




Operations: Health

Food Safety Management Policy

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AMENDMENT RECORD

Amendment Date	Revision Number	Amender Initials	Amendment
17 Nov 14	0	CA	Supersedes GoM Food Safety (GOM-HSE-DOC-00736-2)
5 Nov 19	1	CM	Reviewed; changes to align with IRIS, 2017 FDA Food Code, role titles, assignments in Teams and electronic self-verification forms in eCoW.

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1 Introduction

The purpose of the Food Safety Management Policy is to ensure the highest standards of food safety and hygiene are achieved. This management policy applies to BP GoM Region operations and associated project catering operations (e.g. where BP is the lead partner in a project).

This Policy also recognizes that ‘No Harm to People’ can be achieved through ‘Zero Defect Food’ and recognizes the principles of HACCP (Hazard Analysis Critical Control Points) as a primary method of controlling food safety and is aligned with “OMS Group Element 3.4 - Health and Industrial Hygiene.”

Failure to meet the two ‘minimum’ standards below will be deemed a **non-conformance**:

- Key Performance Indicators (KPI's)
- BP GoM Region Food Establishment Inspections

2 Scope

2.1 BP Manned and Managed Facilities

This Food Safety Management Policy applies to BP-manned and managed facilities:

- Off-site catering facilities providing food to sites where BP is the client (HOLC is exempt from bi-weekly and annual food establishment inspections since Louisiana Health Department conducts formal inspections but performance will be reviewed during quarterly QPR),
- Remote service canteens (where food is not prepared but is stored, displayed & served) where BP is the client,
- Camps where BP is the client (supply base is exempt from policy requirements since base is operated by contractors), or
- Drilling and production platforms operated by BP.

2.2 Contracted Offshore Facilities

This Food Safety Management Policy shall be used in the assessment/bridging of the following facilities when BP is not the operator to ensure the contractor is providing safe food to the workforce:

- Drilling platforms not operated by BP,
- Service vessels (e.g. crane barge, specialist function vessels), or
- Flotels where BP is the client (e.g. a vessel being used as a temporary source of accommodation).

2.3 Applicability of 2017 FDA Food Code

This Policy does not address the specific Food Safety parameters the caterer shall follow but requires the Caterer to develop their HACCP and ensure it meets or exceeds the 2017 FDA Food Code.

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3 Key Responsibilities

3.1 Offshore Installation Manager (OIM) and Onshore Facility Manager

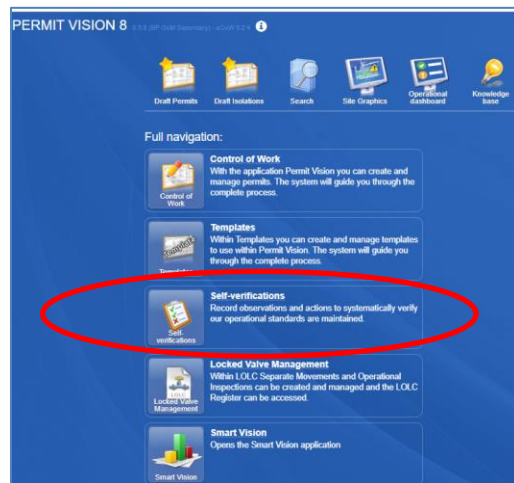
- Address food safety recommendations indicated in Food Safety Self Verifications.
- Communicate facility food safety concerns to the Health & Industrial Hygiene Team.
- Inform the Health and Industrial Hygiene Team of changes to existing processes, controls, or procedures that have the potential to impact food safety.

3.2 HSE Site Advisor (HSE SL)

- Document non-conformance foodborne illness risk factors in IRIS.

3.3 Medic

- Certified Food Protection Manager (ServSafe Manager) within three months of starting job on BP facility and refreshed every five years.
- Conduct bi-weekly galley inspections using the assigned online HSE self-verifications (SV) Food Safety:
 - Preparation Areas,
 - Food Handlers,
 - Equipment,
 - Storage (Cold Temp),
 - Storage (Cooking/Hot Temp),
 - Storage (Raw Materials Area)
- Assignments are maintained in the [GoM GOO HSE Team, General, Upstream HSE SV Planner tab](#) and the electronic forms are maintained in the [Upstream Control of Work Permit Vision 8 - Self Verifications](#).



