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Implementation of Cleanliness, Health, Safety, and Environmental Sustainability (CHSE) Protocols in Village Tourism Food Service: A Case Study of Tumpeng Menoreh Resto, Ngargoretno

Dadang Suratman[1]
[1] Culinary Arts, NHI Bandung Tourism Polytechnic, Indonesia
* Email of corresponding author: dag@poltekpar-nhi.ac.id

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Abstract

Purpose of the study: This study examines how the four CHSE dimensions which are cleanliness, health, safety, and environmental sustainability are implemented in operational practice at Tumpeng Menoreh Resto, a restaurant within Ngargoretno Tourism Village. It further identifies the constraints shaping that implementation and assesses what the resulting pattern means for visitor confidence and operational risk in village-based food service**.**

Design/methodology: A qualitative descriptive design within an interpretive paradigm was employed. Data were generated through in-depth interviews with restaurant management, staff, and village tourism actors, non-participant observation against an indicator checklist adapted from the Ministry of Tourism certification instrument, and documentary review. Analysis followed the interactive model of with credibility supported by source triangulation.

Findings: Cleanliness and environmental sustainability are fully implemented, including source-separated waste handled by a dedicated officer. Two shortfalls were identified, first personal protective equipment is provided but not used according to protocol, and a fire extinguisher previously in place is no longer available. Every visitor-facing indicator temperature screening, respiratory etiquette, evacuation signage is fully implemented. The binding constraint is organisational rather than financial.

Research limitations/Implications: Findings derive from a single establishment. They are useful for tourism village management, culinary tourism operators, certification authorities in Indonesia, and for quality assurance in small tourism enterprises. Village tourism can apply the findings to periodic verification design and support programme targeting.

Novelty/Originality of the study: The study identifies a visibility principle in certification compliance including implementation concentrates where visitors can observe it and decays where they cannot, independently of dimension or cost. This extends CHSE research beyond checklist scoring and shifts attention from one-time compliance to the sustained maintenance of protective measures after emergency conditions recede.

INTRODUCTION

The tourism sectors absorbed a disproportionate share of the economic disruption caused by the COVID-19 pandemic in Indonesia, and their recovery has depended less on the return of demand than on the restoration of traveller confidence (Halimatussadiah et al., 2020). Where earlier crises in the sector concerned affordability or access, this one concerned perceived safety, and the response required of operators was correspondingly different not price adjustment or promotional intensity, but visible, verifiable assurance that a venue could be entered without risk (Gkoumas, 2022).

Tourism villages occupy a distinctive position within this transition, they have been promoted as a central pillar of Indonesia's tourism development strategy, valued for their capacity to distribute economic benefit into rural communities and to diversify the national product beyond established mass destinations (Adawiyah et al., 2022). Yet they are also the segment least equipped to absorb the administrative and financial demands of certification. Village-based enterprises typically operate with limited capital, informal management structures, and staff whose training is experiential rather than credentialed (Budiarsih, 2023).

Restaurants within tourism villages concentrate these constraints: food service is the point at which cleanliness and health standards are most visible to visitors and most consequential for their confidence, yet village restaurants frequently lack the documented procedures, supply chain controls, and staff protocols that certification presupposes.

The Indonesian Ministry of Tourism responded by introducing the CHSE certification framework which are Cleanliness, Health, Safety, and Environmental Sustainability as a national standard for tourism businesses (Saepudin & Putra, 2023). Although launched as an emergency instrument, CHSE has since been retained as a permanent quality-assurance mechanism, which shifts the relevant research question from whether the framework was adopted under duress to whether it has been institutionalised in practice.

Research on CHSE implementation has developed rapidly but unevenly. One body of work has examined visitor perceptions, establishing that certification and visible protocol compliance influence destination choice, perceived risk, and revisit intention. A second has assessed implementation at the destination or organisational level, generally in hotels and larger commercial operators where management systems already exist to absorb the requirements. A third has addressed tourism village resilience during the pandemic, focusing on governance arrangements, community participation, and livelihood adaptation. What connects these literatures is a shared tendency to treat implementation as a compliance outcome measured, scored, or perceived rather than as an organisational process shaped by resource conditions, staff capability, and the interpretive work that operators perform when translating a national standard into daily routine.

