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**Food Service Program  
Cycle 6 – Office Review  
Self-Assessment Worksheet Guide**

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Food and Dairy Division  
P.O. Box 30017  
Lansing, MI 48909  
Phone: 800-292-3939

This guidance document was created to assist local health departments in completing the MDARD Accreditation Worksheets used for self-assessments. This document, along with the MDARD Accreditation MPR Indicator Guide, will provide instructions for completing the office worksheets, and provide guidance for determining compliance. A completed example has been provided for each worksheet.

If you have any suggestions to improve this guidance document, please send your suggestions to [dunleavys@michigan.gov](mailto:dunleavys@michigan.gov) ; MDARD appreciates your comments.

**RANDOM NUMBER SAMPLING:**

Print out and number a list of your facilities.

There are several ways to randomly select samples from a list of establishments. As part of the accreditation process, MDARD most often uses a free computer program to choose the random samples.

The computer program we use is the Research Randomizer program, although other computer generated random number sampling programs would also be effective. This program can be found at: <http://www.randomizer.org/form.htm>

There are 6 spots to fill in.

Example:

Your agency has **693** licensed fixed establishments

How many sets of numbers do you want to generate?	1 set
How many numbers per set?	692 (go 1 less than the total number)
Number range (e.g., 1-50):	From: 1 (your first number on the list) to 693 (the last number on the list)
Do you wish each number in a set to remain unique?	Yes
Do you wish to sort the numbers that are generated?	No
How do you wish to view your random numbers?	Place Markers Off

Just hit **RANDOMIZE** and you will have a list of random numbers for choosing facility files to be evaluated. **Keep copies of your lists and document how facilities were chosen. During your MDARD audit, you will be asked to show how your random samples were chosen during your MDARD audit. This is an important step in your audit.**

Use this list of random numbers to pick the facilities from your numbered facility list.

The only two exceptions are:

When MDARD chooses a sample during the evaluation, occasionally a random number generator calculator is used.

When choosing samples for TFE evaluation, a process described in the Temporary Food Evaluation (MPR 3) section is used.

**DETERMINING THE REVIEW CYCLE:**

To make sure that no file is reviewed more than once, your review cycle consists of the first day of your previous review through the first day of your self-assessment process.

**When self-assessing for Option 2 for the first time**, the time period of the new review would be the first day of your previous accreditation audit through the date your agency begins the self-assessment process to prepare for the accreditation visit. (Which is one year prior to your MDARD audit).

This concept is rather confusing, so some examples are provided in an attempt to explain it. (For additional guidance, see the MPR Indicator Guide, Annex 11, part A or call your MDARD consultant for questions.)

**Example:** Your Cycle 6 Accreditation Audit is scheduled for June 1, 2015. Your last audit was June 1, 2012.

2012	2013	2014	2015	2016	2017	2018
<b>Cycle 5 Accred 6/1/12</b>		<b>Cycle 6 self-assessment 6/1/14</b>	<b>Cycle 6 Audit 6/1/15</b>		<b>Cycle 7 self-assessment 6/1/17</b>	<b>Cycle 7 Audit 6/1/18</b>
		Since you must do a self-assessment a year before the accreditation date, you would have to begin your S.A. now. If you had used Option 1 in 2012, your review would only consist of a 24 month period (6/1/12 – 6/1/14) since your last review was 6/1/12. If you used Option 2 in 2012, your review period would be from the date of your last self-assessment, (6/1/11) to 6/1/14) a 3 year period.	When MDARD evaluates your agency for Option2, we will look at YOUR self-assessment done in June of 2014. We DO NOT evaluate your files from 6/1/14 to 6/1/15. We evaluate how you did your S.A. and if it was done correctly. So, if you had done Option 1 in 2012, we will only be looking at the same 2 year period you reviewed. If you had done Option 2 in 2012, we would look at the same 3 year period you reviewed: 6/1/11 thru 6/1/14		Your next accreditation audit is due 6/1/18 so you would now begin your self-assessment for Cycle 7. Cycle 6 review encompassed 6/1/12 – 6/1/14. (Even though the accreditation audit was on 6/1/15). So for this self-assessment, you would review 6/1/14 through 6/1/17. (This is now a 3 year review cycle.)	When MDARD evaluates your agency for Option2, we will look at YOUR self-assessment done in June of 2017. We DO NOT evaluate your files from 6/1/017 to 6/1/18. We evaluate how you did your S.A. and if it was done correctly. So we will only be looking at the same 3 year period you reviewed for your S.A. done 6/1/17.

IF A NOT MET IS GIVEN TO ANY MINIMUM PROGRAM REQUIREMENT, PLEASE SEE Annex "A" FOR INFORMATION CONCERNING CORRECTIVE PLANS OF ACTION

# PLAN REVIEW

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance.

**CHOOSING PLAN REVIEW SAMPLES:** If a simple partial plan review is completed (example- the addition of the coffee and smoothie machines at McDonalds), or the existing facility checklist is used- do not choose that review as part of your sample. Only choose full or extensive partial plan reviews for this audit.

**Annex 6-** Office Sample Size Chart – determine the number of full or extensive partial plan reviews completed during the review period from your plan review log. On a copy of the plan review log, begin numbering the plans from 1 through the last plan review that has been completed and the facility opened.

Use that number in Annex 6 to determine your sample size. (EX: 12 plan reviews done = sample size of 7. EX: 96 plan reviews done= sample size of 10. A maximum sample size of 10 plans are reviewed.

**Annex 5-** Approved Random Sampling Methods. **(MDARD does not recommend using Annex 5 for choosing random samples, except for TFE Review. We recommend using the process described on page 2 of this document- a Random Number Sampler)**

After printing out your random sample list, and calculating from Annex 6 how many samples you need, choose your facilities. (ex: sample size is 7- use the first 7 numbers from your random sample list to choose your facilities. Random sample list: 99, 32, 4, 16, 29, 6, 33, 18, 54, 68, 47, 55, 19, you would choose the first 7 numbers: 99, 32, 4, 16, 29, 6, 33 and highlight them on your list of facilities

EXAMPLE of sample selection for district health departments:

District 20 has 3 counties and it has been determined that the sample size is 10: Salem County (has 40% of plan reviews- 4 chosen) / Boston County (has 40% of plan reviews- 4 chosen) / Denver County (has 20% of plan reviews- 2 chosen)

Use the facility selection worksheet below to document the samples chosen.

NUMBER OF PLAN REVIEWS IN REVIEW CYCLE \_\_\_\_\_ SAMPLE SIZE \_\_\_\_\_  
 (Insert the number of plan reviews received in the cycle) (Insert Sample size) Max: 10

Remember, if this is the first time you are using Option 2, you will only be assessing a 2 year period. The second time using Option 2, and from then on, you will be assessing a 3 year period.

(Maximum sample size is 10)

#	County This column is for DHDs with multiple counties	Facility	Address or City
1	Salem	Name of facility	
2	Salem	McDonalds	
3	Salem	Burger King	
4	Salem	Steak House	
5	Boston	Boston High School	

6	Boston	A & W	
7	Boston	Etc.	
8	Boston		
9	Denver		
10	Denver		

## FILLING OUT THE PLAN REVIEW WORKSHEET:

The plan review worksheet is used to collect and interpret data for MPR 1, 6, and 7.

**MPR 1:** There are 13 items related to MPR 1 on this worksheet. Each set of plans reviewed need to have documentation specific to these items. The auditor is not questioning the professional judgment or approval of the plans by the plan reviewer, but merely trying to make sure that all aspects of the plans have been reviewed.

Of the 13 indicators, you must meet at least 80% (11 of the 13 indicators) to achieve compliance for each file reviewed. Mark at the top of the worksheet if MPR 1 is Met or Not Met.

Filling in the columns:

- **Facility Name:**
- **Type:** Fixed, STFU, Mobile. Try to choose fixed FSEs; but you may use either a mobile or STFU for 1 plan review of the 10 chosen.
- **New:** Is this a newly built facility? Is it an existing building that is being renovated to be a food facility?
- **Remodeled:** Is this a licensed food establishment that is being remodeled or upgraded?
- **License year:** A license issued in May, 2009 would be considered a 2010 license.
- **Insp. Date:** List the Pre-opening inspection date. (The evaluation marked “approved to open”, showing that the facility is in compliance and may operate.)
- **License Signed:** Date of signature on the license application. If the facility is remodeling part of the establishment (example: the bar area); is already licensed and continues to operate during the remodeling phase; just document that there is an existing license.

