# Manager Informed Consent and Interview Form 2023 EHS-Net Food Safety Culture Study

### Contents

| Manager Informed Consent and Interview Form 2023 EHS-Net Food Safety Culture Study | 1 |
|--|---|
| Manager Informed Consent   | 2 |
| Manager Demographic  | 3 |
| Restaurant Demographic/Classification  | 4 |
| Food Safety Policies   | 7 |

**Form Approved** 

OMB Number: 0920-0792 Expiration Date: 9/30/2018

CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate to: CDC/ATSDR Information Collection Review Office, MS D-74, 1600 Clifton Road, NE, Atlanta, GA 30333 ATTN: PRA (0920-0792).

#### Notes:

Instructions to the data collector are italicized. Only bold text is to be read aloud by the data collector. For answer options, boxes  $(\Box)$  mean that there could be multiple answers to the question, while circles  $(\bigcirc)$  mean that there is only one answer to the question.

#### **Manager Informed Consent**

[To the data collector: Read the following paragraphs aloud.]

Let me tell you why I am here. I am working with [INSERT HEALTH DEPARTMENT NAME] on a project looking at the food safety beliefs and practices in restaurants. Research has shown that restaurant policies and employee beliefs can impact food safety. Your restaurant was picked at random to be a part of this project. Participation is voluntary. You can choose to stop at any time. Whether you are a part of the study will not affect your restaurant's score (or fines if applicable) on any health inspection.

Having said that, I need to let you know that if at any time during my visit I see something that is an imminent health hazard, such as no power or water, or sewage backing up in the restaurant, I will need to stop what I am doing and report the problem to [INSERT HEALTH DEPARTMENT NAME OR THE APPROPRIATE REGULATORY AUTHORITY].

I am going to ask you some questions about your restaurant and its policies. If any of the questions make you uncomfortable, you can choose not to answer them. The information I collect today will be combined with information from other restaurants in other states. While I do have your restaurant's name and address, they will remain with me and be destroyed at the end of the study. The data we collect will only be reported with a coded identifier, and the key will not be provided to anyone else.

The information you provide will be valuable in understanding some of the tough issues that restaurants face, so we ask you to be as open and honest as you can.

The interview portion should take approximately 20 minutes. After the interview, I also would like to provide a survey to your workers, they can fill it out at their leisure, and it should take less than 10 minutes. I would then like to take a short tour of the kitchen. I would also like to leave you with a flier with a website for other employees, so they can complete the survey too.

Do you have any questions? If you have any questions later or would like a summary of the study's findings, you can contact [INSERT LOCAL CONTACT NAME]. We expect to have all of the data summarized in about a year and a half.

## **Manager Demographic**

[To the data collector: Read the following paragraph aloud.]

I'd like to ask you some questions about yourself and this restaurant. Please be as open and honest as possible. The results will be merged with information from other restaurants, and no identifying information from this restaurant will be reported. The first few questions are about your experience.

| 1. | How many years have you worked in food service?  Less than 1 year  1-5 years  6-10 years  11-15 years  More than 15 years   |
|----|---|
| 2. | Have you ever had food safety training?  O Yes O No   |
| 3. | Have you ever been a Certified Food Protection Manager (such as by passing an ANSI-accredited program such as ServSafe, Prometric, National Registry of Food Safety Professionals, 360Training, or AboveTraining)?  O Yes  No  New York City  a. If the answer to question 3 is "Yes," is the certification still valid?  O Yes  O No |
| 4. | What title would best describe your position? [To the data collector: Read options aloud.]  General manager  Assistant manager  Kitchen manager  Owner  Shift supervisor  Other (please specify):   |
| 5. | Approximately how long have you been employed as a kitchen manager in this establishment?  Less than 6 months  6 months to less than a year  1 year to less than 2 years  2 years to less than 4 years  4 years to less than 6 years  6 years to less than 8 years  8 years to less than 10 years  10 years or more  Refused          |
| 6. | Does the restaurant's food safety performance rating, such as inspection scores, affect your pay?  Yes  No  Unsure Refused  |

## **Restaurant Demographic/Classification**

[To the data collector: Read the following sentence aloud.]

