

National Environmental Assessment Reporting System (NEARS)

In spring 2017, a letter was sent to LBOHs by the Food Protection Program (FPP) requesting voluntary involvement in the CDC's NEARS program which is a nationwide surveillance system designed to capture environmental assessment data from foodborne illness outbreak investigations. Participating in NEARS can greatly assist Massachusetts and other states to prevent foodborne illness outbreaks. The NEARS data can be used to:

- Identify environmental causes of outbreaks.
- Take follow-up action to reduce or prevent future foodborne illness outbreaks.
- Evaluate food safety programs and make improvements based on established guidelines.
- Develop or modify program policies or regulations.
- Focus limited program resources on actions with the highest impact.

The CDC and national food safety partners recommend that all food safety programs use NEARS to improve food safety nationally. Environmental assessment data provided by LBOHs is critical to prevent and reduce future outbreaks. The CDC and its national food safety partners will use NEARS to analyze standardized data to understand how and why outbreaks occur, and share findings or recommend actions to better respond to outbreaks and prevent future ones.

Regulatory agencies, such as the FDA, can use information from NEARS to develop intervention strategies and to recommend regulations, such as updates to the Food Code. Food safety programs use this information during outbreak investigations, and on a daily basis, for issuing permits and inspecting restaurants and other facilities. The LBOH role in NEARS will be to complete the attached NEARS Parts I-IV, but **ONLY IN THE EVENT OF AN OUTBREAK**. The Food Protection Program will provide technical assistance to complete this form. Additional information about the NEARS program can be found at <https://www.cdc.gov/nceh/ehs/nears/>

NEARS Part I: Establishment Description

Collector's Name: _____ Establishment: _____ Date: _____

1. Date the establishment was identified for an environmental assessment: _____			
2. Date first contact with the establishment management: _____			
3. Number of visits to the establishment to complete this environmental assessment: _____			
4. Number of contacts with the establishment other than visits (for example, phone calls, phone interviews with staff, faxes, etc.) to complete this environmental assessment: _____			
5. Facility type: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Camp</div> <div style="width: 25%;"><input type="checkbox"/> Daycare Center</div> <div style="width: 25%;"><input type="checkbox"/> Mobile Food Unit</div> <div style="width: 25%;"><input type="checkbox"/> Restaurant in Supermarket</div> <div style="width: 25%;"><input type="checkbox"/> Caterer</div> <div style="width: 25%;"><input type="checkbox"/> Feeding Site</div> <div style="width: 25%;"><input type="checkbox"/> Nursing Home</div> <div style="width: 25%;"><input type="checkbox"/> School Food Service</div> <div style="width: 25%;"><input type="checkbox"/> Church</div> <div style="width: 25%;"><input type="checkbox"/> Food Cart</div> <div style="width: 25%;"><input type="checkbox"/> Temporary Food Stand</div> <div style="width: 25%;"><input type="checkbox"/> Workplace Cafeteria</div> <div style="width: 25%;"><input type="checkbox"/> Correctional Facility</div> <div style="width: 25%;"><input type="checkbox"/> Grocery Store</div> <div style="width: 25%;"><input type="checkbox"/> Restaurant</div> <div style="width: 25%;"><input type="checkbox"/> Other (please describe)</div> <div style="width: 25%;"><input type="checkbox"/> Cottage/home-based food operation</div> <div style="width: 25%;"><input type="checkbox"/> Hospital</div> </div>			
6. How many critical violations/priority items/priority foundation items were noted during the last routine inspection? _____ 6a. Mark any of the following observed during the last routine inspection. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Improper hot/cold holding temperatures of foods (TCS/PHF)</div> <div style="width: 33%;"><input type="checkbox"/> Soiled and/or contaminated utensils and equipment</div> <div style="width: 33%;"><input type="checkbox"/> Food from unsafe sources</div> <div style="width: 33%;"><input type="checkbox"/> Improper cooking temperatures of food</div> <div style="width: 33%;"><input type="checkbox"/> Poor employee health and hygiene</div> <div style="width: 33%;"><input type="checkbox"/> Other _____</div> </div>			
7. Was a translator <u>needed</u> to communicate with the kitchen manager during the environmental assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, skip to #8) a. Was a translator used to communicate with the kitchen manager? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Was a translator <u>needed</u> to communicate with the food workers during the environmental assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, skip to #9) a. Was a translator used to communicate with the food workers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Establishment type (select one): <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Prep Serve (no kill step at restaurant)</div> <div><input type="checkbox"/> Cook Serve (at least 1 item prepared for same day service involves kill step)</div> <div><input type="checkbox"/> Complex (at least 1 item requires kill step and holding beyond same day service)</div> </div>			
10. Do customers have direct access to unpackaged food such as a buffet line or salad bar in this establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Does the establishment serve raw or undercooked animal products (ex: oysters, shell eggs) in any menu item? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, skip to #12) a. Is a consumer advisory regarding the risk of consuming raw or undercooked animal products provided (ex: on the menu, on a sign)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, skip to #12) b. Where is the consumer advisory located? <input type="checkbox"/> On a sign <input type="checkbox"/> On menu footnote <input type="checkbox"/> On menu in item description <input type="checkbox"/> Other: _____			
12. Which of the options below best describes the menu for the establishment? <input type="checkbox"/> American <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Mediterranean/Middle Eastern <input type="checkbox"/> Mexican <input type="checkbox"/> Thai <input type="checkbox"/> Other: _____			

