

D. Restaurants-Fast Food

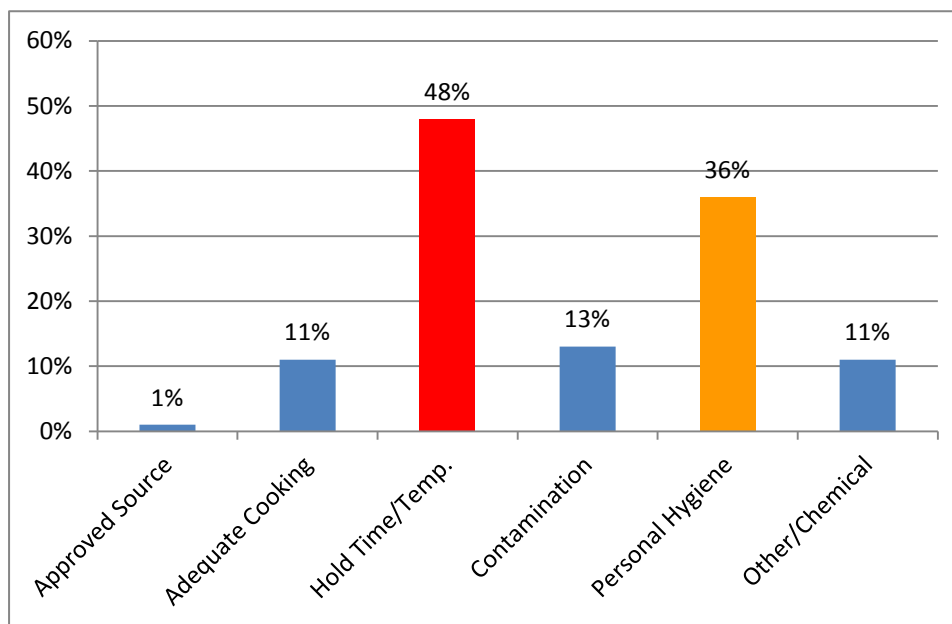
Introduction

For the 2010 Wake County Baseline survey, 87 fast food restaurants were surveyed. For the 46 possible individual data items on the survey instrument 1,628 observations were made at 87 fast food restaurants. See Appendix D for complete data related to fast food restaurants.

Certified food protection managers (28%): For this survey, a certified food protection manager had to be present, and possess a State-approved course certificate, in order to be marked IN compliance. A certified food protection manager was present at 24 of the 87 facilities (28% IN compliance).

Results and Discussion

Table Fast-1: The following diagram represents OUT of compliance risk factors by category as a percentage of total observations.



The same data is shown in the table below with the actual number of OUT of compliance observations relative to the total number of observations (IN and OUT).

Foodborne Illness Risk Factor Risk Factor OUT of compliance:	Fast Food Restaurants		
	% OUT	# OUT observations	Total Observations
Food from Unsafe Source	1%	2	179
Inadequate Cooking	11%	9	85
Improper Holding/Time-Temperature	48%	206	430
Contaminated Equipment/Contamination	13%	46	349
Poor Personal Hygiene	36%	177	493
Other/Chemical	11%	10	92
Totals	28%	450	1,628

The foodborne illness risk factors needing priority attention are:

- Improper Holding /Time and Temperature (48% OUT of compliance)
- Poor Personal Hygiene (36% OUT of compliance)

Tables Fast-2 and Fast-3 show the breakdown of these risk factors into the specific individual data items on the survey instrument that need priority attention.

Table Fast-2: Holding/Time-Temperature (48% OUT)

Data Item	# OUT	Total Obs.	% OUT
RTE prepared on site, PHF date marked 10a	31	49	63%
Cold Hold 8a	54	87	62%
RTE, PHF discarded after seven days 10b	50	84	60%
Commercially prepared RTE, PHF date marked 10c	47	82	57%
Time as Public Health Control 10d	2	7	29%
Proper Cooling Procedure (Cooked and cooled) 7a	4	16	25%
Proper Cooling Procedure (Ambient and cooled) 7b	4	16	25%
Hot Hold 9a	12	67	18%
Proper Cooling Procedure (Received and cooled) 7c	2	21	10%

Items with $\geq 25\%$, with significant sample size, are shown in **bold.*

Date marking (Individual Data Items 10a, 10b, 10c, and 10d): Date marking of refrigerated ready-to-eat, PHF foods is an important food safety system component designed to promote proper food rotation and limit the growth of *Listeria monocytogenes* during cold storage. Discarding ready-to-eat, PHF that has remained in cold storage beyond the parameters described in the FDA Food Code prevents foods with a harmful level of *Listeria monocytogenes*

from being served. Item 10d addresses use of time as a public health control. North Carolina's current rules do not require date marking.

