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Aerospace Medicine

FOOD SAFETY PROGRAM

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This instruction implements AFD 48-1, *Aerospace Medicine Program*. It provides guidance for all Air Force food facilities and medical food and sanitation inspection offices in preventing food-borne illnesses. This instruction should be used with the most recent edition of the US Department of Health and Human Services, Food and Drug Administration (FDA) Food Code (with AF changes). Comments and suggested improvements should be forwarded on the AF Form 847, **Recommendation for Change of Publication**, to HQ AFMSA/SGPP, 110 Luke Avenue, Suite 405, Bolling AFB DC 20332-7050. **Attachment 1** is a glossary of references, abbreviations, and acronyms. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 37-123, *Management of Records* and disposed of in accordance with the *Air Force Records Disposition Schedule (RDS)* located at <https://webrims.amc.af.mil>

SUMMARY OF REVISIONS

This revision provides for the use of the continuously updated approved food sources and current electronic listing of DoD reporting methods for foodborne illnesses. This instruction adopts major portions of the most recent edition of the, FDA Food Code with AF changes, hereafter referred to as the “Food Code”. This instruction also addresses food security issues.

1. Responsibilities:

1.1. Commanders:

- 1.1.1. Establish an effective food safety program and ensure compliance with the Food Code.
- 1.1.2. Ensure food and water safety are included in mission threat briefings for deploying personnel.
- 1.1.3. Ensure receipt, shipment, and storage points are protected from intentional contamination as part of installation vulnerability assessments and response plans.

1.2. Force Protection Working Group/Threat Working Groups:

1.2.1. Review base food security measures and implement risk management procedures to reduce vulnerabilities.

1.3. Procurement/Contracting Offices:

1.3.1. Purchase foods from approved sources in collaboration with Public Health. Approved sources must conform to the following criteria:

1.3.1.1. Listed in the *Directory of Sanitarily Approved Food Establishments for Armed Forces Procurement (Directory)*, published by the US Army Veterinary Corps, unless exempt in accordance with VETCOM Circular 40-1. This circular also describes procedures for requesting an initial sanitation audit of new vendors.

1.3.1.2. Listed as a locally approved establishment as described in section 1.7.25 of this instruction.

1.3.1.3. Federally Approved Sources (e.g. CONUS commercial grocery store chains) may also serve as procurement sources for the covered or coded products as listed in VETCOM Circular 40-1.

1.4. Civil Engineering:

1.4.1. Coordinate site selection and construction for field contingency food services with Public Health.

1.4.2. Coordinate new food facility designs and food facility remodeling plans with Public Health to ensure facilities are designed to meet food safety and sanitation standards appropriate to their intended use.

1.5. Facility Supervisors/Managers:

1.5.1. Ensure foods are procured from approved sources in collaboration with the Procurement/Contracting office and the Public Health Office.

1.5.2. Inspect potentially hazardous food upon receipt for wholesomeness, age at time of delivery, packaging integrity, source approval, and sanitary condition of delivery vehicles.

1.5.3. Ensure food handlers are trained on identifying unwholesome foods and their proper disposition.

1.5.4. Integrate food safety procedures into all aspects of food service operations in accordance with the Food Code.

1.5.5. Conduct initial food safety and security training for all food handlers prior to employment, as well as formal, continuous, on-the-job training throughout their employment. Training must include recognition of health conditions affecting safe food handling, and proper procedures for excluding employees when these conditions are present. Coordinate training requirements with Public Health.

1.5.6. Monitor the effectiveness of food safety/security training programs using a Hazard Analysis and Critical Control Point (HACCP) methodology, or equivalent system that has been coordinated with Public Health.

- 1.5.7. Assure employees are free of apparent health conditions that would preclude them from safely handling food.
 - 1.5.8. Reject foods that are unfit for their intended purpose (i.e. retail sale due to low customer appeal) and that are unwholesome. Contact Public Health concerning wholesomeness issues.
 - 1.5.9. Use integrated pest management procedures to control pests and to minimize the use of chemical pesticides.
 - 1.5.10. Ensure food service equipment meets or exceeds National Sanitation Foundation standards.
 - 1.5.11. Investigate and follow up on ALFOODACT messages.
 - 1.5.12. Ensure all vending machines are approved by the National Sanitation Foundation, or meet National Automatic Merchandising Association Standards. Assure Public Health involvement when planning to install vending machines with potentially hazardous foods, or if they presently exist.
- 1.6. Aerospace Medicine Council (AMC) or Equivalent Medical Treatment Facility Council:
- 1.6.1. Establish the frequency of food facility sanitary inspections for the installation.
 - 1.6.2. Establish the frequency of inspection for locally approved sources
 - 1.6.3. Establish the frequency and procedures for assuring food safety on military aircraft that serve potentially hazardous foods. Note: This applies to aircraft that serve food not prepared in the in-flight kitchens.
- 1.7. Public Health:
- 1.7.1. Is the “regulatory authority” in the conduction of the food safety program as prescribed in the Food Code.
 - 1.7.2. Provide an annual update on the status of the base food safety program to the Medical Treatment Facility Commander, the Services Squadron Commander, the Mission Support Group Commander, and the Installation Commander. Provide a weekly update at deployed locations.
 - 1.7.3. Provide definitive medical recommendations on approved food sources to procurement offices.
 - 1.7.4. Communicate/collaborate with local, state, and federal food safety officials on current food safety issues.
 - 1.7.5. Train and provide consultative services to food facility managers concerning wholesomeness, condition, packaging integrity, source approval, sanitary condition of delivery vehicles, and proper storage of foods at delivery to ensure suitability for intended purposes. Conduct receipt inspections when requested by the facility managers to prevent major financial losses to the government.
 - 1.7.6. Provide medical expertise on food safety and security while in-garrison and at deployed locations.
 - 1.7.7. Review and provide medically specific recommendations prior to construction and major remodeling of food facilities, both in-garrison and at deployed locations.

