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**Food Service Program  
Cycle 5 – Office Review  
Self-Assessment Worksheet Guide**

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August 18, 2011

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
MDARD Audit Dates: ## / ## thru ## / 20\_\_  
**Self-Assessment Period:** ## / ## thru ## / 20\_\_ (Date of last audit OR the last date of your Cycle 4  
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This guidance document was created to assist local health departments in completing the MDA Accreditation Worksheets used for self-assessments. This document, along with the MDA 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 you suggestions to [peterstonr2@michigan.gov](mailto:peterstonr2@michigan.gov) We appreciate your comments.

### **RANDOM NUMBER SAMPLING:**

There are several ways to randomly select samples from a list of establishments. As part of the accreditation process, MDA 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): list)	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)

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 5) section is used.

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**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 the new review.

**When self-assessing for Option 2,** the time period of the new review would be the day of your previous accreditation audit through the date your agency begins the self-assessment process to prepare for the accreditation visit.

This concept is rather confusing, so I will give an example to 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 5 Accreditation Audit is scheduled for June 1, 2012. Your last audit was June 1, 2009.

2009	2010	2011	2012	2013	2014	2015
<b>Cycle 4 Accredited 6/1/09</b>			<b>Cycle 5 Accredited 6/1/12</b>			<b>Cycle 6 Accredited 6/1/15</b>
		6/1/11 Since you must do a self-assessment a year before the accreditation date, you would have to begin your S.A. now. Your review would only consist of a 24 month period (6/1/09 – 6/1/11) since your last review of 6/1/09.	6/1/12 When MDA evaluates your agency for Option2, we will look at YOUR self-assessment done in June of 2011. We DO NOT evaluate your files from 6/1/11 to 6/1/12. We evaluate how you did your S.A. and if it was done correctly. So we will only be looking at the same 2 year period you reviewed.		6/1/14 Your next accreditation review is due 6/1/15 so you would now begin your self-assessment for Cycle 6. Cycle 5 review encompassed 6/1/09 – 6/1/11. (Even though the accreditation visit was on 6/1/12). So for this self-assessment, you would review 6/1/11 through 6/1/14. (This is now a 3 year review cycle.)	6/1/15 Cycle 6 accreditation review: When MDA evaluates your agency for Option2, we will look at YOUR self-assessment done in June of 2014. We DO NOT evaluate your files from 6/1/014 to 6/1/15. 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 6/1/14.

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## PLAN REVIEW

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

### CHOOSING PLAN REVIEW SAMPLES:

Annex 6- Office Sample Size Chart  
 Annex 5- Approved Random Sampling Methods.  
 A maximum sample size of 10 plans are reviewed.

EXAMPLE of sample selection for district health departments:  
 District 20 has 3 counties: 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 reviews for the 3 year review period.) (Maximum sample size is 10)

#	County	Facility	Address or City
1	This column is for district health departments with multiple counties 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		

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## FILLING OUT THE PLAN REVIEW WORKSHEET:

The plan review worksheet is used to collect and interpret data for MPR 1, 2, 9, 11, and 12.

**MPR 1:** There are 14 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 14 indicators, you must meet at least 80% (12 of the 14 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 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 facility that is being renovated to be a food facility?
- **Remodeled:** Is this a 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 done, 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.
- **Indicator:** Which MPR is being evaluated
- **Item Required:**
  - 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?)
  - 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.
  - Layout (site and floor) plan: The plan should include a site plan for the dumpsters, seating, etc.

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- Plumbing: For an existing facility, when the plumbing is embedded in the floor, you might only see the sinks, drain lines, floor sinks, hot water tank, etc. on the layout plan. For a new facility, you would expect full plumbing plans. If the plumbing is “existing” in the facility and is determined to be adequate, a notation should be made in the plan review packet that the plumbing is adequate for the facility.
- Ventilation Hood: At a minimum you should be able to see where the hood is on the scaled drawings; if all cooking equipment is under the hood; and if the hood is constructed to be smooth, cleanable, and sealed well. (Look for spec. sheets.) If the ventilation is “existing” in a facility and determined to be adequate, a notation should be made in the plan review packet that the ventilation is adequate for the facility.
- Lighting Plan: At a minimum you should be provided with a copy of the scaled drawings with the existing lights drawn in to scale. If the lighting is “existing” in a facility and determined to be adequate, a notation should be made in the plan review packet that the lighting is adequate for the facility.
- Scaled Drawings: Drawings that are proportional between two sets of dimensions; or all objects on the drawing are proportional in size to each other. Dimensions must be included. Scaled drawings should include equipment location, sinks, ventilation, etc.
- Completed Worksheet: MDA worksheet, completed by the applicant, to provide necessary information to evaluate the plans.
- Equipment Specifications: You will usually see a packet of spec. sheets. Occasionally the equipment specs will be located on the mechanical plans. For existing equipment, the applicant might have located equipment information on the web, and printed this information for the file.
- SOP's: Receipt of SOP's must be documented in the file.
- Plan Reviewer's Checksheet: May use the MDA Plan Reviewer's Checksheet from the website, or a comparable list. This is an excellent place to document “existing” fixtures that have been evaluated as acceptable.
- Applicant informed of deficiencies: Is a flow of information obvious? Are there copies of emails, notes about phone calls, letters? Evaluate if there is effective communication between the applicant and the reviewer.
- Formulas: Calculated for hot water, dry storage, refrigeration. If the minimum requirements are not met, is there an explanation on the calculation sheets (or elsewhere in the file) to show the reasoning for approval?
- Approval letter: Make sure the approval letter has a unique identifier that ties it to the plan like a date or other unique code. Explanation of the scope of the operation may be some what general in nature like “new full service restaurant”

