**Comprehensive Resource for**

**Food Recovery Programs**

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**Conference for Food Protection**

**TABLE of CONTENTS**

Page

Executive Summary 1

[Definitions](file:///\\agri-s01\rdata\users\jmarcy\Documents\DOCS\CFP\Food%20Recovery\Final%20Document\\l%20%22bookmark1%22) 2

I[ntroduction to Food Recovery](file:///\\agri-s01\rdata\users\jmarcy\Documents\DOCS\CFP\Food%20Recovery\Final%20Document\\l%20%22bookmark2%22) 6

[Food Recovery Activities](file:///\\agri-s01\rdata\users\jmarcy\Documents\DOCS\CFP\Food%20Recovery\Final%20Document\\l%20%22bookmark3%22) 7

[Legal Issues](file:///\\agri-s01\rdata\users\jmarcy\Documents\DOCS\CFP\Food%20Recovery\Final%20Document\\l%20%22bookmark4%22) 8

I[mplementing a Food Recovery Program](file:///\\agri-s01\rdata\users\jmarcy\Documents\DOCS\CFP\Food%20Recovery\Final%20Document\\l%20%22bookmark5%22) 9

[Food Safety Procedures](file:///\\agri-s01\rdata\users\jmarcy\Documents\DOCS\CFP\Food%20Recovery\Final%20Document\\l%20%22bookmark6%22) 12

[Food Recovery Program Responsibilities](file:///\\agri-s01\rdata\users\jmarcy\Documents\DOCS\CFP\Food%20Recovery\Final%20Document\\l%20%22bookmark7%22) 31

[Guidelines for Monitoring Programs](file:///\\agri-s01\rdata\users\jmarcy\Documents\DOCS\CFP\Food%20Recovery\Final%20Document\\l%20%22bookmark8%22) 32

[Handling Donations of Game Animals](file:///\\agri-s01\rdata\users\jmarcy\Documents\DOCS\CFP\Food%20Recovery\Final%20Document\\l%20%22bookmark9%22) 33

[Planning for Food Defense](file:///\\agri-s01\rdata\users\jmarcy\Documents\DOCS\CFP\Food%20Recovery\Final%20Document\\l%20%22bookmark10%22) 36

[Appendix A](file:///\\agri-s01\rdata\users\jmarcy\Documents\DOCS\CFP\Food%20Recovery\Final%20Document\\l%20%22bookmark12%22)  
[Guidance Charts for Assessment of Food on Receipt](file:///\\agri-s01\rdata\users\jmarcy\Documents\DOCS\CFP\Food%20Recovery\Final%20Document\\l%20%22bookmark13%22) 37

[Appendix B](file:///\\agri-s01\rdata\users\jmarcy\Documents\DOCS\CFP\Food%20Recovery\Final%20Document\\l%20%22bookmark14%22)  
Foodhandler / Volunteer Illness Agreement for Reporting Illness 41

Appendix C  
References 42

Appendix D  
Sample Forms for Food Recovery Programs 43

**Executive Summary**

The Economic Research Service of the USDA reported in 2012 that 31 percent—or 133 billion pounds—of the 430 billion pounds of the available food supply at the retail and consumer levels in 2010 went uneaten. Retail-level losses represented 10 percent (43 billion pounds) and consumer-level losses 21 percent (90 billion pounds) of the available food supply. At the same time, 14.5% of households (more than 15 million) in the US were food insecure.\*

Recovering consumable food and moving it to hunger relief organizations has proven to reduce these numbers and positively impact the lives of millions of people of all ages across America. Numerous organizations, both governmental and private, are involved in this vital work.

The safety of food throughout this recovery process is of critical importance. The population served by hunger relief organizations has a higher percentage of vulnerable individuals. Compounding this concern is the diversity of organizations and agencies acting to insure food safety standards are consistently met.

The Conference for Food Protection offers a forum for the many constituent groups impacted by the processes involved in food recovery, distribution, and service. Its deliberative process to gain consensus and uniformity has been applied to this challenge of reducing hunger in America by increasing the availability of safe food that otherwise would be discarded.

This update of the Comprehensive Resource for Food Recovery Programs is intended to assist all stakeholders, whether new or existing, involved in the recovery, distribution or service of food to people who live their lives insecure about where their next nutrition meal will come from.

\*SOURCE: United States Department of Agriculture, Office of the Chief Economist, U.S. Food Waste Challenge, “FAQ’s”, Web. January 8, 2016.

## Definitions

Users of this guide please note that many of the terms noted below are industry standard or commonly used definitions. For the purposes of this document, definitions as written in the Food Code are not always used.

A**ctive Managerial Control** is the purposeful incorporation of specific actions or procedures by industry management into the operation of their business to attain control over foodborne illness risk factors.

**Approved Source** is an acceptable supplier to the regulatory authority based on a determination of conformity with principles, practices, and generally recognized standards that protect public health.

**“Big 6”** foodborne illnesses are those that are highly contagious and cause severe symptoms. Employees diagnosed with any of the “Big 6” are excluded from work and can’t report to work until cleared by a medical doctor. These illnesses are as follows: non-typhoidal Salmonellosis, Typhoid Fever, Hepatitis A, Shigellosis, Hemorrhagic colitis or Shiga toxin-producing E. coli and Norovirus.

**Critical Control Point** is a point or procedure in a specific food system where loss of control may result in an unacceptable health risk.

**Excess Food** means any extra wholesome, edible food, including food that was prepared for service, but not served or sold.

**Excluded** employees are those that have been diagnosed with any of the “Big 6” illnesses and are excluded from working. Employees may not return to work until cleared by a medical doctor.

**Field gleaning (gleaning)** means the collection of crops from fields that have already been mechanically harvested or on fields where it is not economically profitable to harvest.

**Food defense** is the collective term used by the Food and Drug Administration (FDA), United States Department of Agriculture (USDA), Department of Homeland Security (DHS), etc., to encompass activities associated with protecting the nation’s food supply from deliberate or intentional acts of contamination or tampering. This term encompasses other similar verbiage (e.g., bioterrorism, (BT), counter­terrorism (CT))

**Food Distribution Organization (FDO)** is an organization that accepts donated food and directly distributes it to needy consumers or, in some cases, distributes donated food to another facility (receiving facility) which will then directly distribute it to the consumer. This FDO and the receiving facility may be one and the same.

**Food Recovery** means the collection of wholesome food for distribution to people in need and is sometimes referred to as food rescue.

**HACCP** is an acronym that stands for Hazard Analysis and Critical Control Point, a prevention­based food safety management system. HACCP systems are designed to prevent the occurrence of potential food safety problems. HACCP Plan means a written document that delineates the formal procedures for following the Hazard Analysis Critical Control Point principles developed by the National Advisory Committee on Microbiological Criteria for Foods.

**Hazard** means a biological, chemical, or physical property that may cause an unacceptable consumer health risk.

**Perishable foods** are meats, dairy products, produce, and bakery items that have been donated from grocery stores, produce distributors, food distributors, etc.

**Prepared foods** are foods of all descriptions that have been prepared but were never served. This includes cooked items, such as meats, entrees, vegetables, starches, deli trays, and vegetable trays, for example.

**Receiving facility** means the organization that accepts donated food and directly distributes it to the consumer.

**Reclamation Centers** are centers operated by retail supermarket chains or wholesale distributors that collect product that will not be sold through the company’s normal distribution channels. This may include damaged product or discontinued items being claimed for credit from the vendor/manufacturer.

**Reduced oxygen packaging (**ROP) provides an environment that contains little or no oxygen in the package. The term ROP can be used to describe any packaging procedure that results in a reduced oxygen level in a sealed package. The term is often used because it is an inclusive term and can include packaging options such as *Cook-chill, Controlled Atmosphere Packaging (CAP), Modified Atmosphere Packaging (MAP)*, and *Sous Vide* (French, *under vacuum*).  For additional information, review <http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm188201.htm>.

**Reportable Illnesses** are those that require the person-in-charge to exclude or restrict a foodhandler from a food establishment exhibiting symptoms including sore throat with fever, running nose, diarrhea, vomiting, jaundice, pus-filled lesions or draining wounds, and/or diagnosed with hepatitis A, *Salmonella* Typhi, Norovirus, *Shigella*, Shiga toxin-producing *E. coli*, non-typhoidal *Salmonella*. A foodhandler shall report the information to a manager on duty / person-in-charge to reduce the risk of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of a diagnosis without symptoms.

**Restricted employees** are those that are exhibiting symptoms of illness and may not work with exposed food or food equipment and food contact surfaces. Symptoms may include: sore throat with fever, running nose, diarrhea, vomiting, jaundice, pus-filled lesions or draining wounds.

**Salvage**, as a verb, means the act of saving any imperiled property from loss. As a noun, it means the property so saved. Food items may have been subjected to possible damage due to transportation accident, fire, flood, adverse weather, or any other similar cause, which may have rendered the food unsafe or unsuitable for human consumption. As used by food banks, the definition of salvage includes those products processed through reclamation centers. Salvaging involves evaluating the product to determine its fitness for human consumption, reconditioning it, if necessary, in order to place the food back into the distribution system.

**Served** food is food that has come into contact with the customer. This does not include food on merchandised display.

#### Time/Temperature Control for Safety (TCS) Food).

1. **"Time/temperature control for safety (TCS) food**)" is a food that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation. Most, but not all perishable food and prepared foods are TCS foods.
2. **"Time/temperature control for safety (TCS) food)**" includes:
   1. An animal FOOD that is raw or heat­treated; a plant FOOD that is heat­ treated or consists of raw seed sprouts, cut melons, or garlic­in­oil mixtures that are not modified in a way that results in mixtures that do not support pathogenic microorganism growth or toxin formation; and
   2. Except as specified in Subparagraph (3)(d) of this definition, a food that because of the interaction of its water activity (AW) and PH values is designated as Product Assessment Required (PA) in Tables A and B from the FDA Food Code and provided at the end of the Food Safety Procedures section.1
3. **"Time/temperature control for safety (TCS) food**" does not include:
4. An air­cooled hard­boiled egg with shell intact, or an egg with shell intact that is not hard­boiled, but has been pasteurized to destroy all viable salmonellae;
5. A food in an unopened hermetically sealed container that is commercially processed to achieve and maintain commercial sterility under conditions of non­refrigerated storage and distribution;
6. A food that because of its PH or AW value, or interaction of AW and PH values, is designated as a non­TCS food in this definition;
7. A food that is designated as Product Assessment Required (PA) in Table A or B of the Food Code 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:
   * 1. Intrinsic factors including added or natural characteristics of the food such as preservatives, antimicrobials, humectants, acidulants, or nutrients,
     2. Extrinsic factors including environmental or operational factors that affect the food such as packaging, modified atmosphere such as reduced oxygen-packaging (ROP), shelf life and use, or temperature range of storage and use, or
     3. A combination of intrinsic and extrinsic factors;   
          
        or
8. 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.

