

DEPARTMENT OF DEFENSE  
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HEADQUARTERS DEFENSE COMMISSARY AGENCY  
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DeCAH

July

Plans and Policy

**NON-INFORMATION TECHNOLOGY (NON-IT) EQUIPMENT/SYSTEMS  
CONTINGENCY PLANS FOR COMMISSARIES**

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BY ORDER OF THE DIRECTOR

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**AUTHORITY:** The Defense Commissary Agency Directives Management Program is established in compliance with DOD Directive 5105.55, Defense Commissary Agency (DeCA), November 1990.

**APPLICABILITY:** This handbook applies to all DeCA activities and personnel involved in the operation of non-IT equipment and systems.

**HOW TO ORDER COPIES:** Commissaries may order additional copies, as needed, from their region office by forwarding a completed DeCA Form 30-21, Requisition for DeCA Directives, Forms, and Posters.

**SUMMARY:** This directive sets forth the contingency plans in the case of Non-IT equipment or systems failure in DeCA commissaries.

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OFFICE OF PRIMARY RESPONSIBILITY (OPR): HQ DeCA/PL  
COORDINATORS: HQ DeCA AM/RM/SA/DF/IR/IG/IM, FAO-MB/FAO-CB, Regions  
DISTRIBUTION: E

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## Chapter 1

### NON-INFORMATION TECHNOLOGY (NON-IT) EQUIPMENT/SYSTEMS CONTINGENCY PLANS FOR COMMISSARIES

**1-1. PURPOSE.** This handbook provides contingency planning guidance in the event of Non-IT equipment/systems failure in DeCA commissaries. The term "commissary" in this handbook will refer to DeCA facilities including commissaries, central distribution centers, meat plants, and other areas, as appropriate. The enclosed contingency plans are applicable to failure that may be the result of either Year 2000 (Y2K) problems, or any other events that may cause Non-IT equipment/systems to fail. The term Non-IT equipment/systems, as used in this handbook, are those items of equipment/systems that are not typically computer driven.

#### **1-2. BACKGROUND.**

a. Commissaries rely upon many different types of equipment/systems to support the DeCA mission. As part of the preparations for potential Y2K related problems, Non-IT equipment and/or systems have been reviewed to determine criticality to commissary operations. Although many of these systems and/or items of equipment can fail for many reasons, written contingency plans do not exist for them although most are critical to the commissary mission.

b. This handbook was prepared to provide contingency plans for use in the event of an equipment/systems failure. Failures may include Y2K related problems, or other problems that result from accidents, weather, or other physical damage to commissary equipment and/or systems. As such, this document should be considered a "living document" to be initially completed, updated as new equipment/systems are received, retained as reference both within the commissary and at the respective region offices, and used in the event that commissary equipment/systems become inoperable. The level of criticality shown in each plan is based primarily on the expected impact to store operations and the potential for loss of product and sales. In determining criticality three areas must be considered:

(1) Non-IT systems/equipment items, if inoperative, that would prevent the sale of groceries.

(2) Non-IT systems/equipment items, if inoperative, that would prevent timely processing of transactions in support of the bill paying function.

(3) Non-IT systems/equipment items, if inoperative, that would prevent the proper operation of the commissary.

#### **1-3. DISCUSSION.**

a. Only Non-IT items are addressed in this handbook. Some of the Non-IT systems covered in this handbook may include equipment that contains date-sensitive embedded chips, making those items or systems susceptible to Y2K problems. While embedded date sensitive computer chips may cause Y2K related problems, there is also the potential for failure for reasons other than Y2K related issues.

b. The contingency plans are intended as general guidance, advance planning, and to provide a synopsis of emergency actions that should be taken in the event of an equipment/systems failure. They

are not intended to be all-inclusive, and as such, address only the more significant Non-IT equipment/systems.

c. All procurement actions addressed in this handbook for either equipment/services are to be conducted/coordinated in accordance with existing procurement processes. Purchases may be made on the IMPAC card for emergencies, if they do not exceed \$2,500 annually. For purchases in excess of \$2,500 annually, approval must be obtained and procurement actions initiated by region office personnel.

d. The attached appendixes of this Handbook are provided for information and record purposes. To assist commissaries, a working copy will be provided by e-mail to region offices for each commissary. Copies provided by e-mail will include the Y2K inventory data each commissary recently provided to the HQ DeCA Y2K Program Office. Wherever possible, this data has been auto-populated to the appendixes of this handbook.

#### **1-4. ACTIONS.**

a. Regions should print the e-mail copy of the handbook containing the Y2K inventory data, auto-populated for each commissary.

b. Since the auto-populated data does not include all categories of Non-IT equipment/systems included in this handbook, the HQ DeCA Property Accounting Business Unit (PABU) will download a report to the region offices from the Defense Property and Accounting System (DPAS) of all equipment/systems in the data base for each commissary within the region.

c. The DPAS report data was auto-populated into the handbook to show specific equipment for each commissary including equipment reported as part of the Y2K inventory and contains the following: description, model number, manufacturer, bar code, and serial number.

d. Regions should also print the DPAS report for each commissary.

e. Regions should provide each commissary with its copy of both the e-mail printout and the DPAS printout.

f. Commissaries should review the appendixes and complete the data entry. For any equipment/system that is not listed, attach the applicable portion of the DPAS list or transcribe the information. For any equipment/system not listed and also not shown on the DPAS list, obtain information from the item itself and record the data in the appropriate spaces.

g. Commissaries should the also complete the "Commissary Input" section of each appendix.

h. The Store Director/Manager should review the completed appendixes and certify that the information is correct and that actions shown in the "Planning for the Event of Failure" section have been initiated and/or completed.

i. The original should be retained by the individual commissary for use.

j. A copy of the completed handbook should be provided to the region office for reference purposes.

**Appendix A**  
**COMMUNICATION SYSTEMS**  
**CONTINGENCY PLANS**

**COMMISSARY NAME:**

---

**CONTENTS OF APPENDIX A.**

- A-1. Telephone System.
- A-2. Telephone Instruments.
- A-3. Beepers.
- A-4. Paging and Intercom Systems.
- A-5. 2-Way Radios.
- A-6. Cellular Phones.

**A-1. TELEPHONE SYSTEM.**

- a. Data Base Information:
- (1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

- b. Commissary Input:
- (1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

- c. In the Event of Failure:

\_\_\_\_\_ (1) Determine if there is total system failure or an isolated telephone instrument failure.

\_\_\_\_\_ (2) Check electrical outlets/power source/circuit breaker.

\_\_\_\_\_ (3) If pay phones are working, request repair service and use for emergencies.

- \_\_\_\_\_ (4) If a cellular phone is available and working, request repair service and use for emergencies.
- \_\_\_\_\_ (5) Call service provider for repair and obtain estimate of time the telephone system is expected to be out of service.
- \_\_\_\_\_ (6) If loss of service is under 4 hours, continue operations using the pay or cellular telephones. Minimize usage.
- \_\_\_\_\_ (7) Since fire and security systems depend on telephone systems, if the loss of telephone service is for more than 4 hours, notify the local authorities and zone manager/region to determine whether to evacuate (close the building).
- \_\_\_\_\_ (8) If it is determined that the store should remain open, implement a fire-watch program until the fire alarm system has been returned to service.

d. Planing for the Event of a Failure:

- \_\_\_\_\_ (1) Compile and maintain a list of pay phone numbers for each location/store and forward copy to the zone manager and the region.
- \_\_\_\_\_ (2) Compile and maintain a list of cell phone numbers for each location/store and forward copy to the zone manager and region.
- \_\_\_\_\_ (3) Contact host installation and determine if they have a contingency plan for loss of telephone services in the case of fire and emergencies.
- \_\_\_\_\_ (4) Determine best practice(s) to handle all emergencies (fire, medical, criminal).

e. Effect on the Commissary:

- (1) If voice telephone lines are not working:
  - (a) Calls for emergencies (injury, fire, etc.) may be interrupted.
  - (b) Fax machines and data transmissions will be inoperable.
  - (c) Security Systems may be interrupted.
  - (d) Refrigeration monitoring systems may fail.
- (2) If data telephone lines are not working:
  - (a) POS-M will not be able to process EBT (Food Stamp Program/WIC) and credit cards.
  - (b) DIBS orders and receipts cannot be transmitted.
  - (c) Computer e-mail/Internet will be inoperable.

NOTE: The telephone system is defined as the main telephone equipment where all incoming trunk lines enter the system and all desk instruments are attached.