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or more specific like “renovation of existing building for an ice cream shop”. The scope statement should give the applicant a clear picture of what type of construction has been approved.

- **Status:** 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, the ‘Y’ should be circled.

**MPR 2:** There are 5 indicators under MPR 2, and all 5 must be in compliance to evaluate the file as met:

- Facility opened with NO critical items pending: A facility license may not be issued when outstanding critical violations are present.
- Pre-opening inspection in file: Inspection may be found in plan review file OR in the fixed facility file. The date of this inspection is placed at the top of the page under ‘Insp. Date’.
- Is inspection marked approved to open? There may be many construction evaluations during the review process. The pre-opening inspection is the inspection that actually approves the facility to open, and that approval must be marked clearly on the form.
- Inspection dated on or before license approval date? The pre-opening inspection date must be checked against the date of the license approval. The license may not be signed until the facility is actually completed and approved to open.
- Inspection- Must use an approved inspection form. Was this form dated and signed?

**MPR 9:** All plan review records must be maintained in the health department for a minimum of 5 years. You must be able to locate the necessary plans, forms, and licenses.

**MPR 11:** There are 2 indicators under MPR 11, and both must be in compliance to evaluate the file as met.

One way to evaluate if the establishment was constructed prior to approval of the plans is to look at how close the approval letter date is to the opening inspection date.

EXAMPLE: In this example, the date of application approval was only 2 weeks prior to the pre-opening date. A full service restaurant constructed from the ground-up, or within a building that was not previously a food establishment, would take longer than 2 weeks to complete. However, a full service restaurant remodeled from a similar type of food establishment might be completed in 2 weeks. The auditor should ask questions of the plan reviewer to assist in determining compliance.

When the LHD discovers that a facility is being built prior to plan review approval, the department must issue a stop work order. Documentation of when construction was discovered, and how the LHD responded, is critical to determine compliance of this MPR.

**MPR 12:** The follow-up inspection information is collected on this form, but compliance with MPR 12 is not dependent on this information.

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**EXAMPLE OF A COMPLETED PLAN REVIEW WORKSHEET:**

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

<b>1</b>	<b>Plan review</b>	<b>12 of 14 indicators met = 86%</b>	(80% required)	<b>M</b>	<b>NM</b>
<b>2</b>	<b>Pre-opening</b>	<b>of 4 indicators met</b>	(100% required)	<b>M</b>	<b>NM</b>
<b>9</b>	<b>Records</b>		(100% required)	<b>M</b>	<b>NM</b>
<b>11</b>	<b>Unauthorized Construction</b>		(100% required)	<b>M</b>	<b>NM</b>
<b>12</b>	<b>Follow-up evaluations</b>		(80% required)	<b>M</b>	<b>NM</b>

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

Indicator	Item Required	Status*	Notes	Problem
1	Application / Transmittal letter (new 1/01)	√	1-5-08	Y
1	Menu (new 8/86)	√		Y
1	Layout (site and 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	X	No equipment specs in file	Y
1	SOP's Either note on reviewer's checklist, SOP cover sheet, or 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)	X	No formula for hot water calc in file, no notes on existing equipment	Y
1	Approval letter in file? Describe project scope & references. <b>A unique identifier (ie: Date) marked on the approved plans.</b>	√	Date: 1-26-08	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 <b>NO</b> critical items pending?	√		Y
2	Pre-opening inspection in file?	√		Y
2	Is inspection marked approved to open?	X	Not marked approved to open	Y
2	Inspection dated on or before license approval date?	√		Y
2	Inspection on regular inspection form,	√		Y

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	properly completed, dated and signed?			
12	Follow-up inspection on separate form?	√		Y
9	Records	√	Records retained for: 5 years	Y

**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 2	MPR 9	MPR 11	MPR 12
MET	IIII III	IIII IIII	IIII IIII	IIII I	IIII IIII
NOT MET	II	I	I	IIII	
	MPR 1 8 of 10 are met	MPR 2 9 of 10 are met	MPR 9 9 of 10 are met	MPR 11 6 of 10 are met	MPR 12 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 2** shows 9 of 10 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 Pre-Opening Evaluations **MET** MC NM  
 9 of 10 files had no problems.  
 90 % compliance rate. 80% required.

**MPR 9** shows 9 of 10 files were met. MPR 9 is reviewed for every MPR, so you would document on the summary sheet the compliance documented for plan review.

