

RESTAURANT EMPLOYEE FOOD SAFETY 101

A Crash-Course Handbook for All Restaurant Employees

What to expect when the health inspector visits • Foodborne illness • Employee health • Hygiene •
Equipment • Documents

Training resource

Designed for hosts, servers, bartenders, dishwashers, bussers, cooks, prep staff, supervisors, and managers. This handbook summarizes common Massachusetts retail food requirements and inspection practices. Local boards of health may adopt additional requirements, so always follow your establishment's policies and local health department instructions.

Barnstable County Public Health Training Hub

Employee Training Resource

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1. What Every Employee Should Know

- ☐ Know who the Person in Charge (PIC) is during your shift.
- ☐ Know when you are too sick to work and report symptoms before handling food.
- ☐ Wash hands correctly and prevent bare-hand contact with ready-to-eat food.
- ☐ Know the basic temperature rules and where thermometers/test strips are kept.

The goal of an inspection

A health inspection is not a “gotcha.” The inspector is evaluating whether the establishment is controlling the conditions and behaviors most likely to cause foodborne illness. Employees may be observed and may be asked simple questions about what they are doing.

2. What Happens When a Health Inspector Arrives?

- The inspector identifies themselves and usually asks for the Person in Charge.
- The inspection may begin immediately. Staff should continue normal work unless directed otherwise.
- The inspector may walk through receiving/storage areas, refrigerators/freezers, prep areas, cook line, service areas, bar, warewashing area, employee areas, restrooms, waste areas, and exterior areas.
- The inspector may take food temperatures, check sanitizer concentration, observe handwashing and glove use, review food storage, look at equipment condition, and verify required documents.
- Employees may be asked where an item is located, what a food is, when it was prepared, how it is cooled/reheated, or what they would do if they became ill.
- At the end, the inspector generally reviews findings with the Person in Charge and explains items that require correction.

3. Risk Categories 1–4: What They Mean

Risk category describes the complexity and inherent food-safety risk of an operation. FDA Annex 5 provides a commonly used 1–4 model; Massachusetts allows local boards of health to use approved risk-based inspection schedules. **Your local health department determines your establishment’s category and inspection frequency.**

Risk	Typical operation	What makes it different	FDA model frequency*
1	Coffee shop, hot dog cart, many convenience-style operations	Mostly prepackaged/non-TCS foods; little or no complex prep; no cooling of TCS foods	About 1/year
2	Quick service, limited-menu operations, some retail food operations	Cooking and service with hot/cold holding; limited complex cooling/reheating	About 2/year
3	Typical full-service restaurant	Extensive menu; raw ingredients; multiple TCS foods; cooking, cooling, reheating, hot/cold holding	About 3/year
4	Highly susceptible populations or specialized processing	Hospitals/nursing homes/preschools in FDA model; specialized processes such as curing or reduced-oxygen packaging	About 4/year

**The FDA frequency is a model, not an automatic Massachusetts schedule. Local policy controls.*

4. Foodborne Illness Basics

Foodborne illness happens when a person eats or drinks something contaminated with a harmful biological, chemical, or physical hazard. In restaurants, the biggest day-to-day concern is preventing pathogens from getting into food and preventing them from multiplying to dangerous levels.

How foodborne illness can happen

How contamination happens	Restaurant example
Sick employee	A worker with vomiting/diarrhea handles food or touches food-contact surfaces.
Poor handwashing	Hands are not washed after the restroom, touching the body/phone/trash/raw food, or before putting on gloves.
Cross-contamination	Raw chicken juices contact lettuce, a cutting board, a refrigerator handle, or ready-to-eat food.
Time/temperature abuse	TCS food stays too long in the temperature danger zone or is cooled/reheated incorrectly.
Undercooking	Raw animal food does not reach its required cooking temperature.
Dirty equipment	A slicer, cutting board, ice machine, soda nozzle, thermometer, or utensil is not properly cleaned and sanitized.
Unsafe source	Food comes from an unapproved source or shellfish tags/receiving records are missing.
Allergen cross-contact	An allergen is unintentionally transferred to a meal represented as safe for an allergic customer.

The five major risk-factor areas inspectors focus on

- Food from unsafe sources
- Improper holding temperatures
- Inadequate cooking
- Contaminated equipment
- Poor personal hygiene

Food safety temperature cheat sheet

Rule	Basic target
Cold holding	41°F or below
Hot holding	135°F or above
Poultry; stuffed foods; reheating cooked/cooled TCS food for hot holding	165°F
Ground/comminuted meats; injected/tenderized meats; pooled eggs for hot holding	155°F
Fish, intact meat, eggs for immediate service	145°F
Cooling	135°F → 70°F within 2 hours, then 70°F → 41°F within 4 additional hours
Reheating for hot holding	Generally, 165°F within 2 hours

TCS = Time/Temperature Control for Safety food

These foods support rapid pathogen growth or toxin formation when time and temperature are not controlled. Examples include meats, poultry, seafood, dairy, cooked rice/pasta/vegetables, cut leafy greens, cut tomatoes, cut melons, and many prepared foods.

