

7 *Model Forms, Guides, and Other Aids*

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The documents provided in this Annex are intended to facilitate adoption of the Food Code and the application of its provisions as they relate to applicants' and food employees' health and to food establishment inspections.

Forms 1-3, Guides 1 and 2, and the List are designed to assist those responsible for preventing foodborne disease. The Food Code specifies that the **permit holder is responsible** for requiring applicants and food employees to report certain symptoms, diagnoses, past illnesses, high-risk conditions, and foreign travel as they relate to diseases transmitted through food by infected workers. The **food employee is personally responsible** for reporting this information to the person in charge.

Forms 4 and 5 can be used for the Code adoption process and Forms 6 and 7 are provided for use in recording HACCP information and inspectional observations. Guide 3 is a compressed outline of the Code to use as a tool in locating and citing Code provisions.

FORM
1

Applicant and Food Employee Interview

Preventing Transmission of Diseases through Food by Infected Food
Employees with Emphasis on illness due to **Salmonella Typhi**, **Shigella** spp.,
Escherichia coli O157:H7, and Hepatitis A Virus

The purpose of this form is to ensure that Applicants to whom a conditional offer of employment has been made and Food Employees advise the Person in Charge of past and current conditions described so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.

Applicant or Employee name (print) _____

Address _____

Telephone Daytime: _____ Evening: _____

TODAY:

Are you suffering from any of the following:

1. Symptoms

Diarrhea?

YES/NO

Fever?

YES/NO

Vomiting?

YES/NO

Jaundice?

YES/NO

Sore throat with fever?

YES/NO

2. Lesions containing pus on the hand, wrist or an exposed body part?

(such as boils and infected wounds, however small)

YES/NO

PAST:

Have you ever been diagnosed as being ill with typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp.), *Escherichia coli* O157:H7 infection (*E. coli* O157:H7), or hepatitis A (hepatitis A virus)?

YES/NO

If you have, what was the date of the diagnosis? _____

HIGH-RISK CONDITIONS

1. Have you been exposed to or suspected of causing a confirmed outbreak of typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A?

YES/NO

2. Do you live in the same household as a person diagnosed with typhoid fever, shigellosis, hepatitis A, or illness due to *E. coli* O157:H7?

YES/NO

3. Do you have a household member attending or working in a setting where there is a confirmed outbreak of typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A?

YES/NO

Name, Address, and Telephone Number of your Doctor:

Name _____

Address _____

Telephone - Daytime _____ Evening _____

Signature of Applicant or Food Employee _____ Date _____

Signature of Permit Holder's Representative _____ **Date** _____

FORM
2

Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Food Employees with Emphasis on illness due to ***Salmonella Typhi***, ***Shigella*** spp., ***Escherichia coli*** O157:H7, and Hepatitis A Virus

The purpose of this agreement is to ensure that Food Employees notify the Person in Charge when they experience any of the conditions listed so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

FUTURE SYMPTOMS and PUSTULAR LESIONS:

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part
(such as boils and infected wounds, however small)

FUTURE MEDICAL DIAGNOSIS:

Whenever diagnosed as being ill with typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp.), *Escherichia coli* O157:H7 infection (*E. coli* O157:H7), or hepatitis A (hepatitis A virus)

FUTURE HIGH-RISK CONDITIONS:

1. Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A
2. A household member diagnosed with typhoid fever, shigellosis, illness due to *E. coli* O157:H7, or hepatitis A
3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

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

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Applicant or Food Employee Name (please print) _____

Signature of Applicant or Food Employee _____ **Date** _____

Signature of Permit Holder's Representative _____ **Date** _____

FORM
3

Applicant and Food Employee Medical Referral

Preventing Transmission of Diseases through Food by Infected Food Employees with Emphasis on Illness due to **Salmonella Typhi**, **Shigella** spp., **Escherichia coli** O157:H7, and Hepatitis A Virus

The Food Code specifies, under **Part 2-2 Employee Health Subpart 2-201 Disease or Medical Condition**, that Applicants to whom a conditional offer of employment has been made and Food Employees obtain medical clearance from a physician licensed to practice medicine whenever the individual:

1. Is chronically suffering from a symptom such as **diarrhea**; or
2. Meets one of the high-risk conditions specified under Paragraph 2-201.11(D) and is suffering from any symptom specified under Subparagraph 2-201.11(B)(1).
3. Has a **current illness** involving **Salmonella Typhi** (typhoid fever), **Shigella** spp. (shigellosis), **Escherichia coli** O157:H7 (**E. coli** O157:H7 infection), or hepatitis A virus (hepatitis A), or
4. Reports **past illness** involving **S. Typhi** (typhoid fever), **Shigella** spp. (shigellosis), **E. coli** O157:H7, or hepatitis A virus (hepatitis A), if the establishment is a facility serving a highly susceptible population such as preschool age children, immunocompromised persons, or older adults.

