



Food Safety and Sanitation Update

30 March 2006

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*US Army Center for Health Promotion and Preventive
Medicine*



Agenda

- ✦ Changes to TB MED 530
- ✦ Requirements of DA PAM 30-22: Applying DA Forms 7458, 7459, 7460
- ✦ Food Sanitation Training
- ✦ Clarification of Current Standards
 - Cooling Procedures
 - Leftovers & Hot Holding
- ✦ Food Vulnerability Assessment Requirement
- ✦ Inspection Deficiency Trends



TB MED 530

-- Changes --

Standard: Incorporates 2005 Food Code.

Format: 6 Chapters

- Chp 1 – Introduction
 - Chp 2 – Employee Health, Hygiene and Training
 - Chp 3 – Food Safety Practices
 - Chp 4 – Facilities
 - Chp 5 – Equipment and Utensils
 - Chp 6 – Administrative Procedures
- ✦ Main text of chapter provides regulatory requirements.
 - ✦ Exceptions to the requirement relative to the type of food operation (*fixed, field, temporary, seasonal, mobile, & vending*) provided at end of chapter.

Consolidation and clarification of requirements & standards.

Goal: Simplify information search when using the reference.



TB MED 530

-- Changes --

Employee Health: Reportable Information Regarding Employee Health

★ New Questionnaire

- Created to help meet requirement of new employees to provide a health history.

★ Employee Reporting & Exclusion

- Symptoms: jaundice, nausea, diarrhea, vomiting, sore throat with fever – **med clearance required.**
- Lesions with pus (*i.e.*, *boil*) or infected, open/draining wound/burn on hands, wrists, arms, exposed skin, or face – **impermeable cover & glove (hands); impermeable cover (wrists/arms); or dry, durable tight-fitting bandage (face/other).**

★ Increased emphasis in New Employee & continuing Food Safety training programs.

New Food Employee Health Questionnaire

Employees who are free of communicable diseases which can be transmitted to the customers or other employees through food are essential to a food safety program. As a new employee it is essential that you provide accurate information in answering the following questions.

This questionnaire is used to determine your fitness for work as a food employee and must be completed and prior to start of employment.

NAME:	DATE OF BIRTH:
DAYTIME PHONE NUMBER:	FOOD ESTABLISHMENT:
PERSON IN CHARGE:	BUILDING NUMBER:

Have you or any member of your immediate household experienced any of the following symptoms within the past 12 months?

1. Diarrhea or vomiting?	YES/NO
2. Sore throat with fever?	YES/NO
3. Had food borne illness or worked in a food operation which had a food borne disease outbreak, even if you were not sick?	YES/NO
4. Skin lesions with pus?	YES/NO
5. Acne, boils, infected burns, eye infections, or other infections on the fingers, hands or arms?	YES/NO
6. Have you had any of the above health problems during or subsequent to food abroad, such as <i>Salmonella</i> bacteria?	YES/NO
7. Do you care for anyone, or have any members of your household have jaundice or hepatitis, or any of the symptoms outlined above?	YES/NO
8. Have you or any member of your immediate household been diagnosed with any of the following diseases? a. Hepatitis A virus, <i>Shigella</i> spp. (E. coli O157:H7), other disease transmissible through food, such as <i>Salmonella</i> , <i>Campylobacterium</i> , <i>Cholera</i> , <i>Shigella</i> spp., <i>Listeria</i> , <i>Staphylococcus</i> or <i>Streptococcus</i> infections, or <i>Yersinia</i> .	YES/NO

If you have answered yes to any of the above questions please give details, including dates, below:

SIGNATURE:	DATE:
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The basic outline of this questionnaire was taken from the Occupational Health, Food Handler's Health questionnaire, University College London - Gower Street - London - WC1E 6BT - ☎+44 (0)20 7679 2000



TB MED 530

-- Changes --

Hand Hygiene:

- ✦ **Hand Sanitizers:** Ethyl alcohol sanitizers now approved by FDA for use in food service (2005 Food Code)
 - Dispensers conveniently located to food operation area.
 - Ethyl alcohol as the active antimicrobial ingredient must be listed at 60% - 65% concentration.
 - Applied only to hands that are thoroughly cleaned.
 - Allow sanitizer to air dry on hands.
- ✦ **Using a hand dip as a hand sanitizer:**
 - Chlorine = 100 ppm; or Iodine = 25 ppm.
 - Maintain clean solution at proper concentration.
 - Air dry hands or clear water rinse, then paper towel dry.



