

FOR EHO USE

Food safety culture questionnaire

This questionnaire can be used by authorised officers (EHOs) to obtain information about staff's roles and responsibilities in a food business, and their understanding of egg handling and/or allergen management. The answers to the questionnaire can be used with the Small Business Maturity Model and the Behaviour Change Guide to gauge how mature the business's food safety culture is and to improve the business's overall food safety.

General information			
Date:		Start time:	
		Finish time:	
Business name and address:			
Business contact:			
No. of full time employees:	Directly food related: <input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> >10	Overall in the business: <input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> >10	
Authorised officer (interviewer) name:			
Interviewee name and role:			
Site manager name:		Present during inspection:	<input type="checkbox"/> Present <input type="checkbox"/> Not present
Star rating (if applicable):	<input type="checkbox"/> 5 star <input type="checkbox"/> 4 star <input type="checkbox"/> 3 star <input type="checkbox"/> Not star rated	Business risk classification:	
For interviewer to complete before visit where possible:			
Is the business:	<input type="checkbox"/> Linked to an association <input type="checkbox"/> Chain/franchise <input type="checkbox"/> Independently owned/operated		
Business type:	<input type="checkbox"/> Restaurant <input type="checkbox"/> Café <input type="checkbox"/> Bakery	<input type="checkbox"/> Hotel <input type="checkbox"/> Take away <input type="checkbox"/> Other:	
Background/history (tick all relevant):	<input type="checkbox"/> Food Safety Program <input type="checkbox"/> English as a second language <input type="checkbox"/> Outbreak involvement <input type="checkbox"/> Generally good compliance <input type="checkbox"/> Generally poor compliance <input type="checkbox"/> Compliant after direction	<input type="checkbox"/> Previous enforcement action (in the last 2 years) <input type="checkbox"/> Subject of a foodborne illness investigation (substantiated or not) <input type="checkbox"/> Subject of a food complaint (in last 2 years substantiated or not)	
Business resources used/given:	<input type="checkbox"/> Egg safety resources <input type="checkbox"/> Allergen management resources <input type="checkbox"/> Other:		

Section 1: You and your role

(Note to interviewer: This section is to get a basic background of the individual's job and their work in the business.)

The first few questions are about you and your role here:

Individual role		
1	What is the title of your job here at <business name>?	
2	And how long have you been in that job?	
3	Did you need any training or qualifications for your job?	(Note to interviewer: If food safety training is raised by the respondent, follow up with the questions in the questionnaire. Do not prompt at this stage – it comes up later in the survey).
4	What are the main tasks that you do in your role?	

Section 2: Food safety culture in the business

(Note to interviewer: This section is about the respondent's perceptions of food safety in the business. Refer to the 'Small business maturity model' to provide a food safety culture rating for each trait, and then advise the business on making improvements - see the 'Behaviour change guide' to help).

Cross-reference answers to section 3 and/or 4 when determining the food safety culture rating.

Leadership and Management Commitment					
1	<p>a) Who is in charge of the food business today?</p> <p>b) In their absence, who would staff go to if they needed any assistance?</p> <p>Grid reference(s) A1 B1 C1 D1</p>	<input type="checkbox"/> Food handlers <input type="checkbox"/> Head Chef <input type="checkbox"/> Head Waiter/Waitress Manager <input type="checkbox"/> Owner <input type="checkbox"/> Food safety supervisor <input type="checkbox"/> Other: _____	<input type="checkbox"/> Food handlers <input type="checkbox"/> Head Chef <input type="checkbox"/> Head Waiter/Waitress <input type="checkbox"/> Manager <input type="checkbox"/> Owner <input type="checkbox"/> Food safety supervisor <input type="checkbox"/> Other: _____		
2	<p>What does management do to support staff to ensure only safe food is prepared?</p> <p>*If prompt required: Does management do any of the following to support staff to make safe food?</p> <p>Grid reference(s) A1 B1 C1 D1</p>	Tick all that apply <input type="checkbox"/> Provides staff training <input type="checkbox"/> Provides guidance <input type="checkbox"/> Ensures equipment is adequate and maintained <input type="checkbox"/> Has a system of supervising food handling practices <input type="checkbox"/> Reviews training records <input type="checkbox"/> Acts on feedback from employees <input type="checkbox"/> Fixes issues impacting food safety <input type="checkbox"/> Responds to complaints <input type="checkbox"/> Other - please specify:			
3	<p>Do you think the business has enough or adequate of the following to prepare food safely?</p> <p>Grid reference(s) A1 B1 C1 D1</p>	Tick all that apply <input type="checkbox"/> Trained staff <input type="checkbox"/> Equipment <input type="checkbox"/> Premises construction and layout <input type="checkbox"/> Other (please specify)			
Overall rating for 'Leadership and management commitment' (circle)		A1	B1	C1	D1

