**Part III – Manager Interview**

420-021 February 2022

**Instructions**: Conduct the following interview with an establishment manager after an establishment has been identified for and environmental assessment. This form provides a semi-structured interview; you can probe for more information as needed. Read bold text aloud. **DO NOT** read answer choices aloud unless they are bolded. **DO NOT** read the Unsure or Refused answer choices.

1. How long was the interview(s)? *Number of minutes:*
2. Date the manager interview was conducted:

# Establishment – General

READ ALOUD: **“I’d like to ask you some questions about this establishment. Please be as open and honest as possible. The first few questions focus on the establishment in general. Please make your best estimate if you do not know the exact number for the following questions.”**

1. **Is this an independent establishment or a chain establishment?**
2. **Approximately how many meals are served here daily? Meals can be estimated using number of customers served or ticket orders**. #       or
3. **What is the establishment’s busiest day, in terms of number of meals served?**
4. **Are any foods prepared or partially prepared at a commissary or other location?**
5. **Other than daily specials, when was the last time food items were added to your menu(s)?**

# Kitchen Manager

READ ALOUD: **“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**.”

1. **Approximately how long have you been employed as a kitchen manager in this establishment?**

Length:       or

1. **Approximately how long have you worked as a kitchen manager?**

Length:       or

1. **How many kitchen managers, including you, are currently employed in this establishment? If you aren’t sure, use your best guess.**

Number of Managers:       or

READ ALOUD: **“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 the purpose of 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 check all languages he or she speaks fluently. Please make your best estimate if you do not know the exact answer.”**

1. **What language(s) do you and other managers in this establishment speak fluently?**  
   *(Check all that apply)*

English

Spanish

French

Chinese (any dialect)

Japanese

Other:

1. **What languages do you and other managers speak at work?** *(Check all that apply)*

English

Spanish

French

Chinese (any dialect)

Japanese

Other:

READ ALOUD: **“The next few questions ask about kitchen manager food safety training and certification.”**

1. **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**.
   1. **How many kitchen managers have had food safety training? If you aren’t sure, use your best guess.**

Number of managers:       or

* 1. **What type of food safety training do kitchen managers (you) receive? Is it on the job or 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)*

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.)

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.)

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, and AboveTraining/StateFoodSafety.com.

READ ALOUD: **“The next few questions ask about kitchen manager food safety certification,   
where you receive a certificate upon completion of the training course.”**

1. **Are any kitchen managers, including you, food safety certified?**
   1. **How many kitchen managers in this establishment, including yourself, are food safety certified by an ANSI accredited program such as ServSafe National Registry of Food Safety Professionals Prometric, or 360Training? If you aren’t sure, use your best guess.**

Number of managers:       or

* 1. **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?**

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

# Food Workers

READ ALOUD: **“The next set of questions focuses on food workers, and by food workers I mean employees, excluding managers, who work in the kitchen. This does not include staff who have no food handling responsibilities or who have very limited food contact such as adding garnish or condiments to a plate.”**

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

Number of workers:       or

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

English

Spanish

French

Chinese (any dialect)

Japanese

Other:

1. **What languages do food workers speak at work?** (Check all that appy)

English

Spanish

French

Chinese (any dialect)

Japanese

Other:

READ ALOUD: **The next few questions focus on food safety training and certification among food workers, excluding managers.**

1. **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**.
   1. **How many food workers have had food safety training? Please make your best estimate if you do not know the exact number.**

Number of food workers with training:       or

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

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.)

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.)

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, and AboveTraining/StateFoodSafety.com.

# Policy

READ ALOUD: **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.**

1. **Does this establishment have a cleaning policy or schedule for:**
   1. **Cutting boards?**
   2. **Food slicers?**
   3. **Food preparation tables?**
   4. **Frequently touched customer surfaces like menus, tables, and condiments?**

*If all of the answers to 17a-17d are No, skip to #18.*

* 1. *If they have any of these policies*: **Are any of these policies written?**
     1. **Which ones?** (Check all that apply)

Cutting boards

Food slicers?

Food preparation tables?