### Indicators required for MPR 1

- a) Application/Transmittal letter- Has an application been received? Can you determine what type of review is necessary? (Is this a simple remodel of the bar area, or is it a brand new facility built from the ground up?)
- b) Completed Worksheet- an MDARD worksheet, completed by the applicant, to provide necessary information to evaluate the plans.

- c) Menu- The preliminary menu might consist of only a list of items the facility has chosen to serve. Before licensing, a complete menu should be obtained for the file.
- d) SOP- Indicated by a notation on the P.R Checklist indicating that they have been submitted or not required(i.e. new walk-in cooler); on the pre-opening report if SOPs were received just prior to opening; or by use of the SOP Cover Sheet.
- e) Layout (plans), including scaled drawings- drawings that are either proportional between two sets of dimensions, or proportional in size to each other.
- f) Equipment Specifications- specifications or equivalent information such as a list of the make and model number. These are sometimes in the roll of plans submitted by the contractor.
- g) Preopening Evaluation Report in file
- h) Report Marked Approved to Operate- The evaluation report has a notation to indicate the establishment is approved to operate.
- i) Report verifies that no P/Pf Violations are present prior to opening. (Issuance of a license with not more than two outstanding priority foundation violations may be allowed upon the determination of the director that the violations are not a risk to food safety.)
- j) Reviewer's checklist used
- k) Formulas calculated, documented for hot water, dry storage, refrigeration- Calculations to show what is needed and what is proposed for hot water, dry storage, and refrigeration storage, including documentation of approval for less than the required calculations, engineering documentation, or other justification for approval.
- l) Applicant is informed in writing of any deficiencies. All identified deficiencies are addressed in writing: email, a documented phone call, or written on revised plans.
- m) Plan approval letter is in the file and includes a description of the scope of the project, and references a unique identifier (I.E. date) marked on the approved plans and specifications. See MDARD "Model Plan Review Approval" letter for an example.

**MDARD Plan Review Approval Template:**  
Form Letter – Plans Approved

Date

Name

Address

City, State, Zip

Re: Food Service Establishment Plan Approval  
Name and Address of Establishment

Dear \_\_\_\_\_

The submitted plans and specifications submitted on (reference date plans received or other unique identifier) have been reviewed and approved on (reference date marked on approved plans) in accordance with The Food Law, Public Act 92 of 2000, as amended. This approval authorizes you to:

(List specific approval being given with the scope of the project listed (i.e. remodel the 1st floor bar area or construct a new restaurant or remodel the kitchen to install an automatic dishmachine and new walk-in refrigerator).

This approval is given with the following stipulations:

1. List items, if any

- Representatives from this office may make periodic consultative visits during construction or you may call our office at any time with questions.
- Please remember to obtain all other necessary permits and inspections from other municipal agencies.
- You must keep a copy of the approved plans and a copy of this letter at the construction site at all times.
- Changes to the approved plans must be made in writing.

Prior to opening:

- 30 days prior- Submit a food service license application and associated fees.
- ?? days prior- Submit a ventilation system air balance report.
- As soon as possible prior - Submit a mechanical (ventilation) final approval verification from the inspecting mechanical authority.
- ?? days prior- Call to schedule a pre-opening inspection. .

Sincerely,

Name, Title

C: ???

**Status:** If an indicator is met, a checkmark is placed in this column, if an indicator is not met, an 'X' should be marked in this column.

**Notes:** Date, comments, etc. may be placed in this column.

**Problem:** If an indicator issue is marked in the **Status** column, or in the Notes Column, the 'Y' should be circled.

**MPR 6:** There are 3 items related to MPR 6 (Records) on this worksheet.

- a) All plan review records must be maintained in the health department for a minimum of 5 years.
- b) You must be able to locate the necessary plans, forms, and licenses.
- c) Applications and licenses are processed according to Law: date of issuance, signatures of operator and regulator, pre-opening inspection is dated either before or on the same day

**MPR 7:** Construction prior to approval- was a Stop Work Order issued

## EXAMPLE OF A COMPLETED PLAN REVIEW WORKSHEET:

### MPR's 1, 6 and 7: Plan Review Worksheet

1	Plan review	10 of 13 indicators met = 77%	(80% required)	M	NM
6	Records	3 of 3 indicators met = 100%	(100% required)	M	NM
7	Stop Work Orders			M	NM

Facility Name: \_\_\_\_\_ Type: Fixed / STFU / Mobile New  Remodeled   
 License year: 2009 Insp. Date: 5-15-08 Date License Signed: 5-15-08

	Item Required	Status*	Notes	Problem
1	Application / Transmittal letter		1-5-08	Y
1	Completed Worksheet			
1	Menu			Y
1	SOP			
1	Layout- plans, including scaled drawing			Y
1	Equipment Specifications	X	No equipment specs in file	Y
1	Preopening Evaluation Report in file			Y
1	Report Marked Approved to Operate	X	Not marked approved to open	Y
1	Report verifies NO P/Pf Violations present prior to operating. NOTE: Issuance of a license with not more than two outstanding priority foundation violations may be allowed upon the determination of the director that the violations are not a risk to food safety.			Y
1	Reviewer's checksheet used *			Y
1	Formulas calculated, documented for hot water, dry storage, & refrigeration? (needed, proposed, justification for differences)	X	No formula for hot water calcs in file, no notes on existing equipment	Y
1	Applicant informed of deficiencies? Deficiencies addressed in writing, or on revised plans.			Y
1	Approval letter in file? Describe project scope & references a unique identifier marked on the approved plans.		Date: 1-26-08	Y
6	Records are maintained in accordance with Annex 3			Y
6	LHD able to retrieve records necessary for the audit			Y
6	Applications and licenses are processed in accordance with the Law (date of issuance, signatures of operator and regulator, Pre-opening inspection is dated either before or on the same day the license is signed)			
7	Stop work orders used appropriately		No SWO required	

**NOTE \*** Some sections of the reviewer's checksheet now contain boxes for the reviewer to document if the determination is from: calculations used, an on-site visit, or documentation from an engineer. MDARD encourages use of this documentation. (See example below)

Plumbing and Cross connection Protection						Determined from ___ Plumbing plan and/or worksheet ___ Onsite visit on _____ (date) ___ Previously inspected facility
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**CALCULATING PLAN REVIEW COMPLIANCE: To collect the information for all 10 plan reviews completed, you can use the following chart. Each mark indicates a file reviewed for each MPR.**

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

	MPR 1	MPR 6	MPR 7
MET			
NOT MET		I	
	MPR 1 8 of 10 are met	MPR 6 9 of 10 are met	MPR 7 10 of 10 Are met

**MPR 1** shows 8 of 10 files were met. This is the only review of MPR 1, so these results can be placed on the MPR summary sheet.

EXAMPLE FROM SUMMARY SHEET:

MPR 1 Plan Review Summary

8 of 10 files were Met **MET**      NM  
80% compliance rate.      80% required.

**MPR 6 (Records)** shows 9 of 10 files were met. MPR 6 review consists of a review of Plan Review, TFEs, Enforcement, Fixed Files, Complaints, and variances. You would then document on the summary sheet the determined compliance for plan review.

EXAMPLE FROM SUMMARY SHEET:

MPR 6 Records MET    MC    NM

**Plan Review** 9 of 10 = 90%    TFE     of     =    %    Enforcement     of     =    %  
Fixed Files     of     =    %    Complaints     of     =    %    Variances     of     =    %

**MPR 7 (Enforcement)** This MPR is reviewed during MPR 1, plan review, and MPR 4, evaluation procedures. There are 2 components to the enforcement review:

1. An enforcement policy that meets the evaluation criteria has been adopted by the agency, signed by the Health Officer
2. The policy is being followed by the agency, as is determined by at least 80% compliance of the file review.

Written Enforcement Policy, Proper Use \_\_\_\_\_ MET    MC    NM

Files w/7 MET: \_\_\_\_\_ Fixed files \_\_\_\_\_ Plan Review = \_\_\_\_\_ Total files w/no MPR 7 prob.  
\_\_\_\_\_ Total files w/no MPR 7 problems / \_\_\_\_\_ Total files reviewed = \_\_\_\_\_% Compliance.

