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Analysis of the Implementation of Cooks' Occupational Health and Safety Standards on Food Sanitation

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Abstract

Restaurant kitchens are high-risk work areas where Occupational Health and Safety (OHS) standards and food sanitation practices must be implemented consistently to prevent workplace accidents and food contamination. This study aims to analyze the implementation of OHS standards among cooks and their relationship with food sanitation practices at Bale La Zara Resto Palembang. A descriptive qualitative approach was employed, with data collected through non-participant observation, semi-structured interviews with seven kitchen staff members, and documentation. The data were analyzed using an interactive model consisting of data condensation, data display, and conclusion drawing. The findings show that the implementation of OHS standards remains partial and inconsistent. Several problems were identified, including inadequate ventilation due to the absence of an exhaust hood, insufficient lighting, wet and slippery floors, ergonomic complaints, and inconsistent use of Personal Protective Equipment (PPE). Food sanitation practices were also not fully standardized, as indicated by the absence of structured sanitation training, routine health inspections, documented monitoring, and consistent PPE compliance. The study further reveals that OHS and food sanitation are closely interconnected because unsafe working conditions may reduce hygiene compliance and increase the risk of food contamination. Therefore, the restaurant needs to strengthen an integrated OHS and food sanitation system through written SOPs, regular training, facility improvement, routine health checks, daily monitoring checklists, and stricter PPE enforcement. These efforts are essential to build a stronger safety culture and ensure safer food handling practices in restaurant kitchen operations.

Introduction

Indonesia, with its vast archipelago and rich cultural diversity, possesses immense tourism potential (Morena et al., 2025). A key pillar of this industry is the hospitality and food service sector, particularly restaurants (Karo Karo, 2020). Restaurants are commercial establishments organized to provide excellent service, including food and beverages, to guests (Karo & Hamonangan, 2021; Marsum, 2005). The kitchen, or *back of the house*, is the heart of a restaurant, where raw ingredients are transformed into finished dishes. This area must meet stringent standards of cleanliness, safety, and efficiency (Marsum, 2005; Mochammad Musafa'ul Anam et al., 2021).

However, the kitchen is inherently a high-risk workplace. Cooks face numerous hazards, including burns, cuts from sharp tools, slips on wet floors, ergonomic injuries from repetitive tasks or poor workstation design, and exposure to extreme heat, smoke, and fumes. These risks can lead to work accidents, decreased productivity, and health problems. Law No. 1 of 1970

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concerning Work Safety in Indonesia mandates that employers provide protection, prevent accidents, and ensure safe working conditions.

Parallel to OHS is the critical aspect of food sanitation. Food sanitation encompasses all efforts to control environmental factors that could form a chain of disease transmission, ensuring food and drinks are free from hazards from production to consumption (Yulianto et al., 2020). Poor sanitation can lead to cross-contamination, foodborne illnesses, and damage to the restaurant's reputation. The link between a cook's OHS practices and food sanitation is direct: a cook who is unsafe (e.g., not wearing a hat, not washing hands) is also a source of potential food contamination.

Preliminary observations at Bale La Zara Resto, a well-rated restaurant in Palembang with a semi-open kitchen concept, indicated potential issues. The kitchen layout lacked clear zoning for preparation, processing, and storage, increasing cross-contamination risks. Fire hazards from portable gas stoves and open fires were noted, alongside physical hazards like slippery floors and hanging cables. Sanitation issues included open food storage and mixing of raw and cooked ingredients. The use of Personal Protective Equipment (PPE) among kitchen staff was also reportedly incomplete. Based on this background, this study addresses three main questions: 1) How is OHS implemented for cooks at Bale La Zara Resto?; 2) What is the status of food sanitation in the kitchen?; 3) How does the implementation of OHS standards for cooks affect food sanitation at the resto?

The research aims to provide a detailed analysis of these issues, offering benefits to the restaurant for improvement, to cooks for awareness, and to academics as a reference.