Applicant or Food Employee being referred:(_____ (Name, please print) _____)

Serving a highly susceptible population YES G NO G

REASON FOR MEDICAL REFERRAL: The reason for this referral is checked below:

- G Chronic diarrhea or other chronic symptom _____(specify)_____ .
- G Meets a high-risk condition specified under Paragraph 2-201.11(D) _____(specify)_____ and suffers from a symptom specified under Subparagraph 2-201.11(B)(1). _____(specify)_____ .
- G Diagnosed or suspected typhoid fever, shigellosis, **E. coli** O157:H7 infection, or hepatitis A.
- G Reported past illness from typhoid fever, shigellosis, **E. coli** O157:H7 infection, or hepatitis A.
- G Other medical condition of concern per the following description: _____

PHYSICIAN'S CONCLUSION:

- G Applicant or food employee is free of **S. Typhi**, **Shigella** spp., **E. coli** O157:H7, or hepatitis A virus and may work as a food employee without restrictions.
- G Applicant or food employee is an asymptomatic shedder of _____(pathogen)_____ and is restricted from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles in establishments that do not serve highly susceptible populations.
- G Applicant or food employee is not ill but continues as an asymptomatic shedder of _____(pathogen)_____ and should be excluded from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles in food establishments that serve highly susceptible populations such as those who are preschool age, immunocompromised, or older adults and in a facility that provides preschool custodial care, health care, or assisted living.
- G Applicant or food employee is suffering from typhoid fever, Shigellosis, **E. coli** O157:H7 infection, or hepatitis A and should be excluded from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.

COMMENTS: (In accordance with Title I of the Americans with Disabilities Act (ADA) and to provide only the information necessary to assist the food establishment operator in preventing foodborne disease transmission, please confine comments to explaining your conclusion and estimating when the employee may be reinstated.)

Signature of Physician _____ **Date** _____

Paraphrased from the FDA Food Code for Physician's Reference

From §2-201.11(A) Organisms of Concern:

Any foodborne pathogen, with special emphasis on these 4 organisms:

S. Typhi

Shigella spp.

E. coli O157:H7

Hepatitis A virus

From §2-201.11(B)(1) Symptoms:

Symptoms associated with an acute gastrointestinal illness such as:

Diarrhea

Fever

Vomiting

Jaundice

Sore throat with fever

From §2-201.11(D) High-Risk Conditions Related to a Person's Activities:

- (1) Suspected of causing a foodborne outbreak or being exposed to an outbreak caused by 1 of the 4 organisms above, at an event such as a family meal, church supper, or festival because the person:
Prepared or consumed an implicated food; or
Consumed food prepared by a person who is infected or ill with the organism that caused the outbreak or who is suspected of being a carrier;
- (2) Lives with a person who is diagnosed with illness caused by 1 of the 4 organisms; or
- (3) Lives with a person who works where there is an outbreak caused by 1 of the 4 organisms.

From §2-201.12 Exclusion and Restriction:

Decisions to exclude or restrict a food employee are made considering the available evidence about the person's role in actual or potential foodborne illness transmission. Evidence includes:

Symptoms	Diagnosis	High-risk conditions	Past illnesses	Stool/blood tests
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- ! In facilities serving highly susceptible populations such as day care centers and health care facilities, a person for whom there is evidence of foodborne illness is almost always excluded from the food establishment.
- ! In other establishments that offer food to typically healthy consumers, a person might only be restricted from certain duties, based on the evidence of foodborne illness.
- ! Exclusion from any food establishment is required when the person is:
 - Diagnosed with illness caused by 1 of the 4 organisms of concern; or
 - Jaundiced within the last 7 days.

From §8-501.40 Release of Employee from Exclusion or Restriction:

In addition to local law, these requirements must be met in the situations specified:

- ! For infection with **S. Typhi**, the person's stools must be negative for 3 consecutive cultures taken at least 1 month after onset, no earlier than 48 hours after antibiotics are discontinued, and at least 24 hours apart.
- ! For **Shigella** spp. or **E. coli** O157:H7 infections, the person's stools must be negative for 2 consecutive cultures taken no earlier than 48 hours after antibiotics are discontinued and at least 24 hours apart.
- ! For hepatitis A virus infection, the symptoms must cease or at least 2 blood tests must show falling liver enzymes.

Adoption by Reference

This "short form" may be used by governmental bodies adopting the Food Code where authorized by law. Use of the adoption by reference form may substantially reduce the cost of publishing and printing.

The description of the Food Code, below, includes Chapter 8 and the Chapter 8 annex (Annex 1). Modifications to the description may be necessary, based on what provisions are being adopted and whether they are being adopted as law or regulation.

Section 2 lists provisions that may require modifications to be consistent with existing law or that require insertion of dollar amounts.

