



Michigan Department of
AGRICULTURE
& Rural Development

**Food Service Program
Cycle 5 – Option 1
Assessment Forms**

Food and Dairy Division
P.O. Box 30017
Lansing, MI 48909
Ph: 800-292-3939
August 18, 2011

Food Service Assessment Forms Agency:

Review Dates / /2009 Review Period: / / – Reviewer(s): Initial Visit / Re-Visit

Executive Summary

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

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MPR Summary

MPR 1 Plan Review Summary

____ of ____ files had **80% Compliance**
 ____% **compliance rate. 80% required.**

MET NM

Specifics (Problem and number of times it occurred):

MPR 2 Pre-Opening Evaluations

____ of ____ files had no problems.
 ____% **compliance rate. 80% required.**

MET MC NM

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)

Risk Based Inspection Schedule in place for this time period / Began RBI Schedule _____

MPR 5 Temporary Food Service

MET MC NM

____ of ____ files had no problems.
 Compliance = _____% **80% required.**

MPR 6 Evaluation Procedures

MET MC NM

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**
Vending Inspection frequency: _____

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				

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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 _____ **required**

Enforcement Policy Comments:

MPR 11 Unauthorized Construction - Stop Work Order Usage MET MC NM

MPR 12 Follow-Up Evaluation MET NM

A. Number of Files With ≥80% of Required Follow-Ups Completed With/In 30 Days and Critical Corrections Noted _____

B. Number of Files in Sample _____

Percent Compliance {(A/B) X 100} 80% Required _____

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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**

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MPR 20 Foodborne Illness Procedures MET MC NM

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

Important Factor IV- Quality Assurance Program MET NA

___ Department not attempting to meet this IF

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PLAN REVIEW

NUMBER OF PLAN'S REVIEWED IN CYCLE _____
SAMPLE SIZE _____ (MAXIMUM 10 FILES REVIEWED)

#	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

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

1	Plan review	_____ of 14 indicators met = _____ % (80% required)	M	NM
2	Pre-opening	_____ of 4 indicators met (100% required)	M	NM
9	Records		M	NM
11	Unauthorized Construction	(100% required)	M	NM
12	Follow-up evaluations		M	NM

Facility Name: _____ **Type:** _____ **New** ___ **Remodeled** _____

License year: _____ **Insp. Date:** _____ **Date License Signed:** _____

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. A unique identifier (ie: Date) marked on the approved plans.		Date: _____	Y
11	If the facility was constructed prior to approval, mark box with an "X" and explain. (Note if approvals issued very close to or after opening inspection)			Y
11	Stop work order used if needed? Did department take appropriate action once it became aware of illegal construction?			Y
2	Facility opened with NO 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

* ✓=yes, x=no, NA=not applicable

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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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MPR's 3, 6, 9, 10, 12 Facility Folder Worksheet

3: Routines: ___ done- ___ late = ___ DONE / ___ DUE= ___ % Compliance = M NM

12: FU: ___ done - ___ late/rpt writing prob= ___ DONE/ ___ DUE= ___ % Compliance = M NM

6 ___ Eval. w/o MPR 6 errors/ ___ Total Inspections = ___ % Compliance = M NM

9 M NM 10 M NM

Facility Name: _____ Type: Fixed Mobile STFU Vending

Dates	Activity Type	Routine Freq.	Time Between	Notes	MPR	Problem
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y

License Year	License in File?	Date App. Signed	Findings	MPR	Problem
20__ thru 20__					Y
20__ thru 20__					Y
20__ thru 20__					Y

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

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MPR 5, 6, 9 Temporary Food Worksheet

OBTAIN ANNUAL # FROM QUAR. REPORT – MULTIPLY BY YEARS OF CYCLE

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									

Food Service Assessment Forms Agency:

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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	MC	NOT MET

Does Department Investigate Anonymous Complaints: _____

Notes:

Food Service Assessment Forms Agency:

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MPR 16 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.

MPR 17 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.

