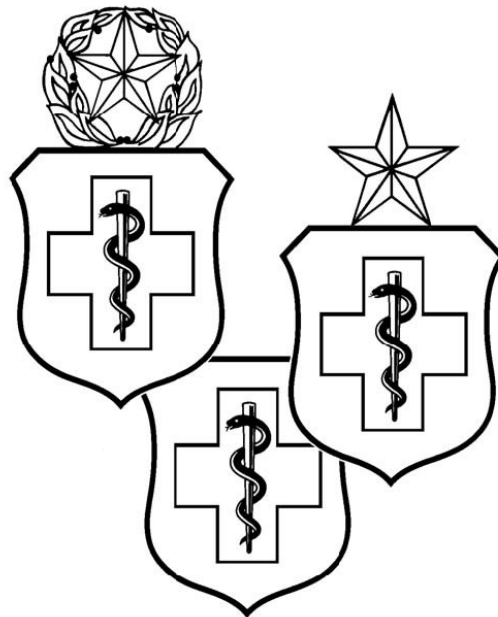


**PUBLIC HEALTH SPECIALTY**  
**COMMUNITY HEALTH**  
**SPECIAL PROCEDURES**



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# QTP 4E0X1-1

## PUBLIC HEALTH SPECIALTY

### *Volume 1: Community Health Special Procedures*

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OPR: CMSgt Leslie Pratt, 4E0X1 Career Field Manager  
Certified by: AF/SG/1/8  
Supersedes: N/A  
Pages: 54

*Air Force Disease Reporting System-Internet (AFDRSi)*

<b>SUBJECT AREA:</b>	Task, Knowledge and Technical References
<b>TASK(S):</b>	AFDRSi
<b>CFETP/STS REFERENCES(S):</b>	4.g.(2).(b).
<b>EQUIPMENT REQUIRED:</b>	Computer with internet access AFDRSi account access
<b>TRAINING REFERENCE(S):</b>	AFI 48-105, Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance Armed Forces Reportable Medical Events Guidelines and Case Definitions BUMED Instruction 3440.10: Force Health Protection Emergency Management Program BUMED Instruction 6200.17A: Public Health Emergency Officers CDC Sexually Transmitted Diseases Treatment Guidelines COMDTINST 6000.1: Coast Guard Medical Manual, April 2011 Chapter 7, Preventive Medicine Control of Communicable Disease Manual, 20 <sup>th</sup> Edition DoD DIRECTIVE 6490.02E: Comprehensive Health Surveillance DoD INSTRUCTION 6200.03: Public Health Emergency Management within DoD NMCPHC-TM-PM 6220.12
<b>REMARKS/NOTES:</b>	Ensure trainee has an active AFDRSi account. To request an account, fill out a DD Form 2875, SAAR. Once complete, forward to the DRSi Helpdesk via email <a href="mailto:usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-ndrs@mail.mil">usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-ndrs@mail.mil</a> ( <b>do not encrypt</b> ). Follow-up immediately after submitting via phone at 757.953.0954/DSN: 377.0954
<b>OBJECTIVE:</b>	Given the training resources, equipment, and trainer demonstration, the trainee will be able to use AFDRSi.

## **EVALUATION INSTRUCTIONS:**

1. After the trainee has received instructions, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
<b>PREPARATION</b>		
1. Login to AFDRSi <a href="https://data.nmcphc.med.navy.mil/afdrsi/Login.aspx?NDRSiErrorCode=-15">https://data.nmcphc.med.navy.mil/afdrsi/Login.aspx?NDRSiErrorCode=-15</a>		
2. State the purpose for using AFDRSi (reporting communicable diseases for disease surveillance)		
<b>PROCEDURE</b>		
1. Gather patient information and verify diagnosis is reportable IAW Armed Forces Reportable Medical Events Guidelines and Case Definitions		
2. Initiate a Medical Event Report (MER) by selecting “Enter/Edit Medical Event Report(s) by SSN”		
3. Select a search criteria by entering the “Sponsor’s or Dependent’s SSN” and select “Submit”		
4. Click the “Enter New MER” box to enter a new Medical Event Report		
5. Enter patient Demographic, Medical Event Information, and a Comment		
6. Classify case status as “suspect, probable or confirmed” IAW the Armed Forces Reportable Medical Events Guidelines and Case Definitions		
7. Submit your new MER by clicking the “Submit” button		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>
<b>ENTERING OUTBREAK REPORTS</b>		
<b>PROCEDURE</b>	<b>SAT</b>	<b>UNSAT</b>
1. Enter/edit Outbreak Reports by selecting the appropriate task link under Medical Event		
a. Enter/Edit Outbreak Report(s) to review, edit, and report a new outbreak report(s)		
b. Edit existing Outbreak reports, enter a Reporting Unit in the text box and click “Get Outbreak Report(s)”		
c. Create a filter using “Outbreak Status/Outbreak Type” and/or “Date of Report” in the Filter On box		
2. Enter a new Outbreak report by clicking “Enter new outbreak Report” box		

3. Fill out the following areas for an Outbreak Report:		
a. Number of Cases		
b. Location of Outbreak		
c. Dates of Outbreak		
d. Case Narrative Information		
4. Submit your new outbreak report by clicking “Submit” button		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

***Conduct Peer Review***

**SUBJECT AREA:** Patient Administration

**TASK(S):** Conduct Peer Review

**CFETP/STS REFERENCES(S)** 5.f.(4).

**EQUIPMENT REQUIRED:** N/A

**TRAINING REFERENCE(S):** AFI 41-210, *Tricare Operations and Patient Administration Functions*  
AFI 44-102, *Medical Care Management*  
AFI 44-119, *Medical Quality Operations*  
AFI 48-101 *Aerospace Medical Operation*  
PHA & FOME User Guide

**REMARKS/NOTES:** Ensure trainee has a thorough comprehension of the peer review process and understands why they are accomplished. Peer review may apply to: Electronic/hard copy medical record entries, education requirements, PH programs, etc.

**OBJECTIVE:** Given the training resources, equipment, and trainer demonstration, the trainee will be able to conduct peer reviews.

**EVALUATION INSTRUCTIONS:**

1. Assess trainees understanding of why peer reviews are done.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all competencies of the task are understood.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.



