A practical environmental sanitation program of any Health Department is not complete without an adequate food sanitation program—not a campaign. The Food Sanitation Program is of vital importance to the general public, to restaurant operators, and to health officers. To the general public, its importance is esthetic. This public demands food service under conditions not repugnant to their sensibilities. To the restaurant industry, it is important more on an economic basis. However, to the health officers, the program implements the elimination and prevention of food-borne diseases.

NEED FOR REGULATION

The U.S. Public Health Service has been aware of the great need for improved methods of food regulations and food handling. A review of the statistics compiled from reports from state health departments since 1938 to 1944 shows the need for this work. During this seven-year period, there were reported an annual average of 44 disease outbreaks traceable to water, 41 to milk, and 212 due to other food sources. See Table 1. In other words, outbreaks traced to foods (212 total) have been nearly three times as numerous as those attributed to water and milk sources (total 85)—not mentioning sporadic cases of food poisoning which are never reported to health authorities.

The crying need for proper food sanitation is evident and understandable when one considers the findings of sanitarians out in the field. For instance, in Georgia during the last year, the following items are highlights of some of the inspection reports: Food so contaminated with rat excreta that it was impossible to distinguish the food from the excreta; potatoes lying on floors directly beneath dripping sewage pipes; and roaches and maggots slithering and crawling through flour and sugar. In some kitchens, dishes were being washed in greasy, slimy single washtubs, the unchanged water thick as pea soup. Flies were crawling on cakes and exposed food. Of course, this is not to mention the victimized customers.

The need for proper regulation of public eating places has been further indicated by the interest shown by the U.S. Public Health Service and state health departments in the war against the "greasy spoon." In 1934, the U.S. Public Health Service proposed minimum sanitation regulations for the approval by the National Recovery Administrator in connection with the code of fair competition for the restaurant industry. The editions of 1935, 1938, and 1940 were mimeographed as tentative recommended ordinances. In 1943, the Ordinance and Code Regulating Eating and Drinking Establishments (Public Health Bulletin No. 280) was printed. This ordinance, one based thereon, is now in effect statewide in 15 states and the District of Columbia, as well as in 176 counties and 373 municipalities located in 37 states and territories, with a population coverage of over 40,000,000. It has been adopted as state regulations in 25 of these states. Georgia adopted the ordinance in 1940.

PROVISIONS OF ORDINANCE

There are two forms of this model ordinance. One provides for inspection, grading, and re-grading, (and this is what some eating and drinking
establishments do not like)—placarding so that the public can see the sanitation rating before entering. The alternate form is the non-grading type which provides for a single set of minimum requirements for all restaurants (except itinerant), and uses exclusively the permit revocation method. In both cases the minimum requirement must be fulfilled if the restaurant is to stay in operation. (The term "restaurant" in this ordinance refers to drinking as well as eating establishments.)

Under the grading system, an establishment meeting all the requirements is rated with an "A" classification, which is a perfect inspection report. An establishment receiving a "B" classification has met all of the minimum requirements necessary for proper food sanitation; while a "C" establishment has not even met the minimum requirements and is so placarded. Under the non-grading system there is no placarding.

The minimum requirements of this ordinance, grading or non-grading, are the same and are listed in the Ordinance and Code Regulating Eating and Drinking Establishments as recommended by the U. S. Public Health Service in 1943, Section 6—Sanitation Requirements for Restaurants. Summarized briefly, these minimum requirements are as follows:

All windows and doors are to be effectively screened, with doors opening outward and self-closing; and above all, the absence of flies. Each establishment shall have toilet facilities conveniently located for all employees—to be properly ventilated and in a clean condition, and not opening into rooms where food is being prepared. A safe and adequate water supply shall be available which has been approved by the state board of health. All lavatory facilities are to have hot and cold running water, soap and paper towels; the washing of hands after the use of the toilet is to be required. All utensils and equipment shall be in good condition and easily
cleanable. (Enamelware is not recommended in any kitchen.) All cases, counters, shelves, tables, meat blocks, etc., used in the preparation of food shall be in clean condition. All eating and drinking utensils are to be thoroughly cleaned after each use. After thoroughly cleaning and rinsing all equipment and utensils, they should be properly disinfected. All plates and eating utensils which are exposed to the general public shall be sterilized for two minutes in water of 170° F. or disinfected with a chemical agent. (The U. S. Public Health Service recommends chlorine-containing compounds only for chemical disinfectants.) Utensils are to be stored in a manner to allow for proper protection from flies, dust, and exposure. Straws are to be protected from coughing, and all dispensing spoons and ice cream dippers to be kept in hot or running water. All liquid wastes are to be properly handled and disposed of, and a covered washable garbage receptacle to be available in every kitchen. All food and drink served to the public shall be wholesome and in a clean condition, while all milk is to be served in its original container unless an approved dispenser is available. There shall be no storage of food and drink anywhere accessible to rodents, flies, and roaches, and stored in such manner to protect the food and sewage contamination. It is hoped that the employees have proper personal hygiene, but it should be required that they are dressed in clean outer garments. All spitting and the use of tobacco, snuff, etc., is to be prohibited in the kitchen.

Besides the minimum requirements as listed above, an establishment which is to be rated with an "A" classification shall have complied with the following items:

The floors of every establishment shall be clean and of such construction as to insure proper cleanliness. All walls and ceilings shall be cleaned and of good repair; the kitchen walls must be smooth and washable to level of splash. There shall be proper lighting and ventilation in all rooms where food is being prepared or served. It is important that the premises of any establishment be neat and clean, that living and sleeping quarters be entirely separated, and that clean lockers with sufficient space be provided for employees.

The interpretation of the U. S. Public Health Service of Section 9 (Disease Control), recommends that the requirement of food handlers’ cards be waived at the discretion of the health officer. It also enlists the aid of the owner and proprietor in the elimination of workers suspected of having any communicable disease.

Owing to the limited number of trained personnel, engineers, and sanitarians, the program of food sanitation and the proper enforcement of the model ordinance have been gravely handicapped. It takes more than a few months in a training school to orient properly these field workers. And in the enforcement of all laws and regulations, common sense and reason are at a premium. Quite often restaurant operators are alienated by the picayunish and foolish methods of so-called food sanitarians. It is only when a thorough knowledge of this ordinance has been obtained by every health worker in the field, will any concrete advancement be made in the interpretation and enforcement of the U. S. Public Health Service Ordinance and Code Regulating Eating and Drinking Establishments.

REFERENCES