

Florida Department of Health
Foodborne Illness
 Environmental Health Assessment Report



Facility Information

Establishment Name: <u>The Field Irish Pub</u>		Log #: <u>613904/613903</u>
Address: <u>3281 Griffin Rd</u>		City/Zip: <u>Fort Lauderdale 33312</u>
Date Complaint Received: <u>6/22/2017</u>		
Date of Suspected Meal: <u>6/17/2017</u>		
Investigator(s): <u>Zachary Orthen</u>		Date(s) Investigated: <u>6/23/17</u>
Implicated/Suspected Pathogen:		Number of Persons ill: <u>3</u>
Implicated/Suspected Food(s): <u>Prime Rib, Shepherd's Pie, Meatloaf</u>		
Quantity of Suspected Food Sold/Served: <u>47 orders; 49 orders; 17 orders</u>		
Were any similar complaints received? If yes, collect information if available.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Were any food employees ill in the two weeks prior to the suspected event?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Did any food employee(s) become ill in the two weeks after the suspect event?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Does the facility have a sick leave policy?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Were any clinical specimens collected from food workers?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Were any food/water samples taken?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Does the facility routinely track and document temperatures or have a HACCP program?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Does the facility have a bare-hand contact with ready to eat (RTE) food policy?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Does the facility have a glove-hand contact with ready to eat (RTE) food policy?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Environmental Health Assessment Checklist

- ☒ If raw oysters are involved, obtain tag(s) from suspect lot(s). If possible, collect 10-12 oysters from suspect lot(s) and contact your regional foodborne disease epidemiologist
- ☒ Obtain a copy of the menu of the foods served including daily specials that may not be on the menu
- ☒ Obtain a list of food employees with contact numbers
- ☒ Obtain food employee work schedules
- ☒ Determine food employee duties
- ☒ Exclude/restrict ill food employees
- ☒ Observe general food preparation practices
- ☒ Interview food employees about food preparation practices
- ☒ Develop a flow chart or food flow diagram for the implicated food item or ingredient to capture detailed information about each step in the food handling process
- ☒ Interview food employees for evidence of illness
- ☒ Interview ill food employees to determine common exposures
- ☒ Initiate and document corrective actions
- ☒ Identify the source of suspect foods
- ☒ Obtain the suppliers' receipts/invoices for the suspect foods
- ☒ Collect leftover food samples and send to state lab for testing, if available. Obtain original packaging, if possible
- ☒ Conduct a trace back of suspect foods, if warranted
- ☒ Summarize and determine contributing factors (see below)
- ☒ Recommend actions to prevent future outbreaks

Hazard

Related Contributing Factors to Investigate During Field Visit

Spore-Formers and Preformed Toxins (i.e. C. perfringens, B cereus, Staph)	Cooling, Re-Heating, Hot Holding, Hand Contact, Room Temp Storage, Cold Holding, Time/Temperature Abuse
Viral Infections (i.e. Norovirus)	Ill Food Worker, Hand Contact, Handwashing, Contaminated Raw Product, Ready to Eat (RTE) Foods
Bacterial Infections	Ill Food Worker, Hand Contact, Handwashing, Contaminated Raw Product, Cross Contamination, Cooking, Cooling, Hot Holding, Re-Heating, Time/Temp. Abuse
Parasitic Infections	Ill Food Worker, Hand Contact, Cross Contamination, Contaminated Raw Product, Contaminated Source

Environmental Observations - On-site Investigation

Y (Yes) N (No) N/A (Not Applicable) N/O (Not Observed)

1. Inadequate/Improper hand washing	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
2. Food employees have visible cuts, burns, or infected sores on hands/arms	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
3. Bare-hand contact by a food worker who is suspected to be infectious	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> N/O
4. Glove-hand contact by a food worker who is suspected to be infectious	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> N/O
5. Food or water not from approved sources	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
6. Inadequate protection of suspected food(s)/Improper food storage	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
7. Insufficient cold holding time/temperature(s) of suspected food(s)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
8. Prolonged cold storage (more than 7 days) of suspected food(s)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
9. Improper thawing of suspected food(s)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O
10. Insufficient cooking time/temperature(s) of suspected food(s)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O
11. Insufficient cooling time/temperature(s) of suspected food(s)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
12. Insufficient reheating time/temperature(s) of suspected food(s)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O
13. Insufficient hot holding time/temperature(s) of suspected food(s)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O
14. Major equipment malfunctions or facility operations failures	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
15. Calibrated food thermometer not available	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
16. Cross-contamination of RTE foods with raw ingredients	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
17. Cross-contamination of ingredients – Workers/Equipment/Utensils/Cloths	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
18. Improper cleaning and sanitization of equipment/utensils/food contact surfaces	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
19. Poisonous substance accidentally/inadvertently or intentionally/deliberately added	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
20. Toxic container - Container that held suspected food(s) is made of toxic substances	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
21. Addition of excessive quantities of ingredients that are toxic in large amounts	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
22. Inadequate modified atmosphere packaging	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> N/O
23. Inadequate processing (acidification, water activity, fermentation)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> N/O
24. Insufficient/Improper use of chemical processes designed for pathogen destruction	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> N/O
25. Person in charge not assigned, knowledgeable, or performing duties/responsibilities	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
26. Food employees not knowledgeable about food safety or employee health reporting	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O
27. Consumer advisory requirements not posted, if applicable	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O

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Explanations For Items Marked "Yes"/Comments and Any Other Relevant Observations

1. Observed food employees not washing hands as needed
2. Observed a food employee preparing food with a visible cut on forearm
6. Observed raw food stored above ready to eat foods
7. Observed meatloaf, shepherd's pie, and beef all > 41°F in walk-in cooler
11. Observed meatloaf, shepherd's pie > 41°F in walk-in cooler after cooling overnight
16. See #6
17. Observed employees using bare hand contact with ready-to-eat foods; observed employees wiping hands on soiled cloths/aprons then handling ready-to-eat foods
18. Observed dry wiping cloths being used to wipe in-use knives and cutting boards
26. Kitchen manager unaware of major foodborne illness reporting requirements