<b>KNOWLEDGE ASSESSMENT</b>	<b>SAT</b>	<b>UNSAT</b>
<b>PREPARATION</b>		
1. Obtain necessary resources, based on type of peer review		
<b>PROCEDURE</b>		
1. State the purpose for conducting a technician level peer review (whether process is flowing smoothly, all procedures are being followed, paperwork/software updates are being completed correctly, findings reported to leadership for process improvements)		
2. Identify minimum requirements for review (random sampling, at least 5%, regular recurring basis—i.e. weekly/bi-weekly)		
3. Explain how findings from the reviews are documented based on local procedures (i.e. spread sheets, database, local forms)		
<b>POST PROCEDURE</b>		
1. Explain local procedures for routing peer review results through Chain of Command (documented/reported to SGP/SGH, executive committees, i.e. AMC, PHWG, ECOMS, Pro Staff, etc.)		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

*Assess Vaccination/Serology Status*

<b>SUBJECT AREA:</b>	Fundamentals of Immunology
<b>TASK(S):</b>	Assess vaccination/serology status
<b>CFETP/STS REFERENCES(S)</b>	5.i.(2).
<b>EQUIPMENT REQUIRED:</b>	Computer with internet access ASIMS account access AHLTA/CHCS account access Medical Record
<b>TRAINING REFERENCE(S):</b>	AFI 44-108, <i>Infection Control Program</i> AFI 44-178, <i>Human Immunodeficiency Virus</i> AFI 48-105, <i>Disease Surveillance</i> AFI 48-110, <i>Immunizations and Chemoprophylaxis</i> AFI 48-122, <i>Deployment Health</i> ACIP/CDC Immunizations Guidelines AHLTA/CHCS training module AFRIT, AOR Specific Reporting Guidelines and other COCOM specific guidance CDC Interpretation of Hepatitis B Serologic Test Results CDC Interpretation of Results of Tests for Hepatitis C Virus (HCV) Infection and Further Actions CDC TB Fact Sheets: Testing for Tuberculosis CDC Traveler's Health DODI 6490.03, <i>Deployment Health</i> TRAVAX
<b>OBJECTIVE:</b>	Given the training resources, equipment, and trainer demonstration, the trainee will be able to accurately assess vaccination/serology status.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
<b>PREPARATION</b>		
1. Log into ASIMS		
2. Log into AHLTA		
3. Explain the immunization requirements for each applicable program: <ul style="list-style-type: none"> <li>a. Immunizations required based on AFI/CDC/ACIP requirements/recommendations</li> <li>b. Occupational related requirements (MEHP)</li> <li>c. Deployment specific requirements</li> </ul>		
<b>PROCEDURE</b>		
1. In ASIMS Main Menu click “Find Person” to locate a patient		
2. At the Individual Status Form page, determine immunization status(due/overdue)		
3. Navigate to the patients DD 2766c (Immunization Record) to view immunization history		
4. Open AHLTA, locate patient by clicking “Search”		
5. Enter patients information (Name/SSN); click “Find” and select patient		
6. Access lab results from the Folder List menu (if applicable)		
7. Review serology results for the following (if applicable) <ul style="list-style-type: none"> <li>a. Hepatitis A/B/C</li> <li>b. MMR</li> <li>c. Varicella</li> </ul>		
8. Identify due/overdue vaccinations based on serology results		
9. Identify patient disposition (i.e. referral to immunizations/lab)		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

***Locally Approved Sources***

<b>SUBJECT AREA:</b>	Use the Appropriate Approved Source
<b>TASK(S):</b>	Locally Approved Sources
<b>CFETP/STS REFERENCES(S)</b>	7.e.(2).(g).
<b>EQUIPMENT REQUIRED:</b>	Computer with internet access Tri-Service Food Code DD Form 2972, <i>Food Facility Risk Assessment Survey</i>
<b>TRAINING REFERENCE(S):</b>	AFI 48-116, <i>Food Safety Program</i> AFMAN 48-147, <i>Tri Service Food Code</i> MIL-HDBK-3006C, <i>Department of Defense Military Handbook, Guidelines for Auditing Food Establishments</i> MIL-STD-3006C, <i>Sanitation Requirements for Food Establishments</i> <i>Worldwide Directory of Sanitarily Approved Food-Establishments for Armed Forces Procurement</i> <a href="http://vets.amedd.army.mil/Food/approved.nsf/">http://vets.amedd.army.mil/Food/approved.nsf/</a>
<b>REMARKS/NOTES:</b>	USAFSAM/PHR Food Protection Team should be contacted prior to conducting assessment at DSN/Commercial 798-3196 / (937) 938-3196 or email at <a href="mailto:foodprotection@us.af.mil">foodprotection@us.af.mil</a> .
<b>OBJECTIVE:</b>	Given the training resources, equipment, and trainer demonstration, the trainee will be able inspect and approve a local food establishment.
<b>EVALUATION INSTRUCTIONS:</b>	<ol style="list-style-type: none"> <li>After the trainee has received instruction, allow sufficient practice on each part of the task.</li> <li>The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.</li> <li>Use the performance checklist to ensure all steps of the task are accomplished.</li> <li>Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.</li> </ol>

PERFORMANCE	SAT	UNSAT
<b>PREPARATION</b>		
1. Open MIL HDBK 3006C and MIL STD 3006C		
2. Explain the difference between approved sources and locally approved sources (approved sources are those foods listed in the <i>Worldwide Directory of Sanitarily Approved Food- Establishments for Armed Forces Procurement</i> and locally approved sources are food product(s) that are approved at your local installation by PH)		
3. State the purpose for establishing a locally approved source (to approve local food product(s) for safe consumption, at the request of the installation commander)		
4. Explain the difference between sanitation inspections and a locally approved source assessment (surveillance-use Tri-Service Food Code/DD Form 2973 for inspection; locally approved-product(s) are assessed using MIL HDBK 3006C and MIL STD 3006C and recommend approval and inspection frequency or disapproval to AMC)		
5. Explain which product(s) can be provided by the locally approved establishment (locally approved facilities will be approved for a specific product(s), these sources may only provide food to the approving installation)		
6. Explain differences between Critical, Major, and Observation findings listed on the Appendices in MIL-STD 3006C (reference “Definitions page” in MIL-STD 3006C)		
<b>PROCEDURE</b>		
1. Describe the following steps to conduct a locally approved source assessment:		
a. Determine the food item requiring approval (i.e. Buffalo meat, rabbits, crabs, etc.)		
b. Notify establishment of assessment (Audit Notification Letter, MIL-HDBK 3006C, Figure 4/5)		
c. Provide establishment with a Pre-Audit Questionnaire (MIL-HDBK 3006C, Figure 13)		
d. Locate food item on Cross-Reference Chart (MIL-HDBK 3006C, Figure 1)		
e. Identify required appendices to assess the product(s) (reference “Potential Appendices To Be Used” column)		
f. Conduct assessment (using applicable appendices from MIL-STD 3006C)		
g. Score and document assessment (for scoring: reference paragraph 4.5 Sanitation Audit Rating; for documentation: use Sanitation Audit Report Form, MIL-HDBK 3006C, Figure 2)		

h. Send establishment the Audit Results Letter for Acceptable or Unacceptable Sanitation Audits (MIL-HDBK 3006C, Figures 6-9)		
<b>POST PROCEDURE</b>		
1. Explain local process for routing approval recommendations and inspection frequency or disapproval to AMC		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