## Introduction to Food Recovery

In recent years, there has been growing concern about hunger, resource conservation, and the environmental and economic costs associated with food waste. This, in turn, has accelerated public and private efforts to make better use of available food supplies by recovering safe and nutritious food that would otherwise be wasted.

Today, one in ten households in the United States have children that are food insecure. By donating food instead of throwing it out, we are not only helping the lives of hungry families, but we are also saving valuable resources for future generations that went into producing that food as well cutting harmful greenhouse gas emissions that contribute to climate change. And, in 2015, the United States set a goal of a 50 percent reduction national food waste by 2030. This effort will create a new / revitalized partnership with charitable organizations, faith-based organizations the private sector and local, state and tribal governments to reduce food loss and waste in order to improve overall food security and conserve our national’s natural resources.

Food recovery programs collect foods from commercial production and distribution channels and redistribute them to people in need. Prepared and processed foods are most often collected from the food service industry. Perishable produce is generally obtained from wholesale and retail sources. There are food recovery efforts carried out by public, private, and nonprofit organizations across the country. The primary goal of food recovery programs is to collect safe and wholesome food donated from commercial sources to meet the nutritional needs of the hungry.

Food recovery is one way to help reduce the problem of hunger in America. Participating in a successful food recovery program has benefits that extend beyond providing food to those who are in need. Participation benefits an establishment’s operation, its customers, its employees, and the community. It increases the visibility of a business, and helps build a more cohesive local community.

This document is intended primarily to provide a resource to retail food operators that want to participate in food recovery programs and provide safe food to people in need.

# Food Recovery Activities

## USDA and EPA Food Recovery Activities

On September 16, 2015, Agriculture Secretary Tom Vilsack and Environmental Protection Agency Deputy Administrator Stan Meiburg announced the United States’ first-ever national food loss and waste goal, calling for a 50 percent reduction by 2030. USDA and EPA will work in partnership with charitable organizations, faith organizations, the private sector, and local, state and tribal governments to reduce food loss and waste in order to improve overall food security and conserve our nation’s natural resources.

In the United States, food waste is estimated at between 30-40 percent of the food supply. This estimate, based on estimates from [USDA’s Economic Research Service](http://www.ers.usda.gov/publications/eib-economic-information-bulletin/eib121.aspx) of 31 percent food loss at the retail and consumer levels, corresponded to approximately 133 billion pounds and $161 billion worth of food in 2010.

In 2013, USDA and EPA joined together to address food waste in America through USDA’s Food Waste Challenge and EPA’s Food Recovery Challenge to provide a platform to assess and disseminate information about the best practices to reduce, recover, and recycle food loss and waste. By the end of 2014, the joint effort had over 4,000 participants, well surpassing its goal of 1,000 participants by 2020.  USDA and EPA are working to grow this list and expand food loss and waste reduction efforts from farm to fork.

\*SOURCE: United States Department of Agricutlure “USDA Office of the Chief Economist, Recovery/Donations,” US Department of Agriculture, Web. November 22, 2015. <http://www.usda.gov/oce/foodwaste/resources/donations.htm>

\*SOURCE: Environmental Protection Agency “USEPA Sustainable Management of Food, Food Recovery Challenge (FRC),” US Environmental Protection Agency, Web. November 22, 2015. <http://www2.epa.gov/sustainable-management-food/food-recovery-challenge-frc>

## Ongoing Food Recovery Activities

A growing number of organizations--both charitable and for profit--are working to recover wholesome excess food to provide low or no-cost meals to families in need. There are thousands of organizations helping to feed the hungry. The list of organizations presented is not exhaustive. Inclusion on this list does not imply endorsement by the USDA.  (If you would like your organization listed, please contactthe Office of Chief Economist at[FoodWasteChallenge@oce.usda.gov](mailto:FoodWasteChallenge@oce.usda.gov)).The USDA is curating a list of organizations; for more information visit [www.usda.gov\oce\foodwaste\resources\donations.htm](http://www.usda.gov\oce\foodwaste\resources\donations.htm)

**Legal Issues**

Questions regarding legal issues may primarily be concerned with liability with the donation of food but there may also be other issues based upon both the state and health jurisdiction as well as other regulatory agencies. For a broader discussion, you can access “A Legal Guide to Food Recovery” <http://law.uark.edu/documents/2013/06/Legal-Guide-To-Food-Recovery.pdf>

**Bill Emerson Good Samaritan Food Donation Act**

When citizens volunteer their time and resources to help feed hungry people, they are rightfully concerned that they are putting themselves at legal risk. Fortunately, recent legislation provides uniform national protection to citizens, businesses, and nonprofit organizations that act in good faith to donate, recover, and distribute excess food.

Although all states have enacted Good Samaritan laws, one very important consideration for food donors is the issue of food safety and quality. Potential food donors (e.g., restaurants, caterers, cafeterias) are more likely to enter into partnership with food recovery programs if there are assurances that program personnel are trained in safe handling and storage of donated foods. Therefore, program guidance and assurances that emergency food programs operate in accordance with recognized food safety standards help encourage businesses to donate food.

The Bill Emerson Good Samaritan Food Donation Act converts Title IV of the National and Community Service Act of 1990, known as the Model Good Samaritan Food Donation Act, into permanent law, within the Child Nutrition Act of 1966. Congress passed the legislation in late September, 1996, and President Clinton signed the bill into law on October 1, 1996. The Act is designed to encourage the donation of food and grocery products to nonprofit organizations such as homeless shelters, soup kitchens, and churches for distribution to individuals in need.

The Bill Emerson Good Samaritan Food Donation Act promotes food recovery by limiting the liability of donors to instances of gross negligence or intentional misconduct. The Act further states that, absent gross negligence or intentional misconduct, persons, gleaners, and nonprofit organizations shall not be subject to civil or criminal liability arising from the nature, age, packaging, or condition of wholesome food or fit grocery products received as donations. It also establishes basic nationwide uniform definitions pertaining to donation and distribution of nutritious foods and will help ensure that donated foods meet all quality and labeling standards of Federal, State, and local laws and regulations.

Further details may be obtained by contacting the office of the attorney general for the appropriate State. In addition, the Emerson Act does not alter or interfere with State or local health regulations or workers’ compensation laws. Local organizations in each State should also be familiar with the impact upon food recovery projects of State or local health regulations and workers’ compensation laws.

**Implementing a Food Recovery Program**

There are many ways to contribute to food recovery programs including donating excess prepared foods, donating produce or canned and packaged goods, fund­raising, training volunteer food workers, or providing transportation for food from donor to the food distribution organizations (FDOs).

Major aspects of implementing a food recovery program include:

1. choosing a suitable FDO and
2. donor and FDO agreement on the terms of their relationship.

Advice on finding a partner to receive donated foods is available from a number of reliable sources. Among them, the United States Department of Agriculture (USDA), the lead federal agency for food recovery activities, Feeding America, a national network of community­based, hunger­relief programs; and the National Restaurant Association.

To lay the foundation for a successful partnership and to minimize misunderstandings, the donor and FDO need to plan their joint policies and procedures together. The initial planning meetings should cover at least the following topics:

1. Exchange of basic data such as:
   1. Names of key contacts
   2. Addresses, phone and fax numbers
   3. Anticipated frequency of donations;
2. The types of foods to be donated, for example:
   1. Raw fruits and vegetables
   2. Cold fruit and vegetable salads
   3. Hot foods of animal origin, including mixed dishes like lasagna
   4. Cold cooked foods of animal origin
   5. Hot or cold cooked vegetables
   6. Gravies, cream­based soups
   7. Hot or cold grain dishes
   8. Canned and packaged goods that are not potentially hazardous in their packaged form
   9. Beverages, and
   10. Cold or frozen uncooked foods of animal origin, such as raw ground beef;
3. The food transport arrangements including:
   1. Who will transport food from donor to FDO’s receiving facility
   2. The type of vehicle(s) to be used, temperature­holding equipment (e.g., insulated containers, refrigerated unit)
   3. Back­up or transportation contingency plan in case of vehicle breakdown or emergency
   4. Distance in miles between the donor and the receiving facility
   5. Anticipated time in minutes from the donor to receiving facility
   6. Anticipated frequency of donations, and
   7. Times/dates for pickup of donations;
4. The qualifications of the food manager or person­in­charge in the donor and receiving facilities such as training and experience;
5. The training provided to staff on hygienic and safe food preparation, food defense procedures, storage, and transporting practices;
6. Preferred time, means and frequency of communication;
7. How unsatisfactory situations will be addressed; and
8. Any other considerations raised by either party.

Early in the planning process, both the donor and FDO operators should familiarize themselves and their staff with the Good Samaritan laws that limit liability to gross negligence and intentional misconduct. Foodhandlers need to fully understand that food safety training, consistent practice of hygienic food preparation practices, and regulatory inspection reports showing favorable performance histories, are factors which help to protect the participants from civil and criminal liability in the good faith donation of apparently wholesome food. Good practices help to provide legal protection for the donor and help ensure the service of safe food to consumers.

**Donation Program Description**

While donation programs can vary in format, all donated product must be handled correctly to assure that the recipient can have confidence that the product they are receiving has been handled safely.

Typical donation programs include product that is no longer marketable to the donor’s primary customer. In many cases the product has a shortened shelf life and must be moved quickly from the donor to end-users or recipients. Donation programs may include shelf-stable food and non-food items as well as perishable products such as meat, deli, dairy, frozen, bakery and prepared foods. As long as these products are handled properly they can still provide wholesome meals to recipients.

Always work with state and local health officials when beginning new programs to ensure that they are in compliance with state and local health codes

## Food Safety and Food Recovery

The Center for Disease Control (CDC) estimates that each year 48 million people in the US become ill with 3,000 people dying annually after eating unsafe food.

The Food and Drug Administration (FDA) has identified five major reasons that cause foods to become unsafe to eat:

1. Food from unsafe sources. (Unsafe when obtained and cannot be made safe).
2. Improper holding temperatures. (Temperature abuse of the foods).
3. Inadequate cooking. (Not cooking foods to proper safe temperatures).
4. Contaminated equipment. (Poor cleanliness in the kitchen).
5. Poor personal hygiene. (Sick food handlers and those who do not wash their hands).

Food safety is an integral part of managing food donations and distributions, and it is paramount to minimizing the risk of distributing or serving unsafe foods. The most vulnerable people who will become sick when eating unsafe foods are young children, the elderly, pregnant women and those whose immune systems are compromised, therefore weakened.