5. Employee Health: Should I Come to Work?

Every employee has a responsibility to report certain symptoms and diagnoses to the Person in Charge. Reporting early protects customers, coworkers, and the business.

Symptom / condition	What YOU should do	Typical food-code response
Vomiting	Report immediately. Do not report for a food shift / stop work and tell PIC.	Exclude from establishment unless clearly due to a documented noninfectious condition; return rules depend on cause.
Diarrhea	Report immediately. Do not report for a food shift / stop work and tell PIC.	Exclude from establishment unless clearly due to a documented noninfectious condition; return rules depend on cause.
Jaundice (yellow skin/eyes)	Report immediately.	Exclusion and regulatory-authority involvement may be required.
Sore throat WITH fever	Report before working.	Restriction or exclusion depends on whether the establishment serves a highly susceptible population.
Boil, infected wound, or pus-filled lesion	Report it.	Must be properly covered; hand/wrist lesions need an impermeable cover plus a single-use glove.
Diagnosed foodborne illness	Report the diagnosis even if you feel better.	Special exclusion/restriction and clearance rules may apply.

Diagnoses employees must report

- Norovirus
- Shigella species
- Shiga toxin-producing E. coli (STEC)
- Salmonella Typhi (typhoid fever)
- Nontyphoidal Salmonella
- Hepatitis A
- Other diseases that may be transmissible through food when required by Massachusetts public-health rules

Important: “24 hours symptom-free” is not a universal clearance rule.

For uncomplicated vomiting or diarrhea with no listed diagnosis, food-code criteria commonly allow return after at least 24 hours without symptoms. A listed diagnosis, jaundice, highly susceptible population, outbreak, or public-health direction can require longer exclusion, medical documentation, testing, and/or regulatory approval. Always follow the PIC and health department.

6. Personal Hygiene & How to Dress for Food Safety

All restaurant employees

- Arrive in clean clothing/uniform and maintain good personal cleanliness.
- Keep fingernails trimmed, filed, and clean. Follow establishment rules for nail polish/artificial nails; food workers may need intact gloves when they are worn.
- Do not eat, drink from an open container, smoke/vape, or use tobacco in food-prep/warewashing areas. Use designated areas and approved closed beverage containers where permitted.
- Keep personal items such as phones, coats, bags, and medication in designated storage areas away from food, clean equipment, linens, and single-service items.
- Cover cuts and wounds correctly and report infected wounds to the PIC.

Food-prep workers

- Wear an effective hair restraint such as a hat, hair covering, or hair net when required for your duties; use a beard restraint when needed to prevent hair contamination.
- Avoid jewelry on hands/arms while preparing food except a plain ring such as a wedding band, unless local/establishment policy is stricter.
- Wash hands before food prep, before putting on gloves, after restroom use, after touching raw animal foods, after touching body/face/hair, after handling trash/dirty dishes, after eating/smoking, and whenever contaminated.
- Use gloves, deli tissue, tongs, spatulas, or other utensils to prevent bare-hand contact with ready-to-eat foods. Massachusetts does not allow routine bare-hand contact with ready-to-eat food.
- Change gloves whenever contaminated, torn, after changing tasks, and after handling raw food before touching ready-to-eat food. Gloves never replace handwashing.

Servers, hosts, bartenders, bussers & other non-prep staff

- You still need clean hands and good hygiene because you touch glasses, utensils, plates, garnishes, ice equipment, menus, POS screens, tables, and other high-touch surfaces.
- Do not touch food-contact portions of cups, utensils, straws, or plates. Hold glasses by the base/stem and utensils by handles.
- Use an ice scoop—never a glass or bare hand—in the ice bin.
- Wash hands after bussing dirty dishes or handling trash before handling clean tableware, garnishes, or food.

7. Items Inspectors Frequently Ask For

Every employee does not need to manage every document, but everyone should know what these items are and who can locate them. Managers should keep a consistent, labeled location for inspection materials.

