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Overview Of Food Management Sanitary Hygiene In The Nutrition Installation Of Muhammadiyah Taman Puring Hospital, South Jakarta

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Abstract: Food management in hospitals relies heavily on hygiene and sanitation so that the food does not become a source of disease transmission for humans who consume the food. According to the National Poisoning Information Center (SIKer), BPOM in 2014 there were 98 incidents of food poisoning with a total of 855 victims. The aim of this research is to determine the description of the condition of Food Sanitation Hygiene in the Nutrition Installation at Muhammadiyah Hospital Taman Puring, South Jakarta in 2016. The type of research used is descriptive qualitative with observation and interview methods with 7 informants. The variables in this research are the principles of food management with reference and comparing whether the results are in accordance with Minister of Health Regulation No. 1096/Menkes/PER/VI/2011 concerning food service sanitation hygiene. The results of the research show that food sanitation hygiene at the Muhammadiyah Hospital Taman Puring Nutrition Installation still has several points that are not in accordance with Minister of Health Regulation No. 1096/Menkes/PER/VI/2011 concerning Jasaboga Sanitation Hygiene. including the physical condition and buildings of food processing places which are still very poor and not suitable because the buildings are short, the ceilings are uneven and there are lots of water pipes, the food processing places are limited in area so they look cramped and the personal hygiene issues and behavior of food handlers are poor. not maximal. This can create an opportunity for contamination of food which can cause food poisoning. Based on these results, the advice that can be given is that it is best to carry out strict supervision of personal hygiene discipline among food handlers and reduce unused items so that the room becomes more spacious, neat, clean and a comfortable place to work.
Keywords: Sanitation Hygiene, Food Poisoning, Personal Hygiene, Food Management

INTRODUCTION

A hospital is a health service institution that provides comprehensive individual health services providing inpatient, outpatient and emergency services (RI Law No. 44 of 2009 concerning Hospitals). One of the health services at the hospital is the Hospital Nutrition Service (PGRS). According to the Decree of the Minister of Health No. 134/Menkes/SK/IV/1978, nutrition services are defined as medical support services within the hospital organizational structure and are managed by the nutrition installation which is under and responsible to the hospital director. Apart from that, the nutrition installation unit is also one of the mutually supporting facilities and infrastructure to support hospital operational activities. According to the Republic of Indonesia Minister of Health Regulation number 647/MENKES/PER/V/2010, a nutrition installation is a unit that manages nutrition services for inpatients, outpatients and patient families. The role of the nutrition installation as an organizer in food

processing in hospitals must be optimal hygienically and sanitarily and in accordance with the quality of health standard services, indications of patient illness and must comply with applicable regulations. In Indonesia, the regulations governing the implementation of hospital sanitation hygiene are Regulation of the Minister of Health of the Republic of Indonesia No. 1096 of 2011, concerning Jasaboga Sanitation Hygiene.

The regulation states that health service facilities are included in class B food services, which are food services that serve the needs of the community under certain conditions, which include health service facilities. Therefore, nutritional installations in hospitals are included in class B catering services. This regulation has explained in full the provisions for hygiene and sanitation requirements for food and drink in hospitals which include procedures for implementing good food management, hygiene and sanitation of eating utensils and utensils. cooking, personal hygiene of employees as food handlers, physical conditions and food service buildings as well as sanitation facilities in hospital nutrition installations. According to the Ministry of Health (2003:4) food sanitation hygiene is an effort to control food factors, places, people and equipment (equipment) that can cause disease or health problems or food poisoning. Food sanitation hygiene in hospitals is a priority, especially with the many cases and incidents of food poisoning that occur due to unsafe food. In the hospital nutrition installation, food sanitation hygiene aims to provide quality, healthy and safe food so that the food is free from bacteriological, chemical and physical contamination. If the processed food is unsafe or contaminated with dangerous ingredients, the food can cause foodborne illnesses such as food poisoning and various diseases such as cross infections or nosocomial infections (infections acquired in hospitals) and congenital diseases. food (foodborne illness) which is transmitted through food. Foodborne illness is one of the most common and burdensome public health problems ever encountered today. It is estimated that one in three people in developed countries experiences food poisoning every year. This is what has attracted international attention (Hartono, 2006: 1).

A number of surveys of extraordinary incidents (KLB) of foodborne illnesses that have occurred throughout the world show that the majority of cases of foodborne illnesses occur due to errors in handling when preparing the food, whether in hospitals, catering services, hospital canteens, schools, companies. or on military bases or at banquets. As for the main health problems in developed and developing countries, according to the World Health Organization (WHO) estimates that in developed countries up to 30% of the population suffers from food-borne diseases every year, while in developing countries up to 2 million deaths are estimated per year (WHO, 2006:1).

Based on epidemiological data, it shows that 5% of disease outbreaks reported in England and Wales, 10% in New South Wales, Australia and 20% in America were caused by food contaminated directly by workers handling the food (Robert, 1982; Davey, 1985 ; Bryan 1978 in PGRS, 2003:18). According to data from the Centers for Disease Control and Prevention (CDC) in 2012, in the United States 831 outbreaks of foodborne illness were reported, consisting of 14,972 people sick, 794 people hospitalized, 23 people died and 20 food recalls. In Indonesia during 2013, 48 extraordinary incidents (KLB) of food poisoning were recorded in 34 provinces, consisting of 1,690 people getting sick and 12 people dying. The type of food that caused the outbreak of food poisoning in 2013 was household cooking at 47.92%, and food service food at 16.67% (BPOM, 2014, inwww.pom.go.id, accessed on 18 May 2016 at 21.41 WIB).

In 2014, the National Poisoning Information Center (SIKer) at BPOM stated that the highest number of poisoning incidents nationally in terms of cause group was poisoning caused by food with a total of 98 incidents with a total of 855 victims. With the high incidence and number of national poisoning cases caused by food, in 2014 the Indonesian Ministry of Health's Health Research and Development Agency (Balitbangkes) completed the Individual Food Consumption Survey (SKMI). From this survey, national scale data regarding people's daily consumption is known. According to this survey, every year in Indonesia there are around 200 reports of Extraordinary Events (KLB) of food poisoning (BPOM, 2015, inwww.pom.go.id, accessed on 20 May 2016 at 21.50 WIB).

In 2015, in the period from October to December, there were 34 poisoning incidents in Indonesia which were documented by SIKerNas (BPOM's National Poisoning Information Center). Of the 34 poisoning incidents, there were a total number of victims of at least 1285 people and 6 victims died. Most of the poisoning incidents were dominated by food poisoning, namely 26 incidents (20 food, 6 drinks). In food poisoning incidents, there were 13 incidents caused by processed food by catering services, 1 incident caused by packaged processed food, 3 incidents caused by processed street food (PKL) and 3 incidents caused by processed household food with a total of at least 919

people affected by food poisoning. 1 victim died. Meanwhile, in drink poisoning incidents, there were 2 incidents due to alcohol, 2 incidents due to other drinks and 2 incidents due to soft drinks with a total of at least 272 victims with 1 death. The remaining 4 incidents occurred caused by natural toxins originating from the consumption of wild mushrooms with a total of 16 victims. 3 incidents were caused by environmental pollutants with a total of 56 people and 4 people died, and 1 incident was caused by food supplements with a total of 22 victims (BPOM, 2015,www.pom.go.id, accessed on 20 May 2016 at 22.05 WIB).