Everyone's Accountable and Contributes

4	<p>Who is responsible for food safety during the shift today?</p> <p>Grid reference(s) A2 B2 C2 D2</p>	<p>Tick all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Food handlers <input type="checkbox"/> Head Chef <input type="checkbox"/> Head Waiter/Waitress <input type="checkbox"/> Manager <input type="checkbox"/> Owner <input type="checkbox"/> Food safety supervisor <input type="checkbox"/> EHO inspector <input type="checkbox"/> Customers <input type="checkbox"/> Other – please specify:
5	<p>a) How likely is it that staff work on their own initiative?</p> <p>b) Are staff involved in food safety decisions? If so, in what way are you involved?</p> <p>Grid reference(s) A2 B2 C2 D2</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Very likely <input type="checkbox"/> Likely <input type="checkbox"/> Not likely <input type="checkbox"/> Very unlikely <input type="checkbox"/> Not sure <input type="checkbox"/> No <input type="checkbox"/> Yes <p>If yes, specify how:</p>
6	<p>On a scale of 1 to 10, how much pride do staff have in the safety of the food they make?</p> <p>Grid reference(s) A2 B2 C2 D2</p>	<p>Rate on a scale of 1 to 10: ✓ 10 being very proud, 1 not proud at all</p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9 10</p>
Overall rating for 'Everyone's accountable and contributes' (circle)		<p>A2 B2 C2 D2</p>
Knowing and Doing Right		
7	<p>Do you think you have enough knowledge to prepare safe food?</p> <p>Please rate your knowledge of the following areas using the sliding scale.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes <p>Score towards 10 for strong knowledge and towards 1 for no knowledge (if scoring 5 or more, give example)</p> <ul style="list-style-type: none"> <input type="checkbox"/> When to wash your hands <p style="margin-left: 20px;">1 2 3 4 5 6 7 8 9 10</p> <input type="checkbox"/> Give example: <input type="checkbox"/> When to clean and sanitise a food contact surface <p style="margin-left: 20px;">1 2 3 4 5 6 7 8 9 10</p> <input type="checkbox"/> Give example:

	Grid reference(s) A3 B3 C3 D3	<input type="checkbox"/> How to make up the sanitising solution 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> Describe: <input type="checkbox"/> What food should be stored in the fridge 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> Give example: <input type="checkbox"/> What to do if a customer has a specific request e.g. no peanuts 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> Describe:
8	How did you learn about what you need to do to prepare food safely? <ul style="list-style-type: none"> • What training, if any, have you done? • Are there any procedures you have to follow? Grid reference(s) A3 B3 C3 D3	Tick all that apply <ul style="list-style-type: none"> <input type="checkbox"/> Complete prior learning <input type="checkbox"/> Do formal training <input type="checkbox"/> Obtain a food safety supervisors certificate (FSS) <input type="checkbox"/> Read and understand standard operating procedures (SOPs) <input type="checkbox"/> Follow written procedures <input type="checkbox"/> Other - describe:
9	a) If you see poor food handling practices what would you do? b) If you think you prepared food unsafely, what would you do? Grid reference(s) A3 B3 C3 D3	<input type="checkbox"/> Nothing <input type="checkbox"/> Step in and take over the task <input type="checkbox"/> Provide guidance/coaching <input type="checkbox"/> Inform supervisor e.g. chef or manager <input type="checkbox"/> Describe:
Overall rating for 'Knowing and doing right' (circle)		A3 B3 C3 D3