*Calibrate a Bimetallic Thermometer*

- SUBJECT AREA:** Monitor Temperatures
- TASK(S):** Calibrate Bimetallic Thermometer
- CFETP/STS REFERENCES(S)** 7.h.
- EQUIPMENT REQUIRED:** 2 quart container  
Ice  
Water  
Bimetallic thermometer (with calibration wrench)
- TRAINING REFERENCE(S):** Tri Service Food Code
- OBJECTIVE:** Given the training resources, equipment, and trainer demonstration the trainee will be able to calibrate a bimetallic thermometer.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to personal safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
<b>PREPARATION</b>		
1. Obtain supplies (2 quart container, ice, water, bimetallic thermometer and calibration wrench)		
2. State the purpose for ensuring bimetallic thermometer is properly calibrated on a regular basis (temperature accuracy)		
<b>PROCEDURE</b>		
1. Fill the 2 quart container with ice, water, and stir		
2. Suspend mercury thermometer in ice water solution until it stabilizes at 32°F or 0°C (without touching the bottom or side of container)		
3. Slide the thermometer into the calibration wrench, using the case as a handle immerse the thermometer stem into the ice water solution a minimum of 2 inches (without touching the bottom or side of container)		
4. Suspend bimetallic thermometer in ice water solution until it stabilizes		
5. If the temperature reading is 32°F or 0°C the thermometer is accurately calibrated		
6. If the thermometer is not accurately calibrated, turn the head of the thermometer until it reads 32°F or 0°C (stem should remain in the ice water solution)		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_ / \_\_\_\_\_



*Investigate Food Quality Reports*

- SUBJECT AREA:** Use the Appropriate Approved Source
- TASK(S):** Investigate Food Quality Reports (DeCA Form 40-45 and AAFES)
- CFETP/STS REFERENCES(S)** 7.k.(2).
- EQUIPMENT REQUIRED:** Thermometer, pH testing strips, DeCA Form 40-45, and DD Form 1222
- TRAINING REFERENCE(S):** DeCA Directives 40-6  
*DoD Veterinary Food and Diagnostic Laboratory Sample-Submission Guide*  
*Joint Surveillance Food Inspection Manual*  
*Tri Service Food Code*
- OBJECTIVE:** Given the training resources, equipment, and trainer demonstration, the trainee will be able to investigate food quality reports.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
<b>PREPARATION</b>		
1. Obtain supplies: DD Form 1222, thermometer, PH Strips, and forms used for lab submission (i.e. DA Form 7539)		
2. State the purpose for investigating food quality reports (Identify safety concerns with the products and identify problems early enough to prevent a total loss of the product)		
<b>PROCEDURE</b>		
1. Report to the facility and collect the Food Quality Report from the designated area (DeCA (Commissary) or AAFES)		
2. Evaluate the food quality concern as follows:		
a. Review DeCA Form 40-45 (determine product, date returned, and reason for complaint)		
b. Locate returned item		
c. Pull product samples from shelves (from same lot number if possible, use DD Form 1222 as a hand receipt)		
d. Perform organoleptic testing on returned product (sensory analysis) <b>DO NOT HAVE TRAINEE TASTE RETURNED PRODUCT!</b> Check for discoloration, odor, external fragments, and complaint specific issues affecting safety and health for consumers		
e. Compare product sample vs. returned item to determine quality defect <ul style="list-style-type: none"> <li>i. Defect: Notify facility to remove products from shelves/storage and place on medical hold (further investigation is needed)</li> <li>ii. No defect: No facility notification is required</li> </ul>		
3. Determine cause for product problems <ul style="list-style-type: none"> <li>a. Customer mishandling (i.e. temperature abuse)</li> <li>b. Infestation of the product               <ul style="list-style-type: none"> <li>i. Inspect warehouse to rule out DeCA infestation. If no sign of infestation within the facility educate the customer that the problem may exist in their home storage area)</li> </ul> </li> <li>c. Suspected product tampering               <ul style="list-style-type: none"> <li>i. Notify Security Forces</li> <li>ii. Place product on medical hold</li> <li>iii. Notify DLA troop support to alert DoD</li> </ul> </li> <li>d. Product unwholesomeness (no fault)               <ul style="list-style-type: none"> <li>i. Contact the vendor for explanation (vacuum loss, etc.)/Contact department manager DeCA representative/other inspection agency (FDA, USDA, etc.)</li> </ul> </li> <li>e. Send samples to local lab or Food Analysis and Diagnostics (FADL) if you cannot determine the problem, place lot on medical hold and make recommendation for disposition</li> </ul>		

4. Disposition a. Suspend sale of product (medical hold until investigation is complete) b. Return product to vendor c. Recall notification to patrons d. Notify DLA Troop support if a DoD wide recall needs to happen e. Increase vendor surveillance (ensure products are being delivered safely and IAW contract)		
<b>POST PROCEDURE</b>		
1. Document findings, cause, and disposition on the DeCA Form 40-45 and return it to the DeCA officer/AAFES Manager		
2. Log complaint on tracker		
3. Contact customer and inform them of results (if customer requested)		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

***PERFORM INVESTIGATIONS ON FOOD RECALLS***

- SUBJECT AREA:** Use the appropriate approved source
- TASK(S):** Perform Investigations on food recalls (i.e. FDA recalls, ALFOODACT)
- CFETP/STS REFERENCES(S)** 7.k.(3)
- EQUIPMENT REQUIRED:** Computer with internet access
- TRAINING REFERENCE(S):** AFI 48-101, *Aerospace Medicine Enterprise*  
AFI 48-116, *Food Safety Program*  
DLA Troop Support ALFOODACT Messages Link:  
<https://www.troopsupport.dla.mil/subs/fso/fsolinks.asp>  
DLAR 4155.26, *DoD Hazardous Food and Nonprescription-Drug Recall System*
- OBJECTIVE:** Given the training resources, equipment, and trainer demonstration, the trainee will be able to investigate food recalls.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
<b>PREPARATION</b>		
1. Log into ALFOODACT messages link: <a href="https://www.troopsupport.dla.mil/subs/fso/fsolinks.asp">https://www.troopsupport.dla.mil/subs/fso/fsolinks.asp</a> (PH technician must be registered to be on ALFOODACT distribution of notifications for new recalls automatically via e-mail)		
2. State the purpose of investigating food recalls (to inform DoD agencies of potential hazards in foods, non-prescription drugs, and health and beauty aids to suspend sale, issue, and use)		
3. Explain how Public Health receives recall notifications (check website/email notification)		
<b>PROCEDURE</b>		
1. Check ALFOODACT messages website for most current recall (daily)		
2. Notify all facility POCs of new recall(s) via e-mail and/or phone (following local procedures) Ensure to include pertinent information from the ALFOODACT or product name, lot #, & manufacturer for other recalls		
3. Log all responses from facilities: date notified, person contacted, whether product is in stock (facilities should respond to PH in a timely manner, i.e. 24 hrs/per local policy)		
4. Positive Responses:		
a. Notify POCs to immediately place the hazardous food/non-prescription drug on "medical hold" until final disposition instructions are received		
b. Notify MAJCOM with details (products in stock, date placed on medical hold, quantity, etc...)		
c. Notify POCs of disposition guidelines (assist in disposition of products, if necessary)		
<b>POST PROCEDURE</b>		
1. Update local log		
2. Report results to section NCOIC or equivalent for review		
3. Maintain a file of ALFOODACT messages by message serial number for a minimum of 1 year		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

