Improving the Food safety Culture of your Business

Build, Maintain and Reinforce



Agenda

Improving the food safety culture of your business

- 1. CULTURE. What is it?
- 2. **GOALS & ACCOUNTABILITY**. What do you want to achieve?
- 3. **EXPECTATION.** What progress is reasonable to expect?
- 4. MEASURE. What data do you need?
- 5. **REINFORCEMENT**. What encouragement are you giving and how effective is it?
- 6. EDUCATE & TRAIN. How will people learn what you need them to know?
- 7. **COMMUNICATE**. Who can see the results? Where, when and how?



CULTURE

"Culture is patterned ways of thought and behavior that characterize a social group, which can be learned through socialization processes and persist through time"

Coreil, Bryant, and Henderson, 2001



"Continuous improvement model for select, non-physical concepts and activities responsible for creating a behavior-based food safety management system"

Yiannas, Frank. Food Safety Culture: Creating a Behavior-Based Food Safety Management System. Springer, 2009.





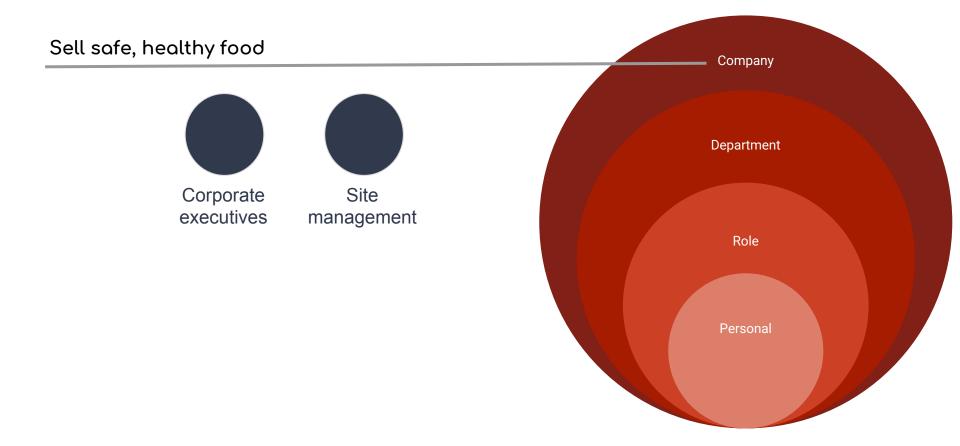
Goals, Accountability & Measure



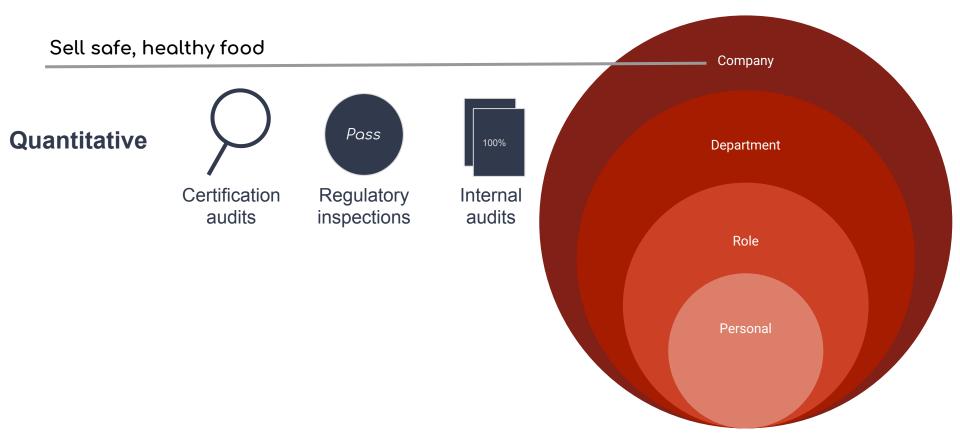
Sell safe, healthy food Company Department Role Personal





