide. For example, a significant number of jurisdictions noted that the Guide did not contain the level of detail and step-by-step instructions that is found in the Standard 2 – Field Training Manual. Some jurisdictions recommended revisions to the content to ensure the intended use is clear and terminology remained consistent.

In addition, the responses indicated support for a recommendation to more closely align the Standard 4 Program Elements with the Standard 2 Performance Elements. This appears to be one of the underlying factors for a majority of jurisdictions indicating that Program Components were “missing” (61.5%, n=8); difficult to assess (66.7%, n=8); or difficult for the FSIO to demonstrate (71.4%, n=10). The majority of these respondents (80%, n=10) agreed that the Uniform Inspection Program Audit process is designed to facilitate a strengths-weaknesses assessment of the jurisdiction’s retail food protection program.

A majority (57.1%, n=8) of the pilot jurisdictions only used one auditor to conduct the all assessments of FSIOs during the two joint inspections. Of the jurisdictions that used multiple auditors, only one used more than one auditor to assess an individual Food Safety Inspection Officer’s performance of the 10 Program Elements. The pilot jurisdictions reported selecting their auditors from a variety of positions within their retail food inspection program including: Senior Food Safety Inspection Officers (n=4); Supervisors of the Food Safety Inspection Officer (n=3); Training Officers (n=2); Retail Food Program Managers (n=2), and Quality Assurance/Quality Control Officers (n=2).

Eleven of the pilot jurisdictions (78.6%) agreed that a minimum of two retail food establishment file reviews and joint field inspections for each FSIO is the appropriate number for completing a uniform inspection program audit. Two jurisdictions indicated that a minimum of two file reviews and field inspections were not enough. One of the primary reason cited centered on a lack of sufficient information to conduct an assessment of root causes that may be associated with gaps in the administrative process and training program supporting the retail food inspection program. Slightly over fifty five percent (55.3%, n=42) of the FSIOs successfully performed all 10 Program Elements during the audit process.
When the pilot jurisdictions were asked how long it took for the FSIO to complete the Uniform Inspection Program Audit process, the responses varied from less than 8 hours to 24 hours. The majority of the respondents (76.9%, n=10) indicated the average time for the FSIO to complete the audit process was less than 16 hours.

Some pilot jurisdictions encouraged revision of the Standard 4 criteria so that the 10 Program Elements reflect a more linear process and can be directly associated with Performance Elements and competencies contained in the Standard 2 – FSIO Field Training Plan. In addition, a few jurisdictions noted that the audit process intended to assess inspection program strengths and weaknesses tends to focus too much on an assessment of the FSIO’s individual performance. It was reported that inspection staff participating in the pilot project viewed the audit process as a mechanism to evaluate their own performance rather than a tool for determining program strengths-weaknesses. One jurisdiction recommended that process for determining compliance with the Standard 4 criteria be re-examined so that it more accurately reflects a quality assurance review of the inspection program rather than being solely based on the performance of staff during inspections.

**Part II – Audit Worksheet**

Only half the jurisdictions (50.0%, n=7) agreed that the 10 Program Elements sufficiently address inspection uniformity, inspection quality, inspection frequency, and uniform application of the regulatory jurisdiction’s retail food safety regulations and administrative procedures. A majority of the jurisdictions (78.8%, n=11), however, indicated the competencies/criteria listed as examples under each program component were helpful to the audit process. Recommendations for improving the Audit Worksheet included:

- Developing a comprehensive instruction guide to accompany the reference sheet similar to that provided for the Standard 2, CFP Field Training Plan;
- Organizing the 10 Program Components in a linear format to better reflect the sequence encountered during the inspection process;
- Aligning the 10 Program Elements with the Performance Elements and competencies identified in the Standard 2, CFP Field Training Plan;
- Revising the 10 Program Elements to clarify the process for assessing a complex area such as observations of risk factors versus simpler areas such as the timely filing of inspection reports and other documentation;
- Reexamining the weighting of the 10 Program Elements based on their public health significance; and
- Expanding the quality assurance assessments to include a review of other Program Elements besides the field inspections, such as an analysis of the type and frequency of out of compliance observations.

Feedback related to format of the Audit Worksheet varied greatly. Suggestions for improving the format included:

- Providing a numerical scale assessment rather than an all or nothing Yes / No determination for each of the Program Elements.
• Providing a comment section to note specific observations made of the FSIO performance for each of the Program Elements;
• Combine and streamline the various Audit Guides / Reference documents that support the use of the Audit Worksheet; and
• Providing a linear presentation of the 10 Program Elements; and
• Providing enough space to include the competencies that pertain to each of the Program Elements.
Pilot Jurisdictions Recommendations to the Conference

Based on the findings and conclusions from the pilot project, the following summarizes recommendations received from participating jurisdictions for enhancing the effectiveness of the Uniform Inspection Program Audit process, Audit Worksheet, and Audit Guides.

1. Revise the *Guide to Conducting a Uniform Inspection Program Audit*. Some changes that should be considered include:
   - Developing a more comprehensive guidance document similar to the CFP Field Training Manual contained in Standard 2 that explains the criteria for each component of the audit process;
   - Clarifying the process for selecting the establishments that are to be used for the file and field review;
   - Clarifying the parameters for what is to be included as part of the establishment file review;
   - Providing expanded guidance on the auditor’s qualifications, role, and responsibilities, and.

2. The 10 Program Elements contained in Standard 4 need to be aligned with the Performance Elements and competencies identified in the Standard 2 – CFP Field Training Plan. This alignment would necessitate revisions to the *Guide to Conducting a Uniform Inspection Program Audit*, Audit Worksheet, and Audit Reference Guide.

3. The presentation of the 10 Program Elements contained in the Standard 4 criteria, the *Guide to Conducting a Uniform Inspection Program Audit*, and Audit Worksheet need to be presented in a linear format to reflect a logical sequence to the inspection process.

4. The information contained in the *Audit Reference Guide* should be incorporated into the *Guide to Conducting a Uniform Inspection Audit* to eliminate the need for multiple documents.

5. The weighting/assessing of each of the 10 Program Elements is not consistent. Some Program Elements, such as the one that relates to assessing risk factors, are much more complex than others, such as the timely filing of reports and documents. A more equitable, objective assessment system should be established for the audit process.

6. The Standard 2 – CFP Field Training Plan builds in the flexibility for a jurisdiction to include performance elements / competencies that are important to their program. The Standard 4 criteria and associated audit worksheet and guides are more rigid in their format. The audit process and worksheet should be designed to allow jurisdictions the flexibility for assessing inspection Program Elements that are specific to their retail food protection program.

7. The field inspection assessment conducted as part of Standard 4 seems to take an all or nothing approach. Item 1 for examples pertains to an assessment of observations of risk factors and public health interventions – eleven different categories. If an inspector fails to make an observation of just one item in this category, this Program Element is not met. This level of performance is higher than what is used for FDA Food Code Standardizations. The assessment protocol for Performance
Elements needs to be re-evaluated and better guidance provided as to what constitutes an effective performance measurement.

8. Some of the Program Elements are very subjective in nature and do not contain definitive performance measurements, such as producing legible reports. The Program Elements contained in Standard 4 should have defined performance measurements that are quantifiable.

9. The Audit Worksheet should include a comment section so that a more detailed description can be provided as to the observations made of an inspector’s performance of any one of the 10 Program Elements.
The CFP CFSRP Work Group conducted conference calls to discuss the data results and feedback from pilot project jurisdictions. Based on these conference calls, the Work Group reached consensus that the pilot project contained significant recommendation pertaining to the Standard 4 – Uniform Inspection Program criteria and should be forwarded to the U.S. Food and Drug Administration (FDA). FDA provides administrative oversight of the *Voluntary National Retail Food Regulatory Program Standards* and would be the lead entity for assessing any potential changes to the Standard 4 criteria.

The CFP CFSRP Work Group has prepared two issues related to the *Uniform Inspection Program Audit Pilot Project* for deliberation at the April 2012 Conference for Food Protection in Indianapolis, IN. The first issue recommends that the Conference accept this pilot project summary report and recognize the 14 State and local jurisdictions listed in the Acknowledgements section at the beginning of this report for their contributions to the success of the pilot project and recommendations for enhancing the quality assurance component contained within Standard 4.

The second issue recommends that the Conference send a letter to FDA requesting that they:

- Review for potential revisions to the Standard 4 – Uniform Inspection Program criteria and field inspection review process, the recommendations contained in this pilot project report.
- Obtain input and feedback from the CFP Program Standards Committee as part of FDA’s review of the recommendations contained in this pilot project report.
Appendices

APPENDIX A – Jurisdiction Feedback Form on the Audit Process and Forms

APPENDIX B – CFP Guide to the Uniform Inspection Program Audit

APPENDIX C – CFP Uniform Inspection Program Audit Worksheet

APPENDIX D – CFP Uniform Inspection Program Audit Reference Guide

APPENDIX E – CFP Uniform Inspection Program Audit Results Summary and FSIO Training Plan
# CONFERENCE FOR FOOD PROTECTION (CFP)
## UNIFORM INSPECTION PROGRAM AUDIT PILOT PROJECT

### JURISDICTION FEEDBACK ON THE AUDIT PROCESS AND FORMS

<table>
<thead>
<tr>
<th>Name of Jurisdiction</th>
<th>Type (place an “X” in the appropriate box)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Federal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jurisdiction Mailing Address:</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person for the Jurisdiction</td>
<td>Contact Phone #</td>
<td>Contact Fax #</td>
<td>Contact E-mail Address</td>
</tr>
<tr>
<td>Report Prepared By:</td>
<td>Preparer Phone #</td>
<td>Preparer Fax #</td>
<td>Preparer E-mail Address</td>
</tr>
</tbody>
</table>

*(Place an “X” in the space adjacent to the most appropriate response for each question)*

## SECTION I
### JURISDICTION DEMOGRAPHICS

1. What is the population living within your Jurisdiction?

   - A. less than 25,000
   - B. 25,000 to 49,999
   - C. 50,000 to 99,999
   - D. 100,000 to 249,999
   - E. 250,000 to 499,999
   - F. 500,000 or above

2. What is your Jurisdiction’s total number of retail food and foodservice establishments under permit?

   - A. less than 100
   - B. 101 to 500
   - C. 501 to 1,000
   - D. 1,001 to 3,000
   - E. 3,001 to 6,000
   - F. 6,001 or above

3. How many Food Safety Inspection Officers are employed by your Jurisdiction with FULL TIME (i.e., 100%) responsibility in the food safety program?

   - A. less than 4
   - B. 4 to 8
   - C. 9 to 12
   - D. 13 to 20
   - E. 21 to 30
   - F. 31 or more

4. How many Food Safety Inspection Officers are employed by your Jurisdiction with responsibilities in other environmental health program areas in addition to their retail food protection duties?

   - A. less than 4
   - B. 4 to 8
   - C. 9 to 12
   - D. 13 to 20
   - E. 21 to 30
   - F. 31 or more

*(Section I – continues on the next page)*
SECTION I
JURISDICTION DEMOGRAPHICS
(Section I – continued from the previous page)

5. If your Food Safety Inspection Officers have responsibilities in other environmental health program areas, on average, how much of their annual work plan is dedicated to the retail food protection program?

☐ A. less than 10%  ☐ B. 10% to 29%  ☐ C. 30% to 49%
☐ D. 50% to 69%  ☐ E. 70% to 89%  ☐ F. 90% or more

6. Is your Jurisdiction AWARE of the FDA Voluntary National Retail Food Regulatory Program Standards?

☐ Yes  ☐ No

7. Is your Jurisdiction ENROLLED in the FDA Voluntary National Retail Food Regulatory Program Standards?

☐ Yes  ☐ No

8. If enrolled in the FDA Voluntary National Retail Food Regulatory Program Standards, has your jurisdiction MET all the Standard #2 – Trained Regulatory Staff criteria?

☐ Yes  ☐ No

9. Does your Jurisdiction have a written field training plan that identifies the specific job performance elements and competencies a FSIO is expected to demonstrate during foodservice and retail food inspections?

☐ Yes  ☐ No

10. If your answer to Question #9 above is YES, please identify the type of written FSIO field training plan that is in use within your jurisdiction.

☐ A. The CFP Field Training Plan as presented in Appendix B-2, Standard #2 – Trained Regulatory Staff, FDA Voluntary National Regulatory Retail Food Program Standards
☐ B. A customized version of the CFP Field Training Plan, Appendix B-2, Standard #2 – Trained Regulatory Staff that is specific to our jurisdictions retail food inspection protocol
☐ C. A Field Training Plan developed in-house that meets the intent and scope of the CFP Field Training Plan
☐ D. Other – Please describe in box provided below

11. If enrolled in the FDA Voluntary National Retail Food Regulatory Program Standards, has your Jurisdiction MET all the Standard #4 – Uniform Inspection Program criteria?

☐ Yes  ☐ No
SECTION II
GUIDE TO THE UNIFORM INSPECTION PROGRAM AUDIT
EVALUATION OF CONTENT

(Please refer to the “Guide to the Uniform Inspection Program Audit” document when responding to the following questions)

1. Were the instructions given in the Guide to the Uniform Inspection Program Audit sufficient for you to understand and implement the uniform inspection audit process in your jurisdiction?
   - [ ] Yes  
   - [ ] No

2. Please put an “X” in the boxes below to identify any Section(s) of the Guide to the Uniform Inspection Program Audit you believe needs improvement. Please provide your recommendation(s) for improving the Guide in the space provided for each subject area. The page number from the Guide for each subject area is included in parentheses. If you have no recommended changes for a specific Section of the Guide, leave the corresponding box and comment area blank.

<table>
<thead>
<tr>
<th>Section</th>
<th>Page Number</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td>Preparing for Pilot Project Participation</td>
<td>page 1</td>
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<tr>
<td>Purpose of the Uniform Inspection Program Audit</td>
<td>page 2</td>
<td></td>
</tr>
<tr>
<td>The Uniform Inspection Program Audit Process</td>
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<tr>
<td>Selection of Establishments</td>
<td>page 2</td>
<td></td>
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<tr>
<td>File Review – Selected Establishments</td>
<td>page 2</td>
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</table>

(Section II – continues on the next page)
### SECTION II
GUIDE TO THE UNIFORM INSPECTION PROGRAM AUDIT
EVALUATION OF CONTENT

(Section II – continued from the previous page. 
Please refer to the “Guide to the Uniform Inspection Program Audit” document when responding to the following questions)

**The Uniform Inspection Program Audit Process (continued)**

- **FSIO’s Role During Joint Field Inspections (page 2)**
  - No content provided.

- **Uniform Inspection Auditor’s Role During Joint Inspections (page 2)**
  - No content provided.

**Pilot Project Steps – Uniform Inspection Program Audit**

- **Step 1 (page 2)**
  - No content provided.

- **Step 2 (page 3)**
  - No content provided.

- **Step 3 (page 3)**
  - No content provided.

(Section II – continues on the next page)


SECTION II
GUIDE TO THE UNIFORM INSPECTION PROGRAM AUDIT
EVALUATION OF CONTENT

(Section II – continued from the previous page.
Please refer to the “Guide to the Uniform Inspection Program Audit” document when responding to the following questions)

Pilot Project Steps – Uniform Inspection Program Audit (continued)

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<td>Step 4 (page 3)</td>
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<td>Uniform Inspection Program Audit Pilot Project – Reference Documents (page 4)</td>
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</tbody>
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(Section III – Starts on the next page)
**SECTION III**

**UNIFORM INSPECTION PROGRAM AUDIT PILOT PROJECT**

**AUDIT WORKSHEET AND AUDIT REFERENCE GUIDE**

**EVALUATION OF CONTENT**

*(Please refer to the Uniform Inspection Program Audit Worksheet and Audit Reference Guide when responding to the following questions)*

1. The 10 uniform inspection Program Components included on the *Audit Worksheet* (and identified on page 1 of the *Audit Reference Guide*) sufficiently address inspection uniformity, inspection quality, inspection frequency, and uniform application of the regulatory jurisdictions retail food safety regulations and administrative procedures and are appropriate for all retail food program inspection staff. *(Please place an “X” in the box next to the rating that reflects the level of your agreement or disagreement with this statement).*

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
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<tbody>
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<td>☑ 3</td>
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<td>☐ 5</td>
<td>☑ 2</td>
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</tbody>
</table>

   Please explain the reasons used to determine this rating.

   

2. The required minimum of two retail food establishment file reviews and joint field inspections for each FSIO is the appropriate number for completing a uniform inspection program audit?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<td>☐</td>
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</tbody>
</table>

   If you answered No, how many retail food establishment file reviews and joint field inspections do you believe should be conducted with each FSIO as part of the audit process? Please explain the reason for your answer.

   

3. Are there additional Program Components that you believe are necessary in order to effectively conduct a uniform inspection program audit but are MISSING from the current *Audit Worksheet*?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</tbody>
</table>

   Please identify and describe these MISSING Program Components.

   

(Section III – continues on the next page)
SECTION III
UNIFORM INSPECTION PROGRAM AUDIT PILOT PROJECT
AUDIT WORKSHEET AND AUDIT REFERENCE GUIDE
EVALUATION OF CONTENT
(Section III – continued from the previous page.
Please refer to the Uniform Inspection Program Audit Worksheet and Audit Reference Guide when responding to the following questions)

4. Were any of the 10 Program Components consistently difficult to assess during the uniform inspection program audit?
   - Yes
   - No

Please identify these by placing an “X” adjacent to the item number that identifies any Program Component(s) that were DIFFICULT TO OBSERVE. The Item number below corresponds to the same item number on the Audit Worksheet.

<table>
<thead>
<tr>
<th>Audit Worksheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1</td>
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<tr>
<td>Item 2</td>
</tr>
</tbody>
</table>

5. If you have identified DIFFICULT TO OBSERVE Program Component(s), what factors made them difficult to observe?

6. Were there specific Program Components that FSIOs consistently experienced DIFFICULTY?
   - Yes
   - No

Please identify these by placing an “X” adjacent to the item number of the Performance Elements(s) FSIOs had DIFFICULTY with. The Item number below corresponds to the same item number on the Audit Worksheet.

<table>
<thead>
<tr>
<th>Audit Worksheet</th>
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<tbody>
<tr>
<td>Item 1</td>
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<tr>
<td>Item 2</td>
</tr>
</tbody>
</table>

7. If you have identified Program Component(s) that FSIOs experienced DIFFICULTY with, what factors contributed to their challenges?

(Section III – continues on the next page)
8. Do you think there are any Program Components that should be DELETED from the Audit Worksheet?

☐ Yes ☐ No

Please identify these by placing an “X” next to the item number of the Program Component(s) that should be DELETED. The Item number below corresponds to the same item number on the Audit Worksheet.

<table>
<thead>
<tr>
<th>Audit Worksheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1</td>
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<tr>
<td>Item 2</td>
</tr>
</tbody>
</table>

9. If you recommended that one or more Program Components be deleted in Question #8, what rationale can you provide to support your recommendation?

10. The performance areas/competencies listed as examples under each Program Component on pages 2 through 4 of the Audit Reference Guide are helpful to conducting the uniform inspection program audit. (Please place an “X” in the box next to the rating that reflects the level of your agreement or disagreement with this statement).

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
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</tbody>
</table>

Please provide an explanation for your response.
11. Are there any of the 10 Program Components for which the performance areas/competencies listed as examples on pages 2 through 4 of the Audit Reference Guide need REVISIONS (additions, deletions, changes)?

☐ Yes  ☐ No

Please identify these by placing an “X” next to the item number of the Program Component(s) needing REVISIONS to the examples provided on pages 2 through 4 of the Audit Reference Guide.

<table>
<thead>
<tr>
<th>Item 1</th>
<th>Item 3</th>
<th>Item 5</th>
<th>Item 7</th>
<th>Item 9</th>
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<tr>
<td>Item 2</td>
<td>Item 4</td>
<td>Item 6</td>
<td>Item 8</td>
<td>Item 10</td>
</tr>
</tbody>
</table>

12. If you identified one or more Program Component(s) needing REVISIONS, what changes would you recommend to the performance areas/competencies listed as examples?

(Section IV – Starts on the next page)
## SECTION IV

UNIFORM INSPECTION PROGRAM AUDIT PILOT PROJECT

AUDIT WORKSHEET

EVALUATION OF THE WORKSHEET FORMAT

(Please refer to the Uniform Inspection Program Audit Worksheet when responding to the following questions)

1. The format of the Audit Worksheet is user-friendly. (Please place an “X” in the box next to the rating that reflects the level of your agreement or disagreement with this statement).

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
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<tbody>
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</tbody>
</table>

What improvements would you recommend?

2. The header labels are appropriate.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
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<tbody>
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</tbody>
</table>

What improvements would you recommend?

3. Enough space is provided for responses and comments.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
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</tbody>
</table>

What improvements would you recommend?

4. Is there any general information you believe is important that is MISSING?

☐ Yes  ☐ No

Please identify information that needs to be ADDED.

(Section IV – continues on the next page)
SECTION IV
UNIFORM INSPECTION PROGRAM AUDIT PILOT PROJECT
AUDIT WORKSHEET
EVALUATION OF THE WORKSHEET FORMAT

5. Is there any general information that should be DELETED?

☐ Yes  ☐ No

Please identify information that should be DELETED.

6. Did you modify the Audit Worksheet during the Uniform Inspection Program Pilot Project?

☐ Yes  ☐ No

If Yes, please attach a copy of your modified Audit Worksheet.

(Section V – Starts on the next page)
SECTION V
UNIFORM INSPECTION PROGRAM AUDIT PILOT PROJECT
(OPTIONAL FORM)
AUDIT RESULTS SUMMARY AND FSIO TRAINING PLAN
(Please refer to the Audit Results Summary and FSIO Training Plan to respond to the following questions)

1. The Audit Results Summary and FSIO Training Plan was included as an optional form a jurisdiction could use during the uniform inspection program audit pilot project. Did your jurisdiction decide to use the form?

☐ Yes  ☐ No

What factors influenced your decision?

IF YOUR JURISDICTION USED THE OPTIONAL AUDIT RESULTS SUMMARY AND TRAINING PLAN – PLEASE RESPOND TO QUESTIONS 2-6. IF YOU DID NOT USE THE OPTIONAL AUDIT RESULTS AND TRAINING PLAN PROCEED TO SECTION VI

2. The Audit Result Summary and FSIO Training Plan is a useful tool for documenting the audit process and ensuring that additional training is provided to the FSIO for Program Components noted as needing improvement during the establishment file reviews and joint field inspections. (Please place an “X” in the box next to the rating that reflects the level of your agreement or disagreement with this statement).

Strongly Disagree  Strongly Agree
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6

What improvements would you recommend?

3. The format of the Audit Results Summary and FSIO Training Plan is user-friendly

Strongly Disagree  Strongly Agree
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6

What improvements would you recommend?

(Section V – continues on the next page)
SECTION V
UNIFORM INSPECTION PROGRAM AUDIT PILOT PROJECT
(OPTIONAL FORM)
AUDIT RESULTS SUMMARY AND FSIO TRAINING PLAN
(Please refer to the Audit Results Summary and FSIO Training Plan to respond to the following questions)

4. The header labels on the Audit Results Summary and Training Plan are appropriate.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
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</tbody>
</table>

What improvements would you recommend?

5. Enough space is provided for responses and comments on the form.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
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<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

What improvements would you recommend?

6. Is there any general information that is missing?

☐ Yes    ☐ No

Please identify information that needs to be ADDED.

(Section VI – Starts on the next page)
SECTION VI
UNIFORM INSPECTION PROGRAM AUDIT PILOT PROJECT
RESULTS SUMMARY

1. How many FSIOs were assessed as part of the jurisdiction’s uniform inspection program audit? ___

2. How many FSIOs successfully performed all 10 Program Components during the Audit Process? ___

3. Within your jurisdiction, who served as the “auditors” (individuals responsible for assessing FSIOs as part of the uniform inspection program audit)?

☐ A. Retail Food Program Managers  ☐ D. Senior FSIOs
☐ B. The Supervisors of the FSIOs  ☐ E. Quality Assurance/Quality Control Officers
☐ C. Training Officers  ☐ F. Other – Please describe in box provided below

3. How many “auditors” (individuals responsible for assessing FSIOs as part of the uniform inspection program audit) participated in the Pilot Project? ___

4. Was there more than one auditor per FSIO?

☐ Yes  ☐ No

5. If you answered YES to Question #4, did FSIOs report any differences between the auditors related to how the audit was conducted?

☐ Yes  ☐ No

If differences were noted, provide specific examples?

(Section VI – continues on the next page)
SECTION VI
UNIFORM INSPECTION PROGRAM AUDIT PILOT PROJECT
RESULTS SUMMARY

(Section VI – continued from the previous page).

6. The uniform inspection program audit process is designed in such a way as to facilitate a strengths-
weaknesses assessment of our jurisdiction regulatory retail food protection inspection program.
(Please place an “X” in the box next to the rating that reflects the level of your agreement or disagreement
with this statement).

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
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</table>

What changes would you recommend to enhance the inspection program audit process?

7. On average, how long did it take to complete an orientation of the Uniform Inspection Program Audit
process and Audit Worksheet for each of the FSIOs?

- A. less than 60 minutes
- B. 61 – 120 minutes
- C. 121 – 180 minutes
- D. Other. Please Specify

8. On average, how long did it take to complete an audit of the Pre-Inspection Establishment File Review?

- A. less than 30 minutes
- B. 31 – 60 minutes
- C. Other. Please Specify

9. On average, how long did it take to complete the audit of a joint field inspection (SINGLE
INSPECTION) using the Audit Worksheet (actual time in hours – including inspection, completion of the
inspection report, and discussion of the inspection report with the person in charge)? Do NOT include
travel time to & from the establishment.

- A. less than 60 minutes
- B. 61 – 120 minutes
- C. 121 – 180 minutes
- D. Other. Please Specify

10. On average, how long did it take to complete the audit process for each individual FSIO? (Include the
orientation process; establishment file reviews; actual inspection time; review of the audit reports with
the FSIO; and completion of all inspection program audit documents/worksheets.)

- A. less than 8 hours
- B. 9 – 16 hours
- C. 17 – 24 hours
- D. 25 – 32 hours
- E. 33 – 40 hours
- F. Other. Please Specify:

(Section VI – continues on the next page)
SECTION VI
UNIFORM INSPECTION PROGRAM AUDIT PILOT PROJECT
RESULTS SUMMARY

(Section VI – continued from the previous page).

11. The uniform inspection program audit process is a valuable use of my Jurisdiction’s resources (e.g., time; staff; finances).

| Strongly Disagree | 1 | 2 | 3 | 4 | 5 | Strongly Agree | 6 |

Explain, why?

12. If you indicated in Question #11 that the Uniform Inspection Program Audit process was a valuable use of your Jurisdiction’s resources, how should the audit documents and forms be made available to other regulatory retail food protection programs?

☐ A. The Uniform Inspection Program Audit and Forms should be included as an example template in an Appendix to Standard 4 – Uniform Inspection Program, FDA Voluntary National Retail Food Regulatory Program Standards.

☐ B. The Uniform Inspection Program Audit and Forms should be made available as a resource document on FDA’s web site as a stand alone piece. The audit process and forms should not be included as part of the FDA Voluntary National Retail Food Regulatory Program Standards.

☐ C. Other – Please describe in box provided below

(Section VII – Starts on the next page)
SECTION VII
UNIFORM INSPECTION PROGRAM AUDIT
ADDITIONAL COMMENTS SECTIONS

(Provide any additional comments on any aspect of the Uniform Inspection Program Audit process or forms)
GUIDE TO THE UNIFORM INSPECTION PROGRAM AUDIT

Conference for Food Protection
Uniform Inspection Program Audit Pilot Project

The Guide to the Uniform Inspection Program Audit:

- Provides the background leading up to the development of the Conference for Food Protection (CFP) Uniform Inspection Program Audit Pilot Project;
- Describes the purpose of the audit;
- Defines Food Safety Inspection Officer’s (FSIO) role;
- Clarifies the auditor’s role;
- Discusses food establishment selection criteria, and
- Outlines the implementation steps for the project.

Preparing for Pilot Project Participation

A work group originally assembled by the 2004 Conference has been working with representatives of the Food and Drug Administration (FDA) to create a multi-tiered process for training and standardizing FSIOs. Over the past 5 years, the work group has used the criteria contained in the *FDA Voluntary National Retail Food Regulatory Program Standards (FDA Program Standards)*, Standard 2 – Trained Regulatory Staff to develop a comprehensive training model for regulatory retail food safety inspection officers.

*Jurisdiction’s participating in the pilot project must implement the training criteria in Standard #2 for FSIOs newly hired or assigned to the retail food protection program.* A copy of the Standard 2 criteria, including the CFP Field Training Plan is included with the CFP Pilot Project Package.

After completing the training requirements in Steps 1 through 3, Standard 2, Trained Regulatory Staff, the FSIO is now eligible as a candidate for the Uniform Inspection Program Audit that is to be used in conjunction with the quality assurance criteria contained in Standard 4. Standard 4 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. It requires that an assessment review of each inspector’s work be made during at least two joint on-site inspections, with a corresponding file review of at least the three most recent inspection reports. The quality assurance assessment must include a review of 10 program components that comprise the Uniform Inspection Program Audit Worksheet used to evaluate inspection uniformity, inspection quality, inspection frequency, and uniform application of the regulatory jurisdictions retail food safety regulations and administrative procedures by all inspection staff.

*Jurisdiction’s participating in the pilot project must follow the criteria in Standard#4 and commit to conducting at least two file reviews and joint field inspections of selected retail food
establishments with eligible FSIOs. A copy of the Standard 4 criteria is included with the CFP Pilot Project Package.

**Purpose of the Uniform Inspection Program Audit**

The use of the Uniform Inspection Program Audit provides a mechanism for regulatory jurisdictions to conduct quality assurance evaluations of their retail food protection programs while assessing the strengths and weakness within their training program for FSIOs.

**The Uniform Inspection Program Audit Process**

**Selection of Establishments**
Management should select the two establishments to be used for the uniform inspection program audit following the Standard 4 criteria. In all cases, the food establishments selected should reflect the work covered during the FSIO’s training and provide an opportunity to assess all 10 program components identified in the Standard 4 criteria.

**File Review – Selected Establishments**
A file review of each of the selected establishments is to be conducted as part of the audit process in order to assess the inspection program areas and competencies that may not be observable on-site at the facility. For example, repeat violations, follow-up compliance and enforcement, and discussion and documentation of long-term corrective options may be difficult or impossible to assess without an establishment file review.

**FSIO’s Role During Joint Field Inspections**
The FSIO is responsible for independently conducting the inspection while being evaluated by the auditor. The FSIO should refrain from asking the auditor questions pertinent to the inspection (e.g. advice, assistance), but should feel free to explain his/her actions to the auditor before and during the audit. These explanations help the auditor understand the FSIO’s approach to the inspection and reduce the risk of the auditor drawing inaccurate conclusions about the FSIO’s actions. If unique or unexpected circumstances are encountered during the audit, the FSIO may seek appropriate guidance from his/her supervisor (or designee) while keeping the auditor informed of these contacts.

**Uniform Inspection Auditor’s Role During Joint Inspections**
The uniform inspection program auditor assesses the FSIO’s ability to conduct an inspection using the Standard 4 criteria and plays no role in conducting the inspection. The FSIO should conduct the inspection as if the auditor were not present. The auditor needs to be as unobtrusive as possible. The auditor may ask questions of the FSIO to better understand or clarify the rationale for the candidate’s actions.

**Pilot Project Steps – Uniform Inspection Program Audit**

NOTE: Overall responsibility for the implementation of this pilot project within each jurisdiction rests with the (State, Local, Tribal) retail food protection program management. Management may want to delegate audit responsibilities to first line
supervisors (i.e. establishment selection, audit scheduling, and completion of uniform inspection program tables contained in Appendix D, Standard 4).

**Step 1** – The FSIO works with his/her first line supervisor (or designee) to complete all requirements listed in Steps 1 through 3, Standard 2 – Trained Regulatory Staff.

**Step 2** – The supervisor confirms that the FSIO has completed the required Standard 2 training outlined in Step 1 above.

**Step 3** – The Department Director (or designee) selects the individual(s) to conduct the uniform inspection program audits. At least two retail food establishment file reviews and joint field inspections must be completed for each eligible FSIO. Establishments used in the audit must be selected in accordance with the protocol outlined in Appendix D, Standard 4 – Uniform Inspection Program.

**NOTE:** Jurisdictions having less than four FSIOs will need to conduct extra inspections with each inspector in order to reach a minimum total of 8 inspections. This is necessary in order to have a sample of inspection large enough to statistically measure the uniformity of the inspection program fairly (Standard 4, Appendix D).

**Step 4** – Each eligible FSIO performs a file review and field inspection with the jurisdiction’s designated auditor. During these quality assurance assessments, the jurisdiction’s designated auditor will verify that FSIO successfully demonstrates each of the desired activities and competencies for the 10 inspection program areas listed in the Standard 4 criteria. The CFP Uniform Inspection Program Audit Worksheet is completed by the auditor for each of the selected establishments. For this CFP pilot project, the Uniform Inspection Program Audit Reference Guide has been developed as an auditing tool for determining the competencies to observe for each inspection program area.

**Step 5** – Upon completion of the file reviews and joint field training inspections for the selected establishments, the jurisdiction’s designated auditor completes the Audit Results Summary section of the Audit Results Summary and FSIO Training Plan Form. The Audit Results Summary establishes a method for providing feedback to the FSIO and identifies any inspection program areas or competencies the FSIO needs additional training on. The jurisdiction has the flexibility to address these additional training areas using their internal procedures and training programs. A FSIO Training Plan template is included as a tool for jurisdiction to develop a structured approach for addressing each competency the FSIO did not perform successfully during the audit process.

**Step 6** – The FSIO performance results from all Uniform Inspection Audit Worksheets are used to complete the Standard 4 quality assurance assessment of the retail food protection inspection program. The jurisdiction uses the tables in Appendix D, Standard 4, to determine conformance with the uniform inspection program criteria.

- Jurisdictions with less than 10 FSIOs are to use Table D-1
- Jurisdictions with more then 10 FSIOs are to use Table D-2
Appendix D, Standard 4 provides instructions for how to use each of the tables described above.

**Step 7** – The jurisdiction uses the results from the Standard 4 – Uniform Inspection Audit as one of the tools for determining the strengths and gaps within their Food Safety Inspection Officer training program. If any of the 10 uniform inspection program areas are not met, the jurisdiction may need to re-assess the training materials/methods used to prepare FSIOs for performing these inspection program competencies.

**Uniform Inspection Program Audit Pilot Project - Reference Documents**

- FDA Voluntary National Retail Food Regulatory Program Standards (April 2009):
  - Standard 2, Trained Regulatory Staff
  - Appendix B – Supplement to Standard 2 – Trained Regulatory Staff
  - Standard 4, Uniform Inspection Program
  - Appendix D – Supplement to Standard 4 – Uniform Inspection Program
- Guide to the Uniform Inspection Program Audit
- Uniform Inspection Program Pilot Project – Audit Worksheet
- Uniform Inspection Program Pilot Project – Audit Reference Guide
- Uniform Inspection Program Pilot Project – Audit Results Summary and FSIO Training Plan
Audit Worksheet

Conference for Food Protection
Uniform Inspection Program Audit Pilot Project

<table>
<thead>
<tr>
<th>Food Safety Inspection Officer:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Audit Start:</td>
<td>Date of Audit End:</td>
</tr>
<tr>
<td>Jurisdiction’s Auditor:</td>
<td></td>
</tr>
<tr>
<td>Selected Establishment:</td>
<td>Permit Number:</td>
</tr>
<tr>
<td>Establishment Address:</td>
<td></td>
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</table>

Uniform Inspection Program Audit Worksheet
(To be used for the two joint field inspections and file reviews conducted as part of the Standard 4 – Uniform Inspection Program quality assurance assessment)

Food Safety Inspection Officer (FSIO) has successfully completed pre-requisite training courses as specified in the *FDA Voluntary National Retail Food Regulatory Program Standards*, Standard 2 – Trained Regulatory Staff.

☐ YES   ☐ NO

COMMENTS

1. Did the Food Safety Inspection Officer (FSIO) determine and document the compliance status of each risk factor and intervention (i.e., IN compliance, OUT of Compliance, Not Observed, or Not Applicable) through observation and investigation?

☐ YES   ☐ NO

COMMENTS
2. Did the FSIO complete an inspection report that is clear, legible, concise, and accurately records findings, observations and discussion with establishment management?

☐ YES ☐ NO

COMMENTS

3. Did the FSIO interpret and apply laws, regulations, policies and procedures correctly?

☐ YES ☐ NO

COMMENTS

4. Did the FSIO cite the proper code provisions for CDC-identified risk factors and Food Code interventions?

☐ YES ☐ NO

COMMENTS

5. Did the FSIO review past inspection findings and act on repeated or unresolved violations?

☐ YES ☐ NO

COMMENTS
6. Did the FSIO follow through with compliance and enforcement procedures in accordance with the jurisdiction’s administrative procedures?

☐ YES  ☐ NO

COMMENTS

7. Did the FSIO obtain and document on-site corrective action for out-of-control risk factors at the time of inspection as appropriate to the type of violation?

☐ YES  ☐ NO

COMMENTS

8. Did the FSIO document that options for the long term control of risk factors were discussed with establishment managers when the same out-of-control risk factor occurred 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.

☐ YES  ☐ NO

COMMENTS
9. Did the FSIO verify that the establishment is in the proper risk category and that the required inspection frequency is being met?

☐ YES ☐ NO

COMMENTS

10. Does the FSIO file reports and other documents in a timely manner?

☐ YES ☐ NO

COMMENTS
AUDIT REFERENCE GUIDE

Conference for Food Protection
Uniform Inspection Program Audit Pilot Project

Standard 4 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. It requires that an assessment review of each inspector’s work be made during at least two joint on-site inspections, with a corresponding file review of at least the three most recent inspection reports. The quality assurance assessment must include a review of 10 program components that evaluate inspection uniformity, inspection quality, inspection frequency, and uniform application of the regulatory jurisdictions retail food safety regulations and administrative procedures by all inspection staff. The quality assurance assessment is intended to assure that each inspector:

1. Determines and documents the compliance status of each risk factor and intervention (i.e., IN compliance, OUT of Compliance, Not Observed, or Not Applicable) through observation and investigation;
2. Completes an inspection report that is clear, legible, concise, and accurately records findings, observations and discussion with establishment management;
3. Interprets and applies laws, regulations, policies and procedures correctly;
4. Cites the proper code provisions for CDC-identified risk factors and Food Code interventions;
5. Reviews past inspection findings and acts on repeated or unresolved violations;
6. Follows through with compliance and enforcement;
7. Obtains and documents on-site corrective action for out-of-control risk factors at the time of inspection as appropriate to the type of violation;
8. Documents that options for the long term control of risk factors were discussed with establishment managers when the same out-of-control risk factor occurred 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;
9. Verifies that the establishment is in the proper risk category and that the required inspection frequency is being met; and
10. Files report and other documents in a timely manner

Standard 4 requires that an assessment of each inspector’s work, using the above 10 inspection program areas, be made during a least two joint on-site inspections, with a corresponding file review of the three most recent inspection reports. Retail food program inspection staff must demonstrate competency for each of the 10 Standard 4 inspection program areas. The Audit Reference Guide is designed to help clarify the competencies that correspond to each of the 10 inspection program areas identified in the Standard 4 criteria and included as part of the Uniform Inspection Program Audit Worksheet.
For each inspection program area, examples of applicable competencies from the CFP Field Training Plan are included as part of the Audit Reference Guide. The list of competencies under each inspection program area, are examples and not intended to be all inclusive. Should further guidance be needed, the CFP Field Training Plan contains a comprehensive listing of competencies that can be used to determine that a FSIO has successfully demonstrated the required inspection program area.

**UNIFORM INSPECTION PROGRAM AREAS**

11. Did the Food Safety Inspection Officer (FSIO) determine and document the compliance status of each risk factor and intervention (i.e., IN compliance, OUT of Compliance, Not Observed, or Not Applicable) through observation and investigation?

Examples of Performance Areas/Competencies from the Standard 2 CFP Field Training Plan:

- FSIO correctly used inspection equipment during joint inspections.
- FSIO asked questions and engages in a dialogue with person in charge/employees to obtain information relevant to inspection.
- FSIO used available means (e.g., interpreter, drawings, demonstrations, diagrams, international food safety icons) to overcome language or communication barriers.
- FSIO demonstrated proper sanitary practices as expected from a food service employee.
- FSIO used a risk-based inspection methodology to correctly assess regulations related to employee practices and management procedures essential to the safe storage, preparation, and service of food. When the risk factor and/or intervention was applicable and observable during the inspection, the FSIO verified:
  i. Demonstration of Knowledge of the person in charge
  ii. Approved food sources
  iii. Food safety practices for preventing cross-contamination of ready-to-eat foods
  iv. Food contact surfaces are cleaned and sanitized
  v. Restriction and exclusion of ill employees
  vi. Employee handwashing
  vii. Cooking temperatures to destroy bacteria and parasites
  viii. Cold holding, hot holding, cooling and reheating temperatures of foods requiring time/temperature control for safety (TCS)
  ix. Procedures are in place when time alone is used as a microbial growth barrier
  x. Date marking of ready-to-eat, TCS food held for more than 24 hours
  xi. Availability of a consumer advisory for foods of animal origin served raw or undercooked
12. Did the FSIO complete an inspection report that is clear, legible, concise, and accurately records findings, observations and discussion with establishment management?

Examples of Performance Areas/Competencies from the Standard 2 CFP Field Training Plan:
- FSIO completed inspection form per jurisdiction’s administrative procedures (e.g., observations; corrective actions; public health reason; applicable code reference; compliance dates).
- FSIO included with inspection report any compliance or regulatory documents identified or cross-referenced in written statements (e.g., exhibits, attachments, sample forms, embargo forms, destruction forms, suspension notices).
- FSIO presented inspection report, and when necessary cross-referenced documents, to person in charge.
- FSIO conducted an exit interview explaining out of compliance observations and identifying corrective actions and timelines for all noted violations.
- FSIO only reported substantiated findings as violations.
- FSIO used effective communication and conflict resolution techniques to overcome inspection barriers.

13. Did the FSIO interpret and apply laws, regulations, policies and procedures correctly?

Examples of Performance Areas/Competencies from the Standard 2 CFP Field Training Plan:
- FSIO correctly assessed the compliance status of other regulations (not included in Item 1 above) that are included in jurisdiction’s prevailing statutes, regulations and/or ordinances.
- FSIO provided the person in charge/employees with accurate answers to inspection-related questions.

14. Did the FSIO cite the proper code provisions for CDC-identified risk factors and Food Code interventions?

Examples of Performance Areas/Competencies from the Standard 2 CFP Field Training Plan:
- FSIO has knowledge of jurisdiction’s laws, rules, and regulations required for conducting retail food/foodservice inspections.
- FSIO cited the proper code provision for CDC-identified risk factors and Food Code interventions on the written inspection report.
15. Did the FSIO review past inspection findings and act on repeated or unresolved violations?

Examples of Performance Areas/Competencies from the Standard 2 CFP Field Training Plan:
- FSIO reviewed establishment file for previous inspection reports noting documented out of compliance observations.
- FSIO reviewed establishment complaints on file.
- FSIO verified correction of out of compliance observations identified during previous inspections.

16. Did the FSIO follow through with compliance and enforcement procedures in accordance with the jurisdiction’s administrative procedures?

Examples of Performance Areas/Competencies from the Standard 2 CFP Field Training Plan:
- FSIO follows the jurisdiction’s compliance and enforcement polices and procedures regarding repeated and unresolved violations.
- FSIO follows the jurisdiction’s policy in regard to disclosure of confidential information.

17. Did the FSIO obtain and document on-site corrective action for out-of-control risk factors at the time of inspection as appropriate to the type of violation?

Examples of Performance Areas/Competencies from the Standard 2 CFP Field Training Plan:
- FSIO obtained immediate corrective action for out of compliance employee practices and management procedures essential to the safe storage, preparation, and service of food.
- FSIO documented on the written inspection report the immediate corrective action that was taken for each out-of-control risk factor.

18. Did the FSIO document that options for the long term control of risk factors were discussed with establishment managers when the same out-of-control risk factor occurred 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.

Examples of Performance Areas/Competencies:
- FSIO discussed options, included in the jurisdiction’s administrative policies, for long term control of risk factors with the person in charge in case where the out-of-control risk factor occurred on consecutive inspections.
- FSIO documented on the inspection report the long term control option agreed to by the person in charge for the identified out-of-control risk factor.
19. Did the FSIO verify that the establishment is in the proper risk category and that the required inspection frequency is being met?

Examples of Performance Areas/Competencies from the Standard 2 CFP Field Training Plan:

- FSIO reviewed establishment file to determine proper risk category and that the required inspections have been completed
- If applicable, FSIO reviewed establishment files for required HACCP Plans or documents supporting the issuance of a variance.

20. Does the FSIO file reports and other documents in a timely manner?

Examples of Performance Areas/Competencies:

- A review of the records within the establishment file indicates that the FSIO has followed the jurisdiction’s administrative procedures pertaining to the filing of inspection reports and support documents.
Audit Results Summary and FSIO Training Plan

Conference for Food Protection
Uniform Inspection Program Audit Pilot Project

Use of the Audit Results Summary and FSIO Training Plan

The FDA Voluntary National Retail Food Regulatory Program Standards (Program Standards) provide a foundation upon which a regulatory retail food protection program can build through a continuous improvement process. The CFP Uniform Inspection Program Audit Pilot Project provides a quality assurance assessment of the jurisdiction’s inspection program and identifies training priorities for each Food Safety Inspection Officer (FSIO). The Audit Results Summary and FSIO Training Plan provides a method for addressing additional inspection program training needs identified during the uniform inspection program audit process.

As the title implies, the Audit Results Summary and FSIO Training Plan consists of two parts:

- PART I – Audit Results Summary
- PART II – FSIO Training Plan

Completion of each part of the form establishes a structure for ensuring that FSIOs are provided the necessary program support to address any of the competencies noted during the inspection program audit process as ones where additional training is needed.

PART I – Audit Results Summary

The jurisdiction’s designated auditor completes the audit results summary, including the header information. In the header section, the auditor will indicate if the FSIO requires additional training for one or more competencies observed during the audit process.