It is very important that you make sure the foods you are providing to your clients are safe to be consumed.

These guidelines are to help you to develop a thorough understanding, along with your donors, concerning the foods you will be able to distribute and how they should be safely stored, packaged and transported.

# Food Safety Procedures

**Introduction**

Serving safe food is an essential part of all food recovery activities. In the donor’s domain and in the food distribution organization (FDO), all steps need to be taken to ensure that the consumers of the recovered food are receiving a safe product. Certain basic principles of food safety must be incorporated into the program and followed by foodhandlers to provide the consumers protection from foodborne illness.

Food that is directed to those in need is entitled to the same protective measures as food prepared and served to paying consumers. The national food standards at the retail level, as expressed in the FDA Food Code (Food Code), do not differentiate between the protection provided to food consumed by paying consumers and to food consumed by individuals who eat at FDOs.

The Food Code is an excellent reference for minimizing the occurrence of risk factors that contribute to foodborne illness. The standards expressed in the Food Code cover such subjects as:

* manager or Person-In-Charge (PIC) knowledge requirements;
* monitoring the health of foodhandlers;
* foodhandler training and supervision;
* protecting food from pathogens and contaminants from hands and other sources which cause foodborne diseases;
* time and temperature requirements; and
* equipment design and construction and maintenance.

Procedures outlined in this section are based on well­established food safety principles and are set forth as guidance for planning and conducting a food recovery program.

#### Food Donation - Receiving and Storing Food: Evaluating the Condition of the Food

The Person­In­Charge (PIC) who accepts the food on behalf of the FDO should ensure the food is from an approved source (i.e., one that meets food safety standards, such as those outlined in this document and the Food Code) and that it is in good condition. Examining foods at the time of receipt is essential to intercept problems that can lead to food contamination, if undetected. Check for evidence of problems, such as the following, and take appropriate action to keep products from being received in an unsatisfactory condition, consumed, or contaminating other product (see Appendix A of this document for additional guidance):

1. Environmental condition of transport, e.g., the vehicle is not clean, pets in the vehicle, evidence of insects or rodents, temperature controls not in use, ready­to­eat foods stored so they can be contaminated by raw foods, toxic compounds are transported in a way that can contaminate food;
2. Cans that are dented in the top or side seams or are leaking or swollen;
3. Insect or rodent infested food ­ e.g., droppings, gnawings, or nesting material. Infested foods, foods that are obviously compromised;
4. Foods of questionable safety should be discarded or isolated from wholesome foods until soundness is determined. In either case, the goal is to keep other foods wholesome and safe and physically separated to ensure sound condition.

Protective measures for prepared foods and whole produce are different from protective measures for canned food, and shelf­stable packaged goods. With whole produce and prepared foods, attention should be focused on the packaging and condition of the food and the storage condition in terms of time and temperature. Cut produce such as melons and prepared foods, including cooked entrees and refrigerated foods, need to be kept at correct cold or hot holding temperatures recommended in the Food Code. (*See the Food Preparation Practices section of this document*). With canned food and shelf­stable packaged goods, attention should be focused on the condition of the food container.

Once accepted, food should be stored in a manner that protects it from potential contamination such as dripping water, dust, rodents, insects, and other sources of contamination. Canned goods should be organized to prevent damage to the cans and all foods should be organized to allow for proper rotation (i.e., FIFO ­ First In/First Out).

**Types of Foods**

Foods donated to a food recovery program may include excess prepared food or produce, canned food, wild game and shelf-stable packaged goods. Excess food is any extra wholesome, edible food, including food that was prepared for service, but not served or sold. The charitable donation of food may result because a done has excess or weekly volume of food. Restaurants, grocery stores, office food drives, community food drives or produce culling operations are possible donation sources.

## Understanding Product Code Dating

## Foods are dated to either ensure quality or safety. Shelf-stable foods generally have dates placed on them that are based on quality. Accepting these foods after these dates is acceptable as the foods are still safe to eat. With one exception, there are no federal laws prohibiting selling, donating or serving shelf-stable foods that have exceeded their dates. The one exception is infant formula, where the US Food and Drug Administration (FDA) requires industry to mark infant formula with “use by” dates to assure the nutritional value of the infant formula up to the marked date and federal law prohibits sale or distribution past the expiration date.

It is not a safe practice to accept ready-to-eat food that requires refrigeration (temperature control for safety food / less than 41°F) to maintain safety, which has passed its “sell by” or “use by” date, unless the product had been frozen on or before the date(s) noted above and had remained in a frozen state since it was initially frozen.  With regards to pasteurized products, such as milk and cheeses, the sell by date is a reference to quality.  They are safe to consume until spoilage indicators provide reason to discard.

* **“Sell by”** which is a date defined by the manufacturer or retailer as the last date on which their temperature sensitive foods should be sold;
* **“Use by”** which is a date that has a similar definition for temperature sensitive products but is also used on shelf stable products as a **quality** measurement.
* **“Best by”** which is adate generally used on shelf stable products and is **based on quality not food safety.**
* **“Expiration”** which is a date defined by the manufacturer or retailer and is **based on quality not food safety.**

Freezing foods allows you to keep the donations beyond their “Sell by”, “Use by” and “Best by” dates. Please encourage your donors to freeze donated foods, if possible, so they are frozen solid when picked up.

**Foodhandlers - Good Hygienic Practices: Basic Essentials**

Handwashing is key to preventing the spread of disease. An infected foodhandler’s poor personal hygiene, followed by contact with food, can result in illness when the food is eaten. Good sanitation, correct handwashing, and no bare­hand contact with raw, ready­to­eat (RTE) food help to prevent disease transmission.

Foodhandlers must wash hands and exposed portions of arms, including surrogate prosthetic devices for hands and arms, using soap and running water, vigorously rubbing the hands together to be sure soap contacts all surfaces of the hands, and rinsing under clean, running warm water. Handwashing needs to occur for at least 20 seconds total, with at least 10 to 15 seconds devoted to vigorous rubbing of the hands and arms or surrogate prosthetic devices for hands and arms. Hands and exposed portions of the arms or surrogate prosthetic devices for hands and arms must be washed: immediately before beginning food preparation; during food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; after using the toilet room; and after engaging in other activities that contaminate the hands. Additional information on when to wash hands can be found in the Food Code.

**Acceptable Foods and Labeling Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| **Food Type** | **Prepared Foods** | **Packaged Foods** | **Fresh Produce** |
|  |  |  |  |
| **Sources** | Hotels  Restaurants  Institutes  Food Service Facilities  Bakeries | National and local donors  National and local vendors  Retail store donations  Reclaim and food drives | Any donor or vendor of fresh produce |
|  |  |  |  |
| **Examples of foods** | Prepared meat, poultry entrees, pasta, pizza, vegetables, chilled foods, etc. | Canned, boxed, or packaged foods  Bagged cut produce  Dairy  Raw shell eggs  Meat, poultry, and fish (fresh and frozen) | Whole produce in bins and bags |
|  |  |  |  |
| **Label requirement** | Fair Packaging and Labeling Act (FPLA) does **not** apply. | Fair Packaging and Labeling Act (FPLA) applies. | Fair Packaging and Labeling Act (FPLA) does **not** apply. |
|  |  |  |  |
| **Recommended language for the label to state**  \*See sample labels in Appendix D | 1. The name and location of FDO (pre-printed) 2. The name and location of donor 3. The food description 4. The date of donation 5. Allergen disclaimer statement (pre-printed)   **WARNING**! This container holds rescued food! This food may contain, have come into contact with, or have been produced in a facility which also produces milk, eggs, peanuts, tree nuts (walnuts, almonds, pecans, hazelnuts/filberts, pistachios, cashews, coconuts, pine nuts, macadamia nuts, and/or Brazil nuts), fish, shellfish (crab, crawfish, lobster, shrimp, mussels, and/or oysters), wheat, soybeans, and/or sesame seeds | 1. The common or usual name of the product 2. The name and place of business of the manufacturer, packer, or distributor 3. The net quantity of the contents 4. The common or usual name of each ingredient, listed in descending order of prominence | No label required |
| **Comments** | Label is applied to all containers. | These products are assumed to have the proper retail label already on the packaged product when they are received by the member. |  |

Source: Feeding America

#### Foodborne Illness

Foodborne illness occurs as a result of exposure of an individual to pathogenic organisms after consuming food that has been contaminated or improperly prepared. CDC estimates more than 48 million cases of foodborne illness, 128,000 hospitalizations and 3,000 deaths occur annually from foodborne illness. Most foodborne outbreaks are caused by viruses and bacteria. Of those outbreaks where a cause could be identified, 65% of these outbreaks involved an infected person handling food.

The 2013 Food Code has identified six foodborne pathogens that are highly infective, easily transmitted and cause very severe illness. The “Big 6” are Norovirus, Typhoid Fever, non-typhoidal Salmonellosis, *Shigella* spp., Enterohemorrhagic /Shiga­toxin producing *E. coli* and Hepatitis A. If an employee or volunteer has been diagnosed by a medical doctor with any of the “Big 6”, that employee/volunteer must be excluded from the FDO until cleared by a medical professional. There are other foodborne pathogens that should be considered. They are: *Staphylococcus aureus****,*** *Clostridium botulinum, Clostridium perfringens, Bacillus cereus,* and S*treptococcus pyogenes*. Foodborne bacteria multiply in food, provided time and temperature controls are inadequate and the appropriate nutrients are present. Viruses and parasites only multiply in human beings or animals. In the case of viruses, any type of food or surface can be the vehicle to transmit the virus. As noted earlier, millions of people contract foodborne illness every year. Most cases are avoidable through the use of safe food preparation and correct sanitation.

#### Managing Ill Foodhandlers and Volunteers

Most foodborne illness outbreaks in the United States identified ill foodhandlers as a contributing factor. The FDO should strive to prevent the transmission of bacteria and viruses from infected foodhandlers into food. Management, foodhandlers, and volunteers have a responsibility to be aware of the causes of foodborne illness and what their responsibility is to prevent the transmission of bacteria and viruses that cause foodborne illness. The highest level of risk to consumers occurs when foodhandlers and volunteers have specific symptoms (vomiting, diarrhea, jaundice) yet they continue to work.

Risk of transmission is still present if foodhandlers and volunteers have been diagnosed with certain foodborne illnesses, but have recovered from these symptoms or never developed symptoms and also if foodhandlers or employees / volunteers were recently exposed to specific pathogens.

The transmission of foodborne bacteria and viruses can be prevented only when a combination approach is used:

* Restrict or exclude ill food employees / volunteers from working with food,
* Use of correct handwashing procedures whenever necessary, and
* Eliminate bare-hand contact with ready­to­eat food.

