

	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.07.05
		SUPERSEDES (Policy No. & Date): COR.07.05 of November 13, 2023	
SUBJECT: FOOD SERVICE AREA SANITATION INSPECTIONS		Page 1 of 3	

1.0 PURPOSE

To establish guidelines that will ensure compliance and adherence to applicable food service sanitation rules and regulations.

2.0 SCOPE

This policy applies to all correctional facilities in the State of Hawaii.

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. U.S. Department of Justice, Federal Bureau of Prisons, Food Service Manual, September 2011.
- b. Hawaii Administrative Rules (HAR), Title 11, Department of Health, Chapter 50, Food Safety Code.
- c. DCR Policy, COR.07.07, Housekeeping Plan for Food Service Areas.

.2 Definitions

- a. Food Safety Auditor: An individual certified in food safety employed or contracted by the Department to conduct food safety audits.
- b. CPS-FSO: Food Services Officer.
- c. EHSO: Environmental Health and Safety Officer.
- d. IFSM: Institutional Food Services Manager.

.3 Forms

- a. DCR 8519, Food Service Manager Weekly Self-Inspection Checklist (attached).

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4.0 POLICY

- .1 To promote good food handling practices by food service personnel and to enhance the quality of food served in correctional facilities, all departmental food service operations, including the central kitchen areas, satellite food serving sites, food storage facilities, and transport vehicles, shall comply with the State of Hawaii, Department of Health, Food Safety Code and in accordance with DCR Policy, COR.07.07, Housekeeping Plan for Food Service Areas.
- .2 Triennial inspections of food preparation, storage, transport, and service areas shall be conducted by a Food Safety Auditor to monitor compliance and to determine corrective actions necessary to correct non-compliant areas.
- .3 An inspection score by the Food Safety Auditor of 75 or above shall be considered passing except with regard to seven (7) point-weighted items. Items weighted seven (7) points are considered critical violations of the Food Safety Code and shall be corrected immediately upon notification.

5.0 PROCEDURES

- .1 Weekly food service sanitation inspections shall be conducted by designated facility personnel, (i.e., IFSM or designee) utilizing DCR 8519, Food Service Manager Weekly Self-Inspection Checklist. Copies of the weekly inspection reports will be submitted to the facility Warden or designee, and the Department's Environmental Health and Safety Officer for review. Corrective actions for items noted as needing attention shall be noted, as planned, initiated, or completed with appropriate timetables for correction.
- .2 Triennial on-site facility food service safety and sanitation inspections shall be conducted by a qualified Food Safety Auditor.
- .3 Upon completion of the on-site inspection of the facility's food service operation by the Food Safety Auditor, the Auditor shall report his/her findings, in narrative form, to the IFSM and the CPS-FSO within five (5) days of the site inspection date.
- .4 The facility IFSM shall develop a response to the deficiencies cited in the inspection report, detailing the corrective action planned. The response shall be forwarded to the Department's Environmental Health and Safety Officer for review within ten (10) days of receipt of the inspection report. Corrective action shall be accomplished by the next regular monthly inspection unless otherwise noted in the inspection report or response.

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- .5 Copies of food service inspections shall be maintained by the Department's Environmental Health and Safety Officer for five (5) years and be available for review by appropriate persons and agencies.
- .6 The inspection reports, based on findings, shall be forwarded to the appropriate Division Administrator for review and response.

APPROVED RECOMMENDED:



Deputy Director for Corrections

JAN 0 1 2024

Date

APPROVED:



DIRECTOR

JAN 0 1 2024

Date

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Food Service Manager
Weekly Self-Inspection Checklist

DATE: _____

OBSERVER: _____

Use this checklist once a week to determine areas in your operation requiring corrective action. Record corrective actions taken and keep completed records on file for one year

PERSONAL DRESS AND HYGIENE

	Yes	No	Corrective Action		Yes	No	Corrective Action
Employees wear proper uniform including proper shoes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hands are washed thoroughly using proper hand-washing procedures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hair restraint is worn	<input type="checkbox"/>	<input type="checkbox"/>	_____	Eating and drinking are observed only in designated areas away from work area	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingernails are short, unpolished and clean	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appropriate action is taken when coughing or sneezing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jewelry is limited to watch, simple earrings and plain ring	<input type="checkbox"/>	<input type="checkbox"/>	_____	Open sores, cuts, or splints and bandages are completely covered while handling food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hands are washed and gloves are changed at critical points	<input type="checkbox"/>	<input type="checkbox"/>	_____				

FOOD STORAGE AND DRY STORAGE

	Yes	No	Corrective Action		Yes	No	Corrective Action
All food and paper supplies are 6 to 8 inches above the ground	<input type="checkbox"/>	<input type="checkbox"/>	_____	There is no bulging or leaking canned goods in storage	<input type="checkbox"/>	<input type="checkbox"/>	_____
All food is dated with delivery date	<input type="checkbox"/>	<input type="checkbox"/>	_____	Food is protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	_____
The FIFO (First In, First Out) method of inventory is being practiced.	<input type="checkbox"/>	<input type="checkbox"/>	_____	Chemicals are stored away from food	<input type="checkbox"/>	<input type="checkbox"/>	_____
All surfaces and floors are clean	<input type="checkbox"/>	<input type="checkbox"/>	_____	No signs of rodent infestation	<input type="checkbox"/>	<input type="checkbox"/>	_____