A. No Additional Training Needs Identified During the Audit
If “NO” additional training needs have been identified, then the auditor, FSIO, and the FSIO’s Supervisor sign the bottom of the summary section confirming the audit results. The original should be placed in the FSIO’s Training file. The FSIO should make a copy for their records.

B. Additional Training Needs Identified During the Audit
If additional training needs were identified during the uniform inspection program audit process, the auditor checks the “YES” box in the header section. In the table below the header section, the auditor identifies the competencies from the Audit Worksheet for which the FSIO requires additional training. The auditor reviews these items with the FSIO and the FSIO’s Supervisor to ensure understanding of the specific competency that is to be addressed through training. The auditor, FSIO, and the FSIO’s Supervisor all sign the form at the bottom of the page confirming the audit results.
PART II – FSIO Training Plan

(NOTE: Part II is not completed unless the auditor has identified FSIO competencies (in Part I) that require additional training)

The FSIO’s Supervisor meets with the FSIO to set up an appropriate training plan to address competencies in need of improvement. The jurisdiction’s inspection program policies and procedures should address appropriate types of training and methods. Training could range from simply a demonstration or discussion of the proper procedures to a structured training workshop. The selected training method should provide the FSIO the knowledge, skill, and ability to perform each of the competencies the auditor earmarked for improvement. In PART II, the FSIO’s Supervisor documents the agreed upon training plan. The FSIO and the FSIO’s Supervisor sign indicating full understanding and commitment to the training.

The FSIO supervisor follows up to ensure that the training plan is completed per the jurisdiction’s administrative procedures and time frames. The supervisor documents when the FSIO has successfully demonstrated the competencies identified in the training plan. If additional training is needed, the supervisor documents the new plan. Upon successful completion of the training plan, the FSIO, FSIO’s Supervisor, and Food Program Manager sign the bottom of training plan. The original is placed in the FSIO’s Training file. The FSIO retains a copy for their records.
Audit Results Summary and FSIO Training Plan
Conference for Food Protection
Uniform Inspection Program Audit Pilot Project

<table>
<thead>
<tr>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>Food Safety Inspection Officers Name:</td>
<td></td>
</tr>
<tr>
<td>Jurisdiction’s Auditor Name:</td>
<td></td>
</tr>
<tr>
<td>Date Uniform Inspection Audit Completed:</td>
<td></td>
</tr>
</tbody>
</table>

Uniform Inspection Program Audits Results indicate additional FSIO training needs: □ YES □ NO

If Audit Results indicate additional FSIO training is needed, complete the following table:

### PART I – AUDIT RESULTS SUMMARY

*Identify the specific competencies needing improvement from the Uniform Inspection Program Audit Worksheet and describe the specific performance required.*

<table>
<thead>
<tr>
<th>Competency:</th>
<th>Specific Improvement Required:</th>
</tr>
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<tbody>
<tr>
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</table>

| Confirmation of Audit Results Signatures |
| --- | --- |
| Jurisdiction’s Auditor: Date: | |
| FSIO: Date: | |
| FSIO’s Supervisor: Date: | |

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## PART II – FSIO Training Plan

Describe the training methods and instruction for addressing each competency identified in the table above.

<table>
<thead>
<tr>
<th>Training Plan Agreement Signatures</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSIO: Date:</td>
</tr>
<tr>
<td>FSIO’s Supervisor: Date:</td>
</tr>
</tbody>
</table>

### Follow-Up on FSIO Training Plan

<table>
<thead>
<tr>
<th>Follow-up Training Completion Date(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- [ ] FSIO has successfully demonstrated the competencies identified in the training plan
- [ ] FSIO has not successfully demonstrated the competencies identified – additional training is needed

The competencies where additional training is needed include:

<table>
<thead>
<tr>
<th>Follow-up Review Signatures</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSIO: Date:</td>
</tr>
<tr>
<td>FSIO’s Supervisor: Date:</td>
</tr>
<tr>
<td>Food Program Manager: Date:</td>
</tr>
</tbody>
</table>
Conference for Food Protection
2016 Issue Form

Issue: 2016 II-012

Council
Recommendation: Accepted as Submitted
Accepted as Amended
No Action

Delegate Action: Accepted
Rejected

All information above the line is for conference use only.

Issue History:
This is a brand new Issue.

Title:
Amend VNRFRPS – Standard 4 – Uniform Inspection Program (Part 2)

Issue you would like the Conference to consider:
Amend the FDA Voluntary National Retail Food Regulatory Program Standards (VNRFRPS) No. 4 - Uniform Inspection Program to reflect recommendations from the 2012 CFP Uniform Inspection Program Audit Pilot Project Report.

The Pilot Project Report is attached to the "Part 1" Issue on this topic; Issue titled: Amend VNRFRPS - Standard 4 - Uniform Inspection Program (Part 1)

The report is also currently posted on the CFP website at: http://www.foodprotect.org/media/guide/uniform-inspection-program-audit-pilot-project-report.pdf

Public Health Significance:
The 2012 CFP Uniform Inspection Audit Pilot Project Report evaluated the Uniform Inspection Program process and audit worksheet as tools for conducting the quality assurance evaluations in Program Standard No. 4.

Implementing the following changes will address some of the recommendations provided in the Pilot Project Report, while also providing greater flexibility, improved program quality assessment, and greater consistency between Program Standards No. 2 and No. 4:

1. Clarify that jurisdictions may assess additional performance elements as part of their field assessment process. However, for the purposes of achieving conformance with the Standard, only the performance elements specified in the Standard will be used to assess conformance with the Standard.

2. Clarify that the assessment of the performance elements is not an all-or-nothing approach. (For instance, someone that misses one risk factor out of 10 risk factors during a field assessment may still achieve an acceptable level of performance/uniformity on a particular performance element.)
3. Clarify that enrolled jurisdictions may wish to create a field assessment tool that includes specific comments and feedback for the individual food safety inspection officer.

4. Clarify how establishments should be selected for the field assessment process.

5. Provide specific guidance about the file review process.

6. Clarify who should conduct the field assessment and associated file review.

**Recommended Solution: The Conference recommends...:**

that a letter be sent to the FDA requesting that the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS), Program Standard No. 4 - Self-Assessment Instructions and Worksheet, be amended to reflect the changes shown in "Attachment A - Instructions and Worksheet for Conducting a Self-Assessment" (language to be added is underlined; language to be deleted is in strikethrough format).

**Submitter Information:**

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Telephone: 240-402-2937  
E-mail: mary.cartagena@fda.hhs.gov

**Content Documents:**

- "Attachment A-Proposed Amendments for PS No.4-SelfAssessmentInstr.Worksheet"

*It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.*
INSTRUCTIONS AND WORKSHEET 
FOR CONDUCTING A SELF-ASSESSMENT

STANDARD 4 – TRAINED REGULATORY STAFF

Using the Standard 4 Self-Assessment Worksheet
Criterion three on the Standard 4: Self-Assessment and Verification Audit Form requires a statistical measure of the program’s effectiveness. Tables 4-1 and 4-2 on the Standard 4: Self-Assessment Worksheet, included at the end of these instructions, are designed to assist the jurisdiction in determining by statistical method the effectiveness of its Uniform Inspection Program and in documenting its findings. The jurisdictions are not obligated to use the worksheet. Equivalent forms or processes are acceptable provided that the statistical process and result is available for review.

Step 1 – Conduct three field reviews for each employee performing food service or retail food inspection work during the five-year self-assessment period. The jurisdiction must conduct three field reviews with each employee performing food service or retail food inspection work during the five-year self-assessment period. Staff members who are within their initial 18 months of training and have not completed all prerequisite courses, 25 joint inspections and 25 independent inspections as required in Standard 2, are exempt from the field reviews and file reviews used in the performance measurement rating calculation in the Standard 4 Self-Assessment Worksheet.

Field reviews must be conducted by someone who has competed Steps 1-3 in Standard 2, and is recognized by the program manager as having the field experience and communication skills necessary to train new employees.

Some of the performance elements can only be assessed after thorough a review of the establishment file. Therefore, each field review must be accompanied by a review of the establishment file. Information from the file review will help the field assessor determine if the FSIO:

- Obtained corrective action for out-of-compliance risk factors and Food Code interventions in accordance with the jurisdiction’s policies;
- Discussed options for the long-term control of risk factors with establishment managers, when the same out-of-control risk factor occurs on consecutive inspections, in accordance with the jurisdiction’s policies; and
- Verified 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 administrative procedures.

The field reviews must be conducted at establishment types representative of the employee’s case load. The jurisdiction should determine a method for selecting appropriate facilities for the field review process, and use that method consistently for all employees.
The field review process (and the accompanying file review) is intended to evaluate the quality and consistency of the program for each performance element. The following should be taken into consideration when implementing the field review process:

- **This Standard is intended to ensure that inspections are of a satisfactory quality and uniformity across the entire program.**
- **When assessing a staff member’s performance during the field review process, perfection is not required to demonstrate successful achievement of a performance element.**
- **Table 4-2 is intended to document the results of the field review process for the purpose of determining if a jurisdiction has achieved conformance with Standard 4. Table 4-2 is not intended as a mechanism for providing feedback to staff on their performance during the field review process. Therefore, jurisdictions are encouraged to incorporate the performance elements from Standard 4 into a field review tool so that staff can be provided with meaningful feedback that improves the quality and uniformity of their inspections.**
- **Jurisdictions may assess additional jurisdiction-specific performance elements during the field review process. However, for the purposes of determining conformance with Standard 4, additional jurisdiction-specific performance elements may not be included in the calculation used for Table 4-1 or 4-2.**

**Step 12** – Confirm that **two-three** field reviews have been conducted for each employee performing foodservice or retail food inspection work during the five-year self-assessment period.

Table 4-2 of the **Standard 4: Self-Assessment Worksheet** is used to document the field inspections and to analyze statistically the program’s overall effectiveness. The jurisdiction conducts at least two-three field inspections with each inspector who conducts food service or retail food inspections during each five-year self-assessment period.

Table 4-2 must be completed with at least eight-twelve field inspections. Jurisdictions with less than four inspectors must complete additional field inspections with each inspector in order to reach a total of eight-twelve inspections. For example, a jurisdiction with three inspectors would need to:

- Complete three-four inspections with two of the each inspectors;
- Complete two inspections with one inspector.

**Step 32** – Use Table 4-2 to enter the results from the two field reviews for each Food Safety Inspection Officer (FSIO)

- In the first column of Table 4-2, identify each FSIO by name or by a code.
- In the Establishment ID column, identify the two establishments included in the field reviews for each FSIO.
- In the “DATE” column, record the dates of the field visit and file review.
- Items 1 through 2010, summarized below, list are the Standard 4 criteria related to the FSIOs competencies.

- The jurisdiction’s quality assurance program assures that each inspector documents the compliance status of each foodborne illness risk factor and intervention through observation and investigation. (i.e. proper and consistent marking of the inspection form using the IN, OUT, NA, and NO conventions appropriately.)
2. The jurisdiction’s quality assurance program assures that each inspector completes an inspection report that is clear, legible, concise, and accurately records findings, observations and discussion with establishment management.

3. The jurisdiction’s quality assurance program assures that each inspector interprets and applies laws, regulations, policies and procedures correctly.

4. The jurisdiction’s quality assurance program assures that each inspector cites the proper local code provisions for the CDC-identified risk factors and Food Code interventions.

5. The jurisdiction’s quality assurance program assures that each inspector reviews past inspection findings and acts on repeated or unresolved violations.

6. The jurisdiction’s quality assurance program assures that each inspector follows through with compliance and enforcement in accordance with the agency’s policies and procedures.

7. The jurisdiction’s quality assurance program assures that each inspector obtains and documents on-site corrective action for out of control risk factors at the time of the inspection as appropriate to the violation.

8. The jurisdiction’s quality assurance program assures that each inspector documents that options for the long-term control of risk factors were discussed with managers when the same out of control risk factor occurred on consecutive inspections.

9. The jurisdiction’s quality assurance program assures that each inspector verifies that the establishment is in the proper risk category and that the required inspection frequency is being met.

10. The jurisdiction’s quality assurance program assures that each inspector files reports and other documents in a timely manner.

NOTE: Some items (such as 5, 6, 8, and 9) cannot be verified without a review of the file for the establishment visited.

The self-assessor must place a check mark in the corresponding column of Table 4-2 when the activity or competency is verified.

Step 34 – Conduct calculations to Determine Program Effectiveness

JURISDICTIONS WITH TEN OR MORE INSPECTORS

For jurisdictions with ten or more inspectors conducting foodservice or retail food inspections, the self-assessor must:

1. Add the number of check marks in the column titled “Item 1”;  
2. Divide the total number of checks marks from Step 1 by the total number of field inspections documented in Table 4-2;  
3. Multiply the number in Step 2 by 100; and  
4. Repeat this process for Item 1 through Item 10.

This results in a percent achievement for each of the ten-twenty quality elements. Each of the twenty ten-columns must show at least a 75% achievement rate in order for the program to meet the effectiveness measure. Perform and review the calculations for each of the ten-twenty columns.

JURISDICTIONS WITH LESS THAN TEN INSPECTORS
For jurisdictions with less than ten inspectors conducting foodservice or retail food inspections, an adjustment must be made in the statistical method to compensate for the small sample size. The self-assessor must:

1. Add the total number of check marks for Item 1 through Item 40-20;
2. Refer to Chart 4-1. Column three of Chart 4-1 shows the minimum number of items that must be marked “IN Compliance” to meet the effectiveness measure for Standard 4.
3. Complete Table 4-1 to determine if the jurisdiction achieves conformance with the effectiveness measure in Standard 4.

**Step 54 – Document Results of the Uniform Program Assessment**
Use the worksheet results to mark “YES” or “NO” for criteria list under “3 – Demonstration of Program Effectiveness Using the Statistical Method in Standard 4 Self-Assessment Worksheet” on the Standard 4: Self-Assessment and Verification Audit Form.
**Standard 4: Uniform Inspection Program**  
**Self-Assessment Worksheet**

**Chart 4-1**  
**Method of Calculation for Jurisdictions with Less Than Ten Inspectors**

<table>
<thead>
<tr>
<th># of inspectors</th>
<th># inspections needed</th>
<th># of items needed to be marked IN compliance in order to meet Standard 4 criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;4</td>
<td>8 12 minimum</td>
<td>65200 (out of 24080 possible Items)</td>
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</tbody>
</table>
| 4-9             | 2 3 per inspector    | 4 inspectors = 20065 (out of 80240 possible Items)  
                      5 inspectors = 25282 (out of 300100 possible Items)  
                      6 inspectors = 30399 (out of 360120 possible Items)  
                      7 inspectors = 355146 (out of 420140 possible Items)  
                      8 inspectors = 407433 (out of 480160 possible Items)  
                      9 inspectors = 459450 (out of 540180 possible Items) |

**NOTE:**

1. These minimum inspection program assessment criteria are comparable to the 75% IN Compliance rate for each of the ten inspection program areas for jurisdictions with 10 or more inspectors.

*Example:* For 6 inspectors, there will be 32 field visits per inspector = 4218 visits  
4218 visits X 4420 Items per visit = 420360 Total Possible Items

**Table 4-1**  
**Calculation of Uniformity for Jurisdictions with Less Than Ten Inspectors**

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<th>Period from ________ to ________</th>
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<tbody>
<tr>
<td>1. Number of inspectors in the jurisdiction</td>
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<td>2. Number of inspections used in the calculation (minimum of 812)</td>
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<td>3. Total number of items marked as correct during joint field visits and corresponding file reviews and recorded on Table 4-2.</td>
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<td>4. Total number of possible items based on the number of inspections (4420 items times the # of inspections – see Chart 4-1, column 3)</td>
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</table>
Determine conformance (YES or NO) using Chart 4-1, column 3
**Standard 4: Uniform Inspection Program**  
Self-Assessment Worksheet

**Table 4-2: Calculation of Uniformity for Jurisdictions with Ten or More Inspectors**

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<th>No.</th>
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**NOTE:**

1. A check mark indicates the inspector complies with the item.
### Standard 4: Uniform Inspection Program
#### Self-Assessment Worksheet

#### Table 4-3: Calculation of Uniformity for Jurisdictions with Ten or More Inspectors

<table>
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<tr>
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Issue History:
This is a brand new Issue.

Title:
Amend FDA VNRFRPS Standard 9 – Program Assessment

Issue you would like the Conference to consider:
Amend Voluntary National Retail Food Regulatory Program Standards (VNRFRPS) Standard No. 9 to adjust the required facility types for a Risk Factor Study, such that nine separate facility type assessments would no longer be a requirement. This would be consistent with FDA’s approach to the current Risk Factor Study which no longer includes nine separate facility types.

Public Health Significance:
In order to achieve conformance with Program Standard No. 9, a jurisdiction must collect risk factor data every 60 months, write a report and analyze the data, and implement an intervention strategy based on the data collected in the risk factor study. Jurisdictions may collect risk factor data through a risk factor study, or through routine inspectional data. However, jurisdictions must collect data for each facility type identified in Program Standard No. 9, if the facility type is regulated by the jurisdiction. Program Standard No. 9 currently identifies nine (9) specific facility types:

- Institutions
  - Hospitals;
  - Nursing Homes;
  - Elementary Schools (kindergarten through grade 5)

- Restaurants
  - Full Service
  - Fast Food

- Retail Food Stores
  - Delis;
Meat Departments;
Seafood Departments;
Produce Departments

After the completion of FDA's third Risk Factor Study and subsequent Trend Analysis Report, FDA embarked on a revised Risk Factor Study design that incorporates lessons learned from the first ten year study. One substantial modification to the current risk factor study design involves the facility types chosen for the data collection. Rather than collect data for each of the nine facility types, FDA modified its approach by adjusting the facility types within certain facility categories used for data collection. This new design allows for greater flexibility to collect meaningful data and identify trends.

FDA would like enrolled jurisdictions to use this new model, including the changes to the facility type categories, and have the changes incorporated into Program Standard No. 9 as described below. Jurisdictions would continue to be required to collect and analyze data from all facility categories under their regulation, but would incorporate the following new options;

1. Rather than specify the nine (9) facility types that must be included, Program Standard No. 9 would specify four (4) broad facility categories:
   (1) Health Care;
   (2) Schools (kindergarten through grade 12);
   (3) Restaurants;
   (4) Retail Food Stores.

2. In order to meet Standard 9, jurisdictions would be required to collect and analyze data for each facility category under regulation.

3. Jurisdictions would have flexibility to evaluate patterns and subcategories within each facility category. For instance, a jurisdiction could separate the restaurant category into the traditional 'full service' and 'fast food' type operations, or all restaurants could be evaluated together.

The proposed changes will provide greater efficiency and flexibility, and enable a risk-based approach when measuring the success of a program to reduce the occurrence of foodborne illness risk factors.

**Recommended Solution: The Conference recommends...:**

that a letter be sent to FDA requesting that the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS), Standard Number 9 - Program Assessment, be amended to reflect the changes shown in "Attachment A - Proposed Amendments to Program Standard No. 9 - Program Assessment."

Those areas of the Standard with proposed changes are noted below (underline indicates language to be added; strikethrough format used to indicate language to be deleted)

**STANDARD 9**
**PROGRAM ASSESSMENT**
This Standard applies to the process used to measure the success of a jurisdiction's program in reducing the occurrence of foodborne illness risk factors to enhance food safety and public health in the community.

Requirement Summary

Program management must ensure that:

1. A risk factor study on the occurrence of the five foodborne illness risk factors is conducted and repeated at least once every 60 months to measure trends in the occurrence of the risk factors;

2. An analysis is made of the data collected and a report on the outcomes and conclusions of the risk factor study is written; and

3. A targeted intervention strategy designed to address the occurrence of the risk factors(s) identified in their risk factor study is implemented and the effectiveness of such strategy is evaluated by subsequent risk factor studies or other similar tools.

Description of Requirement

To achieve the criteria of Standard 9, a jurisdiction must ensure that:

A. A risk factor study and report on the occurrence of the five (5) foodborne illness risk factors must be completed. A risk factor study serves two purposes:

1. To identify risk factors most in need of priority attention in order to develop strategies to reduce their occurrence.

2. To evaluate trends over time to determine whether progress is being made toward reducing the occurrence of foodborne illness risk factors. Studies designed to measure trends require analysis of data over a period of time, and no single point in time can be used to derive trend conclusions.

B. The risk factor study includes all facility types under regulation by the jurisdiction.

It is recommended that a jurisdiction's first risk factor study be conducted as soon as possible following its first self-assessment, before programmatic changes are made. There is value in using the first study to establish a "baseline" against which future performance can be measured. Program improvements and changes may then be reflected in subsequent studies.

C. The risk factor study information is to be updated at least once every 60 months to measure trends specific to the occurrence of the five (5) foodborne illness risk factors.

The data collection and analysis for the various facility types under regulation by the jurisdiction may occur at various times over the 60-month period, as long as all facility categories under regulation are included in the 60-month cycle. The 60-month study update is required to maintain achievement of Standard 9. The subsequent studies and reports will determine whether or not there has been a net change in the occurrence of the risk factors.

The nine (9) facility categories types are:

- Institutions
  - Hospitals:
• Nursing Homes;
• Elementary Schools (K-5);
• Restaurants
  • Full-Service
  • Fast-Food
• Retail Food Stores
  • Delis;
  • Meat Departments;
  • Seafood Departments;
  • Produce Departments

1. Health Care;
2. Schools (K-12);
3. Restaurants;
4. Retail Food Stores.

D. A jurisdiction may use routine inspection data or may conduct a separate data collection in completing a risk factor study. A data collection instrument similar to the FDA Model Data Collection Form using the IN, OUT, NA, and NO convention, is required. Failure to use this convention skews the data toward either IN compliance or OUT of compliance. The FDA data collection instrument is not intended as an inspection form. However, jurisdictions that have developed an inspection form using the IN, OUT, NA and NO convention may use that inspection form as a survey instrument.

If the jurisdiction uses a different form, the data may be difficult to compare with the data from the FDA National Foodborne Illness Risk Factor Studies or with data from other jurisdictions.

E. A jurisdiction must ensure that a targeted intervention strategy designed to address the occurrence of the risk factor(s) identified in their Risk Factor Study is implemented and the effectiveness is evaluated by subsequent Risk Factor Studies or other similar tools. Jurisdictions are encouraged to incorporate various types of interventions such as code changes, educational and training activities, enforcement and compliance strategies, etc. The purpose of the intervention strategy is to attempt to affect improvement in reducing priority risk factor(s) occurrence rates between measurement intervals and assess their effectiveness.

Outcome

The desired outcome of this Standard is to enable managers to measure their program against national criteria and to demonstrate improvement in food safety. The process identifies program elements that may require improvement or be deserving of recognition.

Documentation

The quality records required for this standard include:

1. Survey reports on the occurrence of risk factors and FDA Food Code interventions,
2. Survey collection tools or inspection sheets used for the data collection,
3. Documentation that each facility category type under regulation is surveyed during the 60-month survey cycle,
4. Documentation of performed interventions, actions or activities designed to improve the control of risk factors,
5. Documentation that the effectiveness of performed interventions is evaluated.

Submitter Information:
Name: Mary Cartagena
Organization: Food and Drug Administration
Address: 5100 Paint Branch Parkway HFS-320 Rm 3B038
City/State/Zip: College Park, MD 20740
Telephone: 240-402-2937
E-mail: mary.cartagena@fda.hhs.gov

Content Documents:
• "Attachment A-Proposed Amendments to Program Standard No. 9 - Program Assess"

It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.
STANDARD 9
PROGRAM ASSESSMENT

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DOCUMENTATION ................................................................................................................................................. 4
STANDARD 9
PROGRAM ASSESSMENT

This Standard applies to the process used to measure the success of a jurisdiction’s program in reducing the occurrence of foodborne illness risk factors to enhance food safety and public health in the community.

Requirement Summary

Program management must ensure that:

1. A RISK FACTOR STUDY on the occurrence of the five foodborne illness risk factors is conducted and repeated at least once every 60 months to measure trends in the occurrence of the risk factors;

2. An analysis is made of the data collected and a report on the outcomes and conclusions of the RISK FACTOR STUDY is written; and

3. A targeted intervention strategy designed to address the occurrence of the risk factors(s) identified in their RISK FACTOR STUDY is implemented and the effectiveness of such strategy is evaluated by subsequent RISK FACTOR STUDIES or other similar tools.

Description of Requirement

To achieve the criteria of Standard 9, a jurisdiction must ensure that:

A. A RISK FACTOR STUDY and report on the occurrence of the five (5) foodborne illness risk factors must be completed. A RISK FACTOR STUDY serves two purposes:

1. To identify risk factors most in need of priority attention in order to develop strategies to reduce their occurrence.

2. To evaluate trends over time to determine whether progress is being made toward reducing the occurrence of foodborne illness risk factors. Studies designed to measure trends require analysis of data over a period of time, and no single point in time can be used to derive trend conclusions.

B. The RISK FACTOR STUDY includes all facility types categories under regulation by the jurisdiction.

It is recommended that a jurisdiction’s first RISK FACTOR STUDY be conducted as soon as possible following its first SELF-ASSESSMENT, before programmatic changes are made.
There is value in using the first study to establish a “baseline” against which future performance can be measured. Program improvements and changes may then be reflected in subsequent studies.

C. The RISK FACTOR STUDY information is to be updated at least once every 60 months to measure trends specific to the occurrence of the five (5) foodborne illness risk factors.

The data collection and analysis for the various facility types under regulation by the jurisdiction may occur at various times over the 60-month period, as long as all facility types categories under regulation are included in the 60-month cycle. The 60-month study update is required to maintain achievement of Standard 9. The subsequent studies and reports will determine whether or not indicate if there has been a net change in the occurrence of the risk factors.

The nine (9) four (4) facility categories types are:

- **Institutions**
  - Hospitals;
  - Nursing Homes;
  - Elementary Schools (K-5)
- **Restaurants**
  - Full Service
  - Fast Food
- **Retail Food Stores**
  - Delis;
  - Meat Departments;
  - Seafood Departments;
  - Produce Departments
1. Health Care;
2. Schools (K-12);
3. Restaurants;
4. Retail Food Stores.

D. A jurisdiction may use routine inspection data or may conduct a separate data collection in completing a RISK FACTOR STUDY. A data collection instrument similar to the FDA Model Data Collection Form using the IN, OUT, NA, and NO convention, is required.

Failure to use this convention skews the data toward either IN compliance or OUT of compliance. The FDA data collection instrument is not intended as an inspection form. However, jurisdictions that have developed an inspection form using the IN, OUT, NA and NO convention may use that inspection form as a survey instrument.

If the jurisdiction uses a different form, the data may be difficult to compare with the data
from the *FDA National Foodborne Illness Risk Factor Studies* or with data from other jurisdictions.

E. A jurisdiction must ensure that a targeted intervention strategy designed to address the occurrence of the risk factor(s) identified in their Risk Factor Study is implemented and the effectiveness is evaluated by subsequent Risk Factor Studies or other similar tools. Jurisdictions are encouraged to incorporate various types of interventions such as code changes, educational and training activities, enforcement and compliance strategies, etc. The purpose of the intervention strategy is to attempt to affect improvement in reducing priority risk factor(s) occurrence rates between measurement intervals and assess their effectiveness.

**Outcome**

The desired outcome of this Standard is to enable managers to measure their program against national criteria and to demonstrate improvement in food safety. The process identifies program elements that may require improvement or be deserving of recognition.

**Documentation**

The quality records required for this standard include:

1. Survey reports on the occurrence of risk factors and *FDA Food Code* interventions,
2. Survey collection tools or inspection sheets used for the data collection,
3. Documentation that each facility category type under regulation is surveyed during the 60-month survey cycle,
4. Documentation of performed interventions, actions or activities designed to improve the control of risk factors,
5. Documentation that the effectiveness of performed interventions is evaluated.
Issue: 2016 II-014

Council Recommendation: Submitted  _____  Amended  _____  No Action  _____
Delegate Action:  Accepted  _____  Rejected  _____

All information above the line is for conference use only.

Issue History:
This is a brand new Issue.

Title:
Report - Certification of Food Safety Regulation Professionals (CFSRP)

Issue you would like the Conference to consider:
The 2014-2016 CFSRP Workgroup seeks Council's acknowledgement of its final report.

Public Health Significance:
A national model that addresses training and the professional development of regulatory retail food safety professionals is essential to enhancing the effectiveness of the nation's retail food protection system. The Voluntary National Retail Food Regulatory Program Standards, Standard 2 training and standardization model should be viewed as a working document that will need to be updated and revised to meet the ever-changing retail food safety environment. The Conference for Food Protection provides the mechanism to:
1. Maintain and update this national training model;
2. Explore additional training and/or assessment needs for regulatory retail food programs; and
3. Build consensus among all retail food safety stakeholders.

Recommended Solution: The Conference recommends...:
1. Acknowledgment of the 2014-2016 Certification of Food Safety Regulation Professionals (CFSRP) final report, and
2. Extending thanks to all the 2014-2016 CFSRP members for their work and dedication and to those organizations/agencies that they represent for supporting the Conference for Food Protection process.

Submitter Information 1:
Name: DeBrena Hilton
Organization: CFSRP Workgroup Co-Chair
It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.
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* At-Large
COMMITTEE NAME: Certification of Food Safety Regulation Professionals (CFSRP) Workgroup

COUNCIL or EXECUTIVE BOARD ASSIGNMENT: Council II

DATE OF REPORT: December 3, 2015 (Revised February 4, 2016)

SUBMITTED BY: DeBrena Hilton and Angela Benton

COMMITTEE CHARGE(s): From Issue: 2014 II-002

Charge 1: Collaborate with the FDA Division of Human Resource Development, and the Partnership for Food Protection Training and Certification Workgroup (PFP TCWG) to:

1. Continue review of all initiatives: existing, new or under development; involving the training, evaluation and/or certification of food safety inspection officers. This collaborative working relationship will ensure the sharing of information so as not to create any unnecessary redundancies in the creation of work product or assignment of tasks/responsibilities.

2. Review the results of the partnership for food protection training and certification work group recommendations for the nationally recognized Retail Food Curriculum based on the Retail Food Job Task Analysis (JTA) to determine if changes are needed in the Standard 2 curriculum. Identify any gaps and recommendations for change and review the time frame for completion of Steps 1 through 4 for new hires or staff newly assigned to the regulatory retail food protection program.

3. Review the results of the partnership of food protection training and certification work group recommendations to determine if the Conference for Food Protection Field Training Manual for Regulatory Retail Food Safety Inspection Officers and forms need to be revised.

Charge 2: Work in collaboration with the CFP Program Standards Committee to:

1. Provide technical assistance with questions regarding the comments contained in the 2012 CFP CFSRP’s Workgroup’s uniform inspection program audit pilot project report on the CFP website that might trigger revisions of the VNRFRPS, Standard 4 Uniform Inspection Program.

2. Assess if any changes will be needed in Standard 2-Trained Regulatory Staff based on the current standard for review referenced in (1) above to provide better alignment with Standard 4 of the VNRFRPS.

Charge 3: Report back the Workgroup’s findings and outcomes to the 2016 Biennial Meeting of the Conference for Food Protection.

COMMITTEE ACTIVITIES AND RECOMMENDATIONS:

1. Progress on Overall Committee Activities:

   a. Executive Background Summary

      i. Due to the large amount of work that came out of the CFSRP Workgroup revised Standard 2 process; well-defined curriculum with specific course references; field training manual and forms for regulatory retail food safety professionals, etc., the work group evolved into a separate conference “committee.”

      ii. The 2014-2016 CFSP Workgroup membership is comprised of twenty-three members from each of the Conference for Food Protection (CFP) regions. Per
the Constitution and Bylaws, a balanced ratio of regulatory to industry members was maintained; ten (10) regulatory, ten (10) food industry, two (2) academia, and one (1) consumer members. The remainder of the workgroup roster is made up of non-voting members that have been included in Workgroup activities.

iii. The CFSRP Workgroup Chair participated on Program Standards Committee conference calls to stay abreast of information related to the 2014-2016 CFSRP charges.

b. Outcome/disposition of charges - During the 2014-2016 biennium, the CFSRP Workgroup met three times via conference call (October 17, 2014; December 16, 2014; May 27, 2015).

i. Charge 1:

1. The FDA Division of Human Resource Development (DHRD), and the PFP TCWG have made substantial progress in developing a nationally recognized training framework for regulatory food safety professionals. However, the process for developing a nationally recognized Retail Food Curriculum prevented the CFSRP Workgroup from being able to move forward in determining whether the Conference for Food Protection Field Training Manual for Regulatory Retail Food Safety Inspection Officers and forms need to be revised.

2. Issue: 2014 II-002 was not completed during the 2014-2016 biennium due to forthcoming training developments and potential changes to the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS).

   a. The CFSRP Workgroup is submitting an issue titled “CFSRP 2–Reassign charges to the Program Standards Committee (PSC)” so that the PSC can continue to make recommendations concerning any forthcoming regulatory retail food protection program training initiatives.

ii. Charge 2:

1. The CFSRP Workgroup chair worked in collaboration with the CFP Program Standards Committee during their review of the 2012 CFP CFSRP’s Workgroup’s uniform inspection program audit pilot project report along with FDA DHRD and the PFP TCWG to assess whether revisions of the VNRFRPS, Standard 4 Uniform Inspection Program would be necessary. The PSC FDA consultants reviewed and proposed responses, including recommended changes to Standard 4 and the CFP Field Training Manual (part of Standard 2). The PSC members provided feedback with minor revisions to the proposed responses and indicated their support. The FDA will submit an Issue to recommend that Council II accepts the proposed responses and changes related to Standard 4 at the 2016 CFP.

2. The CFP Program Standards Committee will continue to assess whether any changes will be needed in VNRFRPS Standard 2-Trained Regulatory Staff based on any revisions made to VNRFRPS, Standard 4.
2. Recommendations for consideration by Council:

   a. FUTURE OF THE COMMITTEE: The CFSRP Workgroup recommends that it be dissolved as a standalone workgroup and that subsequent issues related to the certification of food safety regulation professionals be managed within the scope of the Program Standards Committee in order to ensure a consistent and uniform approach when addressing the Voluntary National Retail Food Regulatory Program Standards. Dissolving the CFSRP workgroup will eliminate any potential confusion among CFP stakeholders concerning the entity that is responsible for addressing issues related to the Program Standards and will also eliminate the potential for redundancy of work.

   i. The results of an email vote sent out on October 10, 2015 were four (4) abstentions and nineteen (19) members FOR dissolving the CFSRP as a standalone workgroup in order to minimize any potential confusion or redundancy of work.

   ii. The CFSRP Workgroup recommends the transfer of the following charges to the Program Standards Committee:

      1. Collaborate with the FDA Division of Human Resource Development, and the Partnership for Food Protection Training and Certification Workgroup (PFP TCWG) to:

         a. Continue review of all initiatives: existing, new or under development; involving the training, evaluation and/or certification of food safety inspection officers. This collaborative working relationship will ensure the sharing of information so as not to create any unnecessary redundancies in the creation of work product or assignment of tasks/responsibilities.

         b. Review the results of the partnership for food protection training and certification work group recommendations for the nationally recognized Retail Food Curriculum based on the Retail Food Job Task Analysis (JTA) to determine if changes are needed in the Standard 2 curriculum. Identify any gaps and recommendations for change and review the time frame for completion of Steps 1 through 4 for new hires or staff newly assigned to the regulatory retail food protection program.

         c. Continue to assess if any changes will be needed in Standard 2-Trained Regulatory Staff based on the current standard for review referenced in (1) above to provide better alignment with Standard 4 of the VNFRFRPS.

         d. Report back their findings and recommendations to the 2018 Biennial Meeting of the Conference for Food Protection.
CFP ISSUES TO BE SUBMITTED BY COMMITTEE:

The Committee Chair and Co-Chair are submitting two (2) issues with supporting attachments on behalf of the CFSRP Workgroup.

1. Report - Certification of Food Safety Regulation Professionals (CFSRP) Workgroup
2. CFSRP 2 – Reassign charges to Program Standards Committee

List of Attachments –

Content Documents: Committee Report

Supporting Attachments: Conference Call Minutes from October 17, 2014; December 16, 2014; and May 27, 2015.

COMMITTEE MEMBER ROSTER (attached): Certification of Food Safety Regulation Professionals (CFSRP)
Work Group Members Participating on the Call: DeBrena Hilton (Chair), Mhati Elluru (for Angela Benton – scribe), Linda Kender, Susan Grooters, Rance Baker, Sima Hussein, Jordan Maeson, William Weichelt, Michael MacLeod, Julie Hults, Christine Sylvis, Hugh Atkins, Phyllis Fenn, Susan Kendrick, Jacqueline Owens, Laurie Williams, Alan Tart, Angela Cyr, Francie Buck, Vanessa Cranford and Doug Wilmsmeyer

Work Group Members Unable to Participate: Angela Benton (co-chair), Bryan Chapman, Carrie Dickhauns, Joetta DeFrancesco, David Read, Stan Hazan, Anthony Carotenuto, and Michelle Samarya-Timm

Agenda:

1) Welcome: 10:30 AM – 10:31 AM – Welcome notes by DeBrena

2) Roll Call: 10:31 AM – 10:35 AM

10:35 AM – 10:36 AM – DeBrena thanked everyone for attending the call

3) Review Antitrust Statement: 10:36 AM – 10:38 AM (attached)

4) 10:38 AM – 10:41 AM: Responsibilities of committee members, voting and non-voting, as provided in the Part VIII of the CFP Biennial Meeting/Conference Procedures 2014 (CFP Bylaws)

   a) Committee Roster
      i) As far as committees go, when DeBrena reached out to all initially to thank for being a part of the committee, she provided insight on the committee size which is limited to 23 voting members (permitted on a council committee)
      ii) Members not selected for a voting position were offered an ‘At-Large’ or non-voting position on this committee
      iii) At-Large members will be included and allowed to participate in all committee functions including but not limited to meetings, conference calls, emails, deliberations, research activities, but will not have an individual vote on committee actions
      iv) All voting members and At-Large non-voting members shall be identified on the committee roster {ACTION} – send roster out to members
      v) In the event that a council committee voting member leaves the committee during the biennial cycle, an At-Large member of the same constituency as the departing member shall be selected by the Chair to fill the vacancy
      vi) There are 2 openings on the committee for Food Industry representatives. At the end of this call, anyone representative of the food industry constituency that is interested in being listed as a voting member should email DeBrena for consideration. {ACTION} DeBrena will reach out individually to fill in the 2 spots.

5) 8:41 AM – 8:48 AM: Overview of charges and background information
a) See Issue #2 at http://www.foodprotect.org/media/meeting/Council%20II%20Recommendations%20Final%20Version.pdf

b) For the new committee members, DeBrena provided background on the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS) 4, Uniform Inspection Program http://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards/UCM372499.pdf

* Standard 4 of the VNRFRPS 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.
* Program Standard 2 of the VNRFRPS applies to the essential elements of a training program for regulatory staff and provides a curriculum for retail food safety inspection officers, with some pre-requisite curriculum courses available online via FDA ORA U website and some post curriculum courses that are recommended to be completed within 18 months of hire.

http://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/ProgramStandards/UCM372482.pdf

The VNRFRPS are voluntary, developed through the CFP process, offered by the FDA for continuous improvement and uniformity among regulatory retail food protection program.

Discussion 8:48 AM – 8:53 AM – Question by Alan Tart, FDA (for clarification of Charge 2) –
Speakers: Alan Tart, DeBrena, Susan Kendrick
   * Alan’s Question — clarification of Charge 2 ---review the uniform inspection program audit pilot and determine if changes are need to Standard 2. In other words, see if there are any changes that would be needed for Standard 2 curriculum based on Standard 4 pilot to provide a better alignment on Standard 4.

   * Alan Tart is a part of an internal FDA work group that is looking at incorporating the recommendations from that pilot into changing standard 4
   * Looking at the recommendations from that pilot, found on page 49 and 50 of that report, he did not see any recommendations from that pilot about changing standard 2; it is all about making Standard 4 more in line with Standard 2.
   * Alan Tart requested clarification of what that pilot had to do with Standard 2
   * Susan Kendrick responded and explained this committee was in charge of running that pilot at the request of Jim Fear because there was a Pilot for Std. 4
   * Susan said - In the conclusions of the report, it says that is should be more aligned with Standard 2
   * Susan's understanding is that the Charge is to look at whatever the program standards committee comes up with and see if anything comes out of that committee that would require
change of standard 2 — we don’t necessarily anticipate any changes in standard 2, but just to evaluate that.

* Alan said that there is an FDA group is actively working on taking recommendations from the pilot and coming up with recommended changes to standard 4; the group is working internally right now; FDA plans to directly go to CFP Program Standards Committee and work with them on the recommended changes

* Susan asked Alan if FDA has a timeframe for when the recommendations will be ready

* Alan Tart responded — internal Program Standards work group has finished what they need to; they need an instruction sheet to go along with what they’ve developed, which is a modified performance audit form and a rubric to go along with it. Developing clear instructions for that.

* After the instructions are created, it will go to internal steering committee

* After steering committee approval it will go to the CFP Program Standards committee — all of this is expected to happen within the next few months

6) 8:53 AM – 8:56 AM: Any members working with Partnership for Food Protection Training and Certification Workgroup or CFP Program Standards Committee? Speakers: DeBrena, Alan Tart, Susan Quam, Angie Cyr.

* Linder Kinder asked if there was a conflict of interest with being a part of the CFRSP committee and Food Protection Manager Certification Committee. Susan Quam (Council II Chair) answered that there is no conflict of interest for members that are a part of this committee and the Food Protection Manager Certification Committee; both committees run independently of each other. Susan Kendrick is also on that committee — our primary charge for the CFRSP committee is to keep surveillance on all the other training issues that are going on so that if anything comes up that addresses Standard 2, we can address it.

* Alan Tart confirmed he is on the Partnership for Food Protection Training and Certification work group.

* Angie Cyr confirmed she is on the CFP Program Standards Committee Workgroup.

* DeBrena to Angie — did you have any opportunity to meet? Any timeframes on the work that that committee has been charged with?

* Angie – Program Standards Committee had a couple of conference calls, working on 2 different CFP issues. 2 subcommittees have started working on that.

7) 8:56 AM – 8:57 AM: Future assignments

a) In the past, sub-committees were used to address the charges to review proposed initiatives involving training, evaluation and/or certification of food safety inspection officers. Sub-committees were used to help address charges to ensure all work is completed in a timely manner

i) Francie Buck offered to lead a sub-group if needed.

8:57 AM – 8:59 AM – DeBrena to Susan — to provide any background information concerning charges or previous work done by the committee – Speakers: DeBrena, Susan Kendrick
* One of the biggest pieces of Standard 2 that this committee worked on several years ago is the Field Training Plan (ACTION – look over Field Training Plan)
* If members have not had a chance to look at that over, that was a really important piece where a lot of work went into development of this committee
* Sub-committees work very well when there are a lot of things that needed to be researched and worked on the side
* Susan expressed that work might best be done as an entire group since we are just getting updates on where committees are at until we can move forward

8:59 AM – 9:03 AM – DeBrena checked for questions or comments about the charges/work groups – Speakers: DeBrena, Susan Kendrick, Alan Tart, Rance Baker

* The charges are pretty much to review work done by other committees and work groups; provide assistance with answering questions
* Until DeBrena receives information from the people/groups that are doing that work we will be on hold. Hopefully we will have something to go on in the next couple of months, as the Partnership for Food Protection (PFP) finalizes some things.
* Rance Baker — a lot of work has already been done with Charge 1. The Division of Human Resources Development (DHRD) created a group that maps the JTA (Job Task Analysis) for the retail group food specialists position over to their current instructor-led curriculum; developed a new map of that curriculum based off of the JTA for the food safety specialist and the FDA curriculum; he believes that it is a part of the charge for the CFP committee to take that material and once again map it over to VNFRFSP and Standard 2 to see if there are any gaps between those two standards; and what has already been mapped over for curriculum for the retail food specialist. A lot of work has been done on that and the information may be available through DHRD.
* DeBrena requested members to send documents/links of work that is already being done; she will review and disseminate the information back out to CFRSP committee members
* Susan Kendrick — also attended JTA analysis with Rance Baker last November. Janet Williams was the point person on that, is she still the point of contact?
* Alan confirmed that now he will be the liaison for the group and provided a brief update from that meeting. ACTION – Alan will provide update in writing. Little premature right now per Jim Fear.
* It is in early phases — they have taken the 8 job task analysis reports that were provided, with the PFP activities they are developing curriculums for all of the integrated food safety system inspector positions to include retail, milk, shellfish, feed, manufactured foods, etc.
* They have taken all of those and looked at the common competencies across of all of those 8 JTAs; then they are going to whittle it down into retail food, manufactured food, milk, etc. and then whittle it down further starting in November. At the point that we can use what they are coming up with that’s what is in question. Alan will find out, it’s a little too early right now – not far off.
8) 9:03 AM – 9:05 AM: Next meeting – November? December? Doodle poll survey

* Tentative date: Mid Dec, just before the holidays – to get additional information from other committees.
* DeBrena to send out doodle poll survey/meeting request.

Jordon Mason – volunteered to also work with on subcommittee if needed with Francie Buck.

9:05 AM — DeBrena’s Thank you notes and request for updates from other committees.

END OF CALL
Certification of Food Safety Regulation Professionals (CFSRP)
Conference Call Minutes – 12/16/2014
Call recording lost – brief summary provided below

1. Roll Call – start 11:04am
2. Approval of minutes – no corrections
3. Anti-trust Statement
4. Committee Roster – send any updates to dhilton@tulsa-health.org
5. Charges reviewed
6. Updates:
   FDA DHRD – JTA: ongoing work, on hold. CFP Standards Program reviewing Standard 4 pilot changes to determine whether any changes are needed.

   Program Standards – looking at recommendations provided from workgroup

   IFPTI Curriculum available on website – content areas – competencies. Long process to develop.