Item	What it is	What employees should know
Food establishment permit	Authorization from the local board of health to operate.	Usually posted in a visible location. Know where it is.
Certified Food Protection Manager (CFPM) documentation	Proof that the establishment employs a qualified on-site manager/supervisor, unless exempt.	Massachusetts requires qualifying documentation to be prominently posted next to the food establishment permit. "ServSafe Manager" is one common certification, but other accredited programs may qualify.
Allergen awareness poster / training documentation	Massachusetts allergen-safety requirements.	Approved allergen poster should be prominently displayed in an employee work area. The PIC/CFPM must meet applicable allergy awareness training requirements and train staff for assigned duties.
Employee health policy / reporting agreement	Explain symptoms and diagnoses employees must report.	Keep in the manager/food-safety binder or designated file; employees should know the reporting rules.
Vomiting/diarrhea cleanup procedure & kit	Written procedure and supplies for safely responding to a contamination event.	Know where the written procedure and kit/PPE/disinfectant are stored. Do not improvise or use normal wiping procedures.
Probe thermometer — digital	Thin-tip food thermometer used for internal food temperatures, especially thin foods.	Commonly kept at prep line, cook line, chef station, or manager area. It must be clean, sanitized, accurate, and accessible.
Bimetallic stem/dial thermometer	Food thermometer with a thicker sensing area; useful for thicker foods when used correctly.	Often stored with other thermometers. Insert to the sensing area/dimple; not ideal for very thin foods.
Thermometer calibration supplies/method	Used to verify thermometer accuracy.	Know your establishment's method, often an ice-point check around 32°F, and who corrects/replaces inaccurate units.
Refrigerator thermometers	Air-temperature measuring devices for cold-holding equipment.	Usually located in the warmest area of each unit and easy to read.
Sanitizer + test strips/test kit	Chemical sanitizer for food-contact surfaces and the matching test device to verify concentration.	Usually at the 3-compartment sink, wiping-cloth buckets, dish area, or chemical station. Test strips must match the sanitizer type.
3-compartment sink setup	Wash → rinse → sanitize → air dry.	Know which basin is which and the establishment's approved sanitizer concentration/contact time.
High temperature dish machine indicator	Verifies hot-water mechanical warewashing reaches the required utensil-surface sanitizing temperature.	An irreversible registering temperature indicator is required for hot-water mechanical warewashing—commonly a dish-temp label or suitable maximum-registering device.
Handwashing supplies	Soap, warm running water, disposable paper towels or approved drying method, and waste receptacle where needed.	Every hand sink must remain accessible and stocked. Hand sinks are for handwashing—not dumping drinks, thawing food, or storing tools.
Hair/beard restraints	Prevents hair from contaminating exposure to food and clean equipment.	Stored with uniforms/PPE or near employee entry/prep areas.
Choke-saving trained employee list	Records of employees trained in approved manual choke-saving procedures.	Massachusetts restaurants with seating capacity of 25 or more must keep a list of trained employees; a trained employee must be on premises while food is being served.
Shellfish tags (when applicable)	Source/traceability records for molluscan shellfish.	Kept in chronological order for the required retention period after the container is emptied; manager should know the location.
Special process/HACCP/variance records (when applicable)	Documents for specialized processes such as reduced-oxygen packaging, curing, acidification, etc.	Usually maintained in a manager/HACCP binder and available for inspection.

8. The 3-Compartment Sink

- ☐ SCRAPE / PRE-RINSE: Remove food debris.
- ☐ WASH: Use detergent in the wash basin at the proper temperature for the product/procedure.
- ☐ RINSE: Use clean water to remove detergent and loosened soil.
- ☐ SANITIZE: Immerse for the required contact time using the correct sanitizer concentration (or approved hot-water method).
- ☐ AIR DRY: Never towel-dry sanitized utensils or equipment.

Test strips are not optional decoration

If your operation uses chemical sanitizer, the correct test kit must be available so staff can verify the solution is strong enough to sanitize but not excessively concentrated. Different chemicals use different ranges—follow the manufacturer’s instructions and your establishment procedure.

9. Handwashing Station: What “Ready” Looks Like

- ☐ Hand sink is accessible—nothing stored in it or blocking it.
- ☐ Hot and cold/warm running water is available as required.
- ☐ Soap is available.
- ☐ Disposable paper towels or another approved hand-drying method are available.
- ☐ Trash receptacle is available where disposable towels are used.
- ☐ Handwashing reminder/signage is posted where required.
- ☐ No food prep, utensil washing, dumping, or storage occurs in the hand sink.