NEARS Part II: Manager Interview

Collector's Name: _____ Establishment: _____

Establishment—General
1. Please make note of how many minutes it takes to complete this section -Manager Interview: _____
2. Date the manager interview was conducted. _____
3. Is this an independent establishment or a chain establishment? <input type="checkbox"/> Independent <input type="checkbox"/> Chain <input type="checkbox"/> Unsure <input type="checkbox"/> Refused
4. Approximately how many meals are served here daily? Meals can be estimated using number of customers served or ticket orders. <input type="checkbox"/> Number of meals served daily (give number) _____ <input type="checkbox"/> Refused <input type="checkbox"/> Unsure
5. What is the establishment's busiest day, in terms of number of meals served? (Select one) Based on the manager's response, only mark ONE day. If the manager responds that two or more days are the busiest days, reframe the question to ask if the manager had to choose just one day as the busiest, which would it be? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Refused <input type="checkbox"/> Unsure
6. Are any foods prepared or partially prepared at a commissary or any other location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused
7. Other than daily specials, when was the last time food items were added to your menu(s)? <input type="checkbox"/> No changes to menu items have occurred <input type="checkbox"/> In the last WEEK <input type="checkbox"/> In the last MONTH <input type="checkbox"/> More than a month ago <input type="checkbox"/> Unsure <input type="checkbox"/> Refused
Questions about the Kitchen Managers
<i>Read the following aloud for managers:</i> The next few questions focus on kitchen managers. As I read the following questions, please keep in mind that we are asking about managers who have control over the kitchen area or back of the house.
8. Approximately how long have you been employed as a kitchen manager in this establishment? <input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo – less than 1 yr. <input type="checkbox"/> 1 yr – less than 2 yr. <input type="checkbox"/> 2 yr – less than 4 yr. <input type="checkbox"/> 4 yr – less than 6 yr. <input type="checkbox"/> 6 yr – less than 8 yr. <input type="checkbox"/> 8 yr – less than 10 yr. <input type="checkbox"/> 10 yr or more <input type="checkbox"/> Refused <input type="checkbox"/> Unsure
9. Approximately how long have you worked as a kitchen manager? The response should include the time the person has worked as a kitchen manager at the current establishment and any other food service establishments before the current one. <input type="checkbox"/> Less than 6 mo. <input type="checkbox"/> 6 mo – less than 1 yr. <input type="checkbox"/> 1 yr – less than 2 yr. <input type="checkbox"/> 2 yr – less than 4 yr. <input type="checkbox"/> 4 yr – less than 6 yr. <input type="checkbox"/> 6 yr – less than 8 yr. <input type="checkbox"/> 8 yr – less than 10 yr. <input type="checkbox"/> 10 yr or more <input type="checkbox"/> Refused <input type="checkbox"/> Unsure
10. How many kitchen managers, including you, are currently employed in this establishment? If you are not sure, use your best guess. Number of managers (give number – please do not write “all”) _____ <input type="checkbox"/> Unsure <input type="checkbox"/> Refused
<i>Read the following aloud for managers:</i> The next few questions focus on the language-related knowledge and skills of all kitchen managers in your establishment. Please think about your language abilities and those of other kitchen managers in this establishment. For these questions, fluent means able to clearly, easily, and readily understand and communicate verbal messages in the language specified. If a manager is bilingual or trilingual please tell me all languages they speak fluently. For these questions, please make your best estimate if you do not know the exact answer.
11. What language(s) do you and other managers in this establishment speak fluently? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Chinese (any dialect) <input type="checkbox"/> Japanese <input type="checkbox"/> Other _____

