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NEWS

POOR ETIQUETTE IS WILTING GUSTO FOR SALAD BARS HEALTH, SANITARY PROBLEMS RIFE IN SELF-SERVE SITUATION AT SOME EATERIES

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Reaching under the salad bar's protective plastic sneeze shield, a woman managed to hold both her bowl and a lit cigarette in one hand. Nearly an inch of ashes dangled precariously at the end of the cigarette and a steady stream of smoke danced over the spinach, eggs and cherry tomatoes. The balancing act came to a sudden halt, however, as the long string of ashes dropped into the crock of red beets.

Witnessing the unappetizing incident was another woman who was trying to decide if she wanted to order a salad or a sandwich. Needless to say, the observer decided not to have the salad bar and the woman with the cigarette opted not to have red beets with her salad.

At another salad bar, a young woman put the finishing touches on her noon-time feast - but not without conducting her own little taste testing. Torn between two different dressings, she unconsciously dipped her finger into one and put it to her mouth. Then she dipped the finger into the other dressing and tasted it before making her final decision.

In the last decade, salad bars have grown steadily in popularity. In fact, recent surveys indicate restaurant patrons put them at the top of their list of desirable restaurant services. Even grocery stores are getting into the act by offering self-serve salad bars as part of their one-stop shopping campaigns.

There's no denying salad bars' advantages. They offer the customer a healthful, low-calorie meal with variety and freedom of choice, while they help the restaurateur cut back on service and preparation costs.

Yet, despite their popularity, these islands of garden delights are not free of problems. They require special equipment on the part of the operator. And, by taking the responsibility of serving food out of the hands of the operator and putting it into the hands of the customer, self-serve salad bars invite health and sanitary problems.

Health officials have looked into a number of ways to deal with these problems, but "it's a no-win situation," said Thomas T. Morgan, associate director for environmental health services at the Allentown Health Bureau. "The customer wants salad bars, but we have problems with the way they are set up."

Morgan and other health officials across the country monitor salad bar operations to be sure restaurants follow sanitary ordinances and items on the bar are maintained at proper temperatures. But government guidelines and inspections cannot control what is, perhaps, the biggest problem of all -the customers' salad bar etiquette.

Sitting by a self-serve salad bar can provide an observant person with a mealtime's worth of entertainment, packed full of horrors, according to a recent study done by Robert Sommer, director of the Center for Consumer Research at the University of California at Davis. The study revealed startling information on the wasteful and unsanitary practices of consumers at salad bars.

Researchers observed nearly 400 salad-bar patrons in 40 northern California restaurants and found more than 60 percent were guilty of at least one violation and 24 percent were guilty of two or more.

Spilling food was, by far, the most frequent infraction, committed by a third of the patrons who visited the salad bar. But health officials say spilled food is more an issue of aesthetics than a health risk.

The most serious public health violators are the fickle fingers, or, in other words, the "dressing dippers." Sommer's study revealed that one out of ten customers observed was guilty of this offense. Some apparently were trying to determine the type of dressing in the absence of labels, but many were merely tasting a possible selection before spooning it on their food.

Hand contact with other items on the salad bar was another common problem. Many people used their fingers to pick up such "finger foods" as cherry tomatoes and carrot sticks. Some customers ate from their plates while going through the serving line. And some returned food from their plates to the bar.

Amazingly, sneeze guards, built into salad bars for food protection, were such an obstacle to some patrons that they stuck their heads under the shields to reach salad bar items. One child was observed climbing onto the salad bar to reach his food.

Some customers touched the wrong end of the serving utensil in an effort to dislodge food. One frustrated patron went so far as to bang the utensil against the sneeze guard to dislodge trapped food.

Sommer's study found children under ten were, by far, the worst offenders, with an average of three violations each. Senior citizens, on the other hand, scored highest in neatness, with less than one infraction for every two customers.

Patrons seemed to be unaware that the federal government's Food Service Sanitation Manual prohibits the use of soiled plates when returning to the all-you-can-eat salad bar for seconds.