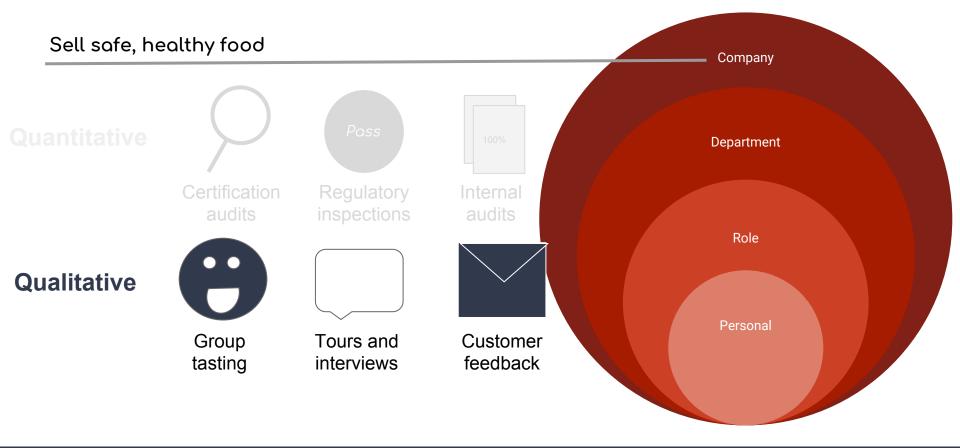




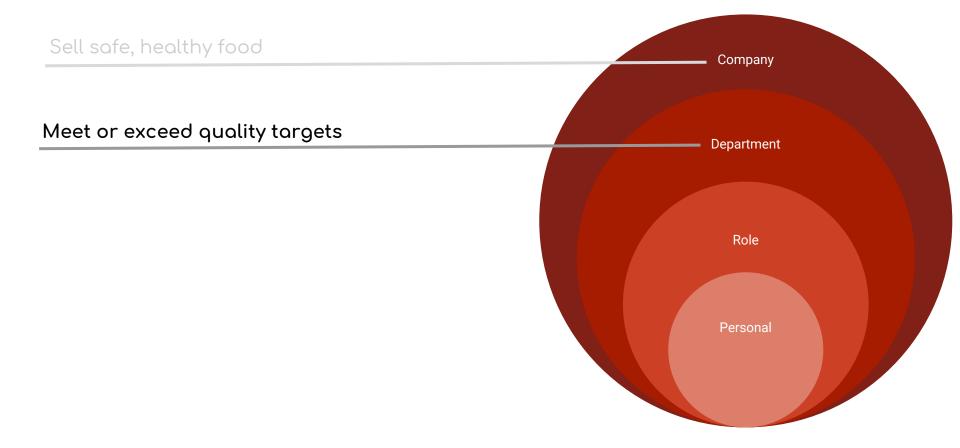




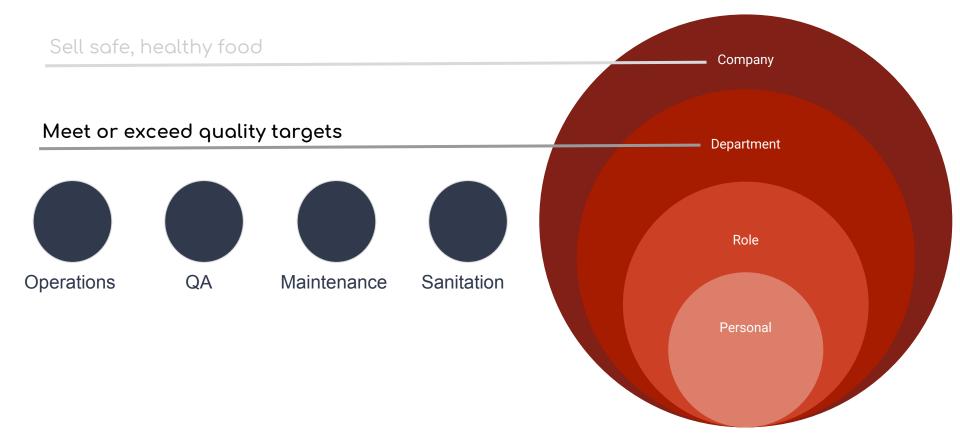




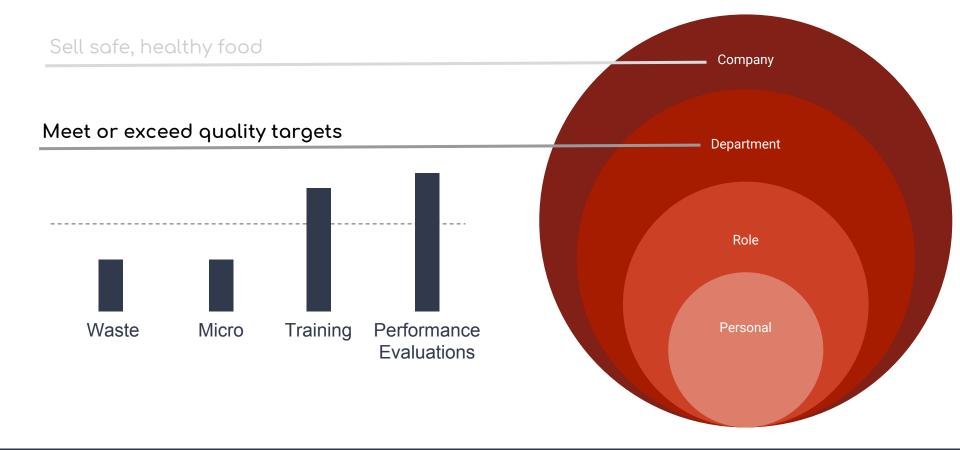




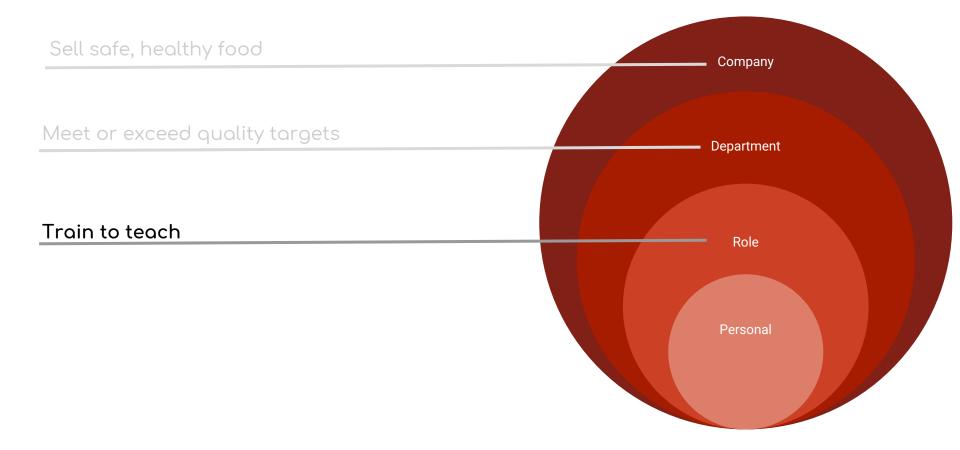




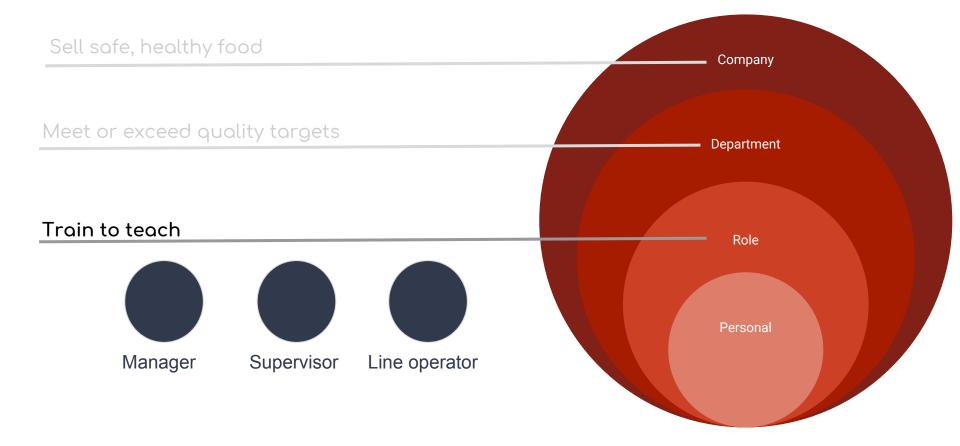




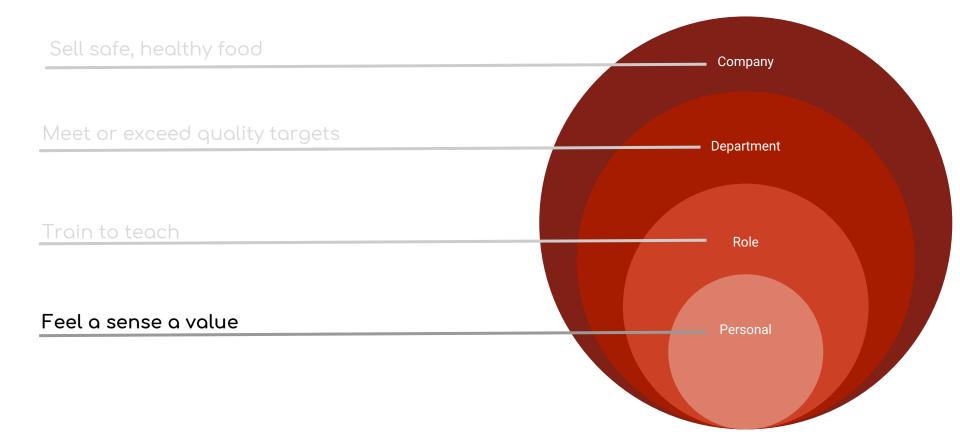




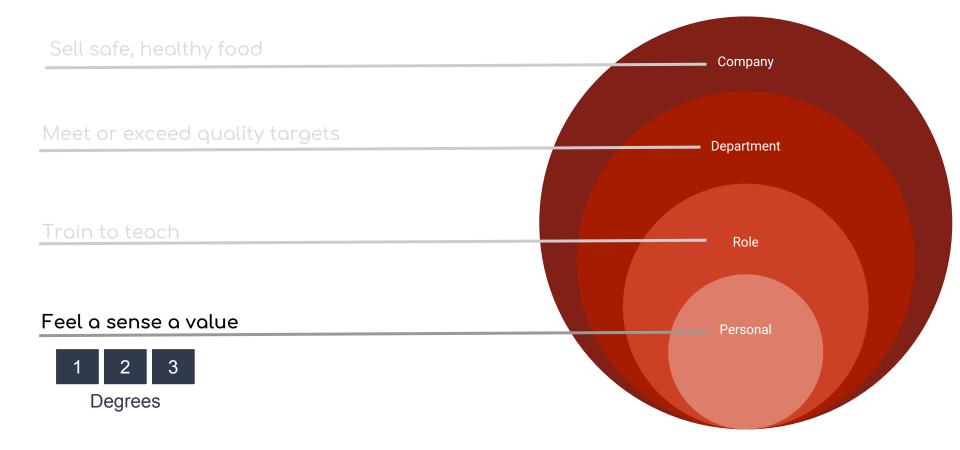






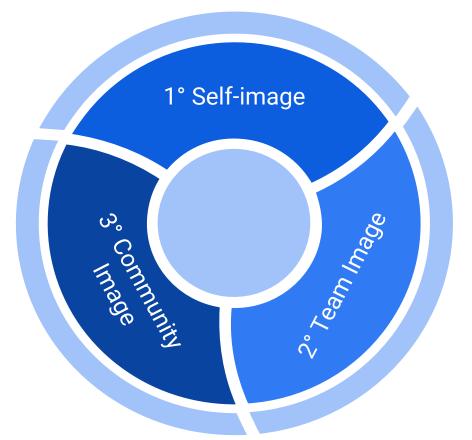








Reinforce





2° My department



- -Do people at my company appreciate what I do?
- -Does my family appreciate what I do or how well I do it?



2° My department



- -Do people at my company appreciate what I do?
- -Does my family appreciate what I do or how well I do it?