Now, I'd like to ask some general questions about this restaurant.

| 7.  | Is this restaurant independently owned or part of a local, regional, or national chain?                    |
|-----|--|
|     | O Independent  |
|     | O Local chain  |
|     | O Regional chain   |
|     | O National chain   |
|     | O Unsure   |
|     | O Refused  |
|     | O Other (please specify):  |
| 8.  | Which of the following options best describes the restaurant's style? [To the data collector: Read options |
|     | aloud.]  |
|     | O Family style   |
|     | O Fast casual  |
|     | O Fast food  |
|     | O Fine dining  |
|     | O Buffet   |
|     | O Café/Bistro  |
|     | O Other (please specify):  |
| 9.  | What is the seating capacity of this restaurant? [Should be located on the Certificate of Occupancy]       |
|     | O Capacity:  |
|     | O Unsure   |
|     | O Refused  |
| 10. | What is your approximate sales per customer?   |
|     | O Sales per customer in dollars:   |
|     | O Unsure   |
|     | O Refused  |
| 11. | What is your approximate average number of transactions or tickets per day?                                |
|     | O Number of Transactions:  |
|     | O Unsure   |
|     | O Refused  |
| 12. | Approximately how many meals are served here daily?  |
|     | O Number of Meals:   |
|     | O Unsure   |
|     | O Refused  |
|     |  |

| <ul> <li>Monday</li> <li>Tuesday</li> <li>Wednesday</li> <li>Thursday</li> <li>Friday</li> <li>Saturday</li> <li>Sunday</li> <li>Unsure</li> <li>Refused</li> </ul>   |
|---|
| <ul> <li>14. How many people work here including employees and managers that have food handling duties including prepping, cooking, or plating food?</li> <li>Number of Managers:</li> <li>Number of Employees:</li> <li>Unsure</li> <li>Refused</li> </ul>   |
| 15. How many of these employees do you have to replace on average every month?  |
| O Number of employee turnovers:   |
| <ul><li>Unsure</li><li>Refused</li></ul>  |
|   |
| 16. In general, what is the average length of employment for:  a. Managers  Length of employment for managers in years:  Length of employment for managers in months:  Unsure Refused  b. Cooks  Length of employment for cooks in years:  Length of employment for cooks in months:  Refused  Refused  |
| <ul> <li>17. How often do you review the restaurant's profit and loss statement?</li> <li>O Daily</li> <li>O Weekly</li> <li>O Monthly</li> <li>O Annually</li> <li>O Never</li> <li>O Unsure of frequency</li> <li>O Doesn't know what this is</li> <li>O Reviewed by accountant / business manager</li> <li>O Refused</li> <li>O Other (please specify):</li> </ul> |
|   |

| 18. How often do you review the restaurant's prime costs (total cost of goods sold plus total labor cost)?   |
|--|
| O Daily  |
| O Weekly   |
| O Monthly  |
| O Annually   |
| O Never  |
| O Unsure of frequency  |
| O Doesn't know what this is  |
| O Reviewed by accountant / business manager  |
| , · · · · · · · · · · · · · · · · · · ·  |
| O Refused  |
| Other (please specify):  |
| 19. What language(s) do you and other managers in this establishment speak fluently? [Check all that apply.] |
| ☐ English  |
| ☐ Spanish  |
| ☐ Chinese (any dialect)  |
| ☐ French   |
| ☐ Japanese   |
| ·  |
| Other (please specify):  |
| 20. In your opinion, how well do you communicate verbally with your food workers: Excellent, very well,      |
| somewhat well, passably, or not well at all?   |
| O Excellent  |
| O Very well  |
| O Somewhat well  |
| O Passably   |
| O Not well at all  |
| O Unsure / Don't know  |
| O Refused  |
|  |
| 21. What is the primary language of the employees that work in this restaurant? [Check all that apply.]      |
| ☐ English  |
| ☐ Spanish  |
| ☐ Chinese (any dialect)  |
| ☐ French   |
| ☐ Japanese   |
| Other (please specify):  |
|  |
| 22. Is the manager over the kitchen a Certified Food Protection Manager?                                     |
| O Yes  |
| O No   |
| O Unsure   |
| O Refused  |
| a. If the answer to question 22 is "Yes," is the certification still valid?                                  |
| O Yes  |
| O No   |
|  |
|  |

