

# Risk-Based Inspection (RBI) Public Workshop October 10 – 11, 2006

SMALL GROUP REPORT FROM DAY 1 DISCUSSION

Remote Site Report 2



### 5 Other Sites Sent In Reports

- Jackson, MS
- Mississippi State University, MS
- Reynoldsburg, OH
- Dallas, TX
- Madison, WI (sent notes; not included in the following slides)



- More food based experts from industry and consumer foods groups should have been used to score. The median score seems to be the best to use in the algorithm.
- Can not think of another alternative which could have been used; however definite parameters should have been used in scoring (i.e. high=100, low=1).?
- We feel that they should possibly perform another algorithm, i.e. increase the sample size and scope of the panel.
- Epidemiologist should have been part of the expert panel.
- CDC results and data should have been included.



- Canned products should be considered in the scoring, but receive the lowest risk (i.e. lowest=1).
- They should have a standard, but they should have their own process defined. We do not feel that we should be subjected to their standard.
- Canned products (commercially sterile products) should not be considered in the equation or at a minimum, handled completely separate from the other products identified.
- Should be separate matrix.



- Is the product post-lethality exposed or not.
- Does the producing establishment verify food safety procedures at their retail customers?
- Further processing at another establishment we feel that this is addressed in each individual plant's HACCP plan.
- Further process at retail we do not feel that this should come back to the initial supply plant.
- If a product is further processed at another FSIS/State Inspected facility, it should have less of a risk assigned to it then if it were going to retail. The rationale is that the product is going into another HACCP program and can be further evaluated for risk at that establishment.



- Factors to consider are plant history, number of food safety related NR's, and Food Safety Assessments conducted and results.
- We feel that volumes should be further broken down into each individual process (i.e. individual HACCP categories). Steps of the process multiplied times the volume should be considered. In addition, certain processes that inhibit risk (ex. CVP packaging) should be taken into consideration (negatively weighted).
- More volume doesn't necessarily mean more risk. Volume is something that should be evaluated as a component of the establishment risk control with the idea being that if all things are equal (system design, system implementation, pathogen control, etc) volume would probably not be an issue. BUT if all things are not equal (one plant has a better system design than another, for example) then volume could be of greater concern.
- Risk control by volume. Risk should be weighted against volume of product processed.



- One factor to consider is if product is produced seasonally. Ultimately, inherent risk should be based on percentage of total production.
- We feel that a higher number of steps in the process and the higher risk steps should be weighted more heavily.
- Maybe inherent risk data should be based on process categories as opposed to actual products produced.
- How would FSIS evaluate a plant that produces a very high risk product once a month, but a low risk product every day? Would it be based on the volume or the product risk?
- Worst case scenario.



- Put value on pathogens based on reported CDC incidents.
- We can't predict the severity of illness when calculating risk. We can only react to the data available to us.
- Severity of illness should be left out of the equation all together. Because from a consumer standpoint, getting sick or dying are both seen as a failing Food Safety System in their eyes. We're not saying someone would rather die then just become ill, but in the grand scheme of things, assuming we could eliminate all foodborne deaths, if we still maintained the same number of illnesses (not resulting in death) the consumer would still see their food supply as unsafe.
- Dependent on consuming population and infective dose of pathogen.



- The six components are appropriate and accurate.
- We feel that it depends on how these are defined and how they are weighted. In each category, we would like to see more definition in how these are categorized (subpoints should be defined in each category).
- What about plant construction.
- Yes



- All components are equally important in considering risk control and none should be weighted more than others.
- Yes, we feel that some components are more important, ranked in the following order: Pathogen control; In commerce findings (if they are related to food safety (i.e. serotypes for public health concern)); Enforcement actions; System design; System implementation; Food defense.
- In-commerce should be weighted more heavily



- Can not think of other information that would be useful in determining risk control.
- We feel that these are valid factors if implemented properly.
- The "extras" an establishment is doing to go 'above and beyond' (i.e. environmental testing, HEPA filters, product flow).
- Intervention strategies.
- Quantification of pathogen numbers



- Would industry share third party audits as a possible method of determining food safety system design?
- There is a concern that this could promote an escalation in the amount of NRs written
- We would like to see a standardized matrix to evaluate Food Safety Assessments, as seen with third party audits (i.e. scores given/deducted for attributes within the assessment). This would make FSAs more objective in their findings.
- Third party audits; audits need to be standardized; supplier audits



- The NR's FSIS is considering are public health-related inclusive.
- An NR should be carefully weighted on its merits, not just which regulatory reference is assigned to it.



- Six months is an appropriate look-back period.
- We feel that one year is an appropriate window, as long as the seasonality of findings as well as plant corrective measures and processes are taken into account.
- 6 months- 1 year