**80% required**

## **FACILITY FILE REVIEW:**

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance.

### **CHOOSING FACILITY FILE SAMPLES:**

The number of facilities your department licenses can be obtained from the MDARD Annual Report or from your computer's food inspection program. Use this number to determine your sample size, using Annex 6 in the MPR Indicator Guide. The maximum number of files reviewed is 23.

When choosing your samples, one STFU, one Mobile, and one vending site should be part of the sample (if these types of facilities are licensed in your jurisdiction) to assure that these types of facilities are evaluated according to law requirements.

Use the random number sheet to determine the 1<sup>st</sup> listed STFU, Mobile and Vending facility on your random list. Write these sample files on your log.

If your sample size was 23, and 1 vending, 1 STFU and 1 mobile facility file were chosen, you would then pick the next 20 fixed facility files on the list, beginning with the 1<sup>st</sup> number listed.

Write all of these sample files on your log.

If you are evaluating a district health department, or have more than one office in your health department, each office must have a randomly chosen list of facilities.

### **EXAMPLE OF A DISTRICT HEALTH DEPARTMENT SELECTION PROCESS:**

District 20 consists of 3 counties, and has 2000 licensed facilities. The sample size (Using Annex 6) is 23 facility files. The counties are: Salem County (has 40% of the licenses, with 9 facilities chosen); Boston County (has 40% of the licenses with 9 facilities chosen); and Denver County (has 20% of the licenses with 5 facilities chosen). (Sample size of 23 divided by 40% = 9. Sample size of 23 divided by 20% = 5)

So, for Salem County (which has 40 % or 9 samples to choose) use the random list for Salem County and choose your samples. For this type of situation, ONLY 1 STFU, mobile and vending are chosen for the entire district.

Use the facility selection worksheet below to document the samples chosen.

NUMBER OF ESTABLISHMENTS FOR REVIEW CYCLE: 2000

SAMPLE SIZE: 23

#	County	Facility	Address
	This column is for district health departments with multiple counties	Name of facility	If desired
1	Salem	McDonalds	
2	Salem	Salem High School	Vending
3	Salem	Joe's Diner	
4	Salem	Lucky Café	
5	Salem	Koffee Kart	STFU
6	Salem	Olive Garden	
7	Salem	McDonalds	
8	Salem	Ponderosa	
9	Salem	Red Lobster	
10	Boston	Dan's Steak House	
11	Boston	McDonalds	
12	Boston	Lucky Café	
13	Boston	Olive Garden	
14	Boston	McDonalds	
15	Boston	Boston High School	
16	Boston	Ponderosa	
17	Boston	Red Lobster	
18	Boston	Dan's Steak House	
19	Denver	McDonalds	
20	Denver	Lucky Café	
21	Denver	Sally's Sandwiches	Mobile
22	Denver	Denver High School	
23	Denver	Olive Garden	

## FILLING OUT THE FACILITY FILE WORKSHEET:

This worksheet is used to collect and interpret data for MPR 2, 4, 6, 7, and 8. The top of the form is where compliance is calculated and documented. After explaining the requirements for each section, a completed example will be presented and the calculations and documentation described.

- **Facility Name:** Joe's Diner
- **Type:** **Fixed** **Mobile** **STFU** **Vending**      Circle the type of facility reviewed
- **Dates:** Place the date of each routine or follow-up evaluation in this column. Start with the first routine inspection done in the review period. For example the review period goes from 5/12/2013 through 5/12/2016 and the earliest routine inspection was on 8/20/2013. This would be the first inspection reviewed.
- **Activity Type:** Was the evaluation routine, follow-up, or enforcement. Circle the appropriate acronym.

**Since many follow-up evaluations are done at the time of the routine evaluation, the assessment of MPR 8 could not be fairly evaluated unless the follow-up completed at the time of the routine evaluation was counted. Thus, if a Priority or Priority foundation violation was corrected during the routine inspection, you would mark both R and FU.**

**When a Pf violation is followed up on at the next routine inspection the FU would be circled on that date to capture that activity. If there is no language of how the previous Pf was corrected on the next routine inspection report or a separate follow-up report, this would be a not met for MPR 8 on that date.**

- **Routine Freq.:** This column is to document the required evaluation frequency. (Either every 6 months, or as determined by the Risk Based Evaluation Schedule: 6, 12, 18 months or S for seasonal) For follow-up evaluation, mark 30 days.
- **Time Between:** This column documents the time between evaluations.
  - For routine evaluations, a one month grace period is allowed. If an evaluation was done June 6, 2015, the next evaluation (if on a 6 month rotation) would be Dec 6, 2016. If the evaluation was done January 5, 2017, the frequency would be met. If the evaluation was done January 7, 2017, a not met would be given.
  - For follow-up evaluations, the inspection should be conducted within 10 days. A 30 day grace period is given. If the Priority or Priority foundation violation was found on 9/9/15 and the follow-up done on 10/9/15, a met would be given. If the evaluation was done on 10/10/15, a not met would be given since the 30 day grace period would have been passed.
  - If two or less priority foundation violations were marked, and the director determined that they were not a risk to food safety, the verification of correction could be done at the next routine inspection.
  - A date is not placed in this column for the initial evaluation documented. To determine if it was in compliance, you would need to review the previous evaluation, and since we never review a previously evaluated form, we do not count this date unless it is more than the routine evaluation frequency from the audit date. (I.E.: audit date is 3/3/16. The routine frequency for the establishment is 6 months. The first evaluation in the file is for

11/12/16, which is more than 6 months from the audit date. This would be a frequency violation.)

- **Notes:** Document all information gathered in this column.
  - Mark the number of Priority or Priority foundation violations found.
  - Mark the number of Core violations found.
  - Mark if any of the Priority or Priority foundation violations were corrected on site (COS).
  - If there is an MPR 4 problem noted (report writing), clarify the violation marked.
  - Was the violation properly and clearly written including the law summary, observation, and method or correction (MPR 4)?
  - Was the time frame for correction specified (MPR 4)?
  - Was an approved report form used, all administrative information complete, and form signed (MPR 4)?
  - Were Priority or Priority foundation and Core violations properly cited (MPR4)?
  - Were there any chronic or repeat violations noted that may trigger enforcement (MPR 7)?
  - Were the follow-up reports properly documented, including the corrective action (MPR 8)?
  - **ENFORCEMENT:** Make notes on the worksheet regarding the types of violations in non-compliance. If you verify that Priority, Priority foundation or Core violations are chronic or recurring, make clear notations on the worksheet. At this point, you would want to check the department's enforcement policy to determine the triggers for enforcement. (Enforcement compliance will be discussed later.)

(Since multiple problems might be documented in the "Notes" column, and the "Notes" column has limited space for writing, you may use the chart at the bottom of the worksheet to assist in writing the type of problems found.) See the example of a completed worksheet on the following page for guidance.

- **MPR:** If a non-compliance of any MPR was noted, mark the number of the MPR in this column. There is the possibility that one evaluation report review could have multiple MPR issues written in each evaluation section:
  - MPR 2 - frequency
  - MPR 4 – Routine Report writing problems (types of MPR 4 problems)
  - MPR 8- a follow-up of a priority or priority foundation violation was done during the routine evaluation, but the corrective action was not documented
  - MPR 7- was enforcement begun if required
- **Problem:** If non-compliance was noted in the 'MPR' column, circle the 'Y' in the problem column.
- **License year:** Typically a 3 year review of files is done. If the review is conducted in August 2016, you would look at licenses issued for the facility for 2017 (May 2016- April 2017); 2016 (May 2015- April 2016); and 2015 (May 2014- April 2015). An exception would be for the 1<sup>st</sup> cycle you are self-assessing for an Option 2 review. Since you self-assess a year in advance of your MDARD audit, this review period would be for only a 2 year cycle.
  - **License in File:** Is a copy of the application and license in the file for each licensing year?