| 23.     | Doe          | es the restaurant have a Certified Food Protection Manager for all hours of operations?  |
|---------|--------------|--|
|         |              | Yes  |
|         |              | No   |
|         |              | Some hours   |
|         |              | Unsure   |
|         |              | Refused  |
|         |              |  |
| 24.     | Ηον          | w many employees and managers in this restaurant are Certified Food Protection Managers?   |
|         |              | Number of Managers:  |
|         |              | Number of Employees:   |
|         | O            | Unsure   |
|         | $\mathbf{O}$ | Refused  |
| 25.     | Doe          | es this restaurant allow employees to handle ready to eat foods with their bare hands?   |
|         |              | Yes  |
|         |              | No   |
|         |              | Unsure   |
|         |              | Refused  |
|         |              |  |
|         |              | Is bare-hand contact allowed by regulatory?  |
|         |              | O Yes  |
|         |              | O No   |
|         |              | fety Policies a collector: Read the following sentence aloud.]   |
|         |              |  |
| i would | nov          | w like to ask you some questions about this restaurant's policies.   |
| 26.     | [Ch          | the following practices, could you tell me if you have a policy, and if you do, if it is written or verbal? eck all that apply. Check the box if YES. If a policy is partially written and partially verbal, mark both the tten and verbal boxes.] |
|         | b.           | Monitoring cooking temperatures  Policy exists Written Verbal Not applicable Unsure Refused  Cooling of foods Policy exists Written Verbal   |
|         |              | <ul><li>Not applicable</li><li>Unsure</li><li>Refused</li></ul>  |

| c. | Cold holding of food  ☐ Policy exists ☐ Written ☐ Verbal ☐ Not applicable ☐ Unsure ☐ Refused  |
|----|---|
| d. | Hot holding of food  ☐ Policy exists ☐ Written ☐ Verbal ☐ Not applicable ☐ Unsure ☐ Refused   |
| e. | Reheating of food  ☐ Policy exists ☐ Written ☐ Verbal ☐ Not applicable ☐ Unsure ☐ Refused   |
| f. | Date-marking and disposition of ready-to-eat TCS or potentially hazardous foods  ☐ Policy exists ☐ Written ☐ Verbal ☐ Not applicable ☐ Unsure ☐ Refused |
| g. | Receiving of foods / Checking temperatures  ☐ Policy exists ☐ Written ☐ Verbal ☐ Not applicable ☐ Unsure ☐ Refused                                      |
| h. | Preventing cross-contamination of food  ☐ Policy exists ☐ Written ☐ Verbal ☐ Not applicable ☐ Unsure ☐ Refused  |

| i. | Preventing bare-hand contact with ready-to-eat foods  ☐ Policy exists ☐ Written ☐ Verbal ☐ Not applicable ☐ Unsure ☐ Refused  |
|----|---|
| j. | Managing ill workers  □ Policy exists □ Written □ Verbal ○ Not applicable ○ Unsure ○ Refused                                  |
| k. | Cleaning of food contact surfaces  ☐ Policy exists ☐ Written ☐ Verbal ☐ Not applicable ☐ Unsure ☐ Refused                     |
| l. | Cleaning the establishment  ☐ Policy exists ☐ Written ☐ Verbal ☐ Not applicable ☐ Unsure ☐ Refused                            |
| m  | Managing food allergies  □ Policy exists □ Written □ Verbal ○ Not applicable ○ Unsure ○ Refused                               |
| n. | Responding to incidents of vomiting or diarrhea in the restaurant  Policy exists Written Verbal Not applicable Unsure Refused |

| 27. Are employees trained on these policies?   |
|--|
| O Yes  |
| O No   |
| O Some   |
| O Unsure   |
| O Refused  |
| [If No, Unsure, or Refused, go to question 28.]  |
| <ul><li>a. How are employees trained on these policies? [Check all that apply.]</li><li>Description</li><li>Posted policies</li></ul>  |
| ☐ Provided with policy manual  |
| ☐ Part of initial training   |
| ☐ From coworkers   |
| ☐ Classroom  |
| ☐ Other (please specify):  |
| O Unsure   |
| O Refused  |
| Refused  |
| 28. What methods do you use to ensure that the policies are being followed? [Check all that apply.]  |
| ☐ Observation  |
| ☐ Temperature logs   |
| Supervisor check-sheets  |
| Checklists   |
| Other (please specify):  |
| O Unsure   |
| O Refused  |
| <ul> <li>29. When you hire a new employee, in general, what is the primary method used for training them? [Check all that apply.]</li> <li>Coworkers/Job shadowing</li> <li>City/County training</li> <li>Computer-based training</li> <li>Classroom training</li> <li>Shift meetings</li> <li>Video training</li> <li>Other (please specify):</li> <li>Unsure</li> <li>Refused</li> </ul> |
| 30. Do you provide any specific food safety training beyond how employees should perform their specific job duties?  |
| O Yes  |
| O No   |
| O Unsure   |
| O Refused  |
| [If No, Unsure, or Refused, go to question 31.]  |
| a. What methods do you use to provide food safety training? [Check all that apply.]  |
| ☐ Coworkers/Job shadowing  |
| ☐ City/County training   |
| ☐ Computer-based training  |
| ☐ Classroom training   |
| ☐ Shift meetings   |
| Page 10 of 12 – Manger Informed Consent and Interview Form (2023 EHS-Net Study)  |