SOURCE: “Estimates of Foodborne Illness in the United States” [www.cdc.gov](http://www.cdc.gov). May 19, 2015. Web. 19 May 2015.

#### Foodborne Illness Symptoms and Diagnoses:

Vomiting, diarrhea and jaundice serve as indicators that the individual may have a fecal­oral route disease and is likely excreting high levels of the infectious agent through stool or vomit. In some cases, these symptoms are indications of other non­infectious conditions such as Crohn’s Disease, early stages of pregnancy, irritable bowel syndrome or some liver diseases. The foodhandler or volunteer may continue working if they can show through a medical or other documentation that the symptom is from a noninfectious condition.

#### Reporting

Management of the FDO must ensure that all foodhandlers and volunteers understand the importance of reporting certain conditions. A sample agreement to explain foodborne illness, specific symptoms, and other high-risk conditions is provided in these guidelines (see Appendix B).

A foodhandler, whether a paid staff member or a volunteer, shares a responsibility for preventing foodborne illness and is obligated to report to the person in charge if they are suffering from the listed symptoms or have been diagnosed with or exposed to one of the Big 6 foodborne pathogens.

For example, if a foodhandler or volunteer has an infected cut, burn or boil on his/her hands and uses a double barrier, that is, a bandage and waterproof, single-use gloves, the foodhandler or volunteer does not have to report the infected lesion to the person in charge. However, if the foodhandler or volunteer does not correctly bandage it, reporting is required. If a foodhandler or volunteer reports an exposure or diagnosis of any Big 6 or symptoms described above, the foodhandler should stop working directly with exposed foods, clean equipment, utensils, and linens, and unwrapped single­service and single­use articles until management determines whether the foodhandler may work or not.

In some cases, foodhandlers or volunteers should remain away from the establishment until they are no longer showing symptoms of vomiting, diarrhea, or jaundice for a 24­ hour period or provide medical documentation that the foodhandler is free of illness from one of the above listed pathogens or that symptoms result from a non­infectious condition.

After the PIC receives a report of diagnosis of one of the “Big 6” or jaundice from a foodhandler or volunteer, this information must be reported to the Regulatory Authority, for example the health department, either directly or through a headquarters office. Then management must determine what to do based on this report. An additional action the PIC should take along with necessary restrictions and/or exclusions is to refresh all staff and volunteer training with regard to reporting symptoms, diagnosis or exposure to foodborne illnesses, correct handwashing techniques and preventing bare-hand contact with ready­to­eat food.

**Report “Big 6” Diagnosis:**

1. Norovirus
2. Typhoid Fever
3. Non-typhoidal Salmonellosis
4. Shigella spp.
5. Enterohemorrhagic or Shiga-toxin producing Escherichia coli
6. Hepatitis A

**Report Symptoms:**

1. Vomiting
2. Diarrhea
3. Jaundice
4. Sore throat with fever
5. Exposed cuts or burns with pus

**Report Exposure:**

1. Consuming a food that caused illness in another person due to infection with one of the “Big 6”
2. Attending an event or working in a setting where there was a known foodborne outbreak
3. Having close contact with a household member who is diagnosed with one of the “Big 6”

**Especially Vulnerable Populations**

Facilities that serve highly susceptible populations such as hospitals, nursing homes, nursery schools, or senior citizen centers must take extra precautions because these individuals react more severely to foodborne pathogens. Typically these facilities will not receive donated foods because of the greater risk to the vulnerable populations that are served. But when children, the elderly and people with certain medical conditions live outside of a facility setting, they may be the recipients of donated food. While healthy people have a certain resistance to foodborne illness and may only experience mild to moderate symptoms, others who are more susceptible to foodborne illness, can have severe symptoms and complications, and may die.

Among those at increased risk for certain foodborne diseases and their severe manifestations are: older adults, pregnant women, young children, those with weakened immune systems (due to conditions such as AIDS, cancer, chemotherapy treatments, diabetes, or taking steroids), persons with reduced gastric acidity, and those with liver disease.

In food recovery receiving facilities that accept excess prepared food for service to especially vulnerable consumers, extra care must be taken by both parties to ensure the use of sound food safety practices during the continuum from preparation through transportation to receiving and service. Additionally, recovery programs should consider certain precautions noted in the Food Code such as use of pasteurized juice and eggs or egg products that apply to highly susceptible populations.

#### Training of Foodhandlers or Volunteers

Training of foodhandlers and volunteers in the use of the following control measures will help prevent foodborne illness.

* Cook foods to correct cooking temperatures, for the required amount of time to kill pathogens;
* Cool cooked foods rapidly and hold under refrigeration;
* Maintain all food at correct temperatures at all times.
* Reheat refrigerated foods properly;
* Keep raw and ready­to­eat foods separated;
* Maintain personal cleanliness during food preparation, including correct handwashing (*See Food Code Chapter 2*);
* Notify foodhandlers of the requirements for maintaining good personal hygiene, proper food preparation practices, and the need to report symptoms of vomiting, diarrhea, jaundice, sore throat with fever, infected wounds or pustular boils; and,
* Maintain a clean establishment, particularly equipment, utensils, and all other surfaces that come into contact with food, to prevent contamination of foods (*See Chapter 4 of the Food Code*).
* Foodborne illness is primarily caused by bacteria, viruses or parasites. Many foodborne illnesses are a result of bacteria, which are microorganisms that occur either naturally in foods or are spread as a result of poor practices such as cross contamination of ready­to­eat foods or incorrect foodhandler hand contact with food during preparation.

#### Controlling Biological Hazards ­ Bacteria

Bacteria are present everywhere in soil and air, on the surface of fruits and vegetables, and on and within all animal bodies. Only some bacteria are harmful, but those that cause foodborne illness can result in mild to severe illness, long-term health consequences, or death*. Salmonella*, *Shigella spp.*, *Listeria monocytogenes*, and *E. coli* O157:H7 are some pathogenic bacteria that are transmissible through food.

Bacteria multiply when four factors come together to create the right conditions for growth:

1. **Nutrients**: foods that nourish bacterial growth, such as high protein foods, milk and dairy products, meat, fish, poultry, cooked pasta and cut produce such as cantaloupe, tomatoes or leafy greens.
2. **Moisture**: moisture in foods that is available for bacterial growth. This can be moisture that is intrinsically present or that is added to the food (e.g., milk, water, or juice).
3. **Time**: bacteria need time to reproduce. Some bacteria can double in number approximately every 20 minutes under ideal conditions (room temperature or between 41°F and 135°F). Remember that for some bacteria, very little growth or no growth is necessary to cause illness or to produce a toxin.
4. **Temperature**: 41°F to 135°F is called the DANGER ZONE! It is within this temperature range that the life and growth of bacteria are supported. Avoid holding foods within this temperature range to prevent bacteria from growing to levels that can cause illness or produce a toxin.

The four factors noted above contribute to foodborne illness. Bacteria that are present everywhere cannot always be eliminated. Nutrients and moisture are always present in certain foods. Time and temperature can be controlled by the foodhandler. Foodhandlers, including paid staff and volunteers, who prepare food should know about the danger zone and be mindful of it during storage, thawing, cooking, cooling, reheating and hot or cold holding for service of foods.

The Food Code addresses time and temperature relationships as a major intervention against foodborne illness. Consult this reference for more information on time and temperature requirements for food safety when cooking, cooling, or reheating foods.

#### Controlling Biological Hazards – Viruses and Parasites

Foodborne illness can also occur when a person eats food contaminated with certain viruses or parasites. It is important to understand that the mere presence of the virus or parasite in the food can cause illness when the food is ingested. Viruses can contaminate food via infected workers with poor personal hygiene habits who have fecal material on their hands. Viruses, when in or on a food product, do not grow, but may remain in the contaminated food for a long period of time. Hepatitis A virus and Norovirus are viruses transmissible through food that are frequently transmitted by foodhandlers who do not adequately wash their hands after using the toilet. The fecal­oral route of pathogens can be interrupted by good handwashing and not working when ill and by eliminating bare hand contact with ready­to­eat food. See current Food Code for more information.

Parasites do not reproduce as bacteria do, nor is there a need for them to multiply in order to cause illness. Parasites require a host that serves as a source of nutrition and a place to live. Humans serve as hosts for parasites. *Cyclospora* is a parasite that can be transmitted to humans from contaminated food or water.

#### Controlling Chemical and Physical Hazards

Some foods may contain objects from their production environment such as stones that also could cause injury. For example, foods (such as beans) may be contaminated naturally, from the soil in which they are grown or because of harvest, storage, or transportation practices. Other foods that have undergone further processing at times, despite best efforts, subsequently become contaminated with materials that could injure consumers of the food. Therefore, operators need to be aware of the hazards associated with different foods and handling practices and take prudent precautions to minimize risks to food recipients.

Chemical hazards can also exist at various stages of food production, transportation, storage, and preparation. When food is stored or held at the FDO, it is imperative that chemical contamination be prevented. Store all toxic cleaners, pest control and other chemicals in an area separate from food storage. All chemicals must be clearly labeled. See current Food Code for more information.

## Food Allergens as Food Safety Hazards

According to the Food Allergy Research and Education (FARE) webpage[[1]](#footnote-1), up to 15 million Americans suffer from one or more food allergies. A food allergy is caused by a naturally occurring protein in a food or a food ingredient, which is referred to as an “allergen.” For unknown reasons, certain individuals produce immunoglobulin E (IgE) antibodies specifically directed to food allergens. When these sensitive individuals ingest sufficient concentrations of foods containing these allergens, the allergenic proteins interact with IgE antibodies and elicit an abnormal immune response. A food allergic response is commonly characterized by hives or other itchy rashes, nausea, abdominal pain, vomiting and/or diarrhea, wheezing, shortness of breath, and swelling of various parts of the body. In severe cases, anaphylactic shock and death may result.

Many foods, with or without identifiable allergens, have been reported to cause food allergies. There are eight major foods that have consistently been identified as causing serious allergic reactions. These foods are:

* + - Milk, dairy products
    - Egg, egg products
    - Fish (such as bass, flounder, or cod)
    - Crustacean shellfish (such as crab, lobster, or shrimp)
    - Tree nuts (such as almonds, pecans, or walnuts)
    - Wheat
    - Peanuts
    - Soy

To control cross-contamination of food allergens, use a rigorous sanitation regime to prevent cross-contact between allergenic and non­allergenic ingredients.