TB MED 530

-- Changes --

- ✦ **Hand Washing:** “cuticles” added as area of emphasis.
- ✦ **Hand Washing Sinks:** “located behind or adjacent to food prep and serving areas, within ware-washing areas, & within toilet rooms or vestibules.”
- ✦ **Gloves: No longer “optional”**
 - Increase in Norwalk-like virus = prohibited direct hand contact with RTE foods.
 - Very limited exceptions may exist.
 - Hands must be thoroughly washed before putting on gloves.
 - Operations such as sandwich shops will be encouraged to have more than one employee working to segregate duties: one preps/handles food, the other manages the cash register & packaged items.



TB MED 530

-- Changes --

Hair Covering: All food employees, including employees with no visible hair (bald) must wear hair restraints to effectively keep their hair and sweat from contacting exposed food, clean equipment, utensils, linens, or unwrapped single-service and single-use articles.

✦ **Authorized Restraints:** clean hats, hair coverings or nets, beard restraints, and clothing that covers body hair.

✦ **Exceptions:**

- Counter staff serving only wrapped/packaged beverages & foods.
- Hostesses.
- Wait staff if they present a minimal risk of contamination.



TB MED 530

-- Changes --

Field Food Operations:

- ✦ Add discussion on UGR-A and UGR-H&S rations
 - No leftovers (one meal period only).
 - Tempering and cooking requirements.
- ✦ Reemphasize use of MREs during initial deployment phase of an operation.
 - Surgeon General approved MRE use of 3 meals per day for up to 21 days without supplements or enhancements.
 - Infrastructure required to sustain use of UGR-H&S, UGR-A, and above include cooks, storage facilities at port and along distribution line, and field kitchens or other suitable facilities.



TB MED 530

-- Changes --

Disinfectant, Food Service (NSN 6910-00-598-7316)

(para. 3-20, TB MED 530)

- Only the chloramine is approved for washing fresh fruits and vegetables.
- Iodine packet is NOT approved by FDA as a food sanitizer.



TB MED 530

-- Changes --

Forms:

- ✦ Modification to Food Establishment Sanitation Inspection Forms
 - DA 5162-R (Routine) – *similar to 5161-1-R*; to be discontinued.
 - DA 5161-R and 5161-1-R (Comprehensive) – reduced designation of *Critical* findings to only those that present an “imminent health risk”.
- ✦ Incorporation of Forms from DA Pam 30-22 [**under consideration**]
 - DA 7458, Risk Management Data Log – Cooking
 - DA 7459, Risk Management Data Log – Hot or Cold Holding/Storage
 - DA 7460, Risk Management Data Log – Cooling Cooked Items



DA PAM 30-22

-- Using DA Forms 7458, 7459, 7460 --

✦ TB MED 530 (Oct 2002)

- Person-in-Charge (para. 2-2; 2-3)...*Demonstrates application of HACCP principles; Able to identify critical control points in their operation; Complies with the HACCP Plan (when a Plan is required); Ensures employees are properly cooking PHFs; Provides daily oversight of the employees' routine monitoring of food temperatures during cooling.*
- Cooling log or chart must be maintained (para. 3-53).

✦ ACES & the Food Service Community

- HACCP is too complex; manpower intensive.
- Feedback from Food Service Managers = develop a basic HACCP template to simplify process.
- Forms created during an ACES/QMC&S pilot project (1999-2000) to develop an institutional HACCP program for dining facilities.

