This instruction implements Air Force Policy Directive (AFPD) 48-1, Aerospace Medicine Enterprise. It provides guidance for all Air Force food service operations and medical food and sanitation inspection offices in preventing food-borne illnesses. This instruction should be used with the most recent edition of the AFMAN 48-147, Tri-Service Food Code. This instruction applies to all Regular Air Force (RegAF) personnel, AF Reserve Command (AFRC) and Air National Guard (ANG) personnel, direct reporting units and field operating agencies. This instruction applies to employees working under government contract or private contractors performing work under government contracts, or State employees with traditional Guard positions, who are covered under their organizational standards. Contractors are solely responsible for compliance with Occupational Safety and Health Administration standards and the protection of their employees unless otherwise specified in their contract. This publication requires the collection and/or maintenance of information protected by the Privacy Act of 1974. The authorities to collect and or maintain the records prescribed in this publication are Title 37 United States Code, Section 301a and Executive Order 9397, Numbering Systems for Federal Accounts Relating to Individual Persons. Forms affected by the Privacy Act must have an appropriate Privacy Act statement. System of records notice F044 AF SG E, Medical Record System, applies. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, Management of Records, and disposed of as outlined in the Air Force Records Disposition Schedule located in the Air Force Records Information Management System. This publication may be supplemented at any level, but all direct supplements must be routed through Headquarters (HQ) to the office of primary responsibility (OPR) of this publication for coordination prior to certification and approval. Send comments and suggested improvements on
AF Form 847, Recommendation for Change of Publication, through appropriate functional chain of command, to Surgeon General of the AF, AF Medical Support Agency, Public Health Branch (AFMSA/SG3PM), 7700 Arlington Blvd Ste. 5151, Falls Church, VA 22042-5151. The authorities to waive wing/unit level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See AFI 33-360, Publications and Forms Management, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items.

**SUMMARY OF CHANGES**

This change revises AFI 48-116 by (1) updating roles and responsibilities (2) adding United States Air Force School of Aerospace Medicine Public Health and Preventive Medicine Department (USAFSAM/PH) under roles and responsibilities (3) incorporating farmers market guidance (4) updating DoD food recall message (ALFOODACT) procedures, and addressing tiering and reducing use of acronyms.

1. **Program Overview:** Food safety and quality assurance standards outlined in this instruction apply to all food service operations on Air Force installations. This instruction is to be used in addition to federal, state, local, and tribal regulations.

2. **Roles and Responsibilities.**

   2.1. **The Air Force Surgeon General (HQ USAF/SG) will:**

       2.1.1. Serve as the Office of Primary Responsibility for providing oversight and guidance for the Food Safety Program.

       2.1.2. Establish an effective food safety and quality assurance program across the Air Force.

       2.1.3. Establish resources and implementation instructions for Food Safety Program to protect public health.

   2.2. **United States Air Force School of Aerospace Medicine Public Health and Preventive Medicine Department (USAFSAM/PH) will:**

       2.2.1. Provide epidemiologic and operational support for the Food Protection Program through the Epidemiology Consult Service Division (USAFSAM/PHR). Support includes, but is not limited to:

       2.2.2. Development and/or validation of technical guidance and tools for food protection.

       2.2.3. Foodborne/waterborne illness outbreak investigation consultation and response.

       2.2.4. Pathogen detection for food samples implicated during an outbreak investigation submitted to the USAFSAM/PHR Food Operational Response and Technology Lab.

       2.2.5. Analysis of available food protection and foodborne illness-related data.

   2.3. **Installation Commander or Director will:**
2.3.1. Establish and support an effective food safety and quality assurance program and ensure familiarity with and adherence to additional DoD, U.S. Air Force, Federal, State, local/tribal regulations (e.g., State/local guidelines for child care centers, cottage food production, etc.). (T-0).

2.3.2. Ensure food and water safety are included in mission threat briefings for deploying personnel and in-processing briefs in high threat areas. (T-0).

2.3.3. Incorporate Risk Management and Force Protection measures into the entire food and bottled water life cycle from origination to consumption (i.e., approved sources, procurement, contracting, shipment, receipt, storage, and food handling procedures). (T-1).

2.3.4. Ensure food/water assets receipt, shipment, and storage points are protected from intentional contamination, harmful, and/or malicious tampering as part of installation vulnerability assessments and response plans in accordance with AFMAN 10-246, Food & Water Protection Program. (T-1).