From the results of reports regarding the high incidence and cases of food poisoning and foodborne illnesses in Indonesia, according to Riskesdas in 2013, DKI Jakarta was included in the five provinces that had the highest incidence of diarrhea, including Aceh, Papua, DKI Jakarta, South Sulawesi and Banten. Apart from that, in 2007 in Tangerang district there was an increase in cases of diarrheal diseases by 3.63 per 1000 population and in 2008 it was 77.48 per 1000 population (Ministry of Health Data Bank, 2015, inwww.depkes.go.id accessed on 21 May 2016 at 17.08 WIB). Based on the results of observations during the internship which was carried out for three weeks starting on 04 - 22 April 2016 at Muhammadiyah Hospital Taman Puring, South Jakarta, for the nutrition installation section of the hospital, researchers still found several food handling employees who did not meet the hygienic and sanitary requirements. because some of the care workers have not used PPE completely, such as not always wearing and not always wearing gloves when working and in the kitchen of the hospital's nutrition installation unit. This can lead to a high chance of contamination of food that will be given to patients. Apart from that, there were complaints from inpatients who said that the food was not varied and had no taste.

Apart from that, in the environment in the hospital's nutrition installation unit there is a very strong odor which is caused by the distance from the trash storage area or food waste that will be transported out. For this reason, from the results of the observations that have been made, the author is interested in conducting research on matters related to the hygiene and sanitation conditions of food management in the nutrition installation of the Muhammadiyah Hospital, Taman Puring, South Jakarta in 2016.

LITERATURE REVIEW

Hospital

According to WHO (World Health Organization) a hospital is an integral part of a social and health organization with the function of providing complete (comprehensive) services, healing (curative) and preventing disease (preventive) to the community.

Hospital Nutrition Installation

According to the Indonesian Ministry of Health (2003:3) nutrition services in hospitals are one of the supporting components organized by nutrition installations which aim to provide food for patients starting from planning to distributing food to patients.

Food

Food is an important component in the chain of healing for patients in hospitals. The food provided must not only fulfill nutritional elements but also safety elements, in the sense that it must be free from components that cause disease (Ministry of Health of the Republic of Indonesia in PGRS, 2013: 72). Clean food is food that is not contaminated by dirt and does not show signs of bacterial spoilage.

Food Contamination

Food contamination is the accidental presence of dangerous substances or organisms in food. Contaminated food can cause symptoms of disease, both infection and poisoning. These dangerous materials or organisms are called contaminants.

Foodborne Illnesses

Foodborne illnesses are usually toxic or infectious, caused by disease agents that enter the human body through consuming food contaminated with a number of pathogenic bacteria, or toxins released by these bacteria. Foodborne diseases cover the scope of diseases whose etiology is chemical or biological, including cholera and diarrhea, as well as several parasitic diseases (WHO in Hartono, 2006: 1).

Hygiene and Sanitation

According to the World Health Organization (WHO), hygiene refers to the conditions and practices that help to maintain health and prevent the spread of disease. Hygiene is a science related to health problems, as well as various efforts to maintain or improve health. Hygiene also includes personal health care efforts, including correct body posture (Purnawijayanti, 2001:3). Sanitation

includes aseptic activities in the preparation, processing and serving of food, cleaning and sanitation of the work environment and worker health (Purnawijayanti, 2001:2). Food sanitation hygiene is an effort to control factors in food, people, places and equipment that can or may cause disease or health problems. Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 1096/MENKES/PER/VI/2011 concerning Jasaboga Sanitation Hygiene, food management at catering services must apply the principles of food sanitation hygiene starting from the selection of food ingredients to the presentation of food specifically for food processing must pay attention to food processing rules. the good one. The following are the principles of food sanitation hygiene that must be fulfilled in food management, including: Selection of Food Ingredients, Storage of Food Ingredients, Food Processing, Storage of Ready/Cooked Food, Transporting Food and Serving Food.

Food Handlers

According to KEPMENKES no. 1098 concerning Hygiene Sanitation for Restaurants and Restaurants, food handlers are people who are directly in contact with food and equipment from the preparation, cleaning, processing, transportation, to serving stages.

*Personal hygiene*is an action to maintain a person's cleanliness and health for physical and psychological well-being, lack of self-care is a condition where a person is unable to carry out hygiene care for himself (Potter, 2005: 1).

Sanitation Facilities and Equipment

Unclean equipment and facilities are one of the factors that contribute to foodborne illness. Based on Minister of Health Regulation Number 1096/MENKES/PER/VI/2011, the requirements that must be met for sanitation facilities are as follows: Hand washing facilities, clean water, latrines, bathrooms, rubbish bins, and washing equipment and food ingredients.

Physical Conditions of Food Processing Places

The sanitary conditions of the kitchen environment that must be considered as a food processing place based on Minister of Health Regulation Number 1096/MENKES/PER/VI/2011, include: The location of the catering service is not close to sources of pollution. The kitchen floor must be watertight, flat, not cracked, not slippery, not sloped. /sufficient smoothness and easy to clean., The inner surface of the walls is flat, not damp, easy to clean and light in color., The ceiling of the room must cover the entire roof of the building, made of material with a flat surface, easy to clean, does not absorb water and is light in color ., ventilation/air conditioning/ventilation,Doors and windows and Plighting.

METHODS

Methodologies are the sciences/methods used to obtain the truth using searches with certain procedures to find the truth, depending on the reality being studied. Methodology is composed of structured ways to obtain knowledge.

Research methodology can be taken in two ways, namely quantitative methods and qualitative methods.

The type of research used at this time is descriptive research with a qualitative approach using interview methods and observation methods. This research is an exploratory effort to describe or provide a general description of the description of hygiene, sanitation, food management in the nutrition installation of the Muhammadiyah Hospital, Taman Puring, South Jakarta. The results of this research will then be processed and analyzed, then compared with the Regulation of the Minister of Health of the Republic of Indonesia Number 1096 /MENKES/PER/VI/2011 concerning Jasaboga Sanitation Hygiene as reference material for whether it is in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 1096/MENKES/PER/VI/2011 concerning Jasaboga Sanitation Hygiene or not. Apart from that, several points in this research were compared with other similar research to make it more adequate and to increase or deepen knowledge about the object being studied.

This research was carried out at the Muhammadiyah Taman Puring Hospital, Jl. Gandaria I, No. 20, RT. 7/ RW.2, Kramat Pela, Kebayoran Baru, South Jakarta, Indonesia 12130 in May-August 2016.

Data collection instruments are tools selected and used by researchers in data collection activities so that these activities are systematic and easy to carry out. The instruments used in this qualitative research include the interview method and observation method with checklist sheets and photo documentation. Apart from that, collecting data is carried out using several supporting methods, including secondary data collection and library research methods (internet and a collection of references in the form of books and journals).

The characteristics of the informants in the subject of this research will be determined freely according to certain consideration characteristics. For example, certain considerations are based on the principles of appropriateness and adequacy. In this study, seven informants were selected to be interviewed, including one head of the hospital nutrition installation sub-unit as the main informant, one nutritionist, three chefs and two waiters as key informants. This is to validate the data using source triangulation.