EXAMPLE FROM SUMMARY SHEET:

MPR 9 Records **MET** MC NM  
**Plan review 9 of 10** Vending \_\_\_ of \_\_\_ TFE \_\_\_ of \_\_\_  
 Fixed Files \_\_\_ of \_\_\_ Complaints \_\_\_ of \_\_\_ FBI \_\_\_ of \_\_\_

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**MPR 11** shows 6 of 10 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 Unauthorized Construction - Stop Work Order Usage MET MC NM  
More than one of the records reviewed showed the department to be ineffective in preventing construction prior to plan approval.

**MPR 12** Plan review results are not used to evaluate MPR 12, but collected as an overall review of follow-up procedures.

## 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 MDA 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.

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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 Cafe	
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 Cafe	
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 Cafe	
21	Denver	Sally's Sandwiches	Mobile
22	Denver	Denver High School	
23	Denver	Olive Garden	

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## FILLING OUT THE FACILITY FILE WORKSHEET:

This worksheet is used to collect and interpret data for MPR 3, 6, 9, 10, and 12. 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 5/12/2006 through 5/12/2009 and the earliest routine inspection was on 8/20/2006. 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 12 could not be fairly evaluated unless the follow-up completed at the time of the routine evaluation was counted. Thus, if a critical violation was corrected during the routine inspection, you would mark both R and FU.**

- **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, 2008, the next evaluation (if on a 6 month rotation) would be Dec 6, 2008. If the evaluation was done January 5, 2009, the frequency would be met. If the evaluation was done January 7, 2009, 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 critical violation was found on 9/9/08 and the follow-up done on 10/9/08, a met would be given. If the evaluation was done on 10/10/08, a not met would be given.
  - 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 3/3/09. The routine frequency for the establishment is 6 months. The first evaluation in the file is for 11/12/09, 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 critical violations found.
  - Mark the number of non-critical violations found.
  - Mark if any of the critical violations were corrected on site (COS).
  - If there is a MPR 6 problem noted (report writing), clarify the violation marked.

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- Was the violation properly and clearly written including the law summary, observation, and method or correction (MPR 6)?
- Was the time frame for correction specified (MPR 6)?
- Was an approved report form used, all administrative information complete, and form signed (MPR6)?
- Were critical and non-critical violations properly cited (MPR6)?
- Were there any chronic or repeat violations noted that may trigger enforcement (MPR 10)?
- Were the follow-up reports properly documented, including the corrective action (MPR 12)?
- **ENFORCEMENT:** Make notes on the worksheet regarding the types of violations in non-compliance. If you verify that critical or non-critical 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 end of this section 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 3 - frequency
  - MPR 6 - report writing (types of MPR 6 problems)
  - MPR 12- a follow-up of a critical violation was done during the routine evaluation, but the corrective action was not documented
  - MPR 10- was enforcement begun if required
- **Problem:** If a 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 2009, you would look at licenses issued for the facility for 2010 (May 2009- April 2010); 2009 (May 2008- April 2009); and 2008 (May 2007- April 2008).
- **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, was the old license deleted and a new license issued?
- **Findings:** If the license is a seasonal license, is it noted on the application? Are the last 2 STFU evaluation dates on the application? If the license has a limitation, is it marked on the application? If a mobile, does the file contain a signed commissary form?
- **MPR:** If there are discrepancies noted, mark '9' in the MPR box showing non-compliance.

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- **Problem:** If non-compliance was noted in the 'MPR' column, circle the 'Y' in the problem column.

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

A	Department uses unapproved evaluation form
B	* Administrative info. not complete on evaluation form
C	Findings do not properly document and ID: C and NC
D	Report does not summarize findings relative to law, is not legible and/or doesn't convey a clear message
E	Narrative does not state violations observed and corrections needed
F	Correction time frames not specified
G	* Report not signed and/or dated by Sanitarian
H	* Report not signed by establishment representative

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
 MDARD Audit Dates: ## / ## thru ## / 20\_\_  
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**EXAMPLE OF A COMPLETED FACILITY FILE WORKSHEET:**

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

**3** Routines: 5 done 1 late = 4 DONE / 5 DUE= 80 % Compliance Routine = **M NM**  
**12** FU: 6 done - 1 late/report writing problems = 5 DONE / 6 DUE=83 % = **M NM**  
**6** 5 Eval. w/o MPR 6 errors / 7 Total Inspections = 71 % Compliance Insp. = **M NM**  
**9** Even 1 violation makes this a NM **M NM**  
**10** 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
2/6/07	R FU Enf	6 MO	_____	3 C 4 NC C : CA / Date Marking /CH 1 COS NC : Hair restraints/ SS storage, seal shelves,  NOTE : 3 critical violations were found; cold holding violation was corrected on site		Y
2/12/07	R FU Enf	30 Days	6 days	DM ,and CA violations were corrected  <b>(Method of correction was not described)</b>	12	Y
8/6/07	R FU Enf	6 MO	6 MO	1 C 2 NC 1 COS <b>6-E (Observation not described)</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Date Marking</span> NC : 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.	6	Y
3/7/08	R FU Enf	6 MO	Over 7 months	1 C 1 NC food stored on floor <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Date Marking</span> 1 COS NOTE : Depending on the agency enforcement policy, enforcement action should be determined. Look through the file. If there is a letter dated 3-12-08 asking the facility owner to come in for an office conference,, or a notation of a call made, you have now determined that enforcement has begun. 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 critical violations, MPR 10 would be marked not met and the #10 placed in the 'MPR ' column.	3	Y
9/12/08	R FU Enf	6 MO	6 MO	2 NC NC : no paper towels at HS, floor in storage room dirty		Y