| <ul> <li>□ Video training</li> <li>□ Other (please specify):</li> <li>○ Not applicable</li> <li>○ Unsure</li> <li>○ Refused</li> </ul>  |
|---|
| <ul> <li>31. Does this restaurant serve any raw or undercooked animal products or items that may contain an undercooked animal product (e.g., a rare steak, raw oysters, or meringue)?</li> <li>Yes</li> <li>No</li> <li>Unsure</li> <li>Refused</li> <li>[If No, Unsure, or Refused, go to question 32.]</li> </ul>  |
| <ul> <li>a. How do you identify animal products that are served raw or undercooked to the customer? [Check all that apply.]</li> <li>Menu description</li> <li>Symbol on menu</li> <li>Server</li> <li>No disclosure</li> <li>Other (please specify):</li> <li>Unsure</li> <li>Refused</li> </ul>   |
| <ul> <li>b. Do you let customers know that they are at an increased risk for illness if they eat the animal products raw or undercooked? If so, is it for all items or just some items, such as for sushi but not for an undercooked steak?</li> <li>Yes-All items</li> <li>Yes-Some items</li> <li>No</li> <li>Unsure</li> <li>Refused</li> <li>[If No, Unsure, or Refused, go to question 33.]</li> </ul> |
| <ul> <li>c. How do you let them know that they are at an increased risk for illness? [Check all that apply.]</li> <li>Menu statement</li> <li>Pamphlet</li> <li>Server</li> <li>No reminder</li> <li>Other (please specify):</li> <li>Unsure</li> <li>Refused</li> <li>[Go to question 33.]</li> </ul>  |
| <ul> <li>32. Would this restaurant serve a raw or undercooked animal product upon customer request?</li> <li>Yes</li> <li>No</li> <li>Unsure</li> <li>Refused</li> </ul>  |

|                       | i have special date-marking procedures for ready-to-eat potentially hazardous or TCS foods, such as<br>hey were prepared, opened, or when they should be used by? |
|-----------------------|---|
| O Yes                 |   |
| O No                  |   |
| O Un                  | sure  |
| O Ref                 | fused   |
| [If No,               | Unsure, or Refused, skip a, b, c, and d.]   |
| all                   | nen you mark the foods, do you use the date it was prepared or the date it should be discarded? [Check that apply.]   |
|                       | Date prepared   |
|                       | Discard date  |
| $\mathbf{O}$          | Unsure  |
| O                     | Refused   |
|                       | w many days does this restaurant keep these items for?  |
|                       | Number of days:   |
|                       | Unsure  |
| O                     | Refused   |
| fro                   | es this include the day it was made? For example, if it was made on Tuesday, do you start counting m Tuesday or from Wednesday?                                   |
|                       | Tuesday   |
|                       | Wednesday<br>Unsure   |
|                       | Refused   |
| •                     | keiuseu   |
|                       | w do you indicate the date on the food? [Check all that apply.]   |
|                       | Write date on food container  |
|                       | Day-dot ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (   |
|                       | Other (please specify):   |
|                       | Unsure  |
| 9                     | Refused   |
| _                     | llector: Do NOT read this aloud. Note the interviewee's gender here.]   |
| Interviewee's g  Male | gender:   |
| O Female              |   |
|                       |   |
| [To the data co       | llector: Read the following sentence aloud.]  |
| -                     | your time and participation. The results of this survey will be combined with results from other surveys overall picture of restaurant food safety practices.     |
| Site:                 |   |
| Establishment (       | Code Number:  |
| Date:                 |   |
| Additional Note       | es:   |
|                       |   |