2.3.5. Ensure food establishments or sponsoring agencies complete food protection requirements for installation food events in accordance with AFMAN 10-246, to include background checks in accordance with AFI 31-113, Installation Perimeter Access Control, and AFI 31-101, Integrated Defense. (T-1).

2.3.6. Establish installation policy (as applicable) for using color- or letter-grading systems, as well as facility posting of inspection grades, as authorized by AFMAN 48-147.

2.3.7. Approve or disapprove hosting of Farmer’s Market at non-collocated Guard bases using public health’s recommendations. At non-collocated or GSU ANG installations will need to have written approval for each market season. (T-1) At a collocated installation where the guard is tenant the host procedures will be followed. Approval is intended to have the mission and safety of the wing personnel as priority and to educate the wing commander on accepted liabilities.

2.4. Force Protection Working Group/Threat Working Group will serve as the commander’s primary advisory body on Food Defense and, through the proper implementation of the risk management process, mitigate identified risks to an acceptable level for protection of consumable assets and personnel in accordance with AFI 10-2501 and AFMAN 10-246.

2.5. Procurement/Contracting Offices will purchase foods from approved sources in collaboration with Public Health. (T-1). Procurement/Contracting Officers must ensure the approved food sources conform to the following criteria:

2.5.1. Listed in the US Army Public Health Center (USAPHC) Circular 40-1, Worldwide Directory of Sanitarily Approved Food Establishments for Armed Forces Procurement, unless exempt in accordance with USAPHC Circular 40-1. This circular also describes procedures for requesting an initial sanitation audit of new vendors. (T-0).

2.5.2. Listed by Public Health as a locally approved establishment. (T-0).

2.5.3. Food Establishments listed in Federal Approved Sources (US Department of Agriculture (USDA), US Department of Commerce (USDC), Food and Drug
Administration (FDA) may serve as sources for Armed Forces Procurement for the covered or coded products as listed in US Army Public Health Center (USAPHC) Circular 40-1. (T-0).

2.6. **Base Civil Engineering will:**

2.6.1. Review site selection and construction for field contingency food services with Public Health. (T-1).

2.6.2. Review new food facility (also referred to as “food establishment” in AFMAN 48-147) designs, food facility remodeling plans and equipment packages, with Public Health and Bioenvironmental Engineering to ensure facilities are designed to meet food safety and water supply design appropriate to their intended use. (T-1).

2.6.3. Provide technical consultation to food facility managers on entomology activities and pesticide application. (T-1).

2.7. **Food Facility Supervisors/Managers will:**

2.7.1. Ensure foods are procured from approved sources in collaboration with the Procurement/Contracting office and the Public Health Office. (T-0).

2.7.2. Inspect Time/Temperature Control for Safety (TCS) food upon receipt for wholesomeness, condition, age at time of delivery, packaging integrity, source approval, and sanitary condition of delivery vehicles. (T-1).

2.7.2.1. Ensure documentation of receipt inspections of fresh meats, waterfoods (all varieties of fresh and salt-water finfish and shellfish), and shell eggs are completed for every delivery. (T-1). Other receipt inspections are conducted daily and require proper documentation weekly. (T-1).

2.7.2.1.1. If a discrepancy is not noted, documentation is kept for 1 year and disposed of as outlined in the Record Disposition Schedule (RDS) located in Air Force Records Information Management System (AFRIMS). (T-1).

2.7.2.1.2. If a discrepancy is noted, documentation is to be kept for 1 year after the discrepancy is resolved and disposed of in accordance with the Record Disposition Schedule (RDS) located in Air Force Records Information Management System (AFRIMS). (T-1).

2.7.2.2. The Facility Supervisors/Managers shall use integrated pest management procedures to control pests and to minimize the use of chemical pesticides in accordance with base integrated pest management plan. (T-2).

2.7.2.3. Inspect incoming products for signs of tampering or counterfeiting and validate information on the Bill Of Lading (BOL). Annotate the inspection on the BOL or receipt inspection forms at the receiving facility in accordance with AFMAN 10-246. (T-1).