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3/16/09	R FU Enf	6 MO	6 MO	1 C 2 NC C : handwashing 6- D : Law summary missing  NC : equipment storage, toilet room door propped open	6	Y
3/30/09	R FU Enf	30 days	16 days	Handwashing C corrected		Y
	R FU Enf					Y
	R FU Enf					Y

License Year	License in File?	Date App. Signed	Findings	MPR	Problem
2009 thru 2010	√	4-9-09			Y
2008 thru 2009	√	4-18-08			Y
2007 thru 2008	√	10-12-07	New owner. A letter limiting the license was located in file, but the licence application was not marked as limited.	13	Y
2007 thru 2008	√	4- 6-07	Old owner		

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

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
 MDARD Audit Dates: ## / ## thru ## / 20\_\_  
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**CALCULATING FACILITY FILE COMPLIANCE:**

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

	MPR 3	MPR 12	MPR 6	MPR 9	MPR 10
MET	 	 	 	 	 
NOT MET					
	MPR 3 23 of 23  Met	MPR 12 22 of 23  met	MPR 6 22 of 23  Use for calculating MPR 6	MPR 9 22 of 23  Use for calculating MPR 9	MPR 10 23 of 23  met

**MPR 3** shows 23 of 23 files were met. 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 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 12** shows 22 of 23 files were met. This is the only review of MPR 12, so these results can be placed on the MPR summary sheet.

EXAMPLE FROM SUMMARY SHEET:

MPR 12 Follow-Up Evaluation **MET**  
 NM  
 A. Number of Files With  $\geq 80\%$  Of Required Follow-Ups

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	Completed With/In 30 Days and Corrections Noted	22
B.	Number Of Files In Sample	23
C.	Percent Compliance {(A/B) X 100} 80% Required	96%

**MPR 6** was also evaluated for these files, and 22 of the 23 files met MPR 6 requirements. MPR 6 is reviewed for fixed files, vending, and temporary licenses, so you would document on the summary sheet for MPR 6 the compliance determined for facility files.

EXAMPLE FROM SUMMARY SHEET:

MPR 6: Facility Files / STFU / Mobile/Vending **22 of 23 met**

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

**MPR 9** shows 22 of 23 files were met. MPR 9 is reviewed for every MPR, so you would document on the summary sheet the compliance documented for facility file review

EXAMPLE FROM SUMMARY SHEET:

MPR 9 Records MET MC NM

Plan review _____ of _____	Vending _____ of _____	TFE _____ of _____
<b>Facility Files 22 of 23</b>	Complaints _____ of _____	FBI _____ of _____

**MPR 10** shows 23 of the 23 files were met.

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.

This is the only review of MPR 10, so these results can be placed on the MPR summary sheet.

With 100% compliance on the reviewed files, 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 critical to review the MPR Indicator Guide Document under Enforcement, number 3, How to Judge Compliance with MPR 10.)

• EXAMPLE FROM SUMMARY SHEET:

MPR 10 Written Enforcement Policy, Proper Use **MET MC NM**  
**23 of 23 files had no problems - 100%**  
**Policy met evaluation criteria** minimum 80% required + acceptable policy - Met

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
MDARD Audit Dates: ## / ## thru ## / 20\_\_  
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## 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  
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 MDA annual report. Multiply that number by 3 (3 year review period). Most departments store the 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 MDA 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.
- 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); and Denver County (has 20% of the licenses with the remaining 4 temporary licenses chosen). (Sample size of 22 divided by 40% = 9 / 23 divided by 20% = 4) (930 licenses divided by a sample size of 22 is every 42<sup>nd</sup> license.)

So, in Salem County: you need to evaluate 9 licenses. Have someone choose a starting number, and beginning with that number; choose the first TFE license. You will need to choose

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
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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 5, 6, and 9.

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.

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

- a. Was the event licensed prior to operation, but not in advance of being ready for the event?
- b. Application: Were sections A, B, food column of F and attachment A (when used) completed?  
Was the license signed and dated by the regulator?
- c. Was the license issued with no unresolved critical violations?