MDARD Accreditation Cycle 5 MPR 16, 17 Worksheet

Employee Name	Date Assigned to Retail Food Program	Date Completion of ORA-U Curriculum OR equivalent / MDA Plan Review Module / Food Law-Food Code Training	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

(Within 12 months of assignment to RFP)

Food Service Assessment Forms Agency:

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MPR 19 & 20 Foodborne Illness Investigations Worksheet

Complaint ID	20 Comp. on log?	20 Log Review Timely?	20 IAFP Procedure Used?	20 Form A	20 Form C1,C2 Or Gastro. Form Used?	19 Invest. Initiated within 24 hours?	19 If Outbreak, Report to MDA w/in 90 Days of Closure?	Problem
								Y
								Y
								Y
								Y
								Y
								Y
								Y
								Y
								Y
								Y
								Y

Notes:

IAFP 5th edition on-site? _____

MPR 19 _____ of _____ = _____%

Met MC NM

MPR 20

Met MC NM

FBI Policy addresses:

Description of FBI Team / Duties _____

Frequency for reviewing trend analysis

Who will review _____

How reviews will be documented _____

Communication Contact List of relevant agencies _____

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Important Factor I Chart Showing Compliance with Important Factor I:

Industry and Consumer Interaction Forums

Forum Title	Regulatory Participants By Organization	Industry Participants By Organization	Consumer Participants By Organization	Meeting Dates	Summary Of Activities Related To Control Of Risk Factors

Educational Outreach

Dates	Summary Of Activities

Other Outreach Activities

Please List any Additional Outreach Activities of Note Below.

Dates	Summary Of Activities

Food Service Assessment Forms Agency:

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C: Every employee assigned to the food program has completed at least 3 joint evaluations with the standardized trainer every 36 months.

INSPECTOR	1 st JOINT INSPECTION DATE	2 nd JOINT INSPECTION DATE	3 rd 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.

Comments: _____

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	

Office Worksheet – MPR 7, 8 (Field)

Establishment: _____ **Est. #** _____ **LHD insp. dates:** _____

List LHD inspection notes on the Office Worksheet. Compare the MDA Field Inspection Report to the Office worksheet. Mark a corresponding box with an "X" if the LHD failed to identify a violation. Use a "√" if the LHD also identified the violation. Use a "⊗" if formal enforcement is underway.

Interventions & Risk Factors

LHD Inspection Notes

Unsafe Source		
Approved Source* <i>Receiving/condition, Shell stock tags/ records, parasite destruction, Wild game / mushrooms, highly susceptible pop.</i>		
Poor Personal Hygiene		
Good Hygiene Practices- <i>eating, drinking, smoking, tasting, discharge from eye/nose</i>		
Handwashing* – <i>hands washed, handwashing procedures, sinks provided, located</i>		
Inadequate Cooking		
Cooking Time/temp* <i>(all foods including roast), Reheating, Microwave cooking</i>		
Improper Holding		
Date Marking*- Discarding*		
Holding Time/Temp* <i>Cooling (hot or ambient), Hot/Cold Holding, Time as control</i>		
Contaminated Equipment		
Food Contact Surfaces* - <i>clean to sight & touch, cleaning frequency,</i>		

Food Service Assessment Forms Agency:

Review Dates / /2009 Review Period: / / – Reviewer(s): Initial Visit / Re-Visit

Sanitization: <i>water temperature, chemical concentration, sanitizing after cleaning, manual/mechanical procedures</i>		
--	--	--

Establishment # _____		
Related Risk Factor		
Chemicals- <i>food additives, sulfites, approved, approved labeling, storage, medications, pesticides, bait stations, first-aid kits</i>		
Interventions		
Protection from Contamination <i>*- separating raw from RTE/raw from raw, not re-served, consumer self serve, discarding adulterated food</i>		
Preventing contamination from hands* <i>No Bare Hand Contact</i>		
Demonstration of Knowledge* <i>includes duties</i>		
Consumer Advisory		
Employee Health* <i>– Ill Employee S/S, exclusion / restriction, reporting of,</i>		