Continual Improvement		
10	<p>How often is food safety discussed at this business?</p> <p>If a or b, how is this done?</p> <p>Grid reference(s) A4 B4 C4 D4</p>	<p>a. Often b. Sometimes c. Never d. Not sure</p> <p><input type="checkbox"/> Team meetings <input type="checkbox"/> Handovers <input type="checkbox"/> Posters <input type="checkbox"/> Pre-service brief <input type="checkbox"/> General discussion <input type="checkbox"/> Other - describe:</p>
11	<p>How likely is it that management or staff would ask an EHO or food safety auditor for advice on improving food safety?</p> <p>Grid reference(s) A4 B4 C4 D4</p>	<p><input type="checkbox"/> Very likely <input type="checkbox"/> Likely <input type="checkbox"/> Not likely <input type="checkbox"/> Very unlikely <input type="checkbox"/> Not sure</p>
12	<p>Does management seek input from staff on improvements in how things are done in the business?</p> <p>Grid reference(s) A4 B4 C4 D4</p>	<p><input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Not sure</p>
13	<p>What changes (if any) have been made to the way things are done, the premises or any equipment to improve food safety since the last food safety inspections?</p> <p>Grid reference(s) A4 B4 C4 D4</p>	<p>Describe:</p>
Overall rating for 'Continual improvement' (circle)		A4 B4 C4 D4

Section 3: Food allergen management questions

(Note to interviewer: this section is to ask general and target questions on the skills and knowledge of food handlers around allergen management in their business. Capture any observations that give context in addition to the interviewee's answers. Add notes to help you re-assess how they have improved when you return to the business later.)

Food safety risk		
1	<p>Name any food allergens you can think of? *Do not prompt*</p> <p>Grid reference(s) A3 B3 C3 D3</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Eggs <input type="checkbox"/> Crustacea (e.g. prawns, lobster) <input type="checkbox"/> Molluscs (e.g. cockles, mussels, pipis, scallops) <input type="checkbox"/> Tree nuts (e.g. almond, Brazil nut, cashew, hazelnut macadamia, pistachio, pine nut, pecan, walnut) <input type="checkbox"/> Peanuts <input type="checkbox"/> Lupin <input type="checkbox"/> Milk <input type="checkbox"/> Cereals containing gluten (e.g. wheat, rye, barley) <input type="checkbox"/> Fish (includes shellfish) <input type="checkbox"/> Sesame <input type="checkbox"/> Soy <input type="checkbox"/> Sulphites <input type="checkbox"/> Doesn't know any <input type="checkbox"/> Other: please specify
2	<p>Do you think allergens can be a health risk to your customers if they are allergic?</p> <p>Grid reference(s) A3 B3 C3 D3</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
3	<p>(a) Does your food business cater for any customer special dietary requests?</p> <p>(b) Does your food business have a procedure in place (written or verbal) regarding how customer special dietary requests are dealt with?</p> <p>Grid reference(s) A3 B3 C3 D3</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No (please move to Q5) <input type="checkbox"/> Not sure <input type="checkbox"/> Yes <ul style="list-style-type: none"> o If yes <ul style="list-style-type: none"> ▪ Verbal ▪ Written o If yes, does it work in practice <ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Not sure <input type="checkbox"/> No <input type="checkbox"/> Not sure
4	<p>Have you received specific food allergy training?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <ul style="list-style-type: none"> o In house training (by management) o Part of the Food Safety Supervisor Course

	Grid reference(s) A3 B3 C3 D3	<ul style="list-style-type: none"> ○ Part of another qualification e.g. catering ○ Other <input type="checkbox"/> No <input type="checkbox"/> Not sure
Menu		
5	Do your menus or food displays:	<p>Tick all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make any special dietary claims e.g. gluten free? <ul style="list-style-type: none"> ○ If yes, describe: <input type="checkbox"/> Ask the customer to inform staff of any special dietary needs when making their order? <ul style="list-style-type: none"> ○ If yes, describe: <input type="checkbox"/> Have any obvious contradictions e.g. state “nut free” but a meal contains nuts as an ingredient? <ul style="list-style-type: none"> ○ If yes, describe:
	Grid reference(s) A3 B3 C3 D3	
Purchase and delivery		
6	Does your business do any of the following:	<p>Tick all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Keep track of ingredients that contain allergens used in the preparation of food. If yes, give example: <input type="checkbox"/> Check labels appear complete and accurate regarding allergens on deliveries? If yes, give example: <input type="checkbox"/> Keep a list of all of your suppliers? If yes, give example: <input type="checkbox"/> Identify replacement or substitute foods or ingredients in your normal delivery? If yes, give example: <input type="checkbox"/> None of the above
	Grid reference(s) A3 B3 C3 D3	