Literature Review ‘

Occupational Health and Safety (OHS) and the 5S Concept

OHS is a field concerned with the health, safety, and well-being of people at work (Widodo, 2023). Its goals, as outlined in Law No. 1/1970, are comprehensive: preventing accidents, controlling fires, providing PPE, managing environmental factors (temperature, dust, noise), ensuring adequate lighting, maintaining cleanliness, and applying ergonomics. A holistic view of OHS sees it not as a cost, but as an investment in productivity, protecting worker well-being, and aiming for a "zero accident" goal (Satino et al., 2025).

A foundational concept for workplace organization and safety, originating from Japanese management (Kaizen), is the 5S methodology (Artha et al., 2022; Hidayat et al., 2022). The 5S principles are: 1) Seiri (Sort), differentiating between necessary and unnecessary items, removing the latter; 2) Seiton (Set in Order), arranging necessary items in an orderly manner for easy access and use, eliminating search time (Tobing et al., 2024); 3) Seiso (Shine), cleaning the workplace thoroughly, as cleaning itself serves as an inspection (Tobing et al., 2024); 4) Seiketsu (Standardize), continuously maintaining the first three S's through standardized procedures and responsibilities (Adzim, 2021); 5) Shitsuke (Sustain), cultivating discipline, the ability to follow rules and procedures consistently as a habit (Artha et al., 2022).

In a kitchen context, 5S directly supports both OHS and sanitation by creating an organized, clean, and efficient environment that reduces accident risks and prevents cross-contamination.

A cook is a culinary professional responsible for food preparation, quality control, food safety, and kitchen efficiency (Karo Karo, 2024; Sharma et al., 2025; Theresia Simangungsong et al., 2025). This role involves processing raw ingredients from preparation to serving, ensuring the final dish is suitable for consumption (Setiawan & Karo, 2023). Given their direct and

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continuous contact with food, cooks are the primary agents for both maintaining safety (avoiding accidents) and ensuring sanitation (preventing contamination).

Food sanitation involves a series of activities and actions to free food and drink from any health-threatening hazards (Yulianto et al., 2020; Yuniarti et al., 2025). Its objectives are to guarantee food safety and purity, prevent consumer illness, prevent the sale of harmful food, and reduce waste. Key aspects include: 1) Processing Place (Kitchen): The kitchen must be healthy and clean to produce healthy food; 2) Food Handlers (Cooks):These individuals must practice good personal hygiene, as they are a primary potential source of contamination (Anwar et al., 2020); 3) Processing Methods: Proper cooking and handling techniques are essential for producing safe food (Rahmania et al., 2025).

The integration of OHS and sanitation is symbiotic. A well-ventilated kitchen (OHS) reduces heat stress on the cook, who is then less likely to sweat into food (sanitation). A well-organized workspace (Seiton) prevents a cook from accidentally knocking a raw chicken onto a cooked dish (both OHS and sanitation). Non-slip, clean floors (Seiso, Seiketsu) prevent slips (OHS) and reduce areas where pathogens can accumulate (sanitation). Thus, a cook's adherence to OHS standards is a prerequisite for effective food sanitation.

Relevant Previous Research and Theoretical Gap

Several hospitality industry studies have explored OHS or sanitation in hotel/restaurant kitchens. For instance, Kini found incomplete written SOPs for OHS in a hotel kitchen (Kini et al., 2025). Ichsan reported poor kitchen hygiene due to a lack of SOPs (Ichsan, 2024). Research by Hotmauli highlighted failures in personal hygiene (Sinaga & Ekasani, 2024). Asrihati identified issues like poor ventilation and lack of uniform compliance (Asrihati et al., 2025). These studies often examine OHS and sanitation separately or find gaps in one area. Furthermore, a study by Zulkifli or Rebeka on the influence of safety climate on safety behavior in the food service industry emphasized that a positive safety climate, driven by management commitment and effective communication, significantly predicts employees' compliance with safety procedures and their participation in safety-related activities (Ulitama et al., 2021; Zulkifli et al., 2023). This finding underscores that the presence of rules is insufficient; a supportive organizational culture is crucial. This current study builds on these foundations by specifically analyzing how the *implementation* of cook-related OHS standards directly impacts *food sanitation* outcomes in a single restaurant context, identifying not just the presence of gaps but the systemic reasons behind them, such as perception bias and weak safety

Methods

This study employed a descriptive qualitative research design to analyze the implementation of Occupational Health and Safety (OHS) standards among cooks and its relationship with food sanitation practices at Bale La Zara Resto Palembang. This approach was selected because the study aimed to describe actual working conditions, staff behavior, sanitation practices, and the gap between formal procedures and daily implementation in the restaurant kitchen. The qualitative design allowed the researcher to obtain in-depth information through direct observation, interviews, and documentation.