- **Date Appl. Signed:** Is the application signed appropriately? If there was a change of ownership, were the old license deleted and a new license issued?
- **Dates of STFU inspections:** Are the dates of the previous licensing year marked on the application?
- **Vending Location:** Is the location of the vending machine stated on the license application?
- **MPR 6:** If there are discrepancies noted, mark '6' in the MPR box showing non-compliance.
- **Problem:** If non-compliance was noted in the 'MPR' column, circle the 'Y' in the problem column.

## EXAMPLE OF A COMPLETED FACILITY FILE WORKSHEET:

### MPR's 2, 4, 6, 7, and 8 Facility Folder Worksheet

2	Routines: 5 done 1 late = 4 DONE / 5 DUE= 80 % Compliance Routine	M	NM
8	FU: 6 done - 1 late/report writing problems = 5 DONE / 6 DUE=83 %	M	NM
4	5 Routine Eval. w/o MPR 4 errors / 7 Total Inspections = 71 % Compliance Insp.	M	NM
6	(1 violation makes this a NM)	M	NM
7	(A Not Met should be marked if an enforcement action was needed but was not taken. Even 1 Enforcement problem makes this a NM)	M	NM

Facility Name: Joe's Diner Type: Fixed Mobile STFU Vending

Dates	Activity Type	Routine Freq.	Time Between	Notes	MPR	Problem
2/6/12	R FU Enf	6 MO		1 P/2Pf Pf: CA/Date Marking, 1 COS P:CH cold holding violation COS 3C : Hair restraints/ SS storage, seal shelves, NOTE : 3 priority or priority foundation violations were found;		Y
2/12/12	R FU Enf	30 Days	6 days	DM ,and CA violations were corrected <b>(Method of correction was not described)</b>	8	Y
8/6/13	R FU Enf	6 MO	6 MO	1 Pf 1 COS <b>MPR 4 Observation not described</b> 2C : light shield, wiping cloth storage  NOTE : This is the 2 <sup>nd</sup> DM violation. It may help to circle it as a reminder to check for enforcement.	4	Y
3/7/14	R FU Enf	6 MO	Over 7 months	1 Pf 1 COS 1C : food stored on floor NOTE : This is the 3 <sup>rd</sup> recurring date Marking violation marked. Depending on the agency enforcement policy, enforcement action should begin. Look through the file. If there is an indication that your enforcement policy has began, you are OK. If not, a decision must be made to determine if the agency is meeting MPR 10. If there is nothing in the file showing that enforcement has begun, and the agency policy is for enforcement to begin after 3 recurring priority or priority foundation violations, MPR 10 would be marked not met and the #10 placed in the 'MPR ' column.	2	Y
9/12/14	R FU Enf	6 MO	6 MO	1 Pf : no paper towels at HS, COS- handtowels were provided 1 C : floor in storage room dirty		Y
3/16/15	R FU	6 MO	6 MO	1 P: handwashing procedures		

	Enf			MPR 6- Law summary missing 2C : equipment storage, toilet room door propped open	4	Y
3/30/15	R FU Enf	30 days	16 days	Handwashing corrected		Y
	R FU Enf					Y
	R FU Enf					Y

License Year	License in File?	Date App. Signed	Findings	MPR	Problem
2015 thru 2016	√	4-9-15			Y
20014 thru 2015	√	4-18-14			Y
2013 thru 2014	√	10-12-13	New owner. No licence application for new owner in file.	6	Y
2012 thru 2013	√	4- 6-12	Previous owner		

P Priority Violation  
 Pf Priority Foundation Violation  
 C Core Violation  
 COS Corrected on site during inspection  
 R Routine Inspection  
 FU Follow-up inspection  
 OC Office Conference  
 IH Informal Hearing  
 Enf Enforcement Action  
 V Violation

## CALCULATING FACILITY FILE COMPLIANCE:

**CALCULATIONS FOR ALL FACILITY FOLDERS REVIEWED: Example using 23 files evaluated:**

	MPR 2	MPR 8	MPR 4	MPR 6	MPR 7
MET	 	 	 	 	 
NOT MET					
	MPR 2 23 of 23  Met	MPR 8 22 of 23  met	MPR 4 22 of 23  Use for calculating MPR 4	MPR 6 22 of 23  Use for calculating MPR 6	MPR 7 23 of 23  met

**MPR 2** shows 23 of 23 files were met. This is the only review of MPR 2, so these results can be placed on the MPR summary sheet.

EXAMPLE FROM SUMMARY SHEET:

MPR 2 Evaluation Frequency	MET	MC	NM
A. Number of facilities in sample meeting evaluation frequency:	23		
B. Number of facility files reviewed:	23		
C. Percent of files meeting evaluation frequency $\{(A/B) \times 100\}$ :	100%		
MET= $\geq 80\%$			

**MPR 8** shows 22 of 23 files were met. This is the only review of MPR 8, so these results can be placed on the MPR summary sheet.

EXAMPLE FROM SUMMARY SHEET:

MPR 8 Follow-Up Evaluation	MET	NM
A. Number of Files With $\geq 80\%$ Of Required Follow-Ups Completed With/In 30 Days and Corrections Noted	22	
B. Number of Files in Sample	23	
C. Percent Compliance $\{(A/B) \times 100\}$ 80% Required	96%	

**MPR 4** was also evaluated for these files, and 22 of the 23 files met MPR 4 requirements. MPR 4 is reviewed for fixed files, vending, and temporary licenses, so you would document on the summary sheet for MPR 4 the compliance determined for facility files.

EXAMPLE FROM SUMMARY SHEET:

MPR 4: Facility Files / STFU / Mobile/Vending **22 of 23 met**

Temporary \_\_\_ of \_\_\_ met

**MPR 6** shows 22 of 23 files were met. MPR 6 review consists of a review of Plan Review, TFEs, Enforcement, Fixed Files, Complaints, and variances. You would then document on the summary sheet the determined compliance for file review.

EXAMPLE FROM SUMMARY SHEET:

MPR 6 Records MET MC NM

Plan Review   9   of  10  = 90% TFE    of    =   % Enforcement    of    =   %

**Fixed Files**  23 of 23  = **100%** Complaints    of    =   % Variances    of    =   %

**MPR 7** shows 23 of the 23 files were met.

This MPR is reviewed during MPR 1, plan review, and MPR 4, evaluation procedures. There are 2 components to the enforcement review:

1. An enforcement policy that meets the evaluation criteria has been adopted by the agency, signed by the Health Officer
2. The policy is being followed by the agency, as is determined by at least 80% compliance of the file review.

• EXAMPLE FROM SUMMARY SHEET:

Written Enforcement Policy, Proper Use \_\_\_\_\_ MET MC NM

Files w/7 MET:    Fixed files    Plan Review =    Total files w/no MPR 7 prob.

   Total files w/no MPR 7 problems /    Total files reviewed =   % Compliance.

**80% required**

With 100% compliance on the plan review and file review, and an approved policy, you would receive a MET.

(Since receiving a MET for Enforcement is dependent on the policy AND the file review, it is important to review the MPR Indicator Guide Document under Enforcement, number 3, How to Judge Compliance with MPR 7)

## TEMPORARY FOOD ESTABLISHMENT

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance.

### CHOOSING TEMPORARY ESTABLISHMENT SAMPLES:

See MPR Indicator guide for:

Annex 5- Approved random sampling (see below for tips in choosing samples)

Annex 6- Office sample size chart

An easy way to determine how many licenses were issued over the review period is to get the number of temporary licenses issued annually from your MDARD annual report. Multiply that number by 3 (3 year review period). If this is the first time you are self-assessing for requesting Option 2, your review period will be only 2 years. Most departments store their temporary licenses and reports in the file cabinet by year. It would be difficult to create a 'list' of the licenses, and even more difficult to number the list and randomly select the corresponding licenses.

The Random Sample is best chosen by using a variation of Method #2 in Annex 5 of the MDARD Accreditation MPR Indicator Guide titled, Select every K<sup>th</sup> facility:

For example, you have 175 temporary food service establishments licensed over the 3 year review period, and Annex 6 tells you to select twenty (20) establishments from the list, do the following:

- Divide the total number of establishments (175) by the sample size (20).  $175/20 = 9$ . This means that every 9<sup>th</sup> temporary license will be selected for review.
- Have another individual select a number from 1-10 (the selected number may include 1 & 10). Let's say the number 7 is selected. Use the selected number (7) as the starting point. Since you will need to explain this process during your audit by MDARD, be sure to document your sampling method for reference during the audit.
- Now find the 7<sup>th</sup> establishment from the beginning of the files. (It doesn't seem to matter if you start from the current date, or the first date of the review period. All years will be proportionally reviewed using this method.) This is the first license / evaluation form that will be reviewed.
- Next count forward 9 temporary licenses to find the second license/evaluation to be reviewed. Continue until twenty (20) license/evaluations have been selected. If you reach the end of the list, continue counting from the beginning. You should have selected the following establishments: 7, 16, 25, etc.

