



MISSISSIPPI FOOD NETWORK

Post Office Box 411
Jackson, MS 39205

MEMO

Date: September 1, 2009

To: All MFN Member Agencies

From: Desiree Dillon *DD*
Director of Agency Relations

Cc: Walker Saterwhite
Executive Director

Re: Food Safety Requirements

Effective August 1, 2009, MFN **must** provide some form of food safety training to at least one representative from each agency. All agencies **MUST** designate a **Food Safety Coordinator**, and complete the **USDA Commodity & Non-USDA Hold & Recall Process Form** (see enclosed). **Additionally, each coordinator must complete one of the following:**

General Food Handlers-(Agencies that DO NOT prepare meals onsite-Food Pantries & Snack Programs):

- Receive & Complete the exercises in the *ServSafe Starters Employee Guide 5th Edition* training booklet.
- Return the acknowledgement form (in booklet) back to MFN-Agency Relations in order to receive **official** training certification.

High Risk Food Handlers-(Agencies that DO prepare meals onsite-Soup Kitchens, Shelters, Daycares, Residential Centers/Group Homes, etc.):

- Continue to send in **ServSafe Certificates** to MFN-Agency Relations as they are renewed.
- Continue to send in **Health Department Inspection Reports & Food Permits as soon as possible** after renewal/re-inspection.
- If no one at your agency has ServSafe training/certification, you may contact MFN-Agency Relations to get a copy of the *ServSafe Essentials Guide 5th Edition* (**quantities are limited**), and return the acknowledgement form (in booklet) back to MFN Agency Relations in order to receive **official** training certification; **OR** you may log onto www.servsafe.com, and sign up to take the course and exam (online versions are also available).
- **Tummy Safe** trainings (for daycares) and official trainings offered by the Health Department will be accepted.



Making Food Available To Charities Serving The Needy
(601) 353-7286
FAX 948-6710

440 West Beatty Street
Jackson, Mississippi 39201

Visit us at www.msfoodnet.org

You may pick up your ServSafe booklet when you pick up your next order, or arrange to have it delivered with your next order. Please submit all documentation back to MFN-Agency Relations, no later than September 30, 2009 at P.O. Box 411, Jackson, MS 39205. For additional information or questions, please call 601-973-7085 or 601-973-7090.

USDA Commodity & Non-USDA Hold & Recall Process
for
MFN Agencies

Agency Name _____ Agency ID No. _____

Agency Mailing Address/Zip _____

Agency Location Address/Zip _____

Phone No. _____ Fax No. _____ County _____

Name of Agency Director _____

Attachment for MFN Agency Agreement

The United States Department of Agriculture (USDA) requires each agency that receives and distributes USDA commodity foods to have a commodity hold and recall process in place to respond immediately to any recall notice from USDA. MFN requires each agency that receives & distributes Non-USDA products to have a hold and recall process in place to respond immediately to any recall notice from MFN.

1. Each Agency is responsible for appointing a Food Safety Coordinator and alternated and providing the names, titles, email addresses, phone and fax numbers to the Mississippi Food Network. Contact information must be provided for contacts during and after work hours.
2. In the event of a food recall, affected agencies will receive from MFN a recall notification, press release and request for information to be returned.
 - The recall notification will provide the name of the product, affected lot numbers and other product information.
 - Additional information will be included to assist the Agency to respond to requests from media, participants and others.
 - Agencies must provide the location and quantity of product in Storage and the amount of produce already consumed.
3. Agencies must immediately identify the location of the affected products (verify that the food items bear the product identification codes), isolate the commodities to avoid accidental use and take an accurate inventory by location. The quantity and location of the product must be submitted to the Mississippi Food Network within five (5) calendar days of the recall.
4. MFN will provide further instructions upon receipt of the agency response. The Agency shall not continue to distribute any product identified for hold or recall until full instructions are provided to the Agency.

Name of **Food Safety Coordinator** _____

Title _____

Phone No. _____ 2nd Phone/Cell No. _____

Fax No. _____ E-Mail Address _____

(Contact information must be for contacts during and after normal business hours.)

Name of alternate Food Safety Coordinator _____

Title _____

Phone No. _____ 2nd Phone/Cell No. _____

Fax No. _____ E-Mail Address _____

(Contact information must be for contacts during and after normal business hours.)

The persons named above are authorized to serve as this Agency's Food Safety Coordinator and alternate Coordinator.

Authorized Signature for Agency _____

Date _____ Agency ID Number _____

MFN ServSafe/Food Safety Training Acknowledgement & Completion

Agency Number _____ Agency Name _____

Food Safety Coordinator _____ Phone _____ Email _____

Program Category:

General Food Handler (please circle one): FOOD PANTRY SNACK PROGRAM OTHER _____

High Risk Food Handler (please circle one): SOUP KITCHEN SHELTER DAYCARE GROUP
RESIDENTIAL OTHER _____

I acknowledge that I have received and completed the exercises/evaluations/certifications in the following training booklet or course (please check one):

_____ *ServSafe Starters Employee Guide 5th Edition*

_____ *ServSafe Essentials Guide 5th Edition*

_____ *ServSafe Manager Training Course & Certification (or recertification)*

Expiration Date _____

_____ *Tummy Safe Course & Certification (or recertification)*

Expiration Date _____

_____ *OTHER* _____

Expiration Date _____

Food Coordinator Signature _____ Date _____