**A-2. TELEPHONE INSTRUMENTS.**

a. Data Base Information:

- (1) Vendor Name: \_\_\_\_\_
- (2) Model Number: \_\_\_\_\_
- (3) Serial Number: \_\_\_\_\_
- (4) Bar Code: \_\_\_\_\_
- (5) Location in Store: \_\_\_\_\_
- (6) Contract Number: \_\_\_\_\_

- b. Commissary Input:  
(1) Service/Maintenance Provider:

\_\_\_\_\_ (2) Name of Person to Contact:

\_\_\_\_\_ (3) Telephone Number:  
\_\_\_\_\_

- c. In the Event of Failure:

\_\_\_\_\_ (1) Determine if there is total system failure or an isolated telephone instrument failure.

\_\_\_\_\_ (2) Replace non-operable telephone instruments at critical locations with operating telephone instruments, where possible.

\_\_\_\_\_ (3) For Y2K, digital date displays may not function. Reset date to 1999 and see if the phone will work.

\_\_\_\_\_ (4) Call service provider for repair.

- d. Effect on the Commissary: There would be minimal effect if other telephone instruments were working.

NOTE: Telephone instrument is defined as the actual desk or wall unit from which calls can be made.

**A-3. BEEPERS.**

- a. Data Base Information:

(1) Vendor Name:

\_\_\_\_\_ (2) Model Number:

\_\_\_\_\_ (3) Serial Number:

\_\_\_\_\_ (4) Bar Code:

\_\_\_\_\_ (5) Location in Store:

\_\_\_\_\_ (6) Contract Number:  
\_\_\_\_\_

- b. Commissary Input:  
(1) Service/Maintenance Provider:

\_\_\_\_\_ (2) Name of Person to Contact:

\_\_\_\_\_ (3) Telephone Number:  
\_\_\_\_\_

- c. In the Event of Failure:

\_\_\_\_\_ (1) Use the telephone to contact the person.

\_\_\_\_\_ (2) If the person is in the store, use the paging and intercom system to contact personnel.

- \_\_\_\_\_ (3) Tell the person you been trying to page them.
- \_\_\_\_\_ (4) Verify if the equipment failed and have it repaired.

d. Planning for the Event of Failure:

- \_\_\_\_\_ (1) Prepare a list of telephone numbers, home and office, for personnel that are assigned beepers.

e. Effect on the Commissary: The commissary would not be able to use the beeper to contact essential personnel, if needed.

**A-4. PAGING AND INTERCOM SYSTEMS.**

a. Data Base Information:

- (1) Vendor Name:  
\_\_\_\_\_
- (2) Model Number:  
\_\_\_\_\_
- (3) Serial Number:  
\_\_\_\_\_
- (4) Bar Code:  
\_\_\_\_\_
- (5) Location in Store:  
\_\_\_\_\_
- (6) Contract Number:  
\_\_\_\_\_

b. Commissary Input:

- (1) Service/Maintenance Provider:  
\_\_\_\_\_
- (2) Name of Person to Contact:  
\_\_\_\_\_
- (3) Telephone Number:  
\_\_\_\_\_

c. In the Event of Failure:

- \_\_\_\_\_ (1) Check power source and circuit breaker.
- \_\_\_\_\_ (2) Call the service provider and request the paging and intercom system be repaired.
- \_\_\_\_\_ (3) Contingency plans limited to fire and security. See Appendixes B and D.

d. Effect on the Commissary:

- (1) Cannot announce emergency situations to employees and customers.
- (2) Cannot announce customer information.

**A-5. 2-WAY RADIOS.**

a. Data Base Information:

- (1) Vendor Name:  
\_\_\_\_\_
- (2) Model Number:  
\_\_\_\_\_

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Use the paging and intercom system to contact personnel in the commissary.

\_\_\_\_\_ (2) Telephone the person that is needed.

\_\_\_\_\_ (3) Call service provider for repair.

d. Planning for the Event of Failure:

\_\_\_\_\_ (1) Update telephone numbers for departments so that personnel that are assigned two-way radios can be contacted.

e. Effect on the Commissary: The commissary will not be able to use the two-way radios to contact essential personnel.

#### **A-6. CELLULAR PHONES.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

- \_\_\_\_\_ (1) Call the person on regular telephone.
- \_\_\_\_\_ (2) Tell the person that you have been trying to call them on the cellular phone.
- \_\_\_\_\_ (3) Verify if the equipment failed and have repaired.
- \_\_\_\_\_ (4) Check and/or replace batteries.

d. Effect on the Commissary: Convenience of off-site person to person contact will not be possible.

**Appendix B**

**FIRE PROTECTION SYSTEM  
CONTINGENCY PLANS**

**COMMISSARY NAME:**

---

**CONTENTS OF APPENDIX B.**

- B-1. Fire Alarm System.
- B-2. Fire Protection Sprinkler System.

**B-1. FIRE ALARM SYSTEM.**

- a. Data Base Information:
  - (1) Vendor Name:

---

- (2) Model Number:

---

- (3) Serial Number:

---

- (4) Bar Code:

---

- (6) Contract Number:

---

- b. Commissary Input:
  - (1) Service/Maintenance Provider:

---

- (2) Name of Person to Contact:

---

- (3) Telephone Number:

---

- c. In the Event of Failure:

- \_\_\_\_\_ (1) Notify store employees that the fire alarm system is inoperable.
  - \_\_\_\_\_ (2) Notify the local fire and safety offices and the zone manager that fire alarm system is inoperable.
  - \_\_\_\_\_ (3) Call the service provider for repair.
  - \_\_\_\_\_ (4) Immediately review fire protection training with all employees, illustrating how to report a fire, location of fire fighting equipment, how to operate the fire fighting equipment, etc. Ensure all employees review the emergency evacuation plan and are aware of their responsibilities.
  - \_\_\_\_\_ (5) If the alarm system is going to be inoperable for longer than 4 hours, notify local authorities and zone manager/region to determine whether to evacuate (close the building) or maintain a fire watch.
  - \_\_\_\_\_ (6) Ensure the means of egress are unobstructed and unlocked.

d. Planning for the Event of Failure:

- \_\_\_\_\_ (1) Prepare and exercise an emergency evacuation plan IAW DeCAD 30-17, paragraph 11-8.
- \_\_\_\_\_ (2) Provide fire protection training to all employees to include how to report a fire, location of fire fighting equipment, how to operate the fire fighting equipment, and evacuation procedures.
- \_\_\_\_\_ (3) Ensure the building number and fire reporting number are affixed to each telephone instrument.
- \_\_\_\_\_ (4) Consult with local authorities (fire and safety office) and region office (operations and safety) to determine procedures to follow in the event of system failure.
- \_\_\_\_\_ (5) Management should establish a policy on whether to evacuate (close the building) or maintain a fire watch, based on the number of hours the system is expected to be inoperable.
- \_\_\_\_\_ (6) The duties and responsibilities of the fire watch team should be developed and attached to this contingency plan. Consideration should be given to 24-hour coverage during the system failure.

NOTE: The National Fire Code 101, Section 7-6.1.8: "Fire Alarm System Shutdown states: Where a required fire alarm system is out of service for more than 4 hrs in a 24-hr period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service."

e. Effect on the Commissary

- (1) Every employee must be made aware that the fire alarm system is not working and additional caution must be exercised in fire safety and awareness.
- (2) If the fire alarm system(s) is (are) not working, the store may have to be closed for safety precautions.

**B-2. FIRE PROTECTION SPRINKLER SYSTEM.**

a. Data Base Information:

- (1) Vendor Name:  
\_\_\_\_\_
- (2) Model Number:  
\_\_\_\_\_
- (3) Serial Number:  
\_\_\_\_\_
- (4) Bar Code:  
\_\_\_\_\_
- (5) Location in Store:  
\_\_\_\_\_
- (6) Contract Number:  
\_\_\_\_\_

b. Commissary Input:

- (1) Service/Maintenance Provider:  
\_\_\_\_\_

(2) Name of Person to Contact:

\_\_\_\_\_

(3) Telephone Number:

\_\_\_\_\_

c. In the Event of Failure:

- \_\_\_\_\_ (1) Notify store employees that the fire protection sprinkler system is inoperable.
- \_\_\_\_\_ (2) Notify the local fire and safety offices and the zone manager that fire protection sprinkler system is inoperable.
- \_\_\_\_\_ (3) Call the service provider for repair.
- \_\_\_\_\_ (4) Immediately review fire protection training with all employees illustrating how to report a fire, location of fire fighting equipment, how to operate the fire fighting equipment, etc. Ensure all employees review the emergency evacuation plan and are aware of their responsibility.
- \_\_\_\_\_ (5) Ensure the means of egress are unobstructed and unlocked.

d. Planning for the Event of Failure:

- \_\_\_\_\_ (1) Prepare and exercise emergency evacuation plan IAW DeCAD 30-17, paragraph 11-8.
- \_\_\_\_\_ (2) Provide fire protection training to all employees to include how to report a fire, location of fire fighting equipment, how to operate the fire fighting equipment, and evacuation procedures.
- \_\_\_\_\_ (3) Ensure the building number and fire reporting number are affixed to each telephone instrument.

e. Effect on the Commissary: Every employee must be made aware that the fire protection sprinkler system is not working and additional caution must be exercised in fire safety and awareness.