Consumers with food allergies rely heavily on information contained on food labels to avoid food allergens. Each year, the FDA receives reports from consumers who have experienced an adverse reaction following exposure to a food allergen. Frequently, these reactions occur either because product labeling does not inform the consumer of the presence of the allergenic ingredient in the food or because of the cross­contact of a food with an allergenic substance not intended as an ingredient of the food during processing and preparation. Allergen awareness training is necessary for those involved in the preparation, handling and service of food. It is critical that all are aware of how to avoid cross-contact with foods that are not allergens and how to identify an allergic reaction. This is especially important for those FDO serving food, e.g., a soup kitchen.

Labeling is an important aspect of allergen awareness. Here are some recommendations:

* Labeling is required to provide legally required product and ingredient information to the consumer.
* Labeling also allows food to be traced and recalled, should this become necessary.

**Cross Contamination**

Precautions must be taken to protect food from contamination and to maintain safe food practices during preparation, transportation, storage, and service. Cross-contamination is the transfer of contaminants by way of food­to­food, food­to­surface­to­food, and by employees contacting both raw foods without proper handwashing or use of suitable utensils. For example, cross-contamination may occur when raw ready­to­eat vegetables contact a cutting board that had raw chicken on it and was not cleaned and sanitized between uses.

Precautions to prevent cross-contamination include the following:

* Separate raw foods from ready­to­eat foods;
* Wash, rinse, and sanitize cutting boards and food­contact surfaces at work stations between uses and when working with different foods, especially when changing from working with raw foods to ready­to­eat foods; and
* Separating foodhandler tasks to eliminate simultaneous preparation of raw and ready­to­eat foods.

#### Keeping Food Safe

All food establishments must strive to integrate food safety practices and active managerial control into an effective food safety management system.

A food safety management system is a program made up of policies, procedures, activities and standards established in a food recovery operation to minimize foodborne illness. The purpose of a food safety management system is to manage areas of potential risk to prevent foodborne illness. Instilling an active food safety management system into an operation demonstrates a commitment to food safety and provides the framework on which a management system of this type is built.

Active managerial control (AMC) is the most important aspect of an effective food safety management system. AMC is indicated initially by tasking an official of a food recovery agency with the responsibility for food safety. The official must be in a leadership role with the agency and must have the support and commitment of top management. The individual assigned the responsibility for food safety must be held accountable for all food safety activities taken or not taken by the agency. The individual must also understand that in this role food safety concerns must be sought out and remedied. AMC is further defined by establishing, implementing, and managing preventive measures to food safety.

Training is a critical component of any successful food safety management system. All employees handling food should be trained in basic food handling techniques appropriate to the operation and the job duties of the individual. This should be a structured and ongoing program with re-training occurring on a scheduled basis; employees should be exposed to additional training as needed as they move around the operation performing various and additional tasks. Upon completion, an assessment should be conducted by the trainer to demonstrate that learning was achieved. In addition, all operations should have a certified professional food manager on staff that is present during all instances of food handling and preparation. This food manager should be certified utilizing one of the examinations approved by the Conference for Food Protection. For more information, visit [the Conference for Food Protection (CFP)](http://www.foodprotect.org) or your local health department for information on food manager certification.

A person-in-charge (PIC) must be designated for every shift in the operation. This person must be well trained and knowledgeable about food handling and food safety. The PIC must be able to demonstrate leadership to staff, vendors and guests as needed. The PIC must be proficient in reporting the day-to-day activities to management and in recording all activities as they occur with regards to food safety in the operation. The PIC should be familiar with employee health policies and symptoms and should manage employee health as needed. Both the PIC and certified professional food manager must be familiar with all aspects of active managerial control in controlling the risk factors for foodborne illness.

It is the responsibility of leadership, management staff, and every employee engaged in handling food to provide safe food to the final recipient. Working together to ensure safe food is by far the most effective methodology in achieving this mandate. All must be mindful of the “foodborne illness risk factors” as defined by the U. S. Food and Drug Administration:

* Food from Unsafe Sources
* Inadequate Cooking
* Improper Holding Temperatures
* Contaminated Equipment
* Poor Personal Hygiene

A food safety management system must incorporate preventive measures to reduce risk factors that contribute to foodborne illness. A great way to identify risk factors is to utilize assessment as a tool.The PIC and management personnel must understand and assess the resources accessible to the operation for maintaining food safely. Self-assessment and / or third-party assessment is an important tool of an effective food safety management system. A successful food safety management system must be continually assessed to check hazards, determine resources, understand risks, and to accurately maintain the operation with regards to the critical components of food safety.

An assessment program should verify that the following are in compliance with acceptable food safety standards:

* Exposure to potential food contamination is minimized.
* Are employees familiar with all aspects of an approved source?
* Personal hygiene is correct and strictly adhered to by all personnel.
* Exposure of food to the temperature danger zone is minimized and within standards.
* Documentation of food temperature should be routinely monitored to verify food safety.
* The food handling chain is sufficiently structured so as not to expose food to hazards.
* An effective pest control program is in place, and pests are not permitted inside the operation.
* The cleaning and sanitation program is effective and routine.
* The physical structure is constructed and maintained with food safety in mind.
* Risk versus operating requirements should be explored. Is the operation willing to adopt all food safety management systems to guarantee safe food for the consumer?
* Does the operation manage activities based on a HACCP-based Program?
* Is an effective food safety policy and procedure in place?
* Are corrective action plans in place for any variation from the food safety management system standard?

Corrective action plans can range from minimizing exposure to incorrect temperatures to how to handle a suspected foodborne illness. Is the operation familiar with standard operating procedure should foodborne illness possibly be associated with food from the operation? A procedure should be available and posted for all employees to see should this type of need arise.

For example, Hazard Analysis Critical Control Point (HACCP) is a preventive approach to minimizing the risks from food safety hazards and can be used to ensure safer food products for consumers. The Food Code sets forth parameters (such as time­ temperature requirements) demonstrated scientifically to control pathogenic hazards. The Food Code discusses the HACCP approach as well as controlling the introduction of chemical and physical hazards. These parameters provide a solid foundation for developing HACCP plans for individual operations.

Two FDA documents have been developed to assist both the operator and regulator of food service and retail establishments in implementing HACCP into daily operations:

*Managing Food Safety: A Manual for the Voluntary Use of HACCP Principles for Operators of Food Service and Retail Establishments*

<http://www.fda.gov/downloads/Food/GuidanceRegulation/HACCP/UCM077957.pdf>

*The Operator’s Manual*:

* provides operators of such establishments with a step­by­step scheme for designing and voluntarily implementing food safety management systems based on HACCP principles; and,

*Managing Food Safety: A Regulator’s Manual for Applying HACCP Principles to Risk­based Retail and Food Service Inspections and Evaluating Voluntary Food Safety Management Systems*

<http://www.fda.gov/Food/GuidanceRegulation/HACCP/ucm2006812.htm>

*The Regulator’s Manual:*

* provides regulatory authorities with a step­by­step scheme for conducting risk­ based inspections based on HACCP principles to assist in assessing control of foodborne illness risk factors;
* details intervention strategies that can be developed with the operator to reduce the occurrence of foodborne illness risk factors; and
* provides recommendations for evaluating voluntarily implemented food safety management systems, if asked by industry.

A HACCP system requires the PIC of the food recovery operation to objectively examine the flow of the food, from its receipt to service. This analysis can help the PIC identify the points at which it is critical to impose control in order to keep the food safe. Assistance in applying HACCP principles to food recovery programs is available from regulatory agencies, academia, trade associations, and consultants.

Most operations that prepare food for food recovery recipients fall within these three categories:

1. Food process with no cook step (ready­to­eat food); (receive­store­prepare­hold­serve)
2. Examples: fresh vegetables or fruits, tuna salad, coleslaw, sliced sandwich meats
3. Food preparation for same day service; (receive­store­prepare­cook­hold­serve)
4. Examples: Hamburgers, hot vegetables, cooked eggs, hot entrees for “special­of­the­day”
5. Complex processes (foods prepared in large volume or for next day service); (receive­store­prepare­cook­cool­reheat­hot hold­serve)

Examples: Soups, gravies, sauces, large roasts, chili, taco filling, egg rolls

By tracking the flow of food, critical steps in a specific operation (e.g., cooking and cold holding) and potential cross-contamination points can be identified. Operational procedures and monitoring can be established once the facility identifies the points in its process where food can become contaminated, and where incoming foods that are assumed to be contaminated, such as raw, animal­derived foods, must be time/temperature controlled.

Another facet in this proactive and preventive HACCP­based strategy is to anticipate failures in the food recovery program and to predetermine corrective actions. For example, *what will occur if there is a power failure for an extended period of time or the transport vehicle breaks down?* Applying HACCP principles will prompt the person­in­charge to consider the period of time involved in the power failure, the effect it may have on product temperatures, and whether a reheat would suffice to render a product safe.

It is important to note that HACCP may or may not be a requirement in your jurisdiction. Check with your local regulatory authority to determine if HACCP is required.

To assist in understanding and utilizing a risk-based prevention program, become familiar with HACCP principles. For more information on HACCP, go to the 2013 FDA Food Code at: <http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.htm>

#### Food Preparation Practices

**Thawing:** Frozen foods must be thawed according to the Food Code, which allows 4 ways to thaw:

1. under refrigeration of 41°F or less (preferred method);
2. submerged under running water 70°F so that loose particles can float away;
3. through the cooking process; or
4. in a microwave as part of the cooking process.

**Cooking:** The cooking process is a critical step in controlling potential hazards associated with microorganisms. To kill microorganisms, all parts of the food must reach a sufficient internal food temperature and be held at that temperature for the specified time.

The Food Code prescribes specific times and temperatures for certain foods. The minimum internal food temperatures and times for holding at that temperature are:

**135**°**F: f**ruits and vegetables cooked for hot-holding, meat and poultry prepared in USDA facilities that were cooked and cooled under USDA supervision

**145**°**F for 15 seconds:** raw eggs that are prepared for immediate consumption; solid portions of fish or meat including pork, and commercially raised game animals

**155**°**F for 15 seconds:** hamburger and other comminuted meats, fish, and game animals such as deer, elk, and rabbit; ratites; injected meats; and pooled, unpasteurized eggs.

**165**°**F for 15 seconds:** wild game animals; poultry; baluts, stuffed fish, meat, ratites; stuffing containing fish, meat, poultry or ratites or reheating TCS foods.

Microwave cooking procedures are also outlined in the Food Code and specify that raw animal foods should be:

* rotated or stirred throughout or midway of cooking to distribute heat through the food;
* covered to help retain moisture;
* heated to at least 165°F in all parts of the food; and
* allowed to stand for 2 minutes after cooking to obtain temperature equilibrium.