Guidance for implementing Form use:

http://www.quartermaster.army.mil/aces/food_safety/articles/risk_management.html

Select: "Download Presentation (ppt)" or "View-Save-Print Notes Page"



TB MED 530

-- Changes --

Training:

- ✦ Only acceptable sources for food sanitation certification
 - ServSafe
 - ACES/QMC&S Food Safety and Protection Certification Course (FSPCC)
 - Food Management Institute (FMI)
- ✦ Status of Online Food Sanitation/Safety Courses
 - FSPCC: Target audience = food service employees, supervisors, managers. **[online & current IAW Oct 02 TB MED 530]**
 - USACHPPM Food Sanitation & Safety Course: Target audience = regulatory community (PM, Vets, Dieticians). **[Available ~ Fall 06]**
- ✦ Course Accreditation – Army community only
 - National accreditation currently not feasible.



Clarification of Current Standards

Cooling Procedures:

Step 1 – For hot foods

- ❑ **2 hours to reduce from 140° F to 70° F**

Reason: The fastest growth rate for pathogenic bacteria occurs at temps above 70° F.

- ❑ Lowering the temp from 140 to 70° F in 2 hrs. will require extra cooling steps (*i.e.*, use of ice bath, shallow pans, blast chiller or pull down refrigerator) (para. 3-53, TB MED 530).

Step 2 – If Step 1 is achieved...

- ❑ **4 additional hours to lower food temp from 70 to 40° F.**

- ❑ Can normally be achieved in a refrigerator, provided the container size is appropriate to promote cooling (*i.e.*, shallow with large surface area).

★ If Step 1 is NOT achieved, then you only have a total of 4 hours to bring the temperature down from 140 to 40° F.

★ Time & temperatures must be taken and recorded throughout the cooling period.

★ DA Form 7460 (Cooling Log) currently being considered as mandatory for use.

Clock does NOT start until food temp reaches 140° F. **Justification:** Spores do not germinate & vegetative cells will not grow or are killed at temperatures > 140° F.



Clarification of Current Standards

Leftovers: (para. 3-57, TB MED 530).

✦ Hot Holding

- You have 5 hours from then end of the meal period to serve the food (next meal).
- Food must be held continually at 140° F or above on serving line or in the hot food holding cabinet (warmer).
- Discard hot leftovers at the end of the 5-hour period.

✦ Cold Holding

- 2-stage cooling requirements must be met.
- Rapid reheat to 165° F within 2 hours of removal from refrigerated storage.
- When 165° F is reached, you have 4 hours to serve the food.
- Discard after 4 hours; do NOT retain for additional period.

Food becomes a leftover at the end of the serving period for which it was prepared. **Conditions:** *it was protected from contamination and held at proper temperature.*



Food Vulnerability Assessment Requirement

- ✦ **DODI 2000.16, DoD Antiterrorism Standards, 14 Jun 01**
 - Update due out ~ Apr 2006
 - Update will specifically mandate Food Vulnerability Assessments (FVA)

- ✦ **Interim Document**
 - JSIVA Antiterrorism Planning Template requires FVA and identifies specific actions which must be taken at different FPCON threat levels. Examples: Randomly inspect food storage areas/containers to identify tampering or contamination; Produce access control roster for all food & water storage facilities in order to maintain 100% access control.

- ✦ **TG-188 (FVA) to be included in TB MED 530 update**
 - Proposed actions: Positive identification of food employees; Visitor control; Security of food; Checks for tampering; others...
 - FVA requirements included on Comprehensive Food Establishment Inspection.



Inspection Deficiency Trends

✦ Surge in Operations

- Deployment and mobilization: Staging areas such as Ft. McCoy and Camp Shelby frequently double or triple their meal headcount.
- Greatest challenge = adequate storage/equipment to support cold holding and tempering frozen foods.

✦ Food Service Facilities in Iraq & Afghanistan

- Most sanitation inspections identified basic sanitation problems seen in any field or fixed food operation.
- Miscellaneous buildings adapted for use as food establishment and locally constructed or renovated facilities do not meet minimum sanitation-construction criteria.
- Ice machine contamination: [USACHPPM Fact Sheet 57-019-1205, Procedures for Cleaning Contaminated Ice Machines.](#)

<http://chppm-www.apgea.army.mil/fs.htm>



SUMMARY

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