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Signature of Store Director/Manager

Date

**Appendix C**

**REFRIGERATION SYSTEMS  
CONTINGENCY PLANS**

**COMMISSARY NAME:**

---

**CONTENTS OF APPENDIX C.**

- C-1. Refrigeration Systems.
- C-2. Refrigeration Monitoring and Control System (RMCS).

**C-1. REFRIGERATION SYSTEMS.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

- \_\_\_\_\_ (1) If the RMCS activates alarm, read/take temperature of unit in question.
- \_\_\_\_\_ (2) Check on/off switch, electrical outlet, circuit breaker, etc.
- \_\_\_\_\_ (3) Determine if the units is in scheduled defrost mode.
- \_\_\_\_\_ (4) Check for icing problems, check circulating fan, etc.
- \_\_\_\_\_ (5) If the unit is inoperable, call the refrigeration service provider for repairs.
- \_\_\_\_\_ (6) As the temperature continues to rise:
  - \_\_\_\_\_ (a) Make follow up call to service provider.
  - \_\_\_\_\_ (b) Notify the medical food inspector.
  - \_\_\_\_\_ (c) Transfer product to other chill/freeze units.

- \_\_\_\_\_ (7) When the walk-in refrigeration units fail, the doors should be temporarily sealed and only open for urgent requirements to minimize the loss of cold air. Ensure no personnel are inside the walk-in refrigeration unit prior to sealing the doors.
- \_\_\_\_\_ (8) Reduce/cancel orders until chill/freezer units are repaired/replaced, as necessary.
- \_\_\_\_\_ (9) Purchase dry ice, if needed.
- \_\_\_\_\_ (10) Obtain approval for portable chill/freezer units, until units are repaired, if needed.
- \_\_\_\_\_ (11) If there is a refrigerant leak, follow guidance on material safety data sheets (MSDS).

d. Planning for the Event of Failure:

- \_\_\_\_\_ (1) Ensure proper procedures are used for cleaning, stocking, and housekeeping measures to help prevent equipment failure.
- \_\_\_\_\_ (2) Ensure maintenance contractor performs preventive maintenance as scheduled.
- \_\_\_\_\_ (3) Identify source for leasing portable chill/freezer units.
- \_\_\_\_\_ (4) Identify source for dry ice.
- \_\_\_\_\_ (5) Obtain and maintain MSDS for each refrigerate gas.

e. Effect on the Commissary:

- (1) While the commissary will still be able to open and sell groceries, temperatures within chill/freezer/meat/produce/deli/bakery/hot food/seafood units may not be able to be maintained.
- (2) There may be loss of product.

**C-2. REFRIGERATION MONITORING AND CONTROL SYSTEM.**

a. Data Base Information:

- (1) Vendor Name:  
\_\_\_\_\_
- (2) Model Number:  
\_\_\_\_\_
- (3) Serial Number:  
\_\_\_\_\_
- (4) Bar Code:  
\_\_\_\_\_
- (5) Location in Store:  
\_\_\_\_\_
- (6) Contract Number:  
\_\_\_\_\_

b. Commissary Input:

- (1) Service/Maintenance Provider:  
\_\_\_\_\_
- (2) Name of Person to Contact:  
\_\_\_\_\_
- (3) Telephone Number:  
\_\_\_\_\_

c. In the Event of Failure:

- \_\_\_\_\_ (1) Call the refrigeration monitoring service provider for repair.
- \_\_\_\_\_ (2) Implement plan for manually conducting temperature checks until the monitoring system is repaired.

d. Planning for the Event of Failure:

- \_\_\_\_\_ (1) Develop a plan to manually conduct temperature checks in the Perishable  
Division IAW:  
\_\_\_\_\_ (a) DeCAD 40-3, Chapter 16.  
\_\_\_\_\_ (b) DeCAD 40-4, Chapter 18.  
\_\_\_\_\_ (c) DeCAD 40-5, Chapters 7 and 8.  
\_\_\_\_\_ (2) Ensure that the system is tested weekly.

e. Effect on the Commissary:

- (1) Monitoring of temperatures will have to be done manually by store personnel.  
(2) Refrigeration system will not be able to defrost or cool in normal cycles.

\_\_\_\_\_  
Signature of Store Director/Manager

\_\_\_\_\_  
Date

**Appendix D**  
**SECURITY SYSTEMS**  
**CONTINGENCY PLANS**

**COMMISSARY NAME:**

---

**CONTENTS OF APPENDIX D.**

- D-1. Intrusion Detection System.
- D-2. Duress Alarm System.
- D-3. Electronic Safe Locks.
- D-4. Automated Access Control System.
- D-5. Closed Circuit Television System.
- D-6. Electronic Key Control Cabinets.

**D-1. INTRUSION DETECTION SYSTEM (IDS).**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

- \_\_\_\_\_ (1) Report malfunctions immediately to the service provider.
- \_\_\_\_\_ (2) Notify host installation police/security of inoperable intrusion detection system.
- \_\_\_\_\_ (3) Ensure two people open and close the facility, and request host installation police/security to assist, if possible.
- \_\_\_\_\_ (4) Reduce funds to the minimum amount required for the operation while the system is not working.

- \_\_\_\_\_ (5) Ensure doors are kept closed and locked except during operating hours.
- \_\_\_\_\_ (6) Request additional or later pick-ups by the armored car service to minimize hold-over monies. If depositing at the local bank, deposit monies after the store closes at the bank's night depository rather than depositing the next day.
- \_\_\_\_\_ (7) While occupied use caution when locking doors to ensure fire escape routes are not jeopardized.

d. Planning for the Event of Failure:

- \_\_\_\_\_ (1) Develop plan to conduct monthly (or as directed by the alarm company) test on the IDS.
- \_\_\_\_\_ (2) Provide anti-robbery training for the funds custodian, cashiers, and new employees.
- \_\_\_\_\_ (3) Inconspicuously post DeCA Form 30-100 (Describe the Suspect/Vehicle Form) or the Anti-Robbery Checklist furnished by the host installation in the cashier's cage, at the ID desk, and at each cash register.
- \_\_\_\_\_ (4) Obtain host installation police/security support and presence, where possible.
- \_\_\_\_\_ (5) Ensure scheduled maintenance is conducted on the IDS.

e. Effect on the Commissary: Product, monies, employees and patrons are at risk.

**D-2. DURESS ALARM SYSTEM.**

a. Data Base Information:

- (1) Vendor Name:  
\_\_\_\_\_
- (2) Model Number:  
\_\_\_\_\_
- (3) Serial Number:  
\_\_\_\_\_
- (4) Bar Code:  
\_\_\_\_\_
- (5) Location in Store:  
\_\_\_\_\_
- (6) Contract Number:  
\_\_\_\_\_

b. Commissary Input:

- (1) Service/Maintenance Provider:  
\_\_\_\_\_
- (2) Name of Person to Contact:  
\_\_\_\_\_
- (3) Telephone Number:  
\_\_\_\_\_

c. In the Event of Failure:

- \_\_\_\_\_ (1) Report malfunctions immediately to the service provider.
- \_\_\_\_\_ (2) Notify host installation police/security of inoperable duress alarm system.
- \_\_\_\_\_ (3) Keep doors to the cash cage locked, except when someone is entering or exiting.
- \_\_\_\_\_ (4) Visually identify employees prior to opening the cash cage door.

- \_\_\_\_\_ (5) Ensure the safe is closed and locked, except when the cash handling personnel are putting/taking funds from the safe.
- \_\_\_\_\_ (6) If possible, ensure 2 people are in the cash cage when the safe is open.

d. Planning for the Event of Failure:

- \_\_\_\_\_ (1) Develop a plan to ensure the monthly testing of the duress alarm system is conducted.
- \_\_\_\_\_ (2) Provide anti-robbery training for funds custodian, cashiers, and new employees.
- \_\_\_\_\_ (3) Inconspicuously post DeCA Form 30-100 (Describe the Suspect/Vehicle Form) or the Anti-Robbery Checklist furnished by the host installation in the cashier's cage, at the ID desk, and at each cash register.

e. Effect on the Commissary:

- (1) Capability to summon police/security during an acute criminal activity, such as robbery, would be compromised.
- (2) Product, monies, employees and patrons are at risk.