Frequently touched customer surfaces

1. **Does this establishment have a policy concerning disposable glove use**? 
   1. *If there is a glove use policy*: **Does the glove policy require that food workers wear gloves**:
      1. **when they have cuts or other skin injuries?**
      2. **when handling ready-to-eat foods?**
      3. **when handling raw meat or poultry?**
      4. **at all times while working in the kitchen?**
   2. *If there is a glove use policy*: **Is the policy written?**
2. **Does this establishment have a policy for cleaning up after someone has vomited or had diarrhea in the establishment?**
   1. **Is this policy written?**

# Food Temperatures

READ ALOUD: **“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.”**

1. **Does this establishment have a policy to take the temperature of any incoming food products?**
2. **Excluding incoming products, does this establishment have a policy to take food temperatures?**

# Health Policies

READ ALOUD: **“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.”**

1. **When food workers say they are ill, do you typically ask if they are experiencing certain symptoms?**
2. **Does this establishment have a policy or procedure that requires food workers to tell a manager when they are ill?** 
   1. **Is this policy in writing?**
   2. **Does this policy require ill workers to tell managers what their symptoms are?**
   3. **Does this policy specify certain symptoms that ill workers are required to tell managers about?** 
      1. **What are those symptoms?** *(Check all that apply)*

Vomiting

Diarrhea

Jaundice   
(yellow eyes/skin)

Sore throat with fever

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

Other (describe):

1. **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.**
2. **Is this policy in writing?**
3. **Does this policy specify the specific symptoms that would prompt excluding or restricting ill workers from working?**
4. **What are those symptoms?** *(Check all that apply)*

Vomiting

Diarrhea

Jaundice  
(yellow eyes/skin)

Sore throat with fever

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

Other (describe):

# Sick Leave Policies

READ ALOUD: **“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 that work in the kitchen.”**

1. **Do any kitchen managers (including you) ever get paid when they miss work because they are ill?**
2. 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.

Number of kitchen managers:

Unsure

Refused

1. **Do any food workers ever get paid when work is missed because they are ill?**
2. 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.

Number of food workers:

Unsure

Refused

1. **Have any practices or policies changed since you were first notified about a potential problem in your restaurant?**
   1. **What are those changes?**

# End of Manager Interview

READ ALOUD: **“Thank you very much.”**

Return the Manager Interview with the completed Environmental Assessment Form and supporting documentation to [food.safety@doh.wa.gov](mailto:food.safety@doh.wa.gov) or FAX 360.235.2261.  
DO NOT send confidential information.

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| --- |
| Manager Interview for: Enter FE Name Here |
| Interview conducted by: Name and Title |