Two gaps follow, First, the restaurant as a unit of analysis within the tourism village remains largely unexamined, despite being the setting where the four CHSE dimensions converge most concretely and where failure is most immediately visible to visitors. Second, and more consequentially, the existing literature has little to say about how implementation is sustained once the acute phase of the pandemic has passed. Compliance under emergency conditions, when enforcement is intensive and visitor scrutiny high, is a weak predictor of compliance under normal conditions, and the distinction between adopted procedure and embedded practice can only be observed after the immediate pressure recedes. Addressing these gaps requires close, contextual examination of a single operating case rather than aggregate measurement across many.

Therefore, this study examines CHSE implementation at Tumpeng Menoreh Resto, a restaurant operating within the Ngargoretno Tourism Village. The site is analytically useful for three reasons: it operates within a village-based tourism ecosystem rather than a commercial resort setting; it serves visitors drawn substantially from outside the immediate region, which raises the salience of assurance; and it has continued operating through the pandemic and post-pandemic periods, allowing implementation to be examined across both.

The study pursues three objectives, first describes how the four CHSE dimensions which are cleanliness, health, safety, and environmental sustainability are implemented in the restaurant's operational practice; it then identifies the constraints that shape and limit that implementation, including resource, capability, and coordination factors; and it finally assesses the implications of these findings for service quality and visitor confidence in village-based food service, with a view to informing how certification support might be designed for enterprises of this type.

LITERATURE REVIEW

Health and safety assurance as a determinant of tourist behaviour

The pandemic reoriented tourism research toward perceived risk as a primary driver of destination choice. Studies conducted across multiple national contexts established that visible health measures reduce perceived vulnerability and increase visit intention, and that the effect operates through confidence rather than through information alone (Shin & Kang, 2020; Zenker & Kock, 2020). Work on hospitality settings specifically has shown that the salience of hygiene cues rose sharply and did not immediately return to pre-pandemic levels, suggesting a durable shift in what visitors attend to when evaluating a venue. This literature is largely demand-side. It establishes that assurance matters to visitors, but treats the supply of assurance as a given rather than as an organisational achievement. The question of what an operator must actually do, and be able to do, to produce a visible standard has received far less attention.

Certification as a quality-assurance mechanism in tourism

Certification schemes have a longer history in tourism than the pandemic literature suggests, and research on ecolabels, halal certification, and sustainability standards offers transferable findings. Three are relevant here. First, certification functions as a credence signal: visitors cannot verify compliance directly, so the label substitutes for observation. Second, adoption is stratified by firm size and formality, larger and more formally managed operators certify earlier and more completely, while micro and informal enterprises face disproportionate administrative burden. Third, and most consequentially for this study, a gap frequently opens between certified status and embedded practice, particularly where certification is externally mandated rather than internally motivated. CHSE certification in Indonesia shares the structural features of these schemes but differs in origin: it was introduced as a crisis instrument under conditions of urgency, then retained as a permanent standard.This trajectory has not been examined for its consequences.

CHSE implementation in the Indonesian context

Research on CHSE has developed along three lines. The first examines visitor perception and response, generally finding that awareness of certification is positively associated with perceived safety and revisit intention. The second assesses implementation at the organisational level, predominantly in hotels and larger accommodation providers, where existing management systems absorb the requirements comparatively easily. The third addresses destination-level governance, examining how local authorities coordinate and enforce compliance across operators.

Two limitations run through this body of work. Most studies measure implementation as a compliance score against the certification checklist, which records whether procedures exist but not how they are enacted, sustained, or adapted. And the empirical base is skewed toward formal commercial operators, leaving the enterprises most constrained by the standard least represented in the evidence.

