



# Michigan Department of Agriculture

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## Food Service Program Cycle 4 Assessment Forms

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**Food Service Assessment Forms** Agency:

Review Dates: / / Review Period: / / - / / Reviewer(s): Initial Visit / Revisit

**Executive Summary**

MPR	Status		Findings
	M/MC	NM/NA	
<b>Plan Review</b>			
1			
<b>Evaluations</b>			
2			
3			
4			
5			
6			
7			
8			
<b>Records</b>			
9			
<b>Enforcement</b>			
10			
11			
12			
13			
14			
15			
<b>Staff Training &amp; Qualifications</b>			
16			
17			
18			
<b>Foodborne Illness Investigations</b>			
19			
20			
<b>Important Factors - Not Used To Determine Accreditation Status</b>			
	M	NA	
<b>Industry and Community Relations</b>			
IF 1			
<b>Continuing Education for Regulatory Staff</b>			
IF 2			
<b>Program Support</b>			
IF 3			
<b>Quality Assurance Program</b>			
IF 4			

M= Met  
 MC= Met with Conditions  
 NM= Not Met  
 NA= Not Applicable

**NOTE: Remember that CPA's must be written in the six element format described in Annex 1.**

## MPR Summary

**MPR 1 Plan Review Summary**

\_\_\_\_\_ of \_\_\_\_\_ files had **80% Compliance** **MET** **NM**  
 \_\_\_\_\_% **compliance rate. 80% required.**  
 Specifics (Problem and number of times it occurred):

**MPR 2 Pre-Opening Evaluations**

\_\_\_\_\_ of \_\_\_\_\_ files had no problems. **MET** **MC** **NM**  
 \_\_\_\_\_% **compliance rate. 80% required.**  
 Specifics (Problem and number of times it occurred):

**MPR 3 Evaluation Frequency  
 Method 1 (Calculated from files)**

**MET** **MC** **NM**

- A. Number of facilities in sample meeting evaluation frequency: \_\_\_\_\_
  - B. Number of facility files reviewed: \_\_\_\_\_
  - C. **Percent of files meeting evaluation frequency  $\{(A/B) \times 100\}$ :** \_\_\_\_\_% (MET= $\geq 80\%$ , if  $< 80\%$  complete D-F)
  - D. Number of **evaluations** conducted on time from all files reviewed: \_\_\_\_\_
  - E. Number of **evaluations** that should have been conducted: \_\_\_\_\_
  - F. **Percent of required evaluations completed  $\{(D/E) \times 100\}$ :** \_\_\_\_\_% (MC= C  $< 80\%$  & F  $\geq 80\%$ )
- ERBIS in place for this time period: \_\_\_\_\_ to \_\_\_\_\_

**Method 2 (Calculated from summary of all evaluations performed)**

- A. Number of routine **evaluations** completed during review period \_\_\_\_\_
  - B. Number of routine **evaluations** due during review period \_\_\_\_\_
- Percent  $\{(A/B) \times 100\}$**  \_\_\_\_\_%
- ERBIS in place for this time period: \_\_\_\_\_ to \_\_\_\_\_

**MPR 4 Vending Evaluation Frequency**

**MET** **NM**

Department's **Evaluation** plan:  
 Every 6 months  1/3<sup>rd</sup> each year  1/10<sup>th</sup> each 6 months

**Summary**

A. # of vending location files that meet frequency	
B. # of vending location files reviewed	
C. Percent Compliance $\{(A/B) \times 100\}$ <b>80% required</b>	%

Comments:

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**MPR 5 Temporary Food Service**

**MET MC NM**

\_\_\_ of \_\_\_ files had no problems.  
Compliance = \_\_\_\_\_% **80% required.**

**MPR 6 Evaluation Procedures**

**MET MC NM**

A. Files w/6 MET: \_\_\_ Fixed/Mobile/STFU/Vending + \_\_\_ Temporary files = \_\_\_ Total files w/no prob.  
\_\_\_ Total files w/ no problems / \_\_\_ Total files reviewed = \_\_\_\_\_% Compliance. **80% required for MET**

**B. If compliance =<80% And Problems Noted Were Due Only To Clerical Omissions (See Examples Asterisked Below), Re-Calculate:**

\_\_\_ files w/no violation ID problems / \_\_\_ Total files= \_\_\_\_\_% Compliance.