***Collect, Prepare, and Forward Food Samples for Shipment***

<b>SUBJECT AREA:</b>	Analysis Procedures
<b>TASK(S):</b>	Collect, Prepare, and Forward Food Samples for Shipment
<b>CFETP/STS REFERENCES(S)</b>	7.m.(2).
<b>EQUIPMENT REQUIRED:</b>	Food packaged in original container, or Sterile container for sample Shipping material(s) DA Form 7539, <i>Request for Veterinary Laboratory Testing and Food Sample Record</i>
<b>TRAINING REFERENCE(S):</b>	DoD Veterinary Food and Diagnostic Laboratory (FADL) Sample Submission Guide FDA Inspections, Compliance, Enforcement, and Criminal Investigations, Subchapter 4.5, <i>Sampling: Preparation, Handling, Shipping</i>
<b>OBJECTIVE:</b>	Given the training resources, equipment, and trainer demonstration, the trainee will be able to collect, prepare, and forward food samples for shipment.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to personal safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

**COLLECT, PREPARE, AND FORWARD  
FOOD SAMPLES FOR SHIPMENT**

<b>PERFORMANCE ITEM</b>	<b>SAT</b>	<b>UNSAT</b>
<b>PREPARATION</b>		
1. Obtain correct supplies (FADL Submission Guide and DA Form 7539)		
2. Obtain food sample(s) available for testing (original container or appropriate portions IAW the FADL Submission Guide)		
3. State the purpose for collecting, preparing, and forwarding food samples for shipment (Foodborne Illness Investigations, Microbiology Analysis)		
4. Trainee washed hands with soap and water		
<b>PROCEDURES</b>		
1. Trainee determined correct lab (Ft. Sam Houston, Germany, Hawaii or local guidance)		
2. Fill out DA Form 7539 with as much information as possible IAW the FADL Submission Guide		
3. If shipping refrigerated and/or perishable items, include one additional sample item marked "PILOT" (N/A for frozen samples)		
4. Pack samples carefully to prevent damage during transit using shock absorbing materials (i.e. bubble wrap or newspaper)		
5. Individual samples are placed in separate plastic bags		
6. Describe the appropriate recommended refrigerant ratios IAW the FADL Submission Guide a. For frozen samples, describe the recommended refrigerant ratios b. For chilled samples, describe the recommended refrigerant ratios		
7. Determine the type of ice (wet/dry) to use for shipping: a. Frozen (dry ice) b. Perishable/chilled (wet ice)		
8. Describe ice storage methods for shipping (placed in heavy weight plastic bags)		
9. Label individual samples to correspond with the DA Form 7539		
10. Determine most appropriate shipping method (i.e. overnight delivery and weekend deliveries)		
11. Notify the receiving lab when shipping frozen, perishable, or high priority items		
<b>POST PROCEDURE</b>		
1. Explain shipping procedures (Name of carrier, tracking label, and notifying the lab via email or telephone)		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>



**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: \_\_\_\_\_/\_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_/\_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_/\_\_\_\_\_

*Perform pH Analysis of Food Samples*

- SUBJECT AREA:** Analysis Procedures
- TASK(S):** Perform pH analysis of food samples
- CFETP/STS REFERENCES(S)** 7.m.(4).
- EQUIPMENT REQUIRED:** pH Test Strips
- TRAINING REFERENCE(S):** Modern Food Microbiology, Latest Edition  
pH Test Strips Package Instructions
- OBJECTIVE:** Given the training resources, equipment, and trainer demonstration, the trainee will be able to perform pH analysis of food samples.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to personal safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
<b>PREPARATION</b>		
1. Obtain supplies (pH test strips)		
2. Obtain food samples for testing		
3. State the purpose for performing food pH analysis		
<b>PROCEDURES</b>		
<b>pH STRIPS</b>		
1. Trainee washed hands with soap and water		
2. Placed a pH strip on the food sample		
3. Compare pH results to the pH color chart (contained within package)		
<b>Note:</b> Proceed to post procedure below if Electronic pH device is not applicable		
<b>ELECTRONIC pH MEASUREMENT</b>		
1. Trainee washed hands with soap and water		
2. Ensure meter electrodes are clean prior to use		
3. Meter has been calibrated according to package instructions		
4. Food sample and meter are at 77 °F (25°C)		
5. If available, trainee followed meter package instructions for use <ul style="list-style-type: none"> <li>a. Switch the instrument on</li> <li>b. Submerge the electrode into your sample</li> <li>c. Press the measure button</li> <li>d. Wait until the pH icon stops flashing and record the pH of your sample</li> <li>e. After taking each measurement, rinse the electrode with distilled water to prevent cross contamination and determine food pH</li> </ul>		
<b>POST PROCEDURE</b>		
1. Properly record pH results (food inspection form)		
2. Explain importance of food pH and microbial growth		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

***Review of All Inspection Reports by Flight Management***

<b>SUBJECT AREA:</b>	Prepare Written Reports
<b>TASK(S):</b>	Review of all inspection reports by flight management
<b>CFETP/STS REFERENCES(S)</b>	7.s.(3).
<b>EQUIPMENT REQUIRED:</b>	Food/Public Facility Inspection Report Food/Public Facility Inspection Folder Operational Rations Report
<b>TRAINING REFERENCE(S):</b>	AFI 48-116, <i>Food Safety Program</i> AFI 48-117, <i>Public Facility Sanitation</i> DLA Troop Support Handbook, 4155.2 DLA Troop Support website, DSCP Form 5117 Instructions and Completed Example: <a href="https://www.troopsupport.dla.mil/subs/support/qapubs/appa/index.asp">https://www.troopsupport.dla.mil/subs/support/qapubs/appa/index.asp</a> DeCA Directives 40-3 through 40-6 MEDCOM Pamphlet 40-13, US Army Veterinary Tri-Service Food Code
<b>REMARKS/NOTES:</b>	Prior to performing this task explain the purpose of the procedure to the trainer and/or certifier.
<b>OBJECTIVE:</b>	Given the training resources, equipment, and trainer demonstration the trainee will be able to properly review all inspection reports from a management perspective.
<b>EVALUATION INSTRUCTIONS:</b>	
	1. After the trainee has received instruction, allow sufficient practice on each part of the task.
	2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to personal safety at any time.
	3. Use the performance checklist to ensure all steps of the task are accomplished.
	4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

