



Town of Mansfield

6 Park Row, Mansfield, Massachusetts 02048

Health Department

Amy Donovan-Palmer, MPH, RS, Health Agent

Mobile Food Establishment Vendors:

To apply for a Food Service Establishment permit the following documents must be submitted each year for the filing to be complete. Incomplete filings will be returned and no permit will be issued.

1. Food Establishment Permit Application (Attached)
2. ServSafe / Food Safety Manager Certificates
3. Allergen Awareness Training Certificates
4. Base of Operations or Commissary Permit
5. Tax Certification Form (Attached)
6. Workers' Compensation Insurance Affidavit: General Business (Attached)
7. Workers' Compensation policy declaration page

Please note, the Health Department is communicating with permit holders mainly through email. Please be sure to include a valid email address for all positions. If there are any changes in contact information (i.e. new PIC, new email address), the Health Department must be notified within 10 business days.

As a mobile food establishment, the following fee applies:

- \$175 Mobile Food Establishment permit

Mobile Food Establishments must meet retail food code standards based on the MA DPH adoption of the 2013 FDA Food Code. To assist with this, I've attached several guidance documents provided by the MA DPH.

1. Retail Food Code Standards for Mobile Food Establishments (attached)
2. Written Illness Reporting Policy with respect to diseases transmissible through food (example attached)
3. Vomit and Diarrhea Clean up Procedure (example attached)

Additionally, if you have propane or hoods on your mobile establishment, you must first get inspected by the Fire Department. The Mansfield Fire Department can be reached at 508-261-7321.

Please contact the Health Department if I can be of any further assistance.

Sincerely,



Amy Donovan-Palmer, MPH, RS
Health Agent

Food Establishments	Fee
Caterer	\$35
Milk & Cream	\$10
Pushcart	\$50
Manufacture Frozen Desserts/Ice Cream per freezer	\$25
Mobile Food	\$100
Residential Kitchen	\$100
Retail Snack Food, no PHF	\$50
Retail Food	\$125
HACCP review and approval	\$100
Restaurants Seating up to 100	\$175
Restaurants Seating 101-200	\$250
Restaurants Seating 201+	\$300
Supermarket	\$400
Farmer's Market	\$25
Temporary (per day)	\$50
3 grease interceptors/traps or less and/or 1 yellow grease collection container	\$50
Each grease interceptor/trap over 3	\$50 (\$200 max)
Any establishment that generates FOG and does not have FOG containment	\$50
Critical Violation re-inspection fee	\$100
Plan review	\$100
Tobacco and Nicotine Delivery Products	\$150

FOR BOARD OF HEALTH USE ONLY

Date Received _____	Permit Fee _____	Approved By _____	Permit # Issued _____
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Mobile Food Establishment (MFE) Permit Application

(Application must be submitted at least 14 business days before the planned opening date)

1) MFE Name:	
2) Applicant/Owner Name & Title:	
Applicant/Owner Address:	
Applicant/Owner Telephone No:	
Applicant/Owner Email address:	
3) Person In Charge of Onsite Operations & Title:	
PIC Address:	
PIC Telephone No:	Emergency/onsite Telephone No:
PIC Email Address:	
4) Location of Service:	
Date(s) if applicable:	
Event Name if applicable:	
Event/ Service Location:	
Event/ Service time:	
5) Length of Permit: <input type="checkbox"/> Annual <input type="checkbox"/> Temporary Dates: _____	6) Solid waste disposal plan:
7) Water Source:	8) Sewage disposal plan:
9) Food will be prepared: <input type="checkbox"/> Onsite for immediate consumption <input type="checkbox"/> Onsite and held at proper hot/ cold holding temperatures <input type="checkbox"/> Offsite and held at proper hot/ cold holding temperatures <input type="checkbox"/> Offsite, cooled and reheated on site <input type="checkbox"/> Other: _____	
10) Please attach a menu or a website link to the menu or give a brief description of the food to be served: 	

11) If PHF is being served, please list the person who has completed the following trainings and attach appropriate certificates:

Food Safety Manager: _____

Allergen Awareness: _____

12) Please describe on site hand washing facilities that will be utilized:

13) Please list all sanitizing solutions that will be on site:

14) Do you have propane, fryolators and/or hoods on your truck? _____

If yes, you must first be inspected and approved by the Mansfield Fire Department. Phone number: 508-261-7321

Fire Department Signature of Approval: _____

15) If applicable, please describe your FOG management plan or attach the written plan:

16) Location of Base of Operations or Commissary:

Please attach copies of Base of Operations or Commissary Permit.

17) Please list additional communities where a food permit is held:

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

18) Signature of Applicant: _____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

19) Social Security Number or Federal ID: _____

20) Signature of Individual or Corporate Name: _____

TAX CERTIFICATION FORM

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual or Corporate Name

By: Corporate Officer (*Mandatory, if Applicable*)

***Social Security No. (Voluntary) or Federal
Identification Number*

***This license will not be issued unless this certification clause is signed by the applicant.**

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency **will be subject to license suspension or revocation.** This request is made under the authority of Massachusetts General Law Chapter 62C, section 49A.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents

Office of Investigations

600 Washington Street

Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health - Bureau of Environmental Health
Food Protection Program
305 South Street, Jamaica Plain, MA 02130
Phone: 617-983-6712 Fax: 617-524-8062

MARYLOU SUDDERS
Secretary
MONICA BHAREL, MD, MPH
Commissioner
Tel: 617-624-6000

CHARLES D. BAKER
Governor
KARYN E. POLITO
Lieutenant Governor

Retail Food Code Standards for Mobile Food Establishments Updated May, 2019

The following information is provided to assist municipalities, food establishments and other interested parties in interpretation of the Retail Food Code. Additional information is available on our website at mass.gov/lists/retail-food or by contacting the Food Protection Program at (617) 983-6712 or fpp.dph@state.ma.us.

