

# INTEGRATED PEST MANAGEMENT AND FOOD SAFETY RISK MITIGATION PLAN

## For Unenclosed Food Facilities

### Environmental Health Division

#### Plan Check Program

5050 Commerce Drive, Baldwin Park, CA 91706

[www.publichealth.lacounty.gov/eh](http://www.publichealth.lacounty.gov/eh) | (888) 700-9995



Please complete and submit this form along with all requested attachments. Note: Written approval from Public Health is required before making any 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:		
Owner's Address:	City:	State:	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 storefronts during hours of operation if the restaurant can be fully enclosed during hours of nonoperation, has the ability to operate fully enclosed as necessary, and develops an Integrated Pest Management and Food Safety Risk Mitigation Plan that must be reviewed and approved by Public Health, Environmental Health Division.

A "bona fide public eating place" is defined in Section 23038, "**Bona fide public eating place; meals; guests,**" as follows:

"Bona fide public eating place" means a place that is regularly and genuinely used and kept open for serving meals to guests for payment, and that has suitable kitchen facilities containing supplies for cooking an assortment of foods for ordinary meals. The kitchen must be maintained in a sanitary condition, have adequate refrigeration for on-site food storage, and comply with all regulations of the local department of health.

"Meals" means the usual assortment of foods commonly ordered at various hours of the day; service of food solely as sandwiches or salads does not satisfy with this requirement.

"Guests" means persons who, during hours when meals are regularly served, come to a bona fide public eating place for the purpose of obtaining and ordering a meal. Food does not need to be purchased with a drink.

**Markets, hospitals, schools, other licensed healthcare facilities, and restaurants with satellite food facilities are not eligible. Satellite food facilities can only work in conjunction with a fully enclosed permanent food facility.**

## 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 are stored, 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 can spread pathogens such as bacteria and viruses, including E. coli, Salmonella, Shigella, and the bacteria that cause typhoid fever, as well as parasites like Giardia. They transfer these pathogens to food and clean food contact surfaces after contacting unsanitary materials such as dog feces, garbage, and spoiled food. House flies have sticky feet and hairy bodies that easily pick up these pathogens from surfaces and transfer them to other surfaces they land on. They can contaminate food and food-contact surfaces through regurgitation, depositing digestive fluids onto solid food to help liquefy it before feeding, which spreads pathogens and contaminates food and surfaces.



**Cockroaches:** Cockroaches can spread pathogens such as bacteria and viruses, including E. coli, Salmonella, Shigella, Staphylococcus aureus, as well as parasites like Giardia and Entamoeba histolytica. They contaminate food and food contact surfaces through their fecal droppings and saliva.

Cockroaches can infest easily due to their rapid reproduction and remarkable adaptability. They can survive a wide range of temperatures and conditions and will eat almost anything. They may enter a food facility through delivery boxes or from the outside via doorways and other small openings like cracks and crevices.

A baby cockroach can mature into an adult within a month, and the average adult female can produce up to 300 offspring during her lifespan. Cockroaches are nocturnal, so by the time one is seen, a large infestation may already be present. Signs of infestation include shed skins, egg cases, or feces that resemble coffee grounds or black pepper spotting on surfaces.



**Rodents:** Rodents (mice and rats) can spread pathogens such as bacteria and viruses, including those that cause leptospirosis, salmonellosis, and hantavirus infection. They contaminate food and food contact surfaces through their feces, urine, and saliva. Rodents are nocturnal (active at night) and generally avoid humans, so it is uncommon to see live rodents during the day. Other

signs of rodent activity include droppings; gnaw marks on food or food containers; nests made from shredded paper or other fibrous materials; greasy rub marks along walls caused by their fur and scratching or scurrying sounds in the floors, walls, or ceilings.



