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Note. The authors submitted this supplementary figure as a resource for readers and it has been posted online at <https://www.neha.org/jeh-supplementals>. The *Journal of Environmental Health* did not copy edit or format the text.

Supplementary Figure 1

Example of Checklist Used to Inspect a Food Service Operation at Fort Liberty

FOOD OPERATION INSPECTION REPORT											
(Instructions for completing this form are provided in TB MED 530/NAVMED P-5010-1/AFMAN-48-147 IP, Appendix E)											
1. FACILITY NAME		2. FACILITY ADDRESS			3. INSTALLATION		4. DATE (YYYYMMDD)				
5. INSPECTION TYPE (X one) <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Preoperational <input type="checkbox"/> Other (Specify)											
6. INSPECTOR		a. NAME AND RANK			b. PHONE		c. E-MAIL				
d. UNIT/ORGANIZATION					7. START TIME		8. END TIME		<input type="checkbox"/> Various timeframes		
9. PERSON IN CHARGE (PIC)		a. FULL NAME			b. PHONE		c. OFFICIAL E-MAIL				
10. NUMBER AND TYPE OF VIOLATIONS		a. # of Critical:		11. INSPECTION RATING (X one)		<input type="checkbox"/> Fully Compliant <input type="checkbox"/> Substantially Compliant <input type="checkbox"/> Partially Compliant		Follow-up date			
		b. # of Non-critical:				<input type="checkbox"/> Non-Compliant (Provide date scheduled for follow-up)					
12. COMPLIANCE STATUS (The asterisk * indicates the item grouping or provision are scored as CRITICAL, unless "Only a Non-Critical violation cited" is marked.) Refer to the INSTRUCTIONS on page 5 of this form for guidance when marking items in the checklist and completing the associated REMARKS (block 18).											
Item	Supervision and Training				COS	R	Item	Temperature Control			
1*	<input type="checkbox"/> PIC: present; demonstrates knowledge; approved to operate <input type="checkbox"/> Only a Non-Critical violation cited				<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Thawing frozen TCS foods			
2	<input type="checkbox"/> PIC duties; employee training <input type="checkbox"/> 2-201.11(A)*				<input type="checkbox"/>	<input type="checkbox"/>	27*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Cooking & reheating time and temperatures			
Health and Hygiene							28	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Fruits/vegetables heated for hot holding			
3	<input type="checkbox"/> Hand wash sink: available; supplied; accessible				<input type="checkbox"/>	<input type="checkbox"/>	29*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Cooling time & temperature			
4	<input type="checkbox"/> N/C <input type="checkbox"/> Handwashing <input type="checkbox"/> 2-301.11* <input type="checkbox"/> 2-301.12* <input type="checkbox"/> 2-301.14*				<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Cooling methods; adequate equipment			
5*	<input type="checkbox"/> Ill employee: report; restrict; exclude <input type="checkbox"/> Only a Non-Critical violation cited				<input type="checkbox"/>	<input type="checkbox"/>	31*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Hot holding temperature			
6*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Bare hand/arm contact with food <input type="checkbox"/> Only a Non-Critical violation cited				<input type="checkbox"/>	<input type="checkbox"/>	32*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Cold holding and storage			
7	<input type="checkbox"/> Personal hygiene: clothing; hair; jewelry				<input type="checkbox"/>	<input type="checkbox"/>	33*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Consumer advisory: raw/undercooked food			
8	<input type="checkbox"/> N/C <input type="checkbox"/> Eating, drinking, tobacco use; proper tasting procedures <input type="checkbox"/> 3-301.12*				<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Time as public health control; HACCP; variance procedures <input type="checkbox"/> 3-501.19* <input type="checkbox"/> 3-502.11* <input type="checkbox"/> 3-502.12* <input type="checkbox"/> 8-103.12*			
Food Source, Identification, Condition							Utensils and Equipment				
9*	<input type="checkbox"/> Approved sources; food specifications <input type="checkbox"/> Only a Non-Critical violation cited				<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Thermometers provided and accurate			
10	<input type="checkbox"/> Food condition; unadulterated; receipt temperature <input type="checkbox"/> 3-101.11* <input type="checkbox"/> 3-202.11* <input type="checkbox"/> 3-202.15*				<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> In-use utensil storage			