2.7.3. Ensure food handlers are trained on identifying unwholesome foods and their proper disposition. (T-1).

2.7.4. Integrate food safety procedures into all aspects of food service operations. (T-1).
2.7.5. As defined and specified in AFMAN 48-147, be or designate a “Person In Charge”, who is a certified Food Protection Manager. Ensure “Person In Charge” is present at the food facility during all hours of operation. (T-0).

2.7.6. As specified in AFMAN 48-147, conduct a minimum of 4 hours of initial food protection training for food employees (individuals working with unpackaged food, food equipment, or utensils, or food-contact surfaces) within 30 days of employment, as well as formal, continuous, on-the-job training throughout their employment. (T-0). Refresher training is completed annually. (T-0). Facility Supervisors/Managers must ensure all training includes or is supplemented with the unique aspects of a military population and the impact food handling can have on readiness. (T-2). Specific training requirements and exemptions are outlined in the AFMAN 48-147.

2.7.7. Monitor the effectiveness of food protection training programs using Hazard Analysis and Critical Control Point (HACCP) principles, or equivalent system that has been approved by Public Health. (T-0).

2.7.8. Ensure employees are free of apparent health conditions that would preclude them from safely handling food, and notify Public Health of such conditions as required in accordance with Chapter 2 of AFMAN 48-147. (T-0).

2.7.9. Reject foods that are unfit for their intended purpose (i.e. retail sale due to low customer appeal) and/or that are unwholesomeness (unsafe for consumption). Contact Public Health concerning wholesomeness issues. (T-0). Public Health does not need to be notified if there is no health concern.

2.7.10. Ensure food service equipment meets or exceeds National Sanitation Foundation standards or equivalent standards in AFMAN 48-147. (T-0).

2.7.11. Investigate and follow up on DoD food recall (ALFOODACT) messages and any other vendor recalls in accordance with DLAR 4155.26, DoD Hazardous Food and Nonprescription Drug Recall System and/or applicable guidance. Notify Public Health (PH) when items of interest are identified. (T-0).

2.7.12. 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 Time/Temperature Control for Safety Food (TCS) foods, or if they presently exist. (T-0).

2.7.13. Comply with food manager requirements as specified in AFMAN 48-147. (T-0)

2.7.14. Ensure posting of a sign or placard in a location in the food facility that is conspicuous to customers, informing customers that a copy of the most recent establishment inspection report is available upon request. (T-0). Local installation policy may require posting of inspection ratings.

2.8. **Aerospace Medicine Council will:**

2.8.1. Approve the frequency of food facility sanitary inspections recommended by Public Health for the installation in accordance with AFMAN 48-147. (T-1).

2.8.2. Approve the frequency of inspection recommended by Public Health for locally approved sources. (T-1).
2.8.3. Approve the frequency and procedures recommended by Public Health for assuring food safety on military aircraft that serve Time/Temperature Control for Safety (TCS) foods. Note: This applies to aircraft that serve food not prepared in the in-flight kitchens. (T-1).

2.9. **Public Health will:**

2.9.1. Be the “regulatory authority” for Air Force Food Protection activities as prescribed in AFMAN 48-147.

2.9.1.1. Identify all food and water assets, including any source(s) or procurement systems approved for use by AF personnel, including the steps from origination to consumption.

2.9.1.2. Utilize DD Form 2972, *Food Facility Risk Assessment Survey*, to conduct initial facility risk assessments for new food establishments and recommend minimal inspection frequencies to Aerospace Medicine Council based on minimums identified in AFMAN 48-147, Table 8-2. (T-0).

2.9.1.3. Periodic facility risk assessments are required, utilizing DD Form 2972, prior to reducing inspection frequency for a food establishment. (T-0). Additional assessments may be conducted, as needed.

2.9.2. Be the full-time Bioenvironmental Engineer and Public Health technicians at stand-alone Air Force Reserve Command (AFRC) installations, Public Health, typically aligned under the Mission Support Group. At installations where Regular Air Force (RegAF) is host and Reserve Wing/Group is tenant, Public Health is the RegAF Military Treatment Facility Public Health Flight.

2.9.3. Provide an annual status update/trend analysis of the base food protection program to the medical treatment facility commander, the force support squadron commander, the mission support group commander, Exchange and Defense Commissary Agency (DeCA) managers, and the installation commander. Provide a weekly update at deployed locations. (T-2).