I have read the information above and understand that the presence of vermin or evidence of their presence where food or food contact surfaces may be contaminated in my food facility constitutes 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 Public Health 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.	<input type="checkbox"/> Initials
I understand that I must obtain written approval from Public Health before operating the restaurant without full enclosure.	<input type="checkbox"/> Initials
I understand that the final, approved Integrated Pest Management and Food Safety Risk Mitigation Plan must be made available to Public Health upon request at any time.	<input type="checkbox"/> Initials
I understand that the food facility must be fully enclosed during hours of nonoperation.	<input type="checkbox"/> Initials
I understand that I must review and update the plan annually or whenever there is a change to the facility or its operation.	<input type="checkbox"/> 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 until all vermin are eliminated.	<input type="checkbox"/> 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 each employee's individual responsibilities in maintaining a vermin-free environment.	<input type="checkbox"/> Initials
I understand that I must have a contract with a licensed pest control provider and maintain a log of all site visit dates 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.	<input type="checkbox"/> Initials
I understand that I must increase the frequency of pest control services if any conditions increase the risk of vermin infestation, including but not limited to an adjacent vacant business, nearby construction, or other environmental factors that contribute to increased vermin activity.	<input type="checkbox"/> Initials
I understand that by not fully enclosing my restaurant, I am increasing the risk of vermin entry and infestation.	<input type="checkbox"/> Initials
I understand that this written plan does not guarantee that my restaurant will not experience a vermin infestation.	<input type="checkbox"/> Initials
I understand that this Integrated Pest Management and Food Safety Risk Mitigation Plan, and my restaurant's ability to operate without full enclosure, may be suspended or revoked if the approved plan is not followed, if vermin are observed during an inspection, or if complaints of vermin presence are verified.	<input type="checkbox"/> Initials
I understand that I must always follow all parts of this plan, or my facility will be subject to full enclosure requirements.	<input type="checkbox"/> Initials

## FOOD/FOOD CONTACT SURFACES PROTECTION FROM CONTAMINATION

**Describe how you will protect food from contamination by 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 plumbing leaks as soon as they are identified.

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**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.

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**Describe how you will prevent vermin from entering your kitchen.**

Example: We will inspect all deliveries and boxes for cockroaches upon receiving. We will trim or remove bushes, shrubs, or other foliage that could allow rodents access to the building.

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## CLEANING/SANITATION

List all areas that will be cleaned, the frequency of cleaning, and the staff position responsible.  
Complete the table below. Attach additional pages if necessary.

Location	Describe how, at what frequency, and by whom this location will be cleaned.
Example: Cookline	Example: All equipment at the cookline will be pulled out and cleaned underneath on Thursday nights after closing. This will be done by the lead cook. Equipment at the cookline will be wiped down and cleaned every night after closing 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 container.
- The food facility shares an outdoor dumpster/trash container with neighboring businesses.
- If the food facility shares trash containers, how many other food businesses is it shared with? \_\_\_\_\_

What is the current frequency of trash and organic recycling pickup 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 always keep locks on the dumpster lids. The designated Person in Charge (PIC) will check the trash area for debris and ensure dumpsters remain locked three times daily.

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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 it is maintained regardless of whether the conditions were caused by our staff.

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## TRAINING / LICENSING

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

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**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 kept on site and available for review during site visits.

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## RECORD KEEPING

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

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### Initials

FACILITY LAYOUT RISK ASSESSMENT

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

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## OBLIGATION TO CLOSE

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

<ul style="list-style-type: none"><li>• Evidence of vermin infestation, including live or dead vermin in food preparation or open utensil storage areas.</li><li>• Evidence of vermin infestation, including droppings or fecal spotting, in food preparation or open utensil storage areas.</li><li>• Evidence of vermin infestation, including gnaw marks on food products, nesting materials, and/or rub marks.</li><li>• Evidence of housefly activity, such as houseflies landing on open food or food contact surfaces.</li></ul>	<ul style="list-style-type: none"><li>• Environmental conditions that could lead to increased vermin activity, for example, trash pickup day or overflowing trash of a nearby property.</li><li>• Environmental conditions, such as wind or rain, that create the potential for contamination of food contact surfaces.</li></ul>	Initials
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## ACKNOWLEDGMENT

I understand and agree that any changes to my Integrated Pest Management and Food Safety Risk Plan will require prior approval from Public Health. I also understand that 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 revocation 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) before operating without full enclosure. I understand and hereby consent that any information I provide as part of this procedure may be considered a public record subject to disclosure under the California Public Records Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

## OFFICE USE ONLY:

REVIEWED BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_