**MPR 6:** Were the violations clearly written; with observation, law summary, and correction time and method?

**MPR 9:** Record retention adequate time? Files can be located for review?

**Food Service Assessment Forms** Agency: \_\_\_\_\_  
 MDARD Audit Dates: ## / ## thru ## / 20\_\_

Reviewer(s): Initial Visit / Revisit

**Self-Assessment Period:** ## / ## thru ## / 20\_\_ (Date of last audit OR the last date of your Cycle 4 Self-Assessment THRU the beginning date of your Cycle 5 Self-Assessment)

## EXAMPLE OF A COMPLETED TEMPORARY ESTABLISHMENT WORKSHEET:

### MPR 5, 6, 9 Temporary Food Worksheet

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 problem noted
1	Salem	2009		√	√	X	√	√	Issued with uncorrected critical
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	√	√	
19	Denver	2009		√	√	√	√	√	
20	Denver	2010		√	√	√	√	√	
21	Denver	2010		√	√	√	√	√	
22	Denver	2011		√	√	√	√	√	
23									

MPR 5 19 of 22 files Met 86 %  
 MPR 6 21 of 22 files Met  
 MPR 9 22 of 22 files Met

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
MDARD Audit Dates: ## / ## thru ## / 20\_\_  
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Self-Assessment THRU the beginning date of your Cycle 5 Self-Assessment)

## CALCULATING TEMPORARY ESTABLISHMENT COMPLIANCE:

**MPR 5** shows 19 of 22 temporary files were met (two licenses were issued with an uncorrected critical violation; and one license was issued in advance of the event ). This is the only review of MPR 5, so these results can be placed on the MPR summary sheet.

EXAMPLE FROM SUMMARY SHEET:

MPR 5 Temporary Food Service	<b>MET</b>	MC	NM
19 of 22 files had <u>no</u> problems.			
Compliance = 86% (80% required.)			

**MPR 6:** MPR 6 is reviewed for fixed files, vending, and temporary licenses, so you would document on the summary sheet for MPR 6 the compliance determined for vending. In this example 17 of the 18 temporary files met MPR 6. (One evaluation had a problem related to MPR 6 indicators; the method of correction was not documented.)

EXAMPLE FROM SUMMARY SHEET:

**Temporary 21 of 22 Met**

**MPR 9:** There were no problems found in this example. 20 of 20 files were met. MPR 9 is reviewed for every MPR, so you would document on the summary sheet the compliance documented for Temporary Establishment Evaluations.

EXAMPLE FROM SUMMARY SHEET:

**TFE 22 of 22**

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 MDARD Audit Dates: ## / ## thru ## / 20\_\_  
**Self-Assessment Period:** ## / ## thru ## / 20\_\_ (Date of last audit OR the last date of your Cycle 4 Self-Assessment THRU the beginning date of your Cycle 5 Self-Assessment)

## 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 asses 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.
- Obtain a list of all licenses limited **before** the review period. This list will only be used to evaluate if license applications were marked as limited licenses **during the current review cycle**.
- 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 13, 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 13, Program Indicators, to determine compliance.

### EXAMPLE OF A COMPLETED LIMITED LICENSE WORKSHEET:

**MPR 13 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
	Limited to cooking only non-grease	Y	Y	Y

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
 MDARD Audit Dates: ## / ## thru ## / 20\_\_  
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St. Mary's Church	vapor producing foods due to inadequate ventilation in kitchen			
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**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 13 License Limitations	<b>MET</b> MC NM
Was the reason given for limiting the license? <b>yes</b>	
Was proper notice provided? <b>yes</b>	
Was the license application appropriately completed? <b>yes</b>	

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
 MDARD Audit Dates: ## / ## thru ## / 20\_\_  
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## 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 14 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:

<b>MPR 14 VARIANCE WORKSHEET</b>						<b>MET</b>	<b>NOT</b>
<b>Facility name</b>	<b>Specialized processing (HACCP)</b>	<b>Request in file</b>	<b>Statement of proposal- Relevant FC/FL #’s</b>	<b>Public health hazards addressed</b>	<b>Department has formal procedure</b>	<b>Staff following procedure</b>	
	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
<b>Joe’s Diner</b>	<b>NA</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	
<b>Mary’s Cafe</b>	<b>NA</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	

### 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 14 indicators would result in a NM.

#### EXAMPLE FROM SUMMARY SHEET:

MPR 14 Variances	<b>MET</b>	MC	NM
Special processing methods? <b>None</b>			
Request in file? <b>Yes</b>			
Citing relevant code section numbers ? <b>Yes</b>			
Department has formal procedure for issuing variance? <b>Yes</b>			
Staff following procedures? <b>Yes</b>			

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
MDARD Audit Dates: ## / ## thru ## / 20\_\_  
**Self-Assessment Period:** ## / ## thru ## / 20\_\_ (Date of last audit OR the last date of your Cycle 4  
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## CONSUMER COMPLAINT

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

### 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 15.

**MPR 15:** 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.

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

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
 MDARD Audit Dates: ## / ## thru ## / 20\_\_  
**Self-Assessment Period:** ## / ## thru ## / 20\_\_ (Date of last audit OR the last date of your Cycle 4 Self-Assessment THRU the beginning date of your Cycle 5 Self-Assessment)

**EXAMPLE OF A COMPLETED 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
	✓	✓				
06-01	✓	✓	✓	✓		Y
06-22	✓	✓	✓	✓		Y
06-30	✓	X	X	✓		Y
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 15** shows 15 of 16 consumer complaint files were met. 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 Complaint Investigation

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

15 of 16 complaint investigations had no problems.