Under 105 CMR 590 (the Retail Food Code), Mobile Food Establishments (MFE) must comply with all applicable state and municipal laws and sections of the Retail Food Code for conducting a mobile food operation. MFEs can vary in size and complexity, from large modular units to pushcarts. The following requirements apply to all MFEs and their servicing areas (which is an operating base location used regularly by the MFE), if required. These guidelines are being issued under 105 CMR 590.010 (B) to promote uniform application of the Retail Food Code. This is a summary of the Retail Food Code requirements and may not incorporate all applicable standards. The full text of the regulation can be accessed here: mass.gov/lists/retail-food.

PERSONNEL

1. PERSON IN CHARGE

- a. The MFE must have a person in charge (PIC) present during all hours of its operation. The person in charge shall be responsible for the overall operation of the MFE and for compliance with the Retail Food Code. A Certified Food Protection Manager may be required if the MFE is preparing foods that require certain time/temperature controls for safety (TCS) to prevent growth of bacteria. **(590.002 (A-D); FC 2-101 – 2-103)**
- b. Food employees must be properly trained in food safety, including food allergy awareness, as it relates to their assigned duties. **(590.002 (D); FC 2-103.11 (N); 590.011 (C))**
- c. The menu and manner for transportation, storage, cooking, preparation, and service of the food and beverage items must be provided to the regulatory authority for evaluation and approval. **(590.008; FC 8-201.11, FC 8-201.12; 590.008 (B); FC 8-201.20)**
- d. All food and beverage items to be offered at the MFE must be identified and approved by the regulatory authority during the application process and prior to an evaluation being conducted of the structural components of the MFE. **(590.008; FC 8-201.11, FC 8-201.12; 590.008 (B); FC 8-201.20)**
- e. Properly prepared plans and specifications of the MFE must be submitted to the local board of health. Plans must include the intended menu, proposed layout, equipment types and information, and anticipated volume of food to be stored and prepared. These plans may be used by the board of health to determine whether the MFE would require a servicing area. **(590.008; FC 8-201.11, FC 8-201.12)**
- f. Personal clothing and belongings must be stored in a designated place in the MFE away from food preparation, food service, dry storage areas, utensil and single-service and single-use item storage, and ware washing areas. **(590.006; FC 6-403.11)**

2. EMPLOYEE HEALTH

- a. Employees who have been diagnosed with or show signs of communicable diseases which can be transmitted through food shall be excluded and/or restricted from food activities. **(590.002 (E-G); FC 2-201.11, FC 2-201.12, FC 2-201.13, 2-201.20; FC 2-401.12)**
- b. Food employees who have an infected or open cut or wound on their hands, wrists or arms must have it properly bandaged and covered with an impermeable cover such as a glove and finger cot. **(590.002 (F); FC 2-201.13 (I))**
- c. There must be employee practices and behaviors established that can help prevent the spreading of

viruses and bacteria to food. Highly infective pathogens that can be easily transmitted by food employees and cause severe illness include Norovirus, Hepatitis A virus, *Shigella* spp., Shiga toxin-producing *Escherichia coli*, *Salmonella* Typhi, *Salmonella* (nontyphoidal), and any other disease transmissible through food so designated in 105 CMR 300.000. **(590.002; FC 2-3; FC 2-4)**

- d. Interventions must be used to prevent the transmission of foodborne illness. These interventions include (a) restricting or excluding ill food employees from working with food; and (b) using proper handwashing procedures. **(590.002; FC 2-201.12; FC 2-301.11, FC 2-301.12, FC 2-301.14, FC 2-301.15)**
- e. Proper management involves ensuring that food employees do not work when they are ill and having procedures for identifying employees who may transmit foodborne pathogens to food, other employees, and consumers. The PIC should be concerned with employees having the following symptoms: vomiting, diarrhea, jaundice (yellow skin or eyes), sore throat with fever, infected cuts and burns with pus on hands and wrists. **(590.002 (E); FC 2-201.11, FC 2-201.12; 2-201.20)**
- f. Information and forms to aid in complying with Employee Health can be found in Chapter 8 of the Foodborne Illness Investigation and Control Manual.
<https://www.mass.gov/lists/foodborne-illness-investigation-and-control-manual>

3. HANDWASHING and HYGIENE

- a. Food employees shall maintain a high degree of personal cleanliness and shall conform to good hygienic practices during all working periods. **(590.002; FC 2-3)**
- b. Employees preparing food may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli paper, spatulas, tongs, single-use gloves or dispensing equipment. **(590.003 (C); FC 3-301.11)**
- c. Food employees shall clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands and arms, immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and as often as necessary to remove soil and contamination and to prevent cross contamination. **(590.002; FC 2-301.11, FC 2-301.12, FC 2-301.14, FC 2-301.15)**
- d. Food employees shall have clean outer garments, aprons and effective hair restraints. **(590.002: FC 2-304.11, 2-402.11)**
- e. Food employees are not allowed to eat (including chewing gum), drink, or use any tobacco in the food preparation and service areas. A food employee may drink from a closed beverage container if the container is handled to prevent contamination of the employee's hands; the container; and exposed food, clean equipment, utensils and single-service/single-use articles. **(590.002; FC 2-401.11)**