2.9.4. Provide definitive medical recommendations on approved food sources to procurement offices. (T-0).

2.9.5. Communicate/collaborate with local, state, and federal food safety officials on current food safety issues. (T-0). Maintain a current contact list of persons responsible for an outbreak investigation, (i.e. local lab officials, local/state health officials, or any other entities required to conduct an outbreak investigation).

2.9.6. 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. (T-0).

2.9.7. Conduct receipt inspections when requested by the facility managers to prevent major financial losses to the government. Review documentation of receipt inspections at each routine evaluation. (T-0).
2.9.8. Provide medical expertise on food protection while in-garrison and at deployed locations. (T-0).

2.9.9. Review and communicate food protection requirements prior to construction and major remodeling of food facilities, both in-garrison and at deployed locations. (T-1).

2.9.10. Approve initial/annual food protection training for food service employees. (T-0).

2.9.11. Provide annual food protection training for food service supervisors. (T-0) Public Health officials must ensure the training includes the importance of complying with AFMAN 48-147 to ensure the safe receipt, storage, preparation, and service of foods. (T-0). Training should also highlight the unique aspects of a military population and impact food handling can have on readiness. Nationally recognized training system with prior approval (i.e. ServSafe training) can be used to replace basic food safety training; however, training still needs to be accomplished to highlight the unique aspects of a military population as well as food defense. (T-0).


2.9.13.2. Public Health personnel will maintain a log of all inspections to include dates and outcomes, as well as the current condition code of the operational rations. (T-2). Public Health personnel will provide completed inspection reports to the accountable officer. (T-2).

2.9.14. 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, environmental conditions under which rations are stored and mission requirements. (T-0).


2.9.16. Reject or condemn unwholesome foods. (T-1).

2.9.16.1. A Public Health Officer or a medical officer (in absence of a public health officer), must sign the loss certificate if the loss exceeds $1000 per incident. (T-2). Qualified Public Health technicians (Craftsman or higher) may sign certificates for losses not exceeding $1000 per incident. Public Health is not required to sign off on
items being rejected for quality only. Public Health will accompany the Accountable Officer to witness destruction. (T-2). The Public Health representative will evaluate distressed or damaged items only if they are to be sold or distributed to consumers. (T-2).

2.9.16.2. The Public Health representative will provide written feedback to the responsible commander on how to prevent future losses during storage and maintain a copy of the feedback in the facility’s folder in Public Health. (T-2).

2.9.17. Use the following prescribed forms as certificates of unfitness: (T-2).

2.9.17.1. For Exchange: AF Form 3516, Food Service Inventory Transfer Receipt
2.9.17.2. For DeCA: DeCA Form 70-51, Tally In/Tally Out Sheet
2.9.17.3. For other government owned food: DD Form 708, Inventory Adjustment Monetary Account


2.9.18.1. Public Health personnel will provide expertise, utilizing an Operational Risk Management approach (specifically Hazard Analysis and Critical Control Point (HACCP) principles), in defining critical points in the food system from origination to consumption, as applicable, which must be protected from intentional contamination in support of Public Health’s annual food protection program responsibilities. (T-1). Instances where source assessment may be applicable are temporary food facilities, deployed settings or instances when locally procured food is involved. This includes food operations within the responsibility of the medical treatment facility commander. (T-1).

2.9.19. Inspect base food service operations to verify compliance with AFMAN 48-147 and document inspections using the DD Form 2973, Food Operation Inspection report. (T-0). Public Health personnel will ensure inspections are conducted in accordance with AMC-approved frequencies and evaluate all phases of facility operations (e.g. weekend, midnight meal, and dinner). (T-0).

2.9.19.1. Senior Public Health personnel (i.e., officer and senior non-commissioned officer) shall document review of all inspection forms for completion, accuracy, and proper application of AFMAN 48-147. (T-2).

2.9.19.2. Public Health will send non-compliant and partially compliant reports (as well as chronic or significant repeat discrepancies) to the aeromedical commander (or equivalent), medical treatment facility commander (or equivalent), and mission support group commander (or equivalent). (T-1) Additional reporting to these agencies may also be warranted as determined by the public health flight commander (or equivalent). Public Health must inform the wing commander of issues that could impact the mission. (T-1).
2.9.19.3. Public Health personnel will also send non-compliant and partially compliant reports, as well as chronic or significant repeat discrepancies, on contractor-operated, Exchange, or DeCA facilities to the contracting authority, HQ Exchange, or HQ DeCA, respectively. (T-1).