### EXAMPLE OF A DISTRICT HEALTH DEPARTMENT SELECTION PROCESS:

District 20 consists of 3 counties, and has 930 temporary licensed facilities in a 3 year cycle. The sample size (Using Annex 6) is 22 temporary facility licenses. The counties are: Salem County (has 40% of the licenses, with 9 temporary licenses chosen); Boston County (has 40% of the licenses with 9 temporary licenses chosen) example: (Sample size of 22 divided by 40% = 9) Denver County (has 20% of the licenses with the remaining 4 temporary licenses chosen- 23 divided by 20% = 4) (930 licenses divided by a sample size of 22 is every 42<sup>nd</sup> license.) Have someone choose a starting number, and beginning with that number; choose the first TFE license. You will need to choose 8 additional licenses. Since 930 files, divided by a sample of 22 is every 42 licenses, proceed to the 42<sup>nd</sup> license after the first, and that is your second sample.

## FILLING OUT THE TEMPORARY ESTABLISHMENT WORKSHEET:

This worksheet is used to collect and interpret data for MPR 3, 4, and 6.

The top box of the form describes the MPRs being evaluated, and the MPR violations you might expect to find during the review. You will use this information when filling out the second box on the sheet, which is the review of the temporary evaluations and licenses.

**Office:** This column is for district health departments with multiple counties.

**Year:** The licensing year reviewed is written here. An accreditation review is usually over a 3 year period, so document which year each license was issued. Each year in the review should show a proportional sample using these criteria. (Remember, if this is your 1<sup>st</sup> self-assessment, your cycle will consist of 2 years, not 3)

**License Number:** Each Temporary License has a license number printed on the top of the form. Write this number on the audit sheet to identify the license evaluated.

**MPR 3:** See the MPR Indicator Guide, Program Indicators.

- Determine if the local health department has conducted an operational evaluation of each temporary food service establishment prior to licensure.
- Application has sections 'Applicant/Business Contact Information'; 'Public Event Information'; Food Column of "Food Preparation and Menu" page; and Addendum A (when used) completed plus have application, inspection and license approval date plus sanitarian signature.
- Determine if a temporary food service license was issued with unresolved Priority or Priority foundation violations unless there are 2 or less Pf Violations deemed, by the Director, to not be a risk to food safety.

**MPR 4:** Were the violations clearly written; with observation, law summary, and correction time and method?

**MPR 6:** Record retention adequate time? Files can be located for review?  
Was the license signed and dated by the regulator?

## EXAMPLE OF A COMPLETED TEMPORARY ESTABLISHMENT WORKSHEET:

### MPR 3,4,6 Temporary Food Worksheet

Note: Put letters in boxes as licenses are reviewed.

3	a.	Evaluated prior to licensure, but not in advance of event being ready for evaluation.
	b.	Application has sections 'Applicant/Business Contact Information'; 'Public Event Information'; Food Column of "Food Preparation and Menu" page; and Addendum A (when used) completed plus have application, inspection and license approval date plus sanitarian signature.
	c.	License issued with no unresolved Priority or Priority foundation violations, unless there are 2 or less Pf Violations deemed, by the Director, to not be a risk to food safety.
4		See list in MPR indicator guide
6		Record retention adequate time. Files can be located for review.

	Office	Year	License #	3 a	3b	3 c	4	6	specific problem noted
1	Salem	2009		√	√	x	√	√	Issued with uncorrected Priority violation
2	Salem	2009		√	√	√	√	√	
3	Salem	2009		√	√	√	√	√	
4	Salem	2010		√	√	√	√	√	
5	Salem	2010		√	√	√	x	√	Correction not described
6	Salem	2010		√	√	√	√	√	
7	Salem	2010		√	√	√	√	√	
8	Salem	2011		√	√	√	√	√	
9	Salem	2011		√	√	√	√	√	
10	Boston	2009		√	√	√	√	√	
11	Boston	2009		√	√	√	√	√	
12	Boston	2009		x	√	√	√	√	
13	Boston	2010		√	√	√	√	√	
14	Boston	2010		√	√	√	√	√	
15	Boston	2010		√	√	√	√	√	
16	Boston	2011		√	√	√	√	√	
17	Boston	2011		√	√	√	√	√	
18	Boston	2011		√	√	x	√	√	Issued with uncorrected Priority violation
19	Denver	2009		√	√	√	√	√	
20	Denver	2010		√	√	√	√	√	
21	Denver	2010		√	√	√	√	√	
22	Denver	2011		√	√	√	√	√	
23									
MPR 3 19 of 22 files Met 86 % MPR 4 21 of 22 files Met MPR 6 22 of 22 files Met									

## CALCULATING TEMPORARY ESTABLISHMENT COMPLIANCE:

**MPR 3** shows 19 of 22 temporary files were met (two licenses were issued with an uncorrected priority or priority foundation violation; and one license was issued in advance of the event). This is the only review of MPR 3, so these results can be placed on the MPR summary sheet.

EXAMPLE FROM SUMMARY SHEET:

MPR 3 Temporary Food Service

**MET** MC NM

19 of 22 files had no problems.

Compliance = 86% (80% required.)

**MPR 4:** MPR 4 is reviewed for fixed files, and temporary licenses, so you would document on the summary sheet for MPR4 the compliance determined for temporary food establishments. In this example 21 of the 22 temporary files met MPR 4. (One evaluation had a problem related to MPR 4 indicators; the method of correction was not documented.)

EXAMPLE FROM SUMMARY SHEET:

### Temporary 21 of 22 Met

**MPR 6:** There were no problems found in this example. 20 of 20 files were met.

MPR 6 review consists of a review of Plan Review, TFEs, Enforcement, Fixed Files, Complaints, and variances, so you would document on the summary sheet the determined compliance for Temporary Establishment Evaluations.

EXAMPLE FROM SUMMARY SHEET:

MPR 6 Records

MET MC NM

Plan Review 9 of 10 = 90% TFE **22 of 22 = 100%** Enforcement \_\_\_ of \_\_\_ = \_\_\_%

Fixed Files 23 of 23 = 100% Complaints \_\_\_ of \_\_\_ = \_\_\_% Variances \_\_\_ of \_\_\_ = \_\_\_%

# LIMITED LICENSE

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance.

## CHOOSING LIMITED LICENSE SAMPLES:

It is unlikely that many licenses will have been limited over the three year review cycle; therefore a percentage allowance is not feasible.

- Obtain a list of all licenses limited during the review period. If there are only a few licenses limited during the review cycle, you would want to review all of the licenses to assess if the licenses were limited correctly.  
If many licenses were limited, you would randomly pick licenses to review. To statistically have a valid sample, choosing 10 reviews should be sufficient.
- If the health department has a policy for license limitations, this policy would provide evaluation information.

## FILLING OUT THE LIMITED LICENSE WORKSHEET:

This worksheet is used to collect and interpret data for MPR 9, and to document the samples that were chosen for evaluation.

The 3 components to evaluate for license limitations are listed on the chart below. See the MPR Indicator Guide, MPR 9 Program Indicators, to determine compliance.

## EXAMPLE OF A COMPLETED LIMITED LICENSE WORKSHEET:

### MPR 9 LIMITED LICENSE WORKSHEET

**MET**    **NOT MET**

Facility name	Reason license was limited (food law)	Proper notice provided Y / N	Opportunity for a hearing Y / N	License application filled out Y / N
Joe's Bar	This bar is limited to serving only drinks and prepackaged foods until on-site sewage system is upgraded	Y	Y	N
Boston High School Concession	Limited to single service tableware due to present inadequate warewashing facilities	Y	Y	Y
St. Mary's Church	Limited to cooking only non-grease vapor producing foods due to inadequate ventilation in kitchen	Y	Y	Y

## CALCULATING LIMITED LICENSE COMPLIANCE:

Since this MPR does not have a percent rate, the reviewer should consider the overall practice of limiting a license when determining compliance. (See MPR Indicator Guide for judging compliance.)