(JURISDICTION) FOOD CODE

(statute/regulation/ordinance) Number _____

ADOPTING THE 1999 EDITION OF THE "FOOD CODE" REGULATING THE RETAIL SALE, COMMERCIAL AND INSTITUTIONAL SERVICE, AND VENDING OF FOOD; DEFINING PERMIT HOLDER, PERSON IN CHARGE, EMPLOYEE, FOOD, POTENTIALLY HAZARDOUS FOOD, FOOD ESTABLISHMENT, SAFE MATERIAL, SANITIZATION, AND OTHER TERMS; AND PROVIDING STANDARDS FOR EMPLOYEE FOOD SAFETY KNOWLEDGE, HEALTH, AND PRACTICES; FOOD SOURCES, PREPARATION, HOLDING TEMPERATURES, AND PROTECTION; EQUIPMENT DESIGN, CONSTRUCTION, INSTALLATION, CLEANING, AND SANITIZATION; WATER, AND LIQUID AND SOLID WASTES; FACILITIES CONSTRUCTION AND MAINTENANCE, AND STORAGE AND USE OF POISONOUS AND TOXIC MATERIALS; REQUIRING A PERMIT TO OPERATE A FOOD ESTABLISHMENT; AND PROVIDING FOR THE RESTRICTION OR EXCLUSION OF EMPLOYEES, THE EXAMINATION AND CONDEMNATION OF FOOD, AND THE ENFORCEMENT OF THIS CODE INCLUDING THE SETTING OF PENALTIES.

The (governing body) of the (jurisdiction) does ordain as follows:

SECTION 1. ADOPTION OF FOOD CODE

That a certain document, three copies of which are on file in the office of the (jurisdiction's keeper of records) of the (type of jurisdiction) of (name of jurisdiction) being marked and designated as the *Food Code, 1999 Recommendations of the United States Public Health Service/Food and Drug Administration* as published by the U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration be, and is hereby adopted as, the Food Code of (type of jurisdiction) of (name of jurisdiction) in the State of (state name); for regulating the design, construction, management and operation of food establishments, and providing for plans submission and approval and the issuance of permits and collection of fees therefore.

SECTION 2. INSERTIONS AND CHANGES

That the following provisions are hereby revised as follows:

Paragraph 8-811.10(B) Insert **(Dollar Amount)**

Paragraph 8-813.10(B) Insert (**Dollar Amounts**)
Subparagraph 8-811.10(B)(2) Insert (**Number of Year(s)**)

SECTION 3. INCONSISTENT CODES REPEALED

That (statute/regulation/ordinance) number (present code number) of the (jurisdiction) titled, (complete title of the food code[s] in effect at the present time so they will be repealed by definite mention) and all other codes or portions of codes in conflict herewith are hereby repealed in that respect only.

SECTION 4. CERTIFICATION OF ADOPTION AND PUBLISHING

That the (jurisdiction's keeper of records) shall certify the adoption of this (statute/regulation/ordinance) and cause the same to be published as required by law.

SECTION 5. EFFECTIVE DATE

That this Code and the rules, regulations, provisions, requirements, orders, and matters established and adopted hereby shall take effect and be in full force and effect (time period) from and after the date of its final passage and approval.

PASSED AND APPROVED BY (name of adopting authority) on this (day) of (month, year) .

BY: _____

Examples of how some jurisdictions have set fines, sentences, and penalties:

California law provides:

A. For Food Manufacturing Violations:

Criminal fines and sentence for violations of up to **\$10,000** and **one** year imprisonment if there is shown an intent to defraud or mislead, and

Civil penalties of up to **\$5,000** per day for certain violations.

B. For Retail Food Violations:

Criminal fines and sentence for violations of not less than twenty-five dollars (\$25) or more than one thousand dollars (\$1000) for each offense, or by imprisonment in the county jail for a term not exceeding six months, or by both such fine and imprisonment.

Maryland law provides:

Criminal fines and sentence for certain violations of up to **\$10,000** and **one** year imprisonment, and in the case of repeat code violation convictions, up to **\$25,000** and **three** years imprisonment; and

Civil penalties of up to **\$5,000** for each violation and for each day the violation continues.

Texas law provides:

Criminal fines and sentence for certain violations of up to **\$10,000** and **two** years imprisonment; and

Assessment of five "severity" levels of administrative or civil penalties with base amounts ranging from **\$1,250** through **\$10,000**. Base amounts can be decreased or increased by as much as 50% considering factors such as past performance, good faith, direct impact on health and safety, high-risk populations involved, etc.

Federal law provides under the *Criminal Fine Enforcement Act of 1984* for a fine up to **\$100,000** for a misdemeanor by a corporation or individual not resulting in death and, for misdemeanors resulting in death, a

fine of up to **\$250,000** for individuals and **\$500,000** for corporations.

FORM

5

Adoption by Section-by-Section Reference

This "long form" may be used by governmental bodies adopting the Food Code section-by-section.

The description of the "Food Code," below, includes Chapter 8 and the Chapter 8 annex (Annex 1). Modifications to the description may be necessary, based on what provisions are being adopted and whether they are being adopted as law or regulation.

Section 2 lists provisions that may require modifications to be consistent with existing law or that require insertion of dollar amounts.