**D-3. ELECTRONIC SAFE LOCKS.**

a. Data Base Information:

- (1) Vendor Name: \_\_\_\_\_
- (2) Model Number: \_\_\_\_\_
- (3) Serial Number: \_\_\_\_\_
- (4) Bar Code: \_\_\_\_\_
- (5) Location in Store: \_\_\_\_\_
- (6) Contract Number: \_\_\_\_\_

b. Commissary Input:

- (1) Service/Maintenance Provider: \_\_\_\_\_
- (2) Name of Person to Contact: \_\_\_\_\_
- (3) Telephone Number: \_\_\_\_\_

c. In the Event of Failure:

- \_\_\_\_\_ (1) Call a locksmith.
- \_\_\_\_\_ (2) Post a sign notifying customers that purchases must be made by exact change/ checks/credit card and no monies above purchases will be allowed.
- \_\_\_\_\_ (3) Notify host installation police/security of reduced security of funds.
- \_\_\_\_\_ (4) Place funds in most secured location within the funds storage area.
- \_\_\_\_\_ (5) Keep doors to the cash cage locked, except when someone is entering or exiting.
- \_\_\_\_\_ (6) Visually identify employees prior to opening the cash cage door.
- \_\_\_\_\_ (7) If possible, ensure 2 people are in the cash cage.

- d. Effect on the Commissary:
  - (1) Change fund would be inaccessible.
  - (2) Limited security for funds.
  - (3) Increased potential for robbery.

**D-4. AUTOMATED ACCESS CONTROL SYSTEM.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

- \_\_\_\_\_ (1) Enter through the key locked doors and open electrical doors from inside.
- \_\_\_\_\_ (2) Call the service provider for repair.

d. Planning for the Event of Failure:

- \_\_\_\_\_ (1) Identify all non-electrically operated doors and ensure management has key access to at least one door.
- \_\_\_\_\_ (2) Obtain by-pass key for electronically operated doors, if available.
- \_\_\_\_\_ (3) Ensure provisions are in place to allow electronically powered exterior doors to be manually locked.

e. Effect on the Commissary: Exterior doors would need to be manually locked/unlocked.

**D-5. CLOSED CIRCUIT TELEVISION (CCTV) SYSTEM.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Call a service provider for repair.

\_\_\_\_\_ (2) Increase management presence on the sales floor or other areas normally monitored by the CCTV.

\_\_\_\_\_ (3) Request host installation police/security to increase surveillance at exterior areas normally monitored by CCTV.

d. Planning for the Event of Failure:

\_\_\_\_\_ (1) Ensure maintenance contractor performs preventive maintenance as scheduled.

e. Effect on the Commissary: Security may be compromised.

**D-6. ELECTRONIC KEY CONTROL CABINETS.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

- 
- c. In the Event of Failure:
- \_\_\_\_\_ (1) Call a repair service for repair.
  - \_\_\_\_\_ (2) Manually control the issuance of keys.
  - \_\_\_\_\_ (3) Procure and place into service a manual key box until electronic key box becomes serviceable.
- d. Planning for the Event of Failure:
- \_\_\_\_\_ (1) When equipment is replaced ensure there is a manual bypass key.
- e. Effect on the Commissary: Access to secured areas may be limited.

---

Signature of Store Director/Manager

---

Date

**Appendix E**

**SCALES/WRAPPING/LABELING SYSTEMS  
CONTINGENCY PLANS**

**COMMISSARY NAME:**

---

**CONTENTS OF APPENDIX E.**

- E-1. Scales.
  - Scales including Counter Scales.
  - Meat Receiving System (Controller Scale).
- E-2. Scale/Wrapping/Labeling Systems.
  - Controller (Scale).
  - Printer (Scale).
  - Wrapping.
  - Labeler.

**E-1. SCALES.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Check on/off switch, electrical outlet, circuit breaker, etc.

\_\_\_\_\_ (2) Locate other scales to use.

\_\_\_\_\_ (3) Call the service provider for repair.

- d. Planning for the Event of Failures:
  - \_\_\_\_\_ (1) Identify other scales to be used.
  - \_\_\_\_\_ (2) Program scales identified in other departments with department identification data.
  - \_\_\_\_\_ (3) Have list of highest selling items identified in the deli department to preslice and prepack and take to another scale to weigh for the customer to have some selection to purchase.
- e. Effect on the Commissary: Minimal, if other scales are available.

**E-2. SCALE/WRAPPING/LABELING SYSTEMS.**

- a. Data Base Information:
  - \_\_\_\_\_ (1) Vendor Name:  
\_\_\_\_\_
  - \_\_\_\_\_ (2) Model Number:  
\_\_\_\_\_
  - \_\_\_\_\_ (3) Serial Number:  
\_\_\_\_\_
  - \_\_\_\_\_ (4) Bar Code:  
\_\_\_\_\_
  - \_\_\_\_\_ (5) Location in Store:  
\_\_\_\_\_
  - \_\_\_\_\_ (6) Contract Number:  
\_\_\_\_\_
- b. Commissary Input:
  - \_\_\_\_\_ (1) Service/Maintenance Provider:  
\_\_\_\_\_
  - \_\_\_\_\_ (2) Name of Person to Contact:  
\_\_\_\_\_
  - \_\_\_\_\_ (3) Telephone Number:  
\_\_\_\_\_
- c. In the Event of Failure:
  - \_\_\_\_\_ (1) Check on/off switch, electrical outlet, circuit breaker, etc.
  - \_\_\_\_\_ (2) Check the machine for any paper jams, error messages, etc., to try to get the equipment operating.
  - \_\_\_\_\_ (3) Call service provider for repair.
  - \_\_\_\_\_ (4) Draw down the backroom inventory.
  - \_\_\_\_\_ (5) Redistribute the workload to the other system(s), if available, and reschedule employees to ensure the meat case is fully stocked.
  - \_\_\_\_\_ (6) If refrigeration transportation is available, determine if it is possible to obtain meat from another commissary.
  - \_\_\_\_\_ (7) Wrap with hand wrapper, if possible.
  - \_\_\_\_\_ (8) If repairs are delayed, obtain approval to order tray-ready meats. Contact the contracting officer (KO) for ordering.
- d. Effect on the Commissary. Adequate meat supplies may not be available for the customer.

\_\_\_\_\_  
Signature of Store Director/Manager

\_\_\_\_\_  
Date

**Appendix F**  
**ELECTRICAL POWER**  
**CONTINGENCY PLANS**

**COMMISSARY NAME:**

---

**CONTENTS OF APPENDIX F.**

- F-1. Electrical System.
- F-2. Generator Control Package.

**F-1. ELECTRICAL SYSTEMS.**

- a. Data Base Information:
  - (1) Vendor Name:

---

- (2) Model Number:

---

- (3) Serial Number:

---

- (4) Bar Code:

---

- (5) Location in Store:

---

- (6) Contract Number:

---

- b. Commissary Input:
  - (1) Service/Maintenance Provider:

---

- (2) Name of Person to Contact:

---

- (3) Telephone Number:

---

- c. In the Event of Failure:

\_\_\_\_\_ (1) Determine if it is total store failure or only in one area of the store.

\_\_\_\_\_ (2) If the power failure is only in one area, call Public Works and request service to fix the cause of the outage.

\_\_\_\_\_ (3) If total failure, ask customers to come to the front of store and check out (if UPS allows continued operations of the POS-M system) or request that customers leave.

\_\_\_\_\_ (4) Notify the electrical power provider if there is a total power failure. Obtain estimate of the length of time the electrical power is expected to be out of service.

\_\_\_\_\_ (5) Notify key commissary personnel.