12. What languages do you and other managers speak at work?

☐English ☐Spanish ☐French ☐Chinese (any dialect) ☐Japanese ☐Other _____

Read the following aloud for managers:

The next few questions ask about kitchen manager food safety training and certification.

13. Do any kitchen managers receive food safety training? This training can be a course or a class, or it can be training that occurs on the job.

☐Yes ☐No (If No, skip to 14) ☐Unsure (If Unsure, skip to 14) ☐Refused (If Refused skip to 14)

a. How many kitchen managers have had food safety training? If you aren't sure, use your best guess.

Number of managers (give number – please do not write “all”) _____ ☐Unsure ☐Refused

b. What type of food safety training do kitchen managers (you) receive? Is it on-the-job, a class or a course, or a class or course from an ANSI accredited program, such as ServSafe? It could be any or all of these. (Check all that apply)

☐ A class / course taken at a university, community college, or culinary school or other educational institution. (Any training conducted by a university, community college, culinary school, health department or similar entity.)

☐ A class or course from an ANSI accredited program that leads to taking an exam. These programs include National Restaurant Association's ServSafe, National Registry of Food Safety Professionals, Prometric, 360 Training, AboveTraining/ StateFoodSafety.com, and the Always Food Safe Company.

☐ On-the-job training (Any training conducted by the establishment or corporate office. It might entail posting instructions or material in the establishment, viewing videos, computer-based training taken in the establishment or sending employees to a corporate kitchen for training.)

Read the following aloud for managers:

The next few questions ask about kitchen manager food safety certification where you receive a certificate upon completion of the training course.

14. Are any kitchen managers, including you, food safety certified?

☐Yes ☐No (If No, skip to 15) ☐Unsure (If Unsure, skip to 15) ☐Refused (If Refused, skip to 15)

a. How many kitchen managers in this establishment, including yourself, are food safety certified by an ANSI accredited program? These include National Restaurant Association's ServSafe, National Registry of Food Safety Professionals, Prometric, 360 Training, AboveTraining/ StateFoodSafety.com, and The Always Food Safe Company. If you aren't sure, use your best guess.

Number of managers (give number – please do not write “all”) _____ ☐Unsure ☐Refused

b. How often is a certified kitchen manager present during hours of operation? Is it all of the time, most of the time, some of the time, rarely, or none of the time?

☐All of the time ☐Most of the time ☐Some of the time ☐Rarely ☐None of the time ☐Unsure ☐Refused

15. Does this establishment require that kitchen managers have a food safety certification?

☐Yes ☐No ☐Unsure ☐Refused

Questions about Food Workers

16. How many food workers do you have? If you do not know the exact number, an estimate will be fine.

Number of workers (give number – please do not write “all”) _____ ☐Unsure ☐Refused

a. What language do food workers in this establishment speak fluently? (Check all that apply)

☐English ☐Spanish ☐French ☐Chinese (any dialect) ☐Japanese ☐Other_____

b. What languages do food workers speak at work (Check all that apply)

☐English ☐Spanish ☐French ☐Chinese (any dialect) ☐Japanese ☐Other _____

c. Do any food workers receive food safety training? This training can be a course or a class, or it can be training that occurs on the job. ☐Yes ☐No (If No, skip to 17) ☐Unsure (If Unsure, skip to 17) ☐Refused (If Refused, skip to 17)

c1. How many food workers have had food safety training? Please make your best estimate if you do not know the exact number.