RESULTS AND DISCUSSION

Research Limitations

Research design

The design of this research is a qualitative descriptive research obtained by researchers using in-depth interviews with several employees at the Nutrition Installation of the Muhammadiyah Hospital, Taman Puring, South Jakarta in 2016 due to the limitations of the researchers, where before carrying out the research, the researchers had never conducted pre-interview and to explore questions the researcher may still have missing variables.

Informant

Limitations of informants include that not all employees in the Nutrition Installation section of Muhammadiyah Hospital Taman Puring, South Jakarta were used as sources of informants, researchers only conducted interviews based on selected characteristics, such as Ka. Nutrition Room, Nutritionist, Chef and Waiter.

Informant Characteristics

No	Work unit	Informant Code
1	Head of the nutrition installation unit sub-division	Informant 1
2	Nutritionists	Informant 2
3	Chef as food handler	Informant 3
4	Chef as food handler	Informant 4
5	Waiters as transporters and servers of food	Informant 5
6	Waiters as transporters and servers of food	Informant 6
7	Waiters as transporters and servers of food	Informant 7

Variable

Limitations in observing or analyzing data on points that have been explained in Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 concerning Jasaboga Sanitation Hygiene, not all of them are carried out or asked about because there are many things or points listed in the regulations and they have a huge impact on the informant's time. limited, only a few points from each variable are considered very important and represent the sanitary hygiene conditions that exist in the Nutrition Installation at the Muhammadiyah Hospital Taman Puring, South Jakarta in 2016. These points include the sanitation hygiene requirements for food management which must be carried out in accordance with the Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 concerning Jasaboga Sanitation Hygiene, including selecting food ingredients, storing food ingredients, food processing, storing finished/cooked food, transporting food, serving food, Personal Hygiene requirements for food handlers, sanitation and equipment facilities and Physical conditions of food processing places

Based on the results of the research that has been carried out and the data obtained, the author tries to discuss the description of hygiene, sanitation, food management in the Nutrition Installation of the Muhammadiyah Hospital, Taman Puring, South Jakarta in 2016 in accordance with the points in Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 regarding Jasaboga Sanitation Hygiene, the results which will be discussed in detail are as follows:

Selection of Food Ingredients

As for the results of interviews with seven informants, all informants said the same thing in the process of selecting and procuring food ingredients. The following are the results of statements that represent several informants' answers, including:

"There are suppliers who deliver vegetables, meat, meatballs and fish directly after they are delivered by the chef to check whether the ingredients are fresh or not... for dry food ingredients we take them from the cooperative..." (Informant 4)

"Materials are usually delivered directly to the supplier... we first look at the selection, weigh it, check whether it is good or not, if something is damaged then we return it to the supplier to exchange it..." (Informant 5)

Based on the results of interviews and observations at the Nutrition Installation at the Muhammadiyah Hospital, Taman Puring, South Jakarta, it is known that the process of selecting food ingredients is carried out directly by the chef in the kitchen. Food ingredients that are available every day are ordered and imported by permanent suppliers, such as wet food ingredients including meat, chicken, meatballs, nuggets, vegetables and fruit. Meanwhile, for dry food ingredients such as milk, flour, sugar and other dry ingredients, they usually stock and order goods from hospital cooperatives that are already collaborating. The selection of ingredients is also carried out in a process that after the goods are delivered by the supplier, the chef immediately receives and checks the condition of the food ingredients. This is done to ensure whether the materials that have been ordered are in accordance with what is required starting from the quality and quantity, for packaging materials there must be a label and brand and if there are materials that are damaged, defective or not suitable then they will not be used and returned to the supplier. or cooperative for exchange. Apart from that, checking ingredients must always be carried out to sort and avoid bad food ingredients which can cause opportunities for food poisoning.

Based on research conducted by Mufidatul Khotima at the nutrition installation of the Bhakti Wira Tamtama Hospital, Semarang in 2015, the process of selecting food ingredients was not in line with the research because there were differences, namely at the Bhakti Wira Tamtama Hospital, Semarang, the process of selecting food ingredients was directly carried out by purchasing ingredients. employees bring ingredients to the market, while the selection of food ingredients at Muhammadiyah Hospital Taman Puring, South Jakarta is carried out by chefs in the kitchen and brought in by suppliers every day. This is also more effective and efficient than employees having to go to the market, apart from wasting time and energy, usually the quality of the food delivered by suppliers is guaranteed so that it is not exchanged and disappoints consumers. Based on research conducted by Putih Sujatmiko at the nutrition installation at the Depok City Regional Hospital in 2009, the process of selecting food ingredients was in line with the research because there were similarities between the two hospitals, both at the Depok City Regional Hospital and the Taman Puring Muhammadiyah Hospital, South Jakarta, in the process. the selection and procurement of food ingredients are delivered and ordered to suppliers or official places according to the needs of the food menu to be processed. This is more practical and saves time, especially for processing breakfast, where the processing preparation time is shorter compared to other processing times.

In connection with Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 concerning food service sanitation hygiene which has been explained in the literature review, for the selection of food ingredients in the nutrition installation at the Muhammadiyah Hospital Taman Puring, South Jakarta, there are points that are appropriate and points that are not in accordance with the regulations. There are points that are appropriate, including the process of selecting food ingredients, always going through a quality checking process first. So that the condition of freshness, physical shape, texture, packaging, brand labels are all in good condition without defects, damage or expired. Checking in the selection of food ingredients must always be carried out and is important for food safety. However, in selecting food ingredients, the points that are not appropriate and do not comply with Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 include the point of processed packaged food ingredients that are easily spoiled, easily damaged and cannot last long if they are left over, they are not used once but will be stored. in cleaners such as coconut milk, liquid milk and mayonnaise for a short period of time. This occurs due to the possibility of a lack of knowledge among employees, if in the regulation of the Minister of Health, processed packaged food ingredients which do not have a long shelf life are recommended for single use to avoid food contamination.

Food Storage

As for the results of interviews with seven informants, all informants said the same thing, namely that there is a special and different room for storing food ingredients for dry food items. Furthermore, for the storage of stocked food ingredients, the FIFO and FEFO methods have been implemented. The following are the results of statements that represent several informants' answers, including:

"Wet food ingredients are usually stored in the freezer... dry food ingredients such as granulated sugar, milk, brown sugar are stored in stainless steel cupboards and some are in the cleaner..." (Informant 3)

"Yes, the FIFO and FEFO methods have been applied for dry and stocked food ingredients" (Informant 1)

Based on the results of interviews and observations that have been carried out, for storing food ingredients in the nutrition installation at Muhammadiyah Hospital Taman Puring, South Jakarta, each type of food ingredient is differentiated, namely for wet food ingredients that are easily damaged, such as meat, chicken, vegetables and fruit, stored in the freezer and refrigerator. . The existing freezers and refrigerators are also equipped with temperature control indicators and the refrigerators are always cleaned regularly once a week on a rotating and scheduled basis. Storage of dry food ingredients is carried out in a stainless steel cupboard equipped with two doors that close tightly. In cupboards, the distance between food items and the floor is around 15 cm and the distance between food items and the ceiling is less than 60 cm. Due to the limited and short building conditions, the distance between the cupboards and the ceiling is very close. Dry food storage is separate and has a special room. This room is equipped with air conditioning (AC) and a room thermometer to measure room temperature, apart from that, the First In First Out (FIFO) and First Expired First Out (FEFO) methods for storing dry food items in stock have also been implemented, to avoid the use of The control of expired foodstuffs is supported by records of expenditure and receipt of dry food materials for which there is a person in charge.