End call 11:20am
Conference for Food Protection
Certification of Food Safety Regulation Professionals (CFSRP)
Conference Call Minutes
Wednesday, May 27th – 2015 @ 9:00am CST

Work Group Members Participating on the Call: DeBrena Hilton (Chair), Angela Benton (co-chair), Francie Buck, Doug Wilmsmeyer, Carrie Dickhans, Julie Hults, Christine Sylvis, Joetta DeFrancesco, Phyllis Fenn, Susan Kendrick, Michèle Samarya-Timm, David Read, Anthony Carotenuto, Alan Tart, Laurie Williams, and Vince Radke

Work Group Members Unable to Participate: Julie Albrecht, Linda Kender, Susan Grooters, Rance Baker, Bryan Chapman, Sima Hussein, Jordan Maeson, William Weichelt, Vanessa Cranford, Michael MacLeod, Hugh Atkins, Jacqueline Owens, Angela Cyr and Stan Hazan

Agenda-

9) Welcome:

10) Roll Call: notes from last call on December 16, 2014 will be incorporated following the minutes from 5/27/2015

11) Newest member – Vince Radke CDC replacing Kristin Delea

12) Review Charges –

Charge 1: Collaborate with the FDA DHRD, and the Partnership for Food Protection Training and Certification Workgroup (PFP TCWG) to:

i) Continue review of all initiatives existing, new or under development involving the training, evaluation and/or certification of food safety inspection officers.

ii) Review the results of the PFP training and certification work group recommendations for the nationally recognized Retail Food Curriculum based on the Retail Food Job Task Analysis (JTA) to determine if changes are needed in the Standard 2 curriculum.
   • Identify any gaps and recommendations for change and review the time frame for completion of Steps 1 through 4 for new hires or staff newly assigned to the regulatory retail food protection program.

iii) Review the results of the partnership of food protection training and certification work group recommendations to determine if the Conference for Food Protection Field Training Manual for Regulatory Retail Food Safety Inspection Officers and forms need to be revised.
**Charge 2:** Work in collaboration with the CFP program standards committee to:

i. Provide technical assistance with questions regarding the comments contained in the 2012 CFP CFSRP’s Workgroup’s uniform inspection program audit pilot project report on the CFP website that might trigger revisions of the VNFRPS, Standard 4 Uniform Inspection Program.

ii. Assess if any changes will be needed in Standard 2-Trained Regulatory Staff based on the current standard for review referenced in (1.) above to provide better alignment with Standard 4 of the VNFRPS.

**Charge 3:** Report back the Workgroup's findings and outcomes to the 2016 Biennial Meeting of the Conference for Food Protection.

**Charge 1 update:**

Alan Tart – Training and Certification Workgroup. Various inspector roles general education curriculum development underway. 25 content areas. Retail will be covered broadly. All inspectors – specialty areas will be included. Competency statements almost done. DHRD will rely on cooperative agreements with others to put courses online. Retail Meeting June 15th in Denver to begin Retail competency statements. After general education and retail courses have been developed, gap analysis will be formed to determine current training and training needs. Recommendations for new courses or course development. Anticipated completion for retail will be next year. Changes to Standard 2 – on hold. Doesn’t appear that our committee will be prepared to present issues regarding this charge to the 2016 CFP Conference.

Dave Read – PFP/IFPTI: a lot of work underway now. Example of training framework available at [www.ifpti.org](http://www.ifpti.org)

FDA, CFP and IFPTI have been working for past 2 years on training concepts. Multi-colored diagram that covers Basic/Advanced/Journey/Leadership Areas – Food Safety Professional Competencies required for each content area on framework. Worked through general education courses. Working on Basic Level Framework – June Meeting will be to develop basic level framework for Retail Food. Content area reviewed to determine elements to go into training framework. Subject matter experts look at to determine elements that should go into each content area (Learning events, on the job training, etc...).

Substantial progress has been made over past few years but more work needs to be done.

Note to committee: CFP Master Calendar – December 4, 2015 final committee reports due from Committee Chairs and Committee Issues to Council Chairs for preliminary review.

After June Meeting, CFSRP committee will determine whether we will be able to meet issue deadline – recommendation made to draft issue to continue the work. Looking for results of initial survey sent out to stakeholders by July. After June meeting will also need to send out to stakeholders for review. Unlikely that CFSRP committee will have any information needed to move forward with Charge 1.
Charge 2:

Reviewed information from Standard’s Committee – Recommendations from CFP’s Uniform Inspection Program Audit Pilot Project Report that are incorporated into proposed language (see attached). Please review and respond with questions or suggestions to table recommendations.

Alan provided clarification that CFSRP Committee work is pending the Standards Committee Charges as it relates to Standard 4. Any changes made to Standard 4 would then be reviewed to determine any related effects on Standard 2.

*******************************************************************************

CFSRP committee on hold pending additional information regarding Charge 1 and Charge 2.

Charge 3 – more than likely the issues charged to CFSRP will be resubmitted to the 2016 Biennial Meeting of the Conference for Food Protection.

Next meeting – tentative July 2015

Reminder: Council Application Period Open – Closes June 19th.
## October 10, 2015 - CFSRP Conference Call Tally Vote to Dissolve Workgroup

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Conference for Food Protection
2016 Issue Form

Issue: 2016 II-015

Council
Recommendation: Accepted as Submitted Accepted as Amended No Action
Delegate Action: Accepted Rejected

All information above the line is for conference use only.

Issue History:
This is a brand new Issue.

Title:
CFSRP 2– Reassign Charges to the Program Standards Committee

Issue you would like the Conference to consider:
The CFSRP Workgroup recommends that it be dissolved as a standalone workgroup and that future issues dealing with the certification of food safety regulation professionals be assigned to the Program Standards Committee in order to ensure a consistent and uniform approach to addressing the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS).

Public Health Significance:
The management of issues relating to the certification of food safety regulation professionals by the Program Standards Committee will eliminate any potential confusion among CFP stakeholders concerning the entity that is responsible for addressing issues related to the VNRFRPS and will also eliminate the potential for redundancy of work related to the VNRFRPS.

Recommended Solution: The Conference recommends...
that the Certification of Food Safety Regulation Professionals (CFSRP) Workgroup be dissolved as a standalone workgroup, and that the remaining subcharges from Issue 2014 II-002, Charge 1 be reassigned to the 2016 - 2018 Program Standards Committee as follows:

Collaborate with the FDA Division of Human Resource Development, and the Partnership for Food Protection Training and Certification Workgroup (PFP TCWG) to:

1. Continue review of all initiatives: existing, new or under development; involving the training, evaluation and/or certification of food safety inspection officers. This collaborative working relationship will ensure the sharing of information so as not to create any unnecessary redundancies in the creation of work product or assignment of tasks/responsibilities.
2. Review the results of the partnership for food protection training and certification work group recommendations for the nationally recognized Retail Food Curriculum based on the Retail Food Job Task Analysis (JTA) to determine if changes are needed in the Standard 2 curriculum. Identify any gaps and recommendations for change and review the time frame for completion of Standard 2 Steps 1 through 4 for new hires or staff newly assigned to the regulatory retail food protection program.

3. Continue to assess if any changes will be needed in Standard 2-Trained Regulatory Staff based on the current standard for review referenced in (1) above to provide better alignment with Standard 4 of the VNRFRPS.

4. Report back their findings and recommendations to the 2018 Biennial Meeting of the Conference for Food Protection.

Submitter Information 1:
Name: DeBrena Hilton
Organization: CFSRP Workgroup Co-Chair
Address: Tulsa Health Department 5051 S. 129th E. Avenue
City/State/Zip: Tulsa, OK 74134
Telephone: 918-595-4302
E-mail: dhilton@tulsa-health.org

Submitter Information 2:
Name: Angela Benton
Organization: CFSRP Workgroup Co-Chair
Address: Jetro/Restaurant Depot 133-11 20th Avenue
City/State/Zip: College Point, NY 11356
Telephone: 718-939-6400 ext.601
E-mail: Abenton@jetrord.com

It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.
Issue History:
This is a brand new Issue.

Title:
Report: Interdisciplinary Foodborne Illness Training Committee (IFITC)

Issue you would like the Conference to consider:
The 2014-2016 Interdisciplinary Foodborne Illness Training Committee (IFITC) seeks the Council's acknowledgement of its report.

Public Health Significance:
The Interdisciplinary Foodborne Illness Training Committee has been tasked with:

1. Use the Crosswalk submitted in the 2012-2014 Committee report to identify current gaps in the training for Program Standard #5 as established by Council to Improve Foodborne Outbreak Response (CIFOR) and the Partnership for Food Protection as best practices for foodborne illness investigation.

2. Identify new training programs as they relate to the Crosswalk and Standard 5.

3. Work within the Conference process to post the Crosswalk document from the 2012-2014 Committee to the CFP Website.

4. Report back to the 2016 biennial meeting a revised Crosswalk document for foodborne illness investigation.

The Committee believes that it has completed the assigned charges set by the Conference.

It is our belief that the need for foodborne illness training is important, and given that different jurisdictions do not use a consistent approach to foodborne illness investigations, the gathering and sharing of this information will make it possible for health agencies, universities, industry and other non-governmental organizations to determine if the training materials they are using matches the requirements of Standard 5.

The Committee does believe that improved training opportunities should increase awareness as well as promote the importance of Foodborne Illness Investigations.

Recommended Solution: The Conference recommends...:
1. Acknowledgement of the report of the Interdisciplinary Foodborne Illness Training Committee.

2. Thanking the Committee members for their work and dedication for completing the charges.

**Submitter Information:**
- Name: James Steele
- Organization: IFITC
- Address: Walt Disney World PO Box 10,000
- City/State/Zip: Lake Buena Vista, FL 32830
- Telephone: 321-395-1665
- E-mail: james.steele@disney.com

**Content Documents:**
- "Report: Interdisciplinary Foodborne Illness Training Committee (IFITC)"
- "Crosswalk - Requirements For Foodborne Illness Training Programs"
- "CFP Committee Roster Interdisciplinary FBI Training Committee 11302015"

**Supporting Attachments:**
- "Minutes - 2016 Interdisciplinary Foodborne Illness Training Committee"

*It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.*
COMMITTEE NAME: Interdisciplinary Foodborne Illness Training (IFITC)

COUNCIL or EXECUTIVE BOARD ASSIGNMENT: Council II

DATE OF REPORT: December 3, 2015 (revised 1-11-16)

SUBMITTED BY: Committee Co-Chairs James Steele and Patricia Welch
Vice-Chair – Tim Mitchell

COMMITTEE CHARGE(s):

1. Use the Crosswalk submitted in the 2012-2014 Committee report to identify current gaps in the training for Program Standard 5 as established by Council to Improve Foodborne Outbreak Response (CIFOR) and the Partnership for Food Protection as best practices for foodborne illness investigation.

2. Identify new training programs as they relate to the Crosswalk and Standard 5.

3. Work within the Conference process to post the Crosswalk document from the 2012-2014 Committee to the CFP Website.

4. Report back to the 2016 biennial meeting a revised Crosswalk document for foodborne illness investigation.

COMMITTEE ACTIVITIES AND RECOMMENDATIONS:

1. Progress on Overall Committee Activities:
   a. Committee meetings: The committee met regularly via conference call to work on charges. The first conference call was held on October 20, 2014. During the initial meetings, time was allocated to introduce new members to the historical perspective of the committee and to review committee membership expectations. All members were asked to review the existing Crosswalk and committee charges and come with recommendations for the next meeting. The second conference call was held on 12/15/14. The committee decided to have two subcommittees to work on the charges. Subcommittee 1 worked on Charge 1 to identify current gaps in training for Standard 5. Subcommittee 2 worked on Charge 2 to identify new training programs as they relate to the Crosswalk and
Standard 5. The full committee held a conference call on 6/11/15 to identify progress being made by the subcommittees. A final conference call and email voting was taken in November 2015 on recommendations to CFP and on dissolving this committee.

b. Progress Addressing each Assigned Committee Charge
   i. Charge 1 - Use the Crosswalk submitted in the 2012-2014 Committee report to identify current gaps in the training for Program Standard 5 as established by Council to Improve Foodborne Outbreak Response (CIFOR) and the Partnership for Food Protection as best practices for foodborne illness investigation.

   1. The committee reviewed the Voluntary National Retail Food Regulatory Program Standard 5 and created a Crosswalk document with the training programs submitted in the 2012-2014 Committee report. This was to identify any gaps or requirements in the training programs as it relates to Standard 5.

   2. The Committee also amended the Crosswalk with additional training programs that were identified by our subcommittee that was working on Charge 2.

   3. The Committee also recognized that in the process of determining gaps the Crosswalk could now have an expanded purpose of (1) identifying available resources related to Foodborne Illness Training; (2) setting a content baseline for the development of Foodborne Illness Training Programs; (3) establishing some consistency for training programs as a whole. As a result, the Crosswalk was titled Crosswalk –Requirements For Foodborne Illness Training Programs Based on Standard 5

   4. The Committee did discuss the best practices aspect of Charge #1 but recognized, as it did in point #3, that a better and more powerful interpretation of the Charge is for the Crosswalk to be used as a resource as well as a document that would guide an agency to include the appropriate sections/content when developing a training program.

ii. Charge 2 - Identify new training programs as they relate to the Crosswalk and Standard 5 of the Voluntary National Retail Food Regulatory Program Standards.

   1. The following training programs were in the 2012-2014 Committee report:
      b. Council to Improve Foodborne Outbreak Response (CIFOR)
c. FDA - Manufactured Food Regulatory Program Standard No. 5
Food-related Illness and Outbreaks and Response
d. CDC e-learning course “Environmental Assessment of Foodborne
Illness Outbreaks”.
e. National Association State Departments of Agriculture (NASDA),
Version 4.0, August 2011
f. International Association for Food Protection (IAFP), “Procedures
to Investigate Foodborne Illness”, Sixth Edition

2. The following trainings programs were identified by the 2014-2016
committee to review:
   a. National Environmental Health Association (NEHA) course “I-
      FITT-RR” provides training in many of the identified crosswalk
      areas. This program is the Industry-Foodborne Illness
      Investigation Training and Recall Response
   b. National Environmental Health Association (NEHA) Epi-Ready –
      Foodborne Illness Response Strategies, June 2006

iii. Charge 3 - Work within the Conference process to post the Crosswalk
document from the 2012-2014 Committee to the CFP Website.

   1. The committee sent the Crosswalk document to CFP, Executive
      Assistant to be posted on the CFP website in October 2014.

   2. A short description was requested on what the Crosswalk is or
      represents and this was submitted in October 2014. The
      CIFOR/RRT/MFRPS/VRFRPS Crosswalk is a document that
      combines the Core Components required for the implementation of a
      Foodborne Disease response with the Phases of a Food Incident
      Response. By combining these, the baseline is set for the
development of Foodborne Illness training programs be it in an
academic, agency or private industry setting. As we know, unless
there is proper collaboration, precise and accurate communication,
and use of policies and procedures that are consistent between
groups, there could be a response that is muddled at best. By using
the Crosswalk, training requirements can be identified that would be
used to create robust foodborne illness training programs with similar
content.

iv. Charge 4 - Report back to the 2016 biennial meeting a revised Crosswalk
document for foodborne Illness investigation.

   1. The committee developed a document: Crosswalk – Requirements
      For Foodborne Illness Training Programs Based on Standard 5. This
document will be useful when determining which part of Standard 5 is
2. The committee recommends this revised Crosswalk document be posted on the CFP website.

2. Recommendations for consideration by Council:

   a. The Interdisciplinary Foodborne Illness Training Committee recommends that the Crosswalk – Identified Gaps in Foodborne Illness Training Programs Based on Standard 5 created by the committee be posted on the CFP website in Word and PDF formats and that the committee be dissolved as it has completed the charges from the 2014 CFP Biennial Meeting.

   b. The Interdisciplinary Foodborne Illness Training Committee also recognizes the importance of training on foodborne illness and recommends that Council II consider that any future work on training resources, including updating the Crosswalk, for foodborne illness response and investigation be coordinated under the Program Standards Committee. The Specific charge is as follows: The Program Standards Committee will review and update the Crosswalk - Identified Gaps in Foodborne Illness Training Programs Based on Standard 5 based on any newly developed courses or training programs.

   c. The Interdisciplinary Foodborne Illness Training Committee recommends that Council II acknowledge this final report.

CFP Issues to be Submitted by Committee:

The Interdisciplinary Foodborne Illness Training will submit three (3) Issues at the 2016 biennial meeting based on the recommendations of the committee. The Issues are:

1. Report – Interdisciplinary Foodborne Illness Training Committee – The first Issue is to request the Conference to acknowledge the 2014-2016 Interdisciplinary Foodborne Illness Training Committee final report and thank the committee members for their work.

2. IFITC 2 – The second Issue is to recommend that the Conference approves the Crosswalk – Requirements For Foodborne Illness Training Programs Based on Standard 5 and the posting of this document on the CFP website. Based on Charge 1, the Interdisciplinary Foodborne Illness Training Committee developed a Crosswalk – Requirements For Foodborne Illness Training Programs Based on Standard 5 which identified areas that were not covered in Standard 5. It was agreed that the Crosswalk could be used to identify areas that should be in a Foodborne Illness Training Program. Further, the Crosswalk can be used to identify the resources available when developing a training program for Standard 5. With that in mind, the numbered pages shown in the columns and rows of the Crosswalk are the areas that are consistent with areas in the Standard 5. The Committee also agreed that the Conference should be asked to post this on the CFP website.
3. IFITC 3 – The third Issue we would like the Conference to consider is as follows: Dissolve the IFITC and transfer specific charges to the Program Standards Committee. In particular IFITC would word the Charges accordingly:

The Conference further recommends assigning the Program Standards Committee with the following standing charges:

1. Identify available resources related to foodborne illness training.
2. Assess any newly developed foodborne illness training courses or programs.
3. Maintain the document titled *Crosswalk - Requirements For Foodborne Illness Training Programs Based on Standard 5* as a resource and content baseline for foodborne illness training.
4. Report back any findings and recommendations to future biennial meetings of the Conference for Food Protection.

List of Attachments:
- **Content Document:**
  Crosswalk - Identified Requirements in Foodborne Illness Training Programs Based on Standard 5
- **Supporting Attachments:**
  2014-2016 Interdisciplinary Foodborne Illness Training Minutes
- **Committee Member Roster:**
  2014-2016 Interdisciplinary Foodborne Illness Training Committee Membership Roster
Crosswalk - Requirements For Foodborne Illness Training Programs Based on Standard 5

Introduction:
The 2012 – 2014 Interdisciplinary Foodborne Illness Training Committee (IFITC) obtained the FSMA 205 C(1) Phases of a Food Incident Response (CIFOR/RRT/MFRPS/VNRFRPS Crosswalk) and used this Crosswalk as the response to the Charge to identify essential education content of foodborne disease outbreak training programs. The 2014 – 2016 Interdisciplinary Foodborne Illness Training Committee (IFITC) was now charged with developing a Crosswalk that would identify areas where training programs could be compared to Standard 5 of the Voluntary National Retail Food Regulatory Program Standards. Using the CIFOR/RRT/MFRPS/VNRFRPS Crosswalk as a base, the Committee revised the Crosswalk to compare additional training programs that were identified. In addition to the training programs identified in the CIFOR/RRT/MFRPS/VNRFRPS Crosswalk, the IFITC also reviewed:
1. National Environmental Health Association (NEHA) course “I-FITT-RR”

The resulting Crosswalk now identified the content of all the training programs and indicated, using a table format, how these compared to Standard 5. This Crosswalk is called Crosswalk – Requirements for Foodborne Illness Training Programs Based on Standard 5.

The Committee also recognized that in the process of determining gaps the Crosswalk could now have an expanded purpose of (1) identifying available resources related to Foodborne Illness Training; (2) setting a content baseline for the development of Foodborne Illness Training Programs; (3) establishing some consistency for training programs as a whole. The Committee considered this a more powerful interpretation of the first Charge and as such did not include any references to best practices.

The Committee also agreed that this document will be useful to regulators, academics and NGO’s when new training programs are being considered especially as it would introduce consistency, a much needed component in Foodborne Illness Training Programs.

Acronyms Used:

RRT: Rapid Response Team
CIFOR: Council to Improve Foodborne Outbreak Response
MFRPS: Manufactured Food Regulatory Program Standards
IAFP: International Association of Food Protection
### STANDARD 5 - Voluntary National Retail Food Regulatory Program Standards

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<td>Standard 5</td>
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</tr>
<tr>
<td>a. The program has written operating procedures for responding to and /or</td>
<td>II. A. Chapter 1</td>
<td>3.1</td>
<td>5.3</td>
<td>Page 3-4</td>
<td>IV, V, VI, IX, XII</td>
<td>Modules 1,2,3,4, 5,6</td>
<td>Module 1</td>
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conducting investigations of foodborne illness and food-related injury*. The procedures clearly identify the roles, duties and responsibilities of program staff and how the program interacts with other relevant departments and agencies. The procedures may be contained in a single source document or in multiple documents.

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<tr>
<td>b. The program maintains contact lists for individuals, departments, and agencies that may be involved in the investigation of foodborne illness, food-related injury* or contamination of food.</td>
<td>II.B. Chapters 2&amp;3.</td>
<td>3.6</td>
<td>5.3 c</td>
<td>Page3-4</td>
<td>III, V, VI</td>
</tr>
<tr>
<td>c. The program maintains a written operating procedure or a Memorandum of Understanding (MOU) with the appropriate epidemiological investigation program/department to conduct foodborne illness investigations and to report findings. The operating procedure or MOU clearly identifies the roles, duties and responsibilities of each party.</td>
<td>II.A. Chapter 1.</td>
<td>3.1</td>
<td>5.3 a</td>
<td>V, VI, IX, XIII</td>
<td>Module 1</td>
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Module 1
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<tr>
<td>d. The program maintains logs or databases for all complaints or referral reports from other sources alleging food-related illness, food-related injury* or intentional food contamination. The final disposition for each complaint is recorded in the log or database and is filed in or linked to the establishment record for retrieval purposes.</td>
<td>II. E. Chapter 11</td>
<td>3.5</td>
<td>5.5</td>
<td>Page 2,3,4</td>
<td>V, VI, X</td>
<td>Module 1</td>
<td>Module 2</td>
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<tr>
<td>e. Program procedures describe the disposition, action or follow-up and reporting</td>
<td>Chapter 9,10,11 &amp; 13</td>
<td>Chapter 4, 4.3, Chapter 5</td>
<td>5.5</td>
<td>Page3-11</td>
<td></td>
<td>Module 1, 6</td>
<td>Module 2</td>
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</table>
required for each type of complaint or referral report.

f. Program procedures require disposition, action or follow-up on each complaint or referral report alleging food-related illness or injury within 24 hours.  

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g. The program has established procedures and guidance for collecting information on the suspect food’s preparation, storage or handling during on-site investigations of food-related illness, food-related injury*, or

| Chapters 9,10, 11 & 13 Page 212? Subsection D | Chapter 4, 5 | 5.5 | Pages 41-45 | VI | Module 3,5 | Module 2 | Lesson 5 |
### outbreak investigations.

**h.** Program procedures provide guidance for immediate notification of appropriate law enforcement agencies if at any time intentional food contamination is suspected.

<table>
<thead>
<tr>
<th>Chapter 6, 10</th>
<th>3.1, 3.10, 6.3</th>
<th>5.5</th>
<th>Pages 99-103</th>
<th>IV, VI, IX, XI</th>
<th>Modules 1,6</th>
<th>Module 8</th>
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</table>

**1.** Program procedures provide guidance for the notification of appropriate state and/or federal agencies when a complaint involves a product that originated outside the agency’s jurisdiction or has been shipped interstate.

<table>
<thead>
<tr>
<th>Chapter 6, 10</th>
<th>3.1, 3.10, 7.3</th>
<th>5.3</th>
<th>Pages 6-7</th>
<th>IV, VI, IX, XII</th>
<th>Modules 1,6, Appendix 2</th>
<th>Module 2</th>
<th>Lesson 7</th>
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### 2. Reporting Procedures

|-----------|-----|-------|--------|------------------------------------------------------------|--------------------------------|-------------------------------------------------|-----------|-----------------------------------------------|

7
### 3. Laboratory Support Documentation

<table>
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<tr>
<th>a. The program has a letter of understanding, written procedures, contract or MOU acknowledging, that a laboratory(s) is willing and able to provide analytical support to the jurisdiction’s food program. The documentation</th>
<th>4.2, 4.3, 4.4, 9.1</th>
<th>5.5</th>
<th>VI</th>
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<tr>
<td>b. The program shares final reports of investigations with the state epidemiologist and reports of confirmed foodborne disease outbreaks* with CDC.</td>
<td>Chapter 3, 6, 13</td>
<td>4.2, 4.3, 4.4, 7.5, 9.1</td>
<td>5.5</td>
<td>Page 75</td>
<td>VI</td>
<td>Module 1, 6 Appendix 6</td>
<td>Module 4</td>
</tr>
<tr>
<td>a. Possible contributing factors to the food-related illness, food-related injury* or intentional food contamination are identified in each on-site investigation report.</td>
<td>Chapters 9, 10, 11</td>
<td>5.2</td>
<td>5.3</td>
<td>Pages 34-41</td>
<td>VI</td>
<td>Module 3, 6</td>
<td>Module 3</td>
</tr>
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</table>
describes the type of biological, chemical, radiological contaminants or other food adulterants that can be identified by the laboratory. The laboratory support available includes the ability to conduct environmental sample analysis, food sample analysis and clinical sample analysis.

| b. The program 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 primary support lab(s) listed in paragraph 3.a. This list should also identify potential sources of laboratory support such as FDA, USDA, CDC, or environmental laboratories for specific... | 4.2, 4.3, 4.4, 9.1 | 5.5 | VI |
4. Trace-back Procedures

|------------|-----|-------|--------|----------------------------------------------------------|---------------------------------|---------------------------------------------------------------|----------------|----------------------------------------------------------|

a. Program management has an established procedure to address the trace-back of foods implicated in an illness, outbreak or intentional food contamination. The trace-back procedure provides for the coordinated involvement of all appropriate agencies and identifies a
A coordinator to guide the investigation. Traceback reports are shared with all agencies involved and with CDC.

5. Recalls

<table>
<thead>
<tr>
<th>a. Program management has an established procedure to address the recall of foods implicated in an illness, outbreak or intentional food contamination.</th>
<th>Chapter 12</th>
<th>5.2</th>
<th>5.3</th>
<th>V, IX</th>
<th>Module 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. When the jurisdiction has the responsibility to request or monitor a product recall, written procedures equivalent to 21 CFR, Part 7 are followed.</td>
<td>Chapter 12</td>
<td>5.2</td>
<td>VI, IX</td>
<td>Module 8</td>
<td></td>
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</tbody>
</table>

**Standard 5**

c. Written policies and procedures exist for verifying the effectiveness of recall actions by firms (effectiveness checks) when requested by another agency.

6. Media Management

a. The program has a written policy or procedure that defines a protocol for providing information to the public regarding a foodborne illness outbreak or food safety emergency. The policy/procedure should address coordination and cooperation with other agencies involved in the investigation. A media person is designated in the protocol.

7. Data Review and Analysis

<table>
<thead>
<tr>
<th>Standard 5</th>
<th>RRT</th>
<th>CIFOR</th>
<th>MFRP</th>
<th>IAFP Procedures To Investigate</th>
<th>NASDA Version 4.0, August 2011</th>
<th>NEHA Epi-Ready. Foodbor</th>
<th>NEHA I-FITT-RR</th>
<th>CDC Foodborne Illness Outbreak Environmental</th>
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</table>
At least once per year, the program conducts a review of the data in the complaint log or database and the foodborne illness and food-related injury* investigations to identify trends and possible contributing factors that are most likely to cause foodborne illness or food-related injury*. These periodic reviews of foodborne illnesses may suggest a need for further investigations and may suggest steps for illness prevention.

The review is conducted with prevention in mind and focuses on, but is not
limited to, the following:
1) Foodborne Disease Outbreaks*, Suspect Foodborne Outbreaks* and Confirmed Foodborne Disease Outbreaks* in a single establishment;
2) Foodborne Disease Outbreaks*, Suspect Foodborne Outbreaks* and Confirmed Disease Outbreaks* in the same establishment type;
3) Foodborne Disease Outbreaks*, Suspect Foodborne Outbreaks* and Confirmed Foodborne Disease Outbreaks* implicating the same food;
4) Foodborne Disease outbreaks*, Suspect Foodborne Outbreaks* and Confirmed Foodborne Disease Outbreaks* associated with similar food
<p>| 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; and 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 | Chapter 8 | | | |
| 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. A mock investigation must be completed at least once per year when no foodborne disease outbreak* investigations occur. |
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position (Chair/Member)</th>
<th>Constituency</th>
<th>Employer</th>
<th>City</th>
<th>State</th>
<th>Telephone</th>
<th>Email</th>
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<tbody>
<tr>
<td>Algeo</td>
<td>Susan</td>
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<td>Dallas</td>
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<td>Bryan</td>
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<tr>
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<td>Ivory Gene</td>
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<td>DC</td>
<td>202-535-2180</td>
<td><a href="mailto:ivory.cooper@dc.gov">ivory.cooper@dc.gov</a></td>
</tr>
<tr>
<td>Fabian</td>
<td>Sandra</td>
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<tr>
<td>Follett</td>
<td>Emilee</td>
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<td>UT</td>
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</tr>
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<td>Jenkins</td>
<td>Matthew</td>
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<td>Food Service Industry</td>
<td>Sodexo</td>
<td>Chicago</td>
<td>IL</td>
<td>630-390-4020</td>
<td>matthew.jenkins@sodexocom</td>
</tr>
<tr>
<td>Markulin</td>
<td>Kris</td>
<td>Member</td>
<td>Retail Food Industry</td>
<td>Delhaize America</td>
<td>Reston</td>
<td>VA</td>
<td>703-347-2072</td>
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<tr>
<td>Mitchell</td>
<td>Tim</td>
<td>Vice-Chair</td>
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<td>863-688-1188</td>
<td><a href="mailto:tim.mitchell@publix.com">tim.mitchell@publix.com</a></td>
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<td>Okenu</td>
<td>Dan</td>
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<td><a href="mailto:dan.okenu@transglobalconsults.com">dan.okenu@transglobalconsults.com</a></td>
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<td>Sheehan</td>
<td>Pieter</td>
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<td>Fairfax County Health Dept.</td>
<td>Fairfax</td>
<td>VA</td>
<td>703-246-8470</td>
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<tr>
<td>Steele</td>
<td>James</td>
<td>Chair</td>
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<td>Walt Disney World</td>
<td>Lake Buena Vista</td>
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<td><a href="mailto:james.steele@disney.com">james.steele@disney.com</a></td>
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<td>Chair</td>
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<td>IL Dept. of Public Health</td>
<td>Springfield</td>
<td>IL</td>
<td>217-785-2439</td>
<td><a href="mailto:patricia.welch@illinois.gov">patricia.welch@illinois.gov</a></td>
</tr>
<tr>
<td>Williams</td>
<td>Janet</td>
<td>Member</td>
<td>Federal Regulator</td>
<td>FDA/ora/dhrd</td>
<td>Rockville</td>
<td>MD</td>
<td></td>
<td><a href="mailto:janet.williams@fda.hhs.gov">janet.williams@fda.hhs.gov</a></td>
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Committee Name: Interdisciplinary Foodborne Illness Training Committee (IFITC)
2016 Interdisciplinary Foodborne Illness Training Committee
Minutes
10/20/2014

1. Susan Algeo
2. Jeff Belmont
3. Sandy Fabian
4. Emilee Follet
5. Matt Jenkins
6. Kris Markulin
7. Jackie Owens
8. Pieter Sheehan
9. Pat Welch
10. Janet Williams
11. Tim Mitchell
12. Dan Okenu

- One committee member announced she is going on maternity leave so she will not be on the next one or two calls. I believe it was Emilee Follet (sorry, did not hear her name well)
- Reviewed Part VII Committee Membership Expectations
- Pat gave a brief history of the committee and the crosswalk
- Tim sent the crosswalk and the charges out to the committee because some folks either did not receive or lost them
- Reviewed the charges to the committee
- Pat will look into setting up Food Shield for the group to work collaboratively on the crosswalk document
- Janet will try to get a copy of the RRT training to share with the team
- All members asked to review the crosswalk and charges and come with recommendations for the next meeting
- Next meeting on 11/17/14 1:00 pm EST

Thank you,

Tim Mitchell RS, CP-FS
Pat reviewed Food Shield, sounds like everyone is getting registered. Some folks already have access.

Matt Jenkins and Pat Welch, Roger, Jeff Agreed to examine for gaps. (Charge 1/Subcommittee 1)

Tim will look at number 2 with Susan Algeo and Dan and Kris. (Charge 2/Subcommittee 2)

The group will work with the conference to get the current crosswalk posted. (Charge 3)

Next group meeting will be 2/17/15 at 12 CST. (Pat to set Up)

Sub committees will meet before 2/17/15 #1 will be 1/13/15 and Number 2 will be 1/23/15.

Thank you,

Tim Mitchell
Vice Chair
2016 Interdisciplinary Foodborne Illness Training Committee
Minutes
3/3/2015

1. Susan Algeo
2. Jeff Belmont
3. Sandy Fabian
4. Matt Jenkins
5. Kris Markulin
6. Roger Mozingo
7. Jackie Owens
8. Gale Prince
9. Pat Welch
10. Tim Mitchell
11. Dan Okenu
12. James Steele

- Reviewed the progress of the two subcommittees and determined that the subcommittees were on the right track.
- The subcommittees will continue to meet before the next full committee meeting scheduled for 5/21/15.
2016 Interdisciplinary Foodborne Illness Training Committee
Minutes
6/11/2015

Present on conference call:
Susan Algeo
Jeff Belmont
Matthew Jenkins
Kris Markulin
Tim Mitchell
Roger Mozingo
Dan Okenu
Pat Welch

• Reviewed the progress of the two subcommittees and determined that the subcommittees were on the right track.

Workgroup 1 reported that they completed an assessment of the following programs:
  o RRT
  o CIFOR
  o MFRPS
  o IAFP Procedures to Investigate Foodborne Illness
  o NASDA version 4.0
  o NEHA Epi-Ready

Workgroup 2 reported that they assessed the following new programs that were not in the original crosswalk document:
  o NEHA I-FITT-RR
  o CDC Foodborne Illinois Outbreak Environmental Assessments

Further work to accomplish – Summary of recommendations

Discussed that the final committee report is due December 4, 2015 and that we needed to think about what are recommendations from the committee will be to CFP. We also need to decide whether our committee wishes to be reformed to continue its work to complete current/new charges for the 2016-2018 biennium or if it will have run its course and can be retired.

These will be discussed on our 8/20/15 call.

• The subcommittees with continue to meet before the next full committee meeting scheduled for 08/20/15.
Issue: 2016 II-017

Council Recommendation: Submitted ______ Amended ______ No Action ______
Delegate Action: Accepted ______ Rejected ______

All information above the line is for conference use only.

Issue History:
This is a brand new Issue.

Title:
IFITC 2 – Approval and Posting of the Crosswalk

Issue you would like the Conference to consider:
That the Conference considers that new and updated foodborne disease outbreak training programs will continue to occur and that all target agencies could benefit from a process that updates the list of training program and reviews the programs. Posting the Crosswalk will provide a tool that will facilitate the development of robust foodborne illness training programs.

Public Health Significance:
Delays in reporting or investigating a possible foodborne disease outbreak can prolong an outbreak event, potentially resulting in further illness or economic disruption. Effective training of public health professionals, health agencies, universities and industry in outbreak response can mitigate the negative impact of any outbreak. However, these entities may not be aware of the foodborne disease outbreak trainings that are currently in existence.

The Interdisciplinary Foodborne Illness Training Committee believes that these opportunities provide the chance for the Conference for Food Protection to continue to influence the food and beverage community, health agencies, universities, in the minimum, to review their Foodborne Illness Training to determine if their program is complete as outlined in Standard 5. The Interdisciplinary Foodborne Illness Training Committee created a Crosswalk titled Crosswalk - Requirements for Foodborne Illness Training Programs Based on Standard 5 that we recommend is posted to the CFP website.

Recommended Solution: The Conference recommends...

1) approving the document titled "Crosswalk - Requirements for Foodborne Illness Training Programs Based on Standard 5" created by the Interdisciplinary Foodborne Illness Training Committee (document is attached to the Issue titled: Report - Interdisciplinary Foodborne Illness Training Committee).
2) posting the final document on the CFP website in MS Word and PDF.

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Issue History:
This is a brand new Issue.

Title:
IFITC 3 - Reassign Charges to Program Standards Committee

Issue you would like the Conference to consider:
That the Conference considers that new and updated foodborne disease outbreak training programs will continue to occur and that all target agencies could benefit from a process that updates the list of training programs and reviews the programs. The IFITC firmly believes that the better avenue to continue this work will be under the Programs Standards Committee, a standing committee of the Conference for Food Protection.

Public Health Significance:
Delays in reporting or investigating a possible foodborne disease outbreak can prolong an outbreak event, potentially resulting in further illness or economic disruption. Effective training of public health professionals, health agencies, universities and industry in outbreak response can mitigate the negative impact of any outbreak. However, these entities may not be aware of the foodborne disease outbreak trainings that are currently in existence.

The Interdisciplinary Foodborne Illness Training Committee believes that these opportunities provide the chance for the Conference for Food Protection to continue to influence the food and beverage community, health agencies, universities, in the minimum, to review their Foodborne Illness Training to determine if their program is complete as outlined in Standard 5.

Recommended Solution: The Conference recommends...:
dissolving the Interdisciplinary Foodborne Illness Training Committee.
The Conference further recommends assigning the Program Standards Committee with the following standing charges:
1. Identify available resources related to foodborne illness training.
2. Assess any newly developed foodborne illness training courses or programs.
3. Maintain the document titled *Crosswalk - Requirements For Foodborne Illness Training Programs Based on Standard 5* as a resource and content baseline for foodborne illness training.

4. Report back any findings and recommendations to each biennial meeting of the Conference for Food Protection.

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2016 Issue Form

Issue: 2016 II-019

Council Recommendation:  
Accepted as Submitted  
Accepted as Amended  
No Action

Delegate Action:  
Accepted Rejected  

All information above the line is for conference use only.

Issue History:
This is a brand new Issue.

Title:
Clarification for Re-standardization in VNFRFPS Standard 2

Issue you would like the Conference to consider:
The Voluntary National Retail Food Regulatory Program Standards (Program Standards) establish best practices for regulatory programs that license and inspect foodservice and retail food establishments; when applied, the Program Standards are intended to enhance uniformity within and between regulatory agencies.

A major requirement in Standard 2 (Trained Regulatory Staff) is the standardization of at least 90% of the regulatory inspection staff. Standard 2 is specific in stating that continuing standardization (re-standardization) "shall be maintained by performing four joint inspections with the 'training standard' every three years," but lacks specific requirements related to the protocol or process to be used when conducting these joint inspections. The common assumption is that the process used for initial standardization shall also be used for re-standardization... but this is not stated in Standard 2.

In addition, the Program Standards Definition for a "training standard" lacks requirements for both continuing education and re-standardization. Again, the common assumption is that re-standardization of a "training standard" is required every three (3) years, with the same continuing education requirements as for regulatory inspection staff, and using the same process as that used for initial standardization of the "training standard"... but none of this is stated in the Definitions or in Standard 2.

Public Health Significance:
Non-specific language regarding continuing standardization in the Definitions and in Standard 2 requires every program manager who has achieved conformance with Standard 2 to make assumptions about how to effectively achieve re-standardization in his/her jurisdiction. In addition, a lack of stated requirements forces an auditor to also make assumptions about the requirements during a verification audit. Differing interpretations... and differing expectations... could result in a non-confirming audit. Moreover, specific
requirements that might be acceptable by one auditor... could be rejected in a subsequent audit by a different auditor.

The absence of specific language regarding continuing standardization (re-standardization)... and the need to rely on unstated (and potentially differing) assumptions... could easily result in regulatory agencies being held to vastly different requirements in order to successfully pass a second (and subsequent) verification audit of Standard 2.

**Recommended Solution: The Conference recommends...:**

that a letter be sent to the FDA recommending:

1) Clarification of continuing standardization (re-standardization) requirements in the *Voluntary National Retail Food Regulatory Program Standards-January 2015* by insertion/deletion of the following language in the DEFINITIONS and in STANDARD 2 *(only those paragraphs impacted are included below; language to be inserted is in underline format and language to be removed is in strikethrough format. Full text of Standard 2 and suggested edits is available in the attached content document titled: *VNRFRPS Standard 2 Revision - full text*):*

   a) DEFINITIONS - Definition #29

   Training Standard - An individual who has successfully completed the following training elements AND standardization elements in Standard 2 and is recognized by the program manager as having the field experience and communication skills necessary to train new employees. The training and standardization elements include:

   1. Satisfactory completion of the prerequisite curriculum;
   2. Completion of a field training process similar to that contained in Appendix B-2;
   3. Completion of a minimum of 25 independent inspections and satisfactory completion of the remaining course curriculum; *and*
   4. Successful completion of a standardization process based on a minimum of eight inspections that includes development of HACCP flow charts, completion of a risk control plan, and verification of a HACCP plan, similar to the FDA standardization procedures;*
   5. Completion of a minimum of 20 contact hours of continuing education in food safety every three (3) years as outlined in Standard 2; and
   6. Successful standardization renewal every three (3) years based on the same protocol and field inspection process as that used to achieve initial standardization.

   b) STANDARD 2, Trained Regulatory Staff (see attached content document titled: *VNRFRPS Standard 2 Revision - full text*)

   Requirement Summary, STEP 4: Food Safety Inspection Officer - Field Standardization

Continuing standardization (re-standardization) shall be maintained by performing four joint inspections with the "training standard" every three years; joint inspections shall be conducted using the same protocol, include the same field exercises, and apply the same scoring and assessment criteria used during initial standardization.

**Note:** If a jurisdiction updates their standardization protocol, or their scoring and assessment tools, the most recent version shall be used during re-standardization.
Should a jurisdiction fall short of having 90% of its retail food program inspection staff successfully complete the Program Standard 2 criteria within the 18 month time frame, or should a jurisdiction fail to meet all re-standardization requirements every three years, a written protocol must be established to provide a remedy so that the Standard can be met. This protocol would include a corrective action plan outlining how the situation will be corrected and the date when the correction will be achieved.

Documentation

The quality records needed for this standard include:

1. Certificates or proof of attendance from the successful completion of all the course elements identified in the Program Standard curriculum (Steps 1 and 3);
2. Documentation of field inspection reports for twenty-five each joint and independent inspections (Steps 2 and 3);
3. Certificates or other documentation of successful completion of a field training process similar to that presented in Appendix B-2. NOTE: The CFP Field Training Manual is available for the Conference for Food Protection website: http://www.foodprotect.org/ and is located under the icon titled "Conference Developed Guides and Documents."
4. Certificates or other records showing proof of satisfactory standardization and/or re-standardization (Step 4);
5. Contact hour certificates or other records for continuing education (Step 5);
6. Signed documentation from the regulatory jurisdiction's food program supervisor or training officer that food inspection personnel attended and successful completed the training and education steps outlined in this Standard.
7. Date of hire records or assignment to the retail food program; and
8. Summary record of employees' compliance with the Standard.

2) Updating of any support material or documents related to Standard 2 and the Definitions of the Voluntary National Retail Food Regulatory Program Standards-January 2015 to reflect any language change.

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Supporting Attachments:
  • "• VNFRFRPS Standard 2 Revision - full text"

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STANDARD 2
TRAINED REGULATORY STAFF

This Standard applies to the essential elements of a training program for regulatory staff.

Requirement Summary

The regulatory retail food program inspection staff (Food Safety Inspection Officers - FSIO) shall have the knowledge, skills, and ability to adequately perform their required duties. The following is a schematic of a 5-step training and standardization process to achieve the required level of competency.

STEP 1
Completion of curriculum courses designated as “Pre” in Appendix B-1 prior to conducting and independent routine inspections.

STEP 2
Completion of the following:

- A minimum of 25 joint field training inspections (or a sufficient number of joint inspections determined by the trainer and verified through written documentation that the FSIO has demonstrated all performance elements and competencies to conduct independent inspections of retail food establishments); and
- Successful completion of the jurisdiction’s FSIO Field Training Plan similar to the process outlined in Appendix B-2: Conference for Food Protection (CFP) Field Training Manual.

STEP 3
Completion of the following:

- A minimum of 25 independent inspections; and
- Remaining course curriculum (designated as “post” courses) outlined in Appendix B-1: Curriculum for Retail Food Safety Inspection Officers.

STEP 4
Completion of a standardization process similar to the FDA standardization procedures.

STEP 5
Completion of 20 contact hours of continuing food safety education every 36 months after the initial training is completed.

Description of Requirement

Ninety percent (90%) of the regulatory retail food program inspection staff (Food Safety Inspection Officers - FSIO) shall have successfully completed the required elements of the 5-step training and standardization process:

- Steps 1 through 4 within 18 months of hire or assignment to the retail food regulatory program.
- Step 5 every 36 months after the initial 18 months of training.

Step 1: Pre-Inspection Curriculum
Prior to conducting any type of independent field inspections in retail food establishments, the FSIO must satisfactorily complete training in pre-requisite courses designated with a “Pre” in Appendix B-1, for the following curriculum areas:
1. Prevailing statutes, regulations, ordinances (specific laws and regulations to be addressed by each jurisdiction);
2. Public Health Principles;
3. Food Microbiology; and

There are two options for demonstrating successful completion of the pre-inspection curriculum.

**OPTION 1:** Completion of the pre-inspection curriculum may be demonstrated by successful completion of the following:
- FDA ORA U pre-requisite courses identified as “Pre” in Appendix B-1; and
- Training on the jurisdiction’s prevailing statutes, regulations, and/or ordinances.

*Note:* The estimated contact time for completion of the FDA ORA U pre-requisite (“Pre”) courses is 42 hours.

**OPTION 2:** Completion of the pre-inspection curriculum may be demonstrated by successful completion of the following:
- Successful completion of courses deemed by the regulatory jurisdiction’s food program supervisor or training officer to be equivalent to the FDA ORA U pre-requisite (Pre”) courses; and
- Training on the jurisdiction’s prevailing statutes, regulations, and/or ordinances; and
- Successful passing of one of the four written examination options (described later in this Standard) for determining if a FSIO has a basic level of food safety knowledge.

