

All Non-compliant responses

must:

1. Document responsible party
2. Comment on finding
3. Be documented even if corrected immediately

Parkland Health & Hospital System Infection Prevention Rounds

Nutrition Services

Legend

DS- Nutrition Services
EVS- Environmental Services
ENG - Engineering
MRD- Material Services Dept.

Reviewer: _____

Date: _____

Time: _____

A. Common Areas	Yes	No	Not Obs.	Responsible Party	Corrected Immediately	Comments
A1. Surfaces are visibly clean and free of dust						
A2. Floors and walls clean and intact						
A3. Trash cans clean and emptied on an adequate schedule						
A4. Ceiling tiles intact and free from soiling						
A5. HVAC air supply and exhaust vents are clean and free of dust						
A6. Mobile equipment clean						
A7. Stationary equipment clean						
A8. High & low dusting completed						
A9. Sinks and toilets are clean and in good working order (caulk included)						
A10. Refrigerators are labeled, used appropriately and clean						
A11. A facility approved disinfectant is used for cleaning according to manufacturer's instructions						
A12. Ice machine clean and working properly						
A13. Scoop not stored inside ice machine						
A14. Drink fountain dispensers clean						
A15. Posting of consumer advisories (Heimlich/Disclosure/Reminder/Buffer Plate)						
A16. Food Establishment Permit available						
B. Personnel/Handling/Source Requirements :	Yes	No	NA	Responsible Party	Corrected Immediately	Comments
B1. PPE is available for use and utilized when indicated						
B2. Staff uses proper PPE when cleaning dirty equipment						
B3. There are no staff food or drinks in unapproved areas and all drinks are covered						
B4. Personnel with infections restricted/excluded						
B5. No Evidence of Insect Contamination						
B6. No Evidence of Rodents/Other Animals						
B7. Approved Source/Labeling						
B8. Good Hygiene Practices						
C. Food Handling	Yes	No	NA	Responsible Party	Corrected Immediately	Comments
C1. Proper/Adequate Handwashing						
C2. Approved Source/ Labeling						
C3. Sound Condition						
C4. Proper handling of Ready-To-Eat						

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(RTE)Foods						
C5. Cross-Contamination of Raw/Cooked Foods						
C6. Approved Systems (HACCP Plan/Time as Public Health Control						
C7. Water Supply- Approved Source/Sufficient Capacity/Hot and Cold Under Pressure						
D. Storage						
D1. Clean and dirty areas separated and labeled						
D2. There are no outdated items						
D3. Store room/shelving free of dust or debris, door remains closed						
D4. Food stored ≥ 6 inches above the floor						
D5. Wire shelves have plastic protector on bottom shelf						
D6. No outer shipping boxes in clean storage area						
D7. Nothing stored inappropriately on floor or under sinks						
D8. Toxic items properly labeled/stored/used						
D9. RTE foods stored above raw foods						
D10. All opened foods labeled and within expiration date						
D11. Temperature logs current						
D12. Food transport carts clean and working properly						
D13. No dented cans or damaged						
D14. Dietary waste site with adequate lid/doors						
D15. Dietary waste site with minimal debris/insects accumulation and cleaned on a regular basis						
E. Food Temperature/Time Requirements						
	Yes	No	NA	Responsible Party	Corrected Immediately	Comments
E1. Proper cooling for cooked/prepared food						
E2. Cold Hold (41°F/45°F)						
E3. Hot Hold (135°F)						
E4. Proper cooking temperature						
E5. Rapid Reheating (165°F in 2 Hours)						
F. Facility and Equipment Requirements						
	Yes	No	NA	Responsible Party	Corrected Immediately	Comments
F1. Equipment adequate to maintain product temperature						
F2. Manual/Mechanical ware washing and sanitizing at __ ppm/temperature						
F3. Manager demonstration of knowledge/Certified Food Manager						
F4. Approved sewage/wastewater disposal system, proper disposal						
F5. Thermometers provided/accurate/properly calibrated (±2°F)						

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F6. Food contact surfaces of equipment and utensils cleaned/sanitized/good repair						
G. Hand Hygiene						
G1. Dirty and clean sinks are labeled and used appropriately						
G2. Adequate number of hand washing sinks						
G3. Facility approved soap, paper towels and degermer available at each sink.						
G4. No artificial fingernails, unapproved length or chipped nail polish						
H. Staff Break Area						
	Yes	No	NA	Responsible Party	Corrected Immediately	Comments
G1. Shelves/drawers/counters/tables clean				DS EVS		
G2. Area free from rodent/insect infestation						
G3. Staff refrigerators & microwaves clean				DS		
I. Is an Action Plan needed?						
Manager/Supervisor Action Plan						
J. Work orders to be submitted:						
K. Corrections to be made:						
L. Findings corrected during rounds:						
M. Date issue was resolved:						
N. Comments:						

Any negative findings from Infection Prevention Rounds will require unit management response to IP Department within 2 working days. Findings without remediation in appropriate timeframe will prompt a notification to senior leadership.