An example of when a “met” might be given:

On one facility’s license application, the “limited license” box was not marked. It is possible that the license limitation was imposed after the routine license application had been approved and license issued, in which case no deficiency would be marked. The reviewer needs to ask questions to determine if policy is being followed.

An example of when a “met with conditions” might be given:

The department has a good limited license policy and forms. The policy is being followed and licenses are limited according to the law. However, the license applications were not marked as limited licenses on 3 applications. This could be considered a minor deviation that needs attention.

### EXAMPLE FROM SUMMARY SHEET:

MPR 9 License Limitations

**MET**   **MC**   **NM**

Was the reason given for limiting the license? **yes**

Was proper notice provided? **yes**

Was the license application appropriately completed? **yes**

# VARIANCES

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance.

## CHOOSING VARIANCE SAMPLES:

It is unlikely that many variances will have been issued over the three year review cycle; therefore a percentage allowance is not feasible.

- Obtain a list of all variances issued during the review period. If there are only a few establishments on the list, you would want to review all of the variances to assess if they were issued correctly. If many variances were issued, reviewing 10 random variances should be sufficient to statistically have a valid sample.

## FILLING OUT THE VARIANCE WORKSHEET:

**The health department's policy on variances will be needed to complete this worksheet.**

There are 6 indicators for MPR 10 that need to be evaluated and they are clearly explained in the MPR Indicator Guide under "Program Indicators" and are listed on the following worksheet.

## EXAMPLE OF A COMPLETED VARIANCE WORKSHEET:

### MPR 10 VARIANCE WORKSHEET

**MET NOT**

Facility name	Specialized processing (HACCP) Y / N	Request in file Y / N	Statement of proposal- Relevant FC/FL #s Y / N	Public health hazards addressed Y / N	Department has formal procedure Y / N	Staff following procedure Y / N
Joe's Diner	NA	Y	Y	Y	Y	Y
Mary's Cafe	NA	Y	Y	Y	Y	Y

## CALCULATING VARIANCE COMPLIANCE:

Since this MPR does not have a percent rate, the reviewer should consider the overall practice of issuing a variance when determining compliance. A consistent deficiency in any one of the MPR 10 indicators would result in a NM.

### EXAMPLE FROM SUMMARY SHEET:

MPR 10 Variances

**MET MC NM**

Special processing methods? **None**

Request in file? **Yes**

Citing relevant code section numbers? **Yes**

Department has formal procedure for issuing variance? **Yes**

Staff following procedures? **Yes**

# CONSUMER COMPLAINT

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance. **MDARD will not evaluate smoking complaints (P.A. 188) as part of the accreditation process.**

## CHOOSING CONSUMER COMPLAINT SAMPLES:

For sampling, you will require:

- The LHD complaint tracking log
- **The LHD policy manual for Complaints**
- Annex 5
- Annex 6

Using the complaint log, number the complaints received during the review cycle. Use annex 6 to determine how many complaints will be reviewed. Use annex 5 to determine random samples from the list.

For this example, we will assume that the department had 52 complaints over the review cycle, so we will need to review 16 complaints.

## FILLING OUT THE CONSUMER COMPLAINT WORKSHEET:

This worksheet is used to collect and interpret data for MPR 11.

**MPR 11:** See the MPR Indicator Guide for program indicators.

**Complaint ID:** List complaint ID from complaint log (If the agency does not use an I.D. system, but only identifies complaints by the date or facility number, document that ID on the sheet.).

**Log Maintained & Records Available for Review:** Document the availability of a complaint log. (This could be a paper log or an electronic system.) Are the records accessible?

**Results recorded or justification for no investigation:** Evaluate the investigation of the complaint. (a brief notation that explains the results and conclusions of the investigation)

**Working Days from Receipt to Start of Investigation:** Maximum of 5 working days allowed.

EXAMPLE OF A COMPLETED CONSUMER COMPLAINT WORKSHEET:

Complaint ID	11 Log maintained & records available for review		11 Results recorded (or justification for no investigation)	11 Working Days from Receipt to Start of Investigation (Max. 5 working days allowed)	Met Not Met	Problem
	✓	✓				
06-01	✓	✓	✓	✓		Y
06-22	✓	✓	✓	✓		Y
06-30	✓	<b>x</b>	<b>x</b>	✓		<b>Y</b>
07-02	✓	✓	✓	✓		Y
07-10	✓	✓	✓	✓		Y
07-13	✓	✓	✓	✓		Y
07-19	✓	✓	✓	✓		Y
08-4	✓	✓	✓	✓		Y
08-12	✓	✓	✓	✓		Y
08-24	✓	✓	✓	✓		Y
08-52	✓	✓	✓	✓		Y
08-60	✓	✓	✓	✓		Y
09-5	✓	✓	✓	✓		Y
09-16	✓	✓	✓	✓		Y
09-21	✓	✓	✓	✓		Y
09-30	✓	✓	✓	✓		Y
MPR 15 ___ of ___ met				<b>Met</b>	<b>MC</b>	<b>Not Met</b>

Notes: One record was not available for review and no results of investigation found in food file.

CALCULATING CONSUMER COMPLAINT COMPLIANCE:

**MPR 11** shows 15 of 16 consumer complaint files were met. This is the only review of MPR 11, so these results can be placed on the MPR summary sheet.

EXAMPLE FROM SUMMARY SHEET:

MPR 11 Complaint Investigation

**MET**   **MC**   **NM**

15 of 16 complaint investigations had no problems.

Compliance 94%                      80% required

# TRAINING

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance.

It is recommended that the Training memo of 2/12/2010; and the guidance documents: “Assessing the Risk based Inspection Skills of a Previously Trained / Experienced Inspector”; and “Training for Newly Hired / Newly Assigned Food Program Inspectors” are used throughout the training process. Policies for assessing training are included in these guidance documents.

**MPR 12:** This MPR reviews the training records for each employee hired or assigned to the food program during the last review period. (For employees assigned to do only specialty food programs, see MPR 14)

On the worksheet:

- List any employee hired or assigned during the review period.
- Determine if the training record indicates completion of required training in the six designated skill areas. (It is recommended that staff complete the ORA U. courses designated to meet the requirements.)
- Has the training been completed within 12 months of being assigned to the program? (Employees that are not fully assigned to the food program or part time employees have 18 months to complete training.)

## EXAMPLE OF A COMPLETED WORKSHEET

EXAMPLE: **MDARD Accreditation Cycle 5 MPR 12 and 13 Worksheet**

Employee Name	Date Assigned to Retail Food Program	Date Completion of ORA-U Curriculum OR equivalent And All technical requirements	Date Completion of 25 Joint Field Training Inspections OR Documentation of completed training assessment/plan	Date Completion of 25 Independent Inspections	Date Completion of 5 Field Standardization Inspections
Bill Baker	2/1/11	3/12/11	5/6/11	7/14/11	9/8/11
Sue Shaw Previously trained at Nixon County, Michigan. Training documents from Nixon County were obtained.	6/5/10	6/10/10 Certificates confirming all ORA-U and other technical requirements have been met. Sue will attend the 2011 FL/FC training as a review.	6/29/10 Six assessment evaluations done with standardized trainer. Sue achieved a 97% compliance on 3 Field Evaluation worksheets and a 98% compliance on 3 MDARD/FDA evaluation reports. The trainer has assessed that Sue may proceed to the 25 Independent Inspections.	8/12/10	8/27/10

(Within 12 months of assignment to the Food Program)

EXAMPLE FROM SUMMARY SHEET:

**MPR 12 Staff Technical Training:** list trainees **Met** MC NM

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.

**Both Bill and Sue have met the technical requirements**

**MPR 13:** This MPR reviews the field training records for each employee hired or assigned to the food program during the last review period. (For employees assigned to do only specialty food programs, see MPR 14)

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance.