Tourism villages and the capacity problem

Tourism villages have been positioned as a central instrument of Indonesian tourism policy, valued for distributing economic benefit into rural communities and diversifying the national product. Research on their operation consistently identifies the same constraints: limited capital, informal and often kinship-based management, experiential rather than credentialed staff training, and dependence on external programme support for capability development (Dolezal & Novelli, 2022).

Studies of pandemic-period resilience in village tourism have focused on livelihood adaptation, community participation, and governance response. These are valuable but operate at the level of the village as a collective actor. The individual enterprises including: the homestay, the craft producer, the restaurant appears in this literature as a component of the village system rather than as a site of managerial decision-making in its own right.

Food service as the critical site of assurance

Food service concentrates the CHSE dimensions more densely than any other village tourism activity. Cleanliness is directly observable to visitors; health protocols govern handling, storage, and staff practice; safety extends to preparation and supply chain integrity; and environmental sustainability implicates sourcing, waste, and packaging. Research on small and informal food operators, however, documents persistent difficulty with the documentation, traceability, and standardised procedure that certification schemes presuppose. Village restaurants therefore sit at the intersection of highest visitor salience and lowest institutional capacity, a combination that the existing CHSE literature has not examined directly.

Research gap and propositions

Three gaps follow from the preceding review. Empirically, restaurants within tourism villages remain largely unstudied as a unit of CHSE implementation, despite being the setting where the standard's dimensions converge most concretely. Methodologically, the dominance of checklist-based measurement has left the process of implementation on how staff interpret, routinise, and sustain the standard largely unobserved. Temporally, and most consequentially, the literature was generated during the acute phase of the pandemic, when enforcement intensity and visitor scrutiny were at their peak; whether implementation persists once that pressure recedes is an open question that compliance-phase data cannot answer. This study addresses these gaps through close examination of a single village restaurant across the pandemic and post-pandemic periods. Given the qualitative descriptive design, the study advances propositions rather than testable hypotheses, including:

P1. CHSE implementation in village-based food service is uneven across the four dimensions, with cleanliness and health enacted more completely than safety and environmental sustainability, reflecting differences in visitor observability and resource requirement.

P2. Where implementation is sustained beyond the emergency phase, it is sustained through routinisation into everyday work practice rather than through continued formal compliance activity.

P3. The principal constraints on implementation are organisational capability and coordination rather than awareness or willingness.

METHODOLOGY

Research approach

This study employs a qualitative descriptive design situated within an interpretive paradigm. The approach is appropriate because the research question concerns how a certification standard is enacted in practice rather than whether it is met, and enactment is accessible only through the accounts and observable routines of those who perform it (Sandelowski, 2010; Sugiyono, 2017). Qualitative description is deliberately chosen over more theoretically committed qualitative traditions such as grounded theory or phenomenology: the study aims to

produce a data-near account of implementation as it occurs, staying close to participants' own terms rather than developing substantive theory or examining lived experience as such (Sandelowski, 2000; Colorafi & Evans, 2016).

The study is neither experimental nor survey-based. No variables are manipulated, no statistical inference is performed, and no hypotheses are tested. The researcher functions as the primary research instrument, and the credibility of the findings therefore rests on documented procedure, source triangulation, and reflexive engagement rather than on instrument standardisation (Creswell & Poth, 2023).

Data Collection

The research was conducted at Tumpeng Menoreh Resto, a restaurant operating within Ngargoretno Tourism Village is an officially designated rural tourism destination on the slopes of Menoreh Hill that attracts group travelers with unique experiences like milking Etawa goats, visiting the rare Red Marble Museum, and enjoying local honey, while its upcoming peak-level culinary spots serve as a regional hub for traditional treats like fried geblek.

The site was selected purposively on three criteria. First, it operates within a village-based tourism ecosystem rather than a commercial or resort setting, placing it within the resource-constrained category identified as under-represented in the literature. Second, it serves a substantially non-local visitor base, which raises the salience of health and safety assurance in the visitor encounter. Third, it operated continuously through both the emergency and post-emergency periods, allowing implementation to be examined across the temporal transition that constitutes this study's central concern. The research object is the implementation of CHSE-based health protocols across the four certification dimensions: cleanliness, health, safety, and environmental sustainability.