- \_\_\_\_\_ (6) Restock merchandise from abandoned carts.
- \_\_\_\_\_ (7) If outage is expected to be significant in duration:
  - \_\_\_\_\_ (a) Cover coffin type frozen and chilled cases with cardboard.
  - \_\_\_\_\_ (b) Minimize opening of refrigerated cases and walk-ins.
  - \_\_\_\_\_ (c) Cancel deliveries, as necessary.
  - \_\_\_\_\_ (d) Before resuming operations have frozen/chill products certified medical food inspector.
  - \_\_\_\_\_ (e) If approved, rent refrigerated equipment.
  - \_\_\_\_\_ (f) If approved, rent generators.
  - \_\_\_\_\_ (g) Develop telephone chain to inform employees of change in schedule.

d. Planning for the Event of Failure:

- \_\_\_\_\_ (1) Determine the adequacy of emergency lighting and the availability of portable, battery operated flashlights.
- \_\_\_\_\_ (2) Develop plan for rental of self-powered refrigerated vans.
- \_\_\_\_\_ (3) Identify sources for rental of generators.
- \_\_\_\_\_ (4) Identify all machinery (e.g., band saws, meat slicing machines, etc.) that is equipped with a power interrupt switch (switch integrated into its circuitry to prevent automatic start-up upon reactivation of power). Inform all affected personnel on procedures to ensure that equipment has been switched "off" to prevent injury once power is restored.

e. Effect on the Commissary:

- (1) The commissary will not be able to open if there are power failures.
- (2) Depending on the length of time the power is out, there may be loss of product.
- (3) The loss of power will also affect sales.

**F-2. GENERATOR CONTROL PACKAGE.**

a. Data Base Information:

- (1) Vendor Name: \_\_\_\_\_
- (2) Model Number: \_\_\_\_\_
- (3) Serial Number: \_\_\_\_\_
- (4) Bar Code: \_\_\_\_\_
- (5) Location in Store: \_\_\_\_\_
- (6) Contract Number: \_\_\_\_\_

b. Commissary Input:

- (1) Service/Maintenance Provider: \_\_\_\_\_
- (2) Name of Person to Contact: \_\_\_\_\_
- (3) Telephone Number: \_\_\_\_\_

- c. In the Event of Failure:
  - \_\_\_\_\_ (1) Check the source of fuel.
  - \_\_\_\_\_ (2) Attempt to manually start the generator(s) according to the manufacturer's instructions.
  - \_\_\_\_\_ (3) If all attempts to start the generators fail, call service provider for repair.
  
- d. Planning for the Event of Failure:
  - \_\_\_\_\_ (1) Ensure the monthly maintenance is performed to include load tests.
  
- e. Effect on the Commissary: If the front-end generator control package does not start, the commissary will not be able to shut down front-end scanning operations under controlled procedures.

\_\_\_\_\_  
Signature of Store Director/Manager

\_\_\_\_\_  
Date

**Appendix G**

**OFFICE MACHINES  
CONTINGENCY PLANS**

**COMMISSARY NAME:**

---

**CONTENTS OF APPENDIX G.**

- G-1. Fax Machines.
- G-2. DeCA Document Management System.
- G-3. Photocopiers.

**G-1. FAX MACHINES.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

- \_\_\_\_\_ (1) Call service provider for repairs.
- \_\_\_\_\_ (2) If the store has another fax machine, prioritize use.
- \_\_\_\_\_ (3) If the document must be sent, consider sending by an express mail service.
- \_\_\_\_\_ (4) Telephone vendors to place the orders instead of faxing documentation.
- \_\_\_\_\_ (5) For those commissaries that have computer scanners, consider use of these scanners to transmit document.
- \_\_\_\_\_ (6) For Y2K, fax machines should still continue to operate. Only the date would be incorrect. Request procedures for the store personnel to change the date or request that service provider change the date.

- d. Planning for the Event of Failure:
  - \_\_\_\_\_ (1) Locate other fax machines on installation that can be used for emergencies.
  - \_\_\_\_\_ (2) For every fax number used, ensure there is a corresponding telephone number.
- e. Effect on the Commissary: Minimum.

**G-2. DeCA DOCUMENT MANAGEMENT SYSTEM (DDMS).**

- a. Data Base Information:
  - (1) Vendor Name: \_\_\_\_\_
  - (2) Model Number: \_\_\_\_\_
  - (3) Serial Number: \_\_\_\_\_
  - (4) Bar Code: \_\_\_\_\_
  - (5) Location in Store: \_\_\_\_\_
  - (6) Contract Number: \_\_\_\_\_

- b. Commissary Input:
  - (1) Service/Maintenance Provider: \_\_\_\_\_
  - (2) Name of Person to Contact: \_\_\_\_\_
  - (3) Telephone Number: \_\_\_\_\_

- c. In the Event of Failure:
  - \_\_\_\_\_ (1) Express mail the documents to the accounts control section (ACS).
  - \_\_\_\_\_ (2) Report malfunctions to the service provider for repair.
  - \_\_\_\_\_ (3) For emergency processing of receipts, use the commissary's fax machine to transmit receipts to the ACS.
  - \_\_\_\_\_ (4) For those commissaries that have computer scanners, consider use of these scanners to transmit documents to the ACS.
  - \_\_\_\_\_ (5) In the event of Y2K failure, contact service provider for technical support:
    - \_\_\_\_\_ (a) Ask if date function can be bypassed or disconnected.
    - \_\_\_\_\_ (b) Request procedures for the store personnel to change the date or request that service provider change the date.

- d. Effect on the Commissary: If receipts are not received at the ACS within 24-hours, interest may occur on payments.

**G-3. PHOTOCOPIER.**

- a. Data Base Information:
  - (1) Vendor Name: \_\_\_\_\_

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Use other copier on the host installation.

\_\_\_\_\_ (2) Call the service provider for repair.

\_\_\_\_\_ (3) If fax machine can be used as a photocopier, use for emergencies.

d. Planning for the Event of Failure:

\_\_\_\_\_ (1) Locate and obtain approval to use other copiers on the host installation.

\_\_\_\_\_ (2) Verify if the commissary's fax machines can be used as a photocopier.

e. Effect on the Commissary:

(1) Copies cannot be made.

(2) Receiving documents that require either reduction/enlargement to enable scanning to ACS will not be possible.

---

\_\_\_\_\_  
Signature of Store Director/Manager

Date

**Appendix H**

**WATER HEATER SYSTEMS  
CONTINGENCY PLANS**

**COMMISSARY NAME:**

\_\_\_\_\_

**CONTENTS OF APPENDIX H.**

H-1. Water Heater Systems.

**H-1. WATER HEATER SYSTEMS.**

a. Data Base Information:

(1) Vendor Name:

\_\_\_\_\_

(2) Model Number:

\_\_\_\_\_

(3) Serial Number:

\_\_\_\_\_

(4) Bar Code:

\_\_\_\_\_

(5) Location in Store:

\_\_\_\_\_

(6) Contract Number:

\_\_\_\_\_

b. Commissary Input:

(1) Service/Maintenance Provider:

\_\_\_\_\_

(2) Name of Person to Contact:

\_\_\_\_\_

(3) Telephone Number:

\_\_\_\_\_

c. In the Event of Failure:

\_\_\_\_\_ (1) Check power source and/or pilot light, if water heater is gas operated.

\_\_\_\_\_ (a) If pilot light is out, have qualified personnel relight.

\_\_\_\_\_ (b) If pilot light is out and the unit is propane fired, check propane tank for

fuel.

\_\_\_\_\_ (c) Check on/off switch and/or circuit breaker, etc.

\_\_\_\_\_ (2) Call service provider if still unable to activate heater.

\_\_\_\_\_ (3) Request emergency replacement of equipment if the malfunctions cannot be repaired.

\_\_\_\_\_ (4) Find out estimated length of downtime.

\_\_\_\_\_ (5) Notify food medical inspector and determine impact on sanitation requirements for cleaning of food preparation and processing areas.

\_\_\_\_\_ (6) Notify zone manager and installation commander if any departments must be closed.

d. Planning for the Event of Failure:

- \_\_\_\_\_ (1) Locate a source to lease equipment for potable hot water.
- \_\_\_\_\_ (2) Establish and maintain preventive maintenance on domestic hot water heater.
- \_\_\_\_\_ (3) Develop plan to verify the propane gas level.

e. Effect on the Commissary:

- (1) Hot water would not be available to wash down and sanitize food preparation and processing areas.
- (2) Increased risk of chemical contamination from overuse of chlorine.
- (3) Departments may have to close because sanitary standards can not be met.
- (4) Increased risk of contaminated products.

---

\_\_\_\_\_  
Signature of Store Director/Manager

Date

**Appendix I**

**HEATING, VENTILATION, AND AIR CONDITIONING SYSTEM  
CONTINGENCY PLANS**

**COMMISSARY NAME:**

---

**CONTENTS OF APPENDIX I.**

I-1. Heating, Ventilation, and Air Conditioning System.

**I-1. HEATING, VENTILATION AND AIR CONDITIONING (HVAC) SYSTEM.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Call the service provider for repair.

\_\_\_\_\_ (2) Obtain fans to use throughout the commissary, including the computer and POS-M rooms.