4. FOOD DEFENSE

- a. The MFE must be secured to prevent unauthorized access to food, equipment, utensils, and related items. **(590.003; FC 3-307.11)**
- b. Self-service operations at MFEs must be supervised at all times. **(590.003; FC 3-306.13(C))**
- c. Unauthorized personnel shall not be allowed at or in the MFE. **(590.002 (D); FC 2-103.11(B))**

FOOD SOURCE AND TEMPERATURE CONTROL

1. APPROVED SOURCE

- a. The source of food on an MFE must be in compliance with **590.003 (A-B); FC 3-201, 3-202 and 3-203**. All meat and poultry must come from USDA or other acceptable government regulated approved sources.
- b. All locations used for preparation of ice or other food items as well as proper storage of those items must be permitted. **(590.008; FC 8-301.11)**
- c. Home canned and home cooked foods may not be offered at the MFE unless the home kitchen is permitted by the LBOH. **(590.003 (A); FC 3-201.11 (B), FC 3-201.12)**
- d. Ice for use as a food or a cooling medium shall be made from potable water. **(590.003; FC 3-202.16)**

2. TEMPERATURE MEASURING DEVICES

- a. Temperature measuring devices, appropriate to the operation, must be used for monitoring temperatures for the types of TCS foods prepared and held at the MFE. **(590.004; FC 4-302.12)**
- b. A thermocouple, thermistor or metal stem thermometer shall be provided to check the internal temperatures of TCS hot and cold food items. The temperature measuring device must be appropriate for the type of foods served such as for thin foods. **(590.004; FC 4-302.12(B))**
- c. Food temperature measuring devices shall be accurate to $\pm 2^{\circ}\text{F}$ and have a suggested range of 0°F to 220°F . **(590.004; FC 4-203.11(B))**

- d. Regular calibration of the temperature measuring devices shall be accomplished to ensure accurate food temperature measurements. **(590.004; FC 4-502.11 (B))**

3. COOKING, HOLDING, AND REHEATING FOR HOT HOLDING TEMPERATURES (See Charts Below)

Summary Chart for Minimum Cooking Food Temperatures and Holding Times Required by 590.003; FC Chapter 3 adapted from FC Annex 7 Chart 4-A	
Food	Minimum Temperature and Holding Time
<ul style="list-style-type: none"> Raw Eggs prepared for immediate service Commercially Raised Game Animals and Exotic Species of Game Animals Fish, Pork, and Meat Not Otherwise Specified in this Chart or in 590.003; FC 3-401.11(B) 	63°C (145°F) for 15 seconds
<ul style="list-style-type: none"> Raw Eggs not prepared for immediate service Comminuted Commercially Raised Game Animals and Exotic Species of Game Animals Comminuted Fish and Meats Injected Meats Mechanically Tenderized Meats 	68°C (155°F) for 15 Seconds or: <ul style="list-style-type: none"> 70°C (158°F) for 1 second 66°C (150°F) for 1 minute or 63°C (145°F) for 3 minutes
<ul style="list-style-type: none"> Poultry Baluts Stuffed Fish; Stuffed Meat; Stuffed Pasta; Stuffed Poultry; Stuffed Ratites Stuffing Containing Fish, Meat, Poultry, or Ratites Wild Game Animals 	74°C (165°F) for 15 seconds
<ul style="list-style-type: none"> Food Cooked in a Microwave Oven 	74°C (165°F) and hold for 2 minutes after removing from microwave oven

Summary Chart for Minimum Food Temperatures and Holding Times Required by 590.003; FC Chapter 3 for Reheating Foods for Hot Holding adapted from FC Annex 7 Chart 4-B		
Food	Minimum Temperature and Time at the Specified Temperature	Maximum Time to Reach Minimum Temperature
Food that is cooked, cooled, and reheated (590.003; FC 3-403.11(A) and (D))	74°C (165°F) for 15 seconds	2 hours
Food that is reheated in a microwave oven (590.003; FC 3-403.11(B) and (D))	74°C (165°F) and hold for 2 minutes after reheating	2 hours
Food that is taken from a commercially processed, hermetically sealed container or intact package 590.003; FC 3-403.11(C) and (D))	57°C (135°F) (No time specified)	2 hours
Roasts: Option A (590.003; FC 3-403.11(E)) Un sliced portions of meat roasts cooked as specified under 590.003; FC 3-401.11(B)	Same oven parameters and minimum time and temperature conditions as specified under 590.003; FC 3-401.11(B)	Not applicable

Roasts: Option B (590.003; FC 3-403.11(E)) Unsliced portions of meat roasts cooked as specified under 590.003; FC 3-401.11(B)	74°C (165°F) for 15 seconds	2 hours
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3. COOLING

- a. All TCS food which is pre-cooked and pre-cooled either on the MFE or at the Servicing Area should be pre-approved by the local regulatory authority. **(590.008; FC 8-201.12; 590.003; FC 3-401.14)**
- b. The person in charge must demonstrate that the facilities on the MFE or at the Servicing Area are adequate to cool TCS foods in accordance with **590.003; FC 3-501.14 and FC 3-501.15.**
- c. Cooked TCS food shall be cooled from 135° F to 70°F within 2 hours; and from 135°F to 41° F within a total of 6 hours or less. **(590.003; FC 3-501.14 and FC 3-501.15)**
- d. The regulatory authority may require time/temperature logs for TCS foods that are cooled on the MFE.