- 1.7.8. Provide or approve initial food safety and security training for food service employees.
- 1.7.9. Provide annual food safety and security training for food service supervisors. The training must include the importance of complying with the Food Code to ensure the safe receipt, storage, preparation, and service of foods. Training should also highlight the unique aspects of a military population and impact food handling can have on readiness.
- 1.7.10. Report nonconforming food inspection results on DD Form 1232, *Quality Assurance Representative's Correspondence*. Annotate the form with "The food items listed are unfit for human consumption" or "unfit for intended use". Clearly state the details regarding the unfit conditions. For DeCA facilities, annotate nonconforming results on DeCA Form 10-21, *Product Inspection Report*.
- 1.7.11. Investigate infested subsistence according to MIL STD 904, *Guidelines for Detection, Evaluation, and Prevention of Pest Infestation of Subsistence*.
- 1.7.12. Inspect stored operational rations for line units IAW the DSCP Handbook 4155.2, *Inspection of Composite Operational Rations*.
- 1.7.13. Conduct surveillance inspections (for rations other than operational rations) in accordance with the Joint Surveillance Inspection Manual. The frequency of such inspections should be based on amounts of rations stored and mission requirements.
- 1.7.14. Determine wholesomeness for foods exposed to refrigeration failure in accordance with the *Guide to the Salvage of Chilled/Frozen Foods Exposed to Refrigeration Failure*.
- 1.7.15. Reject or condemn unfit or unwholesome foods. A Public Health Officer or a medical officer must sign the loss certificate if the loss exceeds \$1000 per incident. Qualified Public Health technicians (Craftsman or higher) may sign certificates for losses not exceeding \$1000 per incident.
 - 1.7.15.1. Provide feedback to the responsible commander on how to prevent future losses during storage.
- 1.7.16. Use the following prescribed forms as certificates of unfitness:
 - 1.7.16.1. For AAFES: AF Form 3516, *Food Service Inventory Transfer*
 - 1.7.16.2. For DeCA: DeCA Form 70-51, *Tally In/Tally Out Sheet*
 - 1.7.16.3. For other government owned food: DD Form 708, *Salvage Operations*
- 1.7.17. Consult with facilities, threat working groups and force protection working groups on food security reviews and food security issues.
 - 1.7.17.1. Provide expertise in defining critical points in food systems from source through distribution, storage, preparation, and service that must be protected from intentional contamination utilizing an Operational Risk Management approach.
- 1.7.18. Inspect base food facilities to verify compliance with the Food Code and document inspections using the AF Form 977, *Food Facility Evaluation*.
 - 1.7.18.1. Send unsatisfactory ratings to the Aeromedical commander (or equivalent) and to the Medical Group Commander. Determine locally whether reports warrant attention above the medical commander. However, the Mission Support Group Commander must be informed

of chronic and repeat discrepancies, and the Wing Commander must be aware of issues that could impact the mission.

1.7.18.2. Send unsatisfactory reports on contractor-operated, AAFES, or DeCA facilities to the contracting authority, HQ AAFES, or HQ DeCA, respectively.

1.7.19. Maintain sanitation oversight for temporary food facilities associated with air shows, festivals, and similar installation events.

1.7.19.1. Foods served/sold to the general public must not include home processed wild game or other meats, or home-canned/home-jarred foods, or dairy products from unapproved sources. All foods served/sold must originate from government-inspected facilities.

1.7.20. Conduct annual in-service training on food-borne illness investigation plans. An actual food-borne illness may substitute for training. Training must include all medical personnel that would be critical to the proper investigation of a food-borne illness. Examples include emergency departments, enlisted and officer nursing staffs assigned to primary care management teams, the pro-staff, and laboratory personnel. Training must include the following topics:

1.7.20.1. Roles and responsibilities, procedures for identifying an outbreak, taking a history with emphasis on foods consumed, case definitions, collecting appropriate laboratory samples, verifying diagnoses, statistical data analysis. Training may be incorporated into a larger scale food security exercise to include involvement with Security Forces, civilian law enforcement authorities, and local public health authorities.