It is recommended that the Training memo of 2/12/2010; and the guidance documents: "Assessing the Risk based Inspection Skills of a Previously Trained / Experienced Inspector"; and "Training for Newly Hired / Newly Assigned Food Program Inspectors" are used throughout the training process. Policies for assessing training are included in these guidance documents. On the worksheet:

- List any employee hired or assigned during the review period.
- Determine if the training record indicates if 25 joint evaluations, 25 independent evaluations under review of the trainer, and 5 evaluation inspections have been conducted with a LHD Standardized trainer.
- Has the training been completed within 12 months of assignment to the program? (Employees that are not fully assigned to the food program or part time employees have 18 months to complete training.)

## USE THE WORKSHEET ABOVE FOR DOCUMENTATION

EXAMPLE FROM SUMMARY SHEET:

**MPR 13 Fixed Food Service Evaluation Skills:** list trainees names **Met** MC NM

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.

**Both Bill and Sue have met the field training requirements**

**MPR 14:** This MPR determines **if the supervisor has endorsed** all employees who evaluate specialty food service establishments (mobile, vending, STFU, temporary) as having knowledge of the food code, food law, public health principles, and communication skills. Each employee must be endorsed for each type of specialty food establishment they evaluate. Automatic endorsement is received when an employee has met the requirements of MPR 12 and 13.

On the worksheet:

- List any employee hired or assigned during the review period.
- Is there documentation to show supervisor endorsement before conducting independent evaluations?

### MDARD Accreditation Cycle 6 MPR 14 Worksheet

Employee Name	Date completion of each Specialty Food Inspection Training (TFE, Vending, Mobile, STFU)	Date / Signature of Supervisor Endorsement (for knowledge of FL, FC, public health principles, & communication & inspection skills)
Bill Baker	8/3/15 TFE	documented
	8/12/15 Vending	documented
	8/13/15 STFU	documented
Sue Shaw	7/12/14 Mobiles	documented
	7/22/14 TFE	documented
	7/29/14 STFU	documented

EXAMPLE FROM SUMMARY SHEET:

**MPR 14 Specialty Food Service Inspection Skills:** list trainees names **Met MC NM**  
 Do newly assigned staff conducting mobile, STFU, vending or temporary inspections have endorsement by supervisor?

**Both Bill and Sue were endorsed by their supervisor before beginning evaluation of specialty food programs.**

# FOODBORNE ILLNESS

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance.

## CHOOSING FOODBORNE ILLNESS COMPLAINT SAMPLES:

For sampling, you will require:

- The LHD FBI complaint tracking log or tracking system
- The LHD policy manual for FBI Investigation
- MDARD list of LHD FBI Investigation reports
- FBI investigation records generated since the last accreditation review
- Annex 5
- Annex 6

Using the FBI complaint log, number the FBI complaints received during the review cycle. Use annex 6 to determine how many FBI complaints will be reviewed. A maximum random sample of 10 foodborne illness investigation records for the review period will be evaluated.

Use Annex 5 or a Random Number Calculator to determine random samples from the list.

## FILLING OUT THE FOODBORNE ILLNESS COMPLAINT WORKSHEET:

This worksheet is used to collect and interpret data for MPR 15 and 16.

**Complaint ID:** List FBI complaint ID from FBI complaint log (If the agency does not use an I.D. system other than the date or facility number, document that ID on the sheet.)

### **MPR 15:** Timely response

- Has the FBI complaint investigation been initiated within 24 hours?
- If it was a defined foodborne illness investigation, was the final report submitted to MDA within 90 days of the close of the investigation?

### **MPR 16:** See the MPR Indicator Guide for complete evaluation instructions.

- Determine if the complaint log or tracking system is systematically reviewed to determine if isolated complaints may indicate the occurrence of a FBI.
  - IAFP requirement: each time an entry is made and also each week.
  - MDARD 2/3/06 Memo: each time an entry is made and/or each week.
- Department **has and follows SOPs that include:**
  - Description of the FBI investigation team and the duties of each member
  - Identifies the frequency of reviewing the complaint log or tracking system for trends, who will review it, and how the review will be documented.
  - Outlines methods used to communicate FBI information with:
    - local health department employees
    - other governmental agencies
    - organizations

This communication requirement has been confusing to many LHDs in the past. The simplest way to clarify what is required is to take language right out of the Food Law

289.3131 (1): “The local health department shall develop and implement a communication system with other applicable governmental agencies, individuals, and organizations including, but not limited to, hospital emergency rooms and local police. The communications system shall provide the means to contact specific local health department employees and basic information to a foodborne illness outbreak investigation. The information provided in the communications system shall be updated annually.

- Are IAFP 5<sup>th</sup> or 6<sup>th</sup> Edition procedures used?
- Is the department using proper forms for the investigation?
  - These include the use of Form A, **and**
  - Either the approved gastrointestinal form **OR** Forms C1 and C2 **OR** an outbreak specific questionnaire.
- Determine if the department follows the 2/3/06 memo “Foodborne Illness Reporting and Documentation for Minimum Program Requirement Compliance”.

**EXAMPLE OF A COMPLETED FOODBORNE ILLNESS COMPLAINT WORKSHEET:**

**MPR 15 & 16 Foodborne Illness Investigations Worksheet**

Complaint ID	16 Compl. on log	16 Log Review Timely ?	16 IAFP Procedure Used?	16 Adequate Policy ?	16 Form A	16 Form C1,C2 Or Gastro Form Used?	15 Invest. Initiated within 24 hours?	15 If Outbreak, Report to MDA w/in 90 Days of Closure?	Problem
09-001	√	√	√		√	√	√	N/A	Y
09-018	√	√	√		√	√	√	N/A	Y
09-07	√	√	√		X	√	X	N/A	Y
08-045	√	√	√		√	√	√	N/A	Y
08-016	√	√	√		√	√	√	N/A	Y
08- 010	√	√	√		√	√	X	√	Y
08-022	√	√	√		√	√	√	N/A	Y
08-013	√	√	√		√	√	√	N/A	Y
07-006	√	√	√		√	√	√	N/A	Y
07-013	√	√	√		√	√	√	N/A	Y
Total									
%									

**Notes:** 20 - IAFP 5<sup>th</sup>/6<sup>th</sup> edition on-site? **YES**

## CALCULATING FOODBORNE ILLNESS COMPLAINT COMPLIANCE:

**MPR 15:** In this example 8 of 10 (80%) FBI complaint records reviewed met the indicators resulting in a “Met” for MPR 15. (Two of the complaints were not investigated within 24 hours.) The department did submit a copy of the final written report to MDARD within 90 days after the investigation of a foodborne outbreak was completed.

This is the only review of MPR 15, so these results can be placed on the MPR summary sheet.

EXAMPLE FROM SUMMARY SHEET:

MPR 15 Foodborne Illness Investigations Conducted	<b>MET</b>	MC	NM
8 of 10 files had <u>no</u> problems.			
Compliance 80%		80% required	

**MPR 16:** In this example only one of the FBI complaints reviewed was missing a form A. If the department had an excellent policy, and was doing a great job of investigating FBI complaints; the evaluation would receive a met.

EXAMPLE FROM SUMMARY SHEET:

MPR 16 Foodborne Illness Procedures	<b>MET</b>	MC	NM
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## COMPLETING THE MPR SUMMARY SHEET

At this point, most of the MPR evaluations have been placed on the summary sheet. MPR 4 and 6 are reviewed using more than one of the worksheets, so compliance is calculated after all required worksheets have been completed.

### MPR 4:

This indicator is evaluated as part of the review of facility files (Including fixed facility files, STFU files, Mobile files, Vending files), and Temporary evaluation reviews. At this point you have all of the information to evaluate MPR 4.

**Using results from the file reviews, the review of MPR 4 can be calculated:**

From the Facility File review (FSEs, Mobile, Vending and SFTU), we found: **22 of the 23 files met MPR 4 requirements.**

From the Temporary License review, we found: **21 of the 22 temporary files met MPR 4.**

SUMMARY SHEET

MPR 4 Evaluation Procedures	<b>MET</b>	MC	NM
A. Files w/4 MET: 22 Fixed/Mobile/STFU/Vending + 21 Temporary files = 43 Total files w/no prob.			
43 Total files w/ no problems / 45 Total files reviewed = 96 % Compliance. 80% required for MET			

The following chart is used to assist LHDs in determining weak areas of report writing. It is not a part of determining compliance for accreditation, but merely a list of ALL violations noted on ALL of the reports reviewed, even if the file has passed MPR 4.