4. THAWING

- a. All frozen TCS foods shall be thawed under refrigeration at 41° F or less; or completely submerged under 70° F running water; or as part of the cooking process. **(590.003; FC 3-501.13 (A – D))**.
- b. One exception is frozen reduced oxygen packaged (ROP) fish labeled “Keep Frozen” shall be removed from its ROP package before thawing under refrigeration at 41° F or less or before or immediately after thawing under 70° F running water. **(590.003; FC 3-501.13 (E))**.

FOOD EQUIPMENT AND UTENSIL REQUIREMENTS, STORAGE & HANDLING

1. CROSS CONTAMINATION

- a. Food shall be protected from cross contamination during transportation, storage, preparation, holding, and display by separating different types of raw animal foods from ready-to-eat foods. **(590.003; FC 3-302.11)**
- b. Equipment and utensils (including knives, cutting boards, and food storage containers) must be thoroughly cleaned and sanitized after being used for raw animal foods and before being used for ready-to-eat food. **(590.004; FC 4-601.11; FC 4-702.11)**

2. DRY STORAGE

- a. All food, equipment, utensils, and single-service items shall be properly stored including storage which is at least 6" off the ground or floor, protected from contamination, and provided with effective overhead protection. **(590.003; FC 3-305.11 & 590.004; FC 4-903.11)**

3. FOOD DISPLAY

- a. All food shall be protected from customer handling, coughing, sneezing or other contamination by wrapping, the use of food shields or other effective barriers. **(590.003; FC 3-306.13)**
- b. Condiments must be dispensed in single-service type packaging, in pump-style dispensers, or in protected squeeze bottles, shakers, or similar dispensers which prevent contamination of the food items by food workers, patrons, insects, or other sources. **(590.003; FC 3-306.12)**

4. IN-USE UTENSIL STORAGE:

- a. In-use utensil storage shall be in compliance with **590.003; FC 3-304.12.**
- b. Back-up utensils must be stored clean and dry and in a protected location. **(590.004; FC 4-903.11)**

CLEANING AND SANITIZING

1. WAREWASHING

- a. Warewashing shall be done in compliance with **590.004; FC 4-6; FC 4-7.**
- b. Warewashing methods must be available to wash, rinse, and sanitize equipment and utensils coming into contact with food. **(590.004; FC 4-6, FC 4-7)**

2. SANITIZING

- a. Equipment, food-contact surfaces and utensils shall be cleaned and sanitized when changing from

working with raw foods to working with ready-to-eat foods; between uses with raw fruits and vegetables and with TCS food; before using or storing a food temperature measuring device; and if used with TCS food shall be cleaned throughout the day at least every 4 hours; and at any time during the operation when contamination may have occurred. **(590.004; FC 4-602.11)**

- b. Approved sanitizers must be provided for sanitizing food-contact surfaces, equipment, and wiping cloths. **(590.007; FC 7-204.11)**
- c. Sanitizers shall be used in accordance with EPA-registered label use instructions. **(590.007; FC 7-202.12)**
- d. An approved test kit must be available to accurately measure the concentration of sanitizing solutions. **(590.004; FC 4-501.116, FC 4-703.11)**

3. WIPING CLOTHS

- a. Wiping cloths that are in use for wiping food spills shall be used for no other purpose and shall be stored clean and dry or in a clean solution at the approved sanitizer concentration. **(590.003; FC 3-304.14)**

PREMISES

1. OVERHEAD PROTECTION

- a. Each individual piece of cooking and hot and cold holding equipment must be separately covered (cooker top, lidded holding compartment, etc.) or the structure of the MFE must have overhead protection (ceiling) **(590.006; FC 6-202.16; FC 6-201.12 (A))**. Examples of acceptable overhead protection are roofs or other permanent structures, canopies, awnings, or attached umbrellas for units such as pushcarts. Overhead protection may not always be suitable for use over frying or grilling operations that generate airborne grease. State/local fire codes may dictate specific limitations.
- b. For MFEs that have self-service components, additional protection of individual food dispensing containers that are located beneath an awning or similar structure may be necessary **(590.003; FC 3-306.12 (A))**. Examples would be lidded dispensing containers and sneeze guards.

2. WALLS

- a. For self-contained MFEs, walls are required to protect against the elements, wind-blown dust and debris, insects or other sources that may contaminate food, food-contact surfaces, equipment, utensils, or employees. **(590.006; FC 6-202.16)**
- b. Walls must be smooth, durable, easily cleanable and nonabsorbent. Pass-through windows may be installed in the walls and may require screening to prevent the entrance of insects **(590.006; FC 6-101.11; FC 6-201.11; FC 6-202.15; FC 6-202.16; FC 6-501.11)**.