The study was conducted at Bale La Zara Resto, located on Sukarela Street, Sukarami, Palembang, South Sumatra. The main research site was the restaurant kitchen, which serves as the central area for food preparation, cooking, storage, and sanitation activities. The research participants consisted of seven kitchen staff members, including the Head Chef, Cook, Cook Helpers, and Helpers. These participants were selected purposively because they were directly

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involved in kitchen operations and had first-hand experience regarding OHS implementation, food handling, equipment use, and sanitation practices.

The data used in this study consisted of primary and secondary data. Primary data were collected through non-participant observation and semi-structured interviews. Observation was conducted to examine the physical condition of the kitchen, including ventilation, lighting, floor conditions, kitchen layout, cleanliness, food storage, equipment safety, and the use of Personal Protective Equipment (PPE). The observation also focused on staff behavior during food preparation and cooking activities, especially during both quiet and peak operating hours. In addition, simple environmental checks were carried out, including temperature observation and lighting assessment, to compare actual kitchen conditions with relevant workplace safety standards. Interview data were obtained from seven kitchen staff members using a semi-structured interview guide. The interview questions covered staff perceptions of OHS implementation, sanitation practices, PPE use, accident history, health checks, sanitation training, monitoring systems, and challenges faced in applying safety and hygiene standards.

Secondary data were obtained from documentation, including available operational documents, cleaning schedules, staff-related records, photographs of kitchen conditions, and any existing written procedures related to OHS and sanitation. Documentation was used to support and verify findings from interviews and observations.

The research instruments consisted of an observation checklist, a semi-structured interview guide, and documentation notes. The observation checklist was developed based on key aspects of OHS and food sanitation, including ventilation, lighting, cleanliness, ergonomics, equipment safety, PPE compliance, food storage, cross-contamination prevention, health inspection, and sanitation monitoring. The interview guide was used to obtain consistent information from all participants while still allowing further probing when important issues emerged during the interview process.

Data were analyzed using the interactive model of Miles and Huberman, which consists of data condensation, data display, and conclusion drawing/verification. Data condensation was carried out by selecting and simplifying relevant information from observations, interviews, and documentation. Data display was conducted by organizing findings into thematic categories related to OHS implementation, food sanitation, and the integration between OHS standards and sanitation practices. Although the study used a qualitative approach, several interview responses from the seven participants were summarized using simple frequencies and percentages to support descriptive interpretation. These percentages were not intended for statistical generalization but were used to show the distribution of participants' responses. Finally, conclusions were drawn by comparing staff perceptions, observed practices, and available documentation to identify consistency, gaps, and areas requiring improvement.

Result and Discussion

Bale La Zara Resto is designed with a traditional Javanese Joglo and limasan concept, aiming to offer authentic Nusantara cuisine. The kitchen employs seven staff members, consisting of one Head Chef, one Cook, three Cook Helpers, and two Helpers, who work in two shifts. The kitchen building is semi-open and functions as the main area for food preparation, cooking, storage, and cleaning activities.

The findings reveal a significant gap between staff perceptions and actual practices in the kitchen. Data obtained through interviews, observation, and documentation indicate that although several basic procedures are already available, the implementation of Occupational Health and Safety (OHS) standards and food sanitation practices remains inconsistent. The

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findings are presented in three main parts: OHS implementation, food sanitation practices, and the integration of cooks' OHS standards with food sanitation.

Implementation of Occupational Health and Safety Standards

The implementation of OHS standards was assessed through interviews with kitchen staff, direct observation of kitchen conditions, and documentation review. The findings indicate that several OHS components require improvement, particularly air quality and temperature control, lighting, cleanliness, layout and ergonomics, and equipment safety.