The cooking equipment and methods must be adjusted to achieve the desired safe cooking temperatures internally in the final product. The person preparing the food needs to know the required cooking time and temperature and what practices, such as oven temperature and placement of the food within the cooking equipment, are necessary to bring the food to the required temperature. A temperature measuring device should always be used to determine the internal food temperature.

**Cooling Methods:** Cooling foods from hot temperatures should be done as rapidly as possible and must not take more than 6 hours for all parts of the food to reach the required refrigeration temperature. The recommended time frames to achieve cooling within this 6-hour window are: 2 hours to cool foods from 135°F to 70°F and within a total of 6 hours to cool from 135°F to 41°F. Several methods of cooling are:

* Place the food in shallow pans;
* Separate the food into smaller or thinner portions;
* Use rapid cooling equipment;
* Stir the food in a container placed in an ice-water bath;
* Use containers that facilitate heat transfer, e.g., a metal pan allows food to cool faster than a plastic container; and
* Adding ice as an ingredient.

**Reheating:** Cooked, cooled foods must be reheated to 165°F for 15 seconds minimum if the food is to be held for hot-holding. Remember, all parts of the food being reheated must reach this temperature.

#### Time/Temperature Control for Safety (TCS) Food

Time/temperature control for safety (TCS) food is food that requires time/temperature control for safety to limit pathogenic microorganism growth or toxin formation. The term does not include foods that do not support growth but may contain a pathogenic microorganism or chemical or physical food safety hazard at a level sufficient to cause foodborne illness or injury. The progressive growth of all foodborne pathogens is considered whether slow or rapid. **For more detailed time and temperature information, please refer to the current Food Code.**

**Reduced Oxygen Packaging**

Food that is reduced oxygen packaged (vacuum-packaged or modified atmosphere) at retail (restaurants and grocery stores) may be available for donation if removed from the reduced oxygen status by breaking the seal. See the definition of Reduced Oxygen Packaging in this resource.

**Equipment**

Various types of equipment are used in food operations ­ ovens, steam kettles, food temperature holding equipment, temperature measuring devices (e.g., thermometers, thermocouples) sinks, warewashing machines, refrigerators, and freezers. Usually, additional equipment is necessary for transporting food from donor sites to the receiving facilities, e.g., insulated containers or refrigerated units for maintaining hot or cold temperatures of the food in transport.

Of particular importance to food recovery operations are temperature measuring devices, freezers, refrigerators, sinks, warewashing machines, and food temperature holding equipment.

Safe food depends not only on providing proper equipment of adequate capacity, but operating and maintaining the equipment properly. Foodhandlers need to be trained and must understand the role that cleaning (washing and rinsing) and sanitizing equipment and work stations plays in maintaining a safe operation. Vigilance in maintaining a clean work station and facility promotes hygienic work and food environments and limits the potential for cross contamination of food during preparation.

## Maintaining Food Safety During Transportation

#### Loading for Transport

When food is ready for transport, it must be stored correctly to prevent the contamination of the food while simultaneously keeping the food at the proper temperature. Care must be taken to protect food from contaminants such as, insects, dust, dripping water, or other sources of contamination during transport to the receiving facility. Large batches of food should be separated into several smaller, covered containers. Stack containers securely and do not pack temperature controlling units beyond their capacity.

**Maintaining Food Temperature**

Food must be kept hot or cold during transport. Food can be kept at the correct temperature provided the right equipment is available and used correctly. Cold foods be maintained at 41°F or less and hot foods at 135°F or higher. Consult the regulatory authority in your jurisdiction for examples of acceptable methods and temperature requirements for hot and cold holding of foods during transport.

When transporting food, use a visible, active (e.g., refrigerated vehicle) or a passive (e.g., insulated coolers, bags, blankets) temperature retention system for the safe transport of chilled food to maintain foods at no more than 41°F or hot foods at 135°F or above.

#### Cleaning of the Vehicle for Transport of Food

Vehicles used for transporting food for food recovery programs, whether private vehicles or commercial trucks, need to be routinely cleaned. Cleaning of the vehicle prevents cross-contamination and maintains a sanitary food environment. The interior of the vehicle and especially the section of the vehicle where food containers are stored must be clean and kept free of insects, dirt, animals, leakage and anything else that has the potential to biologically, chemically, or physically contaminate the food.

#### Receiving Food

Food should be received by a person who is responsible for ensuring that, if the food is not shelf­stable or not immediately served to consumers, it is immediately refrigerated or correctly held for later service. It is important to conduct a timely inspection of incoming products and to isolate any suspect foods. See Appendix A for a guidance chart on accessing the food upon receipt.

#### Record Keeping for Food Safety

Written documentation provides a tracking system to establish accountability, continuously improve the process, spot potential problems, develop strategies for corrective action, ascertain training needs, and validate successful procedures. Donors and receiving facilities must keep records to accomplish these objectives and to maintain a system of checks and balances to document that the food is safely managed. Current and accurate recordkeeping is an essential part of any control system that ensures recipients are provided food that is safe and unadulterated. Also see Appendix B for sample monitoring forms for record keeping.

**Emergency Readiness**

Many unforeseen situations can occur in an operation that could compromise food safety and the ability to function. Natural disasters can cause disruption for less than a day or for as long as several months. Other disruptions, such as water, gas or power outages, may only be a hardship on the operation and not on the whole community. Finally any illnesses or injuries associated with food products maintained by the food donor or FDO may cause a disruption of operations and require an investigation and a product hold or recall. No matter the length or scope of the disruption, food safety must be a priority.

An emergency preparedness plan is critical to ensure the safety of food provided by food donors or FDOs. An effective emergency preparedness plan must meet the unique situation of the specific operation. Prior preparation, employee training and practicing activities will minimize the surprise element. A successful emergency preparedness plan will ensure the safe storage, production and service of food. A key part of developing and implementing an emergency preparedness plan is assembling a team to develop the plan and an Emergency Response Team (ERT) to oversee and coordinate activities. An ERT should consist of management level employees who are available to respond, manage, make decisions and institute actions that need to be taken in a timely manner.

Several steps will assure the success of the emergency preparedness plan. The plan development team should identify the ERT, construct a directory with contact information and specify the responsibilities of each member in the event of an emergency. To specify these responsibilities, potential disruptions should be determined and actions identified to deal with the disruptions. Identifying the ERT and specifying the actions for disruptions is the heart of the basic emergency preparedness plan. Staff and volunteers should receive training on the plan. Drills to practice the emergency actions should be conducted periodically, and the plan should be reviewed and updated on a regular basis. Also see Appendix D for emergency points of contact and a tool to maintain an updated list of contacts.

# Food Recovery Program Responsibilities

A food distribution organization (FDO), as a food recovery participant, has responsibilities including the following:

* Comply with all applicable requirements of the State and/or local regulatory authority. If the jurisdictional regulatory authority does not inspect the program, the program should make a written request for at least an annual inspection.
* Examine, accept and store only those foods that have met the criteria as outlined in this document. See Appendix A chart for guidance on the assessment of donated foods on receipt.
* Implement a comprehensive safe food handling education and training program for all staff and volunteers, including transport drivers. Certification of key staff in safe food preparation and handling is one means to managing the food rescue staff in accordance with current food protection standards. It is recommended that at least one person at all times during operation be a certified professional food manager using an examination approved by the CFP.
* Educate all parties to ensure the food being picked up is safe and can be used to serve your clients. Food recovery programs are run on relationships. Essential to each program’s success are the relationships that will develop between the FDOs, other donors and recipients. Make time to meet with all parties to discuss expectations for the program, prior to the start of pick-ups. This starts with working together with the donor to identify surplus food for donation.
* Implement an operational plan review and an ongoing self-inspection program and include, as a minimum: an initial physical plant inspection and at least an annual physical plant review to determine the ability and resources to receive, store, prepare, serve, or perform other food handling activities in compliance with the regulatory agency requirements.

## Guidelines for Monitoring Programs

The purpose of this resource document, including the monitoring of facilities to determine if standards are in compliance, is to protect the health of the consumers being served. Use of this document as a resource may increase the confidence of all stakeholders (donors, regulatory authorities, contributors, consumers and a variety of supporters) that every effort is being made to serve a clean, safe product to hungry people, thereby minimizing the risk of foodborne illness.

Food recovery programs may be routinely monitored by the jurisdiction’s regulatory agency. In such cases, there will be official inspection protocols and records to record observations, areas of noncompliance and remarks regarding corrections and enforcement.

For non­regulatory monitoring visits by peer reviewers or corporate food safety auditors, the terms and procedures should be in writing and agreed to by both sides. The agreement should include statements regarding:

* Access to the premises;
* Qualifications of the monitor/auditor;
* Procedures for dealing with minor and serious violations observed;
* Oral and written reports of findings during the monitoring visits;
* Specifications for corrective actions for violations observed;

**Handling Donations of Wild Game Animals**

Wild game may be donated as surplus. In addition to ranch or farm raised game animals that are slaughtered and processed under state inspection or a USDA voluntary inspection program, surplus wild game meat may be available at certain times of the year as a result of herd culling and through programs such as “Hunters for the Hungry.” Examples of wild game animals include mammals such as deer, reindeer, caribou, elk, moose, antelope, bison, rabbits, and squirrels. Other wild game donations may include certain kinds of migratory birds, fish and seafood. The benefit of utilizing wild game is that may provide a low-cost, readily available source of protein. If the meat is frozen, it can be distributed year round.

There is risk associated with wild game. It must be harvested, processed, stored, cooked and served following safe food handling practices to reduce risks posed by bacteria, viruses and parasites. Bacteria, such as *Salmonella* and *E. coli*, may contaminate the meat if the animal is not slaughtered, dressed, transported, and processed under sanitary conditions. Wild animal meat that is known to contain parasites, such as trichinae in bear and walrus, are not recommended for donation. Additionally, wild animals may also contain viruses or prions that can cause disease in humans.

Harvest, processing, donation, receipt, storage, preparation and service of wild game animals must comply with all applicable local regulations. Wild game animals must be legally harvested. While some states allow citizens to harvest and retain road-killed animals, donation of these animals is not recommended. Due to the potential extent of injury and damage to animals caused by vehicle collisions, salvage of meat from various types of animals cannot be adequately addressed in this document. Animals that have been poached or illegally harvested and have been recovered by a wildlife or other enforcement officer may be donated if there is a system in place that ensures the safety of the meat.