3. FLOORS

- a. Unless otherwise approved, floors of self-contained MFEs must be designed, constructed, and installed so they are smooth, durable, and easily cleanable. Examples of acceptable floors are vinyl composition tile, commercial grade linoleum, or similar finish **(590.006; FC 6-101.11; FC 6-201.11; FC 6-501.11)**.
- b. The floor and wall junctures are to be coved and sealed **(590.006; FC 6-201.13)**.
- c. Push carts and food delivery and dispensing units must be located on concrete, asphalt, or a similar non-absorbent surface that minimizes dust and mud. The service sites should be graded to drain away from the MFE **(590.006; FC 6-102.11)**.

4. VENTILATION AND FIRE PROTECTION

- a. Local regulations shall govern ventilation and fire protection requirements at the MFE.
- b. Enclosed MFEs must comply with **590.006; FC 6-304.11**.

5. LIGHTING

- a. Adequate lighting by artificial or natural means is required.
- b. MFEs that are fully enclosed must be provided with artificial lighting.
- c. The lighting intensity shall be in accordance with **590.006; FC 6-303.11** and shielding of the lights shall be in accordance with **590.006; FC 6-202.11**.

6. HANDWASHING FACILITIES

- a. A handwashing sink is not required if the only food items offered are commercially pre-packaged foods that are dispensed in their original containers. The board of health may approve the use of chemically treated towelettes in lieu of hand-washing facilities if only frankfurters, non-TCS foods and non-perishable foods are served and there is no bare-hand contact. Chemically treated towelettes must be made available for use by customers in self-service operations. **(590.005; FC 5-203.11 (C))**

- b. At least one handwashing sink must be located on all MFE's that are involved in food handling and preparation, cooking, cooling and reheating. **(590.005; FC 5-203.11)**
- c. Each handwashing sink must be provided with suitable hand cleaner, individual disposable towels, and a waste receptacle. A handwashing sign is to be posted at the handwashing sink. **(590.006; FC 6-301.11; FC 6-301.12; FC 6-301.14)**
- d. Handwashing facilities shall be equipped to provide potable water at a minimum temperature of at least 100°F through a mixing valve or combination faucet. **(590.005; FC 5-202.12 (A))**
- e. Hand-washing facilities must be provided at all toilet facilities used by the food employees. **(590.005; FC 5-204.11 (B))**

7. TOILET AND HANDWASHING FACILITIES

- a. Toilet and hand washing facilities must be available for MFE employees along their route of service. **(590.005; FC 5-204.11)**
- b. The toilet facilities must be conveniently located to the food preparation and ware washing areas. **(590.006; FC 6-402.11)**

8. GARBAGE AND PESTS

- a. An adequate number of non-absorbent, easily cleanable garbage containers must be provided at the MFE. **(590.005; FC 5-501.13)**
- b. Garbage containers must be rodent-proof, non-absorbent, and covered when not in use. **(590.005; FC 5-501.13 (A); FC 5-501.15)**
- c. Final disposal facilities for garbage, grease, and other waste materials must be identified, approved by the regulatory authority, and used. **(590.005; FC 5-503.11)**
- d. The MFE must be maintained free of insects, rodents, and other pests. **(590.006; FC 6-202.15)**

9. TOXIC MATERIALS

- a. Materials necessary for the operation of an MFE shall be properly stored, labeled and used. **(590.007; FC 7-1 and 7-2)**
- b. Poisonous or toxic materials are to be properly labeled and stored so they cannot contaminate food, equipment, utensils, and single-service and single-use articles. **(590.007; FC 7-201.11)**
- c. Only those chemicals necessary for the food operation shall be provided. **(590.007; FC 7-202.11)**
- d. Toxic materials must be labeled and located in accordance with **590.007; FC 7-1 and 7-2.**

EQUIPMENT

1. FOOD-CONTACT AND OTHER SURFACES

- a. All food-contact and other surfaces used in an MFE shall be designed, constructed, and maintained in accordance with **590.004; FC Chapter 4.**
- b. Materials used in the construction of food-contact surfaces shall comply with **590.004; FC 4-1, FC 4-2.**
- c. Food-contact surfaces shall be non-toxic, smooth, easily cleanable, free of rust, dents or pitting, and durable under the conditions to which they will be exposed. **(590.004; FC 4-202.11)**
- d. All other surfaces shall be finished so that they are smooth, nonabsorbent, corrosion resistant, and easily cleanable. **(590.004; FC 4-101.19)**

2. COOKING AND REHEATING EQUIPMENT

- a. Cooking and reheating equipment shall be designed, constructed, and maintained in accordance with **590.004; FC Chapter 4.**
- b. The reheating equipment used on the MFE must be capable of heating all of the TCS foods offered from the MFE to their required reheating temperature within two hours or less. If proper temperatures cannot be attained using the equipment on the MFE, then cooking and reheating must occur at the servicing area and will not be allowed on the MFE. **(590.003; FC 3-403.11 (D))**

3. HOT AND COLD HOLDING EQUIPMENT

- a. Equipment used at the MFE for hot holding must be capable of maintaining TCS foods at 135° F or above. **(590.003; FC 3-501.16)**
- b. Equipment used for cold holding at the MFE must be capable of maintaining TCS foods at 41° F or below. **(590.003; FC 3-501.16)**
- c. Refrigeration, such as mechanical, absorption or thermoelectric, shall be installed and used in accordance with the manufacturer's instructions.
- d. Each refrigeration unit must have a numerically scaled thermometer accurate to $\pm 3^{\circ}$ F to measure the air