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- Notify the Camp Manager/Boss of identified deficiencies from the **Upstream Control of Work Permit Vision 8 - Self Verifications** once completed.
- Notify Health and Industrial Hygiene Team of foodborne illness risk factors not corrected onsite and if outbreak of 2 or more people showing foodborne illness symptoms. Enter foodborne illnesses in IRIS as an Incident with Consequences, categorized as Injury/Illness and select “Illness”.
- Inform the HSE Site Advisor of food non-conformance foodborne illness risk factors (RF) and ensure RF that are not corrected during inspection are documented as an Action within the respective self-verification.

3.4 Camp Boss

- Certified Food Protection Manager (ServSafe Manager) within three months of starting job on BP facility and refreshed every five years.
- Implement food safety requirements per this policy.
- Understand catering company food safety procedures.
- Complete corrective actions for deficiencies identified from the **Upstream Control of Work Permit Vision 8 - Self Verifications**.
- Ensure KPI’s are not compromised by assuring foodborne illness risk factors identified during self-verification inspections are closed in an appropriate timeline.

3.5 Catering Staff

- Certified Food Handler (ServSafe Food Handler) within three months of starting job on BP facility and refreshed every five years.
- Understand catering company food safety procedures.

3.6 Health and Industrial Hygiene Team

- Certified Food Protection Manager (ServSafe Manager) within three months of starting job on BP facility and refreshed every five years.
- Provide technical support on food safety related questions and review/update this policy every five years or sooner if there are regulatory or guideline changes.
- Review completed **Food Safety Self Verifications (SV)** in eCoW on a monthly basis, trend deficiencies, and communicate to contracted catering company.
- Participate in quarterly catering contractor performance reviews.
- Conduct a facility food safety inspection annually using **Annual Food Establishment Inspection** (Appendix A).
- Responsible to inform Health Manager of escalated non-conformance foodborne illness risk factors.

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4 General Requirements

GoM Region Food Safety Management Policy is in conformance with the United States Health Service 2017 Food Code.

4.1 Catering Staff Fitness for Duty

Catering staff shall be free of medical conditions that may cause foodborne disease transmission. The following symptoms are reportable: vomiting, jaundice, diarrhea, sore throat with a fever, draining open wounds, etc. The following illnesses diagnosed by a health practitioner are reportable: Norovirus, Hepatitis A, Shigella spp., SHIGA toxin-producing E. coli, Salmonella Typhi or non-typhoidal Salmonella. Refer to [GoM Region Communicable Disease SWP](#) for outbreak prevention reporting time periods.

4.2 Record Keeping

The following records should be maintained for a minimum of 1 year by the Camp Boss and Caterer:

4.2.1 Camp Boss

- Proof that they are following correct procedures (e.g. HACCP logs and cleaning schedules).
- Qualifications and medical fitness of staff.
- Documentation of food supply (e.g. chain of custody temperature logs).
- Caterer internal inspections.
- Records of equipment maintenance (review with maintenance team)

4.2.2 Catering Manager

- Hazard Analysis Critical Control Point (HACCP) Plan
- Health and vaccination certificates.
- Manifest notes from suppliers.
- Pest-control documentation (i.e. proof of application).
- Training records and certificates.
- Complaints.
- Records of monitoring and inspections.

5 Process

5.1 Key Performance Indicators (KPI's)

A series of KPI's with related performance targets have been developed to monitor catering performance and are included in Table 1.

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Failure to meet the above catering KPI's will put a Caterer in a Non-conformance situation. This in-turn would require immediate action to rectify the non-conformance.

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Table 1: Catering Services KPI's

ID	KPI	Performance Target	Monitoring Frequency
KPI-1	Meet 2017 FDA Food Code Standard	FDA Food Code standards must be met & maintained. Where, any doubt exists, referral should be made to the BP Health and Industrial Hygiene Team.	Prior to mobilization and as detailed in Table 2 - Inspection Frequency
KPI-2	Health status of staff	Full conformance with BP and FDA Food Code medical requirements is always maintained.	Prior to mobilization and as detailed in Table 2- Inspection Frequency
KPI-3	Temperature Logs	Temperature requirements (detailed in Appendix of the edited FDA Guide 3-B and catering company HACCP) must be met & maintained. Comprehensive records must be kept at all critical stages.	Prior to mobilization and as detailed in Table 2- Inspection Frequency
KPI-4	Cleaning Schedule	The facility must be kept in a clean, hygienic condition. Cleaning schedules must be understood by all personnel and completed cleaning signed off by assigned supervision.	As detailed in Table 2- Inspection Frequency
KPI-5	Training	Management must be trained to Food Protection Manager and Food Handlers have food handler's training. All prospective caterers must demonstrate that chefs and camp bosses are 'qualified' to this level. No exception for prospective caterer. Existing caterer allowed 3 months to confirm qualification.	During pre-qualification and as detailed in Table 2-Inspection Frequency
KPI-6	Documented HACCP	Fully developed and implemented HACCP system specific to the facility. Existing caterer allowed 3 months to confirm qualification.	During pre-qualification and as detailed in Table 2-Inspection Frequency
KPI-7	Contamination Control	Systems (including equipment and behaviors) must be in place to protect food from becoming contaminated and excluding food from the food chain if indications exist to suggest contaminants that have compromised food stuffs (e.g. food thrown away after temperature control issues on boat).	During pre-qualification and as detailed in Table 2-Inspection Frequency