Donors must fully understand the requirements of the local donation program before harvesting the animal and presenting it for processing. These steps may include, but are not limited to:

* The maximum time allowed between harvesting and processing
* Requirements for field dressing
* The maximum donation size - whole carcass versus quarters
* Documentation required to be provided or available upon donation and written receipts for tax purposes
* Protection of the carcass during transportation
* Responsibility for processing costs
* Knowledge of which processors are participating in the local donation program

**Information for Processors:**

The processor must comply with and understand all applicable local regulations for harvesting and processing and of the donation program BEFORE participating in the program. These steps include, but are not limited to:

* Being properly licensed, and/or inspected, or meeting local regulations for exemption to process wild game
* Having a defined process of accepting and rejecting carcasses (examples for rejection may include, if the meat is over 41oF, the carcass is severely damaged, or has any signs of spoilage)
* Knowing what form(s) the recipient organization will accept the meat (whole cuts of meat versus only ground meat, or some combination of these). Further processing of the meat, such as curing, smoking, drying, fermenting or processing into other products, such as sausage, is not recommended and may not be allowed by local regulations.
* Providing appropriate packaging
  + The preferred or maximum package size
  + The preferred packaging material (freezer/butcher paper, secured plastic bags, vacuum packaging)
  + Most recipient organizations prefer to receive the meat frozen for ease in transportation, storage, distribution and to prevent cross-contamination
* Complying with any testing required by local regulations – for example, x-raying of meat taken with metal ammunition, or testing for animal diseases, prior to release of the meat for human consumption
* Labeling – the meat must be labeled to meet all local regulations. Some requirements may include:
  + Uninspected meat may be required to contain the words “NOT FOR SALE” on the label
  + Processing date
  + Processing location - business name, address
  + If applicable, the establishment processing license number, inspection mark and/or plant number
  + Safe food handlinginstructions:
    - Keep refrigerated or frozen. Thaw in refrigerator or microwave.
    - Keep raw meat and poultry separate from other foods. Wash working surfaces (including cutting boards), utensils, and hands after touching raw meat or poultry.
    - Cook thoroughly.
    - Keep hot foods hot. Refrigerate leftovers immediately or discard.
* Transport
  + Who is responsible for transporting the meat between the processing facility and the recipient organization
  + Methods to keep the meat cold (below 41oF or frozen) during transport

**Information for Recipients:**

**Receipt**

Organizations that receive the donated meat should have guidelines for accepting or rejecting deliveries. The temperature of the meat if it is fresh, should be 41oF or colder. If the meat is received in a frozen state, the packages should be solidly frozen with no evidence of thawing.

If your organization chooses to accept donations of wild game, verify that the local health authority permits donations of this nature.

**Storage**

There should be adequate refrigeration or freezer capacity to store the estimated volume of meats to be received.

**Use**

Nutrition information on game animals is available on the USDA National Nutrient Database for Standard Reference at <http://ndb.nal.usda.gov/> by using the search function to find information on the species of interest.

**Safe Food Handling**

Wild game should be cooked to a minimum of 165oF for at least 15 seconds.

**Planning for Food Defense**

**FDA Guidance for Industry: Food Producers, Processors and transporters: Food Security preventive measures guidance:**

Food Defense is the effort of preventing intentional contamination of food products by biological, chemical, physical, or radiological agents that are not reasonably likely to occur in the food supply. New federal regulations (FSMA) urge companies to put controls in place to focus efforts on prevention rather than reaction.

The Food and Drug Administration has provided specific food defense information applying to the food industry. It can be accessed at the following link:

<http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/FoodDefense/ucm083075.htm>

For more information regarding FDA’s Food Defense tools and resources, including the Vulnerability Assessment Software and Mitigation Strategies Database, please visit the following resources:

<http://www.fda.gov/food/fooddefense/>

\*SOURCE: Food and Drug Administration, “Food Defense” <http://www.fda.gov/food/fooddefense/>. January 8, 2016. Web. January 8, 2016.

**FOOD SAFETY GUIDANCE For products donated directly by an approved donor as defined in “Food Donor Guidance”**

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| --- | --- | --- | --- |
| CHART: ASSESSMENT OF FOOD ON RECEIPT | | | |
| Food Products | Packaging | Storage Condition | Non­Acceptable Conditions |
|  |  |  |  |
| Prepared Foods  (Entrees, starches, side vegetables, chilled foods, home­meal replacements) | * Food­grade packaging in direct contact with food. * Securely closed and separated by food type to avoid cross­ contamination. * Labeled and dated. | Chilled at no more than 41°F or frozen at 0°F or less. | * Previously reheated foods. * Foods kept in danger zone more than 2 hours. * Food previously served. |
| Chilled Perishable Prepackaged Foods (Orange Juice) | * Original packaging or food­grade packaging for all repacked product. | Chilled at no more than 41°F. | * Foods kept in danger zone more than 2 hours. * Damaged or compromised packaging resulting in the loss of sanitary barrier protection. * Outside the “use by” date recommended from the manufacturer. |
| Meat, Poultry, Fish (Fresh product has a significant chance of leakage and potential cross-contamination therefore fresh animal proteins should be donated to a feeding program that is serving food immediately.) | * Original packaging. * Food­grade packaging in direct contact with food. * Securely closed and separated by food type (e.g., beef, pork, poultry) to avoid cross­ contamination. * Labeled and dated as appropriate. | Chilled at no more than 41°F. | * Foods kept in danger zone more than 2 hours. * Non­food­grade packaging in direct contact with food. |
| Meat, Poultry, Fish (Frozen) | * Original packaging. * Food­grade packaging in direct contact with food. * Labeled and dated as appropriate. | Frozen at 0°F or less. | * Defrosted product. * Damaged or compromised packaging resulting in discoloration of product. * Severe freezer burn. |

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| CHART: ASSESSMENT OF FOOD ON RECEIPT | | | |
| Food Products | Packaging | Storage Condition | Non­Acceptable Conditions |
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| Unprocessed Meats (Donated Wild Game) | * Custom exempt or state or federally inspected plant. * Food­grade packaging. * Labeled and dated with name of game, name and location of plant, “Not an Inspected Product,” “Keep Frozen,” “Cook to 165°F.” | Frozen at 0°F or less. | * Source * Labeling * Defrosted product. |
| Dairy Products | * Original packaging. * Food­grade packaging in direct contact with food. | Chilled at no more than 41°F. | * Damaged or compromised packaging, resulting in the loss of sanitary barrier protection. |

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| --- | --- | --- | --- |
| CHART: ASSESSMENT OF FOOD ON RECEIPT | | | |
| Food Products | Packaging | Storage Condition | Non­Acceptable Conditions |
|  |  |  |  |
| Raw Shell Eggs (unpasteurized) | * Original packaging. * Food­grade packaging in direct contact with food. | Chilled at no more than 41°F. | * Damaged or compromised packaging, resulting in the loss of sanitary barrier protection. * Cracked or broken eggs. |
| Fresh Produce (Whole) | * Original cartons and bags or food­grade packaging for all repacked product. | Cool, dry, clean area. | * Significant decay. |
| Fresh Produce (Chopped) | * Food­grade packaging securely closed with each vegetable or fruit packed separately. | Chilled at 41°F. | * Food kept in danger zone more than 2 hours. * Color change or decay. |
| Frozen Foods  (Entrees, starches, vegetables, fruit juices, baked goods) | * Original packaging or food­grade packaging for all repacked product. | Frozen at 0°F or less. | * Defrosted product. * Damaged or compromised packaging, resulting in the loss of sanitary barrier protection. * Severe freezer burn. |
| Baked Goods  (Fresh or day­old bread, bagels, and other bakery items.) | * Food­grade packaging in direct contact with food. * Securely closed. * Bread products separately packaged from other baked foods. | Cool, dry, clean area. | * Stale products. * Mold. * Damaged or compromised packaging, resulting in the loss of sanitary barrier protection. * Not packaged in food­grade packaging. |
| Prepackaged Foods ­  Nonperishable (Canned) | * Fully intact original cans with labels that must show at a minimum:   1. Product identification   2. Ingredients   3. Net weight, and   4. Distributor   5. Food source for each major food allergen such as (milk, egg, fish, crustacean shellfish, tree nuts, wheat, peanuts, soybean) | Cool, dry, clean area. | * Opened, punctured, bulging, or serious can damage, including evidence of leakage, side­ seam dent, top­seam dent, and/or significant rust. * Home­canned products. |

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| --- | --- | --- | --- |
| CHART: ASSESSMENT OF FOOD ON RECEIPT | | | |
| Food Products | Packaging | Storage Condition | Non­Acceptable Conditions |
|  |  |  |  |
| Prepackaged Foods­  Nonperishable (Shelf­stable  boxed/packaged foods) | * Original packaging, boxes or cases. * Food­grade packaging for all repacked foods. * Labels that must show at a minimum:   1. Product identification   2. Ingredients   3. Net weight, and   4. Distributor   5. Food source for each major food allergen such as (milk, egg, fish, crustacean shellfish, tree nuts, wheat, peanuts, soybean) | Cool, dry, clean area. | * Opened, punctured, or damaged packing, resulting in the loss of sanitary barrier protection and/or unfavorable environmental exposure. * Damp or stained packages. |

**Illness**

The purpose of this agreement is to assist foodhandlers and volunteers in food recovery operations in notifying the person-in-charge when experiencing any of the conditions listed below so that the person-in-charge can take appropriate steps to prevent the transmission of foodborne illness.

* I agree to report to the person-in-charge if I am experiencing any of the following symptoms: diarrhea, vomiting, jaundice, sore throat with fever, and exposed pus-filled lesions or draining wounds.
* I agree to report to the person-in-charge a future medical diagnosis of any of the following: hepatitis A, Norovirus, typhoid fever, non-typhoidal Salmonellosis, Shigellosis. enterohemorrhagic or shiga-toxin producing *Escherichia coli* (EHEC or STEC infection).
* I agree to report to the person-in-charge any future high-risk conditions such as:
  + Exposure to or suspicion of causing any confirmed outbreak of hepatitis A, Norovirus, typhoid fever, non-typhoidal Salmonellosis, Shigella spp., enterohemorrhagic or shiga-toxin producing *Escherichia coli* (EHEC or STEC infection).
  + A household member diagnosed with hepatitis A, Norovirus, typhoid fever, non-typhoidal Salmonellosis, Shigella spp., enterohemorrhagic or shiga-toxin producing *Escherichia coli* (EHEC or STEC infection).
  + A household member attending or working at a location that has experienced a confirmed outbreak of hepatitis A, Norovirus, typhoid fever, non-typhoidal Salmonellosis, Shigella spp., enterohemorrhagic or shiga-toxin producing *Escherichia coli* (EHEC or STEC infection).

The demonstration of symptoms as noted above and exposure to high-risk conditions as noted above may prevent my participation in acting in a capacity for the food distribution organization. I understand my responsibilities under this agreement to comply with:

1. Reporting requirements noted above involving symptoms, diagnoses, and high-risk conditions specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Correct hygienic practices.