2.9.19.4. Public Health Officers and Public Health technicians (E7 and above) shall be certified to conduct Food and Water Risk Assessments (as defined by DoDD 6400.04E) as mission requires (T-1).

2.9.19.5. All Public Health personnel assigned to a deployment band in accordance with AFI 41-106, Medical Readiness Program Management must remain proficient on performing food facility Sanitation Inspections in accordance with AFMAN 48-147 and Food Vulnerability Assessments in accordance with AFMAN 10-246. (T-0).

2.9.20. Conduct annual in-service training on foodborne illness investigation plans in accordance with AFMAN 10-246. (T-1). Training must include the following personnel and topics:

2.9.20.1. All medical personnel that would be critical to the proper investigation of a foodborne illness. Examples include emergency departments, enlisted and officer nursing staffs assigned to primary care management teams, the pro-staff, and laboratory personnel. An actual foodborne illness may substitute for training if the topics below and the incident’s after action report are shared with or briefed to all medical personnel described above. This requirement also applies to all Traditional Reserve and Air National Guard Public Health and medical personnel critical to the proper investigation of a foodborne illness who are assigned to a Reserve Medical Unit (RMU) or Guard Medical Unit (GMU). Training must include the following topics:

2.9.20.2. Roles and responsibilities, procedures for identifying an outbreak, taking a history with emphasis on foods consumed, case definitions, collecting appropriate laboratory samples, verifying diagnoses, and statistical data analysis. (T-1).

2.9.20.3. Training may be incorporated into a larger scale food protection exercise to include involvement with Security Forces, civilian law enforcement authorities, and local civilian public health authorities. (T-1).

2.9.21. Investigate and report all foodborne illness outbreaks to MAJCOM/SGP and the state health department. In instances of foodborne illness outbreaks suspected to be intentionally caused, Public Health will work with the medical treatment facility clinical laboratory to submit food samples to a local, state, or military Food Emergency Response Network (FERN) laboratory. (T-1).

2.9.22. Use the following forms for foodborne illness outbreak investigations:

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

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

2.9.22.3. For foodborne illness outbreaks, complete CDC 52.13, Investigation of a Foodborne 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 Centers for Disease Control (CDC). Do NOT report foodborne outbreaks directly to CDC. Air National Guard (ANG) Guard Medical Units (GMU) must also report any food borne illness outbreaks to their State Joint Forces Headquarters. (T-0).

2.9.23. In accordance with AFI 48-105, *Surveillance Prevention and Control of Disease and Conditions of Public Health or Military Significance*, report all cases in AF Disease Reporting System internet (AFDRSi) that meet the case definition per the most recent Armed Forces Reportable Medical Events Guidelines and Case Definitions. Additionally, report all outbreaks or disease cluster investigations in the AFDRSi outbreak module. (T-1).

2.9.24. Assistance in any outbreak investigation, including foodborne and water-borne, is available from the US Air Force School of Aerospace Medicine Epi Consult Division (USAFSAM/PHR). Be sure to notify MAJCOM medical leadership when this assistance is required or requested. (T-1). To request on-site support from USAFSAM/PHR, the medical treatment facility commander, aerospace medicine commander, Chief of Medical Staff (SGH), or Chief of Aerospace Medicine (SGP) should send the request directly to the USAFSAM Commander, Public Health Dept Chair, or Epidemiology Consult Service Division Chief.

2.9.25. Inspect and approve, as appropriate, local food establishments not listed in the Directory of Sanitarily Approved Food Establishments for Armed Forces Procurement when requested by the installation commander. (T-1) Use AFMAN 48-147 (for retail establishments) and/or Mil Std 3006C, *Sanitation Requirements for Food Establishments* and Mil HDBK 3006C, *Guidelines for Auditing Food Establishments* to inspect and approve local food serving establishments and sources. Public Health will inspect local facilities for a specific product or products. (T-1). Public Health recommends approval and inspection frequency or disapproval to the Aerospace Medicine Council. (T-1). Public Health may consult with the US Air Force School of Aerospace Medicine Epi Consult Division (USAFSAM/PHR) Food Protection Team for local source approvals. Public Health will ensure these sources may only provide food to the approving base. (T-1).