If A is close to 80% and B is ≥ 80% and approved forms are used, 6 is rated **MC**

Evaluation problem specifics	Fixed/Mobile/STFU	Temporary	Vend	Total
The # of times each problem was found from all evaluations reviewed. Total insp. reviewed=_____	#	#		#
Department uses unapproved evaluation form				
* Administrative info. not complete on evaluation form				
Findings do not properly document and ID: C and NC				
Report does not summarize findings relative to law, is not legible and/or doesn't convey a clear message				
Narrative does not state violations observed and corrections needed				
Correction time frames not specified				
* Report not signed and/or dated by Sanitarian		Noted under MPR 5		
* Report not signed by establishment representative				

**MPR 7 FIELD- Interventions/Risk Factor Violations**

**MET MC NM**

**MPR 8 FIELD- Evaluations Result in food Code Compliant Establishments**

**MET MC NM**

**MPR 9 Records**

**MET MC NM**

Plan review \_\_\_ of \_\_\_ Vending \_\_\_ of \_\_\_ TFE \_\_\_ of \_\_\_  
Fixed Files \_\_\_ of \_\_\_ Complaints \_\_\_ of \_\_\_ FBI \_\_\_ of \_\_\_

**MPR 10 Written Enforcement Policy, Proper Use**

**MET MC NM**

\_\_\_ of \_\_\_ files had no problems.  
Compliance % \_\_\_\_\_ **80% required + acceptable policy**  
Enforcement Policy Comments:

**MPR 11 Unauthorized Construction - Stop Work Order Usage**

**MET MC NM**

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**MPR 12 Follow-Up Evaluation** MET NM

**A. Number Of Files With  $\geq 80\%$  Of Required Follow-Ups Completed With/In 30 Days And Critical Corrections Noted** \_\_\_\_\_

**B. Number Of Files In Sample** \_\_\_\_\_

**Percent Compliance  $\{(A/B) \times 100\}$  80% Required** \_\_\_\_\_

**MPR 13 License Limitations** MET MC NM

Was the reason given for limiting the license? \_\_\_\_\_

Was proper notice provided? \_\_\_\_\_

Was the license application appropriately completed? \_\_\_\_\_

**MPR 14 Variances** MET MC NM

Special processing methods \_\_\_\_\_

Request in file ? \_\_\_\_\_

Citing relevant code section numbers ? \_\_\_\_\_

Department has formal procedure for issuing variance ? \_\_\_\_\_

Staff following procedure ? \_\_\_\_\_

**MPR 15 Complaint Investigation** MET MC NM

\_\_\_\_\_ of \_\_\_\_\_ files had no problems.

Compliance % \_\_\_\_\_ **80% required**

**MPR 16 New Staff- Academic Training in 6 Areas** MET MC NM

**MPR 17 New Staff- Evaluations with Standardized Trainer** MET MC NM

**MPR 18 Other Staff- Training for Mobile, STFU, Vending and TFE** MET MC NM

**MPR 19 Foodborne Illness Investigations Conducted** MET MC NM

\_\_\_\_\_ of \_\_\_\_\_ files had no problems.

Compliance % \_\_\_\_\_ **80% required**

**MPR 20 Foodborne Illness Procedures** MET MC NM

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**Important Factor I- Industry and Community Relations**

**MET NA**

Department not attempting to meet this IF

**Important Factor II - Continuing Education of Regulatory Staff**

**MET NA**

Department not attempting to meet this IF

**Important Factor III- Program Support**

**MET NA**

Department not attempting to meet this IF

# licensed establishments \_\_\_\_\_/150 = **A.** \_\_\_\_\_ recommended number FTE's  
/225 = **B.** \_\_\_\_\_ minimum number FTE's