Compliance 94% 80% required

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
 MDARD Audit Dates: ## / ## thru ## / 20\_\_  
**Self-Assessment Period:** ## / ## thru ## / 20\_\_ (Date of last audit OR the last date of your Cycle 4 Self-Assessment THRU the beginning date of your Cycle 5 Self-Assessment)

## 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 16:** 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 18)

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 assignment to the program?

### EXAMPLE OF A COMPLETED WORKSHEET

EXAMPLE: **MDARD Accreditation Cycle 5 MPR 16, 17 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
<b>Bill Baker</b>	<b>2/1/11</b>	<b>3/12/11</b>	5/6/11	7/14/11	9/8/11
<b>Sue Shaw</b> Previously trained at Nixon County, Michigan. Training documents from Nixon County were obtained.	<b>6/5/10</b>	<b>6/10/10</b> Certificates confirming that all ORA U requirements have been met, as well as all other tech. requirements. Sue will attend the 2011 FL/FC training as a review.	6/29/10 Six assessment evaluations were done with a standardized trainer. Sue achieved an 97% compliance on 3 Field Evaluation Worksheets; and a 98% compliance on 3 MDA/FDA evaluation reports. The trainer has assessed that Sue may proceed to the 25 Independent Inspections.	8/12/10	8/27/10

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
 MDARD Audit Dates: ## / ## thru ## / 20\_\_  
**Self-Assessment Period:** ## / ## thru ## / 20\_\_ (Date of last audit OR the last date of your Cycle 4  
 Self-Assessment THRU the beginning date of your Cycle 5 Self-Assessment)

--	--	--	--	--	--

(Within 12 months of assignment to the Food Program)

EXAMPLE FROM SUMMARY SHEET:

**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.

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

**MPR 17:** 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 18)

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?

## USE THE WORKSHEET ABOVE FOR DOCUMENTATION

EXAMPLE FROM SUMMARY SHEET:

**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 and have endorsement of trainer.

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

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
 MDARD Audit Dates: ## / ## thru ## / 20\_\_  
**Self-Assessment Period:** ## / ## thru ## / 20\_\_ (Date of last audit OR the last date of your Cycle 4 Self-Assessment THRU the beginning date of your Cycle 5 Self-Assessment)

**MPR 18:** 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.

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 5 MPR 18 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	8/3/11 TFE	documented
	8/12/11 Vending	documented
	8/13/11 STFU	documented
Sue Shaw	7/12/10 Mobiles	documented
	7/22/10 TFE	documented
	7/29/10 STFU	documented

EXAMPLE FROM SUMMARY SHEET:

**MPR 18 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?

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): \_\_\_\_\_ Initial Visit / Revisit  
MDARD Audit Dates: ## / ## thru ## / 20\_\_  
**Self-Assessment Period:** ## / ## thru ## / 20\_\_ (Date of last audit OR the last date of your Cycle 4  
Self-Assessment THRU the beginning date of your Cycle 5 Self-Assessment)

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

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
MDARD Audit Dates: ## / ## thru ## / 20\_\_  
**Self-Assessment Period:** ## / ## thru ## / 20\_\_ (Date of last audit OR the last date of your Cycle 4  
Self-Assessment THRU the beginning date of your Cycle 5 Self-Assessment)

## 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
- The LHD policy manual for FBI Investigation
- 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 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 19 and 20.

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

- Was the complaint written on the log?
- Is there documentation that the log is reviewed for trends?
- Are IAFF 5<sup>th</sup> Edition procedures used? These include the use of Form A **and** either the approved gastrointestinal form; or Forms C1 and C2.
- Does the department have a standard operating procedure for FBI surveillance and investigation that includes:
  - A description of the investigation team
  - Duties of each member
  - Frequency for reviewing the complaint log, who will review, how is the review documented.
  - Communication methods used- Contact list of relevant agencies available.
- Is the department following the MDA February 3, 2006 FBI Reporting memo?

**MPR 19:** 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?

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
 MDARD Audit Dates: ## / ## thru ## / 20\_\_  
**Self-Assessment Period:** ## / ## thru ## / 20\_\_ (Date of last audit OR the last date of your Cycle 4 Self-Assessment THRU the beginning date of your Cycle 5 Self-Assessment)

## EXAMPLE OF A COMPLETED FOODBORNE ILLNESS COMPLAINT WORKSHEET:

### MPR 19 & 20 Foodborne Illness Investigations Worksheet

Complaint ID	20 Compl. 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
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> edition on-site? **YES**

## CALCULATING FOODBORNE ILLNESS COMPLAINT COMPLIANCE:

**MPR 19:** In this example 8 of 10 (80%) FBI complaint records reviewed met the indicators resulting in a “Met” for MPR 19. (Two of the complaints were not investigated within 24 hours.) The department did submit a copy of the final written report to MDA within 90 days after the investigation of a foodborne outbreak was completed.

