



**THE SAMUEL J. CRUMBINE
CONSUMER PROTECTION AWARD**

**for Excellence in Food Protection
at the Local Level**

2017 Guidelines

Crumbine Award Components, Deadline and Submission Instructions

A Crumbine Award entry consists of the following components:

- A one-page executive summary outlining the salient features of the program.*
- A detailed description of the comprehensive program (see next page for more information).*
- At least three testimonial letters from authorities and regulated entities who can vouch for the quality of the food program in question. These letters should be dated within six months of the award deadline (i.e. September 15, 2016 – March 15, 2017).
- An appendix containing the most pertinent supporting evidence of program excellence (i.e., examples of creative and innovative approaches, newsletters, press clippings/releases, and other such documentation). **

* The executive summary and description must use the Times New Roman font; the font size must be no smaller than 12 point; use “sentence case” (i.e. not all capitals); the paper 8½” x 11” and the margins no smaller than one half inch on all four sides. Any charts, graphs or other supporting material referred to in the text should be included in executive summary or description, and not in the appendix.

**The appendix should be included as a separate document from the executive summary and the detailed program description. The appendix contents should directly refer back to the application contents whenever possible.

March 15, 2017, is the deadline for the entry, which should be submitted electronically by email to ndempsey@fpi.org. A file hosting service, such as Dropbox, may also be utilized for electronic submission. Documents should be in PDF as well as Microsoft Word.

Program Description

Please use the following outline when providing a detailed description of your comprehensive program.

[Definitions for many of the terms used in this outline may be found in the Annex.]

Part I: Program Basics

- On page 1, please provide a brief demographic profile of the jurisdiction, including population served, number of establishments (with a break down by foodservice, retail, etc.) and other socio-economic characteristics of the area that may help to place the program in perspective.
- On page 2, please provide an enumeration of the various resources that were available to the program. Please be sure to include information on total budget; sources of all revenue; number of staff; fees for establishments; and other relevant resources.
- On page 3, please provide your program's vision, goals and objectives.

Part II: Baseline and Program Assessment

The U.S. Food and Drug Administration (FDA), with input from federal, state and local regulatory officials, industry, trade associations, academia and consumers, has identified nine elements that provide a comprehensive set of performance measures representing every facet of a food program.

Please kindly note, enrollment in the FDA program standards is not a prerequisite for the Crumline Award. These nine elements are simply used to help identify components of a comprehensive program.

On the next nine pages, applicants should describe these elements of their program as they were at the start of the four to six year period they have elected to cover in the entry. This information will constitute a self-assessment of the program as measured at "Year 1," or the baseline, in the four to six year period. Program elements should be measured over the four to six year period to assess productivity in program planning, managing and evaluating the continual improvement from the initial self-assessment.

- Page 4: please describe the regulatory foundation used by your program. This may include any statute, regulation, rule, ordinance or other prevailing set of regulatory requirements that governs the operation of a retail food establishment (i.e. Food Code).
- Page 5: please describe your training program and how it ensured that your regulatory staff would have the knowledge, skills and ability to adequately perform their required duties.
- Page 6: please describe how your program utilized HACCP principles to focus on the status of risk factors, determine and document compliance, and target immediate- and long-term correction of out-of-control risk factors through active managerial control.
- Page 7: please describe how your quality assurance program ensured uniformity among regulatory staff in the interpretation of regulatory requirements, program policies and compliance/enforcement procedures.

- Page 8: please describe how your program established a system to detect, collect, investigate and respond to complaints and emergencies that involve foodborne illness, food-related injury and intentional and unintentional food contamination.
- Page 9: please describe how your program's compliance and enforcement activities resulted in follow-up actions for out-of-control risk factors and timely correction of code violations.
- Page 10: please describe how your program fostered communication and information exchange among the regulators, industry and consumer representatives, providing much-needed educational information on food safety.
- Page 11: please describe how your program provided resources (budget, staff, equipment, etc.) necessary to support an inspection and surveillance system that is designed to reduce risk factors and other factors known to contribute to foodborne illness.
- Page 12: please describe how your program evaluated its progress in reducing the occurrence of foodborne illness risk factors.

