



County of San Diego
DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY
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Integrated Pest Management and Food Safety Risk Mitigation Plan for Unenclosed Food Facilities

Please complete and submit this form, along with all requested attachments. Note that written approval from this department is required prior to making changes to a food facility enclosure or operating without full enclosure.

PLEASE PRINT OR TYPE ALL INFORMATION. Please note that all information submitted may be made available to the public upon request in accordance with the Public Records Act.

FOOD FACILITY OWNER INFORMATION			
Name of Business (DBA):			
Owner's Name:	Phone Number:		
Business Address:	City:	State: CA	ZIP:
Mailing Address (if different from above):	City:	State:	ZIP:
Email:	Website:		
Number of Employees:	Hours of Operation:		

ELIGIBLE FOOD FACILITIES
The California Retail Food Code Section 114266 (d) (1) states that a restaurant, which shall have the same meaning as a "bona fide public eating place" in Section 23038 of the Business and Professions Code may operate using open windows, folding doors, or nonfixed store fronts during hours of operation if the restaurant can be fully enclosed during hours of nonoperation, has the ability to operate while fully enclosed as necessary, and develops an integrated pest management and food safety risk mitigation plan that must be reviewed and approved by DEHQ.
A "bona fide public eating place" is defined as 23038. "Bona fide public eating place"; "meals"; "guests." "Bona fide public eating place" means a place which is regularly and in a bona fide manner used and kept open for the serving of meals to guests for compensation and which has suitable kitchen facilities connected therewith, containing conveniences for cooking an assortment of foods which may be required for ordinary meals, the kitchen of which must be kept in a sanitary condition with the proper amount of refrigeration for keeping of food on said premises and must comply with all the regulations of the local department of health. "Meals" means the usual assortment of foods commonly ordered at various hours of the day; the service of such food and victuals only as sandwiches or salads shall not be deemed a compliance with this requirement. "Guests" shall mean persons who, during the hours when meals are regularly served therein, come to a bona fide public eating place for the purpose of obtaining, and actually order and obtain at such time, in good faith, a meal therein. Nothing in this section, however, shall be construed to require that any food be sold or purchased with any beverage.
Markets, hospitals, schools, other licensed healthcare facilities, food facilities without on-site dining, and restaurants with Satellite food facilities are not eligible.

VERMIN: DISEASE AND BEHAVIOR

Vermin means cockroaches, mice, rats, flies, and similar pests that carry disease. The presence of vermin in areas where food is handled or prepared or where clean equipment and dishware is stored in food facilities increases the risk of foodborne illness. It is important to keep your food facility vermin free and to protect your food and food contact surfaces from contamination by vermin.

House flies: House flies spread pathogens like bacteria and viruses such as E. Coli, Salmonella, Shigella, Typhoid Fever, and even some parasites like Giardia. House flies transfer these pathogens to our food and clean food contact surfaces from unsanitary places like dog feces, garbage, and spoiled food. They have very sticky feet and hairy bodies that easily pick up these pathogens from surfaces and transfer them to other surfaces they land on. Flies also transfer these pathogens to our food and food contact surfaces through regurgitation. They regurgitate digestive fluids onto solid food to help liquify it before eating again, which deposits these pathogens and contaminates food and surfaces.



Cockroaches: Cockroaches spread pathogens like bacteria and viruses such as E. Coli, Salmonella, Shigella, Staphylococcus aureus, and even some parasites like Giardia and Entamoeba histolytica. Cockroaches spread diseases to food and food contact surfaces through their fecal droppings and saliva. Cockroaches can infest easily due to their ability to rapidly reproduce and their incredible adaptability. They can survive a wide range of temperatures and conditions and eat almost anything. They can enter your food facility through delivery boxes or can come in from the outside via doorways and other small openings like cracks and crevices. A baby cockroach can mature into an adult within a month's time and the average adult female can produce up to 300 babies during its lifespan.



Cockroaches are nocturnal so by the time you spot an actual live cockroach, there may already be a large infestation. Signs of infestation include shed skins or egg cases or feces which are small and resemble coffee grounds or black pepper spotting on surfaces.