<b>Evaluation problem specifics</b>	<b>Fixed/Mobile/STFU/Vending</b>	<b>Temporary</b>	<b>Total</b>
<b>The # of times each problem was found from all evaluations reviewed. Total insp. reviewed= 214</b>  Count every evaluation report you have reviewed in the assessment of facility files, vending, and temporary inspections.	<b>#</b>  <b>List each time you cite a MPR 4 violation on a facility file inspection</b>  <b>List each time you cite a MPR 4 violation on a vending inspection</b>	<b>#</b>  <b>List each time you cite a MPR 4 violation on a temporary inspection</b>	<b>#</b>
Department uses unapproved <b>evaluation</b> form			
*** Administrative info. not complete on <b>evaluation</b> form			
Findings do not properly document and ID: P/Pf and C	IIII III	I	9
Report does not summarize findings relative to law, is not legible and/or doesn't convey a clear message	IIII II I		8
Narrative does not state violations observed and corrections needed	II	III	5
Correction time frames not specified			
*** Report not signed and/or dated by Sanitarian		Noted under MPR 5	
*** Report not signed by establishment representative	<b>Marked under MPR 6</b>		

In this example, out of 214 evaluations reviewed, there were 9 examples of not documenting priority or priority foundation and core violations; 8 examples of not describing WHY it was a violation per law; and 5 examples of not stating the observation observed.

## MPR 6

MPR 6 is a review of overall records management for the program. A review of records management is a part of every MPR review (except, of course, MPR 6). You must evaluate:

### 1. Program Indicators

- Records are maintained in accordance with “Annex 3 – Excerpt from MDCH General Schedule #7.”

- The local health department staff is able to retrieve the records necessary for the audit.
- Applications and licenses are processed in accordance with law. Complete application information includes:
  - a. The date of issuance
  - b. The date(s) of operational inspections for STFUs
  - c. Signatures (approved electronic signatures are acceptable) of the operator and signature of a person designated by the department and/or their assignees are provided
  - d. Pre-opening evaluation report is dated either before or on the same day the license is signed.

During the assessment process, sections of the summary sheet for MPR 6 have been compiled, and it is now time to complete the evaluation:

**MPR 6 Records**

**MET MC NM**

**We have documented that no significant record keeping problems are noted. Staff has been able to retrieve all necessary records.**

**MPR 6 Records**

**\_\_81\_\_% compliance rate. 80% required.**

**MET MC NM**

**Plan review \_9\_ of \_10\_(90%)      TFE 20 of 20 (100%)      Enforcement \_23\_ of \_23\_(100%)  
 Fixed Files 22 of 23 (96%)      Complaints \_16\_ of \_16\_(100%)      Variances \_2\_ of \_2\_(100%)**

**[Final calculation was determined by adding all of the percentages and dividing by 6 to get the overall percent]**

# IMPORTANT FACTORS

## Important Factor I

- **1a: Educational Outreach**
  - a. Outreach encompasses industry and consumer groups as well as media and elected officials.
  - b. Outreach efforts may include industry recognition programs, web sites, newsletters, *Fight BAC!*<sup>™</sup> campaigns, food safety month activities, food worker training, school-based activities, customer surveys or other activities that increase awareness of the risk factors, and control methods to prevent foodborne illness.
  - c. Outreach activities may also include posting inspection information on a web site or in the press.

### AND/OR

- **1b: Industry and Consumer Interaction**
  - a. The jurisdiction sponsors or actively participates in meetings such as food safety task forces, advisory boards, or advisory committees.
  - b. These forums shall present information on food safety, food safety strategies, and interventions to control risk factors.
  - c. Offers of participation must be extended to industry and consumer representatives.
  - d. Documentation needed includes title of committee, frequency of meetings, list of members, and minutes or agenda

### How to Evaluate Compliance with Important Factor I

- **Met** –Agency participation in at least one activity listed under the program indicators for Important Factor 1a and/or 1b is sufficient to meet this standard.

### Charts Showing Compliance with Important Factor I:

#### 1a Educational Outreach

Dates	Summary Of Activities

**1b Industry and Consumer Interaction Forums**

Name of meeting	
Sponsors or actively participates in meetings such as food safety task forces, advisory boards, or advisory committees.	
Forums present information on food safety, food safety strategies, and interventions to control risk factors?	
Offers of participation extended to Industry representatives?	
Offers of participation extended to consumer representatives?	
Meeting Dates	
Summary Of Activities Related To Control Of Risk Factors	

**Other Outreach Activities**

**Please List any Additional Outreach Activities of Note Below.**

Dates	Summary Of Activities





**C:** Every employee assigned to the food program has completed at least 3 joint evaluations with the standardized trainer every 36 months. (Note: For the purposes of Option 2, the Quality Assurance joint evaluations will be those that are completed during the Self-Assessment period.)

INSPECTOR	1 <sup>ST</sup> JOINT INSPECTION DATE	2 <sup>ND</sup> JOINT INSPECTION DATE	3 <sup>RD</sup> JOINT INSPECTION DATE

**D:** The quality assurance program assures that the evaluation reports are accurate and properly completed, regulatory requirements are properly interpreted, variances are properly documented, the enforcement policy is followed, foodborne illness investigations are properly conducted, and foodborne illness reports are properly completed.

Quality Assurance Review for:	Date or Dates of review
Plan review	
Evaluation reports accurate and complete	
Variances issued appropriately	
Enforcement policy followed	
FBI's initiated and conducted appropriately	
Completion of FBI reports	
General complaints properly initiated	
License limitations issued appropriately	

Comments: \_\_\_\_\_

## Annex A

### **Option 2 Review- Corrective Plans of Action For Indicators receiving a NOT MET**

Part of any accreditation review is the necessity to develop a corrective plan of action to correct any NOT MET Indicators.

The Option 2 model of completing a Self-Assessment one year prior to your MDARD Accreditation Review, and presenting that assessment to MDARD during the scheduled audit review for verification of compliance, has one additional component that is necessary for completion of this process.

If a MPR Indicator is self-assessed and given the designation of NOT MET, the department must develop a Corrective Plan of Action (CPA), following the guidelines provided in the MPR Indicator Guidance Document. This is a crucial part of the process for correcting any missed indicators.

The corrective plan of action (CPA) should consist of several steps:

- For a NOT MET MPRs- follow Annex 1 in the MPR Indicator Guidance Document to develop a Corrective Plan of Action within 2 months of the self-assessment.
- It is not necessary that this CPA be submitted to or reviewed by MDARD but a LHD may choose to request MDARD to review the document to help determine if the corrective action will be effective in eliminating this situation in the future.
- Within no less than 90 days and no longer than one year following the self-assessment (but prior to the MDARD accreditation audit) the LHD must conduct a follow-up review to demonstrate compliance with the “NOT MET” Indicators. A minimum of 90 days compliance is required for the Indicator to be found “Met”.
- The samples evaluated for each indicator would be pulled from reports completed from the date the CPA was implemented, through at least 90 days after the date of the CPA implementation.
- Since the review period is very limited, and it will only be possible to review a few months of reports, sample size requirements will need to be adjusted. For an indicator with few reports (complaints, FBI

complaints, Limited License, variances, etc.) MDARD recommends reviewing each report available to achieve a valid sample calculation. For indicators such as frequency, follow-ups, TFEs the department will usually need to use a list of reports done after the CPA implementation, and choose random samples from those lists. (If you try to pull random samples from your original list, you might go through a hundred folders to locate 20 inspection reports due during the limited time period.)

- When MDARD arrives for the scheduled Accreditation Audit, the LHD will present the self-assessment completed the previous year, as well as the follow-up assessment completed after implementation of the CPAs.
- EXAMPLE:
  - The original self-assessment finds that MPR 11 was given a NOT MET
  - A CPA was developed and implemented
  - After 90 days of implementation, but within the review period, a follow-up self-assessment evaluation was completed for the NOT MET MPR 11.
  - The follow-up self-assessment evaluation showed compliance of 93% for MPR 11.
  - For MPR 11 MDARD reviews initial self-assessment, the CPA, and the follow-up self-assessment evaluation completed by the department.
  - MPR 11 is given a designation of MET for the Accreditation Cycle.