2.9.26. Establish procedures to receive and investigate DoD food recall (ALFOODACT, DSCP Alert) messages and food recalls from recognized regulatory authorities as well as any community awareness necessary to alert the populations of the recall. Veterinary Services Information Management Systems (VSIMS) will be used to document disposition of all ALFOODACTs. Both negative and positive responses will be documented into VSIMS in accordance with DLAR 4155.26, *DoD Hazardous Food and Nonprescription Drug Recall System* and/or applicable guidance. (T-0).

2.9.27. Determine the appropriateness and inspection interval of aircraft which food will be served (if such missions exist) in consultation with HQ Air Mobility Command (HQAMC). Note: This does not include meals from flight kitchens.

2.9.28.1. The HQ Air Mobility Command (HQAMC) Force Protection Working Group establishes Force Protection procedures for all AMC contracts and Statements of Work (SOW) including contracts for DOD Contract Airline support in accordance with the AMC supplement to DoDIO-2000.16V1_AFI10-245-O. The HQAMC,
Command Public Health Officer will coordinate with other MAJCOM Public Health leadership to ensure that food safety and security processes are adequately evaluated.

2.9.28.2. MAJCOM Public Health Officers at the request of HQAMC 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.

3. Standards and Procedures. Installation Food Events (to include air shows, farmers markets, festivals, and organizational food events)

3.1. Public Health will:

3.1.1. Maintain food safety and sanitation oversight in accordance with AFMAN 48-147 and as approved through the Aerospace Medicine Council, for installation food events in which Time/Temperature Control for Safety (TCS) foods are dispensed to the general public as defined in AFMAN 48-147. (T-0). The following foods, if originating from an unapproved source, cannot be served/sold to the general public: home processed wild game or other meats, or home-canned/home-jarred foods, or dairy products from unapproved sources. Except where specified in this document or exempted from listing, all foods served/sold must originate from an approved source or U.S. government inspected facility. (T-0). Home-prepared foods (except as specified above) may be authorized in support of installation food events.

3.1.2. Review local health department sanitation inspections, if available, as part of the approval process to assist with determining force/food protection issues and recommendations for frequency of inspections. (T-1).

3.1.3. Maintain food safety and sanitation oversight of cottage food operations in accordance with AFMAN 48-147. Cottage food operations are defined as a business that produces or packages non-Time/Temperature Control for Safety (TCS) foods in the kitchen of an operator’s primary domestic residence.

3.1.4. Approve pre-operational plans and conduct pre-operational and recurring sanitation inspections for Farmers Markets in accordance with AFMAN 48-147. (T-0).

3.2. Farmers Markets will be inspected by Public Health prior to operation and on a recurring basis as temporary (operating for 14 days or less) or seasonal (over 14 days) food establishments as defined in AFMAN 48-147. (T-2). Where applicable, operators will meet state requirements for operating a farmers market including selling eggs. Specific requirements apply based on risk level dependent on foods served/sold. (T-2).

3.2.1. Specific requirements include: there must be at least one person at each Risk level 2 Farmers Market food operation who meets “Person In Charge” requirements of the AFMAN 48-147.

3.2.2. For Risk Level 2 Farmers Market, vendors will comply with the “food employee” requirements of AFMAN 48-147, para 2-103.11.

3.2.1.1. Risk Level 1 Farmers Market (Lowest/Moderate Risk):

3.2.1.1.1. Products sold are limited to:

3.2.1.1.2. Operator produced fresh, uncut, and unprocessed produce, and
commercially canned or packaged drinks and coffee.

3.2.1.1.3. Whole, uncut, and unprocessed produce grown on base, by base personnel, to include on base community gardens.

3.2.1.1.4. Operator processed foods, whole, shell intact eggs, commercially processed jams and jellies, cookies, cakes, and breads, except home filled pastries.

3.2.1.1.5. Include clearly visible signage that states “Public Health Recommends that patrons wash all fruits and vegetables before consumption.”

3.2.1.2. Risk Level 2 Farmers Market (Highest Risk):

3.2.1.2.1. Products sold and requirements listed for Levels 1 and 2 Farmers Markets, plus:

3.2.1.2.2. Poultry, beef, pork, and commercial finfish that is prepared in an inspected kitchen or cooked on site. Examples include barbecue pulled beef or pork, fish fry, made to order sandwiches and commercial salads.