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| **Part IV – Establishment Observation**: Conduct an establishment observation as soon as possible after an establishment is identified for an environmental assessment. These questions are based on the initial observation of the establishment and the food handling practices at the time of the initial environmental assessment and NOT those thought to have been in place at the time of the exposure. Data collection should occur during the establishment’s hours of operation. Please answer the following questions by observation. If a question is not relevant to the establishment’s operation, select ‘Not applicable’ (N/A). | | | | | | | | | | | | | | | |
| FE Name: | | | | | | | | | | | | | | | |
| 1.How long was the observation(s)?       (in minutes) | | | | | | | | | | | | | | | |
| 2.Date observations were initiated: | | | | | | | | | | | | | | | |
| 3. How many **hand sinks** are in or adjacent to the **employee restrooms**? | | | | | | | | | | | | | | *If hand sink(s) available:* | |
| 3a. Is warm water (minimum 100°F) available at all employee restroom hand sinks? | | | | | | | | | | | | | | *If no: #* without: | |
| 3b. Is soap available at (or near) all employee restroom hand sinks? | | | | | | | | | | | | | | *If no: #* without: | |
| 3c. Are paper or cloth drying towels or electric hand dryers available at (or near) all employee restroom hand sinks? | | | | | | | | | | | | | | *If no: #* without: | |
| 4. How many **hand sinks** are located in the **work area**? | | | | | | | | | | | | | | *If hand sink(s) available:* | |
| 4a. Is warm water (minimum 100°F) available at all hand sinks in the work area? | | | | | | | | | | | | | | *If no: #* without: | |
| 4b. Is soap available at (or near) all hand sinks in the work area? | | | | | | | | | | | | | | *If no: #* without: | |
| 4c. Are paper or cloth drying towels or electric hand dryers available at (or near) all hand sinks in the work area? | | | | | | | | | | | | | | *If no: #* without: | |
| 5*.*Are food workers **observed washing their hands** using water, soap, appropriate drying methods, and for the appropriate amount of time? | | | | | | | | | | | | | | |  |
| 6. How many **cold storage units** are in the establishment? | | | | | | | | | | | | | | | Number of units:  N/A |
| 6a. *If there is at least one cold storage unit:* Which types of cold storage units do you observe? (*Check all that apply*)  Reach-In  Walk-In  Open-Top Units  Self-Serve/Salad Bar  Other, *Describe*: | | | | | | | | | | | | | | | |
| 7. Are any foods observed in **cold holding**? | | | | | | | | | | | | | |  | |
| 7a. *If cold holding is observed:* Are the temperatures of all foods measured in cold holding ≤41°F? | | | | | | | | | | | | | |  | |
| 8. Which of the following **practices are observed** during this visit? *(Check all that apply)* | | | | | | | | | | | | | | | |
| Bare hands touch non-RTE food  Bare hands touch RTE food  Gloved hands touch non-RTE food  Gloved hands touch RTE food | | | | | Other method to prevent bare hands from touching RTE food   (ex: tissue paper, tongs, utensil)  No food handling was occurring | | | | | | | | | | |
| 9. Is there a supply of **disposable gloves** available in the establishment? | | | | | | | | | | | | |  | | |
| 10. Are there **records** to indicate that the **temperatures of incoming ingredients** are being taken and recorded? | | | | | | | | | | | | |  | | |
| 11. Are there **records** to indicate that the **temperatures of foods**, *excluding incoming ingredients*, are being taken and recorded? | | | | | | | | | | | | |  | | |
| 12. Is there any evidence of direct **cross contamination** of raw animal products with RTE foods? | | | | | | | | | | | | |  | | |
| 12a. *If there is evidence of cross contamination:* Describe: | | | | | | | | | | | | | | | |
| 13.Is there any evidence of **cooling of hot foods** observed in this establishment? | | | | | | | | | | | | |  | | |
| 13a.*If there is cooling of hot foods:* What cooling method(s) are used? *(Check all that apply)* | | | | | | | | | | | | | | | |
| Portioning into smaller pans and cooled in regular cooler  Portioning into smaller pans and cooled in blast chiller  Using ice as an ingredient  Using ice bath for food container before cooling in regular cooler | | | | | | | | Using ice bath for food container before cooling in blast chiller  Using ice wands before cooling in regular cooler  Using ice wands before cooling in blast chiller  Other, *Describe:* | | | | | | | |
| 13b. *If there is cooling of hot foods:* Are the cooling methods properly implemented? | | | | | | | | | | | | |  | | |
| 14. Are any foods observed in **hot holding**? | | | | | | | | | | | | |  | | |
| 14a.*If there are foods in hot holding:* Are the temperatures of all foods measured in hot holding at 135°F or above? | | | | | | | | | | | | |  | | |
| 15**.** Are any foods observed during **cooking**? | | | | | | | | | | | | |  | | |
| 15a. *If there are foods cooking:* Are the temperatures of all foods measured during cooking at or above the recommended temperatures? | | | | | | | | | | | | |  | | |
| 16. Are there any thermometers observed in food prep areas to measure internal food temperatures? | | | | | | | | | | | | |  | | |