This is the only review of MPR 19, so these results can be placed on the MPR summary sheet.

EXAMPLE FROM SUMMARY SHEET:

MPR 19 Foodborne Illness Investigations Conducted **MET** MC NM  
 8 of 10 files had no problems.  
 Compliance 80% 80% required

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

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
 MDARD Audit Dates: ## / ## thru ## / 20\_\_  
**Self-Assessment Period:** ## / ## thru ## / 20\_\_ (Date of last audit OR the last date of your Cycle 4 Self-Assessment THRU the beginning date of your Cycle 5 Self-Assessment)

## COMPLETING THE MPR SUMMARY SHEET

At this point, most of the MPR evaluations have been placed on the summary sheet. MPR 6 and 9 are reviewed using many of the worksheets, so compliance is calculated after all required worksheets have been completed.

### MPR 6:

This indicator is evaluated as part of the review of facility files, STFU files, Mobile files, Vending files, and Temporary license reviews. At this point you have all of the information to evaluate MPR 6.

**Using results from the file reviews, the review of MPR 6 can be calculated:**

From the Facility File review (FSEs, Mobile, Vending and SFTU), we found: **22 of the 23 files met MPR 6 requirements.**

From the Temporary License review, we found: **21 of the 22 temporary files met MPR 6.**

### SUMMARY SHEET

#### MPR 6 Evaluation Procedures

**MET MC NM**

**A. Files w/6 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 MR 6.

Evaluation problem specifics	Fixed/Mobile/STFU	Temporary	Vend	Total
<b>The # of times each problem was found from all evaluations reviewed.</b> <b>Total insp. reviewed= 214</b>  Count every evaluation report you have reviewed in the assessment of facility files, vending, and temporary inspections.	#  List each time you cite a MPR 6 violation on a facility file inspection	#  List each time you cite a MPR 6 violation on a temporary inspection	List each time you cite a MPR 6 violation on a vending inspection	#
Department uses unapproved <b>evaluation</b> form				
*** Administrative info. not complete on <b>evaluation</b> form				
Findings do not properly document and ID: C and NC	IIII III	I		<b>9</b>

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
 MDARD Audit Dates: ## / ## thru ## / 20\_\_  
**Self-Assessment Period:** ## / ## thru ## / 20\_\_ (Date of last audit OR the last date of your Cycle 4 Self-Assessment THRU the beginning date of your Cycle 5 Self-Assessment)

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				

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

## MPR 9

MPR 9 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 9). You must evaluate:

- Are records maintained in accordance with Annex 3
- Is staff able to retrieve records necessary for the audit
- Are applications and licenses processed in accordance with law

During the assessment process, sections of the summary sheet for MPR 9 have been compiled, and it is now time to complete the evaluation:

**MPR 9 Records**

**MET MC NM**

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

**Plan review: 9 of 10**

**TFE: 20 of 20**

**Facility Files: 22 of 23**

## IMPORTANT FACTORS

### Important Factor I

- 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
  
- 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.

### How to Evaluate Compliance with Important Factor I

- **Met** –Agency participation in at least one activity, listed under industry and community relations and educational outreach, annually is sufficient to meet this standard.

### Charts 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

**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): \_\_\_\_\_ Initial Visit / Revisit  
 MDARD Audit Dates: ## / ## thru ## / 20\_\_  
**Self-Assessment Period:** ## / ## thru ## / 20\_\_ (Date of last audit OR the last date of your Cycle 4  
 Self-Assessment THRU the beginning date of your Cycle 5 Self-Assessment)


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

Dates	Summary Of Activities





**Food Service Assessment Forms** Agency: \_\_\_\_\_ Reviewer(s): Initial Visit / Revisit  
 MDARD Audit Dates: ## / ## thru ## / 20\_\_  
**Self-Assessment Period:** ## / ## thru ## / 20\_\_ (Date of last audit OR the last date of your Cycle 4 Self-Assessment THRU the beginning date of your Cycle 5 Self-Assessment)

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

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: \_\_\_\_\_



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

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

**Executive Summary**

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

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

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

## MPR Summary

**MPR 1 Plan Review Summary**

\_\_\_\_ of \_\_\_\_ files had **80% Compliance**  
 \_\_\_\_% **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) x 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 <b>evaluation</b> form				
* Administrative info. not complete on <b>evaluation</b> form				
Findings do not properly document and ID: C and NC				
Report does not summarize findings relative to law, is not legible and/or doesn't convey a clear message				
Narrative does not state violations observed and corrections needed				
Correction time frames not specified				
* Report not signed and/or dated by Sanitarian		Noted under MPR 5		
* Report not signed by establishment representative				