Number of workers (give number – please do not write “all”)_____ ☐Unsure ☐Refused

c2. What type of food safety training do food workers receive? (Check all that apply)

☐ A class / course taken at a university, community college, or culinary school or other educational institution. (Any training conducted by a university, community college, culinary school, health department or similar entity.)

☐ A class or course from an ANSI accredited program that leads to taking an exam. These programs include National Restaurant Association’s ServSafe, National Registry of Food Safety Professionals, Prometric, 360 Training, AboveTraining/StateFoodSafety.com, and The Always Food Safe Company LLC.

☐ On-the-job training (Any training conducted by the establishment or corporate office. It might entail posting instructions or material in the establishment, viewing videos, computer-based training taken in the establishment or sending employees to a corporate kitchen for training.)

Questions about Policy

Read the following aloud for managers:

Now I’m going to ask you some questions about policies you have in this establishment. Food safety policies can be verbal and part of on-the-job or other type of training or they may be written documents that state the policy.

17. Does this establishment have a cleaning policy or schedule for:

a. Cutting boards?

☐Yes ☐No ☐Unsure ☐Refused ☐N/A

a1. Is this a written policy? ☐Yes ☐No ☐Unsure ☐Refused

b. Food slicers?

☐Yes ☐No ☐Unsure ☐Refused ☐N/A

b1. Is this a written policy? ☐Yes ☐No ☐Unsure ☐Refused

c. Food preparation tables?

☐Yes ☐No ☐Unsure ☐Refused ☐N/A

c1. Is this a written policy? ☐Yes ☐No ☐Unsure ☐Refused

d. Frequency touched customer surfaces like menus, tables, and condiments?

☐Yes ☐No ☐Unsure ☐Refused ☐N/A

d1. Is this a written policy? ☐Yes ☐No ☐Unsure ☐Refused

18. Does this establishment have a policy for disposable glove use?

☐Yes ☐No ☐Unsure ☐Refused ☐N/A

a. Does the glove policy require that food workers wear gloves?

a1. When they have cuts or other injuries? ☐Yes ☐No ☐Unsure ☐Refused

a2. When handling ready-to-eat foods? ☐Yes ☐No ☐Unsure ☐Refused

a3. When handling raw meat or poultry? ☐Yes ☐No ☐Unsure ☐Refused

a4. At all times while working in the kitchen? ☐Yes ☐No ☐Unsure ☐Refused

b. Is the policy written? ☐Yes ☐No ☐Unsure ☐Refused

19. Does this establishment have a policy for cleaning up after someone has vomited or had diarrhea in the establishment? ☐Yes ☐No ☐Unsure ☐Refused

a. Is this policy written? ☐Yes ☐No ☐Unsure ☐Refused

Questions about Food Temperatures

Read the following aloud for managers:

The next few questions refer to actual food temperatures, not the ambient temperatures where food is stored. The questions refer to temperatures taken using a thermometer.

20. Does this establishment have a policy to take the temperature of any incoming food products?

☐ Yes ☐ No ☐ Unsure ☐ Refused

21. Excluding incoming products, does this establishment have a policy to take food temperatures?

☐ Yes ☐ No ☐ Unsure ☐ Refused

Questions about Employee Health Policies

Read the following aloud for managers:

Now I'd like to ask you a few questions about worker health policies. Again, I am asking about policies that apply to staff who primarily work with food—not staff who have no or very limited food handling responsibilities.

22. When food workers say they are ill, do you typically ask if they are experiencing certain symptoms?

This question describes whether or not employees are specifically asked about their symptoms (for example, vomiting, diarrhea, fever, etc.). Sometimes employees may volunteer this information, but this question is very specific to the manager asking employees about specific symptoms.

☐ Yes ☐ No ☐ Unsure ☐ Refused

23. Does this establishment have a policy or procedure that requires food workers to tell a manager when they are ill?

☐ Yes ☐ No ☐ Unsure ☐ Refused

a. Is this policy in writing? ☐ Yes ☐ No ☐ Unsure ☐ Refused

b. Does this policy require ill workers to tell managers what their symptoms are? ☐ Yes ☐ No ☐ Unsure ☐ Refused

c. Does this policy specify certain symptoms that ill workers are required to tell managers about?