A course is deemed equivalent if it can be demonstrated that it covers at least 80% of the learning objectives of the comparable ORA U course AND verification of successful completion is provided. The learning objectives for each of the listed ORA U courses are available from the web site link at: [http://www.fda.gov/Training/ForStateLocalTribalRegulators/ucm121831.htm](http://www.fda.gov/Training/ForStateLocalTribalRegulators/ucm121831.htm)

*Note:* While certificates issued by course sponsors are the ideal proof of attendance, other official documentation can serve as satisfactory verification of attendance. The key to a document’s acceptability is that someone with responsibility, such as a trainer/food program manager who has first-hand knowledge of employee attendance at the session, keeps the records according to an established protocol. An established protocol can include such items as:
- Logs/records that are completed based on sign-in sheets; or
- Information validated from the certificate at the time-of-issuance; or
- A college transcript with a passing grade or other indication of successful completion of the course; or
- Automated attendance records, such as those currently kept by some professional associations and state agencies, or
- Other accurate verification of actual attendance.

Regulatory retail food inspection staff submitting documentation of courses equivalent to the FDA ORA U courses – OPTION 2 – must also demonstrate a basic level of food safety knowledge by successfully passing one examination from the four written examination categories specified herein.
1. The Certified Food Safety Professional examination offered by the National Environmental Health Association; or

2. A state sponsored food safety examination that is based on the current version of the FDA Food Code (and supplement) and is developed using methods that are psychometrically valid and reliable; or

3. A food manager certification examination provided by an ANSI/CFP accredited certification organization; or

4. A Registered Environmental Health Specialist or Registered Sanitarian examination offered by the National Environmental Health Association or a State Registration Board.

**Note:** Written examinations are part of a training process, not a standardization/certification process. The examinations listed are not to be considered equivalent to each other. They are to be considered as training tools and have been incorporated as part of the Standard because each instrument will provide a method of assessing whether a FSIO has attained a basic level of food safety knowledge. Any jurisdiction has the option and latitude to mandate a particular examination based on the laws and rules of that jurisdiction.

**Step 2: Initial Field Training and Experience**

The regulatory staff conducting inspections of retail food establishments must conduct a minimum of 25 joint field inspections with a trainer who has successfully completed all training elements (Steps 1 – 3) of this Standard. The 25 joint field inspections are to be comprised of both “demonstration” (trainer led) and “training” (trainee led) inspections and include a variety of retail food establishment types available within the jurisdiction.

If the trainer determines that the FSIO has successfully demonstrated the required performance elements and competencies, a lower minimum number of joint field training inspections can be established for that FSIO provided there is written documentation, such as the completion of the CFP Field Training Plan in Appendix B-2, to support the exception.

**Note:** The CFP Field Training Manual is available for the Conference for Food Protection web site: [http://www.foodprotect.org/](http://www.foodprotect.org/) and is located under the icon titled “Conference Developed Guides and Documents.”

Demonstration inspections are those in which the jurisdiction’s trainer takes the lead and the candidate observes the inspection process. Training inspections are those in which the candidate takes the lead and their inspection performance is assessed and critiqued by the trainer. The jurisdiction’s trainer is responsible for determining the appropriate combination of demonstration and training inspections based on the candidate’s food safety knowledge and performance during the joint field inspections.

The joint field inspections must be conducted using a field training process and forms similar to ones presented in the CFP Field Training Manual included as Appendix B-2. The CFP Field Training Manual consists of a training plan and log, trainer’s worksheets, and procedures that may be incorporated into any jurisdiction’s retail food training program. It is a national model upon which jurisdictions can design basic field training and provides a method for FSIOs to demonstrate competencies needed to conduct independent inspections of retail food, restaurant and institutional
Jurisdictions are not required to use the forms or worksheets provided in the CFP Field Training Manual. Equivalent forms or training processes can be developed. To meet the intent of the Standard, documentation must be maintained that confirms FSIOs are trained on, and have demonstrated, the performance element competencies needed to conduct independent inspections of retail food and/or foodservice establishments.

**Note:** The CFP Field Training Manual is designed as a training approach providing a structure for continuous feedback between the FSIO and trainer on specific knowledge, skills, and abilities that are important elements of effective retail food, restaurant, and institutional foodservice inspections.

- The CFP Field Training Manual is NOT intended to be used for certification or licensure purposes.
- The CFP Field Training Manual is NOT intended to be used by regulatory jurisdictions for administrative purposes such as job classifications, promotions, or disciplinary actions.

FSIOs must successfully complete a joint field training process, similar to that presented in the CFP Field Training Manual, prior to conducting independent inspections and re-inspections of retail food establishments in risk categories 2, 3, and 4 as presented in Appendix B-3 (taken from Annex 5, Table 1 of the 2013 FDA Food Code). The jurisdiction’s trainer/food program manager can determine if the FSIO is ready to conduct independent inspections of risk category 1 establishments (as defined in Appendix B-3) at any time during the training process.

**Note:** The criterion for conducting a minimum of 25 joint field training inspections is intended for new employees or employees new to the food safety program. In order to accommodate an experienced FSIO, the supervisor/training officer can in lieu of the 25 joint field inspections:

- Include a signed statement or affidavit in the employee’s training file explaining the background or experience that justifies a waiver of this requirement; and
- The supervisor/training officer must observe experienced FSIOs conduct inspections to determine any areas in need of improvement. An individual corrective action plan should be developed outlining how any training deficiencies will be corrected and the date when correction will be achieved.

**Step 3: Independent Inspections and Completion of ALL Curriculum Elements**

Within 18 months of hire or assignment to the regulatory retail food program, Food Safety Inspection Officers must complete a minimum of 25 independent inspections of retail food, restaurant, and/or institutional foodservice establishments.

- If the jurisdiction’s establishment inventory contains a sufficient number of facilities, the FSIO must complete 25 independent inspections of food establishments in risk categories 3 and 4 as described in Appendix B-3.
- For those jurisdictions that have a limited number of establishments which would meet the risk category 3 and/or 4 criteria, the FSIO must complete 25 independent inspections in food establishments that are representative of the highest risk categories within their assigned geographic region or training area.

In addition, all coursework identified in Appendix B-1, for the following six curricula areas, must be completed within this 18 month time frame.
1. Prevailing statutes, regulations, ordinances (all courses for this element are part of the pre-requisite curriculum outlined in Step 1);
2. Public health principles (all courses for this element are part of the pre-requisite curriculum outlined in Step 1);
3. Communication skills (Step 1);
4. Food microbiology (some of the courses for this element are part of the pre-requisite curriculum outlined in Step 1);
5. Epidemiology;
6. Hazard Analysis Critical Control Points (HACCP);
7. Allergen Management
8. Emergency Management

All courses for each of the curriculum areas must be successfully completed within 18 months of hire or assignment to the regulatory retail food program in order for FSIOs to be eligible for the Field Standardization Assessment.

**Note:** The estimated contact time for completion of the FDA ORA U “post” courses is 26 hours. The term “post” refers to those courses in Appendix B-1 that were not included as part of the pre-requisite coursework. This includes all the courses in Appendix B-1 that do not have the designation “Pre” associated with them. All courses in Appendix B-1 must be successfully completed prior to conducting field standardizations.

As with the pre-requisite inspection courses, the coursework pertaining to the above six curriculum areas can be successfully achieved by completing the ORA U courses listed under each curriculum area OR by completing courses, deemed by the regulatory jurisdiction’s food program supervisor or training officer to be equivalent to the comparable FDA ORA U courses.

A course is deemed equivalent if it can be demonstrated that it covers at least 80% of the learning objectives of the comparable ORA U course AND verification of successful completion can be provided. The learning objectives for each of the listed ORA U courses are available from the FDA website: [http://www.fda.gov/Training/ForStateLocalTribalRegulators/ucm121831.htm](http://www.fda.gov/Training/ForStateLocalTribalRegulators/ucm121831.htm)

**Step 4: Food Safety Inspection Officer – Field Standardization**

Within 18 months of employment or assignment to the retail food program, staff conducting inspections of retail food establishments must satisfactorily complete four joint inspections with a “training standard” using a process similar to the “FDA Standardization Procedures.” The jurisdiction’s “training standard” must have met all the requirements for conducting field standardizations as presented in the definition section of these Standards. The standardization procedures shall determine the inspector’s ability to apply the knowledge and skills obtained from the training curriculum, and address the five following performance areas:

1. Risk-based inspections focusing on the factors that contribute to foodborne illness;
2. Good Retail Practices;
3. Application of HACCP;
4. Inspection equipment; and
5. Communication.

**Note:** The field standardization criteria described in Step 4 is intended to provide a jurisdiction the flexibility to use their own regulation or ordinance. In addition, the reference to using
standardization procedures similar to the FDA Procedures for Standardization of Retail Food Inspection Training Officers, is intended to allow the jurisdiction the option to develop its own written protocol to ensure that personnel are trained and prepared to competently conduct inspections. Any written standardization protocol must include the five performance areas outlined above in Step 4.

It is highly beneficial to use the FDA Food Code, standardization forms and procedures even when a jurisdiction has adopted modifications to the Food Code. Usually regulatory differences can be noted and discussed during the exercises, thereby enhancing the knowledge and understanding of the candidate. The scoring and assessment tools presented in the FDA standardization procedures can be used without modification regardless of the Food Code enforced in a jurisdiction. The scoring and assessment tools are, however, specifically tied to the standardization inspection form and other assessment forms that are a part of the FDA procedures for standardizations.

FDA’s standardization procedures are based on a minimum of 8 inspections. However to meet Standard 2, a minimum of 4 standardization inspections must be conducted.

Jurisdictions that modify the limits of the standardization process by reducing the minimum number of inspections from 8 to 4 are cautioned that a redesign of the scoring assessment of the candidate’s performance on the field inspections is required. This sometimes proves to be a very difficult task. A jurisdiction must consider both the food safety expertise of its staff, as well as the availability of personnel versed in statistical analysis before it decides to modify the minimum number of standardization inspections. The jurisdiction’s standardization procedures need to reflect a credible process and the scoring assessment should facilitate consistent evaluation of all candidates.

The five performance areas target the behavioral elements of an inspection. The behavioral elements of an inspection are defined as the manner, approach and focus which targets the most important public health risk factors, and communicates vital information about the inspection in a way that can be received, understood and acted upon by retail food management. The goal of standardization is to assess not only technical knowledge but also an inspector’s ability to apply his or her knowledge in a way that ensures the time and resources spent within a facility offer maximum benefit to both the regulatory agency and the consuming public. Any customized standardization procedure must continue to meet these stated targets and goals.

Continuing standardization (re-standardization) shall be maintained by performing four joint inspections with the "training standard" every three years; joint inspections shall be conducted using the same protocol, include the same field exercises, and apply the same scoring and assessment criteria used during initial standardization.

Note: If a jurisdiction updates their standardization protocol, or their scoring and assessment tools, the most recent version shall be used during re-standardization.

Should a jurisdiction fall short of having 90% of its retail food program inspection staff successfully complete the Program Standard 2 criteria within the 18 month time frame, or should a jurisdiction fail to meet all re-standardization requirements every three years, a written protocol must be established to provide a remedy so that the Standard can be met. This protocol would include a corrective action plan
Step 5: Continuing Education and Training

A FSIO must accumulate 20 contact hours of continuing education in food safety every 36 months after the initial training (18 months) is completed. Within the scope of this standard, the goal of continuing education and training is to enhance the FSIO’s knowledge, skills, and ability to perform retail food and foodservice inspections. The objective is to build upon the FSIO’s knowledge base. Repeated coursework should be avoided unless justification is provided to, and approved by, the food program manager and/or training officer.

Training on any changes in the regulatory agency’s prevailing statutes, laws and/or ordinances must be included as part of the continuing education (CE) hours within six months of the regulatory change. Documentation of the regulatory change date and date of training must be included as part of the individual’s training record.

The candidate qualifies for one contact hour of continuing education for each clock hour of participation in any of the following nine activities that are related specifically to food safety or food inspectional work:

1. Attendance at FDA Regional seminars / technical conferences;
2. Professional symposiums / college courses;
3. Food-related training provided by government agencies (e.g., USDA, State, local);
4. Food safety related conferences and workshops; and
5. Distance learning opportunities that pertain to food safety, such as:
   - Web based or online training courses (e.g., additional food safety courses offered though ORA U, industry associations, universities); and
   - Satellite Broadcasts.

A maximum of ten (10) contact hours may be accrued from the following activities:
6. Delivering presentations at professional conferences;
7. Providing classroom and/or field training to newly hired FSIOs, or being a course instructor in food safety; or
8. Publishing an original article in a peer-reviewed professional or trade association journal/periodical.

Contact hours for a specified presentation, course, or training activity will be recognized only one time within a 3-year continuing education period.

**Note:** Time needed to prepare an original presentation, course, or article may be included as part of the continuing education hours. If the FSIO delivers a presentation or course that has been previously prepared, only the actual time of the presentation may be considered for continuing education credit.

A maximum of four (4) contact hours may be accrued for:
9. Reading technical publications related to food safety.

Documentation must accompany each activity submitted for continuing education credit. Examples of acceptable documentation include:
   - certificates of completion indicating the course date(s) and number of hours attended or CE
credits granted;
• transcripts from a college or university;
• a letter from the administrator of the continuing education program attended;
• a copy of the peer-reviewed article or presentation made at a professional conference; or
• documentation to verify technical publications related to food safety have been read including completion of self-assessment quizzes that accompany journal articles, written summaries of key points/findings presented in technical publications, and/or written book reports.

Note: The key to a document’s acceptability is that someone with responsibility, such as a training officer or supervisor, who has first-hand knowledge of employee’s continuing education activities, maintains the training records according to an established protocol similar to that presented in Step 1 for assessing equivalent courses.

Outcome

The desired outcome of this Standard is a trained regulatory staff with the skills and knowledge necessary to conduct quality inspections.

Documentation

The quality records needed for this standard include:
1. Certificates or proof of attendance from the successful completion of all the course elements identified in the Program Standard curriculum (Steps 1 and 3);
2. Documentation of field inspection reports for twenty-five each joint and independent inspections (Steps 2 and 3);
3. Certificates or other documentation of successful completion of a field training process similar to that presented in Appendix B-2. NOTE: The CFP Field Training Manual is available for the Conference for Food Protection web site: http://www.foodprotect.org/ and is located under the icon titled “Conference Developed Guides and Documents.”
4. Certificates or other records showing proof of satisfactory standardization and/or re-standardization (Step 4);
5. Contact hour certificates or other records for continuing education (Step 5);
6. Signed documentation from the regulatory jurisdiction’s food program supervisor or training officer that food inspection personnel attended and successful completed the training and education steps outlined in this Standard.
7. Date of hire records or assignment to the retail food program; and
8. Summary record of employees’ compliance with the Standard.

The Standard 2: Program Self-Assessment and Verification Audit Form is designed to document the findings from the self-assessment and the verification audit process for Standard 2.
Reevaluation of FDA VNRFRP Standard 8

The FDA Voluntary National Retail Food Regulatory Program Standards (VNRFRPS) provides an excellent framework for measure of conformity and serves as a benchmark for local health departments. It is our opinion that Standard 8 should be reevaluated to promote more feasible, sensible, and realistic criteria that can be obtained by health departments without reducing the overall objective of Standard 8.

Public Health Significance:

Standard 8 of the VNRFRPS creates an unattainable standard that prohibits local health departments (LHDs) from achieving this level of model operation. Very few LHDs have met this Standard. Of this small number, many were one person jurisdictions that do not operate on the same capacity of the majority of LHDs. From the FDA VNRFRP website, of the 671 LHDs that are enrolled, only 27 have met Standard 8 thru self-assessment, 14 of those conducted their assessments over 5 years ago, and only 2 of the 27 were actually verified via an audit.

While the Standard surely should exist, the logic model doesn't seem sound when it is unattainable or impractical to efficient operations of LHDs. Standard 8 should be reevaluated, not to reduce the quality of the benchmark, but to review the criteria to be sure it is accurate and reasonable, as well as being an attainable standard of measure for LHDs to strive to attain.

Recommended Solution: The Conference recommends...:

that the CFP Program Standards Committee be charged to evaluate Standard 8 of the FDA Voluntary National Retail Food Regulatory Program Standards, as follows:

1. review the "Description of Requirements" for "Staffing Level" to ensure they are accurate, reasonable, and attainable for jurisdictions of all sizes,
2. report back their findings and recommendations to the 2018 Biennial Meeting of the Conference for Food Protection.

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It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.
Issue History:
This is a brand new Issue.

Title:
Recommended Food Code adoption process

Issue you would like the Conference to consider:
This Issue makes it easy for all stakeholders to quickly identify differences between a jurisdiction's food code and the FDA Food Code.

Adoption of the FDA Food Code by States, Territories and Local jurisdictions can be a laborious process. Besides taking a long time and extensive resources of regulatory authorities, it is often difficult to determine which sections of a jurisdiction's food code are different from the FDA Food Code. This issue asks the conference to consider providing in Standard 1 of the Voluntary National Retail Food Regulatory Program Standards (or anywhere else FDA feels appropriate) a suggested method for FDA Food Code adoption.

This issue recommends adoption via an exception process. A number of states have utilized this process successfully, Iowa, New Mexico, North Carolina and West Virginia for example. As the jurisdiction reviews the latest FDA Food Code for adoption, it creates a statute or administrative rule which:

1. First adopts the current version of the FDA Food Code;
2. Secondly creates paragraphs within their statute/rule which adopt jurisdiction specific requirements which replace or amend the referenced sections of the FDA Food Code.

Public Health Significance:
This process does not compromise food safety in any manner and would simplify the Food code adoption process. Since many multi-jurisdictional companies utilize the current version of the FDA Food Code as their standard for Food Safety, it would allow them to easily identify Food Code sections that differ from the FDA Food Code. A few of the advantages of this type of adoption process include:

1. Less chance of transcription errors-missing words, misspelled words, etc.
2. Less chance of missing relevant Food Code citations or cross references.
3. Changes from the FDA Food code are easy to pick out since they will be incorporated into a much briefer rule. No need to search the whole food code of a jurisdiction to see what is different.

4. Less chance of industry being out of compliance with a jurisdictions food code since they did not know that a jurisdiction’s food code differed from the FDA Food Code in any given section.

**Recommended Solution: The Conference recommends...:**

that a letter be sent to FDA recommending that Standard 1 of the Voluntary National Retail Food Regulatory Program Standards include a process for adopting the FDA Food Code with exceptions. The following is sample language:

When adopting the FDA Food Code, the following is a recommended process:

1. Adopt Chapters 1-7 or 8 (if it's compatible with the jurisdiction's administrative procedures) if allowed by the jurisdiction's rulemaking process and by stakeholders.

2. Any changes should then be incorporated into this administrative rule citing which specific sections of the FDA Food code are not being adopted or are being modified. List specific wording changes that are replacing the exempted FDA sections, including a reference to the specific FDA section being changed.

3. Additional jurisdiction specific chapters may be added and may include items such as mobile units, temporary events, cottage foods, etc.

4. When adding additional chapters, consider reviewing available guidance documents on the CFP and Association of Food and Drug Officials (AFDO) websites for model codes that can be used in creating additional content.

5. An 'unofficial' inspectors copy of the final adopted code be created which includes full text of the Food Code including changes so inspectors do not need to cross reference back and forth between the FDA Food Code and the jurisdiction's adopted rule.

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*It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.*
Conference for Food Protection
2016 Issue Form

Issue: 2016 II-022

Council
Recommendation: Accepted as Submitted
Accepted as Amended
Accepted as No Action

Delegate Action: Accepted Rejected

All information above the line is for conference use only.

Issue History:
This issue was submitted for consideration at a previous biennial meeting, see issue: 2014, III-017; the recommended solution has been revised.

Title:
Complimenting Unannounced with Scheduled Inspections

Issue you would like the Conference to consider:
30,000+ health inspectors/assessors have an opportunity to be more focused on prevention in keeping with the principles of Active Managerial Control (AMC) and in the spirit of the Food Safety Modernization Act (FSMA).

A condition for improved learning for food handlers and their managers can be achieved by scheduling inspections rather than trying to learn during routine, unannounced inspections, especially when key managers are missing.

Local initiatives show that a scheduled assessment format is capable of culture change and the building of mutual respect between inspector and operator. Once a program of scheduled inspections is implemented neither party wants to return to former practices.

Discussions with the person-in-charge (PIC) and senior facility management, focused on prioritized risks, uncover many risks that cannot be discovered by observation alone. This point is crystallized in this quote from an operator during an outbreak investigation. "Why didn't you point out all these risks? Why did you wait until we had an outbreak?"

http://handwashingforlife.com/blog/mike-mann/scheduled-restaurant-inspections

Public Health Significance:
Better-utilized health inspector time can protect the public by minimizing foodborne outbreaks.

Minimally trained foodservice managers and staff threaten public health. Without knowledge of clear risk-based objectives, managers are themselves barriers to effective and sustainable staff training as they set priorities and control budgets. It is the onsite manager education that has been the missing link, and high industry turnover rates exacerbate the issue.
There are approximately 30,000 inspector/trainers in the U.S. who conduct an estimated 20 million retail food inspections per year. Encouraging unannounced inspections will improve public health by focusing some of these inspections on communication and a training partnership between industry and regulators.

**Recommended Solution: The Conference recommends:**

that a letter be sent to the FDA recommending that the 2013 Food Code Annexes be amended to encourage complimenting unscheduled with scheduled inspection programs by regulatory agencies.

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**Supporting Attachments:**

- "Olmsted County Receives "Model Practice Award""
- "Olmsted County Crumbine Award Package"
- "Olmsted County - Risk Factor Identification"

*It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.*
Olmsted County Public Health Services Receives “Model Practice Award”

The National Association of County and City Health Officials (NACCHO) honors Olmsted County Public Health Services’ on July 13, 2005 at the NACCHO annual conference in Boston for “excellence and continual improvement” in the County’s food protection program. Olmsted County joins a special group of public health agencies that exemplify the forward thinking, proactive attitude of our nation’s public health system,” said NACCHO President Michael Caldwell, MD, MPH. “NACCHO congratulates Olmsted County Public Health Services on this important recognition.”

Olmsted County’s food protection program entry, titled “Discovering Previously Unidentified Foodborne Illness Risks Through Discussion,” summarizes the County’s process of assisting food establishment managers develop their policies and systems that address conditions most often associated with food-borne illness. This approach typically results in longer lasting food safety improvements and it identifies about 50% more risk conditions associated with employee health, hand-washing, cooking, and cooling than traditional facility inspection models.

The methods, initiated in the late 1990’s, are under continued development with assistance by a local Food Safety Advisory Task Force that includes local food service establishment, Olmsted County Environmental Commission, and County Public Health representatives. Environmental Health Director and food program manager, Rich Peter, attributes the program’s success to “the community’s commitment to continual improvement that is shared by our local food service industry and State & local public health for protecting the public’s health.”

NACCHO’s Model Practice Awards program honors 39 initiatives in 2005, that demonstrate how local public health agencies and their community partners can effectively collaborate to address local public health concerns. A committee of peers selected Olmsted County from 106 local public health agency applicants. All award winning programs will become part of a NACCHO online, searchable database of successful public health practices including immunization, infectious disease, emergency preparedness, and maternal and child health.

- OCPHS -
Samuel J. Crumbine
Consumer Protection
Award

2000 Award Application By:

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Executive Summary

This is the Information Age where change is a constant, and we know that well in Olmsted County, Minnesota. Many people here make their living as innovators, at places like the Mayo Clinic and the IBM AS400 facility. In this progressive environment, we in the Environmental Health division began to question the purpose to our assigned work. We concluded that preventing foodborne illness is a job for the people who work with the food. Our job is to assist them in this prevention work.

Before it was common for local public health agencies to do so, this division developed the capability to investigate outbreaks of foodborne illness. But reacting to an outbreak is like a fire department arriving on the scene after the house has burned down. Like a fire department, we needed to focus on prevention, and we needed a way to do this practically.

This method would have to zero in on health risks—those conditions and practices that are known, through epidemiology, to cause foodborne illness. This was difficult to do during a traditional, unannounced inspection geared toward code compliance and enforcement. Too much time was spent on low risk conditions, adversarial relationships tended to develop, and communication was poor. Food service operators didn’t listen to us—our message was of little value to them.

But when the message was focused on risk reduction, restaurant operators were willing to listen, and when they continued to hear us talking about food safety, they began to see us as allies. And then we could begin working with them to prevent foodborne illness in their establishments.

A pilot project to build these lessons into a risk-based inspection format was proposed, and was supported by the Minnesota Department of Health, with funding assistance from the University of Minnesota, Food Science Department. Other local agencies joined us in a week-long training exercise led by D.J. Inman.

After the training, the pilot was expanded to more food service sites, and we developed a practical and systematic method for assessing health risk. It is called Food Safety Systems Review, or System Review for short. It is a HACCP-based screening tool that doesn’t need plans or manuals to be put into use. With the cooperation of the operator the practices that increase the risk of illness are identified, and with the sanitarian’s assistance, safer procedures are developed. The operator is left to put these changes into practice, and our experience tells us that these changes are taking place.

An ongoing challenge is to quantify our results to track this progress over time, and ironically, return to unannounced inspections; this time as a partner, not an adversary.

We didn’t do this alone...

We would like to express our appreciation for the permission, help, and encouragement we received from the people of: the 6 restaurants that agreed to participate with us in our training and pilot project; the Olmsted County Environmental Commission; the Olmsted County Board; Joellen Feirtag, PhD, at the University of Minnesota; the public health agencies of Brown-Nicollet, Waseca, and Winona Counties; the Minnesota Department of Health, especially Mary Sheehan; the US Food and Drug Administration; and people working outside of government, especially D.J. Inman.

But most of all we would like to thank the food service operators of Olmsted County. They were generous enough to take the hand we extended to them and join us in a partnership dedicated to preventing foodborne illness. They have told us we can accomplish this work together.
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Part I: Who We Are

Our Community

Olmsted County is located in southeast Minnesota, a mainly rural, agricultural area. Its population is a study in contrasts: here are people from all over the world who have recently made a new home, as well as people who have farmed the same land for generations. Its population is concentrated in the largest city, Rochester, with 70% of the county’s approximately 115,000 people.

Rochester is the home of the Mayo Clinic, which gives it the distinction of having the greatest per capita concentration of physicians in the world. IBM and its AS400 computer assembly facility is the second leading employer. Together, with a strong Convention Bureau, they annually attract over 1 million visitors to Rochester from all over the world. Rochester’s leaders and citizens are also proud of being named the “Best Place to Live in America” by Money Magazine.

As well as attracting visitors, Olmsted County and Rochester have become a new home for thousands of immigrants and refugees. This influx began in the 1970’s with arrivals from Cambodia, Laos, and Vietnam. More recently, Hispanic migrant workers, and people from Ethiopia, China, Bosnia, Russia, Somalia, Sudan, and Zaire have settled here. As a result, the unique cuisine of these cultures has become a part of the 300+ food establishments in our community.

Olmsted County is also host to over 30 community celebrations and special events annually. Most notable are Rochesterfest, the Olmsted County Fair, Gold Rush Antique Flea Markets, and the Viola Gopher Count. These events attract several hundred thousand people annually.
**Our Public Health Challenges**

At OCPHS we feel we are carrying on the work of our department’s founder and first health officer, Dr. William Mayo. Of special concern is the large number of Mayo Clinic patients who come to our community for treatment. Many suffer from illnesses that make them more susceptible to foodborne illness. Some of these people are here for months at a time, staying in and eating at licensed facilities.

**Our Resources**

A strength of our division is the diversity of our staff: 3 ½ Sanitarians, 2 Senior Sanitarians, 1 Health Educator, 3 Technicians, 1 Secretary, 1 Environmental Health Services Coordinator, and 1 Director. The Sanitarians, Coordinator and Director, all registered sanitarians, obtain an average of 15 continuing education units each year, enhancing not only their food safety knowledge, but also communication and presentation skills, and even a “Thinking Outside the Lines” seminar. We regularly participate in external committees and project work, including state committees and presentations (see Appendix for staff CEUs and presentations). The addition of an epidemiologist to the department staff in 1991 enhanced disease surveillance, improved communication with the medical community, and helped uncover many local, statewide, and even national outbreaks. In addition to the conventional inspection equipment, staff now carry, or have access to, thermocouples, infrared thermometers, a computerized data-logging thermometer, and pH meter. Each sanitarian also has a personal computer with e-mail and access to the Internet.
Part II: Our Story

We are a group of food safety professionals, united in the belief that we have an important job to do. We used to think it was our job to prevent foodborne illness. By trial and error we discovered that we cannot prevent foodborne illness--at least, not by ourselves. What we can do is to work with the people who work with the food. They can prevent foodborne illness.

We started out doing traditional inspections: walk in unannounced, see what there is to see at that point in time, write up correction orders, and briefly discuss the results with the operator (if they were there). Over nearly 10 years we evolved, trying to sharpen the focus on disease risks and communicate effectively with food service operators. The change process intensified during the last 3 years, resulting in an inspection approach that has reached new levels of risk assessment and communication. What follows is the story of our journey - a journey through three main issues and challenges: focusing on risk, improving communication, and measuring outcomes (these issues and challenges are discussed in more detail in Part III).

The Early Years - Consistency and Education

In the early 1990s, we made a major effort to improve consistency between inspectors by doing “standardization” inspections, where every observable violation was cited. Crumbs in a corner became a dirty floor, and one dirty spoon was written up as soiled utensils. We felt that if the operator knew all of the code provisions (through our thorough, standardized inspections) at the same time we de-emphasized the inspection scores (because many restaurants had lower scores as an outcome of this approach), in the long run, we should see safer food establishments.
To achieve consistency in reporting and to avoid illegible handwritten reports, we used pre-written standard orders that were stored in a computer database. There were several hundred orders, which attempted to cover every situation likely to be encountered. We added the public health reason to each of the corrections in an attempt to persuade operators we had the highest motives in asking them to make all the changes. Unfortunately, the educational content of the reasons was lost in reports that often ran to twenty pages. Also lost in the bulky reports was the first attempt to emphasize the high risk items, which had their own section at the beginning.

But because of our standardization style, many low risk items were left uncorrected. The method for dealing with these was to ask the operator to draw up a Plan of Action, which was a description of how and when the owner was going to fix or correct them. Follow-through was inconsistent, both by operators and sanitarians. Again, we hoped a long-term written plan would lead to improvement.

We thought long-term compliance would improve if we increased the rate of scheduled reinspections. High risk items and “Repeat” items were given priority. We did get better compliance from operators, however, we often saw the same or similar problems at the next inspection. We started asking ourselves, “Are we preventing disease”? “Are we reducing the risk?” “Are we confident that the minute our inspection is over the food served in that restaurant is safe, or at least safer”? **We concluded that this system of inspection encouraged operators to correct items temporarily to satisfy the inspector, instead of incorporating the corrections as changes in their day-to-day operations.**
The Mid 1990s – Customer Service and Reorganization

We received a boost of energy from our county management when they adopted Total Quality Management principles. They asked us to work as teams, and view both our fellow employees and outside contacts as customers. This encouraged us to try to see things from the operator’s point of view. We decided to tailor our inspections to fit their needs. We wanted them to see the inspection process as a “valuable product,” so they would improve their compliance.

These county directives fueled a reorganization. We got training in teambuilding. We split the county into three districts and assigned a team of two sanitarians to each. We set a goal of inspecting all our establishments at least once per year, stored inspection dates in newly available computer software, and tracked our progress with graphs. We set a regular schedule to replace our previously occasional and casual staff meetings, and worked from an agenda prepared in advance.

We also decided to overhaul the standard orders before putting them in a new database, and worked on this project as a team. The number of orders was cut in half and rewritten to cover situations generally instead of specifically. The emphasis became high risk items, now called “Critical Conditions.” We spent great care on the wording--another attempt to persuade operators to complete their corrections. Unfortunately, the new orders were no more successful than the old ones.

Throughout the ‘80s and ‘90s – The Foodborne Outbreak Inspection

Unlike traditional inspections, the approach used over the last 15 years during foodborne illness investigations has proved successful. Outbreaks are usually threatening to food service operators--a restaurant’s future can hang in the balance. From the onset, the
investigation team immediately tries to establish an honest and trusting relationship with management. Our premise is that their undivided attention, cooperation, and honesty are essential in finding the cause of the outbreak.

Not only was our communication style different from a routine inspection, so was the information we were interested in and the way we went about getting it. Our attention was totally focused on health risk. We talked to both employees and management. We asked all food employees questions about their illness history and work duties, and then we listened carefully to their responses to identify suspect preparation procedures or other causes. We helped the manager and the staff identify not just what they were doing wrong, but also what corrections to make, and how to monitor those corrections to prevent future outbreaks. Managers started to ask why this type of focused inspection wasn’t being done before an outbreak. Could we switch to an illness prevention program focused on health risk? And even if we could, how could we do it practically? We couldn’t go into every restaurant and analyze the preparation of every food.

**The Mid 1990s Again – The Change Process Accelerates**

Inspired by a food safety plan drafted by the Minnesota Department of Health, our Director developed a tool titled “Food Safety Systems Review.” This “tool” captured the important food safety systems and practices that should be assessed during an inspection. In late 1996 we were making plans to use this hazard analysis-based method (described in more detail in Issue #1), but realized it required a lot of information gathering, which still made it impractical to use during a standard, unannounced inspection. We put this tool on the shelf.

At the same time, we were hearing new ideas from food safety innovators across the country who advocated using hazard analysis and re-tooling the standard inspection format.
As the epidemiology continued to point to more specific food preparation and hygiene errors as causes of disease outbreaks (the foodborne illness – FBI – factors), we concluded that it was important to use hazard analysis to identify the FBI factors in an establishment. But identifying the hazards was not enough. In order to make a significant reduction in the incidence of foodborne illness it was necessary to get food preparers to change their behavior. Once we recognized this, we realized the way we did inspections was one of the barriers to change. We had already been trying to persuade people to change with our carefully crafted standard orders. And people did change, but only until we walked out the door after their reinspection. We needed help to move beyond the regulatory-only “box” in order to impact behavior.

In February of 1997, Mary Sheehan of MDH had the vision to bring the FDA Food Leadership Workshop to Minnesota. There, our Coordinator Pete Giesen, and Director, Rich Peter met D.J. Inman. Just as a chemical catalyst helps drive a reaction to completion, the influence and energy of D.J. helped us to put together the food safety puzzle pieces we had collected: focusing on health risk, improving communication with operators, and giving them a reason to cooperate with us. D.J. is a former FDA food safety specialist and a current food safety consultant. He advocates forming partnerships and building relationships with operators to achieve the common goal of preventing foodborne illness. He promotes a respectful, consultative method where sanitarians ask questions in order to become familiar with the operation and its food preparation methods, especially for high risk foods. Problems will then “float to the top,” and safer methods for food preparation can be discussed. This fit in well with our realization that a code-based inspection is not effective in identifying the real
food safety problems nor at persuading most people to permanently change their practices or behavior.

1997 Through Today - The Pilot Project

We decided we wanted to try this new way of inspecting. Other nearby local agencies were also interested in the approach. With approval from the Minnesota Department of Health (MDH) and our County Environmental Commission, we embarked on a pilot project with six local restaurateurs. Funding from the University of Minnesota Food Science Department helped us to bring D.J. back to Minnesota to put on a training workshop. Sanitarians from Brown-Nicollet, Olmsted, Waseca, and Winona Counties, and MDH participated.

After the week-long training, the response from both the operators and participating sanitarians was so overwhelmingly positive that a decision was made to expand the number of restaurants involved. But as more staff members joined in, it became apparent that there was not enough structure in the inspection format to satisfy our diverse group, to document our activities, and to have measurable outcomes for assessment.

This is when the Systems Review form was pulled off the shelf. The review is based on Hazard Analysis Critical Control Points (HACCP). HACCP is basically a vertical approach and the Systems Review is a horizontal approach. Think of it this way. Visualize a flow chart of a process or recipe. It starts at the top of the page with ingredients, and ends at the bottom with finished product. Now visualize several flow charts placed side by side. If you go across the pages from side to side, there will be some alignment of common elements. These are food preparation processes such as cooling, cooking, and reheating. When using this method it is not important whether a given process is a critical control point in a given
recipe—all the “systems” are treated as being critical. For example: always use rapid cooling methods, always wash hands before touching food, always avoid cross-contamination, etc.

The systems review process (which is further described in the Issues/Challenges section) is the cornerstone of today’s program.

Forming partnerships with the “other side” can be a tough concept for enforcement-oriented people to accept. Our experience confirms that operators are not trying to get away with things when it comes to safe food; they’re not the “other side”. They take pride in their business and are very aware that a foodborne outbreak could cost them their reputation, or their livelihood. They also have strong feelings of loyalty to their base of regular customers, and know that the relationship might not survive our “common enemy”—foodborne illness.

**Part III: Our Issues and Challenges**

As we journeyed through the last 8 to 10 years, we would like to say our program’s improvements proceeded smoothly from point A to point B, guided by a clear list of goals, objectives, and methods, all tagged with staff assignments and completion dates— but it didn’t happen that way. We seemed to know where we wanted to go but we didn’t know how to get there.

Our Community Health Services (CHS) Assessment and Plan helped. This process, required by Minnesota Statutes, is for communities to help local health agencies to identify and prioritize health problems, and develop goals, objectives, and methods for solving them (see the Appendix for excerpts from our 1996 and 2000 plans). This four-year planning cycle greatly influenced how we approach our work. We started talking about health
problems, not just programs. As early as 1992, we started to recognize some of the barriers to improving health outcomes with a goal to:

“Improve communications with businesses and other organizations to improve efficiency and effectiveness of education, consultation and regulatory services authorized by the State of Minnesota and Olmsted County.” (1992 CHS Plan).

But focusing on the health problems within a regulatory framework was a huge challenge (we could no longer say, “By enforcing the code, we will prevent foodborne illness”). We had to come up with solutions to actually impact the problem. In retrospect, this conflict between the regulatory paradigm and health-outcomes paradigm is why it was difficult to “plan” for the change we went (and are going) through.

However, of the many challenging issues we faced during our journey, three stand out: 1) focusing on risk, 2) improving communication, and 3) measuring outcomes. If we thoroughly assess the foodborne disease risks (1st priority), and effectively communicate them with the food service operator (2nd priority), the public’s health will be better protected and the resulting outcomes can be measured (3rd priority). Any other order has a diminished effect.

**Issue/Challenge 1: Focusing on Risk**

*Traditional food service inspections were not focused on health risks--they were driven by a code-based system whose good intentions became an obstacle to preventing foodborne illness.*

**OUTCOME:** We have instituted a risk-based inspection system that is similar to the investigation of a foodborne illness.

No one can deny that the primary purpose of food service inspections is to reduce the risk of foodborne illness. But it can be argued that the “letter” of the food code often overshadows the “spirit” of the code. This, combined with our early tradition of being the “sanitary police,” has created an image of us as regulators - not educators or consultants.
Add to this a changing epidemiology of foodborne disease that doesn’t follow the rules or wait for the next code update, and you have a food inspection program that’s soon out-of-date.

Unfortunately, this combination creates many problems: uncertainty among food safety professionals, adversarial relations with operators during inspections, and most importantly, the belief that strict enforcement of the food code is the only effective way to reduce risk. Our focus on risk is our attempt to balance these forces. Our journey continues.

**How did we reach our outcome?**

**Our Early Efforts to Focus on Risk – A Lesson from a Water Contamination Incident**

We started to learn about and appreciate the meaning of a risk-based approach back in 1990. At the Olmsted County Fair, a temporary water distribution system became contaminated (JEH - March, 1996). We thought we’d been doing a good job at the fair because we inspected all the food stands, but we weren’t seeing the fair as a community with the same public health risks faced by any large community. We suddenly realized that it wasn’t enough to react to problems--we had to anticipate them by looking at all the potential problems and their risks. In this case, a week-long event with 200,000 visitors, animals and their manure, food stands, water distribution systems, waste disposal facilities, and campground on a 50-acre site.

Since then, we work each year with the organizers of over 30 special events to discuss their set-up plans well before the event. We troubleshoot issues during the event, and follow-up afterward to better prepare for the following year. The outcomes of this consultative work have been significant: volunteer organizers have coordinated the design and installation of properly sized water distribution systems; handwashing stations were placed adjacent to portable restrooms and animal handling areas; storm sewer inlets were stenciled with
educational messages about environmentally-safe wastewater disposal; and food vendors were licensed well in advance of events, and were required to describe their menus, equipment, and food preparation procedures. We looked for opportunities to apply this risk-based, consultative approach to other areas of our work.

**The Foodborne Outbreak Inspection – a Natural Focus on Risk**

As mentioned previously, foodborne outbreak inspections also focused us on risk. Since 1984, OCPHS, in cooperation with the MDH Acute Disease Epidemiology Section, has investigated over 35 food and waterborne outbreaks in Olmsted County (see Appendix for summary of procedures and list). Outbreaks that may have gone undetected elsewhere were uncovered through strong statewide disease surveillance (currently Minnesota is a FoodNet site), and ongoing communication between OCPHS, the Mayo Clinic, and Olmsted Medical Center. For example, our epidemiologist was instrumental in identifying an increase in the number of *Salmonella* cases at the local level which was the tip of the iceberg of a nationwide outbreak of *Salmonella Enteritidis* associated with Schwan’s Ice Cream.

Both the number of outbreaks and the number of reports of illness have been increasing in Olmsted County and Minnesota (see graphs below).
Pathogen-specific rates are also higher than Minnesota rates and National goals. We suspect that for most pathogens (but possibly, not all) this is not due to a bigger problem in Olmsted County, but that better diagnosis, improved lab procedures, and increased reporting by physicians and the public has uncovered a larger part of the foodborne illness iceberg.
While these rates are not sensitive enough to measure the impact of our program, they do provide a benchmark for the community.

With each outbreak, and a better understanding of the epidemiology of each of the pathogens, it reinforces the foodborne disease risk factors in Olmsted County:

♦ Food contamination by workers (ill employees/lapses in handwashing)
♦ Food time/temperature problems, and
♦ Cross contamination

What are the underlying root causes of these factors? Although each outbreak is different, and in some outbreaks the risk factor is not known, in many they are behaviors or practices. These behaviors and practices are difficult to thoroughly assess during a traditional inspection. If identified, it's likely a very small piece of a bigger problem. Issuing an “order to correct a violation” will not likely change the condition in the long term. For example, root causes of risk factors may be:

♦ “Bad habits” formed over many years (e.g. not washing hands),
♦ Ingrained in how the business is run and common across the entire industry (e.g. hand cross contamination between raw meats and ready to eat foods at a busy cookline),
♦ Influenced by outside forces (e.g. I have to work to get paid, even though I’m ill),
♦ Due to lack of information (e.g. I never knew I should cool the food quickly)

This ongoing challenge to keep pace with the changing epidemiology of foodborne disease and the underlying root causes has set the stage for the paradigm shift in the inspection process.
The Outcome of Our Focus on Risk: The Systems Review Inspection

A product of our pilot project training was the systems review inspection. This process starts with scheduling the inspection, an important first step in building a relationship with the operator. The call includes a brief explanation of the approach, and a request for an appointment at a time convenient for the operator. Instant rapport can be established simply by saying, ”I would like to sit down with you and talk about food safety.”

Once at the food service, we meet the owner and/or manager(s) and re-introduce the systems review inspection. We share with them the reason for the change, emphasizing local outbreaks. Non-traditional techniques are crucial in this initial dialogue, such as sitting down with the operator, sharing what’s being written on the forms, listening for subtle messages on important issues, and using non-technical language. After this introduction, we conduct the systems review inspection this way:

1. **Build a Profile of the Business.** What are your days and hours of operation? How many meals are served per day? When is food prepared for banquets, parties or happy hours? How many employees do you have? What days of the week are foods delivered? (see Appendix for form used). These and other questions help us learn more about the business and its potential risks.

2. **Discuss the Food Safety Systems.** The Systems Review is the second step, the sitting down and talking. The sanitarian asks open-ended questions about each system, including ill employee policies, cooling procedures, and cross contamination prevention (see Appendix for the listing of systems on the form used). Then we listen, and listen some more.
Most operators realize this is an opportunity to improve their operation. They are actually interested in what we have to say. They are also more likely to make needed changes if we discuss various options for improvements with them so they can pick the one they think will work best for their situation. Our goal is to effectively describe the potential problem and “lead the operator down the path to self discovery” (Inman). That is, the operator solves the problem without us! This makes a permanent change in the practice much more likely.

3. **Evaluate the Preparation of a Food.** From the systems review discussion, a food (or foods) “floats to the top” as a potential problem. Example: When discussing their system for cooling food, we may be told that the vegetable beef soup is cooled in 5 gallon buckets. That’s not only noted on our systems form, but also mentally so we can come back to this system and evaluate the prep in more detail. We’ll discuss and chart the process, from ingredients to service, looking for other possible hazards: reheating temperatures, how many cooling/reheating cycles the food goes through, etc. (see Appendix for form used and an example).

4. **Walk-Through of the Facility.** While going through the facility with the manager, we focus on critical areas: food temperatures, food prep areas, and cooking areas. We’ll see where and how the evaluated food is actually prepped, piecing together what we learned in the discussion with what we see. Our experience has been that people do not alter their work habits just because we are there. And if they’re not cutting up the raw chicken when we happen to be there, we can still discuss it. Depending on what is seen, we may come back to see them prep the chicken in no
more time than would have been spent on a reinspection. We’ll also note significant non-criticals observed during the walk-thru.

Along with the manager, we also engage employees in discussion and take advantage of the “teachable moment.” If it becomes apparent someone is not well versed in a particular aspect of food safety, we have simple educational information sheets in a 3-ring binder that list the essential information for that system (see Appendix for Info Sheet examples). The 3-ring binder is given to each food service manager to serve as a reference and employee training manual. It’s also the time to offer to return and teach an organized class or run a handwashing training session.

5. **Report the Results.** Ironically, we are returning more to handwritten reports (see Issue # 2 and Appendix for forms used) that are left with the operator before we leave. At their request, the report form serves mainly as a quick reference “to-do” list because of the one-on-one education focus of the inspection. The educational sheets discussed during the inspection are also referenced on the inspection form, serving as documentation (if enforcement is needed) that education was provided and the public health reasons were shared. The report form documents the critical system problems and actions taken which will be entered into our database.

Learning from a previous Crumbine Award winner, DuPage County, Illinois, we have consolidated this process for chain restaurants since the systems are the same (or should be) for the entire chain. We meet once with the owner, district managers, and store managers to discuss their systems and then follow-up with shorter onsite visits at each store. It has improved both efficiency and effectiveness. We quickly learned that the food safety commitment is established above the store manager level. Working with regional managers
and/or corporate headquarters on a routine basis (rather than only when there is a crisis) gets better results.