- temperature of the unit. **(590.004; FC 4-203.12 (B))**
- e. Unpackaged foods may not be stored in direct contact with undrained ice, except as allowed for raw fruits and vegetables, and raw poultry and raw fish that are received on ice in shipping containers. **(590.003; FC 3-303.12)**
 - f. Ice used as a coolant for foods shall not be used for drink ice. **(590.003; FC 3-303.11)**

WATER SUPPLY, CAPACITY AND WASTEWATER DISPOSAL

1. WATER

- a. An adequate supply of potable water meeting the requirements of **590.005; FC 5-101, FC 5-102, and FC 5-103** shall be available on the MFE for cooking and drinking purposes; for cleaning and sanitizing equipment, utensils, and food-contact surfaces; and for hand washing.
- b. Water must come from an approved public water source or an approved well water source. **(590.005; FC 5-101.11)**

2. WATER SYSTEM

- a. The water supply system and hoses carrying water must be constructed with approved food-contact materials and must be installed to preclude the backflow of contaminants into the potable water supply. **(590.005; FC 5.205.12; FC 5-301.11; FC 5-302.11; FC 5-302.14; FC 5-302.15; FC 5-302.16)**
- b. All hose and other connections shall be installed, handled and stored so that no contamination is created. **(590.005; FC 5-303.12; FC 5-304.13)**
- c. If approved by the regulatory authority, water supplied to an MFE need not be under pressure. If no permanent water supply is available, the MFE may access water through:
 - A supply of containers of commercially bottled drinking water
 - Closed portable water containers
 - An enclosed vehicular water tank
 - An on-premises water storage tank
 - Piping, tubing, or hoses connected to an adjacent approved source. **(590.005; FC 5-104.12)**
- d. A MFE water inlet shall be three-fourths inch in diameter and provided with a hose connection of a size or type that will prevent its use for any other service. **(590.005; FC 5-303.13)**

3. WASTEWATER DISPOSAL

- a. Equipment and facilities that generate liquid waste must be disposed of in an approved manner. **(590.005; FC 5-403.11)**
- b. Wastewater shall be disposed in an approved wastewater disposal system. **(590.005; FC 5-403.11)**
- c. Wastewater must be removed from an MFE at an approved waste servicing area or by a sewage transport vehicle. **(590.005; FC 5-402.14)**
- d. Wastewater may not be dumped onto the ground surface, into waterways, or into storm drains, but shall be collected and dumped into an approved receptacle. **(590.005; FC 5-402.14)**

RESOURCES

- MA Department of Public Health, 2018, MA Regulation 105 CMR 590.000 - *Minimum Sanitation Standards for Food Establishments – Chapter X* - <https://www.mass.gov/lists/retail-food>
- 2013 FDA Food Code with Annex - <https://www.fda.gov/media/87140/download>
- U.S Food and Drug Administration, 2014, *Conference for Food Protection Recommended Guidance for Mobile Food Establishments* - <http://www.foodprotect.org/guides-documents/>

Documents to Assist with Illness Reporting Policy

According to the 2013 FDA Food Code:

2-201.11 Responsibility of Permit Holder, Person in Charge, and Conditional Employees. [590.002(E)]

(A) The PERMIT HOLDER shall require FOOD EMPLOYEES and CONDITIONAL EMPLOYEES to report to the PERSON IN CHARGE information about their health and activities as they relate to diseases that are transmissible through FOOD. A FOOD EMPLOYEE or CONDITIONAL EMPLOYEE shall report the information in a manner that allows the 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...

The code goes on to outline symptoms and illnesses that must be reported to the Person in Charge. It also describes when an employee should be excluded or restricted in their duties.

Forms 1-A through 1-C are designed to assist those responsible for managing employees in order to prevent foodborne disease. The Food Code specifies that the permit holder is responsible for requiring conditional employees or food employees to report certain symptoms, diagnoses, and past illnesses, as they relate to diseases transmitted through food by infected workers. The conditional employee or food employee is personally responsible for reporting this information to the person in charge. These documents can be found in the 2013 FDA Food Code Annex 7.

FORM
1-A

Conditional Employee and Food Employee Interview

Preventing Transmission of Diseases through Food by Infected Food Employees or Conditional Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi (*S. Typhi*), *Shigella* spp., ShigaToxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

The purpose of this interview is to inform conditional employees and food employees to 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.

Conditional Employee Name (print) _____
Food Employee Name (print) _____
Address _____
Telephone Daytime: _____ Evening: _____
Date _____

Are you suffering from any of the following symptoms? (Circle one)

If YES, Date of Onset

Diarrhea?	YES / NO	_____
Vomiting?	YES / NO	_____
Jaundice?	YES / NO	_____
Sore throat with fever?	YES / NO	_____

Or

Infected cut or wound that is open and draining, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cut, wound, or lesion not properly covered?

YES / NO

(Examples: *boils and infected wounds, however small*)

In the Past:

Have you ever been diagnosed as being ill with typhoid fever (*S. Typhi*) YES / NO

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

If within the past 3 months, did you take antibiotics for *S. Typhi*? YES / NO

If so, how many days did you take the antibiotics? _____

If you took antibiotics, did you finish the prescription? _____ YES / NO

History of Exposure:

1. Have you been suspected of causing, or have you been exposed to, a confirmed foodborne disease outbreak recently? YES / NO

If YES, date of outbreak: _____

a. If YES, what was the cause of the illness and did it meet the following criteria?