Good Retail Practices

LHD Inspection Notes

Food and Non-food contact surfaces- <i>material, designed, operated, cleanable, maintenance, located, microwave safety, cutting surfaces</i>		
Food - <i>covered, storage location, segregated/distressed product, labeling, shucked shellfish labeling, condition, honestly presented, ice contact</i>		
Food Protection- <i>thawing, washing fruits/veg, plant food cooking, cooling methods, equip./utensil in-use storage</i>		

Food Service Assessment Forms Agency:

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<p>Equip/Utensils – <i>condition, materials, cleanliness, capacity, thermometer, ice storage/bins, preset tableware, handling, storage of clean, vented</i></p>		
<p>Warewashing- <i>design, constructed, installed, located, operated, cleanable, test kit available/used, air drying</i></p>		

<p>Establishment # _____</p>		
<p>Linens, Wiping Cloths, Sponges, Glove use</p>		
<p>Single Service / Single Use Items-<i>storage, dispensing, no reuse, handling of kitchen/tableware, display</i></p>		
<p>Pest Control –<i>minimized, handling/prohibition of animals, outer openings, insect control devises</i></p>		
<p>Water Supply/Cross-Connection <i>source, sampling, backflow prevention, approved devices, materials, maintained</i></p>		
<p>Plumbing and Sewage-Air <i>gap/break, capacity, approved system, disposal of, service sink, material, filters, maintained</i></p>		
<p>Toilet/Lav Facilities- <i>accessible, signs, hot water, soap, vent, towel, doors, covered receptacle</i></p>		
<p>Personnel – <i>fingernails, jewelry, outer clothing, hair restraints</i></p>		
<p>Physical Facility – <i>floors, walls, ceilings, lighting, ventilation, dressing rooms, premises maintained, unnecessary items, cleaning equip storage, separation living quarters, laundry</i></p>		
<p>Garbage and Refuse Storage / Disposal – <i>maintenance, facilities, approved pad, lids</i></p>		

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Number of Risk Factor Violations Missed (“X”s): _____ **PASS** ____ **FAIL**_____

Individual Establishment: % = Percent of risk factor violations identified by LHD.

Example: One risk factor violation not identified = 93%.

PASS: 1 = 93%, 2 = 81%, 3 = 80%

FAIL: 4 = 73%, 5 = 67%, 6 = 60%, 7 = 53%, 8 = 47%, 9 = 40%, 10 = 33%, 11 = 27%, 12 = 20%

Field Review Worksheet – MPR 7, 8

Establishment: _____ **Est #** _____ **CFM : Y N**

Interventions & Risk Factors

MDA Inspection Notes

Unsafe Source		
Approved Source* <i>Receiving/condition, Shell stock tags/ records, parasite destruction, Wild game / mushrooms, highly susceptible pop.</i>		
Poor Personal Hygiene		
Good Hygiene Practices- <i>eating, drinking, smoking, tasting, discharge from eye/nose</i>		
Handwashing* – <i>hands washed, handwashing procedures, sinks provided, located</i>		
Inadequate Cooking		
Cooking Time/temp* <i>(all foods including roast), Reheating, Microwave cooking</i>		
Improper Holding		
Date Marking*- Discarding*		
Holding Time/Temp* <i>Cooling (hot or ambient), Hot/Cold Holding, Time as control</i>		

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Contaminated Equipment		
Food Contact Surfaces* <i>clean to sight & touch, cleaning frequency,</i>		
Sanitization: <i>water temperature, chemical concentration, sanitizing after cleaning, manual/mechanical procedures</i>		

Establishment # _____		
Related Risk Factor		
Chemicals- <i>food additives, sulfites, approved, approved labeling, storage, medications, pesticides, bait stations, first-aid kits</i>		
Interventions		
Protection from Contamination <i>*- separating raw from RTE/raw from raw, not re-served, consumer self serve, discarding adulterated food</i>		
Preventing contamination from hands* <i>No Bare Hand Contact</i>		
Demonstration of Knowledge* <i>includes duties</i>		
Consumer Advisory		
Employee Health* <i>– Ill Employee S/S, exclusion / restriction, reporting of,</i>		