Once we established this process and became trained in the techniques, the entire process takes only slightly longer than a traditional inspection and reinspection of any “High Risk” category facility. We anticipate even less time will be needed per “routine” visit as communication with operators are enhanced, and we better understand the business and the systems in place. A shorter unannounced visit to directly observe food preparation during busy times can determine if the food safety systems are in place. We even anticipate a return to unannounced visits based on the day of the week or time of day food is being prepared. This time we will be welcome partners and not intruders.

**Emergence of a Risk-Based Enforcement Process**

Throughout the ‘70s and ‘80s, considerable time and training was spent on enforcement activities, such as violation notices, administrative hearings, board reviews and license suspensions. We saw enforcement as our primary role and considered it so important that each sanitarian was officially deputized by the sheriff, and given a badge and citation book. We narrowly viewed every inspection only as the first step of a potential enforcement action.

But we began to question the effectiveness of this approach. A time study revealed that for the amount of time spent on one enforcement case, almost 10 routine inspections could have been done. Another concern was that enforcement cases often dealt mainly with non-critical conditions. We knew there must be a “smarter” approach.

It wasn’t until our experience with scheduled system inspections that it became clearer how to improve our enforcement procedures. We could finally appreciate the
approach described by Sanford M. Brown (Journal of Environmental Health, 1988). He places enforcement within the context of prevention, describing it as:

“a results-oriented style that is flexible, that emphasizes responsiveness, forbearance, and the communication of information. Conciliatory health professionals utilize discretion in the process of education, consultation, and negotiation to obtain compliance from violators and potential violators.”

We’ve embraced this philosophy. We believe no food service operator wants to make customers sick. Given information instead of orders, most operators (the “90+%”) will improve their food handling procedures. Traditional enforcement is then left for those who can’t or won’t change, or when an imminent health risk is present.

In 1999, we formed an enforcement committee consisting of the Director and senior staff to: review our techniques, update our procedures, and review potential cases. Our procedures include fees for 2nd reinspections, administrative reviews, and referrals to the Board or County Attorney for action. The most significant addition has been adding an unannounced reinspection for establishments that have not demonstrated improvements in their systems. The reinspection is done at a time when major food prep is occurring (see Appendix for enforcement worksheet and flow chart). This approach has allowed us to evaluate the extent to which improvements in food safety systems are actually implemented.

Our documentation for enforcement cases still begins with the inspection, but the prevention focus of the approach provides many more tools to achieve compliance than just “orders to correct violations”. As an enforcement case is pursued, communications with the licensee continue to emphasize the public health concern of the conditions, but also the licensee’s legal responsibilities, and the enforcement options that may be pursued - each step building a stronger case.
We think that placing enforcement within this context of prevention, increases the likelihood that long-term improvements in food safety will take place (for the “90+%”), while reserving enforcement for when it’s truly warranted.

**Issue/Challenge 2: Improving Communication**

Communication was not an important part of our regulatory model. This may have led food service operators to believe we had nothing of value to communicate to them.

**OUTCOME:** Communication has become the most important part of our work in education and in building partnerships. The content of our communication focuses on practices and procedures that increase foodborne illness risk. We use a non-authoritarian, non-threatening approach that emphasizes consultation, collaboration, and education to achieve long-term changes.

**How did we reach our outcome?**

We focused on two areas: 1) improving the communication with operators so they value our service and recognize their food safety responsibilities, and 2) enhancing our educational communication and outreach.

**1. Improving Communication with Operators**

Before our communication with industry was risk based, it focused on compliance with the food code. Communication was basically a one way street. Sanitarians inspected and issued orders for correction, and operators were expected to comply. The unannounced inspection was the only tool available to verify compliance with the code, instilling the “catch-’em-doing-things-wrong” attitude. This inspection style immediately created barriers between the operator and inspector (even if not intentionally). The operator was in an inferior position, and was “forced” to postpone whatever they were doing, no matter how important. Because inspections focused on what was visible at the time of the inspection, the communication that did take place was limited to the immediately observable conditions.
Little information was obtained about their operation or food preparation procedures. Using this communication style it was impossible to develop trust, much less develop a partnership.

We made several attempts to improve communication with operators over the years:

A. **Through Partnerships:**

   From the following experiences, we began to realize partnerships can’t be one-way or forced. They are built one-on-one with each operator beginning at the inspection. If you have a service that is of value, and treat operators with respect, partnership begins to build.

   ♦ **Quality Assurance Council.** As early as 1988, Environmental Health partnered with a food safety consultant and area restaurants to form a Quality Assurance Council. The Council’s charge was to improve the inspection process by making it more risk-based. However, improvement did not happen and the Council faded. Code compliance inspections failed to support the experiment. The Council was onto something, but the follow through wasn’t there.

   ♦ **Round Table Meetings.** At these “round table” meetings we invited operators to ask questions and discuss their concerns about the food program. Although insightful for us, and hopefully informative for attendees, turnout was poor. The only time more than five people attended was when the agenda hinted at a proposed large increase in their license fees. We wanted to be seen as a resource, but most operators didn’t see our “product” as having value.

   ♦ **Rochester Lodging and Hospitality Association (RLHA).** In 1995, the RLHA asked our department to provide the following: 1) limit of one inspector to conduct inspections for any lodging, pool, and food service located in the same building, 2)
streamline the inspection reports, and 3) re-organize the inspection reports relative to risk. As we worked to address these requests, we became more aware of the operator’s needs as a primary customer.

B. Through the Inspection Process:

♦ The Systems Review Process The scheduled, systems review inspection was the key to removing communication barriers built over many years. When asked in our 1998-99 operator survey: “What part of the scheduled inspection was the most helpful to you and why?,’’ one operator reported:

“All parts were helpful. My kitchen staff learned more from our last scheduled inspection than all other inspections combined! The sit down portion allows me to understand reasons for things and the ability to ask questions. During the staff portion of the visit my employees were able to do the same. After the visit they all said “wow” that was sure informative!”

(The overwhelming majority of respondents also made similar responses - see Appendix for complete 1998-99 operator survey responses, and 1999 “success stories”).

In the systems review inspection our principal form of communication is verbal, which is the opportunity to develop a mutual understanding. This is supplemented with printed educational materials, given to the manager in a 3-ring binder, which are also referenced on our report form (see appendix).

♦ Onsite Training as Part of the Inspection

Another outcome of improved communication has been an increase in onsite employee training services. Even certified food managers have told us they need reinforcement in training their employees because of high employee turnover. As a result, each systems review inspection includes on-site employee training or a
separate training session is scheduled (see Appendix for list of educational materials/resources). There is no charge for this training and we have received a tremendous response (see graph below).

![Number of People Receiving Food Safety Group Education](image)

Training focuses on the foodborne disease factors specific to the operation and usually includes a “Glo Germ” handwashing demonstration. Training in their facility is more convenient and is scheduled during staff meetings, evenings, and weekends.

2. Enhancing our Educational Communications Through:

   A. **Food Safety Classes:** OCPHS has a long tradition of providing food safety education. Starting in the late 1970s, we taught two, 2-day food manager certification courses each year which focused on HACCP principles. In these voluntary courses, we reviewed recipes during class and encouraged participants to write a procedures manual incorporating what they learned, including food times and temperatures at each step in their recipes. License fee discounts were offered to those who successfully completed the course ($25 discount) and completed their policy and procedure manual (additional $25 discount). Unfortunately, we didn’t have an
inspection system that reinforced what they learned. Reviewing and discussing their procedures wasn’t part of the inspection process!

Now all food manager certification courses are provided to operators by the private sector. We encourage and promote these private efforts by offering our mailing list/labels to the course organizer and advertise the course in our newsletter and during inspections.

B. Newsletters and News Releases:

Since 1989, the newsletter “Food Talk,” complete with our own inserts of local food safety-related events has been sent to all our licensed food services on a quarterly basis. We’ve expanded our mailing to include grocery stores, nursing homes, hospitals, group homes, and other food facilities we don’t license. Operators tell us they do read the newsletter and find it a valuable resource (See Appendix).

Other time sensitive notices are mailed to all licensed food service operations alerting them to the increased risk posed by foodborne diseases such as hepatitis A and Norwalk-like viruses that appear to be “moving through” the community. Media news releases are issued as needed (see Appendix).

C. Community Outreach:

In September 1997, we started participating annually in National Food Safety Education Month. Annually since then, a news release is issued promoting food safety in the community. With the help of a committee composed of one of our Sanitarians, a University Extension Specialist, Public Health Nurses and a Health Educator, we developed food safety information that was:

♦ printed in weekly feature articles in the Rochester Post Bulletin newspaper;
♦ the focus of an article for the Advocate, a community action newsletter;
♦ broadcast on local radio stations through staff interviews and “Fight Bac” public service announcements;
♦ displayed at area grocery stores; and
♦ presented to groups and high school Family and Consumer Science students.

In addition, we also regularly teach Community Education courses which are targeted at day care providers, special event organizers, and restaurant employees, as well as people who cook at home.

**Issue/Challenge 3: Measuring Outcomes**

We collected data that measured what we did, not what impact our work had on food safety. It was limited to the number of inspections completed and scores based on the 44 item inspection sheet.

**OUTCOME:** The Systems Review inspection process allows for a better assessment of the risk factors. This created an opportunity to develop our forms, procedures and database to measure the frequency of each of the foodborne disease factors over time. Quantitative data show an increase in the number of risk factors identified, which is a more accurate reflection of what’s taking place. Qualitative data from 2 separate industry surveys reflect changes in food safety practices and a positive response to the system inspection approach.

**How did we reach our outcome?**

Our first attempt to improve our program measurement was to discontinue issuing inspection scores and begin categorizing and counting the number of “Critical” and “Non-critical” conditions observed during inspections. However, counts of critical items didn’t tell us which of the foodborne disease factors were the problem. Our challenge was to convert a tracking system based on a “snapshot” of observations to a big picture assessment based on discussions and observations. Because we were asking many more questions, in a non-threatening way, we were being told about many more “systems out of control” than we ever
would have suspected or observed. In addition, Minnesota adopted a new food code in September, 1998 based on the FDA model code. This added additional specific critical conditions within each system that needed to be tracked.

To help manage our ever-changing data needs, we applied for, and received an Olmsted County Research and Development grant in 1999 to build a new database called EHDOC (phase 1 to be completed in April, 2000). Coordinated through the Minnesota Counties Computer Consortium (MCCC), this database will provide flexibility to measure trends both at the systems level and for specific risk factors (see Appendix for more information on EHDOC).
**Results To Date from Systems Review Inspections**

Quantitative: Because our approach focuses on learning the business’ food safety systems, we are uncovering more of the disease risk factor “iceberg.” A statistically random sample of inspection data from high risk facilities support the shift from non-criticals to a more thorough assessment of the known foodborne disease risk factors (the food safety systems).

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**A Comparison of the Most Frequent Causes of Foodborne Illness (FBI) vs. Most Frequently Cited Conditions During Inspections**

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**Frequency of critical conditions* by food safety system identified at Olmsted County, MN food service facilities, 1998-99 (216 conditions identified during 100 inspections of 50 facilities)**
This more sensitive approach provides an opportunity to track outcomes at both the system level (above) and within each system. The graphs below are specific risk factors within several food safety systems. They further highlight the shift in focus and provide a baseline for future trend comparisons.
In addition, we have seen an increase in the number of operators who call us when they receive a complaint of illness.

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<th>Reported by Food Manager</th>
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<td>1996</td>
<td>34</td>
<td>6</td>
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<td>1997</td>
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<td>9</td>
</tr>
<tr>
<td>1999</td>
<td>39</td>
<td>18</td>
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Qualitative: The qualitative data gathered within the past three years, from 2 separate operator surveys, has been extremely valuable to help us assess our effectiveness (see Appendix for sample surveys and compilation of results). Have we seen changes in food handling practices as a result of this approach? Here is a sample of specific changes (that loose some of their significance when quantified) made by operators in how they prepare food (also see the comments made on the 1998-99 operator survey in Appendix):

- Using tongs instead of hands for handling raw chicken at the cookline,
- Cooking soup for the day and then discarding, rather than advance prepping for several days (we were told it actually cost less to do it this way too),
- Dedicating an area of a room for raw chicken prep instead of prepping the chicken in several areas,
- Cooking chicken to 165°F instead of the 140°F the chef thought was sufficient,
“We started the use of the food meat thermometer, started the procedure of keeping
temperature logs and food flow charts. This will help make staff more aware of food
temps/proper cooking.” (1998-99 Operator Survey),

Our most recent survey shows operators are overwhelmingly positive about the change. They are not only requesting the scheduled inspections to continue, but in several cases explained in length why and what they’ve learned. We’re planning to update the survey this year to focus our questions on ways to further improve our service and eventually to gain further insight into overcoming the barriers to long-term behavior change – ultimately for better public health protection.

**Part IV: Conclusion (or 2000 and Beyond)**

With the help of many partners, we feel we have merged the epidemiology of foodborne disease with a common-sense inspection approach. Where the traditional inspection put operators on the defensive, this new approach invites informed cooperation with clearly defined goals and avenues for positive change.

Industry graciously invited us to use their businesses as a “laboratory” during the development process. They were patient with us as we experimented with teaching styles and inspection reports. We’ve learned a lot from them and look forward to it continuing.

With renewed enthusiasm and a greater appreciation of our customer’s needs, we will continue to search outside the “box” to improve food safety in Olmsted County. Completion of our database, developing a Food Safety Advisory Council, expanding the systems review concepts and training into the plan review process and other environmental health programs – are all goals for 2000 and beyond. This transition we’re going through is a process of continuous improvements; we’re on a “path to self discovery.”
Percentage of Risk Factors Identified by Discussion vs. Observation
2001-2004 Olmsted County (N=1142 assessments)

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<th>Risk factor</th>
<th>Discussed</th>
<th>Observed</th>
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<tr>
<td>Employee illness</td>
<td>98% (720)</td>
<td>2% (13)</td>
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<tr>
<td>Cooking</td>
<td>87% (219)</td>
<td>13% (33)</td>
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<tr>
<td>Reheating</td>
<td>80% (52)</td>
<td>20% (13)</td>
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<tr>
<td>Cooling</td>
<td>77% (356)</td>
<td>23% (104)</td>
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<tr>
<td>Food source</td>
<td>72% (26)</td>
<td>28% (10)</td>
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<tr>
<td>Glove use</td>
<td>55% (11)</td>
<td>45% (9)</td>
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<tr>
<td>Date marking</td>
<td>38% (47)</td>
<td>62% (78)</td>
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<tr>
<td>Handwashing</td>
<td>34% (153)</td>
<td>66% (293)</td>
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<tr>
<td>Cross-contamination</td>
<td>34% (232)</td>
<td>66% (455)</td>
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<tr>
<td>Hot holding</td>
<td>29% (20)</td>
<td>71% (48)</td>
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<tr>
<td>Cold holding</td>
<td>23% (111)</td>
<td>77% (377)</td>
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Issue: 2016 II-023

Council Recommendation: Accepted as

Delegate Action: Accepted

Issue History:
This is a brand new Issue.

Title:
Report - Food Protection Manager Certification Committee (FPMCC)

Issue you would like the Conference to consider:
Please acknowledge the final report and thank the 2014-2016 Food Protection Manager Certification Committee (FPMCC) members for their effort in addressing the charges from the 2014 Biennial Meeting of the Conference for Food Protection.

Public Health Significance:
Food establishments have fewer critical risk factors according to the CDC as stated in the endorsement letter to the Conference for Food Protection (dated April 5, 2006, and referenced on the Conference website) when food establishments employ managers who have a Food Protection Manager Certification in accordance with the Conference for Food Protection's Standards.

Recommended Solution: The Conference recommends...:
acknowledging the Food Protection Manager Certification Committee (FPMCC) final report with attachments, and extending thanks to the Committee members for their work.

The Conference further recommends that the FPMCC continue its work on unfinished Issues from the 2014 Biennial Meeting, including:

1. Issue II-012 - Continue work with the CFP Executive Board and the American National Standards Institute (ANSI)-CFP Accreditation Committee (ACAC) to maintain the Standards for Accreditation of Food Protection Manager Certification Programs in an up-to-date format; including, but not limited to, recommending language for items that could be made less prescriptive without a negative effect on security.

2. Issue II-015 - Determining the process and requirements for potential acceptance of the International Organization for Standardization/International Electrotechnical Commission (ISO/IEC) 17024-2012 for food protection manager certification as an additional option to and without impact on the existing CFP Standards for Accreditation of Food Protection
Manger Certification Programs, with the input of standards development expertise from American National Standards Institute (ANSI).

3. Report back its findings and recommendations to the Executive Board and the 2018 Biennial Meeting of the Conference for Food Protection.

Submitter Information:
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Content Documents:
- "Food Protection Manager Certification Committee (FPMCC) Roster"
- "Report: Food Protection Manager Certification Committee"
- "Standards for Accreditation of Food Protection Mgr Certification Programs"

Supporting Attachments:
- "Security Evaluation Workgroup Baseline & Summative Self-Report Findings"
- "CFP-ISO Standards Comparison Equivalency Report"

*It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.*
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<td>VA</td>
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<td>AZ</td>
<td>(928) 679-8761</td>
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COMMITTEE NAME: Food Protection Manager Certification Committee (FPMCC)

COUNCIL or EXECUTIVE BOARD ASSIGNMENT: Executive Board

DATE OF REPORT: January 30, 2016

SUBMITTED BY: Jeff Hawley, Chair

COMMITTEE CHARGE(s):

Issue: 2014 II-012
1. Continue working with the CFP Executive Board and the American National Standards Institute (ANSI)-CFP Accreditation Committee (ACAC) to maintain the Standards for Accreditation of Food Protection Manager Certification Programs in an up-to-date format.

2. Evaluate the results of the exam security evaluation process and Standards revisions approved by the 2012 CFP Biennial Meeting to ensure that they are resulting in substantial improvement of exam security.

3. Report back to the Executive Board and the 2016 Biennial Meeting of the Conference for Food Protection.

Issue: 2014 II-015
The Food Protection Manager Certification Committee (FPMCC) determine the process and requirements for potential acceptance of the International Organization for Standardization/International Electrotechnical Commission (ISO/IEC) 17024-2012 for food protection manager certification as an additional option to and without impact on the existing CFP Standards for Accreditation of Food Protection Manager Certification Programs and report back its findings at the 2016 Biennial Meeting.

Constitutional Charge: Article XV, Section 6
The Food Protection Manager Certification Committee shall report to the Board. The Food Protection Manager Certification Committee shall work with the accreditation organization for food protection manager certification programs to:

Subsection 1. Establish and refine policies and standards to which certifiers must conform in order for them to be accredited;

Subsection 2. Provide Conference input into the development of accreditation standards for certifying organizations specific to food protection manager certification programs;

Subsection 3. Develop strategies for enhancing equivalence among food protection manager certificates issued by certifiers; and

Subsection 4. Promote universal acceptance of certificates issued by accredited certifiers.

COMMITTEE ACTIVITIES AND RECOMMENDATIONS:

1. Progress on Overall Committee Activities:
A. The Food Protection Manager Certification Committee (FPMCC) had face-to-face meetings October 15-16, 2014 in Kansas City, KS; April 1-2, 2015 in Milwaukee, WS; and October 21-22, 2015 in Dallas, TX. In addition, the Committee plans to meet April 15, 2016, prior to the 2016 biennial meeting. The Committee and workgroups had additional conference calls throughout the 2-year period.

B. The FPMCC formed 6 workgroups to address charges from the 2014 biennial meeting and conduct business of the Committee. These are the workgroups and their chairs:

1. Standards – Kate Piche (Certification Provider)
2. Standards Comparison – Christine Hollenbeck (Regulatory)
3. Bylaws – Sharon Wood (Retail Industry)
4. Logistics – Geoff Luebkemann (Food Service Industry)
5. Communications – George Roughan (Training Provider)

C. Progress on Issue #: 2014 II-012(1): Continue working with the CFP Executive Board and the American National Standards Institute (ANSI)-CFP Accreditation Committee (ACAC) to maintain the Standards for Accreditation of Food Protection Manager Certification Programs in an up-to-date format.

The FPMCC Standards Workgroup is chaired by Kate Piche. This workgroup recommended editorial revisions to the CFP Standards. This included punctuation, italics, capitalization, and other non-substantive changes (See Content Attachment 1).

The Standards Workgroup was asked by Chair, Jeff Hawley and the Committee to review the Standards, and identify sections that can be made less prescriptive, and determine the security impact (positive, negative, or unknown) for each. The workgroup considered a lengthy list of items that could be considered as too specific, prescriptive, or otherwise lacking utility for effectiveness of the CFP Standards. The workgroup has developed a list of such items, and will continue this work during the next biennium.

D. Progress on Issue #: 2014 II-012(2): Evaluate the results of the exam security evaluation process and Standards revisions approved by the 2012 CFP Biennial Meeting to ensure that they are resulting in substantial improvement of exam security.

To evaluate the data and determine if the new security standards are effective, Dr. Donald Ford (ANSI) compared security data provided by certification providers before the new standards were in place, and data after the new security standards were implemented following the 2012 Biennial Meeting. Security data from July 1, 2009-June 30, 2010 was compared to data from July 1, 2013-June 30, 2014 (See Supporting Attachment 1). This is a summary of Dr. Ford’s findings:

Goal 1: Enforce Proctor/Administrator Disciplinary Actions.
The percentage of test administrators/proctors who committed violations decreased from 2009-10 to 2013-14 from 5.72% to 4.4%. The most probable reason for
reduction in violations was that all test administrators/proctors were retrained by the certification providers. Violations included:

a. Failure to return exams/answer sheets on time  
b. Failure to return all materials, or to sign/seal return envelopes  
c. Failure to use a traceable shipping carrier  
d. Failure to follow proctor guidelines, including not being present the entire time or allowing test-takers to self-proctor  
e. Suspected/confirmed cheating or colluding with test takers

Goal 2: Reduce Exam Packaging and Shipping Irregularities (lost exams/answer sheets).
There was an increase in reported lost materials from 2009 to 2013: 0.01% to 0.02%. Percentage of lost exams/answer sheets has remained steady at 0.02% over the last 2 years.  
Note: We may have reached a theoretical limit in preventing lost exams/answer sheets. Current safeguards are effective in the majority of cases, but zero losses appear to be unattainable under the current system of testing.

Goal 3: Reduce Test Site Irregularities.
Test Administration problems show a big increase: less than 0.5% to 3.19%, while test site problems remain small at 0.01%. The increase in test administration irregularities was probably due to better detection and reporting rather than an actual increase in incidents. Greater focus on test administration and test site irregularities is helping to uncover previously unreported problems.

Most Frequent Reasons for Test Site Irregularities in 2014

a. Candidate demographic changes (wrong name or other personal information at registration)  
b. Exam was given in a restaurant during service or otherwise interrupted by outside noise  
c. Examinees were allowed to sit too close together  
d. Technical issue with online testing site hardware

Most Frequent Reasons for Test Administration Irregularities

a. Failure to follow shipping policies for returning materials on time  
b. Failure to properly return all materials via traceable carrier  
c. Failure to follow policies and procedures for proctoring – partially unproctored or self-proctored exams  
d. Cheating or collusion: candidates were allowed to talk in a foreign language during the exam, proctor colluded in cheating, candidates shared notes during exam

Goal 4: Reduce Cheating and Test Administration Irregularities.
Confirmed/suspected cases of cheating went from 10 in 2009-10, to 16 in 2012-13, to 13 in 2013-14. Better detection, reporting and enforcement resulted in more confirmed cases initially. Percentage of test administration violations decreased from 0.24% in 2009-10 to 0.14% in 2013-14. This decrease is a result of better detection and enforcement.
Most Frequent Corrective Actions Taken To Combat Cheating

a. Use multiple versions of the exam at each administration
b. Revoke proctor privileges for collusion
c. Enforce spacing and other environmental guidelines
d. Use biometrics to verify examinee identity
e. Require examinees to retest when cheating is suspected
f. Adopt better exam forensic analysis methods
g. Increase exam session audits

Goal 5: Improve Test Quality Assurance (QA)

2009-10: Only 1 of 3 providers had a QA system installed, and it was incomplete.
2012-13: All 4 providers had QA system in place, but still implementing some features.
2013-14: QA system fully functional for all providers.

QA elements include:

a. Document control
b. Internal audit
c. Management review
d. Exam security plan
e. External audit/certification

E. Progress on Security Improvements. After implementing the security measures from the Standards adopted in 2012, security of the test administration process has improved, and the number of breaches has dramatically decreased. Much progress has been made, but there is still room for improvement. More can be done to standardize test administration and minimum standards for test sites. Recommendations for best practices by certification providers have been implemented, and have led to measurable improvements in test administration security. Certification providers will continue with their efforts to make improvements in the following areas:

1) Proctors/Administrators:
   a) Increase screening, selection and training standards
   b) Continue to vigorously apply disciplinary actions against offenders

2) Shipping Irregularities:
   a) Use traceable carriers only, especially those with high reputation for security and reliability
   b) Continue to enforce rules for shipping

3) Test Sites/Administration:
   a) Standardize test site requirements across all providers
   b) Share best practices for administration

4) Test Cheating:
   a) Share best practices for data forensics and cheating detection
   b) Encourage test-takers to report cheating (whistleblower hotline)

5) QA System:
F. Issue #: 2014 II-015: The Food Protection Manager Certification Committee (FPMCC) determine the process and requirements for potential acceptance of the International Organization for Standardization/International Electrotechnical Commission (ISO/IEC) 17024-2012 for food protection manager certification as an additional option to and without impact on the existing CFP Standards for Accreditation of Food Protection Manger Certification Programs and report back its findings at the 2016 Biennial Meeting.

The Standards Comparison Workgroup did a line by line comparison of the CFP Standards and ISO 17024 to determine areas of “equivalencies”, and also identified items that would need further review to determine equivalency of the two standards (See Supporting Attachment 2). There was much discussion concerning unintended consequences, such as operational impacts and additional costs of implementation that must be considered in the comparison of CFP Standards and ISO 17024.

After much discussion consensus could not be reached, and the Committee made the decision to request a continuation of Charge #: 2014 II-015 to the next biennium. The Committee also realized that additional expertise in standards review and evaluation was necessary to help create a foundation for understanding and comparing CFP Standards and ISO 17024. Dr. Vijay Krishna (ANSI) offered to conduct a workshop on standards writing methodology and verifiability at the first meeting of the FPMCC in the 2016-18 biennium.

The FPMCC reports it has conducted an extensive but incomplete study comparing current CFP Manager Certification Standards and ISO 17024, and therefore recommends that Charge 2014 II-015 be continued for the 2016-18 biennium to permit completion of the comparison with the input of standards development expertise from ANSI, as such expertise will better enable the FPMCC to both resolve the comparison and provide support in ongoing improvement of the CFP Manager Certification Standards while completing work on Charge 2014 II-015.

Acknowledgements

The FPMCC would like to thank Big Y World Class Market, Florida Restaurant and Lodging Association, National Registry of Food Safety Professionals, National Restaurant Association, Performance Food Group, State Food Safety, and Wisconsin Restaurant Association for their sponsorship of our meetings.

The Chair would also like to recognize and thank Vice-Chair Christine Hollenbeck, and workgroup chairs Kate Piche, Sharon Wood, George Roughan, Christine Hollenbeck, Bryan Chapman and Geoff Luebkemann. They have been very diligent in fulfilling their responsibilities, and have enabled the committee to complete our assigned charges successfully.

And lastly, the Chair would like to recognize and thank the 2014-2016 FPMCC members, and the organizations/agencies they represent, which allowed them to participate on the Committee.
Without the commitment and support of individuals and their organizations/agencies we would not have been able to complete our assigned charges.

2. Recommendations for consideration by Council:

   A. Thank the members of the 2014-2016 Food Protection Manager Certification Committee (FPMCC) for their hard work, and acknowledgement of this report.

   B. Approve revisions to the Standards for Accreditation of Food Protection Manager Certification Programs (see Content Attachment 1)

   C. That the following charges assigned to the Food Protection Manager Certification Committee (FPMCC) be continued for the 2016-18 biennium:
      
      a. Issue 2014 II-012: working with the CFP Executive Board and the American National Standards Institute (ANSI)-CFP Accreditation Committee (ACAC) to maintain the Standard for Accreditation of Food Protection Manager Certification Programs in an up-to-date format; including, but not limited to, recommending language for items that could be made less prescriptive without a negative effect on security.
      
      b. Charge 2014 II-015: to permit completion of the comparison of ISO/IEC 17024-2012 to CFP Standards for Accreditation of Food Protection Manager Certification Programs, with the input of standards development expertise from American National Standards Institute (ANSI). ANSI expertise will better enable the FPMCC to both resolve the comparison, and provide support in ongoing improvement of the CFP Manager Certification Standards, while completing work on Charge 2014 II-015.
      
      c. Report back findings and recommendations to the 2018 Biennial Meeting of the Conference for Food Protection.

CFP ISSUES TO BE SUBMITTED BY COMMITTEE:

The FPMCC is submitting the following two Issues:

1. Report: Food Protection Manager Certification Committee (FPMCC)

2. FPMCC 2: Standards for Accreditation of Food Protection Manager Certification Programs - Revisions

Content Attachments:

   1. Standards for Accreditation of Food Protection Manager Certification Programs (draft May 2015)

Supporting Attachments:

(Note: supporting attachments may not represent the views of the Conference for Food Protection)

2. CFP-ISO Standards Comparison Equivalency Report

COMMITTEE MEMBER ROSTER (attached):

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Standards for Accreditation of Food Protection Manager Certification Programs

As Amended at the 2014 Biennial Meeting of the Conference for Food Protection

Preamble
The Conference for Food Protection, hereinafter referred to as the CFP, is an independent voluntary organization that has identified the essential components of a nationally recognized Food Protection Manager Certification Program and established a mechanism to determine if certification organizations meet these standards. The CFP Standards for Accreditation of Food Protection Manager Certification Programs is intended for all legal entities that provide certification for this profession. The standards have been developed after years of CFP’s research into, and discussion about, Food Protection Manager Certification Programs.

All certification organizations attesting to the competency of Food Protection Managers, including regulatory authorities that administer and/or deliver certification programs, have a responsibility to the individuals desiring certification, to the employers of those individuals, and to the public. Certification organizations have as a primary purpose the evaluation of those individuals who wish to secure or maintain Food Protection Manager Certification in accordance with the criteria and standards established through the CFP. Certification organizations issue certificates to individuals who meet the required level of competency.

The professionals involved in the credentialing process for Certified Food Protection Managers shall recognize that the justification for regulating entrance to the occupation of Certified Food Protection Manager is to:

- protect and promote food safety for the welfare of the public;
- ensure that the responsibility and liability for overseeing the protection of safety and welfare of the public lies with those governmental jurisdictions at the Federal, state and local levels having the power to set forth laws regulating entrance to and performance in this occupation;
- ensure that the rights of the public at large and of those members of the public who wish to enter this occupation shall be balanced in terms of fairness and due process in the form of a credentialing process for admitting qualified persons to perform in that occupation; and
- ensure that the validity of the credentialing process for Certified Food Protection Manager is dependent on unbiased application of all aspects of that process, requiring
careful determination of the competencies necessary to prevent foodborne illness, unbiased education and training for acquisition of those competencies, and fair assessment practices to ensure that individuals have achieved mastery of the competencies.

Therefore, professionals involved in the credentialing process for Certified Food Protection Manager accept responsibilities based on these considerations.

The CFP standards are based on nationally recognized principles used by a variety of organizations providing certification programs for diverse professions and occupations. Accreditation, through the process recognized by CFP, indicates that the certification organization has been evaluated by a third party accrediting organization and found to meet or exceed all of the CFP’s established standards.

To earn accreditation, the certification organization shall meet the following CFP standards and provide evidence of compliance through the documentation requested in the application. In addition, the certification organization shall agree to abide by certification policies and procedures which are specified by the CFP Food Protection Manager Certification Committee, hereinafter referred to as the FPMC Committee, approved by the CFP, and implemented by the accrediting organization.

The accrediting organization shall verify and monitor continuing compliance with the CFP standards through the entire accreditation period. The CFP FPMC Committee will work directly with the accreditation organization to enhance and maintain certification policies and procedures that meet the specific needs of Food Protection Managers while ensuring a valid, reliable and legally defensible evaluation of certification programs.

The American National Standards Institute (ANSI) was selected as the accrediting organization for the CFP Standards for Accreditation of Food Protection Manager Certification Programs and assumed its duties in January, 2003. The CFP FPMC Committee continues to work within the Conference structure to monitor the criteria and selection process for the organization serving as the accrediting body for Food Protection Manager Certification Programs.

The CFP strongly encourages regulatory authorities and other entities evaluating credentials for Food Protection Managers to recognize and endorse these standards and the accreditation process. The CFP Standards for Accreditation of Food Protection Manager Certification Programs provides the framework for universal acceptance of individuals who have obtained their credentials from an accredited certification program. In the U.S Food and Drug Administration’s Food Code, hereinafter referred to as the FDA Food Code, Section 2-102.20 recognizes Food Protection Manager certificates issued by an accredited certification program as one means of meeting the FDA Food Code’s “Demonstration of Knowledge” requirement in Section 2-102.11.

Please note that words that appear in italics are defined terms.
Modifications and Improvements
The FPMC Committee followed the Conference directive to use the 1996 conference working document, Standards for Training, Testing and Certification of Food Protection Managers, in the development of accreditation standards. Extensive revision of this document was presented to CFP’s 2012 Biennial Meeting of the Conferences for Food Protection under the title, Standards for Accreditation of Food Protection Manager Certification Programs.

The charge to the FPMC Committee from the 2010 Biennial Meeting of the Conference for Food Protection resulted in revisions to the Standards to enhance the integrity of the entire examination process, which included identification and analysis of root causes of security violations and implementation of solutions.

The revision and reformating of the document were made after a comprehensive FPMC Committee review of each section. This revision of the Standards for Accreditation of Food Protection Manager Certification Programs:

1. adds and improves definitions that are more precise and more consistent with terminology and definitions used in the psychometric community and by accreditation organizations;
2. reorganizes Standards to eliminate duplication and align with purpose;
3. modifies or creates Standards to better address professional credibility and training of test administrators/proctors; handling of examination packages; shipping irregularities; location (site) irregularities; and breach of the certification organization’s test administrators/proctors protocols and requirements;
4. uses “test administrator/proctor” in the Standards to indicate duties for both “test administrator” and “proctor;” and
5. adds a standard for management systems.

Annex
The annex located at the back of the document is NOT part of the standards, but provides information to guide those responsible for implementing or reviewing Food Protection Manager Certification Programs. The annex provides guidelines for specific responsibilities that impact the effective implementation of the Conference Standards for Accreditation of Food Protection Manager Certification Programs.

Annex A provides guidance to regulatory authorities that incorporate Food Protection Manager Certification as part of their requirements to obtain or retain a permit to operate. The CFP Standards for Accreditation of Food Protection Manager Certification Programs is designed to be a set of voluntary unifying national standards providing a mechanism for the universal acceptance of food protection managers who obtain their certificates from an accredited certification program.

Over the past twenty-five years, many regulatory authorities have developed their own Food Protection Manager Certification Programs. This has resulted in a variety of standards for certification programs. The CFP national standards for universal acceptance of
Certified Food Protection Managers provide regulatory authorities reliable and legally defensible criteria for evaluating certification programs. In addition, they eliminate duplication of testing and additional cost for the industry.

Regulatory authorities that may not be in a position to eliminate their existing programs are encouraged to recognize food protection managers certified in accordance with these standards as fulfilling their program requirements. Annex A provides additional guidance, developed through the CFP, for the implementation of these regulatory certification programs.
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SECTION 1.0 - DEFINITIONS

1.0 Definitions.

1.1 Accreditation means that an *accrediting organization* has reviewed a Food Protection Manager *Certification* Program and has verified that it meets *standards* set by the CFP (a review of a *certification organization* by an independent organization using specific criteria, to verify compliance with the Food Protection Management *Certification Program Standards*).

1.2 Accrediting organization means an independent organization that determines whether a Food Protection Manager *Certification* Program meets the *standards* set by the CFP.

1.3 Accredited certification program means a Food Protection Manager *Certification* Program that has been evaluated and listed by an *accrediting organization* accepted by the CFP and has met the CFP *standards* for such programs.

   A. refers to the *certification* process and is a designation based upon an independent evaluation of factors such as the sponsor’s mission; organizational structure; staff resources; revenue sources; policies; public information regarding program scope, *continued proficiency*, discipline, and grievance procedures; and examination development and administration.

   B. does not refer to training functions or educational programs.

1.4 Algorithm means a set of procedures or rules pertaining to the selection of questions on an examination.

1.5 Certificate means documentation issued by a *certification organization*, verifying that an individual has complied with the requirements of an *accredited certification program*.

1.6 Certification means the process wherein a *certificate* is issued.

1.7 Certification organization means an organization that provides a *certification* program and issues the *certificate*.

1.8 Certified Food Protection Manager means a person who has demonstrated by means of a *food safety certification examination* to a *certification organization* that he/she has the knowledge, skills and abilities *knowledge, skills and abilities (KSA's)* required to protect the public from foodborne illness. Duties of such persons include but are not necessarily limited to:

   A. responsibility for identifying hazards in the day-to-day operation of a *food establishment* that provides food for human consumption;
B. development or implementation of specific policies, procedures or standards aimed at preventing foodborne illness;

C. coordination of training, supervision or direction of food preparation activities, and responsibility for taking corrective action as needed to protect the health of the consumer; and

D. responsibility for completion of in-house self-inspection of daily operations on a periodic basis to see that policies and procedures concerning food safety are being followed.

1.9 **Competency** means a defined combination of knowledge, skills, and abilities required in the satisfactory performance of a job.

1.10 **Competency examination** means an instrument that assesses whether an individual has attained at least a minimum level of competency that has been determined to be necessary to perform effectively and safely in a particular occupation or job. It shall be based on a thorough analysis of requirements for safe and effective performance.

1.11 **Computer-adaptive testing** means a method of computer-based testing that uses algorithms based on the statistics of the examination questions to determine the examinee's proficiency by selecting items at various difficulty levels.

1.12 **Computer-based testing** means an examination administered on a computer.

1.13 **Continued proficiency** means a certification organization’s process or program designed to assess continued competence and/or enhance the competencies of Certified Food Protection Managers.

1.14 **Demographic data** means the statistical data of a population, especially the data concerning age, gender, ethnic distribution, geographic distribution, education, or other information that will describe the characteristics of the referenced group.

1.15 **Educator**, in this instance, means a teacher in a secondary or post-secondary program leading to a degree or certificate in a course of study that includes competencies in prevention of foodborne illness.

1.16 **Entry level performance** means carrying out job duties and tasks effectively at a level that does not pose a threat to public safety but not necessarily beyond that level. It requires safe performance of tasks expected of a worker who has had at least the minimal training (either in a formal school setting or on-the-job setting), but not long experience.

1.17 **Equivalency** (in “equivalent examinations”) means that there is specific psychometric evidence that various forms of an examination cover the same content and their respective passing scores represent the same degree of competence.
1.18 **Examination Booklet** means the paper version of the *food safety certification examination*.

1.19 **Examination Developers** means the individuals involved in the process of creating the Food Safety Certification *Certification* Examination.

1.20 **Examination forms** means alternate sets of examination questions (with at least 25% alternate questions) to assess the same *competencies*, conforming to the same *examination specifications*.

1.21 **Examination specifications** means the description of the specific content areas of an examination, stipulating the number or proportion of *items* for each area of *competency* and the level of complexity of those *items*. The specifications are based on the *job analysis* and its verification.

1.22 **Examination version** means an examination in which the exact set of *items* in an *examination form* is presented in another order, language, manner or medium.

1.23 **Examinee** means a person who takes an examination.

1.24 **Exposure Plan** means the policies and procedures in place to ensure that examination *items* are not exposed to *examinees* or other people that may result in an examination *item* being memorized and/or shared.

1.25 **Food establishment**

A. Food establishment means an operation that stores, prepares, packages, serves, vends, or otherwise provides food for human consumption:

1) 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, conveyance used to transport people, institution, or food bank; and

2) that 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.

B. including:

1) 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

2) 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.

C. not including:
1) an establishment that offers only prepackaged foods that are not potentially hazardous;
2) a produce stand that only offers whole, uncut fresh fruits and vegetables;
3) a food processing plant;
4) a kitchen in a private home if only food that is not potentially hazardous is prepared for sale or service at a function such as a religious or charitable organization’s bake sale if allowed by law and if the consumer is informed by a clearly visible placard at sales or service locations that where the food is prepared in a kitchen that is not subject to regulation and inspection by the regulatory authority;
5) an area where food that is prepared as specified in Subparagraph (e)(iv) (C) of this definition is sold or offered for human consumption;
6) a kitchen in a private home, such as a small family day-care provider; or a bed-and-breakfast operation that prepares and offers food to guests if the home is occupied, the number of available guest bedrooms does not exceed 6 six, breakfast is the only meal offered, the number of guests served does not exceed 18 eighteen, and the consumer is informed by statements contained in published advertisements, mailed brochures, and placards posted at the registration areas that where the food is prepared in a kitchen that is not regulated and inspected by the regulatory authority; or
7) a private home that receives catered or home-delivered food.

1.26 **Food safety certification examination** means an examination in food safety approved in accordance with the provisions of this program.

1.27 **Instructor** means an individual who teaches a course that includes competencies in prevention of foodborne illness.

1.28 **Item** means an examination question.

1.29 **Item bank** means all of the items that have been developed for the several forms of an examination. It includes all of the items available to create examination forms.

1.30 **Item sequence** means the presentation order of examination items in an examination.

1.31 **Job analysis** means the description of functions or tasks required for an individual to perform to entry level standards in a specific job or occupation, including information about the attributes required for that performance. It defines the performance dimension of a job and includes knowledge, skills, and abilities necessary to carry out the tasks.

A **Tasks** are the individual functions, whether mental or physical, necessary to carry out an aspect of a specific job.

B. **Knowledge, skills, and abilities (KSAs)** include the information and other
attributes that the worker shall possess in order to perform effectively and safely.
They include information and understanding as well as learned behaviors and natural
attributes.

1.32 **Legal entity** means an organization structured in a manner that allows it to function
duly and be recognized as a responsible party within the legal system.

1.33 **Legally defensible** means the ability to withstand a legal challenge to the appropriateness
of the examination for the purpose for which it is used. The challenge may be made by
actual or potential examinees or on behalf of the public. Examinees’ challenges may
pertain to perceived bias of the examination or inappropriately chosen content.
Challenges on behalf of the public may claim that the examination does not provide
adequate measures of an examinee’s knowledge, skills, and abilities (KSA’s) required to protect the consumer from foodborne illness.

1.34 **Overexposure** means the relative frequency in which an examination item which is
presented across all computerized tests has undermined the integrity of the examinations.
Whether a test item is overexposed or not is based upon the type of examination test item
(pictorial vs. written) and its frequency of use.

1.35 **Potential examinee** means a person capable of taking an examination.

1.36 **Proctor** means a person under the supervision of a test administrator, assisting who
assists by assuring that all aspects of an examination administration are being carried out
with precision, with full attention to security and to the fair treatment of examinees.
Proctors have the responsibility and shall have the ability to observe examinee behaviors, accurately distribute and collect examination materials, and assist the test administrator as assigned. They shall have training or documented successful experience in monitoring procedures and shall affirm in writing an agreement to maintain examination security and to ensure that they have no conflict of interest. There must be at least one proctor for every 35 examinees. The proctor can also be a test administrator.

1.37 **Psychometric** means scientific measurement or quantification of human qualities, traits,
or behaviors.

1.38 **Psychometrician** means a professional with specific education and training in
development and analysis of examinations and other assessment techniques and in
statistical methods. Qualifications may vary but usually include at least a bachelor’s
degree and a minimum of two formal courses in examination development and a
minimum of two in statistical methods.

1.39 **Regulatory authority** means a government agency that has been duly formed under the
laws of that jurisdiction to administer and enforce the law.

1.40 **Reliability** means the degree of consistency with which an examination measures the
attributes, characteristics or behaviors that it was designed to measure.
1.41 **Retail food industry** means those sectors of commerce that operate *food establishments*.

1.42 **Test administrator** means the individual at the test site who has the ultimate responsibility for conducting a *food safety certification examination*. The *test administrator* can also be a *proctor*.

1.43 **Test encryption and decoding** means the security aspects of a computer examination to prevent the examination from being read by unauthorized persons if downloaded or otherwise accessed without authorization. Encryption refers to how a computer examination is coded. Decoding refers to how the computer examination is translated back from the code.

1.44 **Trainer**, in this instance, means a professional with appropriate expertise who conducts a course in food safety for *potential examinees for certification* as Food Protection Managers.

1.45 **Validity** means the extent to which an examination score or other type of assessment measures the attributes that it was designed to measure. In this instance, does the examination produce scores that can help determine if *examinees* are competent to protect the public from foodborne illness in a *food establishment*. 
SECTION 2.0 – PURPOSE OF CERTIFICATION ORGANIZATIONS

2.0 Purpose of Certification Organizations.

2.1 The certification organization shall have as a purpose the evaluation of those individuals who wish to secure or maintain Food Protection Manager Certification in accordance with the criteria and standards established through the CFP, and the issuance of certificates to individuals who meet the required level of competency.

2.2 A certification organization responsible for attesting to the competency of Food Protection Managers has a responsibility to the individuals desiring certification, to the employers of those individuals, and to the public.

2.3 A certification organization for Food Protection Manager Certification Programs shall not be the accrediting organization nor may the certification organization have any conflict of interest with said accrediting organization.
SECTION 3.0 – STRUCTURE AND RESOURCES OF CERTIFICATION ORGANIZATIONS

3.0 Structure and Resources of Certification Organizations.

3.1 Structure of certification organizations. The certification organization shall be incorporated as a legal entity (applies to the parent organization if the certification organization is a subsidiary of another organization).

3.2 A certification organization shall conform to all CFP standards for accreditation and demonstrate that the relationship between the certification organization and any related association, organization or agency ensures the independence of the certification program and its related functions.

3.3 If a certification organization provides both education and certification, the certification organization shall administratively and financially separate any education and certification functions that are specific to Food Protection Manager Certification to ensure that the certification program is not compromised. This may be satisfied if the governing structure documents to the accrediting organization the distinct separation of the two functions, confirming that no undue influence is exercised over either the education or the certification process by virtue of the structure within the association, organization, agency or another entity.