Rodents: Rodents (mice and rats) spread pathogens like bacteria and viruses such as Leptospirosis, Salmonella, and Hantavirus. They spread diseases to food and food contact surfaces via their feces, urine, and saliva. Rodents are nocturnal and generally scared of humans, so it is rare to see live rodents during the day. Other signs of their presence include droppings, gnaw marks on food or food containers, nests built from fine shredded paper or other fibrous materials, rub marks on the walls caused by greasy rat fur, or sounds in the floors or walls.



I have read the above information and understand that the presence of vermin or evidence of their presence where there is a possibility of contamination of food or food contact surfaces in my food facility is an imminent health hazard that can directly contribute to foodborne illness.

Initials _____

GENERAL REQUIREMENTS

Please read each statement carefully and initial to confirm your understanding. Contact this Department with any questions.

I have the authority to complete and submit this Integrated Pest Management and Food Safety Risk Mitigation Plan on behalf of the restaurant.	Initials
I understand that I must gain written approval from this department prior to operating my restaurant without full enclosure.	Initials
I understand that the final, approved integrated pest management and food safety risk mitigation plan shall be made available upon request by this department at any time.	Initials
I understand that the food facility must be fully enclosed during hours of nonoperation.	Initials
I understand that I must review and update the plan annually or whenever there is a change to the facility or the operation.	Initials
I understand that I must self-close the restaurant upon observation of vermin (rodent, cockroach, or flies) activity inside the facility, including droppings or markings, and remain closed and not operate until all vermin are eliminated.	Initials
I understand that I am responsible for training my staff upon hire and annually on pest prevention practices, the restaurant's pest control procedures, and the employee's individual responsibilities in maintaining a vermin-free environment.	Initials
I understand that I must have a contract with a licensed pest control provider and that I must maintain a log of all the dates of their site visits and a description of exclusion or treatment events performed. I must also keep copies of their detailed service reports on site and available for review for a period of 12 months.	Initials
I understand that I must increase my pest control service frequency if any conditions increase the risk of vermin infestation including but not limited to: an adjacent vacant business, nearby construction, or other environmental factors where the presence of vermin increases.	Initials
I understand that by not fully enclosing my restaurant, I am increasing the risk of vermin entry and infestation.	Initials
I understand that this written plan does not guarantee that my restaurant will not experience a vermin infestation.	Initials
I understand that this integrated pest management and food safety risk mitigation plan and the ability for my restaurant to operate unenclosed can be revoked or suspended if the approved plan is not followed, if vermin are observed during an inspection, or if complaints of vermin presence are verified.	Initials
I understand that I must follow all parts of this plan at all times or my facility is subject to full enclosure requirements.	Initials

FOOD/FOOD CONTACT SURFACES PROTECTION FROM CONTAMINATION

Describe how you will protect food from contamination from vermin (rodents, cockroaches, flies) including open food:

Example: cover all open food with a lid, food grade wrapping, etc.

Describe how you will ensure food contact surfaces remain clean and sanitized:

Example: If staff observe a fly land on a cutting board, they must immediately clean and sanitize it.

PREVENTING VERMIN HARBORAGE

Describe how you will eliminate food and water sources for vermin:

Example: We will cover and put away all food at the end of the night. We will repair all pluming leaks upon identifying them.

Describe how you will eliminate vermin harborage areas:

Example: We will seal cracks, holes, and crevices as they are identified. We will not store unused equipment in the facility.

Describe how you will prevent vermin from entering your kitchen:

Example: We will inspect all deliveries/boxes for cockroaches at receiving. We will ensure trim or remove bushes, shrubs, or other foliage where rodents can gain access to the building.

Describe your procedures for inspecting your facility and the surrounding areas for vermin harborage. Include who will conduct this inspection, how they will document these inspections, and what tools they will use to conduct a thorough inspection:

Example: Prior to opening, the designated Person in Charge (PIC) will check underneath and around all equipment and storage areas using a flashlight and an inspection/telescoping mirror.

Describe how often your licensed pest control company will service your facility including your communication plan with the company so they can effectively and quickly share necessary information such as areas that need cleaning or sealing:

Example: Our food facility will be serviced every 2 weeks as part of our preventative care plan with our company. We can call them out for additional service as needed. The Person in Charge (PIC) will call the technician the morning after service was completed to discuss findings.