(JURISDICTION) FOOD CODE

(statute/regulation/ordinance) Number _____

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The (governing body) of the (jurisdiction) does ordain as follows:

(REPRINT THE *FOOD CODE, 1999 RECOMMENDATIONS OF THE UNITED STATES PUBLIC HEALTH SERVICE/FOOD AND DRUG ADMINISTRATION, SECTION-BY-SECTION*)

SECTION 2. INSERTIONS AND CHANGES

That the following provisions may need to be completed as follows:

Paragraph 8-811.10(B) Insert **(Dollar Amount)**

Paragraph 8-813.10(B) Insert **(Dollar Amounts)**

Subparagraph 8-811.10(B)(2) Insert **(Number of Year(s))**

SECTION 3. INCONSISTENT CODES REPEALED

That (statute/regulation/ordinance) number (present code number) of the (jurisdiction) titled, (complete title of the food code[s] in effect at the present time so they will be repealed by definite mention) and all other codes or portions of codes in conflict herewith are hereby repealed in that respect only.

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BY: _____

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A. For Food Manufacturing Violations:

Criminal fines and sentence for violations of up to **\$10,000** and **one** year imprisonment if there is shown an intent to defraud or mislead, and

Civil penalties of up to **\$5,000** per day for certain violations.

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Criminal fines and sentence for certain violations of up to **\$10,000** and **two** years imprisonment; and

Assessment of five "severity" levels of administrative or civil penalties with base amounts ranging from **\$1,250** through **\$10,000**. Base amounts can be decreased or increased by as much as 50% considering factors such as past performance, good faith, direct impact on health and safety, high-risk populations involved, etc.

Federal law provides under the *Criminal Fine Enforcement Act of 1984* for a fine up to **\$100,000** for a misdemeanor by a corporation or individual not resulting in death and, for misdemeanors resulting in death, a fine of up to **\$250,000** for individuals and **\$500,000** for corporations.

HACCP Inspection Data

The HACCP Inspection Data form is designed to accommodate the recording of observations during an inspection. The design of the form focuses on information related to the flow of potentially hazardous foods being prepared, displayed, sold, and served within the establishment. The form is intended as a worksheet for use in noting food temperatures/times at each step and other pertinent data as they compare to the established critical limits. This juxtaposition of the observations and the critical limits highlights the violative steps. The information then is transferred to the Establishment Inspection Report form.

Refer to Annex 4, Food Establishment Inspection, Sections 5 and 10, for further discussion regarding the use of the form.



HACCP INSPECTION DATA

EST. NAME:	PERMIT NO.:	INSPECTOR:
DATE:	TIME IN:	TIME OUT:
	:AM / PM	:AM/ PM

Record all observations below - transfer violations to Inspection Report

FOOD TEMPERATURES / TIMES / OTHER CRITICAL LIMITS								
Use Additional Forms If Necessary								
FOOD STEP	1.	CRITICAL LIMIT	2.	CRITICAL LIMIT	3.	CRITICAL LIMIT	4.	CRITICAL LIMIT
A. SOURCE								
B. STORAGE								
C. PREP BEFORE COOK								
D. COOK								
E. PREP AFTER COOK								
F. HOT/COLD HOLD								
G. DISPLAY/ SERVICE								
H. COOL								
I. REHEAT								

OTHER FOOD TEMPERATURES OBSERVED								
Use steps from above for location								
FOOD	TEMP. °C/°F	STEP	FOOD	TEMP. °C/°F	STEP	FOOD	TEMP. °C/°F	STEP

MANAGEMENT / PERSONNEL OBSERVATIONS

OTHER FOOD OBSERVATIONS

EQUIPMENT, UTENSILS, AND LINEN OBSERVATIONS

WATER, PLUMBING, AND WASTE OBSERVATIONS

PHYSICAL FACILITIES

POISONOUS OR TOXIC MATERIALS OBSERVATIONS

FORM

7

Food Establishment Inspection Report

The food establishment inspection report is the official agency document regarding compliance of the establishment with agency requirements. The goal of the report is to clearly, concisely, and fairly present the compliance status of the establishment and to convey compliance information to the permit holder or person in charge at the conclusion of the inspection. The Food Establishment Inspection Report form is provided as a model for use during routine, follow-up, and investigative inspections.

Refer to Annex 4, Food Establishment Inspection, Sections 6, 11, and 12, for further discussion.

GUIDE

1

Exclusions and Restrictions for Food Employees and Applicants

Health Status	Facilities Serving Highly Susceptible Population	Facilities Not Serving Highly Susceptible Population
1. Diagnosed with illness due to <i>Salmonella Typhi</i> , <i>Shigella</i> spp., <i>Escherichia coli</i> O157:H7, or hepatitis A virus	Exclude 2-201.12(A)	Exclude 2-201.12(A)
2. Experiencing a symptom listed in 2-201.11(B)	Restrict 2-201.12(B)	Restrict 2-201.12(B)
3. Experiencing a symptom listed in 2-201.11(B)(1) and meets a high-risk condition* of 2-201.11(D)(1)-(3)	Exclude 2-201.12(C)(1)*	Restrict 2-201.12(B)(1)
4. Asymptomatic but stools positive for <i>S. Typhi</i> , <i>Shigella</i> spp., or <i>E. coli</i> O157:H7	Exclude 2-201.12(C)(2)	Restrict 2-201.12(B)(2)
5. Past illness from <i>Salmonella Typhi</i> within the last 3 months	Exclude 2-201.12(C)(3)	No Restrictions
6. Past illness from <i>Shigella</i> spp. or <i>E. coli</i> O157:H7 within the last month	Exclude 2-201.12(C)(4)	No Restrictions
7. Onset of jaundice within the last 7 days	Exclude 2-201.12(D)(1)	Exclude 2-201.12(D)(1)
8. Onset of jaundice more than 7 days ago	Exclude 2-201.12(D)(2)(a)	Restrict 2-201.12(D)(2)(b)

* High-risk conditions apply only to exclusions under this Subparagraph.