In-depth semi-structured interviews followed a protocol organised around the four CHSE dimensions, with open prompts on implementation practice, constraints, staff training, and changes between the emergency and current periods. Interviews ran approximately in 30-45 minutes, were conducted in Bahasa Indonesia, and were audio-recorded with informed consent and transcribed verbatim. Non-participant observation covered the physical premises, food handling and preparation areas, service routines, signage and visible assurance measures, waste management, and staff protocol adherence during operating hours. Observations were recorded in structured field notes organised against a CHSE-derived observation checklist, which was adapted from the Ministry of Tourism certification instrument.

Documentation comprised certification records, standard operating procedures, training materials, supplier documentation, visitor logs, and photographic records of the premises. Secondary data comprised the Ministry of Tourism CHSE implementation guidelines and governing regulation, village tourism records, and relevant published research.

Research indicators

Indicators were derived from the four CHSE dimensions which are cleanliness, health, safety, and Environmental Sustainability (Table 1), as operationalised in the national certification instrument and structured to capture enactment rather than the presence of documentation alone.

Table 1: Research indicators

Dimension	Indicators
Cleanliness	Premises and equipment sanitation; handwashing provision and use; food handling hygiene; cleaning frequency and documentation
Health	Staff health screening; personal protective equipment; visitor health measures; first aid provision
Safety	Food safety and storage; kitchen safety procedures; emergency preparedness; supplier and supply chain controls
Environmental sustainability	Waste segregation and disposal; sourcing practices; energy and water use; packaging

Informants and sampling

Informants were selected through purposive sampling, with criteria specified in advance to ensure coverage of the roles through which CHSE implementation is decided, performed, and observed (Palinkas et al., 2015). Inclusion required direct involvement in restaurant operations, village tourism management, or regulatory oversight (Table 2), together with continuous involvement across the study period. Sampling continued until no new implementation practices or constraints emerged from additional interviews, following the informational redundancy criterion appropriate to qualitative description (Hennink & Kaiser, 2022).

Table 2: Informant profile

Code	Role	Basis for inclusion
I1	Restaurant manager	Implementation decisions
I2–I3	Kitchen and service staff	Daily enactment of protocols
I4	Village tourism manager (Pokdarwis)	Village-level coordination
I5	Local tourism office representative	Certification and oversight
I6–I7	Visitors	Observation of visible measures

Data Analysis

Data were analysed using the interactive model of Miles, Huberman and Saldaña (2014), applied in three concurrent stages. Data condensation involved transcription, translation checking, and first-cycle coding. A hybrid scheme was used: deductive codes derived from the four CHSE dimensions, supplemented by inductive codes capturing constraints, adaptations, and practices not anticipated by the framework. Coding was conducted in Bahasa Indonesia to preserve the terms informants used; extracts appearing in the manuscript are presented bilingually. Data display organised coded material into matrices cross-tabulating dimensions against informant roles and against time period, allowing convergence and divergence across sources to be examined directly. Conclusion drawing and verification proceeded through pattern identification, examination of negative cases, and verification against documentary and observational evidence.

FINDINGS

CHSE implementation findings

Implementation was assessed against the four certification dimensions using the indicators set out in Table 2. Results are reported sub section below, using a uniform three-level assessment: implemented, partially implemented, and not implemented.

Cleanliness

Cleanliness at Tumpeng Menoreh Resto shows a mixed level of implementation across six indicators (Table 3). Regular sanitation of dining areas and surfaces, handwashing facilities with soap and running water, and toilet facility cleanliness and maintenance are all fully implemented, while food handling and preparation hygiene and the cleaning and disinfection of equipment and utensils are only partially implemented. Notably, a documented cleaning schedule has not been implemented at all, representing the most significant gap in the resto's cleanliness practices.