MPR 7 FIELD- Interventions/Risk Factor Violations MET MC NM

MPR 8 FIELD- Evaluations Result in food Code Compliant Establishments MET MC NM

MPR 9 Records MET MC NM  
Plan review \_\_\_ of \_\_\_ Vending \_\_\_ of \_\_\_ TFE \_\_\_ of \_\_\_  
Fixed Files \_\_\_ of \_\_\_ Complaints \_\_\_ of \_\_\_ FBI \_\_\_ of \_\_\_

MPR 10 Written Enforcement Policy, Proper Use MET MC NM  
\_\_\_ of \_\_\_ files had no problems.  
Compliance % \_\_\_\_\_ **80% required**  
Acceptable Policy \_\_\_\_\_ **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  $\geq 80\%$  of Required Follow-Ups Completed With/In 30 Days and Critical Corrections Noted \_\_\_\_\_  
B. Number of Files in Sample \_\_\_\_\_  
Percent Compliance  $\{(A/B) \times 100\}$  80% Required \_\_\_\_\_

MPR 13 License Limitations MET MC NM  
Was the reason given for limiting the license? \_\_\_\_\_  
Was proper notice provided? \_\_\_\_\_  
Was the license application appropriately completed? \_\_\_\_\_

MPR 14 Variances MET MC NM  
Special processing methods \_\_\_\_\_  
Request in file ? \_\_\_\_\_  
Citing relevant code section numbers ? \_\_\_\_\_  
Department has formal procedure for issuing variance ? \_\_\_\_\_  
Staff following procedure? \_\_\_\_\_

**MPR 15 Complaint Investigation** MET MC NM  
\_\_\_\_ of \_\_\_\_ files had no problems.  
Compliance % \_\_\_\_\_ **80% required**

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

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

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

**MPR 19 Foodborne Illness Investigations Conducted** MET MC NM  
\_\_\_\_ of \_\_\_\_ files had no problems.  
Compliance % \_\_\_\_\_ **80% required**

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

**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

**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

## 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. <b>A unique identifier (ie: Date) marked on the approved plans.</b>		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 <b>NO</b> critical items pending?			Y
2	Pre-opening inspection in file?			Y
2	Is inspection marked approved to open?			Y
2	Inspection dated on or before license approval date?			Y
2	Inspection on regular inspection form, properly completed, dated and signed?			Y
12	Follow-up inspection on separate form?			Y
9	Records		Records retained for: _____ years	Y

\* ✓=yes, x=no, NA=not applicable

# 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

**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

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

## 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									



### 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:

**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)



## 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 5<sup>th</sup> 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 \_\_\_\_\_**

**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





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

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.**

**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

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

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

**Good Retail Practices**

**LHD Inspection Notes**

<b>Food and Non-food contact surfaces-</b> <i>material, designed, operated, cleanable, maintenance, located, microwave safety, cutting surfaces</i>		
<b>Food -</b> <i>covered, storage location, segregated/distressed product, labeling, shucked shellfish labeling, condition, honestly presented, ice contact</i>		
<b>Food Protection-</b> <i>thawing, washing fruits/veg, plant food cooking, cooling methods, equip./utensil in-use storage</i>		
<b>Equip/Utensils –</b> <i>condition, materials, cleanliness, capacity, thermometer, ice storage/bins, preset tableware, handling, storage of clean, vented</i>		
<b>Warewashing-</b> <i>design, constructed, installed, located, operated, cleanable, test kit available/used, air drying</i>		

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

**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

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

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

**Good Retail Practices**

**LHD Inspection Notes**

<b>Food and Non-food contact surfaces-</b> <i>material, designed, operated, cleanable, maintenance, located, microwave safety, cutting surfaces</i>		
<b>Food -</b> <i>covered, storage location, segregated/distressed product, labeling, shucked shellfish labeling, condition, honestly presented, ice contact</i>		
<b>Food Protection-</b> <i>thawing, washing fruits/veg, plant food cooking, cooling methods, equip./utensil in-use storage</i>		
<b>Equip/Utensils –</b> <i>condition, materials, cleanliness, capacity, thermometer, ice storage/bins, preset tableware, handling, storage of clean, vented</i>		
<b>Warewashing-</b> <i>design, constructed, installed, located, operated, cleanable, test kit available/used, air drying</i>		

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



## 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	%	
<b>Risk Factor Categories</b>																												
<b>Unsafe Source</b>																												
Approve Source, not adulterated																												
<b>Poor Personal Hygiene</b>																												
Good Hygiene practice																												
Handwashing																												
<b>Inadequate Cooking</b>																												
Cooking T/T-(reheat & microwave)																												
<b>Improper Holding</b>																												
Date Marking & Discarding																												
Holding T/T-(hot/cold, cooling, time as control)																												
<b>Contamination/Equipment</b>																												
Food Contact Surfaces																												
Sanitization																												
<b>Related Risk Factors</b>																												
Chemical																												
<b>Interventions</b>																												
Protection from contamination																												
Hands Contamination NBH Contact																												
Demonstration of Knowledge																												
Consumer Advisory																												
Employee Health*																												
<b>Good Retail Practices</b>																												
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																												

**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:** \_\_\_\_\_