3.4 Resources of Certification Organizations. A certification organization shall conform to all CFP standards for accreditation and demonstrate

A. the availability of financial resources to effectively and thoroughly conduct regular and ongoing certification program activities.

B. that staff possesses the knowledge and skills necessary to conduct the certification program or has available and makes use of non-staff consultants and professionals to sufficiently supplement staff knowledge and skills.
SECTION 4.0 – FOOD SAFETY CERTIFICATION EXAMINATION DEVELOPMENT

4.0 Food Safety Certification Examination Development.

4.1 Food safety certification examinations administered by accredited certification organizations shall comply fully with all criteria set by the CFP and shall meet explicit and implicit standards to protect the public from foodborne illness. The accredited certification organization shall provide a food safety certification examination that:

A. conforms to all CFP Standards for Accreditation of Food Protection Manager Certification Programs;
B. has been developed from an item bank of at least 4000 questions; and
C. on a quarterly basis is provided in at least two new examination forms in the English language.

4.2 Each certification organization shall provide evidence that it meets the following professional requirements:

A. ability to conduct or otherwise use a legally defensible and psychometrically valid job analysis;
B. demonstrated experience in the development of psychometrically valid competency examinations;
C. demonstrated capability to develop and implement thorough procedures for security of the item bank, printed, taped or computerized examinations, examination answer sheets, and examinee scores;
D. data handling capabilities commensurate with the requirements for effective processing, reporting, and archiving of examinee food safety certification examination scores; and
E. demonstrated evidence of an understanding of and willingness to abide by the principles of fairness and due process.

4.3 The certification organization shall provide complete information about the food safety certification examination, including that information related to procedures and personnel involved in all aspects of the examination development and analysis. The information required for accreditation will include but is not necessarily limited to:

A. complete description of the scope and usage of the examination;
B. job analysis task list, with knowledge, skills, and abilities (KSAs);
C. examination specifications;
D. the number of unduplicated items in the item bank;
E. statistical performance of each item in the bank;
F. number of examination forms and evidence of their equivalence to each other;
G. description of method used to set passing score;
H. copies of all logs, diaries, and personnel lists and descriptions kept as required in the development process;
I. summary statistics for each examination form; and
J. names, credentials, and demographic information for all persons involved in the job analysis, item writing and review, and setting the passing score.

4.4 Job Analysis. The content validity of a food safety certification examination shall be based on a psychometrically valid job analysis developed by psychometricians and a demographically and technically representative group of individuals with significant experience in food safety. The representative group shall include but not necessarily be limited to persons with experience in the various commercial aspects of the retail food industry, persons with local, state or national regulatory experience in retail food safety, and persons with knowledge of the microbiology and epidemiology of foodborne illness, and shall be sufficiently diverse as to avoid cultural bias and ensure fairness in content according to all federal requirements.

4.5 The job analysis shall provide a complete description of the knowledge, skills, and abilities (KSAs) required to function competently in the occupation of Certified Food Protection Manager, with emphasis on those tasks most directly related to the Certified Food Protection Manager’s role in the prevention of foodborne illness.

4.6 Detailed food safety certification examination specifications shall be derived from a valid study of the job analysis tasks and their accompanying knowledge, skills, and abilities (KSAs) and shall be appropriate to all aspects of the retail food industry. The job analysis shall include consideration of scientific data concerning factors contributing to foodborne illness and its epidemiology. The examination specifications, consisting of percentage weights or number of items devoted to each content area, shall be available to examinees and to the public.

4.7 The certification organization or its contracted examination provider shall maintain a log and diary of the procedures and a list of the qualifications, identities, and demographic data of the persons who participated in development of the job analysis and of the food safety certification examination specifications. Those materials shall be provided to the accrediting organization on demand.

4.8 The certification organization is required to systematically evaluate practices in the retail food industry to ensure that the job analysis on which an examination is based remains appropriate for the development of food safety certification examinations on which the universal credential is awarded. The maximum length of use for any job analysis is five years from the date of validation.
4.9 **Psychometric Standards.** Food safety certification examination development, including setting the passing score, shall be based on the most recent edition of *Standards for Educational and Psychological Testing*, developed jointly by the American Psychological Association, American Educational Research Association and National Council for Measurement in Education, and on all appropriate federal requirements (for example, Americans with Disabilities Act). Food safety certification examinations shall be revised as needed to be in compliance with changes in the *Standards for Educational and Psychological Testing* or in any of the federal requirements.

4.10 The food safety certification examination development procedures shall ensure that the competencies assessed in the accredited certification program are those required for competent entry level performance in the role of Certified Food Protection Manager, as defined by law and industry standards, and that they focus on factors related to the prevention of foodborne illness in the retail food industry.

4.11 The food safety certification examination shall be based on psychometrically valid procedures to ensure the relative equivalence of scores from various examination forms. The certification organization shall provide evidence of such equivalence as public information.

4.12 The food safety certification examination shall be developed to be free from bias due to characteristics that have no bearing on the competencies being measured. Such characteristics as gender, ethnicity, race, socioeconomic status, age, and any other concerns unrelated to ability to apply the required competencies will not be allowed to create differences in examinee scores.

4.13 When the food safety certification examination is administered in a medium other than the common pencil-and-paper format, evidence shall be provided to ensure that all competencies are assessed in a reliable manner and that the validity of the examination is preserved. Evidence of comparability with other examination forms shall be provided.

4.14 When any form and/or item bank of the food safety certification examination is translated into a language other than that in which it is originally developed and validated, the developer of the examination shall provide evidence of content equivalency of the translated version with the original examination form and/or item bank. The developer shall provide a detailed description of the translation method(s), including the rationale for selecting the translation method(s), and shall demonstrate congruence of items and instructions with those of the examination form and/or item bank that was translated. To avoid potential problems in translation of terms specific or idiomatic to the retail food industry, translation should be accomplished with the consultation of food safety personnel competent in the languages of both the original and the translated version of the food safety certification examination.

4.15 Actual or potential conflicts of interest that might influence judgment or performance of Examination Developers shall be disclosed.
4.16 Examination Developers shall maintain a log and diary of the procedures and a list of the qualifications, identities, and demographic data of the persons who participated in item development, examination development, translations, setting the passing score, and the statistical analyses of the examination items and of the full examination. Those materials shall be provided to the accrediting organization on demand.

All examinations shall be delivered and administered in a format that ensures the security of the examination (i.e. in a secured environment with a test administrator/proctor.) Un-proctored examinations are not acceptable regardless of the mode of administration.

4.17 Examination Development Security. The certification organization will demonstrate that procedures are developed and implemented to ensure that individual items, item banks, food safety certification examinations presented in all media (printed, taped and computerized), test answer sheets and examinee scores are and remain secure. Demonstration shall include an overall examination security plan that covers each step in the examination development, culminating in the production of the examination.

4.18 Periodic Review. At least semiannually each certification organization shall report to the accrediting organization, providing a review of its food safety certification examination(s). The report will include the following summary statistics for all examinations (for each examination used) administered during the preceding six months, as well as other information that may be reasonably requested by the accrediting organization:
A. number of food safety certification examinations administered;
B. mean;
C. mode;
D. standard deviation;
E. range;
F. reliability coefficient;
G. number and percentage of examinees passing the examination; and
H. the statistics describing the performance of each item used on food safety certification examinations administered during the six-month period.

4.19 Requirements for Examination Standardization. Certification organizations shall specify conditions and procedures for administering all food safety certification examinations in a standard manner to ensure that all examinees are provided with the opportunity to perform according to their level of ability and to ensure comparability of scores. Examination Booklets shall be of high quality printing to ensure ease of reading.
SECTION 5 – FOOD SAFETY CERTIFICATION EXAMINATION ADMINISTRATION

5.0 Food Safety Certification Examination Administration. All sections of these Standards apply to Computer Based Testing (CBT) Administration except Section 5.1.

5.1 Security for Examination Booklets.
A. Securing examination booklet.
   1) Each individual examination booklet shall be secured by using one of the following methods both prior to and after administration:
      a. enclosing in a sealed tamper-resistant package;
      b. shrink-wrapping;
      c. sealing on all three open sides with each seal of sufficient size to cover at least one square inch of the front side and to overlap and cover the same amount of space on the back side of the examination booklet; or
      d. using any other technology that ensures that only the examinee can view the contents of the examination booklet.
   2) Only the examinee is allowed to break open the examination booklet packaging or seals.

B. Packaging by certification organization.
   1) Each individual examination booklet shall be securely sealed before packing.
   2) Secure tamper-resistant shipping material, such as Tyvek envelopes or similar materials that are designed to reveal any tampering or violation of the package’s security, is required for all shipment of materials in all phases.
   3) Packaging must include a packing list that contains:
      a. examination form language(s) or version(s) enclosed; and
      b. quantity of examinations enclosed.

C. Shipping to the test administrator/proctor from the certification organization.
   1) Shipping shall be done by certifiable, traceable means, with tracking numbers so that the location can be determined at any given time.
   2) A signature is required upon delivery.
   3) Only an individual authorized by the test administrator/proctor may sign for the package.

D. Storage by test administrator/proctor.
The package(s) of examination booklets shall be secured at all times immediately upon delivery. Under no circumstances may examination booklets, examinee used answer sheets, or other examination materials be kept where other employees or the public has access.

E. Shipping to the certification organization from the test administrator/proctor
1) After examination administration, *examination booklets* and answer sheets shall remain in secure storage until returned to certification organization.

2) The following shall be in tamper-resistant shipping material:
   a. all used and unused *examination booklets* for each examination administration;
   b. examinees’ used answer sheets; and
   c. all required certification organization forms.

3) Shipping shall be done within two business days following the examination date by certifiable, traceable means, with tracking numbers so that the location can be determined at any given time.

F. Handling unused *examination booklets* that have been held for up to ninety days. The test administrator/proctor will:
   1) ensure that all *examination booklets* are accounted for;
   2) package *examination booklets* securely as described above; and
   3) ship to the certification organization securely packaged and according to these Standards and the Certification Organization’s instructions.

5.2 Test Site Requirements.
Sites chosen for administering *food safety certification examinations* shall conform to all legal requirements for safety, health, and accessibility for all qualified *examinees*.

A. Additionally, the accommodations, lighting, space, comfort, and work space for taking the examination shall reasonably allow *examinees* to perform at their highest level of ability.

B. Requirements at each test site include, but are not limited to:
   1) accessibility in accordance with the requirements of the Americans with Disabilities Act, shall be reasonably available for all qualified *examinees*, whether the examination administration occurs at the main examination location site, or at an alternative examination location site that meets the same location requirements as the main examination location site;
   2) conformity to all fire safety and occupancy requirements of the jurisdiction in which they are located;
   3) sufficient spacing between each *examinee* in the area in which the actual examination is conducted, or other appropriate and effective methods, to preclude any *examinee* from viewing another *examinee*’s examination;
   4) acoustics allowing each *examinee* to hear instructions clearly, using an electronic audio system if necessary;
   5) lighting at each *examinee*’s work space adequate for reading;
   6) ventilation and temperature appropriate for generally recognized health and comfort of *examinees*;
   7) use of private room(s) where only examination personnel and *examinees* are allowed access during the examination administration; and
   8) no further admittance into the test site once examination administration has begun.
5.3 Test Site Language Translation.
A certification organization shall have a published, written policy regarding test site language translation of food safety certification examinations. If a certification organization allows test site language translation of a food safety certification examination when an examination version is not available in the examinees’ requested language, the certification organization shall have a published, formal application process available to all potential examinees. Procedures shall include but not be limited to:

A. An application process for potential examinees that includes an evaluation and documentation component to determine the eligibility of the potential examinee for test site language translation,

B. An application process for translators that includes clear and precise qualifications that shall include but not be limited to the following:
   1) being fluent in both languages;
   2) have a recognized skill in language translation;
   3) trained in the principles of objective examination administration;
   4) have no personal relationship with the examinee (may not be another examinee, may not be a relative or friend of the examinee and may not be a co-worker, employer, or an employee of the examinee);
   5) not being a Certified Food Protection Manager nor having any vested interest in Food Protection Manager certification or conflict of interest;
   6) provide references or other proof attesting to the translator’s competencies and professional acumen; and
   7) agree in writing to maintain the security of the examination.

C. A proctored environment where the translator and examinee are not a distraction to other examinees, and

D. A proctored environment where the translator is not active as the test administrator/proctor.

5.4 Scoring.
A. Only the certification organization may score the examination by methods approved by the accrediting organization. No official scoring is to be done at the test site.

B. Food safety certification examination scores will not be released as being official until verified and approved by the certification organization.

C. Examinee scores will be confidential, available only to the examinee and to persons or organizations approved in writing by the examinee.

D. Score reports will be available to examinees in a time frame specified in the application, which will not exceed fifteen business days following the administration
of the food safety certification examination. If there is a delay due to problems in verification or authentication of scores, examinees will be so informed and an approximate date for release of the scores will be announced. The certification organization will have ongoing communication with examinees and with the test administrator/proctor until the scores are verified and released.

5.5 Test Administrator/Proctor(s) Role. Test administrators/proctors shall have successfully completed the certification organization’s specific training in examination administration and security procedures. They shall provide written assurance of maintaining confidentiality of examination contents, of adhering to the certification organization’s standards and ethics of secure examination administration, and of agreeing to abide by the certification organization’s policies, procedures, and rules.

5.6 Test Administrator/Proctor Requirements. To serve as a test administrator/proctor for an accredited certification organization the qualified individual shall complete the certification organization’s:

A. signed Application;

B. non-Disclosure Agreement (NDA);

C. training program for test administrators/proctors; and

D. conflict of Interest Disclosure Agreement (can be a part of the NDA).

5.7 Test Administrator/Proctor Renewal. Test administrators/proctors shall renew the training program for test administrators/proctors and Non-Disclosure Agreement with the certification organization every three (3) years.

5.8 Instructor/Educator/Trainer as Test Administrator/Proctor. When a person acts as an instructor/educator/trainer and a test administrator/proctor, that person relinquishes the role of instructor/educator/trainer when acting in the role of test administrator/proctor and acts solely as a representative agent of the certification organization.

5.9 Test Administrator/Proctor Responsibilities.

A. Schedule examinations. Food safety certification examinations shall be scheduled far enough in advance to allow for timely shipment of supplies or pre-registration for computer-based examinations.
B. Ensure no destruction of examination booklet materials or computer equipment;

C. At all times:
   1) handle examination materials securely;
   2) ensure test site conformity;
   3) space examinees per protocol;
   4) ensure examinees’ rights;
   5) ensure confidentiality of examinees’ personal information;
   6) ensure standardized procedures are followed;

D. Before the examination:
   1) check examinees’ identification;
   2) check for and exclude unauthorized objects;
   3) distribute examination materials;
   4) read instructions to examinees verbatim;
   5) ensure examinees complete information section of answer sheet or online registration form.

E. During the examination:
   1) supervise assisting proctors proctors;
   2) monitor examinees during examination;
   3) identify and document cheating incidents;
   4) check for and exclude unauthorized objects;
   5) identify and document environmental distractions.

F. After the examination
   1) collect and return examination booklets and answer sheets to certification organization or close computer based testing session;
   2) report possible security breaches and examination administration irregularities in compliance with the certification organization’s policies.

5.10 The number of approved proctors assigned to a test administrator shall be sufficient to allow each examinee to be observed and supervised to ensure conformance to security requirements. There shall be no less than one test administrator/proctor for the first thirty-five examinees, plus one additional test administrator or proctor for each additional 35 thirty-five examinees or fraction thereof.

5.11 Examination Security.
   A. All aspects of food safety certification examination administration are to be conducted in a manner that maximizes the security of the examinations, in keeping with the public protection mandate of the CFP. This shall be accomplished in a manner that ensures fairness to all examinees.

   B. All examinees shall begin taking the examination at the same time. No examinee shall be admitted into the test site once examination administration has begun.
C. Where reasonable accommodations shall be made for otherwise qualified examinees under provisions of the Americans with Disabilities Act, care shall be taken to ensure that security of the examination is maintained. Arrangements shall be such that the food safety certification examination contents are not revealed to any test administration personnel with any conflict of interest. A written affirmation to that effect and a written nondisclosure statement from the individual who was chosen to assist the otherwise qualified examinee shall be provided to the certification organization.

5.12 The certification organization shall provide procedures to be followed in any instance where the security of a food safety certification examination is, or is suspected to be, breached.

A. Included shall be specific procedures for handling and for reporting to the certification organization, any suspected or alleged:
   1) cheating incidents;
   2) lost or stolen examination materials;
   3) intentional or unintentional divulging of examination items by examinees or examination administration personnel; or
   4) any other incidents perceived to have damaged the security of the examination or any of its individual items.

B. Corrective actions to guard against future security breaches shall be established and implemented.

C. Documentation of corrective actions and their effectiveness shall be made available to the accrediting organization.

5.13 Item and Examination Exposure.

The certification organization shall have an exposure plan that:

A. controls for item and examination exposure;

B. accounts for the number of times an examination item, examination form, and examination version is administered;

C. ensures that no examination form is retained by any examination administration personnel for more than 90 ninety days;

D. at all times accounts for all copies of all used and unused examination booklets; and

E. systematically and actively demonstrates that every used answer sheet, examination booklet, and any other examination materials and answer keys are accounted for to prevent, reduce, or eliminate examination exposure.
5.14 **Certification Organization’s Responsibility to Test Administrators/Proctors.**

A. The certification organizations shall specify the responsibilities of test administrator/proctor, set minimum criteria for approval of test administrators/proctors, and provide a training program to enable potential examinees to meet the approval criteria. Responsibilities, duties, qualifications and training of test administrators/proctors shall be directed toward assuring standardized, secure examination administration and fair and equitable treatment of examinees.

B. The certification organization shall define and provide descriptions for the roles of test administrators/proctors, and certification organization personnel clearly indicating the responsibilities for these roles. The certification organization shall demonstrate how it ensures that all certification personnel, as well as test administrators/proctors, understand and practice the procedures identified for their roles.

C. Test administrator/proctor training programs shall include:
   1) specific learning objectives for all of the activities of test administrator/proctor; and
   2) an assessment component that shall be passed before an examinee for test administrator/proctor will be approved.

5.15 **Test Administrator/Proctor Agreements.** The certification organization shall enter into a formal agreement with the test administrator/proctor. The formal agreement shall at a minimum address:

A. provisions that relate to code of conduct;

B. conflicts of interest; and

C. consequences for breach of the agreement.

5.16 The certification organization shall assess and monitor the performance of test administrators/proctors in accordance with all documented procedures and agreements.

5.17 The certification organization is not permitted to hire, contract with, or use the services of any person or organization that claims directly or indirectly to guarantee passing any certification examination. Instructors/educators/trainers making such a claim, whether as an independent or as an employee of another organization making the claim, are not eligible to serve as test administrators/proctors for any certification organization.

In order to retain the integrity of the certification process, 5.17 is intended to provide Certification Organizations a method of evaluating individuals’ and/or organizations’ claims to guarantee passing any certification examination if they are performing the role of instructor/educator/trainer and proctor/administrator. This area of the Standard does not apply to training organizations and their employees not contracted to a Certification Organization.
5.18 Policies and procedures for taking corrective action(s) when any test administrator or proctor fails to meet job responsibilities shall be implemented and documented. Test administrators/proctors that have been dismissed by the certification organization for infraction of policies or rules, incompetence, ethical breaches, or compromise of examination security will be reported to the accrediting organization.

5.19 The certification organization shall provide documentation that verifies compliance with the 1:35 ratio (test administrator/proctor: examinees).

5.20 Examination Administration Manual. The certification organization shall provide each test administrator/proctor with a manual detailing the requirements for all aspects of the food safety certification examination administration process. The Examination Administration Manual shall include a standardized script for the paper examination test administrator/proctor to read to examinees before the examination commences. For computer based tests (CBT), standardized instructions shall be available for examinees to read.

5.21 Examination Scripts. Separate scripts/instructions may be created for different delivery channels or certification organizations. Certification organizations may customize elements of the scripts to fit their particular processes, but each script shall contain the following:

A. Introduction to the Examination Process
   1) composition of the examination (number of questions, multiple choice, etc.);
   2) time available to complete the examination;
   3) role of the test administrator/proctor;
   4) process for restroom breaks; and
   5) process for responding to examinee comments and questions.

B. Copyright and Legal Responsibilities
   1) description of what constitutes cheating on the examination;
   2) penalties for cheating; and
   3) penalties for copyright violations.

C. Examination Process
   1) maintaining test site security;
   2) description of examination components unique to the certification organization (examination booklet, answer sheet completion, computer process in testing centers, etc.);
   3) instructions for proper completion of personal information on answer sheets/online registration and examination booklets;
   4) instructions on properly recording answers on answer sheets or online; and
   5) instructions on post-examination administration process.
SECTION 6.0 – COMPUTER-BASED TESTING (CBT)

6.0 Computer-Based Test Development and Administration

All sections of these Standards apply to Computer-Based Testing Computer Based Testing (CBT) Administration except Section 5.1.

6.1 Computer-Based Test Development. Examination specifications for computer-based testing shall describe the method for development, including the algorithms used for test item selection, the item response theory model employed (if any), and examination equivalency issues.

6.2 Items shall be evaluated for suitability for computer delivery, be reviewed in the delivery medium, and be reviewed in the presentation delivery medium. Assumptions shall not be made that items written for delivery via a paper/pencil medium are suitable for computer delivery nor should it be assumed that computer test items are suitable for paper/pencil delivery.

6.3 When examination forms are computer-generated, whether in Computer-Adaptive Testing (CAT) or in a simple linear algorithm, the algorithm for item selection and the number of items in the item bank from which the examination is generated shall ensure that the items are protected from overexposure. Item usage statistics shall be provided for all available items in the pool.

6.4 Computer-Based Testing Administration. Where examination environments differ (for example, touch screen versus mouse) evidence shall be provided to demonstrate equivalence of the examinees’ scores.

6.5 Tutorials and/or practice tests shall be created to provide the examinees adequate opportunity to demonstrate familiarity and comfort with the computer test environment.

6.6 If the time available for computer delivery of an examination is limited, comparability of scoring outcomes with non-timed delivery of the exam shall be demonstrated. Data shall be gathered and continually analyzed to determine if scoring methods are comparable.

6.7 Evidence of security in the computer-based testing environment shall be provided. Factors affecting test security include, but are not limited to, examinee workspace, access to personal materials, level of examinee monitoring, and test encryption and decoding.

6.8 Documentation of precautions to protect examination forms and the item bank from unauthorized access shall be provided.

6.9 Policies and procedures regarding the recording and retention of the item sequence and item responses for each examinee shall be developed and followed. Computer examinations using a unique sequence of items for each examinee shall record the information necessary to recreate the sequence of items and examinee responses on the computer examination.
6.10 Systems and procedures shall be in place to address technical or operational problems in examination administration. For example, the examination delivery system shall have the capability to recover examinee data at the appropriate point in the testing session prior to test disruption. Policies regarding recovery for emergency situations (such as retesting) shall be developed.

6.11 **Due Process.** Examinees shall be provided with any information relevant to computer-based testing that may affect their performance or score. Examples of such information might include but not be limited to: time available to respond to items; ability to change responses; and instructions relating to specific types of items.
SECTION 7.0 – CERTIFICATION ORGANIZATION RESPONSIBILITIES TO POTENTIAL EXAMINEES, EXAMINEES AND THE PUBLIC

7.0 A certification organization’s Responsibilities to Examinees and the Public.

7.1 Responsibilities to Potential Examinees and/or Examinees for Certification. A certification organization shall:

A. not discriminate among potential examinees and examinees as to age, sex, race, religion, ethnic origin, disabilities or marital status and shall include a statement of non-discrimination in announcement of the certification program;

B. make available to all potential examinees and examinees information regarding formalized procedures for attainment of certification and provide evidence to the accrediting organization of the implementation of the policy;

C. have a formal policy for the periodic review of application and examination procedures to ensure that they are fair and equitable and shall give evidence to the accreditation organization of the implementation of the policy;

D. provide evidence that competently proctored testing sites are readily accessible;

E. provide evidence of uniformly prompt reporting of food safety certification examination results to examinees;

F. provide evidence that examinees failing the food safety certification examination are given information on general areas of deficiency;

G. provide evidence that each examinee’s food safety certification examination results are held confidential; and

H. have a formal policy on appeals procedures for potential examinees and examinees questioning eligibility or any part of the accredited certification program.

7.2 Qualifications for Initial Certification. To become a Certified Food Protection Manager an individual shall pass a food safety certification examination from an accredited certification program recognized by the CFP. The certificate shall be valid for no more than 5 five years.

7.3 Individual Certification Certificates:

A. Each certification organization will maintain a secure system with appropriate backup or redundancy to provide verification of current validity of individual certification certificates.

B. Certificates shall include, at a minimum:
   1) issue date/date examination was taken;
   2) length of time of certification validity;
3) name and certification mark of certification organization;
4) ANSI accreditation mark;
5) name of certified individual;
6) unique certificate number;
7) name of certification;
8) contact information for the certification organization; and
9) examination form identifier

C. Replacement or duplicate certificates issued through an accredited certification organization shall carry the same issue date, or date of examination, as the original certificate, and will be documented by the certification organization.

7.5 Discipline of Certificate Holders and Examinees. A certification organization shall have formal certification policies and operating procedures including the sanction or revocation of the certificate. These procedures shall incorporate due process.

7.6 Continued Proficiency. An accredited certification program shall include a process or program for assessing continued competence that includes an examination component at an interval of no more than five years. The outcome of the process or program shall demonstrate that the person has maintained the minimum competencies as determined by the current Job Task Analysis.

7.7 Responsibilities to the Public and to Employers of Certified Personnel. A certification organization shall maintain a registry of individuals certified. Any title or credential awarded by the certification organization shall appropriately reflect the Food Protection Manager’s daily food safety responsibilities and shall not be confusing to employers, consumers, related professions, and/or other interested parties.

7.8 Each accredited certification program shall have a published protocol for systematically investigating problems presented by users of the Program, including specific concerns about examination items, administration procedures, treatment of examinees and potential examinees, or other matters involving potential legal defensibility of the examination or program. The protocol will include a published time frame for reporting findings to the User.

7.9 Misrepresentation. Only Food Protection Manager Certification Programs that conform to all requirements of Standards for Accreditation of Food Protection Manager Certification Programs and are accredited by the agent selected by the CFP as the accrediting organization for such programs are allowed to refer to themselves as being accredited. Those programs may not make any other reference to the CFP in their publications or promotional materials in any medium.
SECTION 8.0 – CERTIFICATION ORGANIZATION RESPONSIBILITIES TO THE ACCREDITING ORGANIZATION

8.0 Certification Organization Responsibilities to the Accrediting Organization.

8.1 Application for Accreditation. A certification organization seeking accreditation for development and/or administration of a certification program shall provide at least the following information, as well as other information that might be requested by the accrediting organization:

A. the name and complete ownership of the legal entity.

B. the address, telephone/fax number(s) and other contact information of the certification organization’s headquarters.

C. the name, position, address and telephone/fax/e-mail information of the contact person for projects related to the CFP Standards for Accreditation of Food Protection Manager Certification Programs.

D. such fiscal information as may be needed to establish evidence of ability to carry out obligations under these standards.

8.2 Summary Information. A certification organization shall:

A. provide evidence that the mechanism used to evaluate individual competence is objective, fair, and based on the knowledge and skills needed to function as a Certified Food Protection Manager;

B. provide evidence that the evaluation mechanism is based on standards which establish reliability and validity for each form of the food safety certification examination;

C. provide evidence that the pass/fail levels are established in a manner that is generally accepted in the psychometric community as being fair and reasonable;

D. have a formal policy of periodic review of evaluation mechanisms and shall provide evidence that the policy is implemented to ensure relevance of the mechanism to knowledge and skills needed by a Certified Food Protection Manager;

E. provide evidence that appropriate measures are taken to protect the security of all food safety certification examinations;

F. publish a comprehensive summary or outline of the information, knowledge, or functions covered by the food safety certification examination;
G make available general descriptive materials on the procedures used in examination construction and validation and the procedures of administration and reporting of results; and

H compile at least semi-annually a summary of certification activities, including number of examinees, number tested, number passing, number failing, and number certified.

8.3 **Responsibilities to the Accrediting Organization.** The certification organization shall:

A. make available upon request to the accrediting organization copies of all publications related to the certification program,

B. advise the accrediting organization of any proposed changes in structure or activities of the certification organization,

C. advise the accrediting organization of substantive change in food safety certification examination administration,

D advise the accrediting organization of any major changes in testing techniques or in the scope or objectives of the food safety certification examination,

E annually complete and submit to the accrediting organization information requested on the current status of the Food Protection Manager Certification Program and the certification organization,

F submit to the accrediting organization the report requirements information specified for the Food Protection Manager Certification Program, and

G be re-accredited by the accrediting organization at least every 5 five years.
SECTION 9.0 – MANAGEMENT SYSTEMS

9.0 Management Systems.

9.1. Each certification organization shall have a formal management system in place to facilitate continuous quality improvement and produce preventive and corrective actions. The management system shall contain the following three components.

A. Document control to include:
   1) lists of all documents pertaining to the certification organization;
   2) dates for documents approved for implementation by the certification organization;
   3) the person(s) within the certification organization responsible for the documents; and
   4) listing of individuals who have access to the documents.

B. Internal audits to include:
   1) identification of critical activities;
   2) data collection process and evaluation schedule;
   3) audit methodology and evaluation process;
   4) the person(s) authorized to perform audits; and
   5) report audit findings and identify corrective action required.

C. A Management Review that includes:
   1) a documented annual review of internal audit results;
   2) a management group that conducts the review;
   3) a review of the audit results to determine corrective actions needed;
   4) a review of the audit results to determine preventive actions needed; and
   5) the effectiveness of corrective and preventive actions taken.
ANNEX A

Guidelines for Regulatory Authorities Implementing Food Protection Manager Certification Programs

A1. Each permitted *food establishment* should have a minimum of one designated *Certified Food Protection Manager* who is accountable for food safety.

Documentation of certification of *Certified Food Protection Manager(s)* should be maintained at each *food establishment* and shall be made available for inspection by the regulatory authority at all times.

A2. A *Certified Food Protection Manager* is responsible for:

1) identifying hazards in the day-to-day operation of a *food establishment*;

2) developing or implementing specific policies, procedures or standards aimed at preventing foodborne illness;

3) coordinating training, supervising or directing food preparation activities and taking corrective action as needed to protect the health of the consumer; and

4) conducting in-house self-inspection of daily operations on a periodic basis to see that policies and procedures concerning food safety are being followed.

A3. **Qualifications for Certification.** To become a *Certified Food Protection Manager*, an individual shall pass a *food safety certification examination* from an accredited *certification organization* recognized by the CFP. The CFP recognizes the importance and need for the provision of food safety training for all food employees and managers. The CFP recommends the content of food protection manager training be consistent with paragraph 2-102.11 (C) of the most recent FDA Food Code. The CFP promotes the information contained in the FDA Food Code as well as content outlines based on job tasks analyses, provided on the CFP website, which may be of value in developing or evaluating training.

A4. Regulatory authorities should work with the *certification organization* on a mutually agreeable format, medium and time frame for the submission of score reports pertaining to the administration of *food safety certification examinations*. 
Security Evaluation Work Group
Baseline & Summative Self-Report Findings 2013-14

Donald J. Ford, Ph.D.
Lead Assessor, ANSI Certificate Accreditation Program &
Lead Evaluator, Certified Professional Food Manager Program
SEWG Background

- Work Group formed to address test security concerns involving the CPFM exam under ANSI CFP certification
- Dr. Ford, ANSI CAP Assessor, designed and conducted a 5 year evaluation study of past, current and future test security breaches and the impact of remedies that CFP implemented starting in 2011.
- Evaluation proceeded in three stages:
  1. Baseline study of the 2009-10 year to pilot test self-report data collection and establish a pre-assessment point from which to measure progress
  2. Interim study of the 2012-13 year to assess progress in addressing test security issues
  3. Post-assessment of the 2013-14 year and future years to measure progress and track trends in CPFM test security
Evaluation Methodology

Self-reporting via questionnaire

Data aggregated and reported as single group only (no within-group comparisons)

Time Periods:
- Baseline (Pre) – July 2009 – June 2010
- Pilot (Formative) – July 2012 – June 2013
- Post (Summative) - July 2013 – June 2014
- Trending – Annually after 2014 as part of ANSI surveillance

M = measurement (1 = Pre, 2 = Formative 3 = Post) I = Interventions
Summary of Evaluation Findings

- Small number of test security violations, but once is one too many
- About 4% of proctors/administrators are disciplinary problems, but numbers are declining
  - Better screening, selection, and discipline are working
  - 100% compliance on retraining achieved
- Test administration and shipping irregularities continue to be problematic
  - Better tracking and enforcement of existing rules needed
  - May be reaching theoretical limits of compliance, given current testing methods
Summary of Evaluation Findings (cont’d)

- Significant efforts being made to prevent test security breaches
  - Best practices should be disseminated to all providers
- Management QA System fully implemented in 2012-13
- Continue to monitor test security as part of ANSI annual surveillance
CPFM is a Big Deal

- Large numbers pose challenges for close policing

- Test Volume and Test Sites show no clear pattern;
  # of Proctors/Administrators shows little change.
Goal One: Provide Regular Training for Proctors/Administrators

- Goal has been achieved with 100% compliance.
Change in Retraining: 2009-2014

- All Retraining completed in 2014.
Goal One: Enforce Proctor/Administrator Disciplinary Actions

In 2014, violations decreased while revocations increased, indicating greater enforcement.
Changes in Proctor/Administrator Disciplinary Actions: 2009-2014

Disciplinary issues initially went up, then down, while revocations have steadily increased.
Primary Reasons for Violations - 2014

1. Failure to return exams/answer sheets on time
2. Failure to return all materials, or to sign/seal return envelopes
3. Failure to use a traceable shipping carrier
4. Failure to follow proctor guidelines, including not being present the whole time or allowing test-takers to self-proctor
5. Suspected/confirmed cheating or colluding with test takers
Most Common Disciplinary Actions

1. Warning for 1st offense, probation/suspension/revocation for repeated offenses
2. One year probation/suspension for second offense
3. Revocation of privileges for colluding in cheating; suspected examinees required to re-test
Most Frequent Reasons for Revocation/Suspension of Proctors

1. Resignation from the position (about 100 cases)
2. Confirmed/suspected case of cheating with proctor/administrator collusion, such as providing answers/coaching or allowing examinees to discuss test or use notes during exam (about 30 cases)
Goal Two: Reduce Exam Packaging and Shipping Irregularities

In 2013-14, 2 out of 10,000 exams lost, the same rate as last year. Lost answer sheets are exceedingly rare.
Most Frequent Reasons for Lost Exams/Answer Sheets: 2013-14

1. Proctors improperly disposed of unused exams – shredding or trashing
2. Carrier lost the package
   - Regular mail is not reliable
   - Even traceable carriers lose packages sometimes (19 answer sheets lost in 2013-14)
3. Proctors lost extra exams/answer sheets; presumed stolen
Changes in Lost Materials: 2009-2014

- Increase in reported lost materials from 2009 to 2013, steady to decreasing in 2013-14.
Goal Three: Reduce Test Site Irregularities

- In 2013-14, Test Administration problems show big increase, while test site problems remain small.
Most Frequent Reasons for Test Administration Irregularities

1. Failure to follow shipping policies for returning materials on time
2. Failure to properly return all materials via traceable carrier
3. Failure to follow policies and procedures for proctoring – partially unproctored or self-proctored exams
4. Cheating or collusion: candidates were allowed to talk in a foreign language during the exam, proctor colluded in cheating, candidates shared notes during exam
Most Frequent Reasons for Test Site Irregularities in 2014

1. Candidate demographic changes (wrong name or other personal information at registration)
2. Exam was given in a restaurant during service or otherwise interrupted by outside noise
3. Examinees were allowed to sit too close together
4. Technical issue with online testing site hardware
Changes in Test Irregularities as Percentage of all Test Locations

- Increase in reported administration irregularities probably due to increased detection; test site problems decreasing.
Where Test Site Irregularities Occurred: 2013-14

Test site irregularities show decline across all sites.
Reasons for Site Irregularities – 2014

1. Candidate registration information was wrong – name or other personal information incorrect
2. Exam material delivery problem – materials did not arrive on time or items were missing
3. Testing in a public or noisy venue (restaurant during dining service)
4. Technical issue with online testing hardware/network
Goal Four: Reduce Cheating and Test Administration Irregularities

Trend:
Confirmed/ Suspected Cheating

- Trend was up initially, but down last year.
- Better detection and enforcement today.
Data Forensics Employed to Combat Cheating

1. Item Analysis (4)*
2. Pass Rate Analysis – compare by group/proctor (2)*
3. Item Difficulty (p-value) Analysis (1)*
4. Point Biserial Correlation (1)*
5. Online exam time Analysis (1)*
6. Incident Response Investigation (3)*

*Numbers in () indicate how many providers report using this.
Most Frequent Corrective Actions Taken To Combat Cheating

1. Use multiple versions of the exam at each administration (4)*
2. Revoke proctor privileges for collusion (3)*
3. Enforce spacing and other environmental guidelines (2)*
4. Use biometrics to verify examinee identity (1)*
5. Require examinees to retest when cheating is suspected (2)*
6. Adopt better exam forensic analysis methods (1)*
7. Increase exam session audits (1)*

*Numbers in () indicate how many providers report using this.
Test Versions and Revisions

Versions Employed:
- Minimum of 2 versions/administration
- Maximum of 8 versions used
- Avg = 4

Revision Frequency:
- Minimum of yearly
- Maximum of monthly
- Avg = quarterly
One out of 1400 test administrations contains a violation, though most are minor.
Most Frequent Reasons for Test Administration Irregularities

1. Failure to return all test materials on time
2. More exam booklets opened than answer sheets
3. Failure to monitor examinees during entire exam
4. Self-administration of exam
5. Proctor collusion in cheating
Change in Percentage of Administration Violations: 2009-2014

- Decrease in percent of violations over last year shows progress.

SEWG
Goal Five: Improve Test Quality Assurance

- 2009-10: Only 1 of 3 providers had QA system installed and it was incomplete
- 2012-13: All 4 providers had QA system in place, but still implementing some features
- 2013-14: QA system fully functional for all providers

This goal has been achieved by 100% of providers.
QA System Elements in Place - 2014

- Document control (4)*
- Internal audit (3)*
- Management review (4)*
- Exam security plan (1)*
- External audit/certification (1)*

*Numbers in () indicate how many providers report having this in 2013-14.
Most Frequent Reasons for QA System Breaches

1. Failure to return test materials on time
2. Lost test booklets/completed answer sheets
3. Candidate demographic information missing/incorrect
4. Forensics uncovered possible cheating/collusion
Provider Perceptions of Test Security Breaches

- “After implementing all the changes [over the past 5 years], our quantity of breaches has dramatically decreased.”
- “We are a trusted test development and delivery provider to more than 400 organizations worldwide. On their behalf, we securely deliver an average of 10 million exams per year. We serve as an industry gatekeeper, ensuring that people legitimately earn the credentials they seek to achieve, and thereby guaranteeing a fair testing experience for all who come through our doors.”
Recommendations

- Proctors/Administrators:
  - Increase screening, selection and training standards
  - Continue to vigorously apply disciplinary actions against offenders

- Shipping Irregularities:
  - Use traceable carriers only, especially those with high reputation for security and reliability
  - Continue to enforce rules for shipping
Recommendations (cont’d)

- Test Sites/Administration:
  - Standardize test site requirements across all providers
  - Share best practices for administration

- Test Cheating:
  - Share best practices for data forensics and cheating detection
  - Encourage test-takers to report cheating (whistleblower hotline)

- QA System:
  - Fully implement all features for all providers
  - Use it as preventive mechanism and early warning system
Future Steps

- Present findings to key stakeholders
- Identify areas for further improvement
- Fine tune data collection methods as needed
- Include test security evaluation as part of ANSI annual surveillance and monitor trends

Thank you for the opportunity to work with CFP!

Don Ford 😊
| **2.0 Purpose of Certification** | **4.3.1** The certification body shall document its structure, policies and procedures to manage impartiality and to ensure that the certification activities are undertaken impartially. The certification body shall have top management commitment to impartiality in certification activities. The certification body shall have a statement publicly accessible without request that it understands the importance of impartiality in carrying out its certification activities, manages conflict of interest and ensures the objectivity of its certification activities. | YES | NO | CFP 3.3 has more precision in regards to the separation of educational and certification functions. The intent of ISO 4.3.1 and 4.3.6 are similar describing impartiality, influence and threats. This is management and impartiality. What about ISO 5.2? Structure of the Certification body in relation to training and 5.2.3? |
| **3.3** If a certification organization provides both education and certification, the certification organization shall administratively and financially separate any education and certification functions that are specific to Food Protection Manager Certification to ensure that the certification program is not compromised. This may be satisfied if the governing structure documents to the accrediting organization the distinct separation of the two functions, confirming that no undue influence is exercised over either the education or the certification process by virtue of the structure within the association, organization, agency or another entity. | threats that arise from its activities, from its related bodies, from its relationships, or from the relationships of its personnel. However, such relationships do not necessarily present a body with a threat to impartiality. | | |
| **3.4** Resources of Certification Organizations. The certification organization shall conform to all CFP standards for accreditation and demonstrate | **4.3.7** The certification body shall analyze, document and eliminate or minimize the potential conflict of interests arising from the certification of activities of persons. The certification body shall document and be able to demonstrate how it eliminates, minimizes or manages such threats. All potential sources of conflict of interest that are identified, whether they arise from within the certification body, such as assigning responsibilities to personnel, or from the activities of other persons, bodies or organizations, shall be covered. | YES | NO | CFP 3.4 discusses conformity while ISO 9.2.6 discusses conformity when work is performed by a 3rd party. This is not exactly the same intent. ISO 10.2.7 goes into detail to discuss non-conformity issues. |
| 6.1.7 | The certification body shall require its personnel to sign a document by which they commit themselves to comply with the rules defined by the certification body, including those relating to confidentiality, impartiality and conflict of interests.  
NOTE Where permitted by law, an electronic signature is acceptable.  
6.1.8 When a certification body certifies a person it employs, the certification body shall adopt procedures to maintain impartiality. |

| 4.0 Food Safety Certification Examination Development |

| 4.2 | Each certification organization shall provide evidence that it meets the following professional requirements: |

| 8.4a | The certification body shall have documents to demonstrate that, in the development and review of the certification scheme, the following are included: the involvement of appropriate experts; |

| 7.4 Security |

| 7.4.1 | The certification body shall develop and document policies and procedures necessary to ensure security throughout the entire certification process and shall have measures in place to take corrective actions when security breaches occur.  
7.4.2 Security policies and procedures shall include provisions to ensure the security of... |
### 10.2.4 Control of records

The certification body shall establish procedures to define the controls needed for the identification, storage, protection, retrieval, retention time and disposition of its records related to the fulfillment of this International Standard.

The certification body shall establish procedures for retaining records for a period consistent with its contractual and legal obligations. Access to these records shall be consistent with the confidentiality arrangements.

**NOTE** For requirements for records on applicants, candidates and certified persons, see also 7.1.

<table>
<thead>
<tr>
<th>4.2 E</th>
<th>demonstrated evidence of an understanding of and willingness to abide by the principles of fairness and due process.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Certification schemes</td>
<td>YES</td>
</tr>
</tbody>
</table>

| CFP 4.2 D | is specific to archiving exam scores while ISO 10.2.4 describes overall procedures for all record keeping including exam scores. First, let's make sure that we understand that we're dealing with "standards" not groups. That said, "Demonstrating capability to develop..." is very different from developing document policies and procedures as prescribed in 17024. ISO 17024 is very clear in the development of a documented management system that ensures the integrity of the entire certification process. For consumers there is the assurance that an individual taking that exam is certified by a program that has been documented and approved. The CFP standard remains weak in a more simplistic.|

| Terms such as demonstrate and document and implement are used respectively. I'm not sure the intent is the same for these two sections. The ISO Standard speaks specifically to the "fairness" of the exam, while the CFP Standard seems more directed to the overall process. Demonstrated evidence is, in of itself, a lower demonstration of performance than the specific. | YES | NO |

These are essentially the same however, the wording is different. Terms such as demonstrate and document and implement are used respectively. I'm not sure the intent is the same for these two sections. The ISO Standard speaks specifically to the "fairness" of the exam, while the CFP Standard seems more directed to the overall process. Demonstrated evidence is, in of itself, a lower demonstration of performance than the specific.
<table>
<thead>
<tr>
<th>Page</th>
<th>Text</th>
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<tbody>
<tr>
<td>13</td>
<td><strong>4.3</strong> The certification organization shall provide complete information about the food safety certification examination, including that related to procedures and personnel involved in all aspects of the examination development and analysis. The information required for accreditation will include but is not necessarily limited to:</td>
</tr>
<tr>
<td>14</td>
<td><strong>8.4</strong> The certification body shall have documents to demonstrate that, in the development and review of the certification scheme, the following are included: a) the involvement of appropriate experts; b) the use of an appropriate structure that fairly represents the interests of all parties significantly concerned, without any interest predominating; c) the identification and alignment of prerequisites, if applicable, with the competence requirements; d) the identification and alignment of the assessment mechanisms with the assessment requirements; e) a job or practice analysis that is conducted and updated to: - identify the tasks for successful performance; - identify the required competence for each task; - identify prerequisites (if applicable); - confirm the assessment mechanisms and examination content; - identify the re-certification requirements and interval. NOTE Where the certification scheme has been developed by an entity other than the certification body, the job or practice analysis might already be available as part of that work. In this case, the certification body can obtain details from the scheme creation. The CFP standard remains open-ended and open to loose interpretation by both CBs and assessors. While, at face value, it may not seem like a weakness, it opens the door to less reputable firms achieving accreditation under CFP but delivering a program that may not effectively certify individuals.</td>
</tr>
<tr>
<td>15</td>
<td><strong>8.2</strong> A certification scheme shall contain the following elements: a) scope of certification; b) job and task description; c) required competence; d) abilities (when applicable); e) prerequisites (when applicable); f) code of conduct (when applicable). NOTE 1 A code of conduct describes the ethical or personal behavior required by the scheme. NOTE 2 Abilities can include physical capabilities such as vision, hearing and mobility.</td>
</tr>
<tr>
<td>16</td>
<td>Again, CFP states “complete description” and the ISO document gives specific directives. The open-ended nature of the CFP requirements leaves the standard open for interpretation and risks.</td>
</tr>
<tr>
<td>4.3 B job analysis task list, with knowledge, skills, and abilities (KSAs);</td>
<td>NO</td>
</tr>
<tr>
<td>4.3 C examination specifications;</td>
<td>NO</td>
</tr>
<tr>
<td>4.3 D The number of unduplicated items in the item bank;</td>
<td>NO</td>
</tr>
<tr>
<td>21</td>
<td><strong>4.3 E</strong> statistical performance of each item in the bank;</td>
</tr>
<tr>
<td>22</td>
<td></td>
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<tr>
<td>23</td>
<td><strong>4.3 F</strong> number of examination forms and evidence of their equivalence to each other;</td>
</tr>
<tr>
<td>24</td>
<td><strong>4.3 G</strong> description of method used to set passing score;</td>
</tr>
<tr>
<td>25</td>
<td><strong>4.3 H</strong> copies of all logs, diaries, and personnel lists and descriptions kept as required in the development process;</td>
</tr>
</tbody>
</table>
4.3 I summary statistics for each examination form; and

<table>
<thead>
<tr>
<th>NO</th>
<th>NO</th>
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<tbody>
<tr>
<td>The following CFP sub clauses give specific details that are not included in the ISO document. I would say YES here as above based on equivalency to 9.3.5 in ISO. The CFP Standard is specific to food safety and, because of the specificity, mandated development related to food managers. The more in-depth approach of 17024 allows CBs to develop against a specific.</td>
<td></td>
</tr>
</tbody>
</table>

4.3 J names, credentials, and demographic information for all persons involved in the job analysis, item writing and review, and setting the passing score.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFP standard is much more prescriptive as to documentation of names, credentials, etc. Again, the specificity of 17024 leaves nothing to interpretation strengthening the value of the ISO standard.</td>
<td></td>
</tr>
</tbody>
</table>

8.4 The certification body shall have documents to demonstrate that, in the development and review of the certification scheme, the following are included:

a) the involvement of appropriate experts;
b) the use of an appropriate structure that fairly represents the interests of all parties significantly concerned, without any interest predominating;
c) the identification and alignment of prerequisites, if applicable, with the competence requirements;
f) the identification and alignment of the assessment mechanisms with the competence requirements;
g) a job or practice analysis that is conducted and updated to:
   - identify the tasks for successful performance;
   - identify the required competence for each task;
   - identify prerequisites (if applicable);
   - confirm the assessment mechanisms and examination content;
   - identify the re-certification requirements and interval.