Apart from that, the remaining packaged food storage area is one with the food sample storage area, namely in the dealer. Samples are stored in anticipation or just in case a problem occurs, such as food poisoning or confirmation of the patient's demands, then the samples can be immediately used and examined in the laboratory. Sample storage containers are also different from containers for raw food ingredients, because raw food ingredients are generally packaged food ingredients. Based on research conducted by Mufidatul Khotima at the nutrition installation of the Bhakti Wira Tamtama Hospital Semarang in 2015, the process of storing dry food ingredients was not in line with the research because there were differences, namely at the Bhakti Wira Tamtama Hospital Semarang dry food ingredients were stored in wooden cupboards whereas in Muhammadiyah Hospital Taman Puring, South Jakarta, dry food ingredients are stored in stainless steel cupboards, choosing stainless steel cupboards for storing food items is better and safer because generally stainless steel material is termite-proof, stronger, easy to clean and not damp so there is a chance of contamination. Bacteria due to fungal growth is very minimal.

Based on research conducted by Putih Sujatmiko at the nutrition installation at the Depok City Regional Hospital in 2009, the process of storing food ingredients was not in line with the research because there were differences, namely that in the wet food storage area there was no freezer but only a refrigerator, dry food storage did not even use a cupboard. made from stainless steel, then the dry food storage room is not yet separate but is still in the same room as the office/employee room of the nutrition unit, this is due to the limited building and room area. In connection with the regulations that have been explained in the literature review regarding Minister of Health Regulation Number 1096/MENKES/PER/VI/2011, for the storage of food ingredients in the Nutrition Installation of the Muhammadiyah Hospital, Taman Puring, South Jakarta, there are points that are in accordance and points that are not in accordance with existing regulations. , points that are appropriate include food storage that applies the FIFO and FEFO principles.

The reason for implementing this principle is to make it easier for employees to control available stock and know the expiration date. Apart from that, the storage of food ingredients has also been separated according to type. This is done to prevent food contamination. However, in the storage of food ingredients, points that are not appropriate and do not comply with Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 include points where the distance between dry food storage areas is very close to the ceiling, namely less than 60 cm, this is due to the condition buildings with short and limited nutritional installation space.

Food Processing
Food Processing Places

Based on the results of observations and observations that have been made, the food processing area looks cramped and has a lot of items, the floor is made of ceramic and is watertight, the walls are
light colored, the surface is flat but there is peeling paint and there are stains attached. The walls are also equipped with an exhaust, AC and room thermometer. In this condition, the ceiling looks uneven because there are many paralons attached to it. The door has been made to close and open outwards accompanied by a dividing curtain, then the lighting is obtained from the use of lamps because there are no windows and ventilation so sunlight cannot illuminate the room. Based on research conducted by Putih Sujatmiko in the nutrition installation of the Depok City Regional Hospital in 2009, food processing facilities are generally in line with the research because there are similarities, namely that the two hospitals, both the Depok City Regional Hospital and the Taman Puring Muhammadiyah Hospital, South Jakarta are the same. -sama has a clean, watertight, flat and non-slip floor condition. However, in terms of the shape of the building conditions and processing space, there are definitely design differences, such as at the Taman Puring Muhammadiyah Hospital, South Jakarta, the catering building is shorter.

In connection with the regulations stated in Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 concerning food service sanitation hygiene, for the physical condition of food processing places there are points that are in accordance and points that are not in accordance with the regulations. Points that are suitable include floors that are not slippery and easy to clean, walls that are light in color, doors that have been made to close and open outwards accompanied by a dividing curtain. However, points that are not appropriate and do not comply with Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 include work areas that appear narrow, building heights that are insufficient and have a short distance from the ceiling and buildings without windows. This is because the building has limited space, and the condition of the ceiling also looks uneven due to the large number of paralons attached. This can result in dust or dirt falling between the pipes which can be an opportunity for food contamination.

Food Processing Process

As for the results of interviews with the seven informants, all informants on average said the same thing about the food processing process. The following are the results of statements that represent several informants' answers, including:

"The process is that initially the food ingredients are washed, cleaned, cut, then every morning I always make spices..." (Informant 1)

"In cooking, there are no measurements, you just have to guess, for example, if you cook meat, see if the texture is tender or still hard, to make sure it is cooked or not, at least pierce it with a fork..." (Informant 6)

Based on the results of interviews and observations that have been carried out, the food processing process at the Nutrition Installation at Muhammadiyah Hospital Taman Puring, South Jakarta begins with washing food ingredients such as meat, chicken, vegetables and other ingredients using clean running water. The purpose of washing ingredients is to clean all dirt and remove bacteria and pesticide residues that stick to vegetables and fruit. Next, the washed ingredients are cut into pieces, then seasoned and cooked until cooked. For compounding spices, they are made in the morning which are then stored for further processing. Apart from spices, food ingredients which have not yet been processed are stored in the freezer or refrigerator and for adding synthetic food, there are only flavorings given in small quantities and only given to obstetric patients. after giving birth, not for patients with general illnesses or patients on certain diets.

In the food processing process, for several types of food that have a harder texture and are at risk of containing many pathogenic germs, such as meat and chicken, it is recommended to use a temperature measuring device when cooking. However, the hospital does not use temperature equipment when processing fragile and risky ingredients such as meat and chickenthey only use habits and estimated cooking times, even though the temperature tool aims to ensure whether the food being processed is at a temperature of 900C, because at that temperature the existing pathogenic germs are guaranteed to have completely died and disappeared. Apart from that, measurements are also carried out so that the nutritional content of the food is not lost. Based on research conducted by Mufidatul Khotima at the nutrition installation of Bhakti Wira Tamtama Hospital Semarang in 2015, the food processing process is in line with research because there are similarities between the two hospitals, both Bhakti Wira Tamtama Hospital Semarang and Muhammadiyah Hospital Taman Puring in Food processing processes both do not use food temperature settings. This is due to a lack of understanding and the unavailability of temperature control tools.

In connection with the regulations stated in Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 concerning food service sanitation hygiene, for food processing points at

the Nutrition Installation of the Muhammadiyah Hospital, Taman Puring, South Jakarta, there are points that are in accordance and points that are not in accordance with existing regulations. , points that are appropriate include always washing food ingredients first with running water, storing food ingredients that have not yet been cooked in the refrigerator or freezer, preparing and mixing spices every morning and following the order in prioritizing food ingredients that must be prioritized for the processing process. . However, in the food processing process, points that are not appropriate and do not comply with Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 include temperature points that have not been applied in the processing of meat and chicken types of food which are susceptible to containing many pathogenic bacteria. This is due to limited tools and perhaps a lack of employee knowledge.