5.2 Food Establishment Inspection Policy

This section of the policy defines the systematic self-verification process to ensure the catering contractor is effectively implementing the HACCP.

Food safety inspections are carried out according to the established schedule published on the GoM Goo HSE TEAMS site – General tab – Upstream HSE SV's Planner. Each Medic will complete the set of 6 Food Safety SVs per month. Each inspection involves a walk-through of the catering facility, meeting with key personnel and analysis of hazards by asking a series of questions that are appropriate for each stage of the

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catering process. Annual inspection also requires the identification of equipment/structure/malfunction and review of records.

Table 2: Inspection Frequency

Checklist / Audit	Location	Frequency	Responsible Person
Annual Food Establishment Inspection	Site	Annual	GoM Health Manager
Catering Quarterly Performance Review with PSCM	Houston/Tele-Conference	Quarterly	Health and Industrial Hygiene Team
Food Safety SVs	Site	Bi-Weekly	Site Medic

5.2.1 Annual Food Establishment Inspection

The Annual Food Establishment Inspection is a one-day self-verification and consists of 2 parts. Part 1 is a review of all the relevant records and Part 2 includes a physical review of the catering facilities.

The following records should be available for the Annual Inspection and copies of documentation are requested to be provided to the Health and Industrial Hygiene Team at least two weeks prior to the Inspection:

- Contractor HACCP Plan
- Medical screening and vaccination documentation
- Food delivery records and checks for the month before the audit
- Temperature Records (1 month prior)
- Cleaning Schedules and checklists
- Pest Control Documentation and records of visits (3 months)
- Food Safety Training Records
- Complaint / comment book or records (6 months)
- Maintenance records (for the previous 6 months) e.g. refrigeration or HVAC etc
- Records of Internal Audits & Inspections (12 months)
- Completed Bi-weekly Food Safety SVs (3 months)
- Review non-conformance foodborne illness IRIS Reports

5.2.2 Catering Quarterly Performance Review (QPR) with Procurement

The QPR is conducted via tele-conference and requires the review of the following records:

- Completed Food Safety SVs (quarter)

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- Temperature records (e.g. delivery, storage, cooking, blast chilling, hot holding and display temperatures) (quarter)
- Cleaning schedules and checklists
- Food Safety training records
- Medicals / vaccination records as required by [BP Fitness-For-Duty](#)
- Review non-conformance foodborne illness risk factors

5.2.3 Bi-Weekly Food Safety Self-Verifications

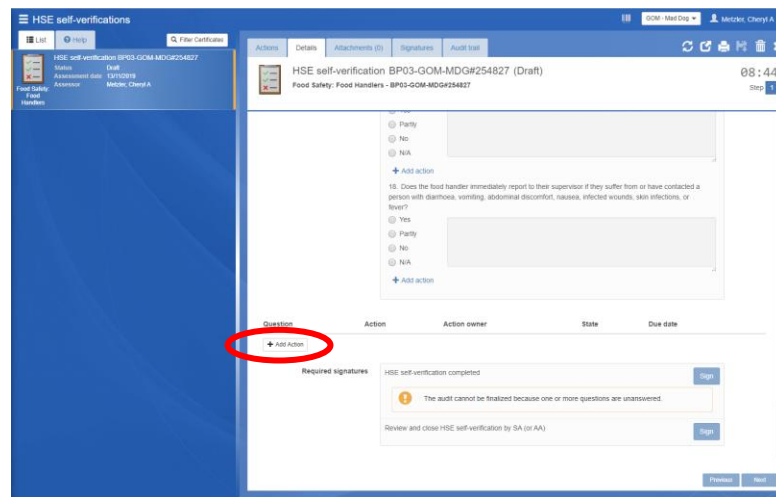
- The bi-weekly food safety SVs are performed by the on-site Medic and stored in the [Upstream Control of Work Permit Vision 8 - Self Verifications](#).