## REVIEW OF ALL INSPECTION REPORTS BY FLIGHT MANAGEMENT

PERFORMANCE ITEM	SAT	UNSAT
<b>PREPARATION</b>		
1. Obtain supplies (facility inspection folder, facility inspection report)		
2. State the purpose for reviewing all inspection reports from a flight management perspective (Identify trends, identify problems with reports, ensure uniformity, accuracy, and provide feedback)		
<b>PROCEDURES</b>		
1. Prior to reviewing the inspection report verify the following:		
a. Local tracker and trend analysis updated		
b. inspection dates/times varied according to operating hours		
c. Any historical data not covered in trend analysis (i.e. MFRs documenting issues)		
2. Review the DD Form 2973, Food Operation Inspection Report for the following:		
a. All areas completed (accuracy/ID problems with report)		
b. Inspection findings match local tracker/trend analysis updates		
c. Handwriting is legible (if applicable)		
d. Item numbers and nomenclature accuracy (inspection findings commensurate with overall inspection rating)		
3. Review local public facility inspection form for the following:		
a. All areas completed (accuracy/ID problems with report)		
b. Inspection findings match local tracker/trend analysis updates		
c. Handwriting is legible (if applicable)		
d. Inspection findings commensurate with overall inspection rating		
4. Review DSCP Troop Support Form 5117, Report of Inspection on Operational Rations for the following (reference DSCP Form 5117 Instructions):		
a. All areas completed (accuracy/ID problems with report)		
b. Local tracker updated with inspection results and next inspection due date		
c. Handwriting is legible (if applicable)		
d. Disposition recommendations commensurate with defects identified		
<b>POST PROCEDURE</b>		
1. Explain the different reasons why all inspection reports should be reviewed by Flight Management		

2. Document review by signing/initialing and dating the report or updating local tracker		
3. Provide feedback/training on findings (as necessary)		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

***Perform Risk Assessments***

<b>SUBJECT AREA:</b>	Intro to Biostatistics
<b>TASK(S):</b>	Perform Risk Assessments (i.e. TB, influenza, immunizations)
<b>CFETP/STS REFERENCES(S)</b>	7.v.(5).
<b>EQUIPMENT REQUIRED:</b>	Historical Reports/Data (MTF and local community) CDC TB Risk Assessment Worksheet Computer with Internet Access
<b>TRAINING REFERENCE(S):</b>	AFI 44-108, <i>Infection Prevention and Control Program</i> AFI 48-105, <i>Surveillance, Prevention and Control of Disease and Conditions of Public Health or Military Significance</i> AFJI 48-110-IP, <i>Immunizations and Chemoprophylaxis</i> AFMS Knowledge Exchange link: <a href="https://kx2.afms.mil/kj/kx7/publichealth/Pages/home.aspx">https://kx2.afms.mil/kj/kx7/publichealth/Pages/home.aspx</a> (Surveillance Summaries: <i>Caribbean Chikungunya, Dengue, Enterovirus D68, Influenza, MERS-CoV, Measles Response Kit, Ebola Virus Disease, USAFSAM/PHR: Field Support—Tuberculosis</i> ) CDC Guidelines for Preventing Mycobacterium tuberculosis in Health Care Settings DoDD 1010.10, <i>Health Promotion and Disease/Injury Prevention</i> <i>Influenza Specimen Submission Guidelines</i>
<b>OBJECTIVE:</b>	Given the training resources, equipment, and trainer demonstration the trainee will be able to perform risk assessments. (i.e. TB, influenza, immunizations)

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to personal safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
<b>PREPARATION</b>		
1. State the purpose performing risk assessments for TB, Influenza, and immunizations (Identify trends, personnel’s risks for acquiring illness, to increase testing, vaccination, or educational efforts, assist with determining outbreak response measures i.e. Measles outbreak)		
2. Review and gather historical data for your MTF and local community (i.e. Essence, AFDRSi, logs, CDC, local Health dept.)		
<b>PROCEDURE</b>		
1. TB Risk Assessment: a. Collaborate with local health department to gather epidemiological data for risk assessment review		
2. Describe and determine the following: a. Healthcare workers to be included in testing program b. Instances of unrecognized TB disease in patients admitted in last 5 years c. Number of negative pressure rooms needed (in concert with BE) d. Types of environmental controls in place or needed		
4. State which form is used to complete the risk assessment worksheet (Appendix B in the Guidelines for Preventing Mycobacterium tuberculosis in Health Care Settings at CDC.gov)		
5. State how the appropriate risk classification for the MTF can be determined (Low risk, Medium risk, High risk--using the Guidelines for Preventing Mycobacterium tuberculosis in Health Care Settings, Appendix C)		
6. State the appropriate recommendations based on assessed risk factor (i.e. annual TST, respirator fit testing, Active TB patient disposition, etc...)		
7. Explain the local guidance and collaborative relationships for conducting the risk assessment (i.e. SGP, Infection Control, PH, Bio)		
8. Explain local procedures for routing completed risk assessment through Chain of Command (documented/reported to executive committees, i.e. AMC, ICC, ECOMS, etc.)		
1. Influenza Risk Assessment: a. Collaborate with local health department to gather epidemiological data for risk assessment review		
b. Review USAFSAM/PHR-Influenza surveillance to gather current data, disease increases, outbreak information		
c. AF Policy/MILVAX/CDC/ACIP vaccine recommendations (i.e. age/risk recommendations)		
d. Discuss appropriate educational efforts based on current disease incidence (base paper, social media, educational flyers, ProStaff, etc...)		