NOTE Where the certification scheme has been developed by an entity other than the
| 30 | **4.4 Job Analysis.** The content validity of a food safety certification examination shall be based on a psychometrically valid job analysis developed by psychometricians and a demographically and technically representative group of individuals with significant experience in food safety. The representative group shall include but not necessarily be of the retail food industry, persons with local, state or national regulatory experience in retail food safety, and persons with knowledge of the microbiology and epidemiology of foodborne illness, and shall be sufficiently diverse as to avoid cultural bias and YES | NO | ISO 8.4b uses the term “all interested parties” while the CFP lists specific segments of the food industry. The ISO standard is designed to support accredited organizations that wish to certify people in other professions. The open approach but specificity of the representative group shall include but not necessarily be limited to persons with experience in the food industry. |  |
| 31 | **8.4b** The certification body shall have documents to demonstrate that, in the development and review of the certification scheme, the following are included: the use of an appropriate structure that fairly represents the interests of all parties significantly concerned, without any interest predominating; | NO | That said, it is important here that the CFP standard remain prescriptive so it is not intended to certify individuals in other, unrelated or even related fields. |  |
| 32 | **4.6 Detailed food safety certification examination specifications shall be derived from a valid study of the job analysis tasks and their accompanying knowledge, skills, and abilities (KSAs) and shall be appropriate to all aspects of the retail food industry. The job analysis shall include consideration of scientific data concerning factors contributing to foodborne illness and its epidemiology. The examination specifications, consisting of percentage weights or number of items devoted to each content area, shall be developed by a technically and demographically representative group of individuals with significant experience in food safety.** | NO | NO | This clause is food safety specific and is outside of the scope of the ISO document. Again, this clause must be specific because the CFP program is food only. However assessed organizations must provide even more robust information detailed throughout standard 8.4 in the ISO Standard. In fact the ISO standard holds CBs to a higher standard. |  |
| 33 | **4.7 The certification organization or its contracted examination provider shall maintain a log and diary of the procedures and a list of the qualifications, identities, and demographic data of the persons who participated in development of the job analysis and of the food safety certification examination specifications. Those materials shall be provided to the accrediting organization on demand.** | NO | NO | The people who participate in exam development (4.7) are very different from those who work for the CB. In 6.1.5 ISO seeks to ensure that those who work within the CB have the qualifications to effectively and fairly manage a certification program. This is very different than 4.7. |  |
| 34 | **4.9 Psychometric Standards. Food safety certification examination development, including setting the passing score, shall be based on the most recent edition of Standards for Educational and Psychological Testing, developed jointly by the American Psychological Association, American Educational and Psychological Testing, developed jointly by the American Psychological Association, American Educational and Psychological Testing, developed jointly by the American Psychological Association, American Educational and Psychological Testing, developed jointly by the American Psychological Association.** | NO | NO | I agree that there is not an equivalent section in the ISO standard for CFP section 4.9, but I disagree with this statement. This clause (4.9) although it does mention “food safety certification” is not food safety specific. It intends to utilize best practices of |
Education, and on all appropriate federal requirements (for example, Americans with Disabilities Act). Food safety certification examinations shall be revised as needed to be in compliance with changes in the Standards for Educational and Psychological Testing or in any of the federal requirements.

<table>
<thead>
<tr>
<th>4.11 The food safety certification examination shall be based on psychometrically valid procedures to ensure the relative equivalence of scores from various examination forms. The certification organization shall provide evidence of such equivalence as public.</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.2.4 The certification body shall verify the methods for assessing candidates. This verification shall ensure that each assessment is fair and valid.</td>
</tr>
</tbody>
</table>
| YES | NO | Documents discuss the validity and verification however, CFP 4.11 discusses the relative equivalence of scores from various examination forms and the ISO document does not.

I would say NO here. 9.2.4 is more suited with the intent of 9.2.3 above which aligns with CFP 4.10. I do not think CFP 4.11 and ISO 9.2.4 are equivalent in intent at all. Equivalency means that we have an equal opportunity to pass that exam. In this case we need to be sure that we have weighted the questions against specific criteria. The ISO standard does not presume a specific methodology is presumed so the CB must.
<p>| 38 | 4.13 When any form and/or item bank of the food safety certification examination is translated into a language other than that in which it is originally developed and validated, the developer of the examination shall provide evidence of content equivalency of the translated version with the original examination form and/or item bank. The developer shall provide a detailed description of the translation method(s), including the rationale for selecting the translation method(s), and shall demonstrate congruence of items and instructions with those of the examination form and/or item bank that was translated. To avoid potential problems in translation of terms specific or idiomatic to the retail food industry, translation should be accomplished with the consultation of food safety personnel competent in the language. | NO | NO | The ISO document does not discuss exams being translated into languages other than that which it was originally developed. If you go back and read 9.3.1 you’ll see that it is a determinant of equivalence and validity. Because the CFP standard is industry specific it has to have language specific to translation. However CBs who develop exam programs under 17024 must demonstrate equivalence across a wide variety of spectra including language. |
| 39 | 4.14 Food safety certification examination developers shall maintain a log and diary of the procedures and a list of the qualifications, identities, and demographic data of the persons who participated in item development, examination development, translations, setting the passing score, and the statistical analysis of items and of the full examination. The materials shall be provided to the accrediting organization on demand. All examinations shall be delivered and administered in a format that ensures the security of the examination (i.e. in a secured environment with a test administrator/proctor.) Un-proctored examinations are not acceptable regardless of the mode of administration. | YES | NO | CFP 4.14 and ISO 6.1.5 discuss record keeping of individuals who contributed to the development of the materials. CFP 4.14 also discusses the administering of the exams and that they must be proctored. ISO 9.3.3 vaguely refers to this in terms of criteria for administering exams. |
| 40 | 6.1.5 The certification body shall maintain up-to-date personnel records, including relevant information, e.g. qualifications, training, experience, professional affiliations, professional status, competence and known conflicts of interest. | YES | NO | CFP 4.14 and ISO 6.1.5 discuss record keeping of individuals who contributed to the development of the materials. CFP 4.14 also discusses the administering of the exams and that they must be proctored. ISO 9.3.3 vaguely refers to this in terms of criteria for administering exams. |
| 4.15 Examination Development Security. The certification organization will demonstrate that procedures are developed and implemented to ensure that individual items, item banks, food safety certification examinations presented in all media (printed, taped and computerized), test answer sheets and examinee scores are and remain secure. Demonstration shall include an overall examination security plan that covers each step in the examination development, culminating in the production of the examination. | 7.4 Security 7.4.1 The certification body shall develop and document policies and procedures necessary to ensure security throughout the entire certification process and shall have measures in place to take corrective actions when security breaches occur. 7.4.2 Security policies and procedures shall include provisions to ensure the security of examination materials, taking into account the following: e) the locations of the materials (e.g. transportation, electronic delivery, disposal, storage, examination centre); f) the nature of the materials (e.g. electronic, paper, test equipment); | YES | NO | Again, both documents stress the importance of security however; ISO 7.4.1 and ISO 7.4.2 include the provisions necessary for ensuring the security of examination materials. Once again, herein lies one of the greatest misconceptions of the ISO Standard. If you look at 9.3.3 it becomes the responsibility of the CB to develop and demonstrate the secure conditions for administering the exam. A presumption has been | 4.16 Periodic Review. At least semiannually each certification organization shall report to the accrediting organization, providing a review of its food safety certification examination(s). The report will include the following summary statistics for all examinations (for each examination used) administered during the preceding six months, as well as other information | 8.5 The certification body shall ensure that the certification scheme is reviewed and validated on an on-going, systematic basis. | YES | NO | 4.16 references a review by the accrediting organization. 8.5 mandates a reviewed internally by staff and a scheme committee. That review would ultimately be reviewed by an accrediting body. |</p>
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<tbody>
<tr>
<td><strong>4.16 A</strong> number of food safety certification examinations administered;</td>
<td>NO</td>
<td>NO</td>
<td>These components are not included in the ISO document. Section 9.2.4 mandates the fairness of the exam. It must remain open-ended because the assessment methodology may be different. As a result, assessors would look at a variety of criteria that determine exam fairness and accuracy which is the ultimate outcome of measuring the various statistical outcomes of exam form analysis.</td>
</tr>
<tr>
<td><strong>4.16 B</strong> mean;</td>
<td>NO</td>
<td>NO</td>
<td>These components are not included in the ISO document.</td>
</tr>
<tr>
<td><strong>4.16 C</strong> mode;</td>
<td>NO</td>
<td>NO</td>
<td>These components are not included in the ISO document.</td>
</tr>
<tr>
<td><strong>4.16 D</strong> standard deviation;</td>
<td>NO</td>
<td>NO</td>
<td>These components are not included in the ISO document.</td>
</tr>
<tr>
<td><strong>4.16 E</strong> range;</td>
<td>NO</td>
<td>NO</td>
<td>These components are not included in the ISO document.</td>
</tr>
<tr>
<td><strong>4.16 F</strong> reliability coefficient;</td>
<td>NO</td>
<td>NO</td>
<td>These components are not included in the ISO document.</td>
</tr>
<tr>
<td><strong>4.16 G</strong> number and percentage of examinees passing the examination; and</td>
<td>NO</td>
<td>NO</td>
<td>These components are not included in the ISO document.</td>
</tr>
<tr>
<td><strong>4.16 H</strong> the statistics describing the performance of each item used on food safety certification examinations administered during the six-month period.</td>
<td>NO</td>
<td>NO</td>
<td>These components are not included in the ISO document.</td>
</tr>
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**5.0 Food Safety Certification Examination Administration**
### 5.0 Food Safety Certification

**Examination Administration.** All sections of these Standards apply to Computer Based Testing (CBT) Administration except Section 5.1.

<table>
<thead>
<tr>
<th>ISO 9.3.2</th>
<th>The certification body shall have procedures to ensure a consistent examination administration.</th>
</tr>
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<tbody>
<tr>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>CFP</td>
<td>CFP is certainly more prescriptive. This is good and bad. The prescription reduces variability, but also restricts the exam providers ability to set their own industry best practices, and competitive advantage. The exam providers should be able to input processes according to industry best practices as part of their accreditation process. This fosters innovation and better products and services. The onus would be on ANSI to regulate “best practices”. ISO 9.3.2 and 7.4.1 may apply Agree ISO 17024 provides procedures and guidelines for the framework of the exam administration. CFP provides very specific procedures for the</td>
</tr>
<tr>
<td>Section</td>
<td>ISO 7.4.2</td>
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<tr>
<td>5.1A</td>
<td>7.4.2</td>
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<tr>
<td>5.1 A 1</td>
<td>7.4.2</td>
</tr>
<tr>
<td>5.1 A 1a</td>
<td>7.4.2</td>
</tr>
<tr>
<td>5.1 A 1b</td>
<td>7.4.2</td>
</tr>
<tr>
<td>5.1 A 1c</td>
<td>7.4.2</td>
</tr>
<tr>
<td>60</td>
<td>5.1 A 1d.) Using any other technology that ensures that only the examinee can view the contents of the examination booklet</td>
</tr>
<tr>
<td>61</td>
<td>5.1 A 2) Only the examinee is allowed to break open the examination booklet packaging or seals.</td>
</tr>
<tr>
<td>62</td>
<td>5.1 B Packaging by certification organization.</td>
</tr>
<tr>
<td>63</td>
<td>5.1 B 1) Each individual examination booklet shall be securely sealed before packing.</td>
</tr>
<tr>
<td>64</td>
<td>5.1 B 2) Secure tamper-resistant shipping material, such as Tyvek envelopes or similar materials that are designed to reveal any tampering or violation of the package's security, is required for all shipment of materials in all phases.</td>
</tr>
<tr>
<td>65</td>
<td>5.1 B 3) Packaging must include a packing list that contains:</td>
</tr>
<tr>
<td>66</td>
<td>5.1 B 3a.) Examination form language(s) or version(s) enclosed; and</td>
</tr>
<tr>
<td>67</td>
<td>5.1 B 3b.) Quantity of examinations enclosed.</td>
</tr>
<tr>
<td>68</td>
<td>5.1 C Shipping to the test administrator/proctor from the certification organization.</td>
</tr>
<tr>
<td>69</td>
<td>5.1 C 1) Shipping shall be done by certifiable, traceable means, with tracking numbers so that the location can be determined at any given time.</td>
</tr>
<tr>
<td>70</td>
<td>5.1 C 2) A signature is required upon delivery.</td>
</tr>
<tr>
<td>71</td>
<td>5.1 C 3) Only an individual authorized by the test administrator/proctor may sign for the package.</td>
</tr>
<tr>
<td>Section</td>
<td>Text</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
</tr>
<tr>
<td>5.1 D</td>
<td>Storage by test administrator/proctor. The package(s) of examination booklets shall be secured at all times immediately upon delivery. Under no circumstances may examination booklets, examinee used answer sheets, or other examination materials be kept where other employees can access them.</td>
</tr>
<tr>
<td>5.1 E</td>
<td>Shipping to the certification organization from the test administrator/proctor</td>
</tr>
<tr>
<td>5.1 E 1)</td>
<td>After examination administration, examination booklets and answer sheets shall remain in secure storage until returned to certification organization.</td>
</tr>
<tr>
<td>5.1 E 2)</td>
<td>The following shall be in tamper-resistant shipping material:</td>
</tr>
<tr>
<td>5.1 E 2a.)</td>
<td>All used and unused examination booklets for each examination administration;</td>
</tr>
<tr>
<td>5.1 E 2b.)</td>
<td>Examinees' used answer sheets; and</td>
</tr>
<tr>
<td>5.1 E 2c.)</td>
<td>All required certification organization forms</td>
</tr>
<tr>
<td>5.1 E 3)</td>
<td>Shipping shall be done within two business days following the examination date by certifiable, traceable means, with tracking numbers so that the location can be determined at any given time.</td>
</tr>
<tr>
<td>5.1 F 1)</td>
<td>Handling unused examination booklets that have been held for up to ninety days. The test</td>
</tr>
<tr>
<td>5.1 F 2)</td>
<td>Ensure that all examination booklets are accounted for;</td>
</tr>
<tr>
<td>5.1 F 3)</td>
<td>Package examination booklets securely as described above; and</td>
</tr>
<tr>
<td>5.1 F 3)</td>
<td>Ship to the certification organization securely packaged and according to these Standards and the Certification Organization's instructions.</td>
</tr>
</tbody>
</table>
### 5.2 Test Site Requirements
Sites chosen for administering food safety certification examinations shall conform to all legal requirements for safety, health, and accessibility for all qualified examinees.

<table>
<thead>
<tr>
<th>Section</th>
<th>CFP Requiremetns</th>
<th>ISO Requirements</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.3.2</td>
<td>The certification body shall have procedures to ensure a consistent examination administration.</td>
<td>NO</td>
<td>The CFP document is concerned with the specific testing site while the ISO document looks at consistency, criteria for conditions, and calibration of equipment. The ISO document is more precise in details however, the intent is compatible. These do not appear to be the same. One deals with ADA and the actual site. The ISO standard is mainly about exam development and process. It seems like 9.3.3 is compatible but the others are not exactly compatible. This section is about exam design &amp; results &amp; has nothing to do with testing in site. Remove.</td>
</tr>
<tr>
<td>9.3.3</td>
<td>Criteria for conditions for administering examinations shall be established, documented and monitored. This includes conditions such as lighting, temperature, separation of candidates, noise, candidate safety, etc.</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>9.3.4</td>
<td>When technical equipment is used in the examination process, the equipment shall be verified or calibrated where appropriate.</td>
<td>NO</td>
<td>This is not addressed in the ISO document. This is important for a consistent and maximized learning and testing experience.</td>
</tr>
<tr>
<td>9.3.5</td>
<td>Appropriate methodology and procedures (e.g. collecting and maintaining statistical data) shall be documented and implemented in order to reaffirm, at justified intervals, the fairness, validity, and reliability of the examination.</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
</tr>
</tbody>
</table>

**NOTE:** Conditions can include lighting, temperature, separation of candidates, noise, candidate safety, etc.

5.2 B 7) Use of private room(s) where only examination personnel and examinees are allowed access during the examination administration; and

5.2 B 8) No further admittance into the test site once examination administration has begun.
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>ISO Compliance</th>
<th>ISO Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3 A</td>
<td>An application process for potential examinees that includes an evaluation and documentation component to determine the eligibility of the potential examinee for test site language translation,</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>5.3 B</td>
<td>An application process for translators that includes clear and precise qualifications that shall include but not be limited to the following:</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>5.3 B 1)</td>
<td>being fluent in both languages;</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>5.3 B 2)</td>
<td>Have a recognized skill in language translation;</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>5.3 B 3)</td>
<td>Trained in the principles of objective examination administration;</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>9.2.5</td>
<td>The certification body shall verify and accommodate special needs, within reason and where the integrity of the assessment is not violated, taking into account national regulation [see 9.1.2 e)]. Also, 6.1.5 The certification body shall maintain up-to-date personnel records, including relevant information, e.g. qualifications, training, experience, professional affiliations, professional status, competence and known conflicts of interest.</td>
<td>NO</td>
<td>ISO does not address translations “Special Needs” is defined as a physical disability, learning difficulties or behavioral problem. With this in mind, language translation is NOT a special need. CFP standard has specifics just for language translations.</td>
</tr>
<tr>
<td>6.1.5</td>
<td>The certification body shall maintain up-to-date personnel records, including relevant information, e.g. qualifications, training, experience, professional affiliations, professional status, competence and known conflicts of interest.</td>
<td>NO</td>
<td>ISO 9.2.5 and 6.1.5 and 6.2.2.1 clearly covers all 5.3 items. It is disconcerting that ISO item 6.2.2.1 was not referenced for this section during the comparison process.</td>
</tr>
<tr>
<td>Column 1</td>
<td>Column 2</td>
<td>Column 3</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>5.3 B 4) Have no personal relationship with the examinee (may not be another examinee, may not be a relative or friend of the examinee and may not be a co-worker, employer, or an employee of the examinee);</td>
<td>4.3.6 The certification body shall identify threats to its impartiality on an ongoing basis. This shall include those threats that arise from its activities, from its related bodies, from its relationships, or from the relationships of its personnel. However, such relationships do not necessarily present a body with a threat to impartiality. NOTE 1 A relationship that threatens the impartiality of the body can be based on ownership, governance, management, personnel, shared resources, finances, contracts, marketing (including branding) and payment of a sales commission or other inducement for the referral of new applicants, etc. NOTE 2 Threats to impartiality can be either actual or perceived. NOTE 3 A related body is one which is linked to the certification body by common ownership, in whole or part, and has common members of the board of directors, contractual arrangements, common names, common staff, informal understanding or other means, such that</td>
<td>YES NO CFP 5.3.B.4 discusses impartiality between translators and examinees while ISO 4.3.6 discusses impartiality in general terms which may include personnel. Relationship in the standard is between the Translator and the examinee NOT the certification body. Section does not apply. ISO 4.3.6 adds further clarification of requirements to 9.2.5 and 6.1.5</td>
<td></td>
</tr>
<tr>
<td>5.3 B 5) Not being a Certified Food Protection Manager nor having any vested interest in Food Protection Manager certification or conflict of interest;</td>
<td>9.4.4 The decision on certification of a candidate shall be made solely by the certification body on the basis of the information gathered during the certification process. Personnel who make the decision on certification shall not have participated in the examination or training of the candidate.</td>
<td>YES NO CFP 5.3.B.5 discusses vested interests between translators and examinees while ISO 9.4.4 discusses impartiality in general terms which may include personnel. Keep in mind, Translator might work for a college, business, or ethnic newspaper, etc.? ISO 9.4.4 does not apply because it is about the candidate who takes the exam NOT the translator.</td>
<td></td>
</tr>
<tr>
<td>5.3 B 6) Provide references or other proof attesting to the translator's competencies and professional acumen; and</td>
<td></td>
<td>NO NO This is not addressed in the ISO document.</td>
<td></td>
</tr>
<tr>
<td>5.3 B</td>
<td>Agree in writing to maintain the security of the examination.</td>
<td>6.1.7 The certification body shall require its personnel to sign a document by which they commit themselves to comply with the rules defined by the certification body, including those relating to confidentiality, impartiality and conflict of interests.</td>
<td>NO</td>
</tr>
<tr>
<td>5.3 C A</td>
<td>A proctored environment where the translator and examinee are not a distraction to other examinees, and</td>
<td>9.3.3 Criteria for conditions for administering examinations shall be established, documented and monitored. NOTE Conditions can include lighting, temperature, separation of candidates, noise, candidate safety, etc.</td>
<td>NO</td>
</tr>
<tr>
<td>5.3 D A</td>
<td>A proctored environment where the translator is not active as the test administrator/proctor.</td>
<td>6.2.3.1 The certification body shall have a documented description of the responsibilities and qualifications of other personnel involved in the assessment process (e.g. invigilators).</td>
<td></td>
</tr>
</tbody>
</table>

5.4 Scoring.

5.4 B Food safety certification examination scores will not be released as being official until verified and approved by the certification organization.

5.4 C Examinee scores will be confidential, available only to the examinee and to persons or organizations approved in writing by the certification organization.

6.1.6 Personnel acting on the certification body's behalf shall keep confidential all information obtained or created during the performance of the body's certification activities, except as required by law or where authorized.

ISO does cover confidentiality is in 6.1.6 and 6.1.7
<table>
<thead>
<tr>
<th>Page</th>
<th>Text Content</th>
<th>Action</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>107</td>
<td>Score reports will be available to examinees in a time frame specified in the application, which will not exceed fifteen business days following the administration of the food safety certification examination. If there is a delay due to problems in verification or authentication of scores, examinees will be so informed and an approximate date for release of the scores will be announced. The certification organization will have ongoing communication with examinees and with the test.</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>108</td>
<td><strong>5.5 Test Administrator/Proctor(s) Role.</strong> Test administrators/proctors shall have successfully completed the certification organization’s specific training in examination administration and security procedures. They shall provide written assurance of maintaining confidentiality of examination contents, of adhering to the certification organization’s standards and ethics of secure examination administration, and of agreeing to abide by the certification organization’s policies, procedures and rules.</td>
<td>YES</td>
<td>These sub clauses are equivalent. YES, but “Ethics” are missing from ISO.</td>
</tr>
<tr>
<td>109</td>
<td>Documented instructions shall be provided to personnel describing their duties and responsibilities. These instructions shall be kept up-to-date. The certification body shall require its personnel to sign a document by which they commit themselves to comply with the rules defined by the certification body, including those relating to confidentiality, impartiality and conflict of interests.</td>
<td>YES</td>
<td>These sub clauses are equivalent.</td>
</tr>
<tr>
<td>110</td>
<td>6.1.7 The certification body shall require its personnel to sign a document by which they commit themselves to comply with the rules defined by the certification body, including those relating to confidentiality, impartiality and conflict of interests.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>6.1.3 The certification body shall define the competence requirements for personnel involved in the certification process. Personnel shall have competence for their specific tasks and responsibilities.</td>
<td></td>
<td>These sub clauses are equivalent. ISO 6.1.3 applies not ISO 6.1.7</td>
</tr>
</tbody>
</table>

This is not covered by ISO and the CFP statement should be added.
5.7 Test Administrator/Proctor(s) Renewal. Test administrators/proctors shall renew the training program for test administrators/proctors and Non-Disclosure Agreement with the certification organization every three (3) years.

NO  NO  This seems a little illogical. A certification is good for 5 years, but the training for a proctor good for three? Part of the longevity and continued accreditation for providers is to have good processes in place, which ANSI will validate and review.

Further, the FDA Food Codes changes every 4 years. This 3 year requirement seem arbitrary. That the certification body have another valid criteria is reasonable.

5.8 Instructor/Educator/Trainer as Test Administrator/Proctor. When a person acts as an instructor/educator/trainer and a test administrator/proctor, that person relinquishes

NO  NO  These clauses are similar however, they are not equivalent. The overall intent is the same.

the role of instructor/educator/trainer when acting in the role of test administrator/proctor and acts solely as a representative agent of the certification organization.

6.1.8 When a certification body certifies a person it employs, the certification body shall adopt procedures to maintain impartiality.

The intent is very different; separation versus non-separation of trainer from proctor. ISO sections 9.4.4, 6.2.2.3 and 5.2.3 may apply.

Also, an “examiner” by definition ISO 3.10 “person competent to conduct and score an examination, where the examination requires professional judgment.” A Test Administrator/Proctor cannot

5.9 Test Administrator/Proctor Responsibilities.

If section 5.9 of CFP standard does Not have ISO equivalent, then I do not believe that

If CFP Standard 5.1 is believed to have an ISO equivalent, then the closest ISO equivalents for some of the items in this section would be ISO sections 7.4.2, 7.4.3, 9.3.2, 9.3.3. Something to think about.

NOT CLEAR????????????????

5.9 Schedule examinations. Food safety certification examinations shall be scheduled far enough in advance to allow for timely shipment of supplies or pre-registration for computer-based examinations.

NO  NO  This is not addressed in the ISO document.

section 5.1 of CFP standards has an ISO equivalent either. Consistency in what is considered “Equivalent” & apple to apple comparison of the 2 standards
<table>
<thead>
<tr>
<th></th>
<th>5.9 B Ensure no destruction of examination booklet materials or computer equipment;</th>
<th>7.4.2 Security policies and procedures shall include provisions to ensure the security of examination materials, taking into account the following: a) the locations of the materials (e.g. transportation, electronic delivery, disposal, storage, examination center); b) the nature of the materials (e.g. electronic, paper, test equipment); c) the steps in the examination process (e.g. development, administration, results reporting); d) the threats arising from repeated use of examination materials</th>
<th>NO</th>
<th>NO</th>
<th>This is not addressed in the ISO document. ISO 7.4.2 a-d may apply</th>
<th>7.4.2 covers examination material security and FCP 5.9B, 5.9C, 5.9C1</th>
</tr>
</thead>
<tbody>
<tr>
<td>118</td>
<td>5.9 C At all times:</td>
<td></td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
<td></td>
</tr>
<tr>
<td>119</td>
<td>5.9 C 1) Handle examination materials securely;</td>
<td></td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document. ISO 7.4.2 a may apply</td>
<td></td>
</tr>
<tr>
<td>120</td>
<td>5.9 C 2) Ensure test site conformity;</td>
<td>9.3.3 Criteria for conditions for administering examinations shall be established, documented and monitored. Note: Conditions can include lighting, temperature, separation of candidates, noise, candidate safety, etc.</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document. ISO 9.3.3 may apply</td>
<td>ISO 9.3.3 covers FCP 5.9C2, 5.9C3</td>
</tr>
<tr>
<td>121</td>
<td>5.9 C 3) Space examinees per protocol;</td>
<td>9.3.3 Criteria for conditions for administering examinations shall be established, documented and monitored. Note: Conditions can include lighting, temperature, separation of candidates, noise, candidate safety, etc.</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document. These seem more like internal processes that each provider should incorporate individually. ISO 9.3.3 may apply</td>
<td></td>
</tr>
<tr>
<td>122</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>124</td>
<td><strong>5.9 C 4)</strong> Ensure examinees’ rights;</td>
<td><strong>6.1.7</strong> The certification body shall require its personnel to sign a document by which they commit themselves to comply with the rules defined by the certification body, including those relating to confidentiality, impartiality and conflict of interests.</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
<td></td>
</tr>
<tr>
<td>125</td>
<td><strong>5.9 C 5)</strong> Ensure confidentiality of examinees’ personal information;</td>
<td></td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
<td></td>
</tr>
<tr>
<td>126</td>
<td><strong>5.9 C 6)</strong> Ensure standardized procedures are followed;</td>
<td></td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
<td></td>
</tr>
<tr>
<td>127</td>
<td><strong>5.9 D Before the examination:</strong></td>
<td></td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
<td></td>
</tr>
<tr>
<td>128</td>
<td><strong>5.9 D 1)</strong> Check examinees’ identification;</td>
<td><strong>7.4.3 c</strong> Certification bodies shall prevent fraudulent examination practices by: c) confirming the identity of the candidate</td>
<td>NO</td>
<td>YES</td>
<td>This is not addressed in the ISO document.</td>
<td></td>
</tr>
<tr>
<td>129</td>
<td><strong>5.9 D 2)</strong> Check for and exclude unauthorized objects;</td>
<td><strong>7.4.3 d &amp; e</strong> Certification bodies shall prevent fraudulent examination practices by: d) implementing procedures to prevent any unauthorized aids from being brought into the examination area; e) preventing candidates from gaining access to unauthorized aids during the examination.</td>
<td>NO</td>
<td>YES</td>
<td>This is not addressed in the ISO document.</td>
<td></td>
</tr>
<tr>
<td>130</td>
<td><strong>5.9 D 3)</strong> Distribute examination materials;</td>
<td><strong>9.3.2</strong> The certification body shall have procedures to ensure a consistent examination administration.</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
<td></td>
</tr>
</tbody>
</table>

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ISO 6.1.7 covers 5.9C4 and 5.9C5.

Yes, ISO requires the certification body to provide their policies and procedures for ensuring standardized procedures are followed. Each certification body must demonstrate how their policies and procedures meet this standard.

Yes, ISO requires the certification body to provide their policies and procedures before the examination. Each certification body must demonstrate how their policies and procedures meet this standard.

Not sure how 7.4.3c could not be seen as specifically covering 5.9D1.

SO 7.4.3 c may apply

Not sure how 7.4.3d & e cannot be seen as specifically covering 5.9D2.

Unauthorized objects = unauthorized aids.
<table>
<thead>
<tr>
<th>132</th>
<th><strong>5.9 D 4)</strong> Read instructions to examinees verbatim;</th>
<th>NO</th>
<th>NO</th>
<th>This is not addressed in the ISO document.</th>
<th>CFP 5.9 D should be added.</th>
</tr>
</thead>
<tbody>
<tr>
<td>133</td>
<td><strong>5.9 D 5)</strong> Ensure examinees complete information section of answer sheet or online registration form.</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
<td>5.9 D 5 This seems to be an obvious requirement to the process and would be covered by 9.3.2.</td>
</tr>
<tr>
<td>134</td>
<td><strong>5.9 E During the examination:</strong></td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
<td>ISO 9.3.2 and 9.3.3 may apply</td>
</tr>
<tr>
<td>135</td>
<td><strong>5.9 E 1)</strong> Supervise proctors;</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
<td>Yes, ISO requires the certification body to provide their policies and procedures for proctors. Procedures to ensure a consistent examination administration.</td>
</tr>
<tr>
<td>136</td>
<td><strong>5.9 E 2)</strong> Monitor examinees during examination;</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
<td>Yes, ISO requires the certification body to provide their policies and procedures for monitoring examinees during examination.</td>
</tr>
<tr>
<td>137</td>
<td><strong>5.9 E 3)</strong> Identify and document cheating incidents;</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
<td>Yes, ISO requires the certification body to provide their policies and procedures for identifying and documenting cheating incidents.</td>
</tr>
<tr>
<td>138</td>
<td><strong>5.9 E 4)</strong> Check for and exclude unauthorized objects;</td>
<td>NO</td>
<td>YES</td>
<td>This is not addressed in the ISO document.</td>
<td>Same as <strong>5.9 D 2)</strong> Check for and exclude unauthorized objects; and covered by 7.4.3d &amp; unauthorized objects = unauthorised aids.</td>
</tr>
<tr>
<td>139</td>
<td><strong>5.9 E 6)</strong> Identify and document environmental distractions.</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
<td>9.3.3 “...shall be established, documented and monitored...”</td>
</tr>
<tr>
<td>140</td>
<td><strong>5.9 F After the examination</strong></td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
<td>ISO 7.1.1 covers 5.9F</td>
</tr>
</tbody>
</table>
| 142 | **5.9 F 1)** Collect and return examination booklets and answer sheets to certification organization or close computer based testing session; | **7.4.1** The certification body shall develop and document policies and procedures necessary to ensure security throughout the entire certification process and shall have measures in place to take corrective actions when security breaches occur. | NO | NO | This is not addressed in the ISO document. | ISO 7.4.1 covers both 5.9 F1 and 5.9F2

| 143 | **5.9 F 2)** Report possible security breaches and examination administration irregularities in compliance with the certification organization’s policies. | NO | NO | This is not addressed in the ISO document. | The current CFP statement is out of date. Where a single proctor can monitor 35 examinees taking a paper test where there is nothing on the table but the booklet and pencil, adequately monitoring 35 computer stations is much more problematic and the number of examinees per proctor most likely should be lowered. ISO 9.3.3 allows for this and any future modifications that might be needed to adequately secure the examination process.

| 144 | **5.10** The number of approved proctors assigned to a test administrator shall be sufficient to allow each examinee to be observed and supervised to ensure conformance to security requirements. There shall be no less than one test administrator/proctor for the first thirty-five examinees, plus one additional test administrator or proctor for each additional 35 examinees or fraction. | **9.3.3** Criteria for conditions for administering examinations shall be established, documented and monitored. Note: Conditions can include lighting, temperature, separation of candidates, noise, candidate safety, etc. | NO | NO | This is not addressed in the ISO document. | ISO 7.4.1, 7.4.2, 9.3.2, and 9.3.3 clearly cover the intent of 5.11A

| 145 | **5.11 Examination Security.** |  |  |  |  |

| 146 | **5.11 A** All aspects of food safety certification examination administration are to be conducted in a manner that maximizes the security of the examinations, in keeping with the public protection mandate of the CFP. This shall be accomplished in a manner that ensures fairness to all examinees. | **7.4.1** The certification body shall develop and document policies and procedures necessary to ensure security throughout the entire certification process and shall have measures in place to take corrective actions when security breaches occur. **7.4.2** Security policies and procedures shall include provisions to ensure the security of examination materials, taking into account the following: the locations of the materials (e.g. transportation, electronic delivery, disposal, etc.). | NO | This comparison is similar to previous sub clauses concerning security. Both entities are concerned with security issues and while the CFP document is specific in terms of food safety criteria, ISO 7.4 gives more specific direction concerning security than the CFP document. Disagree with that statement. Demonstration is NOT “Substantially Equivalent.” | ISO 7.4.1, 7.4.2, 9.3.2, and 9.3.3 clearly cover the intent of 5.11A |
| 148 | 5.11 B | All examinees shall begin taking the examination at the same time. No examinee shall be admitted into the test site once examination administration has begun. | NO | This is not addressed in the ISO document. | Though again somewhat of an obvious security procedure requiring 5.11B be stated would have value. |
| 150 | 5.11 C | Where reasonable accommodations shall be made for otherwise qualified examinees under provisions of the Americans with Disabilities Act, care shall be taken to ensure that security of the examination is maintained. Arrangements shall be such that the food safety certification examination contents are not revealed to any test administration personnel with any conflict of interest. A written affirmation to that effect and a written nondisclosure statement from the individual who was chosen to assist the otherwise qualified examinee shall be provided to the certification organization. | YES | The intent of these clauses are similar. | Adhering to the Americans with Disabilities Act is USA law and is a requirement. ADA would have to be a part of any USA accredited program and is covered by ISO 4.3.1, 4.3.2 and 7.4.1. |
The certification organization shall provide procedures to be followed in any instance where the security of a food safety examination is, or is suspected to be, breached.

ISO 7.4.1 The certification body shall develop and document policies and procedures necessary to ensure security throughout the entire certification process and shall have measures in place to take corrective actions when security breaches occur.

This is not addressed in the ISO document. ISO 7.4.1 may apply; not as detailed as CFP.

---

5.12 A Included shall be specific procedures for handling and for reporting to the certification organization, any suspected or alleged:

<table>
<thead>
<tr>
<th>Item</th>
<th>ISO 7.4.1</th>
<th>Lacking the term Food Safety Certification Examination. This issue is covered by 7.4.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.12 A 1) cheating incidents;</td>
<td>ISO 7.4.1 The certification body shall develop and document policies and procedures necessary to ensure security throughout the entire certification process and shall have measures in place to take corrective actions when security breaches occur.</td>
<td>NO NO This is not addressed in the ISO document. ISO 7.4.1 may apply; not as detailed as CFP.</td>
</tr>
<tr>
<td>5.12 A 2) Lost or stolen examination materials;</td>
<td>ISO 7.4.1 The certification body shall develop and document policies and procedures necessary to ensure security throughout the entire certification process and shall have measures in place to take corrective actions when security breaches occur.</td>
<td>NO NO This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>5.12 A 3) Intentional or unintentional divulging of examination items by examinees or examination administration personnel; or</td>
<td>ISO 7.4.1 The certification body shall develop and document policies and procedures necessary to ensure security throughout the entire certification process and shall have measures in place to take corrective actions when security breaches occur.</td>
<td>NO NO This is not addressed in the ISO document. ISO 7.4.1 may apply; not as detailed as CFP.</td>
</tr>
<tr>
<td>5.12 A 4) Any other incidents perceived to have damaged the security of the examination or any of its individual items.</td>
<td>ISO 7.4.1 The certification body shall develop and document policies and procedures necessary to ensure security throughout the entire certification process and shall have measures in place to take corrective actions when security breaches occur.</td>
<td>NO NO This is not addressed in the ISO document. ISO 7.4.1 may apply; not as detailed as CFP.</td>
</tr>
<tr>
<td>159</td>
<td>5.12 B Corrective actions to guard against future security breaches shall be established and implemented.</td>
<td>ISO 7.4.1 The certification body shall develop and document policies and procedures necessary to ensure security throughout the entire certification process and shall have measures in place to take corrective actions when security breaches occur.</td>
</tr>
<tr>
<td>160</td>
<td>5.12 C Documentation of corrective actions and their effectiveness shall be made available to the accrediting organization.</td>
<td>NO</td>
</tr>
<tr>
<td>161</td>
<td>5.13 Item and Examination Exposure. The certification organization shall have an exposure plan that:</td>
<td>ISO 7.4.1 The certification body shall develop and document policies and procedures necessary to ensure security throughout the entire certification process and shall have measures in place to take corrective actions when security breaches occur.</td>
</tr>
<tr>
<td>162</td>
<td>5.13 A Controls for item and examination exposure;</td>
<td>NO</td>
</tr>
<tr>
<td>163</td>
<td>5.13 B Accounts for the number of times an examination item, examination form, and examination version is administered;</td>
<td>NO</td>
</tr>
<tr>
<td>164</td>
<td>5.13 C Ensures that no examination form is retained by any examination administration personnel for more than 90 days.</td>
<td>NO</td>
</tr>
<tr>
<td>165</td>
<td>5.13 D At all times accounts for all copies of all used and unused examination booklets and</td>
<td>NO</td>
</tr>
<tr>
<td>166</td>
<td>5.13 E Systematically and actively demonstrates that every used answer sheet, examination booklet, and any other examination materials and answer keys are accounted for to prevent, reduce, or eliminate examination exposure.</td>
<td>NO</td>
</tr>
<tr>
<td>168</td>
<td>5.14 Certification Organization's Responsibility to Test Administrators/Proctors.</td>
<td></td>
</tr>
<tr>
<td>169</td>
<td>5.14 A The certification organization shall specify the responsibilities of test administrator/proctor, set minimum criteria for approval of test administrators/proctors, and provide a training program to enable applicants to meet the approval criteria. Responsibilities, duties, qualifications and training of test administrators/proctors shall be directed toward assuring standardized, secure examination administration and fair and equitable treatment of examinees.</td>
<td>6.1.3 The certification body shall define the competence requirements for personnel involved in the certification process. Personnel shall have competence for their specific tasks and responsibilities. 6.1.4 Documented instructions shall be provided to personnel describing their duties and responsibilities. These instructions shall be kept up-to-date.</td>
</tr>
<tr>
<td>170</td>
<td>5.14 B The certification organization shall define and provide descriptions for the roles of test administrators/proctors, and certification organization personnel clearly indicating the responsibilities for these roles.</td>
<td>6.1.4 Documented instructions shall be provided to personnel describing their duties and responsibilities. These instructions shall be kept up-to-date. Also, add 6.1.5 The certification body shall maintain up-to-date personnel records, including relevant information, e.g. qualifications, training, experience, NO</td>
</tr>
<tr>
<td>171</td>
<td>The certification organization shall demonstrate how it ensures that all certification personnel, as well as test administrators/proctors, understand and practice the procedures identified for their roles and responsibilities.</td>
<td>5.14 C Test administrator/proctor training programs shall include:</td>
</tr>
<tr>
<td>172</td>
<td>5.14 C 2) An assessment component that shall be passed before an examinee for test administrator/proctor will be approved.</td>
<td>5.15 Test Administrator/Proctor Agreements. The certification organization shall enter into a formal agreement with the test administrator/proctor. The formal agreement shall at a minimum address: 6.1.7 The certification body shall require its personnel to sign a document by which they commit themselves to comply with the rules defined by the certification body, including those relating to confidentiality, impartiality and conflict of interests. NO</td>
</tr>
<tr>
<td>173</td>
<td></td>
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<tr>
<td>Section</td>
<td>Text</td>
<td>176</td>
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<tr>
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</tr>
<tr>
<td>5.15 A</td>
<td>Provisions that relate to code of conduct;</td>
<td>NO</td>
</tr>
<tr>
<td>5.15 B</td>
<td>Conflicts of interest; and</td>
<td>NO NO</td>
</tr>
<tr>
<td>4.3.7</td>
<td>The certification body shall analyze, document and eliminate or minimize the potential conflict of interests arising from the certification of activities of persons. The certification body shall document and be able to demonstrate how it eliminates, minimizes or manages such threats. All potential sources of conflict of interest that are identified, whether they arise from within</td>
<td>NO NO</td>
</tr>
<tr>
<td>5.15 C</td>
<td>Consequences for breach of the agreement.</td>
<td>NO NO</td>
</tr>
<tr>
<td>5.17</td>
<td>The certification organization is not permitted to hire, contract with, or use the services of any person or organization that claims directly or indirectly to guarantee passing any certification examination. Instructors/educators/trainers making such a claim, whether as an independent or as an employee of another organization making the claim, are not eligible to serve as test administrators/proctors for any certification</td>
<td>NO NO</td>
</tr>
<tr>
<td></td>
<td>then this is the business of the training provider not the exam provider. Guaranteeing can lead to past problems that lead to the tightening of the CFP Standards.</td>
<td></td>
</tr>
<tr>
<td>Paragraph</td>
<td>Description</td>
<td>YES/NO</td>
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<tr>
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<tr>
<td>5.18</td>
<td>Policies and procedures for taking corrective action(s) when any test administrator or proctor fails to meet job responsibilities shall be implemented and documented. Test administrators/proctors that have been dismissed by the certification organization for infraction of policies or rules, incompetence, ethical breaches, or compromise of examination security will</td>
<td>NO</td>
</tr>
<tr>
<td>5.19</td>
<td>The certification organization shall provide documentation that verifies compliance with the 1:35 ratio (test administrator/proctor : examinees).</td>
<td>NO</td>
</tr>
<tr>
<td>5.20</td>
<td>Examination Administration Manual. The certification organization shall provide each test administrator/proctor with a manual detailing the requirements for all aspects of the food safety certification examination administration process. The Administration Manual shall include a standardized script for the paper examination test administrator/proctor or read to examinees before the examination commences. For computer based tests (CBT), standardized instructions shall be available for</td>
<td>NO</td>
</tr>
<tr>
<td>5.21</td>
<td>Examination Scripts. Separate scripts/instructions may be created for different delivery channels or certification organizations. Certification organizations may customize elements of the scripts to fit their particular processes, but each script shall contain the following:</td>
<td>NO</td>
</tr>
<tr>
<td>5.22</td>
<td>The certification body shall monitor the performance of the examiners and the reliability of the examiners’ judgments. Where deficiencies are found, corrective actions shall be taken.</td>
<td>YES</td>
</tr>
<tr>
<td>6.1.4</td>
<td>Documented instructions shall be provided to personnel describing their duties and responsibilities. These instructions shall be kept up-to-date.</td>
<td>NO</td>
</tr>
<tr>
<td>9.3.2</td>
<td>The certification body shall have procedures to ensure a consistent examination administration.</td>
<td>YES</td>
</tr>
<tr>
<td>5.21 A Introduction to the Examination Process</td>
<td></td>
<td>NO</td>
</tr>
<tr>
<td>5.21 A 1) Composition of the examination (number of questions, multiple choice, etc.);</td>
<td></td>
<td>NO</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
<td>ISO 9.3.2</td>
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<tr>
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<tr>
<td>5.21 A 2</td>
<td>Time available to complete the examination;</td>
<td>NO</td>
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<tr>
<td></td>
<td>9.3.2 The certification body shall have procedures to ensure a consistent examination administration</td>
<td></td>
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<tr>
<td></td>
<td>9.3.3 Criteria for conditions for administering examinations shall be established, documented and monitored.</td>
<td></td>
</tr>
<tr>
<td>5.21 A 3</td>
<td>Role of the test administrator/proctor;</td>
<td>YES</td>
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<tr>
<td></td>
<td>9.3.2 The certification body shall have procedures to ensure a consistent examination administration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.3.3 Criteria for conditions for administering examinations shall be established, documented and monitored.</td>
<td></td>
</tr>
<tr>
<td>5.21 A 4</td>
<td>Process for restroom breaks; and</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>9.3.2 The certification body shall have procedures to ensure a consistent examination administration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.3.3 Criteria for conditions for administering examinations shall be established, documented and monitored.</td>
<td></td>
</tr>
<tr>
<td>5.21 A 5</td>
<td>Process for responding to examinee comments and questions.</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>9.3.2 The certification body shall have procedures to ensure a consistent examination administration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.3.3 Criteria for conditions for administering examinations shall be established, documented and monitored</td>
<td></td>
</tr>
<tr>
<td>5.21 B</td>
<td>Copyright and Legal Responsibilities</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>9.3.2 The certification body shall have procedures to ensure a consistent examination administration.</td>
<td></td>
</tr>
<tr>
<td>5.21 B 1</td>
<td>Description of what constitutes cheating on the examination;</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>9.3.2 The certification body shall have procedures to ensure a consistent examination administration.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.3.3 Criteria for conditions for administering examinations shall be established, documented and monitored.</td>
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</tr>
<tr>
<td>Section</td>
<td>Subsection</td>
<td>Text</td>
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</tr>
<tr>
<td>5.21 B 2)</td>
<td>Penalties for cheating; and</td>
<td>9.3.2 The certification body shall have procedures to ensure a consistent examination administration. 9.3.3 Criteria for conditions for administering examinations shall be established, documented and monitored.</td>
</tr>
<tr>
<td>5.21 B 3)</td>
<td>Penalties for copyright violations.</td>
<td>9.3.2 The certification body shall have procedures to ensure a consistent examination administration. 9.3.3 Criteria for conditions for administering examinations shall be established, documented and monitored.</td>
</tr>
<tr>
<td>5.21 C</td>
<td>Examination Process</td>
<td>9.3.2 The certification body shall have procedures to ensure a consistent examination administration. 9.3.3 Criteria for conditions for administering examinations shall be established, documented and monitored.</td>
</tr>
<tr>
<td>5.21 C 1)</td>
<td>Maintaining test site security;</td>
<td>7.4.1 The certification body shall develop and document policies and procedures necessary to ensure security throughout the entire certification process and shall have measures in place to take corrective actions when security breaches occur. 7.4.2 Security policies and procedures shall include provisions to ensure the security of examination materials, taking into account the following: the locations of the materials (e.g. transportation, electronic delivery, disposal, storage, examination center);</td>
</tr>
<tr>
<td>5.21 C 2</td>
<td>Description of examination components unique to the certification organization (examination booklet, answer sheet completion, computer process in testing centers, etc.);</td>
<td>9.3.2 The certification body shall have procedures to ensure a consistent examination administration.</td>
</tr>
<tr>
<td>5.21 C 3</td>
<td>Instructions for proper completion of personal information on answer sheets/online registration and examination booklets;</td>
<td>9.3.2 The certification body shall have procedures to ensure a consistent examination administration.</td>
</tr>
<tr>
<td>5.21 C 4</td>
<td>Instructions on properly recording answers on answer sheets or online; and</td>
<td>9.3.3 Criteria for conditions for administering examinations shall be established, documented and monitored.</td>
</tr>
<tr>
<td>5.21 C 5</td>
<td>Instructions on post-examination administration process.</td>
<td></td>
</tr>
</tbody>
</table>

6.0 Computer-Based Testing (CBT)
### 6.0 Computer-Based Test Development and Administration

All sections of these Standards apply to Computer Based Testing (CBT) Administration except Section 5.1.