1.7.21. Investigate and report all food-borne illness outbreaks to MAJCOM/SGP and the state health department.

1.7.22. Use the following forms for food-borne investigations:

1.7.22.1. AF Form 431, *Food Poisoning Outbreak – Individual Case History*, to record foods consumed during the preceding 72 hours.

1.7.22.2. AF Form 432, *Time Distribution of Persons Affected*, to tabulate onset data.

1.7.22.3. For food-borne illness outbreaks, complete CDC 52.13, *Investigation of a Food-borne Outbreak*, and send to MAJCOM/SGP and in CONUS, Alaska, or Hawaii, to the state health department so they may, in turn, report complete state information to CDC. Do NOT report foodborne outbreaks directly to CDC.

1.7.23. Report each confirmed case in accordance with current AF reportable event guidelines.

1.7.24. Assistance in any outbreak investigation, including food-borne and water-borne, is available from AFIOH/RSRH, Brooks City Base, Texas. Be sure to notify MAJCOM medical leadership when this assistance is required or requested.

1.7.25. Inspect and approve a local food establishment not listed in the Directory of Sanitarily Approved Food Establishments for Armed Forces Procurement when requested by the installation commander. Use the Food Code (for retail establishments) and/or MIL-HDBK 3006, *Guidelines for Auditing Food Establishments* to inspect and approve local food serving establishments and sources. These sources may only provide food to the approving base.

1.7.25.1. The DD Form 2387, *Bakery Sanitary Compliance Checklist*, may be used for bakery inspections.

1.7.26. Establish procedures to receive and investigate ALFOODACT messages and food recalls from recognized regulatory authorities.

1.7.27. Determine the appropriateness and interval of aircraft inspections (if such missions exist) in consultation with the AMC. Note: This does not include meals from flight kitchens.

1.7.27.1. The HQ Air Mobility Command Force Protection Working Group establishes Force Protection procedures for all Air Mobility Command contracts and Statements of Work (SOW) including contracts for DOD Contract Airline support IAW the Air Mobility Command supplement to AFI 10-245, and Air Force Antiterrorism (AT) Standards. The HQ AMC, Command Public Health Officer will coordinate with other MAJCOM Public Health leadership to ensure that Food Safety and Security processes are adequately evaluated. MAJCOM Public Health Officers at the request of HQ AMC may require their base-level Public Health personnel to assist in evaluating the processes for AMC aircraft. Base-level Public Health Flights/Elements may increase the frequency of these evaluations if Force Protection conditions warrant.

1.8. Prescribed Forms

- AF Form 431, *Food Poisoning Outbreak.*
- AF Form 432, *Time Distribution of Persons Affected.*
- AF Form 977, *Food Facility Evaluation.*
- AF Form 3516, *Food Service Inventory Transfer*

1.9. Adopted Forms

- DeCA Form 70-51, *Tally In/Tally Out Sheet*
- DeCA Form 10-21, *Product Inspection Report*
- DD Form 708, *Salvage Operations*
- DD Form 2387, *Bakery Sanitary Compliance Checklist*
- DD Form 1232, *Quality Assurance Representative's Correspondence.*
- PHS Form 52.12 CDC, *Investigation of a Water-borne Outbreak.*
- PHS Form 5213 CDC, *Investigation of a Food-borne Outbreak*

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CFS Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 37-1, *Records Management Programs*

AFPD 48-1, *Aerospace Medicine Program*

AFI 10-245, *Air Force Antiterrorism (AT) Standards*

AFI 41-106, *Medical Readiness Planning and Training*

AFI 48-101, *The Aerospace Medicine Program*

AFMAN 37-123, *Information Management*

DoD Directory of Sanitarily Approved Food Establishments for Armed Forces Procurement

DSCP Handbook 4155.2, *Inspection of Composite Operational Rations*

FDA Food Code (most recent edition with AF changes)

Guide to the Salvage of Chilled/Frozen Foods Exposed to Refrigeration Failure

MIL-HDBK 3006, *Guidelines for Auditing Food Establishments*

MIL-STD 904, *Guidelines for Detection, Evaluation, and Prevention of Pest Infestation of Subsistence*

VETCOM Circular 40-1

Abbreviations and Acronyms

AAFES—Army and Air Force Exchange Service

AF—Air Force

AFI—Air Force Instruction

AFMOA—Air Force Medical Operations Agency

AFPD—Air Force Policy Directive

AFR—Air Force Regulation

ALFOODACT—The Department of Defense messaging system to identify food recalls

AMC—Aerospace Medicine Council

HACCP—Hazard Analysis and Critical Control Points

CDC—Centers for Disease Control and Prevention

CONUS—Continental United States

DeCA—Defense Commissary Agency

DoD—Department of Defense

FDA—Food and Drug Administration

MAJCOM—Major Command

MIL-HDBK—Military Handbook

MIL-STD—Military Standard

VETCOM—United States Army Veterinary Command