Seasonal Company Events Family tour



2° My department



- Is the rest of the company aware of the value my department adds?
- -How does my department's value-add compare to other departments?



2° My department



- Is the rest of the company aware of the value my department adds?
- -How does my department's value-add compare to other departments?

Facility blog/publication Department reporting







- Are people in my community aware of my company's value-add?
- -ls my company recognized for its contributions to society?



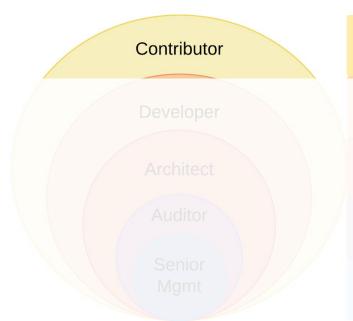
2° My department



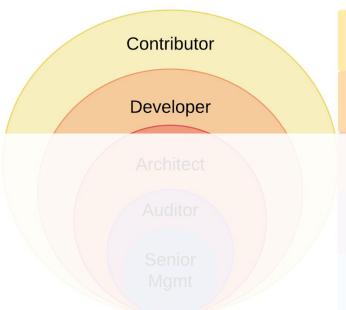
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Sport sponsorships Local newspaper publication

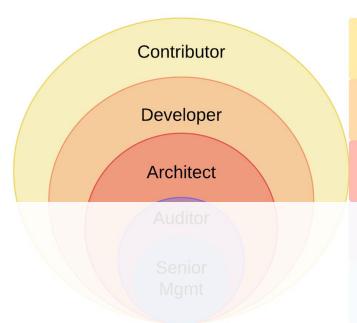




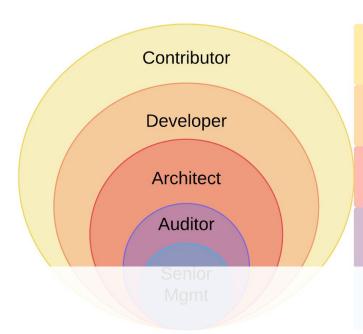
- Shares observations and working knowledge of facility and operations
- Identifies potential gaps and opportunities for improvement
- Reads and interprets regulations, standards, guidance and research
- Develops content for policies, procedures, forms and other documents
- Establishes framework for creating, storing and navigating files and folders
- Creates compliance index of activities and documentation
- Evaluates staff performance and understanding
- Inspects system for compliance, prioritizes resources and schedules training
- Reviews requests for resources
- Manages budget