Good Retail Practices

LHD Inspection Notes

Food and Non-food contact surfaces- <i>material, designed, operated, cleanable, maintenance, located, microwave safety, cutting surfaces</i>		
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<p>Food - covered, storage location, segregated/distressed product, labeling, shucked shellfish labeling, condition, honestly presented, ice contact</p>		
<p>Food Protection- thawing, washing fruits/veg, plant food cooking, cooling methods, equip./utensil in-use storage</p>		
<p>Equip/Utensils – condition, materials, cleanliness, capacity, thermometer, ice storage/bins, preset tableware, handling, storage of clean, vented</p>		
<p>Warewashing- design, constructed, installed, located, operated, cleanable, test kit available/used, air drying</p>		
<p>Establishment # _____</p>		
<p>Linens, Wiping Cloths, Sponges, Glove use</p>		
<p>Single Service / Single Use Items-storage, dispensing, no reuse, handling of kitchen/tableware, display</p>		
<p>Pest Control –minimized, handling/prohibition of animals, outer openings, insect control devises</p>		

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<p>Water Supply/Cross-Connection <i>source, sampling, backflow prevention, approved devices, materials, maintained</i></p>		
<p>Plumbing and Sewage-Air <i>gap/break, capacity, approved system, disposal of, service sink, material, filters, maintained</i></p>		
<p>Toilet/Lav Facilities- <i>accessible, signs, hot water, soap, vent, towel, doors, covered receptacle</i></p>		
<p>Personnel – <i>fingernails, jewelry, outer clothing, hair restraints</i></p>		
<p>Physical Facility – <i>floors, walls, ceilings, lighting, ventilation, dressing rooms, premises maintained, unnecessary items, cleaning equip storage, separation living quarters, laundry</i></p>		
<p>Garbage and Refuse Storage / Disposal – <i>maintenance, facilities, approved pad, lids</i></p>		

Table MPR 8 Establishment Number

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	%	
Risk Factor Categories																												
Unsafe Source																												
Approve Source, not adulterated																												
Poor Personal Hygiene																												
Good Hygiene practice																												
Handwashing																												
Inadequate Cooking																												
Cooking T/T-(reheat & microwave)																												
Improper Holding																												
Date Marking & Discarding																												
Holding T/T-(hot/cold, cooling, time as control)																												
Contamination/Equipment																												
Food Contact Surfaces																												
Sanitization																												
Related Risk Factors																												
Chemical																												
Interventions																												
Protection from contamination																												
Hands Contamination NBH Contact																												
Demonstration of Knowledge																												
Consumer Advisory																												
Employee Health*																												
Good Retail Practices																												
Food & nonfood contact surfaces																												
Food																												
Food Protection																												
Equip / Utensils																												
Ware Washing																												
Linen Wiping Cloths																												
Single Service Single use																												
Pest Control																												
Water Supply/Cross-Connection																												
Plumbing and Sewage																												
Toilet/Lav. Facilities																												
Personnel																												
Physical Facility																												
Garbage, Storage/Disposal																												

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Grading for Table MPR 8:

“X”s denote violations found during the field evaluation by MDA

“√” denote violations also identified by the LHD

“⊗” denote violations for which formal enforcement is in progress (do not count towards determining % establishments in violation)

“%” means percent of establishments in compliance

Data is obtained from each establishment’s Office Worksheet for MPR 7 & 8.

Met –All violation categories on Table MPR 8 are marked 60-100% in compliance.

Met with Condition – Any **Intervention or Risk Factor** violation category on table MPR 8 is marked 41-59% in compliance, **OR** one **Good Retail Practice** violation category is marked 0- 59% in compliance.

Not Met –Any **Intervention or Risk Factor** violation category on table MPR 8 is marked 0-40% in compliance, **OR** any two or more **Good Retail Practice** violation categories are marked 0-59% in compliance.

This MPR is Met: _____, **Met with Conditions** _____, **Not Met:** _____