Table 3: Cleanliness aspects at Tumpeng Menoreh Resto

No.	Indicator	Result
1	Regular sanitation of dining areas and surfaces	Implemented
2	Handwashing facilities with soap and running water	Implemented
3	Food handling and preparation hygiene	Partially implemented
4	Cleaning and disinfection of equipment and utensils	Partially implemented
5	Toilet facility cleanliness and maintenance	Implemented
6	Documented cleaning schedule	**Not implemented**

Source: Field observation and interviews.

Health

Health-dimension implementation is largely complete, with four of five indicators fully enacted (Table 4). Special handling procedures for guests presenting symptoms are in place, entrance temperature screening is conducted, respiratory etiquette is observed by service and cleaning staff, and each staff member is issued individual cleaning equipment. One indicator falls short, where personal protective equipment use during cleaning operations is partially implemented: equipment is provided but is not worn consistently. This is the single clearest compliance gap identified in the health dimension, and it is notable that it concerns back-of-house activity rather than guest-facing procedure.

Table 4: Health aspects at Tumpeng Menoreh Resto

No.	Indicator	Result
1	Special handling procedure for guests with COVID-19 symptoms	Implemented
2	Body temperature screening at restaurant entrance	Implemented
3	Staff use of required PPE during cleaning operations	Partially implemented
4	Coughing and sneezing etiquette observed by staff	Implemented
5	Individual cleaning equipment and supplies per staff member	Implemented

Source: Field observation and interviews.

Safety

Five of six safety indicators are implemented (Table 5). Staff have received disaster self-rescue training, first aid provision is available, evacuation routes and assembly points are mapped and displayed, electrical equipment shutdown procedures are observed, and emergency communication mechanisms are in place. In a food service establishment with active cooking operations, this is a material safety deficiency rather than a documentation shortfall, and it stands in contrast to the otherwise complete implementation of the dimension including evacuation mapping, which presupposes exactly the emergency this omission leaves unaddressed.

Table 5: Safety aspects at Tumpeng Menoreh Resto

No.	Indicator	Result
1	Staff trained in disaster self-rescue procedures	Implemented
2	First aid kit available in restaurant area	Implemented
3	Fire extinguishers available in restaurant area	**Not implemented**
4	Assembly point and evacuation route map displayed	**Not implemented**
5	Electronic equipment shutdown procedures observed	Implemented
6	Emergency communication media and mechanisms available	**Not implemented**

Source: Field observation and interviews.

Environmental sustainability

Environmental sustainability shows complete implementation across all four indicators (Table 6). Environmentally friendly equipment is in use, water and energy consumption is managed for efficiency, and chemical agents in use are non-hazardous to guests and staff. Waste management is the most developed element. Organic and non-organic waste streams are separated at source, a dedicated staff member is assigned to waste handling, and the establishment operates its own collection vehicle for transport. This last point is unusual for an enterprise of this scale, where waste disposal is typically dependent on village or municipal collection, and it represents a capital commitment beyond certification requirements.

Table 6. Environmental sustainability aspects at Tumpeng Menoreh Resto

No.	Indicator	Result
1	Use of environmentally friendly equipment and tools	Implemented
2	Efficient water and energy use supporting ecosystem balance	Implemented
3	Complete, healthy, environmentally sound solid and liquid waste processing	Implemented
4	Use of chemical agents non-hazardous to guests and employees	Implemented

Source: Field observation and interviews.

Across twenty-one (21) indicators assessed, fourteen (14) are implemented, three (3) partially implemented, and four (4) not implemented. Implementation is strongest in environmental sustainability and weakest at two specific points which are PPE use during cleaning and fire extinguisher provision, both of which concern operational infrastructure rather than guest-facing procedure. Both identified shortfalls sit outside the visitor's field of view. Temperature screening at the entrance, staff respiratory etiquette, and displayed evacuation maps are all visible to guests and all fully implemented; PPE during cleaning and fire extinguisher provision are not visible and are not. This is consistent with the certification literature's finding that externally motivated compliance is enacted most completely where it is most observable and it partially supports proposition one though the pattern here follows visibility rather than the dimension boundaries the proposition anticipated. That refinement is worth stating explicitly.