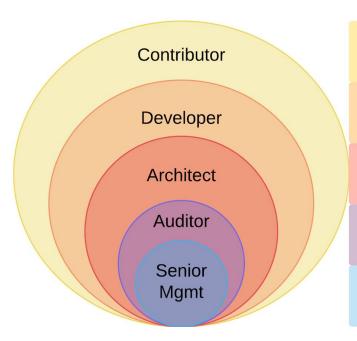
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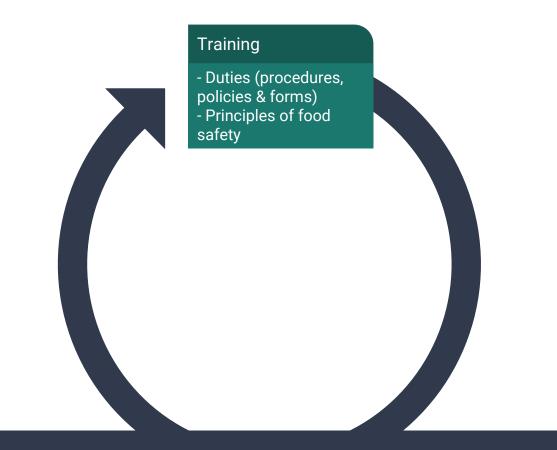
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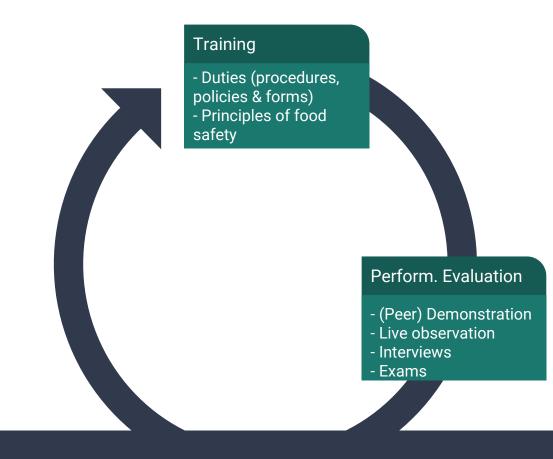


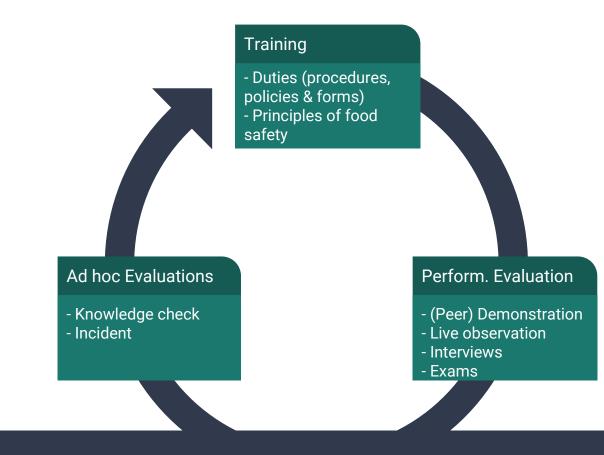
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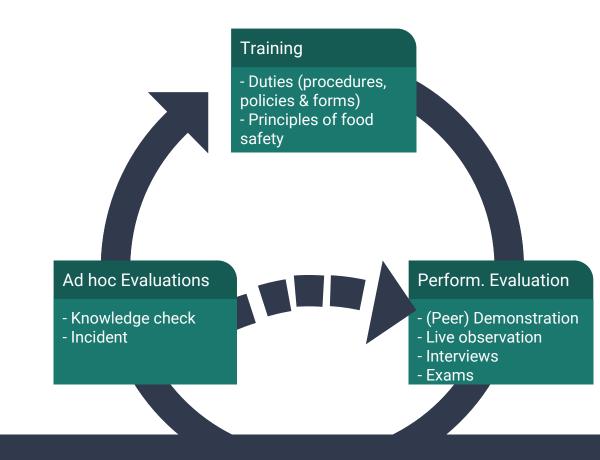
Education & Training











Executives

Executive Communication

- Organize data
- Trend
- Draft reports
- Present findings



Executives

Executive Communication

- Organize data
- Trend
- Draft reports
- Present findings

Staff Communication

- Train staff
- Evaluate employee performance and understanding



Staff

Reinforcement



Individual & Team attention & acknowledgement

Team building exercises Employee of the month Mentorship programs Gift certificates





Individual & Team attention & acknowledgement

Team building exercises
Employee of the month
Mentorship programs
Gift certificates