GUIDE

2

Removal of Exclusions & Restrictions for Food Employees and Applicants

<p>HEALTH STATUS 2-201.11 and .12</p>	<p>FACILITIES SERVING HIGHLY SUSCEPTIBLE POPULATION 2-201.13</p>	<p>FACILITIES NOT SERVING HIGHLY SUSCEPTIBLE POPULATION 2-201.13</p>
<p>1. Diagnosed with illness due to Salmonella Typhi, Shigella spp., Escherichia coli O157:H7, or hepatitis A virus 2-201.11(A)</p>	<p>1. RA Approval + 2. Doctor*: Stool free or Blood free or symptom-free (A)(1)</p>	<p>1. RA Approval + 2. Doctor*: Stool free or Blood free or symptom-free (A)(2)</p>
<p>2. Experiencing a symptom listed in 2-201.11(B)</p>	<p>1. No illness results + no symptoms or 2. Suspect cause of illness + no symptoms + Doctor*: stool or blood free or 3. Doctor*: Noninfectious condition (B)(1)</p>	<p>1. No illness results + no symptoms or 2. Suspect cause of illness + no symptoms + Doctor*: stool or blood free or 3. Doctor*: Noninfectious condition (B)(1)</p>
<p>3. Experiencing a symptom listed in 2-201.11(B)(1) and meets a high-risk condition 2-201.11(D)(1)-(3) 2-201.12(C)(1)</p>	<p>Doctor*: 1. Stools or blood free or 2. No jaundice per .13(D) 3..12 (C)(1) Noninfectious condition (C)</p>	<p>1. No illness results + no symptoms or 2. Suspect cause of illness + no symptoms + Doctor*: stool or blood free or 3. Doctor*: Noninfectious condition (B)(1)</p>
<p>4. Asymptomatic but stools positive for S. Typhi, Shigella spp., or E. coli O157:H7 2-201.12(B)(2) & (C)(2)</p>	<p>Doctor* - stools free (C)</p>	<p>Doctor* - stools free (B)(2)</p>
<p>5. Past illness from Salmonella Typhi within the last 3 months 2-201.11(C)</p>	<p>Doctor* - stools free (C)</p>	<p>NA</p>
<p>6. Past illness from Shigella spp., or E. coli O157:H7 within last month 2-201.11(C)</p>	<p>Doctor* - stools free (C)</p>	<p>NA</p>
<p>7. Onset of jaundice within last 7 days 2-201.12(D)(1)</p>	<p>1. No illness results + Doctor* - blood free or Doctor* - no jaundice or 2. Suspect cause of illness + both satisfied (D)</p>	<p>1. No illness results + Doctor* - blood free or Doctor* - no jaundice or 2. Suspect cause of illness + both satisfied (D)</p>
<p>8. Onset of jaundice more than 7 days ago 2-201.12(D)(2)</p>	<p>1. No illness results + Doctor* - blood free or Doctor* - no jaundice or 2. Suspect cause of illness + both satisfied (D)</p>	<p>1. No illness results + Doctor* - blood free or Doctor* - no jaundice or 2. Suspect cause of illness + both satisfied (D)</p>

*Where "doctor" is indicated, nurse practitioner or physician assistant, if allowed by law, may provide documentation.

Inspectional Guide

The major headings from each of the Code chapters have been extracted and condensed in this Guide to key word phrases to assist the person conducting inspections in locating the Code citation that corresponds to a given violation. The Guide is intended to be used during inspections as an aid in referencing Code provisions, ensuring that provisions of the Code are not overlooked during the inspection, and accurately completing the Food Establishment Inspection Report form.

INSPECTIONAL GUIDE

Management and Personnel

SUPERVISION

- 2-101.11 Assignment of **Responsibility***
- 2-102.11 Demonstration of **Knowledge***
- 2-103.11 **Duties** of Person in Charge

EMPLOYEE HEALTH

Disease or Medical Condition

- 2-201.11 Responsibility of Person in Charge*
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- 4-202.12 CIP Equipment
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- 4-203.11 Food Temperature Measuring Devices
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- 4-204.12 Equip. Openings, Closures/Deflectors
- 4-204.13 Dispensing Equipment, Barriers

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- 4-204.16 Beverage Tubing, Separation

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- 4-204.18 Condenser Unit, Separation

- 4-204.19 Can Openers on Vending Machines

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- 4-204.111 Vending Machines, Automatic Shutoff*

- 4-204.112 Temperature Measuring Devices

- 4-204.113 Warewasher, Data Plate Operat.Spec.