3.2.1.3. The following items are more commonly associated with food borne illness and pose an unacceptable risk to health and safety. The following items shall be prohibited from farmers markets on Air Force installations:

3.2.1.3.1. Raw or unpasteurized dairy products including; raw milk, hard and soft cheeses from unpasteurized milk, sour creams, and yogurt

3.2.1.3.2. Sale of live or dead whole animals including; fish, chickens, ducks, goats, snakes, hamsters, etc.

3.2.1.3.3. Raw meats

3.2.1.3.4. Processed or cooked meat from game animals, killed and slaughtered by the operator (which are not inspected by state or federal regulators)

3.2.1.3.5. Mushrooms, unless the Operator is, or the mushrooms were obtained from, a licensed supplier

3.2.1.3.6. Raw Sprouts

3.2.1.3.7. Shellfish, unless from state or federally certified harvesters

3.2.1.3.8. Unpasteurized juices (not prepared on site for immediate consumption)

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Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References
AFMAN 10-246, Food and Water Protection Program, 30 March, 2015
AFMAN 33-363, Management of Records 2 June, 2017
AFMAN 48-147, TriService Food Code, 30 April, 2014
AFPD 48-1, Aerospace Medicine Enterprise, 23 August, 2011
AFI 33-360, Publications and Forms Management, 1 December, 2015
AFI 41-106, Medical Readiness Program Management, 9 June, 2017
AFI 48-101, Aerospace Medicine Enterprise, 8 December, 2014
Assistant Secretary of Defense (Readiness and Force Management) memorandum, Review of DoD Policies Concerning Farmers Markets on Military Installations, 30 July 2013
DoD Instruction O-2000.16, Volume 1, DoD Antiterrorism (AT) Program Implementation: DoD AT Standards, 5 May, 2017
DLA Troop Support Handbook 4155.2, Inspection of Composite Operational Rations, 01, November, 2010
DLAR 4155.26, DoD Hazardous Food and Nonprescription Drug Recall System,
DODD 6400.04E, DoD Veterinary Public and Animal Health Services
NATICK/TR-88/50, Guide to the Salvage of Chilled/Frozen Foods Exposed to Refrigeration Failure, 01 April, 1988
MIL-HDBK 3006C, Guidelines for Auditing Food Establishments, 1 June, 2008
MIL-STD 3006C, Sanitation Requirements for Food Establishments, 1 June, 2008
MSR 6025.XX, DoD Hazardous Food and Nonprescription Drug Recall System
USAPHC Circular 40-1, Worldwide Directory of Sanitarily Approved Food Establishments for Armed Forces Procurement, 01 June, 2012

Prescribed Forms
AF Form 431, Food Poisoning Outbreak.
AF Form 432, Time Distribution of Persons Affected.
AF Form 3516, Food Service Inventory Transfer Receipt
Food Salvage Quality Assurance Summary

**Adopted Forms**
DeCA Form 10-21, *Product Inspection Report*
DeCA Form 70-51, *Tally In/Tally Out Sheet*
DD Form 708, *Inventory Adjustment Monetary Account*
AF Form 847, *Recommendation for Change of Publication*
DD Form 2972, *Food Facility Risk Assessment Survey*
DD Form 2973, *Food Operation Inspection Report*
PHS Form 52.13 CDC, *Investigation of a Food-borne Outbreak*

**Abbreviations and Acronyms**
AF—Air Force
AFDRSi—Air Force Disease Reporting System internet
AFI—Air Force Instruction
AFMAN—Air Force Manual
AFPD—Air Force Policy Directive
AFR—Air Force Regulation
AFRIMS—Air Force Records Information Management System
ALFOODACT—The Department of Defense messaging system to identify food recalls
CDC—Centers for Disease Control and Prevention
CONUS—Continental United States
DeCA—Defense Commissary Agency
DoD—Department of Defense
Exchange—Army and Air Force Exchange
FDA—Food and Drug Administration
GMU—Guard Medical Unit
HACCP—Hazard Analysis and Critical Control Points
HQ—Headquarters
HQ AMC—Headquarters Air Mobility Command
MAJCOM—Major Command
MIL-HDBK—Military Handbook
MIL-STD—Military Standard
OPR—Office of Primary Responsibility
RDS—Records Disposition Schedule
RegAF—Regular Air Force
RMU—Reserve Medical Unit
TCS—Time/Temperature Control for Safety Food