Cold Holding at 41°F (Individual Data Item 8a): Maintaining potentially hazardous food (PHF) foods under the cold temperature control of 41°F limits the growth of pathogens that may be present in or on the food and may help prevent foodborne illness. Temperature has significant impact on both the generation time of an organism and its lag period. Control of the growth of *Listeria monocytogenes* (Lm) is the basis for the cold holding temperature of 41°F. North Carolina's cold holding temperature requirement is 45°F.

Proper Cooling Procedure (Individual Data Items 7a, 7b and 7c): Safe cooling requires rapid removal of heat from foods quickly enough to prevent the growth of spore-forming pathogens. Foodservice directors and managers need to ensure their practices and procedures are capable of rapidly cooling PHF. Item 7a represents those items that are cooled from a cooked state, 7b represents cooling from ambient temperatures, and 7c addresses cooling after receiving food shipments.

Hot Holding (Individual Data Item 9a): Holding PHF at the proper hot temperature of 135°F is critical to preventing the growth of bacteria. Equipment, processes, and monitoring procedures related to maintaining temperature control for PHF need to be assessed and corrective action should be taken, if necessary.

Table Fast-3: Poor Personal Hygiene (36% OUT)

Data Item	# OUT	Total Obs.	% OUT
Employee Health Policy 17a	79	87	91%
Prevention of Hand Contamination 15a	34	74	46%
Proper Handwashing 13a	22	75	29%
Handwash facilities (accessible) 16a	19	87	22%
Good Hygienic Practices 14a	18	83	22%
Handwash facilities (soap and towels) 16b	5	87	6%

Items with $\geq 25\%$, with significant sample size, are shown in **bold.*

Employee Health Policy (Item 17a): The development and effective implementation of an employee health policy based on the provisions in the Food Code may help to prevent foodborne illness associated with contamination of food by ill or infected food employees. Current North Carolina rules do not require an employee health policy.

Prevention of Hand Contamination (Item 15a): Handwashing alone may not prevent the transmission of pathogens to foods via hand contact; therefore, preventing bare hand contact with ready-to-eat foods is a major control measure for limiting the spread of harmful bacteria and viruses from the hands to ready-to-eat (RTE) food. Reinforcing the importance of preventing bare hand contact with ready-to-eat foods should be supported by a management

system that includes proper employee training and monitoring of practices to identify to what extent procedures are being followed. North Carolina rules stress minimal bare hand contact, but do not differentiate between RTE food and raw products, and do not fully restrict bare hand contact of RTE foods.

Proper Handwashing (13a): Handwashing is a critical factor in reducing fecal-oral pathogens that can be transmitted from hands to RTE food as well as other pathogens that can be transmitted from environmental sources. Many employees fail to wash their hands as often as necessary, and even those who do may use flawed techniques.

Handwash facilities (Items 16a and 16b): Hands are a common vehicle for the transmission of pathogens to foods in an establishment. Hands can become soiled with a variety of contaminants during routine operations. The transfer of contaminants can be limited by providing food employees with handwashing sinks that are properly equipped and conveniently located. Handwashing sinks that are blocked by portable equipment or stacked full of soiled utensils and other items, are rendered unavailable for employee use. In addition to keeping sinks available for handwashing, they must be stocked with soap and towels.

Good Hygienic Practices (Item 14a): Proper hygienic practices by food employees minimize the possibility of transmitting disease through food. Employee practices such as eating, drinking and smoking in food preparation areas and working while experiencing persistent coughing and sneezing must be prohibited. Elimination of these practices will help prevent the transfer of microorganisms to foods and food contact surfaces.

Summary

Table Fast-4: foodborne illness risk factor categories and individual data items in need of priority attention

Foodborne Illness Risk Factor in need of priority attention	Individual data items in need of priority attention with % OUT
Holding/Time-Temperature (48% OUT)	RTE prepared on site, PHF date marked 10a (63% OUT)
	Cold Hold 8a (62% OUT)
	RTE, PHF discarded after seven days 10b (60% OUT)
	Commercially prepared RTE, PHF date marked 10c (57% OUT)
	Time as Public Health Control 10d (29% OUT)
	Proper Cooling Procedure (Cooked and cooled) 7a (25% OUT)
	Proper Cooling Procedure (Ambient and cooled) 7b (25% OUT)
	Hot Hold 9a (18% OUT)
	Proper Cooling Procedure (Received and cooled) 7c (10% OUT)
Personal Hygiene (36% OUT)	Employee Health Policy 17a (91% OUT)
	Prevention of Hand Contamination 15a (46% OUT)
	Proper Handwashing 13a (29% OUT)
	Handwash facilities (accessible) 16a (22% OUT)
	Good Hygienic Practices 14a (22% OUT)
	Handwash facilities (soap and towels) 16b (6% OUT)

Items with $\geq 25\%$, with significant sample size, are shown in **bold.*