# temporary licenses issued \_\_\_\_\_/300 = **C.** \_\_\_\_\_ FTE's needed for temporary evaluation

**D.** Total Minimum FTE's (B+C)= \_\_\_\_\_ **E.** Total Recommended FTE's (A+C)= \_\_\_\_\_

**F.** Actual FTE's assigned to FS program \_\_\_\_\_

**Met if:**

**F** ≥ **E**

**Important Factor IV- Quality Assurance Program**

**MET NA**

Department not attempting to meet this IF

Written quality assurance program developed

Quality assurance review conducted every 24 months

At least 10 inspection reports for each sanitarian's food insp. or FBI records have been reviewed

Every employee assigned to program has completed 2 joint inspections with trainer every 24 months

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**PLAN REVIEW**

NUMBER OF PLAN REVIEWS IN REVIEW CYCLE \_\_\_\_\_ SAMPLE SIZE \_\_\_\_\_

#	County	Facility	Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**PLAN REVIEW CALCULATIONS FOR ALL FILES REVIEWED:**

	MPR 1	MPR 2	MPR 9	MPR 11	MPR 12
MET					
NOT MET					
	MPR 1 ____ of ____ are met	MPR 2 ____ of ____ are met	MPR 9 ____ of ____ are met	MPR 11 ____ of ____ are met	MPR 12 ____ of ____ are met

**Food Service Assessment Forms** Agency:

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**MPR's 1, 2, 9, 11,12: Plan Review Worksheet**

<b>1</b>	<b>Plan review of 14 indicators met =</b>	<b>% (80% required)</b>	<b>M</b>	<b>NM</b>
<b>2</b>	<b>Pre-opening</b>	<b>(100% required)</b>	<b>M</b>	<b>NM</b>
<b>9</b>	<b>Records</b>	<b>(100% required)</b>	<b>M</b>	<b>NM</b>
<b>11</b>	<b>Unauthorized Construction</b>	<b>(100% required)</b>	<b>M</b>	<b>NM</b>
<b>12</b>	<b>Follow-up evaluations</b>	<b>(100% required)</b>	<b>M</b>	<b>NM</b>

Facility Name: \_\_\_\_\_ Type: \_\_\_\_\_ New \_\_\_ Remodeled

License year: \_\_\_\_\_ Insp. Date: \_\_\_\_\_ Date License Signed: \_\_\_\_\_

✓=yes, x=no, NA=not applicable

Indicator	Item Required	Status*	Notes	Problem
1	Application / Transmittal letter (new 1/01)			Y
1	Menu (new 8/86)			Y
1	Layout (floor) Plan			Y
1	Plumbing Plan			Y
1	Ventilation Hood shown (full plans needed for STFU's, mobiles)			Y
1	Lighting Plan &/or Specifications			Y
1	Scaled Drawings			Y
1	Completed Worksheet			Y
1	Equipment Specifications			Y
1	SOP's (10/04) Either note on reviewer's checklist, SOP cover sheet or note on pre-opening insp.			Y
1	Reviewer's checklist used (1/04)?			Y
1	Applicant informed of deficiencies? Deficiencies resolved in writing or on revised plans. Is the flow between reviewer and applicant clear?			Y
1	Formulas calculated, documented for hot water, dry storage, refrigeration? (needed, proposed, justification for differences)			Y
1	Approval letter in file? Describe project scope & references. <b>A unique identifier (ie: Date) marked on the approved plans.</b>		Date:	Y
11	Was facility constructed prior to approval? (Note if approvals issued very close to or after opening inspection)			Y
11	Stop work order used as needed? Did department take appropriate action once it became aware of illegal construction?			Y
2	Facility opened with <b>NO</b> critical items pending?			Y
2	Pre-opening inspection in file?			Y
2	Is inspection marked approved to open?			Y
2	Inspection dated on or before license approval date?			Y
2	Inspection on regular inspection form, properly completed, dated and signed?			Y
12	Follow-up inspection on separate form?			Y
9	Records		Records retained for: _____ years	Y

**FIXED FILES- OFFICE REVIEW**

NUMBER OF ESTABLISHMENTS FOR REVIEW CYCLE \_\_\_\_\_ SAMPLE SIZE \_\_\_\_\_

#	County	Facility	Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			

**CALCULATIONS FOR ALL FACILITY FOLDERS REVIEWED:**

	MPR 3	MPR 12	MPR 6	MPR 9	MPR 10
MET					
NOT MET					
	MPR 3 _____ of _____ met	MPR 12 _____ of _____ met	MPR 6 _____ of _____ met	MPR 9 _____ of _____ met	MPR 10 _____ of _____ met