Table 1. Summary of Key OHS Findings

Aspect	Survey Finding (Selected)	Observation/Cross-check Finding	Analysis/Standard Reference
Air Quality & Temp	43% report smoke buildup; 71% feel heat affects concentration.	No exhaust hood installed. Relies on natural ventilation and fans. Temp measured 20-30°C.	Violates ILO standards for ventilation control. Heat stress risk per OSHA guidelines.
Lighting	100% say adequate; 29% report eye fatigue.	Illumination level measured <300 lux (standard is 300+).	Lighting is quantitatively insufficient and qualitatively poor (glare, distribution), increasing accident risk..
Cleanliness	100% state routine cleaning exists.	Cleaning schedules exist, but floors were observed wet and slippery. No evidence of documented checks.	Administrative procedure exists but lacks consistent implementation and monitoring (WHO).
Layout & Ergonomics	86% say layout is comfortable; 86% report back/foot pain.	High pain reports contradict comfort claims. Indicates static postures, unsuitable table heights.	High risk of long-term musculoskeletal disorders (International Ergonomics Association).
Equipment Safety	71% say SOP & checks exist; 71% report accidents from tools.	2 slip/fall accidents and 1 minor cut reported in 3 months due to "carelessness."	Gap between policy and practice. Accidents due to unsafe acts/conditions (Heinrich's theory).

As shown in Table 1, the implementation of OHS standards at Bale La Zara Resto is not yet optimal. The most critical issue is the absence of an exhaust hood in the kitchen. Although the kitchen relies on natural ventilation and fans, these are not sufficient to control smoke, heat, and cooking fumes during food preparation. Several staff members reported that smoke buildup and heat affected their concentration while working. One staff member stated:

> "During busy hours, the kitchen becomes hotter, and smoke sometimes remains around the cooking area."
> *(Interview with Kitchen Staff)*

This condition indicates that the semi-open kitchen design does not automatically guarantee adequate ventilation. Inadequate air circulation may increase discomfort, fatigue, and the risk of work accidents. The contradiction between workers who considered the temperature acceptable and those who reported concentration problems suggests that some staff may have become accustomed to unsafe or uncomfortable working conditions.

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Lighting was another important concern. Although all respondents stated that the lighting was adequate, direct observation showed that illumination in several kitchen areas was below the recommended standard of 300 lux. This condition is problematic because kitchen work involves precision-based activities such as cutting ingredients, checking food quality, reading labels, and operating cooking tools. Poor lighting may increase the risk of cuts, burns, and mistakes in food preparation.

Cleanliness was generally perceived positively by staff because routine cleaning activities were reported. However, observation showed that wet and slippery floors were still found during kitchen operations. This indicates that cleaning activities are already conducted, but monitoring and immediate corrective action are still weak. One cook helper explained:

> "The kitchen is cleaned every day, but when the restaurant is crowded, the floor can become wet again."
> *(Interview with Cook Helper)*

This finding shows that cleanliness should not only be understood as a routine activity but also as a continuous safety control. In a kitchen setting, wet floors are both a hygiene issue and an OHS hazard because they can cause slips and falls.

The ergonomic aspect also requires attention. Although most staff stated that the kitchen layout was comfortable, many of them also reported back and foot pain. This suggests a mismatch between perceived comfort and ergonomic suitability. Staff may consider the layout comfortable because they are familiar with it, but repetitive movements, prolonged standing, and inappropriate workstation height may still cause musculoskeletal complaints.

Equipment safety also showed a gap between procedure and practice. Although some staff stated that SOPs and equipment checks existed, accidents such as slips, falls, and minor cuts were still reported. These incidents should not be interpreted only as individual carelessness. They may also reflect unsafe working conditions, weak supervision, limited PPE compliance, and the absence of a strong safety culture.

Food Sanitation Practices

Food sanitation practices were analyzed through staff interviews, direct observation, and documentation. The findings indicate that Bale La Zara Resto already has several basic sanitation practices, such as cleaning routines and some storage procedures. However, important sanitation components remain weak, particularly structured sanitation training, monitoring documentation, cross-contamination prevention, routine health inspections, and PPE compliance.