| 16a. *If there are thermometers observed:* Are any thermometers observed being used? | | | | | | | | | | | | |  | | |
| 17**.** Are any of these items observed for **cleaning and sanitizing** food contact surfaces and in-place equipment?   (*Check all that apply*) | | | | | | | | | | | | | | | |
| None of these items were present  Wiping cloths | | | Sanitizer buckets  Disposable sanitizer wipes | | | | | | | Spray bottle  Other, *Describe*: | | | | | |
| 17a.*If wiping cloths are present*: Are all wet wiping cloths stored in sanitizer solution between uses? | | | | | | | | | | | | |  | | |
| 17b.*If sanitizer buckets or bottles are present:* Pick one sanitizer bucket (or bottle) and test sanitizer concentration. Is it in the proper range? | | | | | | | | | | | | |  | | |
| 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 machines  Manual washing  Other, *Describe*: | | | | | | | | | | | | | | | |
| 18a. *If there is a mechanical washer:* Does the wash cycle reach the temperatures recommended for the mechanical washing machine? | | | | | | | | | | | | |  | | |
| 18b. *If there is a mechanical washer:* How is sanitization achieved? (*Check all that apply)* | | | | | | | | | | | | | Heat  Chemical | | |
| 18b1. *If heat used to sanitize:* Does the sanitizing cycle reach the temperatures recommended for sanitization? | | | | | | | | | | | | |  | | |
| 18b2**.** *If chemical used to sanitize:* Does the chemical sanitizing cycle have the required levels of chemical sanitizer recommended for the machine? | | | | | | | | | | | | |  | | |
| 18c. *If there is manual washing:* What type of sink is used for manual washing? *(Check all that apply)*  3-compartment  2-compartment  Other, *Describe*: | | | | | | | | | | | | | | | |
| 18d.*If there is manual washing:* Are dishes, utensils, etc. washed, rinsed, and sanitized properly? (heat or chemical) *(Check all that apply)* | | | | | | | | | | | | | | | |
| Yes  No, steps not in proper order | | No, did not wash properly  No, did not rinse | | | | No, did not sanitize properly  No, did not air dry | | | | | No, Other, *Describe*:  Manual washing not occurring | | | | |
| 19. Are any **signs and instructions posted** in the establishment? | | | | | | | | | | | | |  | | |
| 19a. *If yes:* Do any use pictures or symbols to communicate a message? | | | | | | | | | | | | |  | | |
| 19b. *If yes:* What languages do you observe on signs or instructions posted for food workers? *(Check all that apply)* | | | | | | | | | | | | | | | |
| English  Chinese (any dialect) | Spanish  Japanese | | | | | | French  No written words | | | | | Other, *Describe*: | | | |
| 20. Do you observe any of these items for responding to **vomit and/or diarrheal incidents**? *(Check all that apply)* | | | | | | | | | | | | | | | |
| Bleach  Disinfectant effective against norovirus surrogate  Personal protective equipment   (ex: gloves or goggles/glasses or mask) | | | | | | | Absorbent powder/solidifier  Directions for vomit/diarrhea cleanup  Other, *Describe*:  None of these items were present | | | | | | | | |
| 20a. *If any of these are observed:* Are any of these things located together (ex: in a kit)? | | | | | | | | | | | | |  | | |
| 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? | | | | | | | | | | | | |  | | |
| 21a. *If there are differences:* Describe: | | | | | | | | | | | | | | | |
| **22.** Record any additional comments. These could include a brief description of specific circumstances during or right before the time of the exposures that are believed to have played a significant exposure role. For example, it may have been determined that the establishment operated with no hot water, walk-in cooler units failed, the kitchen manager was on vacation and normal policies or procedures were not followed in their absence, the establishment was out of single use gloves, or a large number of food workers did not show up for work. | | | | | | | | | | | | | | | |
| **Review of Policies** | | | | | | | | | | | | | | | |
| **23.** Is a **certified kitchen manager** present at the time of data collection?*(Check all that apply)* | | | | | | | | | | | | | | | |
| Yes, ANSI certification  Yes, other certification  Yes, certification is not available | | | | Unsure  No | | | | | Certification is not current  No, but FE has certified kitchen manager on staff | | | | | | |
| 1. Does the **written employee health policy** or procedure: *(Check all that apply)*   Require food workers to tell a manager when they are ill?  Require ill workers to tell managers what their symptoms are?  Specify certain symptoms that ill workers are required to tell managers about? (*Check all that apply*)  Vomiting  Sore throat with fever  Diarrhea  A lesion containing pus (ex: boil or infected wound)  Jaundice (yellow eyes or skin)  Other, *Describe:*  Apply to kitchen managers?  Apply to food workers?  Restrict ill workers from working?  Exclude ill workers from working?  Include a record to track employee illness (ex: on schedule or log)  No written policy  Employee health policy not in use | | | | | | | | | | | | | | | |

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).