Cause: _____

i. Norovirus (last exposure within the past 48 hours) Date of illness outbreak _____

ii. *E. coli* O157:H7 infection (last exposure within the past 3 days) Date of illness outbreak _____

iii. Hepatitis A virus (last exposure within the past 30 days) Date of illness outbreak _____

iv. Typhoid fever (last exposure within the past 14 days) Date of illness outbreak _____

v. Shigellosis (last exposure within the past 3 days) Date of illness outbreak _____

b. If YES, did you:

- i. Consume food implicated in the outbreak? _____
- ii. Work in a food establishment that was the source of the outbreak? _____
- iii. Consume food at an event that was prepared by person who is ill? _____

2. Did you attend an event or work in a setting, recently where there was a confirmed disease outbreak? YES / NO

If so, what was the cause of the confirmed disease outbreak? _____

If the cause was one of the following five pathogens, did exposure to the pathogen meet the following criteria?

- a. Norovirus (last exposure within the past 48 hours) YES / NO
- b. *E. coli* O157:H7 (or other STEC (last exposure within the past 3 days) YES / NO
- c. *Shigella* spp. (last exposure within the past 3 days) YES / NO
- d. *S. Typhi* (last exposure within the past 14 days) YES / NO
- e. Hepatitis A virus (last exposure within the past 30 days) YES / NO

Do you live in the same household as a person diagnosed with Norovirus, shigellosis, typhoid fever, hepatitis A, or illness due to *E. coli* O157:H7 or other STEC? YES / NO Date of onset of illness _____

3. Do you have a household member attending or working in a setting where there is a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, STEC infection, or hepatitis A? YES / NO Date of onset of illness _____

Name, Address, and Telephone Number of your Health Practitioner or doctor:

Name _____

Address _____

Telephone – Daytime: _____ Evening: _____

Signature of Conditional Employee _____ Date _____

Signature of Food Employee _____ Date _____

Signature of Permit Holder or Representative _____ Date _____

**FORM
1-B**

Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi, *Shigella* spp., or Shiga toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to 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:

Any Onset of the Following Symptoms. Either While at Work or Outside of Work. Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small*)

Future Medical Diagnosis:

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

Future Exposure to Foodborne Pathogens:

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

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ **Date** _____

Food Employee Name (please print) _____

Signature of Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____

Vomit and Diarrhea Clean-Up Procedure

WHY DO WE HAVE THIS PROCEDURE?

Vomiting and diarrhea can be symptoms of several very contagious diseases and it is the responsibility of food service management to protect both employees and customers from transmission of these diseases. The most important ways of accomplishing this task are:

- 1) ensure that employees understand the importance of frequent handwashing and that they know where and how to wash their hands;
- 2) ensure that employees understand their responsibility to report all disease symptoms, such as vomiting, diarrhea, jaundice, fever and sore throat; diagnosis of diseases; and exposure to others who are sick to the Person in Charge;
- 3) ensure that employees are trained and do not handle food that is ready to eat with their bare hands;
- 4) ensure that employees understand the importance of following all regular cleaning and sanitizing procedures on a daily basis and special cleaning and sanitizing procedures such as this one.

New employees will be trained in all of the above-mentioned procedures within the first week of hiring. Reminder trainings will be done for all food service staff on an **ANNUAL** basis.

VOMIT/DIARRHEA CLEAN-UP KIT

A vomit/diarrhea clean-up kit is stored in a labeled bin in Contents of Clean-up Kit:

- 1) Personal Protective Equipment (PPE)
 - disposable gloves, nitrile or non-latex
 - face and eye shields (clean and sanitize after use)
 - disposable shoe covers
 - disposable aprons
 - masks
 - hair covers
- 2) Paper towels
- 3) Absorbent material: baking soda, Red Z powder, or kitty litter
- 4) Scoop or scraper, preferably disposable
- 5) Large plastic bags with twist ties
- 6) Caution tape for closing off areas

Buckets, wiping cloths, detergent and sanitizers will also be needed and are available in various locations throughout the food service area. The Person-in-Charge is responsible for refilling the clean-up kit after use. Extra supplies will be on hand. All supplies will be purchased or ordered at the time of the incident so that the kit is ready for use as soon as possible after the incident.

WHEN A VOMITING OR DIARRHEA INCIDENT OCCURS

- 1) Remove the following from the area if no contact with vomit or diarrhea:
 - a) employees and/or customers
 - b) packaged food or food in closed containers
 - c) portable equipment, linens and open single-use and single-service articles.

For diarrhea, the immediate area that is visibly soiled should be the area of clean-up concentration. For vomiting, since particles can be in the air, an area of 25 feet in all directions should be considered the clean-up area. This is very important when considering which employees or customers need to be removed; the food; and open single-use and single-service articles that need to be discarded; the linens that will need to be washed; and the equipment that will need to be cleaned and sanitized.

- 2) If vomiting occurred, completely close off area around the spill for 25 feet in all directions. Use caution tape from the Clean-up Kit.