11*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Required records: shellstock tags; parasite destruction <input type="checkbox"/> Only a Non-Critical Violation Cited				<input type="checkbox"/>	<input type="checkbox"/>	Food equipment: installation, condition, use				
12	<input type="checkbox"/> N/C <input type="checkbox"/> Food labels; original container; major food allergen				<input type="checkbox"/>	<input type="checkbox"/>	37	<input type="checkbox"/> 4-101.11* <input type="checkbox"/> 4-101.14* <input type="checkbox"/> 4-101.15* <input type="checkbox"/> 4-201.12* <input type="checkbox"/> 4-202.11* <input type="checkbox"/> 4-204.13* <input type="checkbox"/> 4-204.111*			
13*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Leftovers <input type="checkbox"/> Only a Non-Critical violation cited				<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Utensils, equipment, linens: drying, storage, handling			
14*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Temperature Control for Safety (TCS) food: date marking, retention, disposition				<input type="checkbox"/>	<input type="checkbox"/>	39	<input type="checkbox"/> Single-use/service items: storage; use <input type="checkbox"/> 4-102.11* <input type="checkbox"/> 4-502.12*			
Contamination Protection and Prevention							40	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Warewashing: equipment; procedures; cleaners & sanitizers; test kits			
15	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Food separated & protected in storage <input type="checkbox"/> 3-302.11*				<input type="checkbox"/>	<input type="checkbox"/>	41	<input type="checkbox"/> Nonfood-contact surfaces; cooking/baking surfaces			
16	<input type="checkbox"/> N/A <input type="checkbox"/> Fresh fruits and vegetables properly washed				<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities				
17*	<input type="checkbox"/> N/A <input type="checkbox"/> Clean/sanitized food-contact surfaces <input type="checkbox"/> Only a Non-Critical violation cited				<input type="checkbox"/>	<input type="checkbox"/>	42	<input type="checkbox"/> Hot and cold water: available; capacity; pressure			
18*	<input type="checkbox"/> Food: returned, previously served, reconditioned; highly susceptible population prohibitions				<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/> N/A <input type="checkbox"/> Potable water; plumbing system; cross connections <input type="checkbox"/> 5-101* <input type="checkbox"/> 5-102* <input type="checkbox"/> 5-201* <input type="checkbox"/> 5-202* <input type="checkbox"/> 5-203* <input type="checkbox"/> 5-205* <input type="checkbox"/> 5-301* <input type="checkbox"/> 5-302* <input type="checkbox"/> 5-303* <input type="checkbox"/> 5-304*			
19	<input type="checkbox"/> Contamination prevented during food prep, service & display <input type="checkbox"/> 3-302.13* <input type="checkbox"/> 3-304.11* <input type="checkbox"/> 3-306.13*				<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/> Sewage/wastewater system; disposal; grease traps <input type="checkbox"/> 5-402.11* <input type="checkbox"/> 5-402.13* <input type="checkbox"/> 5-403.11*			
20*	<input type="checkbox"/> N/A <input type="checkbox"/> Food additives: approved; proper use				<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/> Garbage/refuse: disposal; facilities; covered receptacles			
21	<input type="checkbox"/> Ice used as coolant; food contact with water/ice <input type="checkbox"/> 3-303.11*				<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/> Restrooms: proper install; supplied; clean			
22	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Gloves used properly				<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/> Physical facilities: proper install; repair; clean <input type="checkbox"/> 6-202.111*			
23	<input type="checkbox"/> N/A <input type="checkbox"/> Wiping cloths: use; storage				<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/> Lighting: adequate; proper fixtures			
24	<input type="checkbox"/> Insects, rodents, animals				<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/> N/A <input type="checkbox"/> Ventilation & hoods: adequate, maintained			
25*	<input type="checkbox"/> Toxic substances: authorized; properly identified, stored & used <input type="checkbox"/> Only a Non-Critical violation cited				<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/> N/A <input type="checkbox"/> Ice machines properly maintained, operated			
							51	<input type="checkbox"/> Other findings: Check this box and enter provision number with findings in block 17, REMARKS.			