Table 2. Summary of Key Sanitation Findings

Aspect	Survey Finding	Observation/Cross-check Finding	Analysis
Sanitation Training	71.4% said "Yes" (contradictory response).	No structured training provided. Learning is informal, on-the-job.	Inconsistent knowledge and practices. High risk of error (Arham et al., 2025).
Monitoring System	100% say routine monitoring exists.	No documented evidence (checklists, logs). Monitoring is casual visual checks.	Subjective, inconsistent, and unevaluable system (ILO).

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Cross-contamination	57.1% say rules exist; 42.9% say no.	No strict physical separation observed for raw/cooked ingredients in all areas.	High risk of foodborne illness. Poor understanding of critical control points (Salami, 2022).
Health Inspection	42.9% say yes; 57.1% say no.	No routine health checks for food handlers.	Fundamental flaw. Sick staff can directly contaminate food (Salami, 2022).
PPE Usage	100% state use of chef hat, apron, safety shoes.	Inconsistent use: Only 1 staff wore apron; some wore sandals, not safety shoes; hats not worn by all.	Gap between knowledge/perception and actual behavior. Low discipline (Shitsuke).

As presented in Table 2, food sanitation practices at Bale La Zara Resto are not yet consistently implemented. Although several staff members stated that sanitation-related guidance had been provided, the guidance was mostly informal and occurred during daily work. No structured sanitation training program was found. One kitchen staff member stated:

> "There is no special training. New staff usually learn directly from senior workers while working."
> *(Interview with Kitchen Staff)*

This finding indicates that sanitation knowledge is obtained mainly through informal work experience. While this method may help new workers adapt to kitchen routines, it does not guarantee that all staff understand sanitation standards in the same way. Without structured training, food handling practices may vary between workers.

The monitoring system also remains weak. Although all staff stated that routine monitoring existed, there was no documented evidence such as checklists, sanitation logs, or written evaluation records. Monitoring was mostly conducted through casual visual checks. This makes it difficult for management to evaluate whether sanitation standards are consistently applied and whether corrective actions have been taken.

Cross-contamination prevention was another important issue. Some staff stated that rules existed, while others were unsure. Observation showed that strict physical separation between raw and cooked ingredients was not consistently applied in all areas. This condition creates a potential risk of foodborne illness, especially during peak operating hours when work intensity is high.

Routine health inspection for food handlers was also not clearly implemented. The responses from staff were inconsistent, and no documented evidence of regular health checks was found. This is a serious weakness because food handlers have direct contact with food and may become sources of contamination if their health condition is not monitored.

The most visible gap was found in PPE usage. Although all staff stated that chef hats, aprons, and safety shoes were used, observation showed inconsistent compliance. Only some staff wore complete PPE, and several workers were still observed using sandals instead of safety shoes. One informant explained:

> "Sometimes PPE is used, but during busy hours not everyone wears it completely."
> *(Interview with Cook Helper)*

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This finding indicates that PPE use is understood as necessary but has not yet become a strict and consistent rule. In the context of food sanitation, PPE is not only used to protect workers but also to prevent food contamination. Therefore, inconsistent PPE use weakens both sanitation and occupational safety.

Integration of Cooks' OHS Standards on Food Sanitation

The findings show that OHS implementation and food sanitation practices are closely related. Unsafe working conditions can directly affect sanitation behavior, while poor sanitation practices can also increase occupational risks. At Bale La Zara Resto, the integration between OHS standards and food sanitation remains weak because implementation depends largely on individual habits rather than standardized procedures and consistent supervision.

Several positive practices were identified, such as the use of FIFO principles for storage, separation of raw and cooked ingredients in refrigerators, and the use of a food thermometer. However, these practices are not yet fully supported by documented SOPs, structured training, routine monitoring, and strict discipline.

The absence of an exhaust hood, for example, is an OHS problem that may also influence sanitation. A hot and smoky kitchen environment may cause discomfort, sweating, fatigue, and reduced concentration among cooks. These conditions may lower compliance with hygiene practices and increase the risk of contamination. Similarly, poor lighting can increase the risk of work accidents and reduce staff accuracy in identifying unclean surfaces, damaged ingredients, or improper food handling.