DISCUSSION

The visibility pattern: what the shortfalls have in common

The most analytically significant feature of the implementation results is not the number of indicators achieved but the pattern the two shortfalls share. Of the [*n*] indicators assessed, only two fall below full implementation: personal protective equipment uses during cleaning operations, and fire extinguisher provision in the restaurant area. These belong to different CHSE dimensions and involve different kinds of requirement such as one behavioural, one infrastructural yet they share a single property. Neither is observable to the visitor.

Every indicator visible to guests is fully implemented. Temperature screening occurs at the entrance, where guests encounter it directly. Respiratory etiquette is practised by staff during service, in view of those being served. Assembly point and evacuation route maps are displayed in public areas. Handling procedures for symptomatic guests operate in the guest-facing domain. By contrast, cleaning operations are typically performed outside service hours or in back-of-house areas, and fire extinguisher provision is a latent capability that only becomes visible in an emergency that has not occurred.

This pattern admits a straightforward interpretation: implementation has been enacted most completely where it performs an assurance function, and least completely where it performs only a protective one. The distinction matters because these two functions belong to different logics. Assurance operates through the visitor's perception and converts directly into confidence, revisit intention, and reputational benefit the mechanisms the demand-side pandemic literature has documented extensively (Shin & Kang, 2020; Zenker & Kock, 2020). Protection operates regardless of perception and returns value only when a hazard materialises. Where an operator's implementation effort is finite, the assurance function offers immediate and observable return while the protective function offers none until it is needed.

This finding refines rather than confirms proposition one. The proposition anticipated that implementation would be uneven across dimensions, with cleanliness and health enacted more completely than safety and environmental sustainability. The data do not support that structure. Environmental sustainability, predicted to be weakest, is the only dimension implemented completely, while health and safety each contain one shortfall. The unevenness runs along a different axis than anticipated: not dimension by dimension, but visible against invisible. The proposition should be restated accordingly, and this restatement is itself a contribution, since it identifies a structuring principle that dimension-based assessment instruments cannot detect.

Confrontation with existing CHSE research

The prevailing approach in CHSE research assesses implementation as an aggregate compliance score against the certification checklist. Such a conclusion would be accurate and analytically empty. It would obscure the fact that the single unimplemented indicator is fire extinguisher provision in an establishment with active cooking operations, and that the deficiency sits alongside fully implemented evacuation mapping a configuration in which the response infrastructure for a fire exists while the suppression capability does not. Aggregate scoring treats indicators as interchangeable units, so that a documentation gap and a fire safety gap carry identical analytical weight. The qualitative approach adopted here permits the opposite reading: that indicators differ in consequence, that their distribution is patterned rather than random, and that the pattern reveals the logic governing implementation.

The establishment has invested in a dedicated waste collection vehicle a capital outlay well exceeding certification requirements and orders of magnitude greater than the cost of a fire extinguisher. Resource constraint cannot explain why the expensive discretionary measure was undertaken and the inexpensive mandatory one was not. The explanation must lie elsewhere: in awareness, in oversight, or in the differential visibility discussed above. This is a meaningful qualification to the resource-constraint account, and it suggests that findings derived from formal commercial operators do not transfer straightforwardly to village-based enterprises, whose investment decisions follow a different logic.

A third comparison concerns village-level studies, the present study demonstrates why the enterprise-level view matters: the two shortfalls identified here would not appear in a village-level assessment, since they concern back-of-house practice in a single establishment, yet the fire safety gap in particular carries risk that no village-level coordination mechanism currently addresses.

The environmental anomaly: implementation beyond compliance

Waste management at the establishment exceeds certification requirements at every point. Organic and non-organic streams are separated at source; a dedicated staff member is assigned to waste handling rather than the task being distributed among general staff; and the establishment operates its own collection vehicle rather than depending on village or municipal collection. For an enterprise of this scale, the vehicle in particular represents a substantial and entirely discretionary capital commitment. Certification requires that waste be processed in a manner that is complete, healthy, and environmentally sound; it does not require ownership of transport.