- 4-204.114 Warewasher, Internal Baffles

- 4-204.115 Warewasher, Temp. Measuring Devices

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- 4-301.13 Drainboards

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- 4-302.12 Food Temperature Measuring Devices

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- 4-501.12 Cutting Surfaces

- 4-501.13 Microwave Ovens

- 4-501.14 Equipment, Cleaning Frequency

- 4-501.15 Warewasher, Operating Instructions

- 4-501.16 Warewashing Sinks, Use Limitation

- 4-501.17 Warewashing, Cleaning Agents

- 4-501.18 Warewashing, Clean Solutions

- 4-501.19 Warewashing, Wash Sol. Temperature

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- 4-602.11 Food-Contact Surfaces and Utensils*

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- 4-603.12 Precleaning

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- 5-202.12 Handwashing Facility, Installation
- 5-202.13 Backflow Prevention, Air Gap*
- 5-202.14 Backflow Prevention Device, Design
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- 5-203.13 Service Sink
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- 5-204.11 Handwashing Facilities*
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- 5-205.11 Handwashing Facility
- 5-205.12 Prohibiting a Cross Connection*
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- 5-301.11 **Materials**, Approved

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- 5-302.11 Enclosed System, Sloped to Drain
- 5-302.12 Inspection Port, Protected/Secured
- 5-302.13 "V" Type Threads, Use Limitation
- 5-302.14 Tank Vent, Protected
- 5-302.15 Inlet and Outlet, Sloped to Drain
- 5-302.16 Hose, Construction/Identification

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- 5-303.12 Protective Equipment or Device
- 5-303.13 Mobile Food Est. Water Tank Inlet

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- 5-304.11 Flushing and Disinfecting System*
- 5-304.12 Using Pump and Hoses/Backflow Prev.
- 5-304.13 Protect. Inlet/Outlet/Hose Fitting
- 5-304.14 Dedicating Tank, Pump, and Hoses

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- 5-401.11 Capacity and Drainage

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- 5-402.12 Grease Trap
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- 5-501.16 Areas-Receptacles, Capacity/Avail.
- 5-501.17 Toilet Room Receptacle, Covered
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- 5-501.19 Storage Areas and Units/Location
- 5-501.110 Storing Refuse/Recyclables/Return.
- 5-501.111 Areas/Enclosures/Receptacles, Repair
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- 6-202.12 Ventilation System, Exhaust Vents
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- 6-202.14 Toilet Rooms, Enclosed
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- 6-202.111 Homes/Living/Sleeping Qtrs., Prohib.
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- 6-301.11 Hand Cleanser, Available
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- 6-302.11 Toilet Tissue, Availability
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- 6-501.13 Cleaning Floors, Dustless Methods
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- 6-501.16 Drying Mops
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- 6-501.112 Removing Dead or Trapped Pests
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- 7-102.11 **Working Containers**, Common Name*

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- 7-203.11 Poisonous/Toxic Material Containers*

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- 8-201.12 Contents of Plans/Specifications
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- 8-302.11 Submit 30 Days Before Opening
- 8-302.12 Form of Submission
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LIST

**Worldwide Status of *Salmonella Typhi*, *Shigella*,
Escherichia coli O157:H7, and Hepatitis A Virus by Geographical Area.**

*Preventing Transmission of Diseases through Food by Infected Food
Employees with Emphasis on **Salmonella Typhi**, **Shigella** spp.,
Escherichia coli O157:H7, and Hepatitis A Virus.*

*The following list of countries shows where typhoid fever, hepatitis A, and various diarrheal diseases commonly occur or are epidemic as reported to the Centers for Disease Control and Prevention (CDC) by the World Health Organization (WHO). CDC publishes this information annually in what is referred to as the "Yellow Book," **Health Information for International Travel**. Statistics cited were adapted from CDC's 1996-97 edition in the section entitled "Geographical Distribution of Potential Health Hazards to Travelers." The list is not comprehensive. Reporting to WHO is voluntary and is based on mortality, not morbidity. Where the Yellow Book refers to nonspecific "diarrheal disease," **E. coli** O157:H7 has been denoted as a possible cause.*

This list is intended to be used as an aid to increase awareness of the person in charge that travel to some points outside the U.S. may increase the risk for acquiring foodborne illness. The person in charge can use the list to educate food employees about the need to be vigilant in the protection of their health during travel and the importance of informing the person in charge if symptoms occur or if there is a diagnosis of an illness (due to one of the four pathogens listed above) during or following travel.

AFRICA

Northern Africa

- ☒ Typhoid | ☒ Shigellosis | ☒ *E. coli* O157:H7 | ☒ Hepatitis A

Algeria, Egypt, Libyan Arab Jamahiriya, Morocco, and Tunisia

Sub-Saharan Africa

- ☒ Typhoid | ☒ Shigellosis | ☒ *E. coli* O157:H7 | ☒ Hepatitis A

Angola, Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad,

Comoros, Congo, Côte D'Ivoire, Djiouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Niger, Nigeria, Réunion, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, Sudan, Togo, Uganda, United Republic of Tanzania, Zaire, Zambia, and Zimbabwe.