Cookware and Tableware

As for the results of interviews with seven informants, all informants said the same thing, that on average cooking utensils are made of stainless steel and cutting boards are also made of plastic. The following are the results of statements that represent several informants' answers, including:

"Almost all the cooking utensils here are made of stainless steel" (Informant 1)

"If the cutting board is made of plastic, if it's wooden, you're afraid the fibers will also get mixed in with cooking ingredients" (Informant 7)

Based on the results of interviews and observations that have been carried out, the condition of the cooking utensils in the Nutrition Installation at the Muhammadiyah Hospital, Taman Puring, South Jakarta, on average, use utensils made from stainless steel which do not release toxic and dangerous materials, the cooking utensils that are still used are in good condition. Well, nothing was broken or damaged and as for other equipment, there were only a few made of plastic, such as basins, apart from that, there were also wooden ones, but only a few, such as porridge stirring spoons. Apart from cooking utensils, there are ceramic cutlery for adults and plateau for children.

The cutting boards available there are also made from thick white plastic. Cleaning cooking utensils and cutlery usually starts with cleaning food residue followed by washing using soap and running water, then cleaning cutlery begins and ends with hot water. The equipment has been washed, then dried, then placed on a special shelf for storing food processing equipment or eating utensils. Based on research conducted by Putih Sujatmiko in the nutrition installation of the Depok City Regional Hospital in 2009, the process of washing cooking utensils and eating utensils is in line with the research because there are similarities between the two hospitals, both the Depok City Regional Hospital and the Taman Puring Muhammadiyah Hospital, Jakarta. In the South, the process of washing cooking utensils and eating utensils both use soap and dousing with hot water.

In connection with the regulations stated in Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 concerning food service sanitation hygiene, for cooking utensils and eating utensils in the nutrition installation of the Muhammadiyah Hospital, Taman Puring, South Jakarta, it is in accordance with existing regulations that the existing cooking utensils On average, it is made of stainless steel so that the equipment is safe and not dangerous to health. Then the cutting board is no longer made from wood but made from thick white plastic so it is safer to use.



Ready/Cooked Food Storage

As for the results of interviews with seven informants, all informants said the same thing, that during the storage process, cooked food was stored in a special food warmer. The following are the results of statements that represent several informants' answers, including:

"All freshly cooked dishes are stored in a bain marie so that the food temperature is maintained" (Informant 2)

"Yes, the storage container is in a bain marie, there is a lid and a temperature hole" (Informant 1)

Based on the results of interviews and observations that have been made, for storing finished/cooked food it is usually stored in a hot bain marie so that the temperature of the food is

maintained because ideally the food must be hot until the food is served to the patient at a temperature of 60oC so that there is no risk of the growth of pathogenic bacteria which can endanger human health. A bain marie is a food warmer made of stainless steel, consisting of several containers and each container has a lid and ventilation holes. Apart from that, the bain marie is also equipped with a temperature setting button. The storage time for food in a bain marie is usually only short, about half an hour to an hour and the types of food stored include only animal and vegetable side dishes for soupy types of food such as vegetables, which are kept in the pan, because usually after the vegetables are cooked the arranging process begins immediately.

In connection with the regulations stated in Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 concerning food service sanitation hygiene, storage points for ready-made food or cooked food in the nutrition installation at Muhammadiyah Hospital Taman Puring, South Jakarta are in accordance with existing regulations, including ready-made food. stored in a separate container from raw food ingredients and the container is closed because each storage container in a bain marie has a lid and is ventilated. This closed container will keep the food safe from insects such as flies and other sources of bacterial contamination. Apart from that, the ventilation holes in the lid also function as a means of discharging hot food vapors to prevent condensation or condensation from occurring. Condensed steam water is a good medium for bacterial growth so that food spoils quickly.

Food Transport

The method of transporting food in this study is intended to determine the process of moving it from the food processing place to the place where food is served to patients.Based on the results of interviews with seven informants, all informants said the same thing, that the transportation process was carried out through the same stages. The following are the results of statements that represent several informants' answers, including:

"After all the food has been wrapped, the food is immediately put into the trolley and then from the kitchen it will be delivered directly to each inpatient via elevator" (Informant 2)

"The method is when all the food has been arranged, wrapped, then delivered to the patient using a covered stainless steel trolley" (Informant 7)

Based on the results of interviews and observations that have been carried out, transporting food from the food processing place to the food serving place is by using a trolley. The trolley or pushcart used as a means of transportation during the food distribution process is made of stainless steel, equipped with a lock and two doors that can be closed tightly but is not equipped with temperature control or a hot trolley. The process of transporting food usually begins with the food being arranged first into each container. The containers used are separated according to the type of food. After the containers have been arranged, they are placed on a tray and covered with plastic wrapping to avoid spilled food or food contamination. then the food is arranged into a trolley and ready to be delivered to each patient's room. Food transportation and distribution times are divided into three, for breakfast food is delivered at 6.30 WIB, for lunch food is delivered at 11.30 WIB and afternoon meal at 16.30 WIB.

Based on research conducted by Putih Sujatmiko at the nutrition installation at the Depok City Regional Hospital in 2009, the process of transporting food is in line with research because there are similarities between the two hospitals, both at the Depok City Regional Hospital and the Taman Puring Muhammadiyah Hospital, South Jakarta, in the transportation process. Both of them have used trolleys that have locks and doors so they are tightly closed and the food containers used are both separate and closed. In connection with the regulations stated in Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 concerning food service sanitation hygiene, for the transportation of food at the nutrition installation at the Muhammadiyah Hospital, Taman Puring, South

Jakarta, there are points that are in accordance and points that are not in accordance with the regulations.

Points that are appropriate include not mixing hazardous and toxic materials (B3) during the transportation process, using special vehicles, namely trolleys, as a means of transporting finished/cooked food and using separate containers covered with plastic wrapping. With this, the opportunity for contamination and food poisoning will be avoided. However, for points that are not appropriate and do not comply with Minister of Health Regulation Number 1096/MENKES/PER/VI/2011, including when transporting food not using a hot trolley which is equipped with a temperature control device, this is because the hot trolley is not yet available and it is feared that it will cause food temperature not at a temperature of 600C which could be at risk of the



Food Serving

As for the results of interviews with seven informants, all informants said the same thing, that the process of serving food was carried out directly to each patient's room. The following are the results of statements that represent several informants' answers, including:

"The method of serving is the same after the food has been packed and then delivered... and placed on the patient's table or if someone wants to eat straight away, give it to the patient" (Informant 1)

"The containers use ceramic and the plates are always covered with plastic wrap" (Informant 6)

Based on the results of interviews and observations that have been carried out, for the process of serving food at the Nutrition Installation at Muhammadiyah Hospital Taman Puring, South Jakarta, food is directly given and delivered to each patient's room. The materials for the containers used in serving are ceramic for adults and plates for children. The containers provided are always different and separate from each menu provided. The process of serving food starts after the food has been arranged, then the food is covered with plastic wrapping so that it is safe from various food contaminations, then the food is arranged in a trolley and ready to be delivered. Serving food must always arrive on time and in conditions where the food is hot or kept warm. Apart from that, when serving, don't forget to separate the food being sampled.