☐ Yes ☐ No ☐ Unsure ☐ Refused

c1. What are those symptoms? (Check all that apply?)

☐ Vomiting ☐ Diarrhea ☐ Jaundice (yellow skin or eyes) ☐ Sore throat with fever

☐ A lesion containing pus (ex: boil or infected wound) ☐ Other _____

24. Does this establishment have a policy or procedure to restrict or exclude ill workers from working? By restrict I mean the worker can work, but is not allowed to handle food, and by exclude I mean the worker does not work at all.

☐ Yes ☐ No ☐ Unsure ☐ Refused

a. Is this policy in writing? ☐ Yes ☐ No ☐ Unsure ☐ Refused

b. Does this policy specify the specific symptoms that would prompt excluding or restricting ill workers from working?

☐ Yes ☐ No ☐ Unsure ☐ Refused

b1. What are those symptoms? (Check all that apply?)

☐ Vomiting ☐ Diarrhea ☐ Jaundice (yellow skin or eyes) ☐ Sore throat with fever

☐ A lesion containing pus (ex: boil or infected wound) ☐ Other _____

Read the following aloud for managers:

The next few questions focus on the food worker and manager sick leave policy. As I read the following questions, please keep in mind that we are asking about managers who have control over the kitchen area or back of the house and food workers who are employees that work in the kitchen.

25. Do any kitchen managers (including you) ever get paid when they miss work because they are ill?

☐ Yes ☐ No ☐ Unsure ☐ Refused

a. How many kitchen managers get paid when they miss work because they are ill?

Please make your best estimate if you do not know the exact number. **Do not write "all".**

☐ _____ ☐ Unsure ☐ Refused

26. Do any food workers ever get paid when work is missed because they are ill?

☐ Yes

☐ No ☐ Unsure ☐ Refused

a. How many food workers get paid when they miss work because they are ill?

*Please make your best estimate if you do not know the exact number. **Do not write "all".***

☐ _____ ☐ Unsure ☐ Refused

27. Have any practices or policies changed since you were first notified about a potential problem in your restaurant?

☐ Yes

☐ No ☐ Unsure ☐ Refused ☐ N/A

a. What were those changes?

End of Manager Interview – Please return to Question 1 to record time

NEARS Part III: Establishment Observations

Collector's Name: _____ Establishment: _____

Establishment—General Observations	
1. Please make note of how many minutes it takes to complete this section – General Observations: _____	
2. Date the observations were initiated: _____	
3. How many hand sinks are in or adjacent to the employee restrooms? _____ a. Is warm water (minimum 100°F) available at all employee restroom hand sinks? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Specify # without</i>) _____ b. Is soap available at (or near) all employee restroom hand sinks? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Specify # without</i>) _____ c. Are paper or cloth drying towels or electric hand dryers available at (or near) all employee restroom hand sinks? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Specify # without</i>) _____	
4. How many hand sinks are located in the work area(s)? _____ a. Is warm water (minimum 100°F) available at all hand sinks in the work area? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Specify # without</i>) _____ b. Is soap available at (or near) all hand sinks in the work area? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Specify # without</i>) _____ c. Are paper or cloth drying towels available at (or near) all hand sinks in the work area? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Specify # without</i>) _____	
5. Are food workers observed washing their hands using water, soap, appropriate drying methods and for the appropriate amount of time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. How many cold storage units are in the establishment? _____ a. Which types of units do you observe? (Check all that apply) <input type="checkbox"/> Reach in <input type="checkbox"/> Walk-in <input type="checkbox"/> Self-Serve / Salad Bar <input type="checkbox"/> Open-top units <input type="checkbox"/> Other _____	
7. Are any foods observed in cold holding? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A a. Are the temperatures of all foods measured in cold holding at 41°F or below? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Which of the following practices, if any, are observed during this visit? (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Bare hands touch non-RTE food <input type="checkbox"/> Bare hands touch RTE food <input type="checkbox"/> Gloved hands touch non-RTE food </div> <div style="width: 45%;"> <input type="checkbox"/> Gloved hands touch RTE food <input type="checkbox"/> Other method to prevent bare hands from touching RTE food (ex: tissue paper, tongs, utensil) <input type="checkbox"/> No food handling was occurring </div> </div>	
9. Is there a supply of disposable gloves available in the establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Are there records to indicate that the temperatures of incoming ingredients are being taken and recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11. Are there records to indicate that the temperatures of foods, excluding incoming ingredients, are being taken and recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12. Is there any evidence of direct cross contamination of raw animal products with ready-to-eat foods? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Describe: _____	

