

POLICY AND PROCEDURE		
SUBJECT/TITLE:	Customer Satisfaction Survey – Licensed Establishments	
APPLICABILITY:	Environmental Health Staff	
CONTACT PERSON & DIVISION:	Director of Environmental Health	
ORIGINAL DATE ADOPTED:	8/16/2018	
LATEST EFFECTIVE DATE:	8/16/2018	
REVIEW FREQUENCY:	5 Years	
BOARD APPROVAL DATE:	N/A	
REFERENCE NUMBER:	800-004-P	

A. PURPOSE

The purpose of this policy is to provide for customer feedback for licensed establishments.

B. POLICY

Environmental Health staff conducting compliance inspections for licensed establishments, such as food service operations, retail food establishments, swimming pools, and other facilities will provide excellent customer service. A periodic assessment of customer service satisfaction will be conducted pursuant to this policy. This assessment will be used to provide data to improve the customer service experience for facilities inspected by Canton City Public Health.

C. BACKGROUND

Please see policy 800-019-02-P for Canton City Public Health competencies. http://www.cantonhealth.org/pdf/800-019-02-A CCHD%20Competencies.pdf

This policy supports Canton City Public Health values "Quality - Excellence in all we do" and "Service - ask, listen, and respond to the needs of the community" as well as strategic priority F-4 "promote a culture of quality in the department" as documented in Canton City Public Health Strategic Plan 2020 (revision 6/25/2018). It also supports PHAB accreditation standard 9.1.4 "Implementation of systematic process for assessing customer satisfaction with health department services". (PHAP ver. 1.5)

D. GLOSSARY OF TERMS

N/A

E. PROCEDURES & STANDARD OPERATING GUIDELINES

The following procedures will be followed to conduct an assessment of customer satisfaction for licensed establishments.

- 1. Sanitarian staff will provide the printed "Customer Satisfaction Survey for Licensed Establishments" (form 500-004-1-F) as a self-addressed stamped envelope at the end of each inspection conducted at a licensed food service, licensed retail food establishment (including mobile and temporary locations), or swimming pool to the operator of the facility or person in charge at the time of inspection.
- 2. The sanitarian will request that the operator or person in charge complete the survey and return to Canton City Public Health using the provided self-addressed and stamped envelope using this, or similar language:
 - a. "We are gathering information on our inspection performance. I would appreciate it, if you would take a few minutes to complete this survey and return it in this envelope. This is an anonymous



survey. The results to not identify you, your establishment, or me. The information is important so that we can improve our performance. Thank you in advance for completing the survey."

- 3. The survey results are returned to the Health Commissioner who will compile and review the results on a periodic basis.
- 4. The assessment may be continuous or occur on a periodic basis. The Director of Environmental Health will determine the frequency and length of any assessment process.

F. CITATIONS & REFERENCES

N/A

G. CONTRIBUTORS

The following staff contributed to the authorship of this document:

- 1. Jim Adams, Health Commissioner
- 2. Annmarie Butusov, Director of Environmental Health
- 3. Rick Miller, Staff Sanitarian III

H. APPENDICIES & ATTACHMENTS

N/A

I. REFERENCE FORMS

500-004-01-F Customer Satisfaction Survey for Licensed Establishments

J. REVISION & REVIEW HISTORY Revision Date Review Date Author Notes 8/16/2018 J. Adams Original policy

K. APPROVAL

SIGNATURES

The below signatures indicate the above list of policies and procedures have been approved and are effective as of the date of this final approval form.

Jeaner ur. adams	8/16/2018
James M. Adams, RS, MPH Health Commissioner	Date
Janes ur. adams	8/16/2018
James M. Adams, RS, MPH Director of Environmental Health, Interim	Date