Samples Each time it is processed, it is stored in the dealer in a closed condition and in a different container. Samples are important because they are used as anticipation and bank samples. If at any time problems and food poisoning occur, they can be used as testing material. Furthermore, there are differences in food presentation, namely the menu must be appropriate to the patient's type of diet and illness and there are additional menus for VIP class and 1st class because they are included in the facilities. Based on research conducted by Mufidatul Khotima at the nutrition installation at Bhakti Wira Tamtama Hospital Semarang in 2015 and Putih Sujatmiko at the nutrition installation at Depok City Regional Hospital in 2009, the process of serving food is in line with research because there are similarities between the three hospitals, both at home. Bhakti Wira Tamtama Hospital Semarang, Depok City and Muhammadiyah Hospital Taman Puring, South Jakarta, both use separate and closed containers in the process of serving food.

In connection with the regulations stated in Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 concerning food service sanitation hygiene, food serving points at the nutrition installation at Muhammadiyah Hospital Taman Puring, South Jakarta are in accordance with existing regulations, namely separating and providing samples from each During processing, the serving container is separate and closed to prevent cross contamination and to extend the serving period of the food according to the level of food insecurity.



Personal Hygiene Requirements for Food Handlers

Based on the results of interviews with seven informants, all informants said the same thing, namely that there are personal hygiene requirements that must be carried out by food handlers in the nutrition installation room. The following are the results of statements that represent several informants' answers, including:

"Maintain personal hygiene and continue to wear work equipment such as clothes, aprons, gloves, if the men wear head coverings" (Informant 7)

"Usually we are checked routinely every 6 months, such as hand swabs and anal swabs from the Ministry of Health for bacteriological testing" (Informant 2)

Based on the results of interviews and observations that have been carried out, the personal hygiene requirements for food handlers that have been implemented at the Nutrition Installation at the Muhammadiyah Hospital, Taman Puring, South Jakarta, include food handlers, both chefs and waiters, who have maintained personal hygiene by always washing their hands with soap before and after doing food. activities, maintaining cleanliness of clothing by always changing clothes after finishing work and changing shifts so that clothes are not worn for activities other than food processing, always using complete PPE such as work uniforms, aprons, gloves, masks and for men wearing hair caps or a head covering because the women are all veiled. However, from the results of observations, it was found that in the food processing process there were employees who only used one glove, and it was feared that this would be a potential source of danger in food contamination.

With the Medical Check Up (MCU) examination at the initial stage of accepting prospective workers, the health condition of all staff, both chefs and waiters, is believed to be healthy and no one has a history of certain diseases, because usually if the results of the employee's health examination are not good then the employee will also not accepted to work because they are afraid of becoming a chain of transmission of bacteria and disease. Furthermore, every two years there are always health checks such as X-rays for all employees who work in the nutrition installation section so that their health condition is always known, apart from that there are also routine checks which are carried out every six months. The examination was carried out by the Ministry of Health in the form of a bacteriological examination by means of hand swabs and anal swabs to determine whether or not bacteria were present in employees as food handlers.

In the food processing process, all employees use tools when handling food, starting from spoons, forks, food tongs and especially disposable gloves. For the behavior of food handlers, no one smokes indoors and during the food processing process. Furthermore, employees are also required to always keep their hands and nails clean so that they check each other and remind each other to immediately cut long nails. Apart from that, workers are prohibited from wearing jewelry such as rings during the food processing process, but sometimes there are still some employees who wear jewelry such as rings while working. Workers who still like to wear rings are usually waiters and distribution staff. Based on research conducted by Mufidatul Khotima at the nutrition installation at the Bhakti Wira Tamtama Hospital, Semarang in 2015, in the implementation of personal hygiene, there were things that were not in line with the research because there were differences, namely that the food handlers there did not use head coverings/hair caps. This is important because the head covering functions to prevent hair from falling into the food which can cause physical harm to the food.

Based on research conducted by Putih Sujatmiko in the nutrition installation of the Depok City Regional Hospital in 2009, the process of implementing personal hygiene is in line with the research because there are similarities, namely that the two hospitals, both the Depok City Regional Hospital and the Taman Puring Muhammadiyah Hospital, South Jakarta are the same. -Same behavior as not smoking during the food processing process, washing hands with soap and running water and some food handlers not always wearing gloves or only using one hand when working. In connection with the regulations stated in Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 concerning food service sanitation hygiene, for the personal hygiene requirements of food handlers at the Nutrition Installation of the Muhammadiyah Hospital, Taman Puring, South Jakarta, there are points that are in accordance and points that are not in accordance with the regulations. . Points that are appropriate include employees wearing complete PPE when working, always washing their hands

with soap, having good behavior by not smoking, keeping their hands and nails clean. This has been implemented due to good employee knowledge in implementing personal hygiene at work.

However, for points that are not appropriate and do not comply with Minister of Health Regulation Number 1096/MENKES/PER/VI/2011, including some employees who still wear jewelry, there are no inspections and regulations that require employees to have a food sanitation hygiene course certificate and there are still employees who do not Use gloves completely during food processing. This is due to a lack of awareness, discipline and lack of supervision of employees in implementing personal hygiene when working.



bathrooms with a ratio of 22 employees for each. The bathroom is equipped with running water and is located next to the changing room.

In terms of quantity, the rubbish bins available in the nutrition installation unit are sufficient, consisting of 5 rubbish bins, one large and four small. Large trash cans are usually used for disposing of patient food waste and the rest for disposing of other waste. The available trash cans are lined with plastic or trash bags, closed but the types of waste have not been differentiated, such as organic (wet) or inorganic (dry) waste. Apart from that, other sanitation facilities are a place for washing equipment and a place for washing foodstuffs, each of which is differentiated for each type. The washing places are located close to each other, there are 4 places for washing food ingredients, including vegetables, fruit and garnishes, and 3 places for washing equipment, both cutlery and cooking utensils.

All washing stations are made of stainless steel so they are strong and rust-proof. Apart from that, each washing station is also accompanied by a sticker warning "Use enough water" so that water can be utilized and used only as needed.

Based on research conducted by Putih Sujatmiko at the nutrition installation at Depok City Regional Hospital in 2009, in the process the conditions of sanitation facilities and equipment were not in line with the research because there were differences, namely that there were 4 trash bins and the types of organic and inorganic waste were differentiated. In connection with the regulations stated in Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 concerning food service sanitation hygiene, for sanitation facilities and equipment there are points that are in accordance and points that are not in accordance with the regulations. Points that are appropriate include the hand washing place which is separate from the equipment washing place and food washing place, the number of hand washing places there is three. This is in accordance with the provisions on the ratio of the number of employees, namely that every >20 people must have >2 sinks. Apart from the hand washing place, the equipment washing place is separate from the food washing place, clean water and the number of bathrooms available meets the regulations, namely a minimum of 1:30 people and there are 22 employees.

However, points that are not appropriate and do not comply with Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 concerning food service sanitation hygiene include the number of latrines not being in accordance with the comparative number of existing employees, namely only 1 latrine whereas in the regulations the number of latrines should be for employees >20 people must be available in 2 units. Apart from latrines, there are also points where sanitation facilities are not suitable, namely at points where trash cans are required to differentiate between organic and inorganic types of waste. This is very important to pay attention to because the availability of complete sanitation facilities is one of the factors that reflects the success of implementing maximum food service sanitation hygiene.