13. Is there any evidence of cooling of hot foods observed in this establishment?

☐Yes

☐No

☐N/A

a. What cooling methods are used:

☐Portioning into smaller pans and cooled in regular cooler

☐Using ice bath for food container before cooling in blast chiller

☐Portioning into smaller pans cooled in blast chiller

☐Using ice wands before cooling in regular cooler

☐Use ice as an ingredient

☐Using ice wands before cooling in blast chiller

☐Using ice bath for food container before cooling in regular cooler

☐Other _____

b. Are the cooling methods properly implemented? ☐Yes ☐No

14. Are any foods observed in hot holding?

☐Yes

☐No

☐Could not observe

a. Are the temperatures of all foods measured in hot holding at 135°F or above?

☐Yes ☐No

15. Are any foods observed during cooking?

☐Yes

☐No

☐N/A

a. Are the temperatures of all foods measured during cooking at or above the recommended temperatures?

☐Yes ☐No

16. Are there any thermometers observed in food preparation areas to measure internal food temperatures?

☐Yes

☐No

☐N/A

a. Are any thermometers observed being used?

☐Yes ☐No

17. Are any of these items observed for cleaning and sanitizing food contact surfaces and in-place equipment? (Check all that apply)

☐Wiping cloths

☐Disposable sanitizer wipes

Are all wet wiping cloths stored in sanitizer solution between uses?

☐Yes ☐No ☐Not in use

☐None of the items were present

☐Other _____

☐Sanitizer buckets

☐Spray bottle

Pick one sanitizer bucket (or bottle) and test sanitizer concentration.

Is it in proper range?

☐Yes ☐No ☐Not in use

18. Which of the following methods does the establishment use to clean dishes, utensils, or other food equipment that is not cleaned in place? (Check all that apply)

☐Mechanical washing machine

a. Does the wash cycle reach the temperatures recommended for the mechanical washing machine?

☐Yes ☐No ☐Mechanical washing not occurring

b. How is sanitization achieved?

☐Heat

☐Chemical

b1. Does the sanitizing cycle reach the temperatures recommended for sanitization?

☐Yes ☐No ☐Out of order

☐Mechanical washing not occurring

b2. Does the chemical sanitizing cycle have the required levels of chemical sanitizer recommended for the machine?

☐Yes ☐No ☐Out of order

☐Mechanical washing not occurring

☐Manual Washing

c. What type of sink is used for manual washing? (Check all that apply)