\_\_\_\_\_ (3) Based on estimated time of repairs, cover open refrigeration units (coffin cases) with cardboard to retain the cold air, put milk products into available dairy walk-in coolers, and take other measures to retain cold air in display units.

\_\_\_\_\_ (4) If the temperature of refrigeration cases continues to increase, contact zone manager/region or area office for approval to close the store.

\_\_\_\_\_ (5) Notify the host installation that the store is closing.

d. Planning for the Event of Failure:

\_\_\_\_\_ (1) Ensure scheduled maintenance is performed.

- e. Effect on the Commissary:
- (1) As the ambient store temperature rises, refrigeration display units and food storage units must work harder to maintain products, increasing the potential for spoilage, and both employee and patron comfort levels are affected.
  - (2) HVAC is required to keep computer and POS-M rooms cool.

---

Signature of Store Director/Manager

---

Date

**Appendix J**  
**ELEVATOR**  
**CONTINGENCY PLANS**

**COMMISSARY NAME:**

\_\_\_\_\_

**CONTENTS OF APPENDIX J.**

J-1. Elevator.

**J-1. ELEVATOR.**

a. Data Base Information:

(1) Vendor Name:

\_\_\_\_\_

(2) Model Number:

\_\_\_\_\_

(3) Serial Number:

\_\_\_\_\_

(4) Bar Code:

\_\_\_\_\_

(5) Location in Store:

\_\_\_\_\_

(6) Contract Number:

\_\_\_\_\_

b. Commissary Input:

(1) Service/Maintenance Provider:

\_\_\_\_\_

(2) Name of Person to Contact:

\_\_\_\_\_

(3) Telephone Number:

\_\_\_\_\_

c. In the Event of Failure:

\_\_\_\_\_ (1) If the elevator is not working, determine if passengers are on board by:

\_\_\_\_\_ (a) Calling the elevator telephone.

\_\_\_\_\_ (b) Calling out through the closed doors at the level where the  
elevator is believed to be stopped.

\_\_\_\_\_ (2) If passengers are on board, have them press/switch the appropriate buttons (such  
as the emergency stop switch) which may be enough to correct the problem.

\_\_\_\_\_ (3) If the elevator cannot be restarted and passengers are on board, determine  
urgency of evacuation and emotional state of the passengers and notify the host  
installation emergency services/fire department/public works/elevator service.

\_\_\_\_\_ (4) Call the service provider for repair.

\_\_\_\_\_ (5) Keep someone at the elevator to update the passengers on the progress.

- \_\_\_\_\_ (6) If qualified personnel are available, attempt to open the elevator doors with the service key to remove passengers.
- \_\_\_\_\_ (7) Use stairways until the elevator is repaired.
- \_\_\_\_\_ (8) Place signs stating the elevator is out of order.
- \_\_\_\_\_ (9) Determine how long the elevator will be out of service.
- \_\_\_\_\_ (10) If the elevator is going to be out of service for an extended period, request that adjacent DeCA facilities store merchandise on a temporary basis.

d. Planning for the Event of Failure:

- \_\_\_\_\_ (1) Ensure scheduled maintenance is performed.
- \_\_\_\_\_ (2) Determine to what extent an inoperable elevator would restrict disabled personnel or patrons from normal work/shopping activities. May have future need to establish ground level office.
- \_\_\_\_\_ (3) Develop plan to store merchandise in other locations when the elevator is out of service for extended period of time.

e. Effect on the Commissary:

- (1) Disabled personnel/patrons would not be able to get to upper levels.
- (2) Hampered movement of heavy materials/stock between floors.
- (3) Additional work hours may be needed to transport materials by stairs.

---

\_\_\_\_\_  
Signature of Store Director/Manager

Date

**Appendix K**

**CENTRAL DISTRIBUTION CENTER/WAREHOUSE  
CONTINGENCY PLANS**

**COMMISSARY NAME:**

---

**CONTENTS OF APPENDIX K.**

- K-1. Compactor/Baler.
- K-2. Dock Levelers.
- K-3. Powered Dock Restraint Systems.
- K-4. Material Handling Equipment and Chargers.

**K-1. COMPACTOR/BALER.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

- \_\_\_\_\_ (1) Check power source/circuit breaker/hydraulic connections, etc.
- \_\_\_\_\_ (2) Call the service provider for repair.
- \_\_\_\_\_ (3) Break down and consolidate cardboard and trash manually in a staging area away from food storage, to avoid contamination.
- \_\_\_\_\_ (4) Make arrangements for a dumpster, if the compactor is expected to be out of service for an extended period of time.

- d. Effect on the Commissary: Minimal unless the breakdown is long term and creates a sanitation problem.

**K-2. DOCK LEVELERS.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

- \_\_\_\_\_ (1) Check power source, circuit breaker, etc.
- \_\_\_\_\_ (2) Call service provider for repair.
- \_\_\_\_\_ (3) Use the manual control feature of the dock leveler to position the bridge plate or use a dock bridge plate.
- \_\_\_\_\_ (4) Unload trucks manually with a forklift and pallet jack, away from the docks.

d. Planning for the Event of Failure:

- \_\_\_\_\_ (1) Arrange for a forklift to be available.
- \_\_\_\_\_ (2) Instruct personnel on how to use the manual dock level system.
- \_\_\_\_\_ (3) Have dock bridge plate available.

- e. Effect on the Commissary: Unloading trucks will be difficult and will take additional effort.

**K-3. POWERED DOCK RESTRAINT SYSTEMS.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Check power sources, circuit breakers, etc.

\_\_\_\_\_ (2) Call service provider for repair.

\_\_\_\_\_ (3) Ensure drivers are aware that this safety system is not operational, make sure the truck is away from the dock as soon as it is unloaded.

d. Planning for the Event of Failure:

\_\_\_\_\_ (1) Ensure scheduled maintenance is done.

\_\_\_\_\_ (2) Have wheel chocks available.

e. Effect on the Commissary: Physical damage could occur to equipment/facility.

**K-4. MATERIAL HANDLING EQUIPMENT (MHE) AND CHARGERS.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

- \_\_\_\_\_ (1) If available, use manual pallet jacks to move merchandise.
- \_\_\_\_\_ (2) Call service provider for repair.

d. Planning for the Event of Failure:

- \_\_\_\_\_ (1) Ensure all battery-powered equipment is recharged on schedule.
- \_\_\_\_\_ (2) Ensure manual pallet jacks are available for use.
- \_\_\_\_\_ (3) Ensure scheduled maintenance is performed.

- e. Effect on the Commissary: Merchandise will not be able to be moved by the MHE and will need to be moved manually.

\_\_\_\_\_  
Signature of Store Director/Manager

\_\_\_\_\_  
Date

**Appendix L**

**PRODUCE DEPARTMENT EQUIPMENT  
CONTINGENCY PLANS**

**COMMISSARY NAME:**

---

**CONTENTS OF APPENDIX L.**

- L-1. Produce Misting System.
- L-2. Ice Machine.

**L-1. PRODUCE MISTING SYSTEM.**

- a. Data Base Information:
  - (1) Vendor Name:

---

- (2) Model Number:

---

- (3) Serial Number:

---

- (4) Bar Code:

---

- (5) Location in Store:

---

- (6) Contract Number:

---

- b. Commissary Input:
  - (1) Service/Maintenance Provider:

---

- (2) Name of Person to Contact:

---

- (3) Telephone Number:

---

- c. In the Event of Failure:

---

- (1) Make sure source of water is working and that any timers are set correctly.

---

- (2) Call the service provider for repair.

---

- (3) Based on estimated downtime, maintain minimum product level necessary to meet patron demand, do not overload the cases.

---

- (4) Water greens every two hours by using a manual pump sprayer and top-dress with ice three times a day.

---

- (5) At night, pull all green and leafy items, place in conditioning baskets, and store in chill boxes.

- d. Planning for the Event of Failure:

- \_\_\_\_\_ (1) Maintenance on system should be accomplished on periodic basis.
  - \_\_\_\_\_ (2) Have ready access to or have on hand a manual pump sprayer.
- e. Effect on the Commissary: The produce will deteriorate faster if special attention is not given.

**L-2. ICE MACHINE.**

- a. Data Base Information:
- (1) Vendor Name:  
\_\_\_\_\_
  - (2) Model Number:  
\_\_\_\_\_
  - (3) Serial Number:  
\_\_\_\_\_
  - (4) Bar Code:  
\_\_\_\_\_
  - (5) Location in Store:  
\_\_\_\_\_
  - (6) Contract Number:  
\_\_\_\_\_

- b. Commissary Input:
- (1) Service/Maintenance Provider:  
\_\_\_\_\_
  - (2) Name of Person to Contact:  
\_\_\_\_\_
  - (3) Telephone Number:  
\_\_\_\_\_

- c. In the Event of Failure:
- \_\_\_\_\_ (1) Ensure power is on and water source is not obstructed.
  - \_\_\_\_\_ (2) If available, use other ice machine in commissary.
  - \_\_\_\_\_ (3) Call service provider for repairs.
  - \_\_\_\_\_ (4) Purchase ice for display case.