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**Vending MPR 4,6,9**

Company \_\_\_\_\_ Location \_\_\_\_\_ License # \_\_\_\_\_

App./ License/ Year / DATE SIGNED	Date of Evaluation	Activity Type	MPR 4 M NM	MPR 6 M NM comments	MPR 9 M NM	Problem
		R F U E				Y
		R F U E				Y
		R F U E				Y
		R F U E				Y
		R F U E				Y

Company \_\_\_\_\_ Location \_\_\_\_\_

App./ License/ Year / DATE SIGNED	Date of Evaluation	Activity Type	MPR 4 M NM	MPR 6 M NM comments	MPR 9 M NM	Problem
		R F U E				Y
		R F U E				Y
		R F U E				Y
		R F U E				Y
		R F U E				Y

Company \_\_\_\_\_ Location \_\_\_\_\_ License # \_\_\_\_\_

App./ License/ Year / DATE SIGNED	Date of Evaluation	Activity Type	MPR 4 M NM	MPR 6 M NM comments	MPR 9 M NM	Problem
		R F U E				Y
		R F U E				Y
		R F U E				Y
		R F U E				Y
		R F U E				Y

Company \_\_\_\_\_ Location \_\_\_\_\_ License # \_\_\_\_\_

App./ License/ Year / DATE SIGNED	Date of Evaluation	Activity Type	MPR 4 M NM	MPR 6 M NM comments	MPR 9 M NM	Problem
		R F U E				Y
		R F U E				Y
		R F U E				Y
		R F U E				Y
		R F U E				Y

Vending Location files that meet freq. \_\_\_\_\_ / total vending locations reviewed \_\_\_\_\_ = \_\_\_\_\_%

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**MPR 5, 6, 9 Temporary Food Worksheet \*\*\*\*\* GET ANNUAL # FROM QUAR. REPORT**

Note: Put letters in boxes as licenses are reviewed.

5	a.	Evaluated prior to licensure, but not in advance of event being ready for evaluation.
	b.	Application has sections A,B, food column of F and attachment A (when used) completed plus have application, inspection and license approval date plus sanitarian signature
	c.	License issued with no unresolved critical violations
6		See list in MPR indicator guide
9		Record retention adequate time. Files can be located for review.

	Office	Year	License #	5 a	5 b	5 c	6	9	Specific problems noted
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									

MPR 5 \_\_\_ of \_\_\_ files Met \_\_\_\_\_ %  
 MPR 6 \_\_\_ of \_\_\_ files Met  
 MPR 9 \_\_\_ of \_\_\_ files Met

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**MPR 15 Consumer Complaint Worksheet**

#	Complaint ID	15 Log maintained & records available for review	15 Results recorded (or justification for no investigation)	15 Working Days from Receipt to Start of Investigation (Max. 5 working days allowed)	Met Not Met	Problem
1						Y
2						Y
3						Y
4						Y
5						Y
6						Y
7						Y
8						Y
9						Y
10						Y
11						Y
12						Y
13						Y
14						Y
15						Y
16						Y
17						Y
18						Y
19						Y
20						Y
21						Y
22						Y
23						Y
		MPR 15 ___ of ___ met		MET MC NOT MET		

**Notes:**

**MPR 16 Staff Technical Training**

Have new staff assigned to program during review period completed training in following within 12 months of assignment: 1. public health principles, 2. communication skills, 3. microbiology, 4. epidemiology, 5. food law, food code, related policies, 6. HACCP.

**MPR 17 Fixed Food Service Evaluation Skills**

Have new staff completed 25 joint training evaluations with standardized trainer, 25 independent evaluations reviewed by trainer, 5 evaluation inspections with trainer and have endorsement of trainer.

**MPR 18 Specialty Food Service Inspection Skills**

Do newly assigned staff conducting mobile, STFU, vending or temporary inspections have endorsement by supervisor?