Threatening suspension or withdrawal of privileges

Testing (with pass/fail criteria)
Public shaming
Firing







Getting started



Document Register



Programs 1-30



Sec. W Record

0 Document Register

Management Commitment and Responsibility Policy - Management Commitment Statement Food Safety Team Meeting Notes 2 Company Information Emergency Contact Information Organizational Chart and Job Description 3 Food Safety Plans Product Type #1 Product Type #2 Product Type #3 4 Recall Program 4.1 Recall Plan 4.2 Recall Logs Form - Health Hazard Evaluation Form - Recall Information Form Form - Recall Event Log Form - Recall return response Form - Recall effectiveness check questionnaire Form - Recall status report Form - Traceability exercise Form - Mock recall 4.3 Recall Notification Letters Letter - Recall EDA notification Letter - Recall CDPH-FDB notification Letter - Recall customer notification. Letter - Recall subrecall Letter - Recall effectiveness check 4.4 Recall Press Releases Recall sample press release - Allergen Recall sample press release - Clostridium botulinum Recall sample press release - E. coli. Recall sample press release - L. monocytogenes Recall sample press release - Salmonella 5 Supply-Chain Program 5.1 Supplier Evaluation and Approval Form - Approved Supplier List Form - Temporary Supplier List Form - Supplier Evaluation Form Letter - Supplier Commitment 5.2 Supplier Verification Form - Supplier Verification Activity Log Form - Supplier Onsite Audit Verification 5.3 Suppliers of Food with Hazards Controlled by Customers Form - Assurance for Customer Reliant on Subsequent Entity Form - Assurance When Not Subject to Subpart C of Parts 117 or 507 Form - Assurance When Subject to Subpart C of Parts 117 or 507 Form - Disclosure for Food Not Processed to Control for Identified Hazar Policy - Moving Food Not Controlled For Hazards 5.4 Modified Requirements Letter - Verification Letter of Compliance with 21 CFR 113 Policy - Approval and Verification of Qualified Facilities Policy - Approval and Verification of Certain Small Farms Policy - Approval and Verification of LACF and LACF Ingredients Policy - Approval and Verification of Small Shell Egg Suppliers Policy - Identifying the Importer at Customs 5.6 Supply-Chain Program Corrective Actions Form - Supply-Chain Program Corrective Action Policy - Conditions for a Supply-Chain Corrective Action SOP - Conduct a Supply-Chain Program Corrective Action 6 Personnel Processing Practices 6.1 General Processing Form - Daily Storage Temperature Log Form - Receiving Log SOP - Receiving and storage of food and food packaging 6.2 [Specific to Product] Form - Employee Training Log Form - Ad hock Performance Evaluation Checklist Form - Training and Performance Evaluation Checklist SOP - Plan, Train and Evaluate Employee Form - Thermometer Calibration Log SOP - Pest tran inspection 10 Premises and Equipment Maintenance

> Schedule - Preventive Maintenance Form - Equipment and Utensil Repair Log Form - Contract Service Provider Assessment



Document Register



Emergency Contact Information Organizational Chart and Job Descriptions 3 Food Safety Plans Product Type #2 Product Type #3 4 Recall Program 4.1 Recall Plan 4.2 Recall Logs Form - Health Hazard Evaluation Form - Recall Information Form Form - Recall Event Log Form - Recall return response Form - Recall effectiveness check questionnaire Form - Recall status report Form - Traceability exercise Form - Mock recall 4.3 Recall Notification Letters Letter - Recall FDA notification Letter - Recall CDPH-FDB notification Letter - Recall customer notification

Form - Contract Service Provider Assessment

Management Commitment and Responsibility
 Policy - Management Commitment Statement
 Food Safety Team Meeting Notes

Sec. # Record

0 Document Register

2 Company Information

| 14 | Document Management | |
|----|--|--|
| | Form - Document Control Log | botulinum |
| | Policy - Document Management | genes |
| | SOP - Create, Supersede or Terminate a Document | |
| 15 | Waste Management and Disposal | |
| | Form - Damaged or Discarded Product Log | atomers |
| 16 | Toilet Facility Maintenance | s Subsequent Entity abpart C of Parts 117 or 507 |
| | Form - Weekly Toilet Facility Checklist | et C of Parts 117 or 507 I to Control for Identified H Hazards |
| | Schedule - Master Sanitation | with 21 CFR 113 lifted Facilities ain Small Farms |
| 17 | Allergen Control | CF and LACF Ingredients ill Shell Egg Suppliers |
| | Form - Allergen Labeling Check | ms Action |
| | Policy - Allergen Awareness | prective Action |
| 18 | Product Testing and Environmental Monitoring Programs | Lorrective Action |
| | SOP - Ingredient and Finished Product Sampling and Testing | food packaging |
| | SOP - Environmental Sampling and Testing | |
| 19 | Complaints | st scklist |
| | Form - Customer Complaint Log | |
| | Form - Customer Service Questions | |