Part III: Challenges, Objectives, Measurements and Achievements

On pages 13, 14 and 15, please identify three challenges that the program sought to improve in the period selected, listing them in the order of priority assigned to them, including the rationale used in setting the priorities. For each challenge (one per page), please:

- List the objective intended by the program to resolve the challenge.
- Describe how the program planned to measure progress and how well the objective was met.
- Provide quantitative data that shows how the achievement of the objective met the intended goal(s) and whether it resulted in the reduction or elimination of the occurrence of foodborne illnesses.

Part IV: Program Longevity

While continual improvement is part of any award-winning entry, a path forward is just as important. On page 16, please describe any plans to sustain and support program improvements in the coming years.

Part V: Contact Information and Permission

On page 17, please provide contact information for the individual responsible for the entry, to be used by the award organizers for all correspondence concerning the award. Be sure to include name; title; organization; address (Street Address, City, State/Province, Zip/Postal Code and Country); phone; and e-mail.

Also on page 17, please give permission to the Foodservice Packaging Institute to place your Crumbine Award application on www.crumbineaward.com, should you win.

ANNEX

References

In developing an outstanding food protection program, jurisdictions are encouraged to consider available references that encompass many of the guiding principles of food safety and protection represented by the Crumline Award. These include:

- Past winning entries of the Crumline Award, available on www.crumlineaward.com
[Please kindly note the Crumline Award was revised in 2011, and the award-winning entries prior to 2011 do not reflect the current award requirements.]
- U.S. Food and Drug Administration's Retail Food Protection Program site, which includes:
 - 2013 Food Code:
<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.htm>
 - Voluntary National Retail Food Regulatory Program Standards:
<http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/ProgramStandards/ucm124968.htm>
 - Hazard Analysis and Critical Control Point (HACCP) Manuals
 - Managing Food Safety: A Manual for the Voluntary Use of HACCP Principles for Operators of Food Service and Retail Establishments:
<http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/ManagingFoodSafetyHACCPPrinciples/Operators/default.htm>
 - Managing Food Safety: A Regulator's Manual For Applying HACCP Principles to Risk-based Retail and Food Service Inspections and Evaluating Voluntary Food Safety Management Systems:
<http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/ManagingFoodSafetyHACCPPrinciples/Regulators/default.htm>
 - Retail Food Risk Factor Studies:
<http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodborneIllnessandRiskFactorReduction/RetailFoodRiskFactorStudies/default.htm>

Definitions

Provided below are definitions for many of the terms used in the Crumbine Award guidelines. These definitions are taken from the U.S. Food and Drug Administration.

Active Managerial Control - The purposeful incorporation of specific actions or procedures by industry management into the operation of a business to attain control over foodborne illness risk factors.

Auditor - Any authorized city, county, district, state, federal, tribal or other third party person who has no responsibilities for the day-to-day operations of that jurisdiction and is charged with conducting a verification audit, which confirms the accuracy of the jurisdiction's self assessment.

Baseline Survey - *See Risk Factor Study*

Candidate - A regulatory officer whose duties include the inspection of retail food establishments.

Compliance and Enforcement - Compliance includes all voluntary or involuntary conformity with provisions set forth by the regulatory authority to safeguard public health and ensure that food is safe. Enforcement includes any legal and/or administrative procedures taken by the regulatory authority to gain compliance.

Confirmed Foodborne Disease Outbreak - Means a foodborne disease outbreak in which laboratory analysis of appropriate specimens identifies a causative agent and epidemiologic analysis implicates the food as the source of the illness or epidemiological analysis alone implicates the food as the source of the illness.

Direct Regulatory Authority (DRA) - The organizational level of government that is immediately responsible for the management of the retail program. This may be at the city, county, district, state, federal or tribal level.

Enforcement Actions - Actions taken by the regulatory authority such as, but not limited to, warning letters, revocation or suspension of permit, court actions, monetary fines, hold orders, destruction of food, etc., to correct a violation found during an inspection.

Follow-up Inspection - An inspection conducted after the initial routine inspection to confirm the correction, or progress towards correction, of a violation(s).

Food Code Interventions - The preventive measures included in the *FDA Food Code* to protect consumer health stated below:

1. Management's demonstration of knowledge;
2. Employee health controls;
3. Controlling hands as a vehicle of contamination;
4. Time / temperature parameters for controlling pathogens; and
5. Consumer advisory.

Food-Related Injury - Means an injury from ingesting food containing a physical hazard such as bone, glass or wood.