Physical Conditions of Food Processing Places

The location of the food processing service is located on the B1 floor next to the pharmaceutical logistics room. The location is not close to companies/factories or sources of pollution such as public toilets, but the distance between the catering service and the waste transportation area is quite close

so the smell of the waste can sometimes be very strong. Apart from the location, the building area at the food service also looks narrow and there are many items whose arrangement is still messy, the condition of the food service floor looks even, easy to clean and not slippery. The existing door is made to the outside, it can close by itself. The inner walls are flat and light colored. The existing walls are equipped with room thermometers, but the walls have stains and peeling paint. The ceiling appears uneven and has a short distance due to the limited building conditions and the large number of parapets attached.

The catering building or room where food is processed at the Nutrition Installation at the Muhammadiyah Hospital, Taman Puring, South Jakarta, is not yet equipped with ventilation or vents, however, for air circulation and exchange, they use exhausts installed on the walls of the building. The existing lighting intensity is sufficient from the lamps that illuminate the room. In the catering room, equipment and food ingredients can be reached within the work area. In connection with the regulations stated in Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 concerning food service sanitation hygiene, regarding the physical condition of food processing places there are still points that are not in accordance with the existing regulations, including the ceiling which looks uneven due to the large number of Paralon is attached, the walls are not clean because some parts have stains and the paint is peeling off, the processing area looks narrow due to the large number of items available and the lack of windows and ventilation. This is due to the limited condition of the existing building so that there are still several points that do not comply with catering hygiene and sanitation regulations.

CONCLUSION

From the results of the research and discussion, it can be concluded that there are still several points from each variable in the food management process that do not meet and are not in accordance with Minister of Health Regulation Number 1096/MENKES/PER/VI/2011 concerning food service sanitation hygiene, including:

1. The selection of food ingredients at Muhamadiyah Hospital Taman Puring, South Jakarta is in accordance with regulations, namely the checking process has been carried out by the chef first. The purpose of checking is to ensure that the quality of the ingredients imported and ordered by suppliers and cooperatives is guaranteed, such as freshness and also that the food ingredients are not physically defective. If damaged or defective items are found, the chef will immediately exchange them back. However, in this variable there are points that are not in accordance with the regulations, namely processed food packaging which is easily damaged is not disposable, but if there is leftover it will be stored in a cleaner, such as liquid milk, coconut milk, mayonnaise, but for a short period of time.
2. The storage of food ingredients at Muhamadiyah Hospital Taman Puring, South Jakarta is in accordance with regulations, namely the storage of food ingredients is generally differentiated according to the type of ingredient, including dry food ingredients being stored in stainless steel cupboards and wet food ingredients being stored in freezers and refrigerators, in dry food storage. It is also separate and has a special room, and uses the First In First Out (FIFO) and First Expired First Out (FEFO) methods with a system of prioritizing the use of goods that have been stored for longer to avoid expiration. However, in this variable there are points that are not in accordance with the regulations, namely the distance where dry food is stored is very close to the ceiling, namely less than 60 cm due to the limited conditions of the food service building.
3. Food processing at Muhamadiyah Hospital Taman Puring, South Jakarta is generally in accordance with regulations, namely before the cooking process of food that will be used, it always begins with washing using running water, storing food that has not yet been processed in the refrigerator/freezer and cooking in accordance with the priority order. . However, in this variable there is a point that is not in accordance with the regulations, namely in cooking foods that are susceptible and at risk of containing lots of pathogenic bacteria, such as meat and chicken, which are not cooked using a temperature measurement tool but only use estimated time and habitual techniques, even though the temperature measurement tool aims to Ensure that the food being processed is at a temperature of 900C, because at this temperature the pathogenic germs in the meat or chicken are guaranteed to be completely dead and safe. Apart from that, measurements are also carried out so that the nutritional content of the food is not lost.
4. The storage of finished/cooked food at Muhamadiyah Hospital Taman Puring, South Jakarta is in accordance with regulations, namely the storage area is equipped with temperature settings

so that the food temperature is maintained. The storage container is separate, closed and ventilated so that the food stored is safe and free from condensation and food contamination.

5. Transporting food at Muhamadiyah Hospital Taman Puring, South Jakarta is in accordance with regulations, namely when transporting food, special vehicles are used in the form of trolleys covered with separate containers and covered with plastic wrapping. However, in this variable there are points that do not comply with the regulations, namely the trolley used is not equipped with a temperature setting/hot trolley so it is feared that the food temperature is less than 600C which causes a risk of the growth of pathogenic bacteria which can endanger the health of the human body.
6. The serving of food at Muhamadiyah Hospital Taman Puring, South Jakarta is in accordance with regulations, namely that the serving uses separate containers and is covered with plastic wrapping, the container material is also made of ceramic and plato so it is safe when used.
7. The implementation of personal hygiene of food handlers is generally in accordance with regulations, namely that food handlers maintain personal hygiene by always washing their hands with soap, wearing PPE and complete work uniforms in the form of gloves, masks, aprons and head coverings/hair caps and using tools. when holding and touching food. However, in this variable there are points that are not in accordance with the regulations, namely the discovery of employees who still wear jewelry such as rings, employees who do not wear gloves completely/only on one side and there are no inspections and regulations that require employees to have a food sanitation hygiene course certificate.
8. Existing sanitation facilities and equipment are generally in accordance with regulations, namely the number of existing facilities is sufficient, such as sinks, rubbish bins, bathrooms, equipment washing areas and food washing facilities. There are separate washing areas for washing food ingredients, washing cooking utensils and washing eating utensils. However, in this variable there are points that are not in accordance with the regulations, namely the number of toilets which is still insufficient and not in accordance with the ratio of the number of existing employees. Apart from that, the available waste bin sanitation facilities do not differentiate between organic (wet) and inorganic (dry) waste types.
9. The physical condition of the food service building is generally in accordance with existing regulations, namely the floor, condition of the doors and lighting, however, in this variable there are still several points that are not in accordance with the regulations, including the ceiling which looks uneven due to the large number of parapets attached, the walls are not clean because some parts have stains and paint is peeling off, the processing area looks narrow due to the large number of items and the lack of windows and ventilation. This is due to the limited condition of buildings in catering services.

REFERENCE

Ariffin, Zainal. 2012. Evaluasi Pembelajaran. Bandung: PT. Remaja Rosdakarya

Arisman. 2009. Keracunan Makanan: Buku Ajar Ilmu Gizi. Jakarta: EGC

Bank Data Kemenkes. 2015. www.depkes.go.id diakses pada tanggal 21 Mei 2016 pukul 17.08 WIB

BPOM. 2014. www. pom.go.id diakses pada tanggal 18 Mei 2016 pukul 21.41 WIB

Budiarto, Eko. 2003. METODOLOGI PENELITIAN KUANTITATIF, KUALITATIF DAN R&D. Bandung: Alfabeta

Chandra, Budiman. 2006. Pengantar Kesehatan Lingkungan. Jakarta: EGC

Cresswell, John W. 2010. Research Design:Pendekatan Kualitatif, Kuantitatif dan Mixed.Yogyakarta: Pustaka Pelajar

Depkes RI. 2003. Pedoman Pelayanan Gizi Rumah Sakitdengan link www.gizi.depkes.go.id diunduh pada tanggal 07 Juli 2016 Pukul 16.53 WIB

Hartono. 2006. Penyakit Bawaan Makanan. Jakarta: EGC

Husain, T., & Sunardi, N. (2020). Firm's Value Prediction Based on Profitability Ratios and Dividend Policy. *Finance & Economics Review*, *2*(2), 13-26.