CLEANING/SANITATION

List all areas that will be cleaned, at what frequency, and by which staff position.

Complete the following table below. Attach additional pages if necessary.

Location	Describe how, at what frequency, and by whom this location will be cleaned.
Example: cookline	All equipment at the cookline will be pulled out and cleaned underneath on Thursday nights after close. This will be done by the lead cook. Equipment at the cookline will be wiped down and cleaned every night after close by the cook.

TRASH/COMPOST AREAS MAINTAINED

Check all that apply to trash or organic waste recycling in your facility.

The food facility has its own designated outdoor dumpster/trash receptacle.

The food facility shares an outdoor dumpster/trash receptacle with neighboring businesses.

If the food facility shares trash receptacles, how many other food businesses is it shared with?

What is the current frequency of trash and organic recycling pick up from your waste hauler?

Do you have the option to increase frequency of pick up as needed?

Describe how you will secure your outdoor trash/compost area and how you will keep the area clean:

Example: We will have a lock on the dumpster lids at all times. The designated Person in Charge (PIC) will check the trash area for debris and to ensure dumpsters remain locked 3 times daily.

If you share a trash area, describe how you will ensure the area is maintained and secured even with shared use:

Example: We will take responsibility for the area and will ensure the area is maintained regardless if the conditions were caused by our staff or not.

Describe how you will manage trash/organic waste inside your food facility during daily operations:

Example: We will wrap our food waste in paper towels to limit odors and vermin attraction and will take out our trash/organic waste regularly. Bins will be cleaned daily.

TRAINING / LICENSING

I have attached a copy of my staff training plan that will be provided to all employees upon hire and annually. The training includes pest prevention practices, the restaurant's pest control procedures, and the employee's individual responsibilities in maintaining a vermin-free environment.

Initials

LICENSED PEST CONTROL

I have attached a copy of the current contract with a licensed pest control company including a sample of the detailed receipt that will be maintained on site associated with their site visits.

Initials

RECORD KEEPING

I have attached a copy of the log I will use to record the dates and times of self-closure events related vermin activity and the dates of all site visits by licensed pest control including a description of the exclusion or treatment measures that were performed.

Initials

FACILITY LAYOUT RISK ASSESSMENT

I have attached a copy of the facility's layout and surrounding environment and have labeled the areas that pose a risk for vermin entry or harborage.

Initials

OBLIGATION TO CLOSE

The food facility must self-close if the following vermin (rodent, cockroach, fly) related conditions exist in food preparation or open utensil storage areas:

- Evidence of vermin infestation including live or dead bodies in food preparation or open utensil storage areas.
- Evidence of vermin infestation including droppings or fecal spotting in food preparation or open utensil storage areas.
- Evidence of vermin infestation including gnaw marks on food products, nesting materials, and/or rub marks.
- Evidence of housefly activity where houseflies land on open food or food contact surfaces.
- Environmental conditions that could lead to increased vermin activity, for example trash pick-up day or overflowing trash of a nearby property.
- Environmental conditions, such as wind or rain, are causing the potential for contaminated food contact surfaces

Initials _____

ACKNOWLEDGMENT

I understand and agree that any changes to my Integrated Pest Management and Food Safety Risk Plan will require prior approval from this Department. I also understand that the approval to operate my food facility without a full enclosure is based upon my adherence to the California Retail Food Code, and all information provided in this document. Failure to operate in accordance with this plan may result in permit suspension and/or the repeal of approval to operate without full enclosure. It is my responsibility to obtain approvals or licenses from all other applicable agencies, cities, or landlord(s) prior to operation without full enclosure. I understand and hereby consent to any information I provide on this procedure to be considered a public record subject to disclosure under the California Public Records Act.

Signature: _____ Date: _____ / _____ / _____

Print Name: _____ Title: _____

OFFICE USE ONLY:

REVIEWER OF OPERATIONAL PROCEDURES: _____ / _____ Name _____ Signature _____

DATE APPROVED: _____ / _____ / _____