The self-verifications are based on observations and conversations to assess behaviours relating to food safety and appropriate use of available equipment. It should also provide self-verification that procedures are available and implemented and appropriate records are being maintained.

5.2.4 Corrective Actions

BP as the Operator is ultimately responsible for managing the Caterer. All non-conformances identified during pre-qualification, mobilization, bi-weekly and annual inspections are subject to follow-up to ensure recommendations and non-conformances are rectified, addressed and implemented. Corrective actions are entered in eCoW SVs at the end of each respective SV.

Failure to close any non-conformances in an agreed timescale will result in escalation.



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5.3 Managing an Outbreak of Food Poisoning

5.3.1 When managing a food-poisoning outbreak, the objectives should be as follows:

- A. Prevent more people from becoming ill
- B. Provide treatment
- C. Identify:
 - 1) What food and where the food that caused the outbreak was prepared or served.
 - 2) The 'causative agent' (that is, the cause of the outbreak, such as micro-organisms or toxins in food).
 - 3) The source of the causative agent (e.g., the vehicle that brought the food, food handler).
 - 4) The people who became ill.
 - 5) Who came in contact with the people who became ill.
- D. Provide evidence for any actions needed

5.3.2 The Medic should follow these steps:

- A. Step 1 – Give OIM and Health Team a report where two or more people show one or more of the following symptoms:

Nausea, vomiting, diarrhoea, abdominal pain, cramps or discomfort, dizziness, headache, fever, skin rash.
- B. Step 2 – Withdraw all suspected foods when food poisoning is confirmed.
- C. Step 3
 - 1) Interview those who have eaten the same batches of food.
 - 2) Trace the people who became ill after eating, especially food handlers, and who they have come into contact with.
 - 3) Refer Food Handlers for medical assessment.
 - 4) Disinfect catering facility.
 - 5) Arrange an inspection of the catering facility to be performed by Health and Industrial Hygiene Team and/or Catering Contractor.
 - 6) Document incident in IRIS.

SCREEN	ACTION
Event Type	Select the event type: "Incident with consequence"
Short Title	Complete Short title, "Foodborne Illness"
Please share the facts about what happened.	Complete information, including non-conformance item and specific description of item.

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6 Training

There is no BP provided training for catering staff or Medics pertaining to this Policy. External training requirements include: ServSafe Manager and Food Handler.

7 Definitions and Acronyms

Biological Contaminants: Living organisms such as viruses, bacteria, fungi, parasites or toxins produced by some of them.

Caterer: An individual or company that has direct responsibility for producing food for customer or employee consumption.

Camp Boss: Any person who supervises Food Handlers or manages elements of the food supply chain.

Critical Control Point: A point or procedure in a specific food system where loss of control may result in an unacceptable health risk (see HAACP)

Critical Limit: The maximum or minimum value to which a physical, biological, or chemical parameter must be controlled at a critical control point to minimize the risk that the identified food safety hazard may occur (see HACCP).

Cross-contamination: Transfer of biological contaminants from one food to another, either by direct contact or by food handlers, contact surfaces or the air.

Disinfection: A process to reduce the number of microorganisms to a safe level by physical or chemical means.

Food Contamination: The introduction or occurrence of any biological or chemical agent, foreign matter, or other substances not intentionally added to food which may compromise food safety or suitability.

Food Handler: Any person who directly handles packaged or unpackaged food, food equipment and utensils, or food contact surfaces.

Food Safety: Policy that food will not cause harm to the consumer when it is prepared and/or eaten according to its intended use.

Foodborne Illness/Poisoning: An acute illness resulting from eating or drinking contaminated food or water. Typical symptoms include one or all of the following illnesses: abdominal pain, nausea and vomiting, diarrhea. Causes include the following factors:

- Bacteria (e.g. Salmonella, Campylobacter, Listeria monocytogenes, E.coli)
- Viruses (e.g. Hepatitis A, Norwalk)
- Toxins from bacteria, scrombrotoxic fish
- Parasites (e.g. Giardia lamblia)
- Molds (e.g. mycotoxin producing molds)
- Chemicals (e.g. pesticides)

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- Metals (e.g. mercury)

Galley: An operation that stores, prepares, packages, serves, vends, or otherwise provides food for human consumption.

Hazard Analysis Critical Control Points (HACCP): A system for producing zero defect food.

Hazard (in food safety): A biological, chemical, or physical property that may cause an unacceptable health risk.