- d. Planning for the Event of Failure:
- \_\_\_\_\_ (1) Identify backup ice machine.
  - \_\_\_\_\_ (2) Identify alternate sources to obtain or buy ice.

- e. Effect on the Commissary: The produce that requires icing will deteriorate faster.

---

Signature of Store Director/Manager

---

Date

**Appendix M**

**DELI DEPARTMENT EQUIPMENT  
CONTINGENCY PLANS**

**COMMISSARY NAME:**

\_\_\_\_\_

**CONTENTS OF APPENDIX M.**

M-1. Slicing Machine.

**M-1. SLICING MACHINE.**

a. Data Base Information:

(1) Vendor Name:

\_\_\_\_\_

(2) Model Number:

\_\_\_\_\_

(3) Serial Number:

\_\_\_\_\_

(4) Bar Code:

\_\_\_\_\_

(5) Location in Store:

\_\_\_\_\_

(6) Contract Number:

\_\_\_\_\_

b. Commissary Input:

(1) Service/Maintenance Provider:

\_\_\_\_\_

(2) Name of Person to Contact:

\_\_\_\_\_

(3) Telephone Number:

\_\_\_\_\_

c. In the Event of Failure:

\_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker

\_\_\_\_\_ (2) Call service provider for repair.

\_\_\_\_\_ (3) If there is a second slicing machine in the deli, use it, ensuring appropriate sanitation procedures are followed to minimize cross contamination.

\_\_\_\_\_ (4) Request use of backup slicing machine from nearest commissary.

\_\_\_\_\_ (5) Consider pre-slicing and packaging product at nearest commissary, during off hours.

d. Planning for the Event of Failure:

\_\_\_\_\_ (1) Identify availability of other slicing machines.

- e. Effect on the Commissary: Sliced to order products will not be available for sale.

---

Signature of Store Director/Manager

Date

**Appendix N**

**BAKERY DEPARTMENT EQUIPMENT  
CONTINGENCY PLANS**

**COMMISSARY NAME:**

---

**CONTENTS OF APPENDIX N.**

- N-1. Oven.
- N-2. Proofer.
- N-3. Icing Machine.

**N-1. OVEN.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker, temperature dials, etc.

\_\_\_\_\_ (2) Call service provider for repair.

d. Planning for the Event of Failure:

\_\_\_\_\_ (1) Ensure maintenance is performed on a regular basis.

e. Effect on the Commissary: Critical because most product must be baked before being sold. Product would not be available for sale.

**N-2. PROOFER.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

(1) Check on/off switch, electrical plug, circuit breaker, temperature dials, etc.

(2) Call service provider for repair.

d. Planning for the Event of Failure:

(1) Ensure maintenance is performed on a regular basis.

e. Effect on the Commissary: Critical because product that requires time to raise in the proofer cannot be baked until this step is completed. Product would not be available for sale.

**N-3. FROSTING MACHINE.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

\_\_\_\_\_  
(2) Name of Person to Contact:

\_\_\_\_\_  
(3) Telephone Number:

\_\_\_\_\_

c. In the Event of Failure:

\_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker, temperature dials, etc.

\_\_\_\_\_ (2) Call service provider for repair.

e. Effect on the Commissary: Cannot make frosting for baked cakes and other products.

\_\_\_\_\_  
Signature of Store Director/Manager

\_\_\_\_\_  
Date

**Appendix O**

**HOT FOODS DEPARTMENT EQUIPMENT  
CONTINGENCY PLANS**

**COMMISSARY NAME:**

---

**CONTENTS OF APPENDIX O.**

- O-1. Hot Food Bar/Table
- O-2. Ovens.
- O-3. Steamers.
- O-4. Rotisserie.

**O-1. HOT FOOD BAR/TABLE.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker, temperature dials, etc.

\_\_\_\_\_ (2) Call service provider for repair.

d. Planning for the Event of Failure:

\_\_\_\_\_ (1) Ensure preventive maintenance is performed.

e. Effect on the Commissary: Critical because product must be cooked and kept hot.

**O-2. OVENS.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker, temperature dials, etc.

\_\_\_\_\_ (2) Call service provider for repair.

d. Planning for the Event of Failure:

\_\_\_\_\_ (1) Ensure preventive maintenance is performed.

e. Effect on the Commissary: Critical because product that needs to be oven cooked cannot be prepared.

**O-3. STEAMER.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

\_\_\_\_\_  
(2) Name of Person to Contact:

\_\_\_\_\_  
(3) Telephone Number:  
\_\_\_\_\_

c. In the Event of Failure:

- \_\_\_\_\_(1) Check on/off switch, electrical plug, circuit breaker, temperature dials, etc.
- \_\_\_\_\_(2) Ensure water is flowing into steamer and that there is adequate water pressure.
- \_\_\_\_\_(3) Call service provider for repair.

d. Planning for the Event of Failure:

- \_\_\_\_\_(1) Ensure preventive maintenance is performed.

e. Effect on the Commissary: Critical because product that must be cooked by steaming cannot be prepared.

**O-4. ROTISSERIE.**

a. Data Base Information:

(1) Vendor Name:  
\_\_\_\_\_

(2) Model Number:  
\_\_\_\_\_

(3) Serial Number:  
\_\_\_\_\_

(4) Bar Code:  
\_\_\_\_\_

(5) Location in Store:  
\_\_\_\_\_

(6) Contract Number:  
\_\_\_\_\_

b. Commissary Input:

(1) Service/Maintenance Provider:  
\_\_\_\_\_

(2) Name of Person to Contact:  
\_\_\_\_\_

(3) Telephone Number:  
\_\_\_\_\_

c. In the Event of Failure:

- \_\_\_\_\_(1) Check on/off switch, electrical plug, circuit breaker, temperature dials, etc.
- \_\_\_\_\_(2) Call service provider for repair.

d. Planning for the Event of Failure:

- \_\_\_\_\_(1) Ensure preventive maintenance is performed.

e. Effect on the Commissary: Critical because product that needs to be rotisserie cooked cannot be prepared.

---

Signature of Store Director/Manager

Date

**Appendix P**

**SEAFOOD DEPARTMENT EQUIPMENT  
CONTINGENCY PLANS**

**COMMISSARY NAME:**

\_\_\_\_\_

**CONTENTS OF APPENDIX P.**

- P-1. Lobster Tank.
- P-2. Ice Machine.
- P-3. Steamer.

**P-1. LOBSTER TANK.**

a. Data Base Information:

(1) Vendor Name:

\_\_\_\_\_

(2) Model Number:

\_\_\_\_\_

(3) Serial Number:

\_\_\_\_\_

(4) Bar Code:

\_\_\_\_\_

(5) Location in Store:

\_\_\_\_\_

(6) Contract Number:

\_\_\_\_\_

b. Commissary Input:

(1) Service/Maintenance Provider:

\_\_\_\_\_

(2) Name of Person to Contact:

\_\_\_\_\_

(3) Telephone Number:

\_\_\_\_\_

c. In the Event of Failure:

\_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker, temperature dials, etc.

\_\_\_\_\_ (2) Call service provider for repair.

\_\_\_\_\_ (3) If possible, determine length of time tank has been or will remain inoperable.

\_\_\_\_\_ (4) Before quality becomes questionable announce special sale of lobsters.

d. Planning for the Event of Failure:

\_\_\_\_\_ (1) Ensure scheduled maintenance is performed.

\_\_\_\_\_ (2) Ensure tank cleaning is performed as scheduled.

e. Effect on the Commissary: If lobsters cannot be sold before spoilage, inventory losses may occur.

**P-2. ICE MACHINE.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Ensure power is on and water source is not obstructed.

\_\_\_\_\_ (2) If available, use other ice machines in the commissary.

\_\_\_\_\_ (3) Call service provider for repairs.

\_\_\_\_\_ (4) Purchase ice for the display cases.

d. Planning for the Event of Failure:

\_\_\_\_\_ (1) Identify backup ice machine.

\_\_\_\_\_ (2) Identify alternate sources to obtain or buy ice.

e. Effect on the Commissary: Product must remain in coolers until ice can be obtained for display case.