1. Immunization Risk Assessment:		
a. Collaborate with local health department to gather epidemiological data for risk assessment review		
b. Review AFMS Knowledge Exchange “Surveillance Summaries” to gather current data, disease increases, outbreak information, risk communication resources)		
c. AF Policy/MILVAX/CDC/ACIP vaccine recommendations (i.e. age/risk recommendations)		
d. Discuss appropriate educational efforts based on current disease incidence (base paper, social media, educational flyers, ProStaff, etc...)		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

***Barber and Beauty Shops***

<b>SUBJECT AREA:</b>	Perform evaluations of public facilities
<b>TASK(S):</b>	Barber and Beauty Shops
<b>CFETP/STS REFERENCES(S)</b>	7.z.(2).(a).
<b>EQUIPMENT REQUIRED:</b>	Public Facility Sanitation Checklist Applicable Barber and Beauty shop facility folder
<b>TRAINING REFERENCE(S):</b>	AFI 48-117, <i>Public Facility Sanitation</i>
<b>OBJECTIVE:</b>	Given the training resources, equipment, and trainer demonstration, the trainee will be able to conduct a public facility inspection of the Barber and Beauty Shop.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instructions, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
<b>PREPARATION</b>		
1. Obtain supplies (Public Facility Sanitation Checklist, Facility Folder)		
2. Review previous Barber/Beauty Shop inspection		
3. State the purpose for conducting the inspection (sanitation)		
<b>PROCEDURE</b>		
1. Upon arrival , trainee informed facility manager/supervisor of inspection		
2. Trainee observed/annotated the following during the inspection:		
a. Shop is physically separate from food and beverage services		
b. Carpeting is only in customer waiting area		
c. Running hot and cold potable running water, sinks, and convenient rest rooms		
d. Suitable outer garment storage facilities, supply storage cabinets, and covered containers for bulk waste/soiled materials		
e. Each station contains a covered container for disinfecting solution and a container for garbage		
f. Hand-washing facilities include hot/cold water, soap dispensers, single use paper towels, and waste containers		
g. Beautician/barber wearing clean outer smock or uniform (changed daily)		
h. Wash hands thoroughly with soap/water after each patron, handling trash, performing custodial duties, eating or drinking, or smoking		
i. Beautician/barber refraining from eating, smoking or using tobacco products while working with patrons		
k. Shop was clean and free of trash, hair build-up or dust		
l. Freshly laundered or single-use towel is being used for each patron		
m. Headrest covered with a freshly laundered towel or a fresh single-use cover for each patron		
n. Instruments (including clippers) are cleaned and sanitized between patrons		
3. Trainee discussed/confirmed the following during the inspection:		
a. Facility has a copy of AFI 48-117		
b. To not work when ill with communicable disease or other condition that might be transferred to patron)		

c. Do not serve patrons infested with open sores or lesions		
d. Do not serve patrons infested with lice		
e. The shop is free from insects, rodents or other pests		
<b>POST PROCEDURE</b>		
1. Trainee notified person in charge of any discrepancies/corrective actions		
2. Trainee assigned facility a rating		
3. Trainee provided the facility with the original copy of the report and filed a copy in the facility's folder		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: \_\_\_\_\_/\_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_/\_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_/\_\_\_\_\_

*Child Development Centers*

<b>SUBJECT AREA:</b>	Perform evaluations of public facilities
<b>TASK(S):</b>	Child Development Centers
<b>CFETP/STS REFERENCES(S)</b>	7.z.(2).(b).
<b>EQUIPMENT REQUIRED:</b>	CDC Public Facility Checklist Applicable CDC facility folder
<b>TRAINING REFERENCE(S):</b>	AFI 34-248, <i>Child Development Centers</i> AFI 48-117, <i>Public Facility Sanitation</i> AFJI 48-110, <i>Immunizations and Chemoprophylaxis</i> Caring for Our Children, <i>National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, 3<sup>rd</sup> Edition</i> DODI 6060.2, <i>Child Development Programs</i> CDC Immunization schedules: <a href="http://www.cdc.gov/vaccines/schedules/index.html">http://www.cdc.gov/vaccines/schedules/index.html</a>
<b>OBJECTIVE:</b>	Given the training resources, equipment, and trainer demonstration, the trainee will be able to conduct a public facility inspection of the Child Development Center.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to themselves or the children's safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

<b>PERFORMANCE ITEM</b>	<b>SAT</b>	<b>UNSAT</b>
<b>PREPARATION</b>		
1. Obtain supplies (CDC Public Facility Checklist, Facility Folder)		
2. Review previous CDC inspection		
3. State the purpose for conducting the inspection (sanitation)		
<b>PROCEDURE</b>		
1. Upon arrival , trainee informed facility manager/supervisor of inspection		
2. Trainee observed/annotated the following during the inspection:		
a. Separate rooms or 6 foot barriers separating children less than 6 months old from older children		
b. Separate laundry and janitorial closet		
c. Mops, brooms, buckets, and dirty linen are kept out-of-reach from children		
d. Each child is provided with a cot, crib, or mat, and tight fitting bed linens		
e. Separate sinks stations to separate food service from diapering, for infant and toddler areas		
f. If there are plants with poisonous parts they are labeled as such and children are closely supervised when around them		
g. Children are denied access to dangerous items (i.e. sharp objects, tools, electrical appliances)		
h. All cleaning agents are labeled and locked in a cabinet or closet when not in use		
i. Playground is free of dangerous items (standing water, holes, trash, animal debris, and unlabeled dangerous plants)		
j. Correct Staff-to-Child Ratios (reference AFI 48-117, Ch. 4.1)		
k. Signs are near handwashing sinks reminding staff and children of handwashing procedures		
l. All surfaces surrounding toilets, diaper changing areas, tables, and chairs, are sanitized daily		
m. children’s and infant’s hands are washed after using toilet or diapering		
n. Disposable water resistant pads are used on the changing surface and changing tables are sanitized after each use		
o. Only disposable diapers are used		

p. Cribs, cots, or mats are at least 1.5 feet apart on all sides (when in use)		
q. A minimum of one toilet for every 15 children over 2 years of age and at least one sink with running water is near all toileting areas		
r. Toilet stall doors were removed for children under 5 years of age		
3. Trainee discussed/confirmed the following during the inspection:		
a. Children have all current/required immunizations on file (i.e. check 10%)		
b. All employees have current immunizations, an initial physical, and a physical every three years thereafter		
c. Supervisor food handler training is current for all employees		
d. Carpets are vacuumed daily and shampooed/steamed quarterly, or when soiled		
e. If pets or animals are brought into the facility, they are approved by the base veterinarian or safety office		
f. Wet or soiled diapers and/or garments are placed in a plastic bag and sealed		
g. Infant toys that are mouthed are washed and sanitized before being used by another child and room equipment is washed and sanitized daily		
h. Cribs, cots, mats, and blankets are sanitized before use by another child (weekly if same child)		
<b>POST PROCEDURE</b>		
1. Trainee notified person in charge of any discrepancies/corrective actions		
2. Trainee assigned facility a rating		
3. Trainee provided the facility with the original copy of the report and filed a copy in the facility's folder		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: \_\_\_\_\_/\_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_/\_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_/\_\_\_\_\_