Storage

7	<p>Does your business do any of the following:</p> <p>Grid reference(s) A3 B3 C3 D3</p>	<p>Tick all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Store the common allergen ingredients separately from other foods <ul style="list-style-type: none"> o If yes, give example <input type="checkbox"/> Use dedicated containers for allergen ingredients (nuts, milk, soy etc)? <ul style="list-style-type: none"> o If yes, give example <input type="checkbox"/> Keep food containers clean and well maintained <ul style="list-style-type: none"> o If yes, give example <input type="checkbox"/> Retain packaging of delivered foods to review ingredients or manufacturer allergen statements? <ul style="list-style-type: none"> o If yes, give example
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Handling, preparation and cooking

8	<p>When you receive a special dietary request, do you do any of the following:</p> <p>Grid reference(s) A3 B3 C3 D3</p>	<p>Tick all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Follow an agreed procedure <input type="checkbox"/> Clean preparation surfaces <input type="checkbox"/> Use existing 'regular' utensils and equipment <input type="checkbox"/> Wash your hands <input type="checkbox"/> Prepare the special meal only in a dedicated section of the kitchen <input type="checkbox"/> Strictly adhere to set and agreed recipes <input type="checkbox"/> None <input type="checkbox"/> Other - please specify:
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9	<p>(a) Does somebody check that the menu and display board descriptions and claims are accurate and up to date?</p> <p>(b) How often do they check and why? (*e.g. change in ingredients or process)</p> <p>Grid reference(s) A3 B3 C3 D3</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <ul style="list-style-type: none"> o If yes, who checks: <ul style="list-style-type: none"> ▪ Owner ▪ Manager ▪ Chef ▪ Staff ▪ Other <input type="checkbox"/> No <input type="checkbox"/> Not sure <p>Describe:</p>
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Communication		
10	<p>How likely are you to:</p> <ul style="list-style-type: none"> • Seek agreement from the customer if ingredients are substituted • Familiarise yourself with which foods are suitable for allergic customers? • Find someone who can answer questions about the foods/ingredients in a meal if you can't? <p>Grid reference(s) A3 B3 C3 D3</p>	<p>Very likely / likely / often / unlikely / never</p> <p>Very likely / likely / often / unlikely / never</p> <p>Very likely / likely / often / unlikely / never</p>
11	<p>To what extent do you agree with the following statements:</p> <ul style="list-style-type: none"> • All staff are aware which menu items contain an allergen ingredient • All special dietary requests get handled so the right meal gets to the right customer • All floor staff know what to do if a customer returns their special dietary request meal because they suspect it to contain an allergen • There is strong communication between kitchen and service staff <p>Grid reference(s) A3 B3 C3 D3</p>	<p>Strongly / agree / neutral / disagree / strongly disagree</p> <p>Strongly / agree / neutral / disagree / strongly disagree</p> <p>Strongly / agree / neutral / disagree / strongly disagree</p> <p>Strongly / agree / neutral / disagree / strongly disagree</p>
Overall rating for allergen knowledge and practice		A3 B3 C3 D3

Section 4: Egg Handling Questions

(Note to interviewer: This section is more about observing behaviours of the business to identify the skills and knowledge of food handlers around raw or lightly-cooked egg products. There are some simple questions but it is mainly for the food handler to demonstrate or explain how they do things in the business.)