Kadim, A., & Sunardi, N. (2022). Financial Management System (QRIS) based on UTAUT Model Approach in Jabodetabek. *International Journal of Artificial Intelligence Research*, *6*(1).

Kadim, A., Sunardi, N & Husain, T. (2020). The modeling firm's value based on financial ratios, intellectual capital and dividend policy.*Accounting*, 6(5), 859-870.

Khotimah, Mufidatul. 2015. Skripsi Gambaran Penerapan Food Safety Pada Pengolahan Makanan Di Instalasi Gizi Rumah Sakit Bhakti Wira Tamtama Semarang dengan link http://lib.unnes.ac.id/23334/1/6411411178.pdf diunduh pada tanggal 07 Juli 2016 Pukul 10.39 WIB

Moleong, Lexy J. 2011. Metode Penelitian Kualitatif. Bandung: PT. Remaja Rosdakarya

Nardi Sunardi Et Al (2020). Determinants of Debt Policy and Company's Performance, International Journal of Economics and Business Administration Volume VIII Issue 4, 204-213

Nasution, Prof. Dr. S. 2003. Metodologi Penelitian Naturalistik Kualitatif. Bandung: Tarsito

Ningsih, Ryan. 2014. Jurnal Kesehatan Masyarakat dengan link http://journal.unnes.ac.id/nju/index.php.kesmas diunduh pada tanggal 07 Juni 2016 Pukul 16.18 WIB

Permenkes. 2011. Higiene Sanitasi Jasaboga dengan link http://pelayanan.jakarta.go.id/download/regulasi/permen-kesehatan-nomor-1096-menkes-per-vi-2011-tentang-higiene-sanitasi-jasaboga.pdf diakses pada tanggal 15 Mei 2016 Pukul 13.38 WIB

Perry , Potter. 2005. Buku Ajar Fundamental Keperawatan. Jakarta: EGC

Purnawijayanti , Hiasinta. 2001. Sanitasi Hygiene dan Keselamatan Kerja dalam Pengolahan Makanan. Yogyakarta: KANISIUS

Romadhina, A. P. (2020). Pengantar Ilmu Ekonomi Mikro dan Makro.

S. Supriyanto dan Ernawati. 2010. Pemasaran Industri Jasa Kesehatan. Yogyakarta: CV. ANDI OFFSET

Sembel, Dantje Terno. 2015. Toksikologi Lingkungan. Yogyakarta: CV. ANDI OFFSET

Sugiyanto, . and Anggun Putri Romadhina, . (2020) *Pengantar Ilmu Ekonomi Mikro dan Makro.* Yayasan Pendidikan dan Sosial Indonesia Maju (YPSIM), Banten. ISBN 978-623-92764-4-7

Sugiyanto, . and Luh Nadi, . and I Ketut Wenten, . (2020) *Studi Kelayakan Bisnis.* Yayasan Pendidikan dan Sosial Indonesia Maju (YPSIM), Serang. ISBN 978-623-7815563

Sugiyanto, E. M. (2018). Earning Management, Risk Profile And Efficient Operation In The Prediction Model of Banking: Eviden from Indonesia.

Sugiyanto, E. M. (2018). Earning Management. *Risk Profile And Efficient Operation In The Prediction Model Of Banking: Eviden From Indonesia*.

Sugiyanto, L. N., & Wanten, I. K. (2020). Studi Kelayakan Bisnis Penerbit Yayasan Pendidikan dan Sosial Indonesia Maju (YPSIM) Banten 2020. *Cetak Perdana*.

Sugiyanto, S. (2018). Pengaruh Tax Avoidance Terhadap Nilai Perusahaan Dengan Pemoderasi Kepemilikan Institusional. *Jurnal Ilmiah Akuntansi Universitas Pamulang*, *6*(1), 82-96.

Sugiyanto, S., & Candra, A. (2019). Good Corporate Governance, Conservatism Accounting, Real Earnings Management, And Information Asymmetry On Share Return. *Jiafe (Jurnal Ilmiah Akuntansi Fakultas Ekonomi)*, *4*(1), 9-18.

Sugiyanto, S., & Candra, A. (2019). Good Corporate Governance, Conservatism Accounting, Real Earnings Management, And Information Asymmetry On Share Return. *Jiafe (Jurnal Ilmiah Akuntansi Fakultas Ekonomi)*, *4*(1), 9-18.

Sugiyono.2005. Memahami Penelitian Kualitatif. Bandung: Alfabeta

Sujatmiko, Putih. 2009. Skripsi Rancangan Sistem Hazard Analysis Critical Control Point Di Unit Gizi Rumah Sakit Umum Daerah Kota Depok. dengan link http://lib.ui.ac.id diunduh pada tanggal 22 Agustus 2016 Pukul 09.44 WIB

Sunardi, N. (2017). Determinan Intelectual Capital dengan Pendekatan iB-VAIC™ Terhadap Efisiensi Biaya Implikasinya Pada Profitabilitas Perbankan Syariah di Indonesia. *JIMF (Jurnal Ilmiah Manajemen Forkamma)*, *1*(1).

Sunardi, N. (2022). Liquidity and Asset Growth on Telecommunications Companies Value. *Jurnal SEKURITAS (Saham, Ekonomi, Keuangan dan Investasi)*, *5*(3), 299-307.

Sunardi, N., & Lesmana, R. (2020). Konsep Icepower (Wiramadu) sebagai Solusi Wirausaha menuju Desa Sejahtra Mandiri (DMS) pada Masa Pandemi Covid-19. *JIMF (Jurnal Ilmiah Manajemen Forkamma)*, *4*(1).

Sunardi, N., & Tatariyanto, F. . (2023). The Impact of the Covid-19 Pandemic and Fintech Adoption on Financial Performance Moderating by Capital Adequacy . *International Journal of Islamic Business and Management Review*, *3*(1), 102–118. https://doi.org/10.54099/ijibmr.v3i1.620

Sutikno, Sobry. 2009. Belajar dan pembelajaran “Upaya Kreatif dalam Mewujudkan Pembelajaran yang Berhasil”. Bandung: Prospect

Tiffany Deanidia. 2016, **“**Gambaran Higine Sanitasi Pengelolaan Makanan di Instalasi Gizi Rumah Sakit Muhammadiyah Taman Puring Jakarta Selatan, Universitas Muhammadiyah Jakarta, Kota Tangerang Selatan.” Skripsi Kesehatan Masyarakat Manajemen Rumah Sakit

Umar, Husein. 2003. Metode Riset Komunikasi Organisasi. Jakarta: PT. Gramedia Pustaka Utama

W. Gulo. 2002. Metodologi Penelitian. Jakarta: Grasindo

WHO dalam Hartono, Andry., Palupi., Widyastuti. 2005. Penyakit Bawaan Makanan. Jakarta: EGC