***School Age Programs***

<b>SUBJECT AREA:</b>	Perform Evaluations of Public Facilities
<b>TASK</b>	School Age Programs (SAP)
<b>CFETP/STS REFERENCES(S)</b>	7.z.(2).(c).
<b>EQUIPMENT REQUIRED:</b>	SAP Public Facility Checklist Applicable SAP facility folder
<b>TRAINING REFERENCE(S):</b>	AFI 34-248, <i>Child Development Centers</i> AFI 34-249, <i>Youth Programs</i> AFI 34-276, <i>Family Child Care Programs</i> AFI 48-116, <i>Food Safety Program</i> AFI 48-117, <i>Public Facility Sanitation</i> AFJI 48-110, <i>Immunizations and Chemoprophylaxis</i> <i>Caring for Our Children, National Health and Safety</i> <i>Performance Standards Guidelines for Early Care and</i> <i>Education Programs, 3<sup>rd</sup> Edition</i> DODI 6060.2, <i>Child Development Programs</i> CDC Immunization schedules: <a href="http://www.cdc.gov/vaccines/schedules/index.html">http://www.cdc.gov/vaccines/schedules/index.html</a>
<b>OBJECTIVE:</b>	Given the training resources, equipment, and trainer demonstration, the trainee will be able to perform a public facility inspection of the School Age Program.
<b>EVALUATION INSTRUCTIONS:</b>	
	1. After the trainee has received instruction, allow sufficient practice on each part of the task.
	2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
	3. Use the performance checklist to ensure all steps of the task are accomplished.
	4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

<b>PERFORMANCE ITEM</b>	<b>SAT</b>	<b>UNSAT</b>
<b>PREPARATION</b>		
1. Obtain supplies (Public Facility Checklist, Facility Folder)		
2. Review previous SAP inspection		
3. State the purpose for conducting the inspection (sanitation)		
<b>PROCEDURE</b>		
1. Upon arrival , trainee informed facility manager/supervisor of inspection		
2. Trainee observed/annotated the following during the inspection:		
a. Hand washing soap dispensers are kept filled and disposable towels are provided		
b. Signs or pictures are posted at each sink to show proper hand washing procedures		
c. Designated area for ill children to rest until their parents pick them up		
d. Floors, walls, and sinks are clean		
e. No persistent bad odors		
f. Toilets are cleaned daily		
g. Food service areas are sanitized after each use		
h. Food is obtained, prepared, and served in accordance with AFI 48-116, <i>Food Safety Program</i>		
i. Children do not have unsupervised access to medicine, poisons, or cleaning agents such as undiluted bleach		
j. Clean drinking water is available outdoors		
k. Staff and regular volunteers have required immunizations IAW CDC Immunization schedules		
<b>POST PROCEDURE</b>		
1. Trainee notified person in charge of any discrepancies/corrective actions		
2. Trainee assigned facility a rating		
3. Trainee provided the facility with the original copy of the report and filed a copy in the facility's folder		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

*Performing Family Home Childcare Evaluations*

<b>SUBJECT AREA:</b>	Perform Evaluations of Public Facilities
<b>TASK</b>	Family Child Care (FCC)
<b>CFETP/STS REFERENCES(S)</b>	7.z.(2).(d).
<b>EQUIPMENT REQUIRED:</b>	FCC Public Facility Checklist Applicable FCC facility folder
<b>TRAINING REFERENCE(S):</b>	AFI 34-276, <i>Family Child Care Programs</i> AFI 48-117, <i>Public Facility Sanitation</i> AFJI 48-110, <i>Immunizations and Chemoprophylaxis</i> AFPD 34-1, <i>Air Force Services</i> Caring for Our Children, <i>National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, 3<sup>rd</sup> Edition</i> CDC Immunization schedules: <a href="http://www.cdc.gov/vaccines/schedules/index.html">http://www.cdc.gov/vaccines/schedules/index.html</a> DODI 6060.2, <i>Child Development Programs</i>

**OBJECTIVE:** Given the training resources, equipment, and trainer demonstration, the trainee will be able to perform a public facility inspection of the family child care.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee’s AFTR. Initial and document all recurring evaluations in the trainee’s AFTR.

PERFORMANCE ITEM	SAT	UNSAT
<b>PREPARATION</b>		
1. Obtain supplies (FCC Public Facility Checklist, Facility Folder)		
2. Review previous FCC inspection		
3. State the purpose for conducting the inspection (sanitation)		
<b>PROCEDURE</b>		
1. Upon arrival , trainee informed facility manager/supervisor of inspection		
2. Trainee observed/annotated the following during the inspection:		
a. Home has adequate ventilation, light, and temperature is between 64-85°F degrees (F)		
b. The home does not smell of urine, feces, garbage, pets, tobacco smoke, mildew, or chemical air deodorizers		
c. There is a space for each child’s personal belongings		
d. First-aid kit is available and includes: instructions, disposable latex or non-porous vinyl gloves, soap and water or hydrogen peroxide, syrup of ipecac (if directed by the FCC medical advisor), tweezers, bandage tape, sterile gauze, scissors, and a thermometer		
e. Children do not share personal items		
f. Garbage is kept in containers covered with lids and have plastic liners		
g. No one smokes or drinks alcohol while children are present		
h. If there are pets in the home parents are informed before enrollment and proper pet guidelines are followed IAW AFI 34-276		
3. Trainee discussed/confirmed the following during the inspection:		
a. Proper sanitation procedures		
b. Provider practices universal health precautions (i.e. glove use/hand washing)		
c. Children are screened daily for illness and denied care if they have one of the conditions listed in <i>Caring for Our Children</i> , section HP68		
d. Floors used by children are swept and/or vacuumed daily. Washable floors are mopped with disinfectant at least twice a week		
e. Explain hand washing guidelines (follow national recommendations)		
f. Explain proper diapering guidelines IAW AFI 34-276		
g. Prepared baby bottles are labeled with the child’s name and refrigerated		

h. Food is stored, prepared, and served to children in a sanitary manner		
<b>POST PROCEDURE</b>		
1. Trainee notified person in charge of any discrepancies/corrective actions		
2. Trainee assigned facility a rating		
3. Trainee provided the FCC Coordinator with the original copy of the report and filed a copy in the facility's folder		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

*Perform Contract Quarter Evaluations*

<b>SUBJECT AREA:</b>	Perform evaluations of public facilities
<b>TASK</b>	Contract Quarters
<b>CFETP/STS REFERENCES(S)</b>	7.z.(2).(e).
<b>EQUIPMENT REQUIRED:</b>	Local Public Facility Checklist
<b>TRAINING REFERENCE(S):</b>	AFI 48-117, <i>Public Facility Sanitation</i>
<b>OBJECTIVE:</b>	Given the training resources, equipment, and trainer demonstration, the trainee will be able to perform evaluations of contract quarters.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