Food safety risk		
1	Do you think that raw or lightly-cooked eggs pose a risk to your customers? Grid reference(s) A3 B3 C3 D3	Yes /No /Somewhat
Egg source/supplier		
2	Where do you get your eggs from? Is this your usual supplier? Do you have a secondary/back-up supplier? If yes, who is it?	Method: Delivered / Picked up Source: Supermarket /Retail / Farmers Market / Direct from farm / Supplier Yes / No Yes / No Secondary/back-up supplier:
3	Are eggs transported refrigerated?	Yes / No
4	Are eggs checked when received? If yes, what do you check for? (e.g. cracked, dirty, unstamped) Grid reference(s) A3 B3 C3 D3	Yes / No
5	If checked, what happens if eggs don't meet the criteria? (e.g. cracked, dirty, unstamped) Grid reference(s) A3 B3 C3 D3	Detail:
Egg storage		
6	Where does the business store their eggs? Grid reference(s) A3 B3 C3 D3	Refrigerator / Room temperature/ Separated/ Stored with RTE food
Egg handling		
7	Are raw eggs used or raw or lightly-cooked egg products made onsite?	Yes / No
8	Are egg whites separated from yolks on site? If yes, how is this done? Grid reference(s) A3 B3 C3 D3	Yes / No Clean hands / Gloved hands / Shell / Separator / Other:

9	Where is the egg shell placed after use? Grid reference(s) A3 B3 C3 D3	
10	What is the first thing you do after handling whole/raw eggs? (This question is to determine if they wash their hands) Grid reference(s) A3 B3 C3 D3	
11	a) What products have raw egg as an ingredient? (e.g. aioli, mayonnaise, tartare sauce, mousse, tiramisu) b) What about any with lightly-cooked egg as an ingredient? (e.g. fried ice cream, hollandaise or béarnaise sauces) Grid reference(s) A3 B3 C3 D3	
12	What, if any, process controls are used to keep the product (or any other ingredients e.g. crumbs) safe? (e.g. temperature control, 2hr/4hr rule followed, pH) Grid reference(s) A3 B3 C3 D3	
13	When are these products prepared? (e.g. 30 minutes before service, the day before service)	
14	Is the product prepared in bulk? *Check if product is kept in bulk under appropriate storage conditions or if smaller portions taken out for service Grid reference(s) A3 B3 C3 D3	Yes / No
15	After preparation, where is product stored?	Refrigerator / Cool room / At room temp / Hot held
16	How long does product last for? (e.g. is this prepared daily/weekly or prepared just before each service)	
17	What happens with any leftover product after service? Grid reference(s) A3 B3 C3 D3	

Containers	
18	<p>What containers are used to store raw egg and raw egg products?</p> <p>Grid reference(s) A3 B3 C3 D3</p>
19	<p>How often are they cleaned and sanitised? Include method and frequency</p> <p>Grid reference(s) A3 B3 C3 D3</p>
20	<p>What is the method for refilling containers? (e.g. are they topped up/refilled without cleaning? Are they sanitised after each use?)</p> <p>Grid reference(s) A3 B3 C3 D3</p>
Other	
21	<p>Are pasteurised egg products used? (e.g. pasteurised egg yolks, pasteurised egg whites, commercially made mayonnaise)</p> <p>If no, have they considered using them?</p> <p>Grid reference(s) A3 B3 C3 D3</p>
<p>Overall egg handling knowledge and practice</p>	
	<p>A3 B3 C3 D3</p>

Section 5: Resources, Close and Thank you

Provide the business with the allergen/egg management resources and briefly explain each one as you provide it.

That finishes the interview today. I want to thank you for your time.

Remember if you have any queries about this questionnaire or the resources, please contact me/ **<other contact>**.

Post interview (do not ask the interviewee)

****After the interview, score the business's allergen/egg management food safety culture****

Use the Small Business Maturity Model and Behaviour Change Guide and Checklist for Change to assist

- A: Responsible and accountable
- B: Meeting standards, room to improve
- C: Unprepared and complacent
- D: Uninvolved and disregards

What concerns, if any, do you have with this business either in part or whole?

Tick all that apply

- Skills and knowledge
- Food handling practices
- Egg handling
- Allergen management
- Construction/lay out/maintenance of premises
- Attitude to food safety
- Other - please specify

Additional notes if follow-up with the business is required