| Form prepared by: Date: | | | |
|--|--|--|--|
| A. Training Information | E. Training Participants | | |
| Purpose: | Please write full name for staff that will be attending the full duration of the training. | | |
| New employee Performance issue Incident | | | |
| New program Program update Refresher | | | |
| Other: | | | |
| Date and Trainer Info: | | | |
| Date/Time: | | | |
| Trainer Name: | Please list below individuals who failed to complete the training and why (if any) | | |
| Qualifications: | I Rass use before materialists with lanest to complete the comming time and the major | | |
| | Statement for form (ex. Trained: 3/2/21, John Doc, MK) | | |
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| | A record of this training has been made, for each individual, in the Form - Employee Training Log. | | |
| | Training execution verified by: Date: | | |
| | G. Performance Evaluation (Required within 1 month of training): | | |
| | Date range for evaluation: | | |
| | What is the nature of the performance? | | |
| | Side-by-Side Records Review Implementation demonstration Live observation Exam | | |
| | | | |
| | | | |
| Programs involved (if any): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 Other: | Performance Outcome All are able to demonstrate understanding Except: Corrective Action | | |
| | | | |
| | Notes: | | |
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| | Evaluation performed by: Date: | | |
| Participant materials needed: No materials are needed Description: | | | |
| | Training & Performance | | |
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| | Evaluation Checklist | | |
| | Evaca across street | | |
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| A. Thurstein L. Francisco | E. Training Partic |
|--|---------------------|
| A. Training Information | 2 |
| Purpose: | Please write full n |
| New employee Performance issue Incident | 1 |
| New program Program update Refresher | 2 |
| Other: | 3 |
| Date and Trainer Info: | 4 |
| Date/Time: | 5 |
| Trainer Name: Qualifications: | Please list below i |
| B.Training Location and Arrangements | |
| Location: | Statement for for |
| Internal External Address: | Trained: DA7 |
| Legal/Financial arrangements: | A record |
| No arrangements to be made | Training executio |
| Trainer/training center Travel Training materials Contract Registration/Exam fee | G. Performance E |
| Notes: | Date range for ev |
| | What is the natur |
| C. Training Scope and Description | Side-by- |
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| Programs involved (if any): | Performance Out |
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| | Corrective Action |
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| | Notes: |
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| | Evaluation perfor |
| Participant materials needed: | |
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| E. Training Participants | |
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| Please write full name for staff that wil | be attending the full duration of the training. |
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| Please list below individuals who failed | |
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| Statement for form (ex. Trained: 3/2/21, | |
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| | n made, for each individual, in the Form - Employee Training Log. |
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| Training execution verified by: | |
| G. Performance Evaluation (Required | |
| Date range for evaluation: | |
| What is the nature of the performance? | |
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| Performance Outcome | |
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| Corrective Action | |
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| Notes: | |
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Food Safety Guides

| Form prepared by: | Date: | | | |
|--|--------------------------------|--|--|--|
| A. Training Information | | | | |
| Purpose: | | | | |
| New employee Performance issue | Incident | | | |
| New program Program update | Refresher | | | |
| Other: | | | | |
| Date and Trainer Info: | | | | |
| Date/Time: | | | | |
| Trainer Name: | | | | |
| Qualifications: | | | | |
| B.Training Location and Arrangements | | | | |
| Location: | | | | |
| Internal External Address: | | | | |
| Legal/Financial arrangements: | | | | |
| No arrangements to be made | | | | |
| Trainer/training center Travel Training materials | Contract Registration/Exam fee | | | |
| Notes: | | | | |
| | | | | |
| C. Training Scope and Description | | | | |
| Training Scope: | | | | |
| General duties Health & Personal hygiene Regulatory Supervisers/mgmt Other | | | | |
| Programs involved (if any): | | | | |
| 1 2 3 4 5 6 7 | 8 9 10 11 | | | |
| 12 13 14 15 16 17 18 | 19 20 21 22 | | | |
| Other: | | | | |
| Notes: | | | | |
| | | | | |
| Participants awarded Certificates of Completion? Yes No | Is there an exam? Yes No | | | |
| | is dicte an exam. | | | |
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| E. Training Participants | |
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| Please write full name for sta | off that will be attending the full duration of the training. |
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| Please list below individuals | who failed to complete the training and why (if any) |
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| Statement for form (ex. Train | |
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| | ning has been made, for each individual, in the Form - Employee Training Log. |
| Training execution verified b | |
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| Date range for evaluation: | |
| What is the nature of the per | |
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| Performance Outcome | |
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| Corrective Action | |
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| Notes: | |
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Food Safety Guides