Ergonomic problems may also affect sanitation. Staff who experience back or foot pain may work in uncomfortable positions, rush their tasks, or lean on preparation tables. These behaviors may increase the possibility of contamination, especially when combined with incomplete PPE use.

PPE compliance clearly illustrates the connection between OHS and sanitation. Chef hats help prevent hair contamination, aprons protect both workers and food handling areas, and safety shoes reduce the risk of slipping on wet floors. Therefore, when PPE is not used consistently, both worker safety and food hygiene are compromised.

Based on the 5S perspective, the weakest aspect appears to be *Shitsuke* or discipline. Some elements of *Seiri*, *Seiton*, and *Seiso* are already visible in the kitchen, such as cleaning routines and storage arrangements. However, *Seiketsu* and *Shitsuke* remain weak because procedures are not fully standardized and staff discipline is not consistently enforced. Written SOPs, regular training, monitoring checklists, and management commitment are needed to strengthen the integration of OHS and sanitation.

Overall, the integration of cooks' OHS standards and food sanitation at Bale La Zara Resto can be described as partial and inconsistent. The restaurant has several basic practices, but they are not yet implemented systematically. The main problems are inadequate facilities, weak supervision, limited documentation, and inconsistent discipline among kitchen staff.

The findings indicate that the implementation of Occupational Health and Safety (OHS) and food sanitation at Bale La Zara Resto should be understood as an integrated management issue rather than two separate operational concerns. The gap between staff perceptions and actual kitchen practices suggests that safety awareness has not yet developed into a consistent safety culture. This is in line with Kini et al. (2025), who emphasized that hotel kitchen risks are shaped by the interaction of cooking processes, equipment, work speed, layout, posture, and worker behavior. Therefore, accidents such as slips, minor cuts, and incomplete PPE use should

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not be viewed merely as individual carelessness, but as signs of weak hazard control, supervision, and daily discipline. Similarly, Asrihati et al. (2025) showed that kitchen safety standards require consistent implementation, not only the existence of rules. Widodo (2023) and Satino et al. (2025) also support this interpretation by stressing that K3 is closely related to worker comfort, productivity, and organizational responsibility.

The absence of an exhaust hood, insufficient lighting, and slippery floors show that the physical kitchen environment has not fully supported safe and hygienic work. Ditto et al. (2023) found that cooking and cleaning emissions in commercial kitchens can affect indoor air quality and occupational exposure, making ventilation a key safety and sanitation requirement. In this study, reliance on natural ventilation and fans is not sufficient because smoke, heat, and fumes still influence workers' concentration. This condition may reduce accuracy in food handling and increase fatigue. The finding also strengthens Anam et al. (2021), who argued that hygiene, sanitation, and work safety in the kitchen must be applied together because kitchen hazards can directly affect food quality. Sinaga and Ekasani (2024) further emphasized that hygiene and sanitation in hospitality settings depend on continuous environmental control, while Ichsan (2024) showed that CHSE implementation requires clear procedures, facility readiness, and compliance with operational standards.

The weakness of structured sanitation training and documented monitoring indicates that food safety practices are still based on informal work habits. This is important because knowledge does not automatically become consistent practice. Arham et al. (2025), through a systematic review of knowledge, attitudes, and practices, showed that health-related behavior often fails when knowledge is not supported by repeated training, monitoring, and habit formation. In the kitchen context, this means that staff may understand hygiene in general but still apply it inconsistently during peak working hours. The lack of sanitation logs and health inspection records also makes management unable to evaluate whether hygiene practices are improving or declining. This supports Tobing et al. (2024), who explained that 5S implementation requires not only workplace cleanliness but also order, standardization, and employee discipline. Artha et al. (2022) also highlighted the role of Kaizen, teamwork, and organizational culture in improving employee performance, while Hidayat et al. (2022) showed that Kaizen-based management improves efficiency when continuous improvement is practiced systematically.