Southern Africa

☒ Typhoid | ☒ Shigellosis | ☒ *E. coli* O157:H7 | ☒ Hepatitis A

Botswana, Lesotho, Namibia, St. Helena, South Africa, and Swaziland.

The AMERICAS

North America

G Typhoid | G Shigellosis | G *E. coli* O157:H7 | G Hepatitis A

Bermuda, Canada, Greenland, St. Pierre and Miquelon and the United States of America.

Mainland Middle America

☒ Typhoid | ☒ Shigellosis | ☒ *E. coli* O157:H7 | ☒ Hepatitis A

Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, and Panama.

Caribbean Middle America

G Typhoid | ☒ Shigellosis | ☒ *E. coli* O157:H7 | ☒ Hepatitis A

Antigua and Barbuda, Aruba, Bahamas, Barbados, British Virgin Islands, Cayman Islands, Cuba, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Montserrat, Netherlands Antilles, Puerto Rico, St. Christopher and Nevis, Saint Lucia, Saint Vincent, and the Grenadines, Trinidad and Tobago, Turks and Caicos Islands, and the Virgin Islands (USA).

Tropical South America

G Typhoid | ☒ Shigellosis | ☒ *E. coli* O157:H7 | ☒ Hepatitis A

Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Paraguay, Peru, Suriname, and Venezuela.

Temperate South America

☒ Typhoid | ☒ Shigellosis | ☒ *E. coli* O157:H7 | ☒ Hepatitis A

Argentina, Chile, Falkland Islands (Malvinas), and Uruguay.

ASIA

East Asia

G Typhoid | Shigellosis | *E. coli* O157:H7 | Hepatitis A

China, the Democratic People's Republic of Korea, Hong Kong, Japan, Macao, Mongolia, and the Republic of Korea.

Eastern South Asia

Typhoid | Shigellosis | *E. coli* O157:H7 | Hepatitis A

Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar (formerly Burma), the Philippines, Singapore, Thailand, and Viet Nam.

Middle South Asia

Ø Typhoid | Ø Shigellosis | Ø *E. coli* O157:H7 | Ø Hepatitis A

Afghanistan, Armenia, Azerbaijan, Bangladesh, Bhutan, India, Islamic Republic of Iran, Kazakhstan, Kyrgyzstan, Maldives, Nepal, Pakistan, Sri Lanka, Tajikistan, Turkmenistan, and Uzbekistan.

Western South Asia

Ø Typhoid | Ø Shigellosis | Ø *E. coli* O157:H7 | Ø Hepatitis A

Bahrain, Cyprus, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, Turkey, the United Arab Emirates, and Yemen.

EUROPE

Northern Europe

G Typhoid | G Shigellosis | G *E. coli* O157:H7 | G Hepatitis A

Belarus, Belgium, Czech Republic, Denmark (with the Faroe Islands), Estonia, Finland, Germany, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Netherlands, Norway, Poland, Republic of Moldova, Russian Federation, Slovakia, Sweden, Ukraine, and the United Kingdom (with the Channel Islands and the Isle of Man).

Southern Europe

Ø Typhoid | Ø Shigellosis | Ø *E. coli* O157:H7 | G Hepatitis A

Albania, Andorra, Austria, Bosnia, and Herzegovina, Bulgaria, Croatia, France, Gibraltar, Greece, Hungary, Italy, Liechtenstein, Malta, Monaco, Portugal (with the Azores and Madeira), Romania, San Marino, Slovenia, Spain (with the Canary Islands), Switzerland, and the former Yugoslav Republic of Macedonia, and Yugoslavia.

OCEANIA

Australia, New Zealand & Antarctic

G Typhoid | G Shigellosis | G *E. coli* O157:H7 | G Hepatitis A

Melanesia & Micronesia (Polynesia)

Ø Typhoid | Ø Shigellosis | Ø *E. coli* O157:H7 | G Hepatitis A

American Samoa, Cook Islands, Easter Island, Federated States of Micronesia, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, Nauru, New Caledonia, Niue, Palau, Papua New Guinea, Pitcairn, Samoa, Solomon Islands, Tokelau, Tonga, Trust Territory of the Pacific Islands, Tuvalu, Vanuata, Wake Island (U.S.) and the Wallis and Futuna Islands.

Chart 1

Summary Chart for Minimum Cooking Food Temperatures and Holding Times Required by Chapter 3

Food	Minimum Temperature	Minimum Holding Time at the Specified Temperature
Unpasteurized Shell Eggs prepared for immediate service Commercially Raised Game Animals Fish, Pork, and Meat Not Otherwise Specified in this Chart or in ¶ 3-401.11(B)	<p align="center">63°C (145°F)</p>	<p align="center">15 seconds</p>
Unpasteurized Shell Eggs not prepared for immediate service Exotic Species of Game Animals Comminuted Fish and Meats Injected Meats	<p align="center">70°C (158°F) 68°C (155°F) 66°C (150°F) 63°C (145°F)</p>	<p align="center">< 1 second 15 seconds 1 minute 3 minutes</p>
Poultry Stuffed Fish; Stuffed Meat; Stuffed Pasta; Stuffed Poultry Stuffing Containing Fish, Meat, or Poultry Wild Game Animals	<p align="center">74°C (165°F)</p>	<p align="center">15 seconds</p>
Food Cooked in A Microwave Oven	<p align="center">74°C (165°F)</p>	<p align="center">and hold for 2 minutes after removing from microwave oven</p>