**P-3. STEAMER.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker, temperature dials, etc.

\_\_\_\_\_ (2) Ensure water is flowing into steamer and that there is adequate water pressure.

\_\_\_\_\_ (3) Call service provider for repair.

d. Planning for the Event of Failure:

\_\_\_\_\_ (1) Ensure preventive maintenance is performed.

e. Effect on the Commissary: Critical because product must be cooked and kept hot.

\_\_\_\_\_  
Signature of Store Director/Manager

\_\_\_\_\_  
Date

**Appendix Q**

**MEAT DEPARTMENT EQUIPMENT  
CONTINGENCY PLANS**

**COMMISSARY NAME:**

---

**CONTENTS OF APPENDIX Q.**

- Q-1. Band Saws.
- Q-2. Fat Analyzing Kits.
- Q-3. Power Cleaver.
- Q-4. Mixer/Grinder.
- Q-5. Meat Tenderizer.
- Q-6. Patty Machine.

**Q-1. BAND SAWS.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

- \_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker, etc.
- \_\_\_\_\_ (2) Call service provider for repairs.
- \_\_\_\_\_ (3) If there is a second band saw, use it to prepare product.
- \_\_\_\_\_ (4) Obtain approval for tray-ready meat.
- \_\_\_\_\_ (5) If refrigerated transportation is available, determine if it is possible to obtain meat from another commissary.

d. Planning for the Event of Failure:

- \_\_\_\_\_ (1) Identify availability of secondary saws.
- \_\_\_\_\_ (2) Determine availability of tray-ready suppliers.

- e. Effect on the Commissary:
  - (1) If there is only one band saw, the meat department will need to obtain meat from another source.
  - (2) If there is more than one band saw, additional time will be needed to cut sufficient meat for the cases.

**Q-2. FAT ANALYZING KITS.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

- \_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker, etc.
- \_\_\_\_\_ (2) Do not blend any other products with prepackaged ground beef from vendor.
- \_\_\_\_\_ (3) Determine if a fat analyzer can be borrowed from a nearby commissary until a replacement unit can be purchased.

- d. Effect on the Commissary: The commissary would only be able to sell ground beef received from the vendor that is marked with the percentage of fat content.

**Q-3. POWER CLEAVER.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker, etc.

\_\_\_\_\_ (2) Use a band saw to cut the meat products.

\_\_\_\_\_ (3) Call service provider for repairs.

\_\_\_\_\_ (4) Assess need to reschedule staff to adjust for cutting product on band saw only.

\_\_\_\_\_ (5) If refrigerated transportation is available, determine if it is possible to obtain meat from another commissary.

d. Planning for the Event of Failure:

\_\_\_\_\_ (1) Identify potential use of power cleavers at nearby commissaries.

\_\_\_\_\_ (2) Determine availability of tray ready suppliers.

e. Effect on the Commissary: Availability of different cuts of meat may be limited.

**Q-4. MIXER/GRINDER.**

a. (1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

- \_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker, etc.
- \_\_\_\_\_ (2) Call service provider for repair.
- \_\_\_\_\_ (3) Order ready to sell ground beef from supplier.

- d. Effect on the Commissary:
  - (1) Availability of ground meat may be limited.
  - (2) The commissary would only be able to sell ground beef received from the vendor.

**Q-5. MEAT TENDERIZER.**

a. Data Base Information:

- (1) Vendor Name:  
\_\_\_\_\_
- (2) Model Number:  
\_\_\_\_\_
- (3) Serial Number:  
\_\_\_\_\_
- (4) Bar Code:  
\_\_\_\_\_
- (6) Contract Number:  
\_\_\_\_\_

b. Commissary Input:

- (1) Service/Maintenance Provider:  
\_\_\_\_\_
- (2) Name of Person to Contact:  
\_\_\_\_\_
- (3) Telephone Number:  
\_\_\_\_\_

c. In the Event of Failure:

- \_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker, etc.
- \_\_\_\_\_ (2) Call service provider for repair.

- d. Effect on the Commissary: The commissary would not be able to sell tenderized meat cuts.

**Q-6. PATTY MACHINE.**

a. Data Base Information:

- (1) Vendor Name:  
\_\_\_\_\_
- (2) Model Number:  
\_\_\_\_\_
- (3) Serial Number:  
\_\_\_\_\_
- (4) Bar Code:  
\_\_\_\_\_
- (5) Location in Store:  
\_\_\_\_\_

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker, etc.

\_\_\_\_\_ (2) Call service provider for repair.

d. Effect on the Commissary: The commissary would not be able to sell pre-made patties.

\_\_\_\_\_  
Signature of Store Director/Manager

\_\_\_\_\_  
Date

**Appendix R**  
**OTHER EQUIPMENT**  
**CONTINGENCY PLANS**

**COMMISSARY NAME:**

---

**CONTENTS OF APPENDIX R.**

- R-1. Coin/Currency Counters.
- R-2. Microwaves.
- R-3. Television/VCR.
- R-4. Video Cameras.
- R-5. Vehicles.
- R-6. Scrubber/Polisher.
- R-7. Sanitizer.

**R-1. COIN/CURRENCY COUNTERS.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

- \_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker, etc.
- \_\_\_\_\_ (2) Call service provider for repair.
- \_\_\_\_\_ (3) Count cash/currency manually if second machine is not available..
- \_\_\_\_\_ (4) Count and roll coins throughout the day.
- \_\_\_\_\_ (5) Count and bundle currency throughout the day.

- d Effect on the Commissary:
  - (1) Commissary employees must count all currency manually.

**R-2. MICROWAVES**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker, temperature dials, etc.

\_\_\_\_\_ (2) If available, locate and use another microwave in store.

\_\_\_\_\_ (3) Call service provider for repairs.

d. Effect on the Commissary:

(1) Inconvenience to employees if inoperable unit is in an area such as an employee break room.

(2) Impact on customer and product availability if the unit is in area such as the hot food preparation area.

**R-3. TELEVISION/VCR.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

d. Effect on the Commissary:

(1) Non availability for training and/or other uses.

**R-4. VIDEO CAMERA.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Check on/off switch, electrical plug, battery, tape, lens cap, etc.

\_\_\_\_\_ (2) Reschedule use.

\_\_\_\_\_ (3) Identify and take unit to local service provider.

d. Effect on the Commissary:

(1) Non-availability for documentation and/or other uses.

**R-5. VEHICLES.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

\_\_\_\_\_ (1) Dependant upon type of failure and cause, e.g., accident, flat tire, etc., take appropriate action, such as replacement parts, repairs, etc.

d. Planning for the Event of Failure:

\_\_\_\_\_ (1) Ensure that vehicles are properly serviced to include such things as tire rotation, oil changes, etc.

\_\_\_\_\_ (2) Ensure daily operational checks of vehicle are completed, using DeCAF 30-105.

- e. Effect on the Commissary:
  - (1) Vehicle may be unavailable for use.

**R-6. SCRUBBER/POLISHER.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

---

(2) Name of Person to Contact:

---

(3) Telephone Number:

---

c. In the Event of Failure:

- \_\_\_\_\_ (1) Check on/off switch, electrical plug, circuit breaker, etc.
- \_\_\_\_\_ (2) Wet mop floors until machine is repaired.
- \_\_\_\_\_ (3) Call the service provider for repair.

d. Effect on the Commissary:

(1) Floors may not be cleaned to the level of standard.

**R-7. SANITIZER.**

a. Data Base Information:

(1) Vendor Name:

---

(2) Model Number:

---

(3) Serial Number:

---

(4) Bar Code:

---

(5) Location in Store:

---

(6) Contract Number:

---

b. Commissary Input:

(1) Service/Maintenance Provider:

\_\_\_\_\_  
(2) Name of Person to Contact:

\_\_\_\_\_  
(3) Telephone Number:

\_\_\_\_\_

c. In the Event of Failure:

\_\_\_\_\_(1) Check on/off switch, electrical plug, circuit breaker, etc.

\_\_\_\_\_(2) Find out estimated length of downtime.

\_\_\_\_\_(3) Notify food medical inspector and determine impact on sanitation requirements for cleaning of food preparation and processing areas.

\_\_\_\_\_(4) Notify zone manager and installation commander if any departments must be closed.

\_\_\_\_\_(5) Call service provider for repairs.

d. Effect on the Commissary:

(1) Ability to properly wash down and sanitize food preparation and processing areas would be difficult.

(2) Increased risk of chemical contamination from overuse of chlorine.

(3) Departments may have to close because sanitary standards cannot be met.

(4) Increased risk of contaminated products.

\_\_\_\_\_  
Signature of Store Director/Manager

\_\_\_\_\_  
Date