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Yes/No</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.2.1</td>
<td>The certification body shall implement the specific assessment methods and mechanisms as defined in the certification scheme.</td>
<td>NO</td>
<td>This is not addressed in the ISO document. The intent is substantially equivalent. Just because ISO does not speak specifically to computer based testing does not mean it does not allow for computer based testing. ISO section 9.3.3 speaks to having requirements for the administration of examinations and ISO section 9.3.4 speaks to technical equipment used in the examination process needing to be calibrated where appropriate. As stated above, just because ISO does not speak to use of computer administered tests directly does not mean they prohibit it. Within ISO it broadly requires there to be criteria in place to ensure that examination requirements shall ensure the comparability of results of each single examination, both in content and difficulty, including the validity of pass/fail decisions and that all identified deficiencies are corrected.</td>
</tr>
<tr>
<td>9.3.4</td>
<td>When technical equipment is used in the examination process, the equipment calibrated where appropriate.</td>
<td>NO</td>
<td>YES This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>9.3.1</td>
<td>Examinations shall be designed to assess competence based on, and consistent with, the scheme, by written, oral, practical, observational or other reliable and objective means. The design of examination requirements shall ensure the comparability of results of each single examination, both in content and difficulty, including the validity of pass/fail decisions.</td>
<td>NO</td>
<td>YES This is not addressed in the ISO document. ISO document (9.3.1) does not speak to computerized test questions but it does generally speak to the examination design be able to ensure comparability of results and 9.3.2 speaks to ensuring a consistent examination administration.</td>
</tr>
<tr>
<td>9.3.2</td>
<td>The certification body shall have</td>
<td>NO</td>
<td>YES This is not addressed in the ISO document. ISO document (9.3.1) does not speak to computerized test questions but it does generally speak to the examination design be able to ensure comparability of results and 9.3.2 speaks to ensuring a consistent examination administration.</td>
</tr>
<tr>
<td>6.2</td>
<td>Items shall be evaluated for suitability for computer delivery, be reviewed in the delivery medium, and be reviewed in the presentation delivery medium. Assumptions shall not be made that items written for delivery via a paper/pencil medium are suitable for computer delivery nor should it be assumed that computer test items are suitable for paper/pencil delivery.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
<td>ISO Section 9.3.2</td>
<td>CFP</td>
</tr>
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<tr>
<td>6.3</td>
<td>When examination forms are computer-generated, whether in Computer-Adaptive Testing (CAT) or in a simple linear algorithm, the algorithm for item selection and the number of items in the item bank from which the examination is generated shall ensure that the items are protected from overexposure. Item usage statistics shall be provided for all available items in the pool.</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>6.4</td>
<td>Computer-Based Testing Administration. Where examination environments differ (for example, touch screen versus mouse) evidence shall be provided to demonstrate equivalence of the examinees' scores.</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>6.5</td>
<td>Tutorials and/or practice tests shall be created to provide the examinees adequate opportunity to demonstrate familiarity and comfort with the computer test environment.</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>6.6</td>
<td>If the time available for computer delivery of an examination is limited, comparability of scoring outcomes with non-timed delivery of the exam shall be demonstrated. Data shall be gathered and scored.</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>6.9</td>
<td>Policies and procedures regarding the recording and retention of the item sequence and item responses for each examinee shall be developed and followed. Computer examinations using a unique sequence of items for each examinee shall record the information necessary to recreate the sequence of items and examinee responses on the computer examination.</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>
6.10 Systems and procedures shall be in place to address technical or operational problems in examination administration. For example, the examination delivery system shall have the capability to recover examinee data at the appropriate point in the testing session prior to test disruption. Policies regarding recovery for emergency situations (such as retesting) shall be developed.

9.3.2 The certification body shall have procedures to ensure a consistent examination administration.

9.3.3 Criteria for conditions for administering examinations shall be established, documented and monitored. NOTE Conditions can include lighting, temperature, separation of candidates, noise, candidate safety, etc.

9.3.4 When technical equipment is used in the examination process, the equipment shall be verified or calibrated where appropriate.

9.3.5 Appropriate methodology and procedures (e.g. collecting and maintaining statistical data) shall be documented and implemented in order to reaffirm, at justified defined intervals, the fairness, validity, reliability and general performance of each examination.

9.3.2 The certification body shall have procedures to ensure a consistent examination administration.

9.3.3 Criteria for conditions for administering examinations shall be established, documented and monitored.

NOTE This is not addressed in the ISO document. The intent is substantially equivalent. ISO 9.3.2-9.3.5 broadly speaks to examination criteria which include having procedures in place to ensure consistent exam administration. This may include procedures to address technical or operational problems.

9.3.2 The certification body shall have procedures to ensure a consistent examination administration.

9.3.3 Criteria for conditions for administering examinations shall be established, documented and monitored.

NOTE This is not addressed in the ISO document. The intent is substantially equivalent. ISO 9.3.2 & 9.3.3 broadly speak to having criteria in place for exam administration and criteria for conditions for administering examinations. The intent seems to be equivalent.
<table>
<thead>
<tr>
<th>Section</th>
<th>Text</th>
<th>ISO</th>
<th>This is not addressed in the ISO document.</th>
<th>This is not addressed in the ISO document.</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.3 B</td>
<td>Certificates shall include, at a minimum:</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>7.3 B 4)</td>
<td>ANSI accreditation mark;</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>7.3 B 7)</td>
<td>Name of certification;</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>7.3 B 8)</td>
<td>Contact information for the certification organization; and</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>7.3 C</td>
<td>Replacement or duplicate certificates issued through an accredited certification organization shall carry the same issue date, or date of examination, as the original certificate, and will be documented by the certification organization.</td>
<td>NO</td>
<td>NO</td>
<td>ISO also states that ownership of the certification is retained by the certifying body.</td>
</tr>
<tr>
<td>7.4</td>
<td>THIS IS MISSING FROM THE OFFICIAL DOCUMENT</td>
<td></td>
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<tr>
<td>7.5</td>
<td>Discipline of Certificate Holders and Applicants. A certification organization shall have formal certification policies and operating procedures including the section on</td>
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<tr>
<td>7.9</td>
<td>Misrepresentation. Only Food Protection Manager Certification Programs that conform to all requirements of Standards for Accreditation of Food Protection Manager Certification Programs and are accredited by the agent selected by the CFP as the accrediting organization for such programs are allowed to refer to themselves as being accredited. Those programs may not make any other</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>8.0</td>
<td>Certification Organization Responsibilities to the Accrediting Organization</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8.1</td>
<td>Application for Accreditation. A certification organization seeking accreditation for development and/or administration of a certification program shall provide at least the following information, as well as other information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.1 A</td>
<td>the name and complete ownership of the legal entity.</td>
<td>YES</td>
<td>NO</td>
<td>These clauses are equivalent. Don’t agree they are not equivalent.</td>
</tr>
<tr>
<td>Page</td>
<td>Part</td>
<td>Text</td>
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</tr>
<tr>
<td>239</td>
<td>6.1 B</td>
<td>The address, telephone/fax number(s) and other contact information of the certification organization’s NO NO This is not addressed in the ISO document.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>241</td>
<td>6.1 C</td>
<td>The name, position, address and telephone/fax/e-mail information of the contact person for projects related to the CFP Standards for Accreditation of Food Protection Manager Certification NO NO This is not addressed in the ISO document.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>242</td>
<td>8.2 Summary Information. A certification organization shall:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>243</td>
<td>8.2 A</td>
<td>Provide evidence that the mechanism used to evaluate individual competence is objective, fair, and based on the knowledge and skills needed to function as a Certified Food Protection Manager; 5.1.2 The certification body shall document its organizational structure, describing the duties, responsibilities and authorities of management, certification personnel and any committee. When the certification body is a defined part of a legal entity, documentation of the organizational YES NO These sub clauses are similar if the consideration is accepting ISO as an equivalent standard. However; when considering replacing the CFP Standards with ISO, the ISO document requires more specific rigorous details concerning the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>244</td>
<td></td>
<td>parts within the same legal entity. The party/parties or individuals responsible for the following shall be identified: policies and procedures relating to the operation of the certification body; implementation of the policies and procedures; finances of the certification body; resources for certification activities; development and maintenance of the certification schemes; assessment activities; decisions on certification, including the granting, maintaining, recertifying, expanding, reducing, suspending or withdrawing of the certification; contractual arrangements. These sections are not similar. ISO is referring to certification body where CFP is referring to competency of Food Protection Manager. ISO 3.6 is a better match “competence: ability to apply knowledge and skills to achieve results”. But this section is very vague and general. Agree that ISO 3.6 is a better match but is not as explicit as what is in the CFP Standards. Also there is great significance to the fact that the CFP Standards focus on a specific job: Food Protection Manager versus ISO which could be anything including a completely different standard of food safety knowledge.</td>
<td></td>
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<tr>
<td>244</td>
<td></td>
<td>ISO states there must be a legal entity where CFP asks for the name and complete ownership. Potentially can see how ownership is different than focusing on the legal entity aspect.</td>
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<td>ISO states there must be a legal entity where CFP asks for the name and complete ownership. Potentially can see how ownership is different than focusing on the legal entity aspect.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.2 B</td>
<td>Provide evidence that the evaluation mechanism is based on standards which establish reliability and validity for each form of the food safety certification examination;</td>
<td>7.2.2 The certification body shall make publicly available without request information regarding the scope of the certification scheme and a general description of the certification process.</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>8.2 C</td>
<td>Provide evidence that the pass/fail levels are established in a manner that is generally accepted in the psychometric community as being fair and reasonable;</td>
<td>8.5 The certification body shall ensure that the certification scheme is reviewed and validated on an on-going, systematic basis.</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>8.2 D</td>
<td>Have a formal policy of periodic review of evaluation mechanisms and shall provide evidence that the policy is implemented to ensure relevance of the mechanism to knowledge and skills needed by a Certified Food Protection Manager;</td>
<td>8.5</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Section</td>
<td>Requirement</td>
<td>CFP</td>
<td>ISO</td>
<td>Notes</td>
</tr>
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<td>---------</td>
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</tr>
<tr>
<td>8.2 E</td>
<td>Provide evidence that appropriate measures are taken to protect the security of all food safety certification examinations</td>
<td>NO</td>
<td>NO</td>
<td>ISO 10.1 comes closer to requiring the certification organization to provide evidence to the accrediting body that appropriate measures to protect exam security are in place. This comparison is similar to previous sub clauses concerning security. Both entities are concerned with security issues and while the CFP document is specific in terms of food safety criteria, ISO 7.4 gives more specific direction concerning security that the CFP document.</td>
</tr>
<tr>
<td>8.2 F</td>
<td>Publish a comprehensive summary or outline of the information, knowledge, or functions covered by the food safety certification examination</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>8.2 G</td>
<td>Make available general descriptive materials on the procedures used in examination construction and validation and the procedures of administration and reporting of results</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>8.2 H</td>
<td>Compile at least semi-annually a summary of certification activities, including number of applicants, number tested, number passing, number failing</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document.</td>
</tr>
<tr>
<td>8.3 A</td>
<td>Make available upon request to the accrediting organization copies of all publications related to the certification program</td>
<td>MAYBE</td>
<td>NO</td>
<td>The intent is similar but the specifics are not equivalent. We would like ANSI to weigh in on this. ISO states it should make it public. Not sure why any of these documents would be made public. CFP mandates these documents must be made available to accrediting organization. These two sections are not equivalent.</td>
</tr>
<tr>
<td>8.3 B</td>
<td>Advise the accrediting organization of any proposed changes in structure or activities of the certification organization.</td>
<td>NO</td>
<td>NO</td>
<td>These clauses are not equivalent and we were not able to locate anything in the ISO Standards that is similar. There is a significant difference between notifying the accreditation agency before you do something versus after the fact and only as part of your annual documentation.</td>
</tr>
<tr>
<td>8.3 C</td>
<td>Advise the accrediting organization of substantive change in food safety certification examination administration.</td>
<td>NO</td>
<td>NO</td>
<td>These clauses are not equivalent and we were not able to locate anything in the ISO Standards that is similar. There is a significant difference between notifying the accreditation agency before you do something versus after the fact and only as part of your annual documentation.</td>
</tr>
<tr>
<td>8.3 D</td>
<td>Advise the accrediting organization of any major changes in testing techniques or in the scope or objectives of the food safety certification examination.</td>
<td>NO</td>
<td>NO</td>
<td>These clauses are not equivalent and we were not able to locate anything in the ISO Standards that is similar. There is a significant difference between notifying the accreditation agency before you do something versus after the fact and then only as part of your annual documentation.</td>
</tr>
<tr>
<td>8.3 E</td>
<td>Annually complete and submit to the accrediting organization information requested on the current status of the Food Protection Manager Certification Program and the certification organization.</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document. This CFP section is vague and not quite sure what information the accrediting organization would request. I would think it is referring to irregularities or non-conformities.</td>
</tr>
<tr>
<td>8.3 F</td>
<td>Submit to the accrediting organization the report requirements information specified for the Food Protection Manager Certification.</td>
<td>NO</td>
<td>NO</td>
<td>This is not addressed in the ISO document. This CFP section is vague and not quite sure what information the accrediting organization would request. I would think it is referring to irregularities or non-conformities.</td>
</tr>
</tbody>
</table>
8.3 G Be re-accredited by the accrediting organization at least every 5 years. | NO | NO | This is not addressed in the ISO document. | This is not addressed in the ISO document. 

9.0 Management Systems

<table>
<thead>
<tr>
<th>ISO Documentation Requirement</th>
<th>Management System policies</th>
<th>Objectives</th>
</tr>
</thead>
</table>

9.1 A. Document control to include:
1) lists of all documents pertaining to the certification organization;
2) dates for documents approved for implementation by the certification organization;
3) the person(s) within the certification organization responsible for the documents; and
4) listing of individuals who have access to the documents.

CFP Documentation Requirement
• List of documents
• List of authorized individuals with access

10.2.2 Applicable requirements of this International Standard shall be documented. The certification body shall ensure that the management system documentation is provided to all relevant personnel.

10.2.3 Control of documents
The certification body shall establish procedures to control the documents (internal and external) that relate to the fulfillment of this International Standard. The procedures shall define the controls needed to:

<table>
<thead>
<tr>
<th>a)</th>
<th>b)</th>
<th>c)</th>
<th>d)</th>
<th>e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>approve documents for adequacy prior to issue;</td>
<td>review and update as necessary and re-approve documents;</td>
<td>ensure that changes and the current revision status of documents are identified;</td>
<td>ensure that relevant versions of applicable documents are provided at points of use;</td>
<td>ensure that documents remain legible</td>
</tr>
</tbody>
</table>

Partially | Partially | Yes, CFP’s 9.1 A 2. meets ISO 10.2.3 (a) requiring documents to system shall be approved. And, CFP’s 9.1 A (3) meets ISO’s 10.2.1 in that an authorized person is appointed for document control. No, ISO’s 10.2.2 and 10.2.3 does not meet CFP’s 9.1 A (4) because there is no requirement for a list of individuals who have document access. No, CFP’s 9.1 A does not show how the documents are to be controlled; whereas, ISO’s 10.2.3 defines the requirements for (b) reviewing, updating, and re-approving documents, (c) ensuring changes and current revision status are identified, (d) ensuring relevant versions are at point of use, (e) documents legible and identifiable, (f) external document distribution controlled (g) control of obsolete documents. No, ISO’s 10.2.2 and 10.2.3 does not meet CFP’s 9.1 A (4) because there is no requirement for a list of individuals who have document access. No, CFP’s 9.1 A does not show how the documents are to be controlled; whereas, ISO’s 10.2.3 defines the requirements for (b) reviewing, updating, and re-approving documents, (c) ensuring changes and current revision status are identified, (d) ensuring relevant versions are at point of use, (e) documents legible and identifiable, (f) external document distribution controlled (g) control of obsolete documents. |

ISO Documentation Requirement
• Procedure for document control

In the instance of considering replacing the CFP Standards with ISO, the ISO document requires more specific rigorous tasks of the certification body in some areas but not in others. Agree sections are similar. ISO more specific and stricter for certification body. CFP section is very vague and general, lacks any specifics

In the instance of considering replacing the CFP Standards with ISO, the ISO document requires more specific rigorous tasks of the certification body in some areas but not in others. Agree sections are similar. ISO more specific and stricter for certification body. CFP section is very vague and general, lacks any specifics.
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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<tbody>
<tr>
<td>10.2.6.4</td>
<td>The certification body shall ensure that:</td>
</tr>
<tr>
<td>a)</td>
<td>internal audits are conducted by competent personnel, knowledgeable in the certification process, auditing and the requirements of this International Standard;</td>
</tr>
<tr>
<td>b)</td>
<td>auditors do not audit their own work;</td>
</tr>
<tr>
<td>c)</td>
<td>personnel responsible for the area audited are informed of the outcome of the audit;</td>
</tr>
<tr>
<td>d)</td>
<td>any actions resulting from internal audits are taken in a timely and appropriate manner;</td>
</tr>
<tr>
<td>e)</td>
<td>any opportunities for improvement are identified.</td>
</tr>
<tr>
<td>ISO Documentation Requirement</td>
<td></td>
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<tr>
<td>• Procedures for internal audits</td>
<td></td>
</tr>
<tr>
<td>• Report of audit results</td>
<td>performing internal audits.</td>
</tr>
<tr>
<td>Maybe, CFP's 9.1.B (4) meets ISO's 10.2.6.4 (a). Both standards require authorized / competent individuals to conduct the audits; however, ISO has additional requirements for auditors. ISO 10.2.6.4 states that (b) auditors shall not audit their own work, and (c) personnel of the area being audited are informed of audit results.</td>
<td></td>
</tr>
<tr>
<td>Maybe, CFP's 9.1.B (5) meets ISO's 10.2.6.4 (d, e) in that actions taken as a result of the audit are identified (corrective actions); however, ISO adds to this requirement a time limit for these actions and opportunities for improvement to be identified.</td>
<td></td>
</tr>
<tr>
<td>In the instance of considering replacing the CFP Standards with ISO, the ISO document requires more specific rigorous tasks of the certification body in some areas but not in others.</td>
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<tr>
<td>9.1 C. Management Review that includes:</td>
<td>10.2.5 Management Review</td>
</tr>
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<td>-------------------------------------------</td>
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</tr>
<tr>
<td>1) a documented annual review of internal audit results;</td>
<td>10.2.5.1 The certification body's top management shall establish procedure to review its management system at planned intervals, in order to ensure its continuing suitability, adequacy and effectiveness, including the stated policies and objectives related to the fulfillment of this International Standard. These reviews shall be conducted at least once every 12 months and shall be documented.</td>
</tr>
<tr>
<td>2) a management group that conducts the review;</td>
<td>10.2.5.2 Review input</td>
</tr>
<tr>
<td>3) a review of the audit results to determine corrective actions needed;</td>
<td></td>
</tr>
<tr>
<td>4) a review of the audit results to determine preventive actions needed;</td>
<td></td>
</tr>
<tr>
<td>5) the effectiveness of corrective and preventive actions taken.</td>
<td></td>
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</tbody>
</table>

**CFP Documentation Requirement**

**Results of Management Review**

Maybe, CFP’s 9.1.C (1) meets ISO’s 10.2.5.1
Both standards require a management review to be conducted annually, and include corrective and preventive actions from results of audits as input to the review; however, ISO has several additional requirements. ISO’s 10.5.2 also requires input to the review from:
(a) external audits in addition to the internal audits,
(b) applicant feedback,
(c) information regarding safeguarding impartiality,
(d) follow-up actions from previous management reviews,
(e) fulfillment of determined objectives,
(f) any changes affecting system, and
(g) complaints.

Maybe, CFP’s 9.1.C (5) meets ISO’s 10.2.5.3 (a)
The output / outcome from the management review for CFP is the effectiveness of corrective and preventive actions taken, and ISO’s output from the review is the processes, not just the effectiveness achieved from actions taken of correcting and preventing nonconformities.
Conference for Food Protection
2016 Issue Form

Issue: 2016 II-024

Council

Recommendation: Accepted as Submitted Amended No Action

Delegate Action: Accepted Rejected

All information above the line is for conference use only.

Issue History:
This is a brand new Issue.

Title:
FPMCC 2- Standards for Accreditation of Food Protection Mgr Certification

Issue you would like the Conference to consider:
The Food Protection Manager Certification Committee (FPMCC) proposes revisions to the Standards for Accreditation of Food Protection Manager Certification Programs to incorporate punctuation, italics, capitalization, and other non-substantive changes.

Public Health Significance:
Food establishments have fewer critical risk factors according to the CDC as stated in the endorsement letter to the Conference for Food Protection (dated April 5, 2006, and referenced on the Conference website) when food establishments employ managers who have a Food Protection Manager Certification in accordance with the Conference for Food Protection's Standards for Accreditation of Food Protection Manager Certification Programs.

Recommended Solution: The Conference recommends:
approval of revisions to the Standards for Accreditation of Food Protection Manager Certification Programs to incorporate punctuation, italics, capitalization, and other non-substantive changes (See Content Attachment 3 attached to Issue titled: Report - Food Protection Manager Certification Committee).

Submitter Information:
Name: Jeff Hawley, Chair
Organization: Food Protection Manager Certification Committee
Address: Harris Teeter, LLC 701 Crestdale Rd
City/State/Zip: Matthews, NC 28105
Telephone: 704-844-3098
E-mail: jhawley@harristeeter.com
It is the policy of the Conference for Food Protection to not accept issues that would endorse a brand name or a commercial proprietary process.
Council: Accepted as **Submitted**

Recommendation: Accepted as **Amended** No Action

Delegate Action: Accepted **Rejected**

All information above the line is for conference use only.

**Issue History:**

This is a brand new Issue.

**Title:**

Mandatory Food Protection Manager Certification for Persons in Charge

**Issue you would like the Conference to consider:**

This issue is seeking a modification of the 2013 FDA Food Code to require that the designated "Person in Charge" (PIC) of a Food Establishment be a certified food protection manager who has passed a test that is part of an accredited program, as defined by the FDA Food Code. This modification would allow the regulatory authority the flexibility to exempt food establishments from this requirement if the regulatory authority deems the operation poses minimal risk of causing or contributing to foodborne illness.

**Public Health Significance:**

(Note: numbers is square brackets [x] refer to references found in Attachment A.)

Foodborne pathogens impose over $15.5 billion (2013 dollars) in economic burden on the U.S. public each year [1]. CDC estimates that each year 48 million people in the U.S. get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases [2, 3]. Norovirus is the leading cause of foodborne illnesses for which a specific pathogen can be identified (58%), and accounts for 26% of foodborne illness hospitalizations and 11% of foodborne illness deaths. Nontyphoidal *Salmonella* causes 11% of foodborne illnesses, and accounts for the most foodborne illness hospitalizations (35%) and deaths (28%) [3].

On average, Americans eat out at retail food service establishments 4.5 times a week [4]. CDC has consistently identified retail food service establishments as the location of about 60% of foodborne illness outbreaks since 1993 [5, 6]. Many of these outbreaks are associated with unsafe practices within the establishments. Surveillance data show that factors associated with poor food preparation practices within establishments contributed to 35% of restaurant outbreaks with a single etiology, and factors associated with food worker health and hygiene contributed to 64% of those restaurant outbreaks [7]. Twenty percent of food workers have reported working while sick with vomiting and diarrhea, and infected food workers cause about 70% of reported norovirus outbreaks from contaminated food [8, 9].
Public health agencies have recognized that restaurants and other retail food facilities are avenues of exposure of the public to foodborne illness pathogens. Based on the assumption that certification leads to greater food safety knowledge and managers with this knowledge will successfully implement active managerial control of risk factors associated with foodborne illness and outbreaks, many public health agencies have required retail food service establishment manager food safety certification and even food worker food safety training. For example, the Illinois Food Service Sanitation Code requires manager certification, and as of July 1, 2014, the Illinois Code requires food handler training [10]. According to the National Restaurant Association's ServSafe website, 25 states require manager food safety certification and individual counties in 11 additional states also require certification of managers [11].

Based at least in part on the same assumptions made by public health agencies regarding certification, and recognizing their vulnerability to foodborne illness and disease outbreaks, the food industry has taken a leadership role in supporting food safety training and certification for their employees. For example, several chains require manager certification, regardless of their jurisdiction's regulations.

The assumption that manager food safety knowledge and certification will support active managerial control of risk factors has a scientific basis. Published studies that show the benefits include the following.

- Brown et al. (2014) found that certified managers and workers had greater food safety knowledge than noncertified managers and workers. Other studies on this topic conducted in local settings have reached similar conclusions [12-15].
- Bogard et al. (2013) found that managers in restaurants with a certified manager reported better food safety practices than managers in restaurants without a certified manager [16]. Specifically, managers in restaurants with a certified food manager, compared to managers in restaurants without a certified food manager, more often said that:
  - Workers in their restaurant were required to tell a manager when they were sick with gastrointestinal illness symptoms.
  - They took the final cook temperature of hamburgers.
  - They did not serve undercooked (rare or medium-rare) hamburgers.
- Kassa et al. (2010) found that restaurants with certified managers had significantly fewer critical food safety violations than restaurants without certified managers. [17]
- Cates et al. (2009) found that restaurants with certified managers present during inspection were less likely than restaurants without certified managers present to have critical violations in five of seven inspection categories.[18]
- Hedberg et al. (2006) found that restaurants in which an outbreak had occurred were less likely to have a certified manager than restaurants in which an outbreak had not occurred [19].
- In 2009, FDA found that full service restaurants with a certified manager present during the inspection, compared to those without a certified manager present, had fewer occurrences of risk factors in three of five categories. In 2004, FDA found that
full service restaurants had fewer occurrences of risk factors in two of five categories [20, 21].

Data from these studies indicate that manager certification is related to increased manager food safety knowledge, better food safety practices and inspection scores, and fewer foodborne illness outbreaks.

The Conference for Food Protection currently recognizes four providers of food protection manager certification. They provide accessible training in different languages. For example, the web site of one of the four certification providers reports that more than 5 million foodservice professionals have been certified through its food protection manager certification program.[22] showing that high quality resources for training and certifying food managers are readily available. There may be other accredited certification programs (e.g., state certified programs) that meet the Conference standards and provide the same conveniences.

A food safety certification requirement for food service establishment Persons-in-Charge is supported by the facts that:

- a large proportion of foodborne illness outbreaks are associated with retail food service establishments, indicating a lack of active managerial control of risk factors,
- the existing body of evidence supporting a link between manager certification and retail food safety,
- many state and local public health agencies already require certification,
- quality training and certification resources are readily available,
- the food industry may benefit from manager certification through reduced health and economic risks of foodborne outbreaks.

**Exemption**

Some establishments pose lower foodborne illness risk than others. It is appropriate for state and local agencies, by way of codes and ordinances or by policy, to establish criteria for what types of permitted establishments could be exempt from the mandatory manager certification requirement and for determining the conditions under which the minimum number of certified food protection managers must be some number greater than one.

Factors to consider when establishing such criteria include the size and scope of the operation, the hours of operation, and the types of foods sold or served.

**Recommended Solution: The Conference recommends...:**

that a letter be sent to the FDA requesting that the 2013 FDA Food Code be modified as follows:

1. Requiring that the Person in Charge be a certified food protection manager who has passed a test that is part of an accredited program, as defined by the FDA Food Code.

2. Provide an exception to requiring the Person in Charge to be a certified food protection manager if the regulatory authority deems the establishment to pose minimal risk of causing or contributing to foodborne illness either at certain times of operation or based on the nature of food preparation.
Submitter Information:
Name: Laura Brown
Organization: Centers for Disease Control and Prevention
Address: 4770 Buford Highway, MS F-28
City/State/Zip: Atlanta, GA 30341
Telephone: 404-310-8556
E-mail: lrg0@cdc.gov

Supporting Attachments:
- "Attachment A - References"

It is the policy of the Conference for Food Protection to not accept issues that would endorse a brand name or a commercial proprietary process.
Attachment A

References Supporting Issue - Mandatory Food Protection Manager Certification for Persons in Charge


Conference for Food Protection
2016 Issue Form

Issue: 2016 II-026

Council
Recommendation: Accepted as Submitted Accepted as Amended No Action
Delegate Action: Accepted Rejected

All information above the line is for conference use only.

Issue History:
This is a brand new Issue.

Title:
Report - Constitution, Bylaws and Procedures (CBP) Committee

Issue you would like the Conference to consider:
The 2014 - 2016 Constitution, Bylaws and Procedures Committee has addressed recommendations from the 2014 Biennial Meeting and have prepared a report summarizing its work.

Public Health Significance:
The Constitution, Bylaws and Procedure Committee shall submit recommendations to improve the Conference administrative functions through proposals to amend the Constitution and Bylaws and Conference Procedures.

Recommended Solution: The Conference recommends:
acknowledgement of the submitted committee report and appreciation for the work of the 2014 - 2016 Constitution, Bylaws and Procedures Committee members.
The Conference also recommends continued work by the Constitution, Bylaws and Procedures (CBP) Committee on charges assigned by the Executive Board to:

1. Review the Conference for Food Protection governing documents (Conference for Food Protection Constitution and Bylaws, Conference Procedures, Conference Biennial Meeting Manual, position descriptions, conference policies, etc.) to facilitate a merger and conformance of these documents into a comprehensive "Conference for Food Protection Manual." (Issues 2012-II-001, 2012-II-004, and 2014-II-018)


3. Report back to the Executive Board; and submit recommendations as Issues at the 2018 Biennial Meeting.

Submitter Information:
It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.
COMMITTEE NAME: Constitution, Bylaws and Procedures (CBP) Committee

COUNCIL or EXECUTIVE BOARD ASSIGNMENT: Executive Board

DATE OF REPORT: January 7, 2016

SUBMITTED BY: Lee M. Cornman, Chair

COMMITTEE CHARGE(s):

Constitutional Charges, as stated in Article XV, Section 3 of the Constitution:
1. Submit recommendations to improve Conference administrative functions through proposals to amend the Constitution and Bylaws.
2. Review proposed memorandums of understanding and ensure consistency among the memorandums of understanding, the Conference Procedures manual, the Constitution and Bylaws and other working documents.
3. Report all recommendations to the Board prior to Council II deliberations.
4. Follow the direction of the Board.

Issue #: 2014 II-018
Charge: The Conference recommends that the Constitution, Bylaws and Procedures Committee continue work on assigned charges to:
1. Review the Conference for Food Protection governing documents (Conference for Food Protection Constitution and Bylaws, Conference Procedures, Conference Biennial Meeting Manual, position descriptions, conference policies, etc.) to facilitate a merger and conformance of these documents into a comprehensive "Conference for Food Protection Manual." (Originally assigned via Issues 2012 II-001 and 2012 II-004)
2. Review the CFP Commercialism Policy to discern whether it is sufficient to apply to situations where the CFP name or logo is used in an unsanctioned manner by entities other than the CFP. (Originally assigned at the August 2012 Executive Board Meeting).
3. Report back to the Executive Board; and submit recommendations as Issues at the 2016 Biennial Meeting.

COMMITTEE ACTIVITIES AND RECOMMENDATIONS:
1. Progress on Overall Committee Activities:

   No constitutional charges were assigned this biennial period.

   **Issue 2014 II-018 – Item 1:** Vicki Everly, Issue Co-Chair and CBP Committee member, volunteered to assist in working on review of the CFP governing documents to facilitate the “merger and conformance of these documents” as directed above. A proposed outline was presented to and approved by the Executive Board at the August 2015 meeting to qualify and quantify the committee direction with this charge. This charge is a large undertaking and will continue during the 2016 – 2018 biennial period. It is anticipated that it will be completed for submittal as an Issue in 2018.
Issue 2014 II-018 – Item 2 – Revision of CFP Commercialism Policy: Committee identified concern that the current policy was specific to Issues submitted to the Conference for the Biennial Meeting and that it needs to be expanded to encompass broader misuse of the CFP name and/or logo by others. Committee discussion circled around a two-part policy that addresses the Issues themselves and any other Conference/Committee functions. David Crownover volunteered to review and draft a revised issue for consideration and deliberation. This draft was discussed via conference calls and submitted to all committee members for review and final approval. An Issue titled “Revision of CFP Commercialism Policy” was submitted to the CFP Executive Board for review and approval prior to submitting the Issue for deliberation at the 2016 Biennial Meeting.

Committee review and discussion of questions submitted by committee member as provided by constitutional charges:
A CBP Committee member submitted a series of four questions for deliberation and resolution by the committee. These questions were discussed as part of committee conference calls and as part of two CFP Executive Board Meetings. The questions and the subsequent resolutions/action items are as follows:

1. **Same issues submitted at subsequent Biennial Meetings** – Active discussion on this question and agreement from committee members that some tweaking of the process can be achieved to preclude this from occurring in the future. Based on the committee discussion, Issue Co-Chairs recommended a modification to the Issue submission form to provide declarative information to council members if an Issue was “discussed at a previous Biennial Meeting”; Issue form modification was approved by the Executive Board. In addition, Issue submission instructions have been modified to include “caution” about resubmittal without including new information or science; and, council members will be advised to review previous Issues as homework in prep for the Biennial Meeting.

2. **Prohibit forming a committee as the recommended solution** – General committee discussion was opposed to a declarative statement of no committees as a recommended solution but there was agreement that further clarification is needed for councils to create clearly stated, achievable charges if committee formation is recommended. There was also an identified need for better instructions to councils when crafting recommended solutions. The Executive Board and Issue Committee are working on this concern.

3. **Extracted No Action Issues** – Concern was expressed on creating a balance of opponent vs. proponent on an Executive Board committee formed to resolve an Extracted No Action Issue. There was active discussion on the Executive Board with a consensus that committee members will be selected to ensure all sides are represented and that someone on the committee was present during the entire deliberation in council.

4. **Defining Industry Constituency as relates to Council 1** – Discussion by committee members indicated agreement that participation of non-regulated industry entities continues to grow. There was active discussion on how that may or may not impact the makeup of those identified as industry voting members. There was concern expressed that the Bylaws may be inconsistent with the new constituencies and there is a committee desire to review further. After discussion by the Executive Board, Brenda Bacon, Bill Hardister and Cas Tryba volunteered to continue to look at
council membership based on new membership categories and to look at regulated vs. non-regulated industry representation.

2. Recommendations for consideration by Council:

The Constitution, Bylaws and Procedures Committee recommends continued work to:
3. Report back to the Executive Board; and submit recommendations as Issues at the 2018 Biennial Meeting.

This committee further recommends approval of the draft “Revision of CFP Commercialism Policy.”

CFP ISSUES TO BE SUBMITTED BY COMMITTEE:

“Report - Constitution, Bylaws and Procedures Committee Final Report”

“CBP 2 – Revision of CFP Commercialism Policy”: See Issue 2014 II-018 – Item 2 above. The Constitution, Bylaws and Procedures Committee has developed an Issue as charged and provided the following recommendation (new language is underlined):

COMMERCIALISM POLICY (established 2000)

PURPOSE
This policy has been developed by the Executive Board to establish guidelines for the use of:
1. commercial names, logos, or other information in Issues submitted to the Conference and in Issues or documents developed through the Conference for Food Protection (CFP) committee process and,
2. the use of Conference for Food Protection intellectual property including the Conference for Food Protection name and/or logo, without the express approval of the CFP Executive Board.

POLICY
Approval for use of the Conference for Food Protection name and/or logo is done through request and approval via the Conference for Food Protection Executive Board.

Issue Submission:
The Conference for Food Protection shall not endorse the use of a product, process or service by brand name.
Issues submitted for consideration at a Biennial Meeting will be reviewed; and those where brand names are used in the Issue, rationale or solution will be rejected.
The Issue Submission Form will contain a statement that reads, "It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process."

**Intellectual Property:**
The use of Conference for Food Protection (CFP) name and/or logo for commercial, promotional and/or endorsement purposes is prohibited by any entity other than the CFP without the express approval of the CFP Executive Board. Prohibited usage may include, but is not limited to research, press releases, product promotions, etc.

Attachments:

**Content Documents:**  (documents requiring Council review; approval or acknowledgement is requested in “recommended solution”)

1. Attachment A Constitution, Bylaws and Procedures Committee Final Report Issue

**Supporting Attachments:**  (documents submitted to provide background information to Council)

2. Attachment B Constitution, Bylaws and Procedures Committee Roster

Submitter Information:

☐ I am a first time Issue submitter (checking this box will enable the Council Chair to contact you in advance of the Biennial Meeting to answer any questions about the process involved in presenting Issues to Council)

<table>
<thead>
<tr>
<th></th>
<th>Contact #1</th>
<th>Contact #2</th>
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<tbody>
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COMMITTEE MEMBER ROSTER (attached):
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<th>First Name</th>
<th>Position (Chair/Member)</th>
<th>Constituency</th>
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Title:
CBP 2 – Revision of CFP Commercialism Policy

Issue you would like the Conference to consider:
Several past incidents have occurred where the Conference for Food Protection (CFP) name and/or logo have been used or misused, without the consent of the Conference body or the Executive Board, to endorse or promote a product, process or service by brand name. Examples of such incidents include an article in a food safety related publication concerning CFP committee activities and the use of the CFP name and/or logo endorsing training programs. Additionally, there has been recent concern expressed by CFP members on the endorsement of products, processes or services by brand name during CFP committee meetings. As a result, the CFP Executive Board charged the Constitution, Bylaws and Procedures Committee with reviewing the existing Commercialism Policy with regards to these concerns and to "discern whether it is sufficient to apply to situations where the CFP name or logo is used in an unsanctioned manner by entities other than the CFP."

Upon review and deliberation of these concerns, the Constitution, Bylaws and Procedures Committee has drafted a more comprehensive policy addressing the development of committee Issues and/or supporting documents, the Issue submission process, and the intellectual property of the Conference.

Public Health Significance:
The Constitution and Bylaws/Procedure Committee shall submit recommendations to improve the Conference administrative functions through proposals to amend the Constitution and Bylaws and Conference Procedures.

Recommended Solution: The Conference recommends...:
the current CFP Commercialism Policy (established 2000) be revised as provided below (language to be added is in underline format):
COMMERCIALISM POLICY

PURPOSE

This policy has been developed by the Executive Board to establish guidelines for the use of:

1) commercial names, logos, or other information in Issues submitted to the Conference and in Issues or documents developed through the Conference for Food Protection (CFP) committee process and,

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Submitter Information:

Name: Lee M. Cornman  
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3125 Conner Boulevard, #185  
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Telephone: 850.245.5595 / 850.245.5547  
E-mail: Lee.Cornman@FreshFromFlorida.com

It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.
Issue: 2016 II-028

Council Recommendation:
- Accepted as Submitted
- Accepted as Amended
- No Action

Delegate Action:
- Accepted
- Rejected

All information above the line is for conference use only.

Issue History:
This is a brand new Issue.

Title:
Committee to Explore Technology Solutions for Implementing CFP Guidance

Issue you would like the Conference to consider:

Retail food establishments are at risk for emergencies or disasters that could endanger the safety of the food and products sold to consumers. To assist these establishments in managing such crises, the CFP developed "The Emergency Action Plan for Retail Food Establishments" (document available on the CFP website at www.foodprotect.org/media/guide/Emergency%20Action%20Plan%20for%20Retail%20food%20Est.pdf). This document offers guidance to retail food stores and food service establishments, including very large and very small entities, as to the steps necessary to protect the public's health when circumstances affect food safety.

Safety guidance can only be effective if its existence is known and its recommendations are properly executed. Retail food establishments must not only train their employees, but such training has to prepare them to react appropriately in a crisis. Barring such training, or in cases where the fully trained employee is absent, individuals responding to a crisis must have committed the guidance to memory or be able to read, understand, and implement the guidance (if it is even readily available) during high pressure situations.

Requiring or recommending that food establishments post or maintain paper copies of safety guidance is a solution for the past. Technology is available, or can be easily developed, to assist employees with implementing the guidance at the time of the crisis with little or no training, allowing them to respond to changing circumstances under stressful conditions without relying on prior training or printed safety manuals.

Public Health Significance:
Food service employees come from every demographic category and educational background. Many employees are minors, some are new to the workforce, and experience levels can vary greatly among establishments. The workforce continues to become increasingly tech savvy, and the effectiveness of safety guidance should not depend so heavily upon traditional teaching methods that are skewed toward those with greater
maturity, education, or experience. Well designed, simple to use technology that brings the solution to the employee can help level the playing field.

For example, in-car navigation systems are very common and freely available on smartphones to provide drivers with turn-by-turn directions for even the most complicated journeys. The majority of Americans today own smartphones. On demand, step-by-step instructions, much like GPS navigation, that help guide food service employees through a crisis would greatly increase the consistency of responses in the event they are activated. This, in turn, would enhance public safety by ensuring that safety guidance like the CFP’s "Emergency Action Plan for Retail Food Establishments" is followed properly.

As things stand today, the utility of CFP’s guidance, and therefore the public safety benefits of this guidance, is limited to those circumstances where food service employees are effectively trained as to their implementation or aware of their existence. Technology available at an employee’s fingertips to guide them through the proper procedures in a time of crisis would greatly enhance public safety.

**Recommended Solution: The Conference recommends...:**

that a technology committee be formed and charged to:

1. Make recommendations to the Conference for Food Protection in regard to:
   
   (a) exploring technology solutions to assist food service employees to more effectively implement the 2014 Conference for Food Protection "Emergency Action Plan for Retail Food Establishments, Second Edition" and any other existing or future safety guidance provided by the CFP as deemed appropriate; and
   
   (b) determine potential revisions to CFP’s guidance, recommending technology solutions or adopting standards for the use of such solutions.

2. Report Committee recommendations to the 2018 Conference for Food Protection Biennial Meeting.

**Submitter Information 1:**

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**Submitter Information 2:**

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E-mail: bobfurnier@gmail.com

*It is the policy of the Conference for Food Protection to not accept Issues that would endorse a brand name or a commercial proprietary process.*