☐3-Compartment ☐2-Compartment ☐Other _____

<p><i>d. Are dishes, utensils, etc. washed, rinsed, and sanitized (either with heat or chemical) properly?</i></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No, did not air dry</td> </tr> <tr> <td><input type="checkbox"/> No, steps not in proper order</td> <td><input type="checkbox"/> No, did not rinse</td> </tr> <tr> <td><input type="checkbox"/> No, did not wash properly</td> <td><input type="checkbox"/> Manual washing was not occurring</td> </tr> <tr> <td><input type="checkbox"/> No, did not sanitize properly</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p><input type="checkbox"/> Other type of washing _____</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No, did not air dry	<input type="checkbox"/> No, steps not in proper order	<input type="checkbox"/> No, did not rinse	<input type="checkbox"/> No, did not wash properly	<input type="checkbox"/> Manual washing was not occurring	<input type="checkbox"/> No, did not sanitize properly	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Yes	<input type="checkbox"/> No, did not air dry									
<input type="checkbox"/> No, steps not in proper order	<input type="checkbox"/> No, did not rinse									
<input type="checkbox"/> No, did not wash properly	<input type="checkbox"/> Manual washing was not occurring									
<input type="checkbox"/> No, did not sanitize properly	<input type="checkbox"/> Other _____									
<p>19. Did you observe signs and instructions posted in the establishment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>a. Did any signs or posted instructions use pictures or symbols to communicate a message?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>b. What languages do you observe on signs or instructions posted for food workers? (Check all that apply)</i></p> <p><input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Chinese (any dialect) <input type="checkbox"/> Japanese <input type="checkbox"/> No written words</p> <p><input type="checkbox"/> Other _____</p>										
<p>20. Do you observe any of these items for responding to vomit and/or diarrheal incidents? <i>(Check all that apply)</i></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Bleach</td> <td><input type="checkbox"/> Directions for vomit/diarrhea cleanup</td> </tr> <tr> <td><input type="checkbox"/> Disinfectant effective against norovirus surrogate</td> <td><input type="checkbox"/> None of these items were present</td> </tr> <tr> <td><input type="checkbox"/> Personal protective equipment (ex: gloves or goggles/glasses or mask)</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Absorbent powder/solidifier</td> <td></td> </tr> </table> <p><i>a. Are any of these located together (ex: in a kit)?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<input type="checkbox"/> Bleach	<input type="checkbox"/> Directions for vomit/diarrhea cleanup	<input type="checkbox"/> Disinfectant effective against norovirus surrogate	<input type="checkbox"/> None of these items were present	<input type="checkbox"/> Personal protective equipment (ex: gloves or goggles/glasses or mask)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Absorbent powder/solidifier		
<input type="checkbox"/> Bleach	<input type="checkbox"/> Directions for vomit/diarrhea cleanup									
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<p>21. Are there any differences in the physical facility, food handling practices you observed on your initial visit, and/or other circumstances that were different at the time of exposure?</p> <p><input type="checkbox"/> Yes _____ <input type="checkbox"/> No</p>										
<p>22. Record any additional comments _____</p>										
<p>23. Is a certified kitchen manager present at the time of data collection? <i>(Check all that apply)</i></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Yes, ANSI certification</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> No, but establishment has certified kitchen manager on staff</td> </tr> <tr> <td><input type="checkbox"/> Yes, other certification</td> <td><input type="checkbox"/> Unsure</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Yes, certification not available</td> <td><input type="checkbox"/> Certification is not current</td> <td></td> </tr> </table>		<input type="checkbox"/> Yes, ANSI certification	<input type="checkbox"/> No	<input type="checkbox"/> No, but establishment has certified kitchen manager on staff	<input type="checkbox"/> Yes, other certification	<input type="checkbox"/> Unsure		<input type="checkbox"/> Yes, certification not available	<input type="checkbox"/> Certification is not current	
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<input type="checkbox"/> Yes, certification not available	<input type="checkbox"/> Certification is not current									
<p>24. Does the establishment have a written health policy or procedure?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Requires food workers to tell a manager when they are ill</td> <td><input type="checkbox"/> Restricts ill workers from working</td> </tr> <tr> <td><input type="checkbox"/> Requires ill workers to tell managers what their symptoms are</td> <td><input type="checkbox"/> Excludes ill workers from working</td> </tr> <tr> <td><input type="checkbox"/> Applies to kitchen manager</td> <td><input type="checkbox"/> Includes a record to track employee illness (ex: on schedule or log)</td> </tr> <tr> <td><input type="checkbox"/> Applies to food workers</td> <td><input type="checkbox"/> Employee health policy not in use</td> </tr> </table> <p><input type="checkbox"/> Specifies certain symptoms that ill workers are required to tell managers about <i>Check all symptoms specified</i></p> <p><input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Jaundice (yellow skin or eyes) <input type="checkbox"/> Sore throat with fever</p> <p><input type="checkbox"/> A lesion containing pus (ex: boil or infected wound) <input type="checkbox"/> Other _____</p>		<input type="checkbox"/> Requires food workers to tell a manager when they are ill	<input type="checkbox"/> Restricts ill workers from working	<input type="checkbox"/> Requires ill workers to tell managers what their symptoms are	<input type="checkbox"/> Excludes ill workers from working	<input type="checkbox"/> Applies to kitchen manager	<input type="checkbox"/> Includes a record to track employee illness (ex: on schedule or log)	<input type="checkbox"/> Applies to food workers	<input type="checkbox"/> Employee health policy not in use	
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<p>End of Observations – Please return to Question 1 to record time</p>										

NEARS Part IV: Suspected/Confirmed Foods

Complete part IV for **each** suspected or confirmed food if applicable (i.e. use multiple copies of Part IV to record each suspected or confirmed food). If the suspected or confirmed food is a multi-ingredient item, please provide information for each ingredient on additional sheets provided. Contact the Food Protection Program with any questions.