EQUIPMENT

	Yes	No	Corrective Action		Yes	No	Corrective Action
Food slicer is clean to sight and touch	<input type="checkbox"/>	<input type="checkbox"/>	_____	All other equipment are clean to sight and touch-serving lines, storage shelves, cabinets, ovens, ranges, and steam equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food slicer is sanitized between uses	<input type="checkbox"/>	<input type="checkbox"/>	_____	Exhaust hood and filters are clean	<input type="checkbox"/>	<input type="checkbox"/>	_____
All small equipment and utensils, including cutting boards, are sanitized between uses	<input type="checkbox"/>	<input type="checkbox"/>	_____	Small equipment is inverted, covered, or otherwise protected from dust or contamination when stored	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small equipment and utensils are air dried	<input type="checkbox"/>	<input type="checkbox"/>	_____	Work surfaces are clean to sight and touch	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thermometers are washed and sanitized between each use	<input type="checkbox"/>	<input type="checkbox"/>	_____	Work surfaces are washed and sanitized between uses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can opener is clean to sight and touch	<input type="checkbox"/>	<input type="checkbox"/>	_____	Carts are washed and sanitized between uses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ice machine is clean (interior)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Carts are clean to sight and touch	<input type="checkbox"/>	<input type="checkbox"/>	_____

REFRIGERATOR AND FREEZER

	Yes	No	Corrective Action		Yes	No	Corrective Action
Thermometer is visible and accurate	<input type="checkbox"/>	<input type="checkbox"/>	_____	Refrigerator and Freezer temp. logged twice daily	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is stored 6 inches above the floor	<input type="checkbox"/>	<input type="checkbox"/>	_____	Refrigerated food items stored in the proper stacking order	<input type="checkbox"/>	<input type="checkbox"/>	_____
All food is properly wrapped, labeled and dated	<input type="checkbox"/>	<input type="checkbox"/>	_____	Shelves, racks, walls, floors, doors, and ceiling clean and free from ice build-up.	<input type="checkbox"/>	<input type="checkbox"/>	_____
The FIFO (First In, First Out) method of inventory is being practiced.	<input type="checkbox"/>	<input type="checkbox"/>	_____	All items stored on shelves allow proper air circulation	<input type="checkbox"/>	<input type="checkbox"/>	_____

FOOD AND HOT HOLDING

	Yes	No	Corrective Action		Yes	No	Corrective Action
Food is heated to 165° before placing in hot holding	<input type="checkbox"/>	<input type="checkbox"/>	_____	Temperature of food being held is above 135°	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is tasted using proper method	<input type="checkbox"/>	<input type="checkbox"/>	_____	Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	_____

GENERAL SANITATION

	Yes	No	Corrective Action		Yes	No	Corrective Action
Dishwashing temperatures reach proper temperatures	<input type="checkbox"/>	<input type="checkbox"/>	_____	Sanitation test kits available and used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dishwashing sanitation levels are tested and recorded	<input type="checkbox"/>	<input type="checkbox"/>	_____	Cleaning cloths are stored in a sanitizing solution	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hand washing procedures are posted at each handwashing sink	<input type="checkbox"/>	<input type="checkbox"/>	_____	All garbage cans are clean and covered when not in use	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hand washing paper towels and soap dispensers are filled	<input type="checkbox"/>	<input type="checkbox"/>	_____	Dumpsters are clean and covered	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cleaning supplies and equipment are stored away from food and properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	_____	Light fixtures are covered	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dining tables are sanitized after each use	<input type="checkbox"/>	<input type="checkbox"/>	_____	Refrigerator- freezer door gaskets are clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food contact surfaces are cleaned and sanitized after each use	<input type="checkbox"/>	<input type="checkbox"/>	_____	Ovens and steamers are clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	_____
No cracks, holes or loose molding	<input type="checkbox"/>	<input type="checkbox"/>	_____	All areas are free of evidence of insects or pests	<input type="checkbox"/>	<input type="checkbox"/>	_____
All floors, walls and ceilings tiles in place and not cracked	<input type="checkbox"/>	<input type="checkbox"/>	_____	MSDS is updated and available to all staff	<input type="checkbox"/>	<input type="checkbox"/>	_____
No leaks in pipes, faucets, hoses	<input type="checkbox"/>	<input type="checkbox"/>	_____	Emergency stock of food, water, and supplies are available per facility policy	<input type="checkbox"/>	<input type="checkbox"/>	_____
All painted surfaces are clean and not chipped	<input type="checkbox"/>	<input type="checkbox"/>	_____				

COMMENTS AND ACTIONS TO BE TAKEN