**PERFORM EVALUATIONS OF PUBLIC FACILITIES (Contract Quarters)**

PERFORMANCE ITEM	SAT	UNSAT
<b>PREPARATION</b>		
1. Obtain Public Facility Checklist		
2. Review previous inspection (if applicable)		
3. State purpose for conducting the inspection (sanitation/contract approval)		
<b>PROCEDURE</b>		
1. Upon arrival, trainee informed facility manager/supervisor of inspection		
2. Trainee observed/annotated the following during the inspection:		
a. All living quarters are clean and free from garbage, litter, insects and rodents		
b. Cleaning compounds and hazardous substances are properly labeled and stored		
c. Each restroom has conveniently located hand washing sinks with soap, running water, and single-use towels or air dryers, restrooms have entry doors that are self-closing, trash cans (with women having covered containers for sanitary napkins), adequate ventilation, and lighting		
d. Living quarters must be equipped to maintain a minimum temperature of 68°F. Fireplaces, stoves, furnaces, and space heaters must be vented to the outside and provided fresh air for proper combustion.		
3. Trainee discussed/confirmed the following during the inspection:		
a. Bed linens are washed at least once a week and between occupants		
b. Mattress covers are washed at least monthly and between occupants		
c. Blankets are laundered at least every three months		
<b>POST PROCEDURE</b>		
1. Explain protocol for approval/disapproval recommendations		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

- a. Verify bed linens are washed at least once a week and between occupants? Mattress covers are washed at least monthly and between occupants? Blankets are laundered at least every three months
- b. Linens are washed at least once a week and between occupants
- c. Mattress covers are washed at least monthly and between occupants
- d. Blankets are laundered at least every three months



e. Bunks and beds are at least 30 inches of space above and between them

Trainee Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Trainer Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Certifier Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

*Perform Living Quarters Evaluations*

<b>SUBJECT AREA:</b>	Perform evaluations of living quarters
<b>TASK</b>	Living Quarters
<b>CFETP/STS REFERENCES(S)</b>	7.z.(2).(f)
<b>EQUIPMENT REQUIRED:</b>	Locally developed Living Quarters checklist (Where applicable)
<b>TRAINING REFERENCE(S):</b>	AFI 48-117, <i>Public Facility Sanitation</i> AFI 48-116, <i>Food Safety Program</i> AFI 48-105, <i>Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance</i> AFI 32-6001, <i>Family Housing Management Leasing Contracts</i>
<b>OBJECTIVE:</b>	Given the training resources, equipment, and trainer demonstration, the trainee will be able to perform evaluations of living quarters.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
<b>PREPARATION</b>		
1. Obtain Living Quarters Checklist		
2. Review command directed order for inspecting the specific living quarters		
3. State general purpose for conducting the inspection (sanitation and living condition concerns may present hazards to household members and pets)		
<b>PROCEDURE</b>		
1. Upon arrival, trainee informed resident (if they are there) of inspection		
2. Trainee observed/annotated the following during the inspection:		
a. All living quarters are clean and free from garbage, litter, insects and rodents		
b. Kitchen area has running hot/cold running water. Fridge/Freezer can maintain food out of the temperature danger zone		
c. Each restroom has hand washing sinks with soap, running water, and a means of drying hands		
d. Living quarters are able to maintain a comfortable temperature		
e. Living quarters have adequate lighting		
3. Trainee was able to accurately assess the overall general sanitation and provide recommendation		
<b>POST PROCEDURE</b>		
1. Explain protocol for completing Checklist or MFR and routing to CC		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

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Certifier Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

*Potable Water Sources*

**SUBJECT AREA:** Identify and Monitor

**TASK(S):** Potable Water Sources

**CFETP/STS REFERENCES(S)** 9.c.(1).

**TRAINING REFERENCE(S):** AFH 10-222, Vol 11, *Contingency Water System Operation and Installation*  
AFI 48-144, *Drinking Water Surveillance*  
AFMAN 48-138\_IP, *Sanitary Control and Surveillance of Field Water Supplies*  
AFPAM 10-219, Vol 5, *Bare Base Conceptual Planning Guide*  
ATP 4-25.12, *Field Hygiene and Sanitation*

**OBJECTIVE:** Given the training resources will be able identify and monitor potable water resources

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee’s AFTR. Initial and document all recurring evaluations in the trainee’s AFTR.

PERFORMANCE ITEM	SAT	UNSAT
<b>PREPARATION</b>		
1. State the purpose for identifying and monitoring potable water sources (to reduce the risk of waterborne illnesses, monitor security, and ensure safe water in deployed or disaster relief settings)		
2. State the goal of the medical support mission (to ensure that the drinking water distributed to deployed personnel is from, a health perspective, every bit as good as the water they drink at home station)		
<b>PROCEDURE</b>		
<b>IDENTIFY POTABLE WATER SOURCES</b>		
1. Define potable water (safe to drink)		
2. Define non-potable water (water from any untreated or treated source including bottled water that has not been tested and determined by the appropriate medical authority to be safe for personnel to drink)		
3. Give examples of potable water usage (drinking water, dining facility operations, brushing teeth, ice production for food preservation and cooling, medical treatment, potable water hose and pipeline testing and flushing, showers and personal sanitation)		
4. Give examples of non-potable water usage (showers and personal sanitation with risk assessment and approval by the commander—see table 2-12 from AFMAN 48-138, vehicle coolant, aircraft washing, pest control, field laundry, concrete construction, well drilling, vehicle washing, electrical grounding, firefighting, CBRN decontamination of materiel, dust control)		
5. Identify field water sources (raw water sources to include: surface, ground, host nation municipal water system; commercial bottled water, and packaged field water)		
6. Identify reference used to determine field water chlorine residuals for potable and nonpotable water sources (AFMAN 48-138, Table 2-6)		
7. Give examples of the types of disinfectant used in field hygiene and sanitation (calcium hypochlorite, water purification tablets, chlorine or iodine)		
<b>MONITOR POTABLE WATER SOURCES</b>		
1. Give examples of identify commonly encountered waterborne pathogens <b>(Bacteria:</b> Campylobacter, Vibrio cholera, Escherichia coli, Legionella, Leptospira, Cyanobacteria, Salmonella, Salmonella typhi, Shigella; <b>Viruses:</b> Hepatitis, Norovirus; <b>Parasites:</b> Amebiasis, Cryptosporidiosis, Giardiasis, Schistosomiasis)		
<b>FINAL RESULT</b>	<b>SAT</b>	<b>UNSAT</b>

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

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