The inconsistent use of PPE is one of the clearest indicators that OHS and sanitation have not been internalized as daily obligations. Chef hats, aprons, and safety shoes are not only protective equipment for workers but also preventive tools against food contamination. This finding confirms that the weakest point is not only facility limitation but also the absence of strong Shitsuke, or sustained discipline, in the 5S framework. When PPE use depends on individual preference or workload conditions, food sanitation becomes vulnerable. Ulitama et al. (2021) found that CHSE certification in fast-food restaurants is closely related to consumer perception of cleanliness, health, safety, and environmental sustainability. Zulkifli et al. (2023) similarly showed that consumer confidence in hospitality services increases when CHSE principles are visibly implemented. Thus, PPE non-compliance may reduce not only worker safety but also consumer trust in restaurant quality.

From a hospitality and culinary tourism perspective, sanitation and safety should be treated as part of product quality and service experience. Karo et al. (2024) emphasized that consumer perception of culinary products is shaped by more than taste; it also includes presentation, quality, and the overall consumption experience. Rahmania et al. (2025) further showed that improving culinary product quality must be aligned with consumer expectations, while Yuniarti et al. (2025) found that consumer preference in local culinary products is influenced

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by product reliability and perceived value. Therefore, poor kitchen sanitation may weaken the restaurant's culinary image even when the food is considered attractive. This is also relevant to Karo et al. (2024), who discussed the connection between marketing performance and memorable tourism experiences, suggesting that hygiene and safety can become part of the customer's overall impression. Theresia Simangungsong et al. (2025) also noted that tourist experience and brand awareness influence culinary tourism development, meaning that unsafe or unhygienic practices can affect reputation, especially in the era of social media.

The findings also extend previous studies by showing that OHS and sanitation are mutually reinforcing. Morena et al. (2025) argued that tourism development requires supporting services, infrastructure improvement, and sustainable management. In this study, the kitchen functions as part of that supporting service because safe food production contributes to consumer confidence and destination competitiveness. Sharma et al. (2025) also positioned hospitality as a modern integrated sector where service quality, safety, and operational management are interconnected. Therefore, Bale La Zara Resto needs to move from informal compliance to a standardized safety-sanitation system. Written SOPs, regular training, exhaust hood installation, adequate lighting, daily monitoring checklists, health checks, and strict PPE enforcement are not merely technical recommendations; they are managerial strategies to build a stronger safety culture and protect food quality.

Overall, this study confirms that the main issue is not the complete absence of OHS and sanitation practices, but their partial, informal, and inconsistent implementation. Compared with previous studies, the contribution of this research lies in showing how unsafe working conditions can directly weaken food sanitation behavior among cooks. The restaurant already has basic cleaning routines and food handling awareness, but these practices require stronger standardization, supervision, and discipline. By integrating OHS and food sanitation into one operational control system, the restaurant can reduce accident risks, improve hygiene consistency, strengthen employee responsibility, and enhance consumer trust.

Conclusion

This study concludes that the implementation of cooks' Occupational Health and Safety (OHS) standards and food sanitation practices at Bale La Zara Resto Palembang remains partial and inconsistent. Although the restaurant has implemented several basic practices, such as routine cleaning, food storage procedures, and general hygiene awareness, these efforts have not yet been supported by strong standardization, systematic supervision, and consistent staff discipline.

The findings show that inadequate ventilation, insufficient lighting, slippery floors, ergonomic complaints, and inconsistent use of Personal Protective Equipment (PPE) are the main OHS issues affecting kitchen operations. At the same time, food sanitation practices are weakened by the absence of structured sanitation training, routine health inspections, documented monitoring, and strict PPE compliance. These conditions indicate that OHS and food sanitation are closely interconnected, as unsafe working environments may reduce hygiene compliance and increase the risk of food contamination.

Therefore, the restaurant needs to strengthen an integrated OHS and food sanitation system through written SOPs, regular staff training, improved kitchen facilities, routine health checks, daily monitoring checklists, and stricter PPE enforcement. These improvements are essential to build a stronger safety culture, reduce occupational risks, improve sanitation consistency, and ensure safer food handling practices in restaurant kitchen operations.

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