Chart 2

**Summary Chart for Minimum Food Temperatures and Holding Times
Required by Chapter 3 for Reheating Foods for Hot Holding**

Food	Minimum Temperature	Minimum Holding Time at the Specified Temperature	Maximum Time to Reach Minimum Temperature
¶ 3-403.11(A) Food that is cooked, cooled, and reheated	74°C (165°F)	15 seconds	2 hours
¶ 3-403.11(B) Food that is reheated in a microwave oven	74°C (165°F)	and hold for 2 minutes after removing from microwave oven	2 hours
¶ 3-403.11(C) Food that is taken from a commercially processed, hermetically sealed container or intact package	60°C (140°F)	No time specified	2 hours
¶ 3-403.11(E) Unsliced portions of roasts of beef and roasts of pork cooked as specified under Subparagraph 3-401.11(B)	Same oven parameters and minimum time and temperature conditions as specified under Subparagraph 3-401.11(B)		Not applicable
	OR		
	Minimum time and temperature conditions listed in this chart for ¶ 3-403.11(A) or ¶ 3-403.11(B).		

Chart 4

FDA Food Code Mobile Food Establishment Matrix

This table is a plan review and inspectional guide for mobile food establishments based on the mobile unit's menu and operation. Mobile units range in type from push carts to food preparation catering vehicles.

To use the table, read down the columns based on the menu and operation in use. For example, if only prepackaged potentially hazardous food is served, then requirements listed in the **Potentially Hazardous Menu - *Prepackaged*** column apply. Likewise, if only food that is not potentially hazardous is prepared on board, then requirements listed in the **Not Potentially Hazardous Menu - *Food Preparation*** column apply. Note that if a mobile food establishment has available for sale to the consumer both prepackaged potentially hazardous food and potentially hazardous food prepared on board, then the more stringent requirements of the **Potentially Hazardous Menu - *Food Preparation*** column apply.

It is important to remember that mobile units may also be subject to all Food Code provisions that apply to food establishments. Consult the local regulatory authority for specific local requirements.

The local regulatory authority's decision to require auxiliary support services such as a commissary or servicing area should be based on the menu, type of operation and availability of on-board or on-site equipment.

NOTE: The Food Code definition of "Food Establishment" does not include an establishment that offers only prepackaged foods that are not potentially hazardous.

FDA FOOD CODE MOBILE FOOD ESTABLISHMENT MATRIX			
Food Code	Potentially Hazardous Menu		Not Potentially Hazardous Menu
Areas/Chapter	Food Preparation	Prepackaged	Food Preparation
Personnel	Applicable Sections of Parts 2-2 - 2-4 5-203.11 (B)	Applicable Sections of Parts 2-2 - 2-4 5-203.11 (B)	Applicable Sections of Parts 2-2 - 2-4 5-203.11 (B)
Food	3-101.11 3-201.11-.16 3-202.16; Applicable Sections of Part 3-3; 3-501.16 3-501.18(A) &(C)	3-101.11 3-201.11-.16 3-303.12(A) 3-305.11; 3-305.12 (Applicable to Service Area or Commissary)	3-101.11; 3-201.11 3-202.16; Applicable Sections of Part 3-3
Temperature Requirements	3-202.11; Applicable Sections of Parts 3-4 & 3-5	3-202.11 3-501.16	NONE
Equipment Requirements	Applicable Sections of Parts 4-1- 4-9 and 5-5	Applicable Sections of Parts 4-1 - 4-2; 4-6 and 5-5	Applicable Sections of Parts 4-1 - 4-2; 4-5 - 4-6 and 5-5
Water & Sewage	5-104.12 5-203.11(A) & (B) Part 5-3; 5-401.11 5-402.13-.15	5-203.11(B)	5-104.12 5-203.11(A) & (B) Part 5-3; 5-401.11 5-402.13-.15
Physical Facility	6-101.11; 6-201.11 6-102.11(A) & (B) 6-202.15; 6-501.11 6-501.12; 6-501.111	6-101.11 6-102.11(A) & (B) 6-202.15 6-501.111	6-101.11; 6-201.11 6-102.11(A) & (B) 6-202.15; 6-501.11 6-501.12; 6-501.111
Toxic Materials	Applicable Sections of Chapter 7	Applicable Sections of Chapter 7	Applicable Sections of Chapter 7
Servicing	6-202.18 / As necessary to comply with the Food Code	6-202.18 / As necessary to comply with the Food Code	6-202.18 / As necessary to comply with the Food Code
Compliance and Enforcement	Applicable Sections of Chapter 8 and Annex 1	Applicable Sections of Chapter 8 and Annex 1	Applicable Sections of Chapter 8 and Annex 1