Foodborne Disease Outbreak - Means the occurrence of two or more cases of a similar illness resulting from the ingestion of a food common to each case.

Good Retail Practices (GRPs) - Preventive measures that include practices and procedures to effectively control the introduction of pathogens, chemicals, and physical objects into food, that are prerequisites to instituting a HACCP or Risk Control Plan and are not addressed by the *Food Code* interventions or risk factors.

Hazard - A biological, chemical or physical property that may cause food to be unsafe for human consumption.

National Registry of Retail Food Protection Programs (National Registry) - A listing of retail food safety programs that have voluntarily enrolled as participants in the *Voluntary National Retail Food Regulatory Program Standards*.

Person in charge (PIC) - The individual present at a food establishment who is responsible for the operation at the time of inspection.

Program Element - One of the program areas for which a National Standard has been established such as regulations, training, inspection system, quality assurance, foodborne illness investigation, compliance and enforcement, industry and consumer relations and program resources.

Program Manager - The individual responsible for the oversight and management of a regulatory retail food program.

Quality Records - Documentation of specific elements of program compliance with the National Standards as specified in each Standard.

Risk Control Plan (RCP) - A concisely written management plan developed by the retail or food service operator with input from the health inspector that describes a management system for controlling specific out-of-control risk factors.

Risk Factors - The improper employee behaviors or improper practices or procedures in retail food and food service establishments stated below which are most frequently identified by epidemiological investigation as contributing to foodborne illness or injury:

1. Improper holding temperature;
2. Inadequate cooking;
3. Contaminated equipment;
4. Food from unsafe source; and
5. Poor personal hygiene.

Risk Factor Study (formerly Baseline Survey) - A study on the occurrence of foodborne illness risk factors within institutional, foodservice, restaurants, and retail food facility types under a jurisdiction's regulatory authority. A study serves two purposes:

1. To identify risk factors most in need of priority attention in order to develop strategies to reduce their occurrence.
2. To evaluate trends over time to determine whether progress is being made toward reducing the occurrence of foodborne illness risk factors. Studies designed to measure trends require analysis of data over a period of time, and no single point in time can be used to derive trend conclusions.

Risk Factor Studies must include at a minimum:

- Data collection, analysis and a written report;
- A collection instrument with data items pertaining to the five foodborne illness risk factors;
- A collection instrument that uses the convention of IN, OUT, NA and NO to document observations;
- All facility types identified by FDA's national study that are under the jurisdictions regulatory authority; and
- Studies subsequent to the initial study repeated at five-year intervals.

Routine Inspection - A full review and evaluation of a food establishment's operations and facilities to assess its compliance with applicable laws and regulations, at a planned frequency determined by the regulatory authority. This does not include re-inspections and other follow-up or special investigations.

Self-Assessment - An internal review by program management to determine the extent to which a retail food regulatory program meets the National Standards.

Standardization Inspection - An exercise consisting of a joint inspection of a food establishment by a training standard and a candidate that is used to evaluate the candidate's knowledge, communication skills, ability to identify violations of all regulatory requirements, and ability to develop a risk control plan for uncontrolled risk factors identified during the inspection.

Suspect Foodborne Outbreak - Means an incident in which two or more persons experience a similar illness after ingestion of a common food or eating at a common food establishment/gathering.

Trainer - An individual who has successfully completed the following training elements as explained in "Auditor" (see above definition) and is recognized by the program manager as having the field experience and communication skills necessary to train new employees. The training elements necessary are:

1. Satisfactory completion of the pre-requisite courses;
2. Completion of a minimum of 25 joint field training inspections; and
3. Completion of 25 independent inspections and satisfactory completion of the remaining course curriculum.

Training Standard - A person who has successfully completed the following training elements as explained in "Auditor" (see above) and is recognized by the program manager as having field experience, communication skills and knowledge of the program's policies and procedures necessary to conduct field standardization of other employees. The training elements necessary are:

1. Satisfactory completion of the pre-requisite courses;
2. Completion of a minimum of 25 joint field training inspections;
3. Completion of 25 independent inspections and satisfactory completion of the remaining course curriculum; and
4. Completion of a standardization process similar to the FDA standardization procedures.

Verification Audit - A systematic, independent examination by an external party to confirm the accuracy of the self-assessment.