8 Key Documents/Tools/References

- Appendix A – Annual Food Establishment Inspection
- Appendix B – 2017 FDA Food Code
- Appendix C – Abbreviated Guide 3B 2017 FDA Food Code
- RD 3.4-0027 Health Technical Note: Food and Water Safety

Appendix A – Annual Food Establishment Inspection



Annual Food
Establishment Inspeci

Appendix B – 2017 FDA Food Code



US Public Health
Service Food Code 20

Appendix C – Abbreviated Guide 3B 2017 FDA Food Code



Abbreviated Guide
3B 2013 FDA Food Cc

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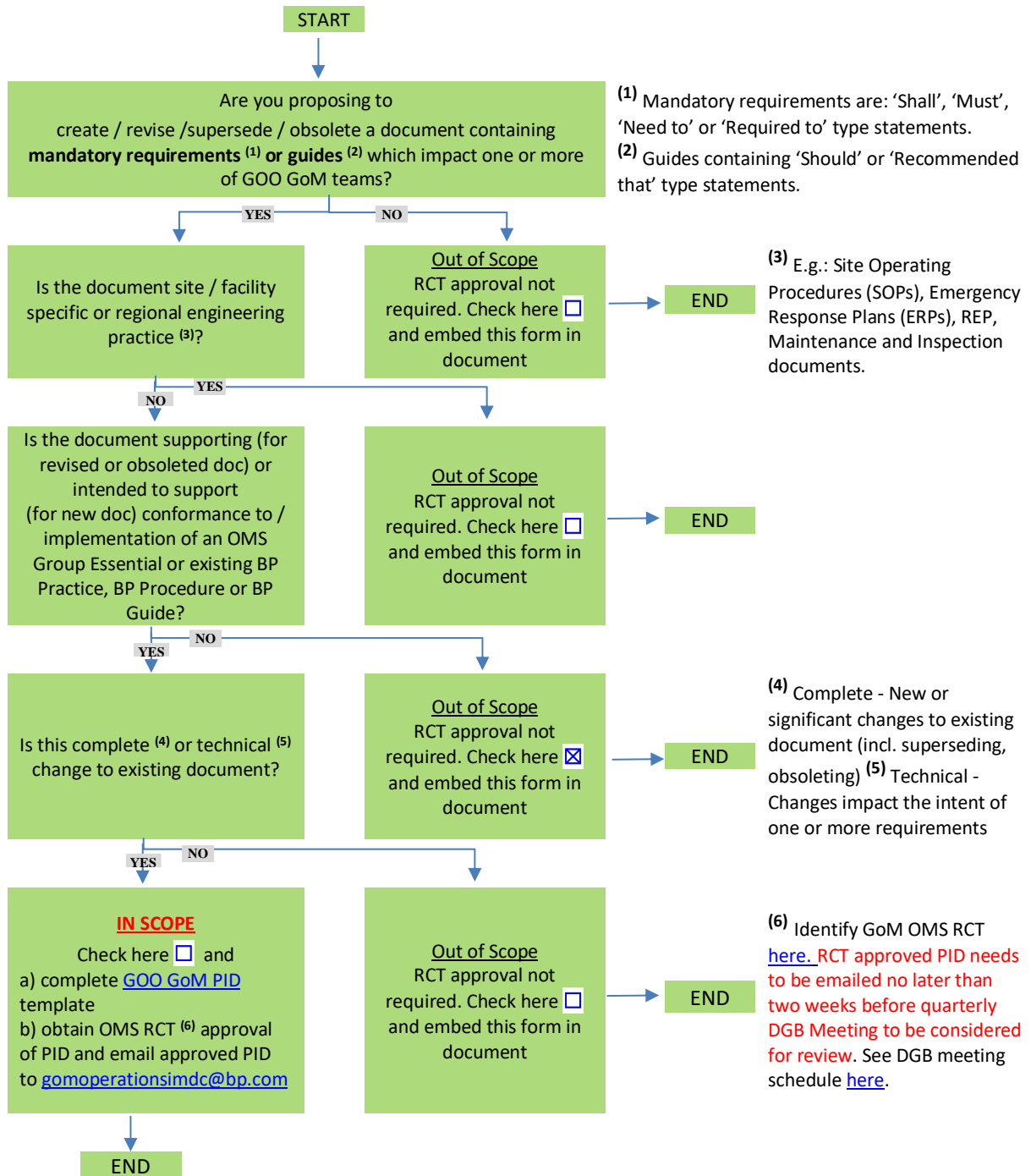
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