

National Environmental Assessment Reporting System (NEARS) Part IV- Establishment Observation

- In partnership with the New York Food Safety Center of Excellence, this document was created by the New York State Department of Health (NYSDOH) EHS-NET program and provides a condensed version of Part IV of the NEARS Instrument. It serves as a field aid and can be used instead of bringing the NEARS Instrument V04 2022 fillable form.
- Per the NEARS manual, the Establishment Observation should be completed as early in the investigation process as possible, preferably within 24-48 hours of the establishment being identified for an environmental assessment.
- The numbering of questions in this document corresponds with the numbering of questions in the NEARS Instrument. For further details, please refer to Part IV of the NEARS Instrument.
- Please note, some responses in this document will require a skip a pattern. Responses flagged with an “*” indicate that the interviewer should skip to the specified question.
- These field aids do not replace all of the data requested during an environmental assessment. Please work with your NEARS Administrator to verify all sections and data that should be completed for submission to NEARS.

NEARS Establishment Observation (Corresponds with Part IV of NEARS form)

1. How long was the observations? _____ number of minutes

2. Date observations were made: ____/____/____ Complaint #: _____
 Collector's Initials: _____

3. How many hand sinks are in or adjacent to the employee restrooms? (Give #) _____
 3a. If there is at least one hand sink in the employee restrooms: Is warm water (minimum 100°F) available at all employee restroom hand sinks? Yes (Y) No (N) If No, # without: _____
 3b. If there is at least one hand sink in the employee restrooms: Is soap available at (or near) all employee restroom hand sinks? Y N If No, # without: _____
 3c. If there is at least one hand sink in the employee restrooms: Are paper or cloth drying towels or electric hand dryers available at (or near) all employee restroom hand sinks? Y N If No, # without: _____

4. How many hand sinks are located in the work area? (Give #) _____
 4a. If there is at least one hand sink in the work area: Is warm water (minimum 100°F) available at all hand sinks in the work area? Y N If No, # without: _____
 4b. If there is at least one hand sink in the work area: Is soap available at (or near) all hand sinks in the work area? Y N If No, # without: _____
 4c. If there is at least one hand sink in the work area: Are paper or cloth drying towels or electric hand dryers available at (or near) all hand sinks in the work area? Y N If No, # without: _____

5. Are food workers observed washing their hands using water, soap, appropriate drying methods, and for the appropriate amount of time? Y N

6. How many cold storage units are in the establishment? # of units _____ N/A* (Skip to 7)
 6a. If there is at least one cold storage unit: Which types of units do you observe? (Check all that apply)
 Reach in Self-serve/Salad bar Walk-in Open-top units Other _____

7. Are any foods observed in cold holding? Y N N/A
 7a. If cold holding is observed: Are the temperatures of all foods measured in cold holding at 41°F or below? Y ___°F N

8. Which of the following practices, if any, are observed during this visit? RTE = ready-to-eat (Check all that apply)
 Bare hand touch on non-RTE foods Bare hand touch on RTE foods Gloved hand touch on non- RTE foods
 Gloved hand touch on RTE foods No food handling was occurring Other method (tissue, tongs etc.) _____

9. Is there a supply of disposable gloves available in the establishment? Y N

10. Are there records to indicate that the temperatures of incoming ingredients are being taken and recorded? Y N N/A

11. Are there records to indicate that the temperatures of foods, excluding incoming ingredients, are being taken and recorded? Y N N/A

12. Is there any evidence of direct cross contamination of raw animal products with ready-to-eat foods? Y N* N/A* (Skip to 13)
 12a. Evidence of cross contamination: _____

* If checking an option flagged with an "*" skip to the specified question

13. Is there cooling of hot foods in this establishment? Y N* N/A* (Skip to 14)

13a. 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 baths 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. Are cooling methods properly implemented? Y N Undetermined (Und)

14. Are any foods observed in hot holding? Y N* N/A* (Skip to 15)

14a. Are temperatures of all foods measured in hot holding at 135°F or above? Y ___°F N

15. Are any foods observed during cooking? Y N* N/A* (Skip to 16)

15a. Are temperatures of all food measured during cooking at or above the recommended temperature? Y N

16. Are there any thermometers observed in food prep areas to measure internal food temperatures? Y N* (Skip to 17)

16a. Are any thermometers observed being used? Y N

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 present * (Skip to 18)
- Wiping cloths
- Sanitizing buckets
- Disposable sanitizer wipes
- Spray bottle
- Other, describe: _____

17a. Are all wet wiping cloths stored in sanitizer solution between use? Y N Not in use

17b. Pick one sanitizer bucket/bottle and test sanitizer concentration. Is it in the proper range? Y N 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 machines
- Manual washing
- Other, describe: _____

18a. If there is mechanical washer: Does the wash cycle reach the temperatures recommended for the mechanical washing machine? Y N Mechanical washing not occurring

18b. If there is 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?

- Y N Out of order Mechanical washing not occurring

18b2. If chemical used to sanitize: Does the chemical sanitizing cycle have the required levels of chemical sanitizer recommended for the machine? Y N Out of order Mechanical washing not occurring

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, & sanitized (either with health or chemical) properly? (Check all that apply)

- Y
- No, step not in proper use
- 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. Did you observe signs and instructions posted? Y N* (Skip to 20)

19a. Did any signs or instructions use pictures or symbols to communicate a message? Y N

* If checking an option flagged with an "*" skip to the specified question

19b. What languages did you observe on signs or instructions posted for food workers? (Check all that apply)

- English Spanish French Chinese Japanese 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 (e.g. gloves or goggles or masks) Absorbent powder/solidifier Directions for vomit/diarrhea cleanup Other, describe: _____ None of these items were present* (Skip to 21)

20a. Are any of these things located together (e.g. in a kit)? Y N

21. Are there any differences to the physical facility, food handling practices that you observed on initial visit and /or other circumstances that were different at the time of exposure? Y N* (Skip to comments)

21a. Explain: _____

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, establishment had no hot water, walk-in cooler units failed, the kitchen manager was on vacation etc:

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 No Unsure Certification is not current

24. 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 (e.g. boil or infected wound)
 Jaundice (yellow eyes/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 (e.g. on schedule or log)?
 No written policy
 Employee health policy not in use

* If checking an option flagged with an “*” skip to the specified question