1. What is the name of the suspected or confirmed ingredient/food vehicle? (ex: lettuce or bacon cheeseburger)

2. Is this food a single specific ingredient (ex: ground beef or lettuce) or multi-ingredient (ex: hamburger sandwich, or a garden salad)? ☐Single Ingredient ☐Multi-ingredient

a1. Name of ingredient #1: _____

b1. If any information is present (product manifests, records, tags) that shows this ingredient is an imported food item or from an unapproved source or recall, describe: ☐N/A

c1. Did any of the following parties intend for the food to be consumed raw or undercooked? (Check all that apply)

☐Manufacturer/Processor ☐Establishment ☐Customer ☐N/A ☐Unknown

d1. Select the best description of the ingredient upon arrival at the food service establishment:

<input type="checkbox"/> Raw, whole nonfrozen (ex: green beans)	<input type="checkbox"/> Commercially processed fresh product (ex: bagged lettuce)
<input type="checkbox"/> Raw, frozen (ex: frozen corn)	<input type="checkbox"/> Commercially Processed – canned
<input type="checkbox"/> Dried	<input type="checkbox"/> Unknown

3. Which of the following best describes the food preparation process used for this specific ingredient or multi-ingredient food before consumption?

- ☐ Complex 1: Involved a kill step, followed by holding beyond same-day service.
- ☐ Complex 2: Involved a kill step, followed by holding and cooling.
- ☐ Complex 3: Involved a kill step, followed by holding, cooling, and re-heating.
- ☐ Complex 4: Involved a kill step, followed by holding, cooling, freezing, and re-heating.
- ☐ Cook Serve: Involved a kill step and may be followed by hot holding but is prepared for same day service.
- ☐ Prep Serve: Did NOT involve a kill step. It may include heating commercially prepared foods for service.

Suspected or confirmed multi-ingredient/food vehicle if more than one

a2. Name of ingredient #2: _____

b2. If any information is present (product manifests, records, tags) that shows this ingredient is an imported food item or from an unapproved source or recall, describe: ☐N/A

c2. Did any of the following parties intend for the food to be consumed raw or undercooked? (Check all that apply)

☐Manufacturer/Processor ☐Establishment ☐Customer ☐N/A ☐Unknown

d2. Select the best description of the ingredient upon arrival at the food service establishment:

☐Raw, whole nonfrozen (ex: green beans) ☐Commercially processed fresh product (ex: bagged lettuce)
☐Raw, frozen (ex: frozen corn) ☐Commercially Processed – canned
☐Dried ☐Unknown

a3. Name of ingredient #3: _____

b3. If any information is present (product manifests, records, tags) that shows this ingredient is an imported food item or from an unapproved source or recall, describe: ☐N/A

c3. Did any of the following parties intend for the food to be consumed raw or undercooked? (Check all that apply)

☐Manufacturer/Processor ☐Establishment ☐Customer ☐N/A ☐Unknown

d3. Select the best description of the ingredient upon arrival at the food service establishment:

☐Raw, whole nonfrozen (ex: green beans) ☐Commercially processed fresh product (ex: bagged lettuce)
☐Raw, frozen (ex: frozen corn) ☐Commercially Processed – canned
☐Dried ☐Unknown

a4. Name of ingredient #4: _____

b4. If any information is present (product manifests, records, tags) that shows this ingredient is an imported food item or from an unapproved source or recall, describe: ☐N/A

c4. Did any of the following parties intend for the food to be consumed raw or undercooked? (Check all that apply)

☐Manufacturer/Processor ☐Establishment ☐Customer ☐N/A ☐Unknown

d4. Select the best description of the ingredient upon arrival at the food service establishment:

☐Raw, whole nonfrozen (ex: green beans) ☐Commercially processed fresh product (ex: bagged lettuce)
☐Raw, frozen (ex: frozen corn) ☐Commercially Processed – canned
☐Dried ☐Unknown