Some small food service establishments will have to close during the clean-up of a vomiting incident either by an employee or a customer. In the case of closure, the Regulatory Authority should be called immediately to report the incident. A sign can be put at the entrance stating that the food service establishment will be closed until a time judged to be sufficient to accomplish the required clean-up.

a) _____, due to its small size, will close after a vomiting incident until clean-up is finished.

b) _____, will determine what areas will need to be cleaned and sanitized, but will remain open with limited service, unless the incident occurs in the only food prep area.

- 3) A trained employee should put on Personal Protective Equipment, gloves last.

All employees are trained in this clean-up procedure. If staffing allows, cooks should not be the first choice for carrying out the clean-up.

- 4) Sprinkle _____ on vomit/fecal matter to soak up liquid. Using the scraper or scoop from the Clean-up Kit, and paper towels, carefully wipe up vomit/fecal matter and discard in a plastic trash bag. Then remove and discard gloves.

If staffing allows, a separate employee, wearing gloves and a mask, can hold the trash bag open by folding the top back over their hands so that the top of the bag is not contaminated in the process of discarding the paper towels, gloves, etc.

- 5) Wash hands and put on new disposable gloves and wash the area involved with detergent and warm water.

All surfaces within the incident area, plus all doorknobs, railings, wall corners or other places that you know are frequently touched should then be washed with soap and water. All restrooms should be cleaned also, even if they were not known to be affected by the incident. They are often used by employees and customers when they are not feeling well and the infectious germs will be there even if they cannot be seen.

All areas washed as described above will then be sanitized.

- 6) Sanitize hard or porous surfaces with chlorine bleach solution allowing the area to remain wet for no less than 5 minutes; follow policy directions for other surfaces or when using other sanitizers.

Bleach concentrations:

5.25% Sodium Hypochlorite or 6% dish machine sanitizer	1 2/3 cup bleach per gallon of water (1 part bleach to 10 parts water)	5000 PPM
8.25% concentrated Sodium Hypochlorite	1 cup bleach per gallon of water (1 part bleach to 16 parts water)	5000 PPM

Sanitizer to be used in this establishment will be _____
and will be left wet on hard surfaces for _____ minutes before drying with papers
towels.

Ammonium chloride sanitizers are ineffective against Norovirus so if those are the standard sanitizers used in a food service establishment, then chlorine bleach (or some other commercial product approved by the EPA to kill Norovirus) must be kept on hand for use during a vomit/diarrhea incident.

Bleach is available in several different concentrations so food service establishments need to be aware of the concentration they have available. Once opened, a bottle of bleach maintains its strength for 30 days so **PUT THE DATE ON THE BOTTLE WHEN YOU OPEN IT**. Discard it after 30 days.

Remember that bleach will discolor many items such as carpets, flooring, etc. Test a small area if there is any reason to believe that there will be a problem. Steam cleaning of carpets and upholstery is recommended once the vomit/diarrhea has been removed. Linens should be washed in hot water and dried in a hot dryer.

Open windows or increase ventilation as much as possible during the clean-up.

Make sure that all high-touch areas and restrooms are sanitized before areas are re-opened.

- 7) When totally finished cleaning up, dispose of all paper towels and PPE in the plastic bag. Tie the bag closed and double bag it before putting it in your regular trash.
- 8) Rinse food contact surfaces with clean water to remove chlorine residue left on the surface because you used 5000 PPM to kill the infectious agents and re-sanitize with your usual 100 ppm sanitizer.

RE-OPENING ESTABLISHMENT OR CLEANED AREAS

When the above-described clean-up procedure has been completed, the areas may be re-opened. Establishments that closed for clean-up should call the Regulatory Authority and report that they are ready to re-open. The Regulatory Authority may, or may not, want to actually visit the establishment prior to re-opening.

Establishments should anticipate that some customers may request some kind of compensation. Management should discuss that with employees as part of the training on this procedure. The decision concerning compensation is entirely up to the establishment management.

MONITORING EMPLOYEES FOR ILLNESS

After incidents involving diarrhea and particularly vomiting, all employees, but particularly those involved in the clean-up, will be monitored for signs of illness for several days. The Person-in-Charge will remind employees to report symptoms of any illness.

INCIDENT REPORT

It is advisable for the Person-in-Charge to complete an incident report describing the date and time of the incident; which employees were in charge of the clean-up; an overall description of the area of the incident; how it was cleaned and sanitized; and the other areas of the establishment cleaned and sanitized. It should also state what food was discarded. This report should be kept in the establishment files in case there are any future questions about the incident.

REFERENCES:

"Clean-up and Disinfection for Norovirus ("Stomach Bug") Poster from disinfect-for-health.org.

Food Code, U.S. Public Health Service, FDA, 2013, Annex 3, Public Health Reasons/Administrative Guidelines, pages 395-397.

"Food Safety Sample SOP," NFSMI and USDA, Revised 2013.

"Guidelines for Responding to Vomiting and Diarrhea in Food Establishments," Rhode Island Department of Health, Yankee Conference Presentation by Cathy Feeney and Lydia Brown, September 22, 2016.

"Norovirus Information Guide," from SafeMark Best Practices, the Food Marketing Institute and Ecolab, July 2010.

"White Paper: Guidelines for Response to Vomiting and Diarrheal Incidents in Food Service Establishments," prepared by Paula Herald, PH.D., CP-FS, Technical Consultant, The Steritech Group, Inc., www.steritech.com.

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