To find out how many people actually used clean plates for return trips, Sommer's researchers observed 52 customers at another salad bar, and found that 50 percent of the patrons returned to the bar, but none had clean plates.

Sommer said salad bar operators are partly to blame for the violation of this ordinance, because many restaurant operators do not make clean plates for "seconds" available.

"In fact, the design and layout of salad bars is probably responsible for some of the observed customer problems," said Sommer in his study synopsis.

Unfortunately, government rules regulating the operation or design of salad bars are sketchy. "We have not really come up with specific guidelines for salad bars because we are not sure what we want," said Thomas L. Schwartz, assistant director for program development in the Retail Food Protection Branch of the Food and Drug Administration.

Schwartz explained that salad bars are included under the general codes for food service, which give guidance on how to keep food clean and how to prepare it in a sanitary manner. "Cold food must remain at a temperature of 45 degrees Fahrenheit or below," he added, "and hot food at 140 degrees Fahrenheit or above."

But, according to Schwartz, these temperature guidelines are for potentially hazardous foods only, not fresh foods and vegetables. Salad bar items considered to be potentially hazardous are chopped eggs, meat, seafood, dairy foods, prepared salads and anything that has been cooked at one time.

"While the federal government has established these guidelines, they are only suggestions to help the states do their jobs," said Schwartz, explaining that it's up to individual state and local governments to establish and enforce their own ordinances. They may choose to adopt all, some or none of the FDA's suggestions.

The Board of Health in New Britain, Conn., recently chose to establish a very rigid salad bar ordinance after receiving complaints of salad bar- attributed food poisoning and the results of a study revealing rapid deterioration in some foods, even under temperatures and conditions recommended by the FDA.

The regulation, which prohibited the sale of potentially hazardous foods in a self-serve setting unless packaged by trained employees, closed down salad bars in at least three grocery stores and sent restaurant operators into an uproar.

Salad bars in Pennsylvania are under the jurisdiction of either state or local governments, according to Morgan of the Allentown Health Bureau.

"Basically, control lies within the local health department," he said, "but any area without a local bureau of health is covered by the state through the Department of Environmental Resources."

Inspections are conducted only once or twice a year, unless warranted by previous violations. Morgan said violations could occur between inspections and stressed that the public should not hesitate to inform health officials of problems, particularly if they develop what they suspect to be salad-bar related illnesses.

"A lot of the responsibility for maintaining a salad bar free of health risks falls on the establishment," said DER sanitarian Theodore Veresink. "If they are exposing food to the customers, owners should take measures to protect the food."

Most salad bars have little more than a sneeze shield to intercept potential contamination from the average size person.

Sommer attributed some of the sanitary violations in his study to the poor design of salad bars. But he added that proper design is not enough if the items on the bar are not laid out sensibly and proper utensils are not provided.

Sommer explained that on some salad bars he observed, expensive items were hard to reach and too-small utensils (meant to prevent customers from taking too much) made serving difficult. This, he pointed out, invited three problems: Food spillage, the use of fingers and ducking under the shield.

At establishments where salads were sold by the ounce, large tongs were often used to encourage customers to take more. This, however, led patrons to return food to the bar when they got more than they wanted.

Sommer said the most sensible approach to arranging a salad bar is to match the serving utensil with the type of food and to be certain all items are within reach. Some foods, he added, invite problems. When cheese is set out in a wheel or block for slicing, chances are someone will touch it while slicing a piece.

Sommer sees no reason why most health infractions couldn't be remedied through better equipment design and supervision.

Morgan and Veresink said they would like salad bar operators to take whatever measures possible to avoid customer contamination of food. Blocks of cheese and bread for slicing should be equipped with protective shields for handling. Clean plates should be provided for return trips to the bar.

"Dressing dippers" could be discouraged, Sommer suggested, by replacing ladles with pump dispensers. Patrons wishing to taste the dressings could merely pump a small amount on the corner of their plates.

Signs regarding rules of behavior might help, he added, but nothing will be as effective as an employee standing at the salad bar. He said people are much less likely to smoke at the bar or dip fingers into dressings if a restaurant employee oversees the operation.