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| Date and Trainer Info: | | |
| Date/Time: | | |
| Trainer Name: | | Please list below individ |
| Qualifications: | | |
| B.Training Location and Arrangements | | Statement for form (ex. |
| Location: Internal External Address: | | |
| | | |
| Legal/Financial arrangements: No arrangements to be made | | |
| Training center Travel Training materials | Contract Registration/Exam fee | Training execution veri |
| I raining center I ravei I raining materials Notes: | | G. Performance Evalua |
| | | Date range for evaluation |
| C. Training Scope and Description | | |
| Training Scope: | | |
| | gulatory Supervisers/mgmt Other | |
| Programs involved (if any): | | Performance Outcome |
| 1 2 3 4 5 6 7 | 8 9 10 11 | |
| 12 13 14 15 16 17 18 | 19 20 21 22 | |
| Other: | | Corrective Action |
| 5 70 | | None |
| Notes: | | Notes: |
| Participants awarded Certificates of Completion? Yes No | Is there an exam? Yes No | Notes: |
| | Is there an exam? Yes No | |
| D. Training Materials | | Evaluation performed l |
| Participant materials needed: | | |
| No materials are needed | | |
| Pens/Pencils Post-its Computer / Device | Participant manual | T |
| Internet access Paper Computer / Device | charger Participant workbook | Train |
| Other: | | |
| Trainer materials needed: | | |
| Please check if no materials are needed | | Evalu |
| Clicker Whiteboard & Markers Projector | Extension cord Trainer manual | |
| Other: | | |
| If copies of specific documents or programs are needed, which ones? | | |
| | | |

| Please write full name for staff that will be attending the full du 1 | |
|---|---|
| 2 7 3 8 4 9 5 10 Please list below individuals who failed to complete the training Statement for form (ex. Trained: 3/2/21, John Doc, MK) Trained: DATE, TRAINER, INITIAL A record of this training has been made, for each individual training execution verified by: G. Performance Evaluation (Required within 1 month of training Date range for evaluation: What is the nature of the performance? | and why (if any) al, in the Form - Employee Training Log. |
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| What is the nature of the performance? | |
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| Performance Outcome | |
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| Corrective Action | |
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| Notes: | |

Food Safety Guides

| E. Training Participants |
|--|
| Please write full name for staff that will be attending the full duration of the training. |
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| Place list below individuals who failed to complete the training and why (if any) |
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| Company of the Compan |
| Statement for form (ex. Trained: 3/2/21, John Doe, MK) |
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| A record of this training has been made, for each individual, in the Form - Employee Training Log. |
| Training execution verified by: Date: |
| G. Performance Evaluation (Required within 1 month of training): |
| Date range for evaluation: |
| What is the nature of the performance? |
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| Performance Outcome |
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| Corrective Action |
| None Refresher training Suspension of duties Temporary buddy system CAPA |
| |
| Notes: |
| |
| Evaluation performed by: Date: |
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| LITOINING X, PARTORMONCA |
| Training & Performance |
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| Evaluation Checklist |
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| E. Training Participants | | |
|---------------------------------------|---|----------------------------------|
| Please write full name for staff that | t will be attending the full duration | of the training. |
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| lease list below individuals who fa | ailed to complete the training and w | hy (if any) |
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| Statement for form (ex. Trained: 3/2 | 2/21, John Doe, MK) | |
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| | as been made, for each murvidual, in t | |
| Training execution verified by: | | Date: |
| G. Performance Evaluation (Requi | ired within 1 month of training): | |
| Date range for evaluation: | | |
| What is the nature of the performa | | |
| Side-by-Side Records Rev | view Implementation demo | onstration Live observation Exa |
| Other: | | |
| Performance Outcome | 200 | |
| All are able to demonstrate | e understanding All require | e refresher training |
| Except: | э 🔲 . | |
| | | |
| Corrective Action | | |
| None Refresher | training Suspension of duties | Temporary buddy system CA |
| Notes: | | |
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| Evaluation performed by: | | Date: |

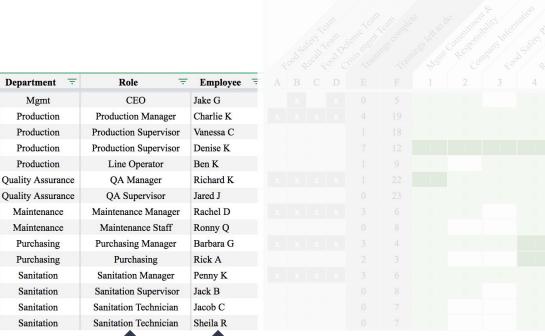






Department









Role Employee Food Safety Guides







Done vs. To do
Food Safety Guides





Programs trained

Questions?

michael@foodsafetyguides.com

www.foodsafetyguides.com

- 1. GOALS & ACCOUNTABILITY. What do you want to achieve?
- 2. **EXPECTATION.** What progress is reasonable to expect?
- 3. MEASURE. What data do you need?
- 4. **REINFORCEMENT**. What encouragement are you giving and how effective is it?
- 5. EDUCATE & TRAIN. How will people learn what you need them to know?
- 6. **COMMUNICATE**. Who can see the results? Where, when and how?