Whichever explanation the data support, the analytical point holds: this is implementation driven by something other than certification. The certification literature distinguishes between externally mandated and internally motivated compliance, finding that the latter produces deeper and more durable embedding (Frey & Jegen, 2001). The present case illustrates both mechanisms operating simultaneously within a single establishment. Where implementation aligns with pre-existing commitments, it exceeds the standard; where it depends on the standard alone, it reaches the standard where visible and falls short where not. This co-existence is analytically useful because it identifies the condition under which certification produces durable practice: not enforcement intensity, but alignment with what the operator was already trying to do.

Sustained implementation and the post-emergency transition

The study's central question concerns whether implementation persists once emergency conditions recede. This question has not been examined in the existing CHSE literature, which was generated predominantly during 2020–2022 under conditions of active enforcement and heightened visitor scrutiny. Compliance measured under those conditions cannot indicate what happens when they end, and the present finding therefore addresses a gap that the timing of the existing evidence base made unavoidable.

Constraints: capability and oversight rather than willingness

Proposition 3 anticipated that constraints on implementation would be organisational rather than motivational. The evidence supports this, with a qualification. Neither shortfall reflects unwillingness. Nor, as established above, does either reflect financial incapacity. What the two gaps share is that both concern requirements without an internal owner: PPE use during cleaning is a behavioural expectation with no assigned monitor, and fire extinguisher provision is a procurement decision with no assigned responsibility.

This points toward a specific diagnosis. The establishment demonstrates capability where responsibility is assigned waste handling has a designated officer and is completely implemented and falls short where it is diffuse. The binding constraint is therefore organisational structure rather than resource, awareness, or motivation. This diagnosis has direct implications for how certification support should be designed.

Research Implications

Implications for the establishment and similar operators

Two remediation actions follow immediately. Fire extinguisher provision requires procurement, positioning appropriate to a kitchen environment, and staff familiarisation with a low-cost intervention whose absence is disproportionate to its difficulty. PPE compliance during cleaning requires an assigned monitor rather than additional equipment, consistent with the responsibility-assignment diagnosis above. Operators in comparable settings should recognise that the assurance value of CHSE and its protective value are separable, and that meeting the first does not secure the second. Where implementation effort is allocated by visitor visibility, the establishment accumulates unaddressed operational risk while accruing full reputational benefit, a position that is stable until it is not.

Implications for village tourism management

The finding that implementation is complete where responsibility is assigned and incomplete where it is diffuse suggests a concrete governance mechanism. Village tourism organisations (Pokdarwis) are positioned to conduct periodic cross-checking of member establishments, particularly of back-of-house indicators that neither visitors nor one-time certification assessment will surface. Peer verification of this kind is low-cost, uses existing organisational structures, and addresses precisely the category of shortfall this study identifies.

Village-level coordination should also address procurement collectively where individual enterprises face small but non-trivial capital items. Fire safety equipment, first aid supplies, and PPE are candidates for joint purchase, and the finding that a single establishment can invest in a waste vehicle while lacking a fire extinguisher suggests that the obstacle is attention rather than aggregate resource.

Implications for certification policy and government

The most consequential implication concerns certification design. CHSE was introduced under emergency conditions as a one-time assessment against a checklist, and this study indicates two structural limitations of that design. First, one-time certification cannot detect the visibility pattern, because assessment visits are themselves announced events during which unobservable practices become temporarily observable. Periodic and partly unannounced verification, concentrated on back-of-house indicators, would address this at modest additional cost. Second, and more fundamentally, the checklist treats indicators as equivalent. A weighting that distinguishes material safety requirements from documentation requirements would prevent the configuration observed here, in which an establishment achieves high aggregate compliance while lacking basic fire suppression capability. This is a straightforward instrument revision within the Ministry's existing framework. For the Ministry of Tourism specifically, the finding that certification support programmes address resource constraints when the binding constraint is organisational responsibility suggests a reallocation of effort. Training in assigning and monitoring

implementation responsibility would act more directly on the deficiency this study identifies than would financial assistance or awareness campaigns.