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Name of Foodhandler / Volunteer FDO Representative

**REFERENCE PUBLICATIONS**

1. “FDA Food Code,” US Food and Drug Administration, Web. 26 October 2015. <http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/default.htm>
2. *”* Managing Food Safety: A Manual for the Voluntary Use of HACCP Principles for Operators of Food Service and Retail Establishments - 2006,” US Food and Drug Administration, 2006, Web. 26 October 2015. <http://www.fda.gov/Food/GuidanceRegulation/HACCP/ucm2006811.htm>
3. “Let’s Glean! United We Serve TOOLKIT - 2010,” US Department of Agriculture, Web. 26 October 2015. <http://www.usda.gov/documents/usda_gleaning_toolkit.pdf>
4. “Recovery/Donations,” U. S. Department of Agriculture, Office of the Chief Economist, Web. 26 October 2015. <http://www.usda.gov/oce/foodwaste/resources/donations.htm>
5. “Food Waste: Feed Families, Not Landfills,” Environmental Protection Agency, Web. 26 October 2015. <http://www.epa.gov/foodscraps/fd-donate.htm>
6. “Online Marketplace and Retail Food Safety Guidelines,” Feeding America, Web. 26 October 2015. <http://www.foodbankrockies.org/wp-content/uploads/Online-Marketplace-and-Retail-Food-Safety-Guidelines-July-10-20141.pdf>
7. “ServSafe Food Handler Guide for Food Banks,” National Restaurant Association, 2014 http://www.restaurant.org/News-Research/News/Guide-offers-tips-on-safe-handling-of-food-at-food
8. “Food Donation: A Restaurateur’s Guide – 1997,” National Restaurant Association, Web. 26 October 2015. <http://infohouse.p2ric.org/ref/12/11907.pdf>
9. “The Food Keeper - 2014,” Food Marketing Institute, Web. 26 October 2015. <http://www.fmi.org/industry-topics/consumer-affairs/food-keeper-food-storage-database>
10. “Applications and Perceptions of Date Labeling of Food – 2014”, Comprehensive Reviews in Food Science and Food Safety, Institute of Food Science, Web. 26 October 2015. <http://onlinelibrary.wiley.com/doi/10.1111/1541-4337.12086/abstract>

**FOOD DEFENSE RESOURCES**

1. “Guidance for Industry: Retail Food Stores and Food Service Establishments: Food Security Preventive Measures Guidance - 2007,” US Food and Drug Administration, Web. 26 October 2015 <http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/FoodDefense/ucm082751.htm>
2. “Food Defense,” US Food and Drug Administration, Web. 26 October 2015.FDA [www.fda.gov/Food/FoodDefense](http://www.fda.gov/Food/FoodDefense)
3. “Food Defense and Emergency Response,” US Department of Agriculture, Web. 26 October 2015. [www.fsis.usda.gov/wps/portal/fsis/to](http://www.fsis.usda.gov/wps/portal/fsis/to)

**EDUCATIONAL RESOURCES**

1. <http://03507d1.netsolhost.com/TrngWebsite/site/default.html>
2. <https://austintexas.gov/sites/default/files/files/Health/Environmental/Food_Donation_Guidelines-2.pdf>
3. [www.recyclingworksma.com/donate](http://www.recyclingworksma.com/donate)
4. [www.foodrecoverynetwork.org](http://www.foodrecoverynetwork.org)

Appendix D

Sample Forms for Food Recovery Programs

* Product Temperature Log and Rejection Log
* Agency Receiving and Temperature Log

# Combined Agency Pickup and Delivery Temperature Log

* Refrigerated Storage Daily Temperature Log
* Thermometer Weekly Calibration Log
* Sample Labels

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# PRODUCT TEMPERATURE LOG AND REJECTION LOG

**Donor name and location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **PRODUCT**  **At Pick-up at Donor**  **(Take refrigerated product temperatures only)** | **Temp.**  **@ pickup**  **(<41°F)** | **Temp. Taken by** | **PRODUCTS NOT PICKED UP**   1. **Temperature over 41°F.** 2. **No label, ingredient list, allergen declaration.** 3. **Packaging damaged.** 4. **Product did not look or smell good.** 5. **Other (Explain)** |
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1. Take product temperatures at random, not all products need to have their temperature taken.
2. Use an Infrared thermometer or place a digital thermometer probe between 2 packages;
3. Do not insert the thermometer probe into the product.
4. “Temp. Taken by” use the initials of the person taking the temperatures.
5. Use codes **a, b, c, d** for products you do not pick up; if using **e** then give an explanation.
6. Information on unaccepted products at pick-up needs to be discussed with the donor by the Agency not by the Volunteers at pick up.
7. Separate sheet should be used for each donor.
8. Keep these records for 2 years.

# AGENCY RECEIVING AND TEMPERATURE LOG

**Donor name and location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Product** | **Temp.**  **@ delivery**  **(< 41°F)** | **Temp. Taken by** | **PRODUCTS NOT ACCEPTED**   1. **Temperature over 41°F.** 2. **No label, ingredient list, allergen declaration.** 3. **Packaging damaged.** 4. **Product did not look or smell good.** 5. **Other (Explain)** |
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1. Take product temperatures at random, not all products need to have their temperature taken.
2. Use an Infrared thermometer or place a digital thermometer probe between 2 packages;
3. Do not insert the thermometer probe into the product.
4. “Temp. Taken by” use the initials of the person taking the temperatures.
5. Use codes **a, b, c, d** for products you do not pick up; if using **e** then give an explanation.
6. Information on unaccepted products at pick-up needs to be discussed with the donor by the Agency not by the Volunteers at pick up.
7. Separate sheet should be used for each donor.
8. Keep these records for 2 years.

# COMBINED AGENCY PICKUP AND DELIVERY TEMPERATURE LOG

**Donor name and location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRODUCT**  **At Pick-up at Donor**  **(Take refrigerated product temperatures only)** | **Temp.**  **@ pickup**  **(< 41°F)** | **Temp.**  **@ delivery**  **(< 41°F)** | **Temp. Taken by** | **PRODUCTS NOT PICKED UP**   1. **Temperature over 41°F.** 2. **No label, ingredient list, allergen declaration.** 3. **Packaging damaged.** 4. **Product did not look or smell good.** 5. **Other (Explain)** |
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1. Take product temperatures at random, not all products need to have their temperature taken.
2. Use an Infrared thermometer or place a digital thermometer probe between 2 packages;
3. Do not insert the thermometer probe into the product.
4. “Temp. Taken by” use the initials of the person taking the temperatures.
5. Use codes **a, b, c, d** for products you do not accept; if using **e** then give an explanation.
6. Agency needs to relay all product conditions back to the donor; not the “Out of temperature” concerns as that is an Agency transportation issue.
7. Separate sheet should be used for each donor.
8. Keep these records for 2 years.

# REFRIGERATED STORAGE DAILY TEMPERATURE LOG

Cooler/Freezer Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date.** | **Temperature F** | **Taken by.** | **Date** | **Temperature F** | **Taken by.** |
| **1** |  |  | **17** |  |  |
| **2** |  |  | **18** |  |  |
| **3** |  |  | **19** |  |  |
| **4** |  |  | **20** |  |  |
| **5** |  |  | **21** |  |  |
| **6** |  |  | **22** |  |  |
| **7** |  |  | **23** |  |  |
| **8** |  |  | **24** |  |  |
| **9** |  |  | **25** |  |  |
| **10** |  |  | **26** |  |  |
| **11** |  |  | **27** |  |  |
| **12** |  |  | **28** |  |  |
| **13** |  |  | **29** |  |  |
| **14** |  |  | **30** |  |  |
| **15** |  |  | **31** |  |  |
| **16** |  |  |  |  |  |

Use a different log for each freezer and for each cooler.

1. “Temp. Taken by” use the initials of the person taking the temperatures.
2. Temperatures need to be taken daily if Agency is open; when not write in space “Closed”.
3. Do not take daily temperatures when the unit is in defrost cycle or constantly being opened.
4. Records should have no blanks and need to be done in ink with no white out used. If mistake is made neatly cross out wrong number and write correct number beside it so both numbers are readable.
5. Record Corrective Actions taken when freezer is over 0F and Cooler is over 41°F on the back of this recording form.
6. Keep these records for 2 years.

# THERMOMETER WEEKLY CALIBRATION LOG

Food Bank/Agency/Serving Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Thermometer number** | **Thermometer location** | **Temperature using**  **Ice/water mixture in F (below 32F acceptable)** | **Calibration done by** | **Corrective Action taken (If required)**  **A =Adjusted; D=Discarded.** |
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1. All thermometers (Digital, Infrared and in Coolers/Freezers) need to be checked weekly.
2. Assign a number to each thermometer and where it is located. (i.e. In a cooler/freezer; assigned to an in-house person; assigned to a driver/volunteer who picks up the food).
3. “Calibrated by” use the initials of the person performing the thermometer temperature checks.
4. Records should have no blanks and need to be done in ink with no white out used.
5. Record Corrective Actions taken as either A (Adjusted) or D (Discarded); leave this column blank if no action needed.

Keep records for 2 years

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | DONOR NAME AND LOCATION | Ex: **ABC Restaurant**  **1234 main St, Dallas, TX** | | **Food Charity name and location** | Ex: **XYZ Shelter**  **5678 Main St, Dallas, TX** | | **Food Description (menu description):** | Ex:  **Black Bean Burger** | | **Date of Donation:** | Ex: **11/02/2015** | | **WARNING**!  This container holds rescued food! This food may contain, have come into contact with, or have been produced in a facility which also produces milk, eggs, peanuts, tree nuts (walnuts, almonds, pecans, hazelnuts/filberts, pistachios, cashews, coconuts, pine nuts, macadamia nuts, and/or Brazil nuts), fish, shellfish (crab, crawfish, lobster, shrimp, mussels, and/or oysters), wheat, and / or soybeans. | | |  | | |  | | |  |
| |  |  | | --- | --- | | DONOR NAME AND LOCATION |  | | **Food Charity name and location** |  | | **Food Description (menu description):** |  | | **Date of Donation:** |  | | **WARNING**!  This container holds rescued food! This food may contain, have come into contact with, or have been produced in a facility which also produces milk, eggs, peanuts, tree nuts (walnuts, almonds, pecans, hazelnuts/filberts, pistachios, cashews, coconuts, pine nuts, macadamia nuts, and/or Brazil nuts), fish, shellfish (crab, crawfish, lobster, shrimp, mussels, and/or oysters), wheat, and / or soybeans. | | |  |

1. SOURCE: Foodallergy.org – “About Food Allergies” www.foodallergy.org. August 13, 2015. Web. August 15, 2015. [↑](#footnote-ref-1)