10. What the Inspector May Ask YOU

Possible question	What a trained employee should understand
“Who is the Person in Charge?”	Know the manager/PIC for your shift.
“When should you not work?”	Know the reportable symptoms: vomiting, diarrhea, jaundice, sore throat with fever, and infected wounds/boils; know diagnoses must also be reported.
“Where is the employee health policy?”	Know the designated binder/location or get the PIC.
“What is this sanitizer and where are the test strips?”	Know the chemical used in your area and where its matching test strips are kept.
“What temperature should this food be?”	Know the basic cold/hot holding targets and the recipe/process for foods you handle.
“How do you know the chicken/burger/fish is cooked?”	Use a calibrated food thermometer and the required cooking target—do not rely only on color or time.
“How do you cool this food?”	Be able to explain the establishment’s actual approved method, such as shallow pans, smaller portions, ice bath, rapid-cooling equipment, or other method.
“When was this prepared/opened?”	Know the datemarking/labeling system used in your establishment.
“Where is the vomit/diarrhea kit?”	Know the location; notify PIC and follow the written procedure.
“How do you handle a food-allergy order?”	Follow the establishment’s allergy procedure, communicate clearly, prevent cross-contact, and never guess about ingredients.

11. Pre-Shift 60-Second Self-Check

- ☐ I feel well enough to work and have no reportable symptoms/diagnoses I have failed to report.
- ☐ My uniform/clothing is clean; hair/beard restraint is ready if my job requires it.
- ☐ Hand sinks in my work area are accessible and stocked.
- ☐ Thermometers are available, clean, and working.
- ☐ Sanitizer is set up correctly and matching test strips are available.
- ☐ Cold food is 41°F or below; hot food is 135°F or above, unless an approved process says otherwise.
- ☐ Raw animal foods are stored below/away from ready-to-eat foods to prevent cross-contamination.
- ☐ Food is covered/protected, labeled/date marked as required, and stored off the floor.
- ☐ Wiping cloths, utensils, cutting boards, and food-contact surfaces are being handled correctly.
- ☐ I know who the PIC is and where key inspection documents/supplies are located.

12. Manager/PIC “Inspection-Ready” Station

- ☐ Current food establishment permit posted.
- ☐ CFPM documentation posted next to permits where required.
- ☐ Current allergen-awareness poster and training documentation.
- ☐ Employee health policy/reporting agreements.
- ☐ Written vomit/diarrhea cleanup procedure and stocked cleanup kit.
- ☐ Food thermometers and calibration method/supplies.
- ☐ Sanitizer and correct test strips/test kit.
- ☐ Hot water dish machine irreversible temperature indicator, if applicable.
- ☐ Shellfish tags/records, parasite-destruction records, invoices/source records, if applicable.
- ☐ HACCP plans, variances, specialized-process logs, if applicable.
- ☐ Choke-saving trained employee list for restaurants with 25+ seats.
- ☐ Recent inspection report/correction documentation and any local records required by the board of health.

13. Key Terms

PIC — Person in Charge	The person responsible for food-safety oversight during the shift.
CFPM — Certified Food Protection Manager	A manager/supervisor who passed an accredited food-protection manager certification exam recognized by the Department.
TCS Food	Food requiring time/temperature control for safety to limit pathogen growth or toxin formation.
Ready-to-Eat (RTE) Food	Food that will not receive another kill step before service, such as salad, bread, garnishes, cooked food ready for service, or deli items.
Cross-contamination	Transfer of harmful microorganisms from one food/surface to another.
Allergen cross-contact	Unintentional transfer of a food allergen to another food.
Exclude	Employees are not allowed to work in the food establishment under the applicable rule.
Restrict	Employees may work only in duties that do not create prohibited food-safety exposure.
Sanitize	Reduce microorganisms on a cleaned food-contact surface to safe levels using an approved method.
Disinfect	A different process used for certain environmental contamination events; follow the product label and establishment procedure.

14. Massachusetts References Used for This Handbook

- Massachusetts Department of Public Health, 105 CMR 590.000 — State Sanitary Code Chapter X: Minimum Sanitation Standards for Food Establishments.
- Massachusetts DPH Merged Food Code (2013 FDA Food Code as adopted/amended by 105 CMR 590).
- Massachusetts DPH Retail Food resources and inspection marking instructions.
- Massachusetts DPH Food Allergen Awareness Guidance and FAQs.
- Massachusetts DPH Foodborne Illness Investigation and Control Manual — employee health/reporting materials.
- 105 CMR 605.000 — Approved Manual Choke-Saving Procedures.
- FDA Food Code Annex 5 — model risk categorization of food establishments.

Training note

This handbook is an employee-training aid, **not a substitute for the full Food Code**, an establishment-specific HACCP plan, manufacturer instructions, or local board of health requirements. When requirements differ, follow the applicable Massachusetts regulation and your local regulatory authority.