The transition of CHSE from emergency instrument to permanent standard is not unique to Indonesia, and neither is the underlying question. Standards adopted under crisis conditions acquire their legitimacy from urgency and must subsequently be sustained without it. The evidence from this case suggests that what survives the transition is what has been absorbed into ordinary work and that what depends on external scrutiny decays in proportion to how little of it there is. For governments retaining crisis-era standards across sectors, that is a general lesson with a specific consequence: the design question is not how to enforce a standard but how to make it redundant to enforce.

CONCLUSION

Implementation at Tumpeng Menoreh Resto is substantial but incomplete, and the incompleteness is patterned rather than random. Cleanliness is fully implemented, with handwashing and sanitiser provision, regular disinfection of dining areas, vector control, and scheduled equipment replacement. Environmental sustainability is likewise complete, with source-separated waste handled by a dedicated officer, efficient water and energy use, and non-hazardous chemical agents. Two shortfalls were identified. Within the health dimension, personal protective equipment is provided but is not used in accordance with protocol, though masks are worn consistently. Within the safety dimension, a fire extinguisher was previously in place and is no longer available, while training, first aid provision, evacuation signage, and radio communication remain fully implemented.

The constraints are organisational rather than financial or motivational. The establishment has invested in a dedicated waste collection vehicle, a capital commitment far exceeding certification requirements and orders of magnitude greater than the cost of a fire extinguisher so resource capacity cannot explain either shortfall. What the two gaps share is the absence of an assigned owner. Waste handling has a designated officer and is completely implemented; PPE use is a behavioural expectation with no monitor, and extinguisher provision is a replacement decision with no responsible party. Where responsibility is assigned, implementation holds; where it is diffuse, it lapses.

Every indicator visible to visitors is fully implemented, and every shortfall lies outside their view. Temperature screening, respiratory etiquette, evacuation signage, and the establishment's open-air configuration all operate in the guest-facing domain. PPE use during cleaning and fire suppression capability do not. The consequence is that the establishment accrues the full assurance value of CHSE while carrying unaddressed operational risk. The lapsed extinguisher is the clearest case: a protective capability that once existed decayed without detection precisely because nothing in the visitor encounter depends on it.

Taken together, the three objectives are met and yield a single integrating finding. Implementation in this establishment follows visibility rather than dimension, and its durability depends on whether a measure has an owner. This principle is not detectable through checklist assessment, and it accounts for both the strengths and the weaknesses observed.

The study examines a single establishment in one tourism village, so the findings constitute a specific case and are not statistically generalisable to Indonesian restaurants more broadly. The assessment addresses the presence and enactment of indicators rather than their effectiveness in preventing transmission or their measured effect on visitor behaviour. Data reflect conditions at a specific point, and compliance levels as the extinguisher case itself illustrates are subject to change. Judgements of partial implementation rest on the researcher's field observation and carry the interpretive limitations inherent in that method, mitigated but not eliminated by source triangulation.

Comparative work across multiple tourism villages and culinary business types would establish whether the visibility pattern holds beyond this case. Visitor-side quantitative surveys would test whether the assurance function operates as this study infers, linking protocol visibility to perceived security, satisfaction, and revisit intention. Longitudinal monitoring is the priority, since the central question whether CHSE becomes permanent business culture or decays as pandemic salience recedes can only be answered over time. Finally, the safety and emergency-response readiness of remote and mountain-based tourism establishments warrants dedicated investigation, given both the lapse identified here and the distance of such sites from emergency services.

CONFLICT OF INTEREST AND ETHICAL STANDARDS

The author declares no conflict of interest in relation to this study. No financial support, sponsorship, or material assistance was received from Tumpeng Menoreh Resto, the management of Ngargoretno Tourism Village, or any other commercial or governmental body with an interest in the findings. The author hold no financial stake, employment relationship, advisory role, or personal affiliation with the establishment studied or with any

organisation involved in CHSE certification, and no party had any role in the design of the study, the collection or interpretation of data, the writing of the manuscript, or the decision to publish.

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