

**Food Service Assessment Forms** Agency:

Review Dates

Review Period:

Reviewer(s):

Initial Visit/Re-visit



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**Food Service Program  
Cycle 6 – Option 1  
MDARD Assessment Forms  
LHD Self-Assessment Forms**

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

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**Executive Summary**

| MPR  | Status |       | Findings |
|--|--------|-------|----------|
|  | M/MC   | NM/NA |          |
| <b>Plan Review</b>   |        |       |          |
| 1  |        |       |          |
| <b>Evaluations</b>   |        |       |          |
| 2  |        |       |          |
| 3  |        |       |          |
| 4  |        |       |          |
| <b>Field Review</b>  |        |       |          |
| 5  |        |       |          |
| <b>Records</b>   |        |       |          |
| 6  |        |       |          |
| <b>Enforcement</b>   |        |       |          |
| 7  |        |       |          |
| 8  |        |       |          |
| 9  |        |       |          |
| 10   |        |       |          |
| 11   |        |       |          |
| <b>Staff Training and Qualifications</b>                             |        |       |          |
| 12   |        |       |          |
| 13   |        |       |          |
| 14   |        |       |          |
| <b>Foodborne Illness Investigations</b>                              |        |       |          |
| 15   |        |       |          |
| 16   |        |       |          |
| <b>Important Factors- Not Used to Determine Accreditation Status</b> |        |       |          |
| I  |        |       |          |
| II   |        |       |          |
| III  |        |       |          |
| IV   |        |       |          |

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

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

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## MPR Summary

**MPR 1 Plan Review Summary**

\_\_\_\_\_ of \_\_\_\_\_ files had **80% Compliance** **MET**      **NM**  
 \_\_\_\_\_% **compliance rate. 80% required.**

Specifics (Problem and number of times it occurred):

**MPR 2 Evaluation Frequency**

**MET**    **MC**    **NM**

A. Number of facilities in sample meeting evaluation frequency \_\_\_\_\_

B. Number of facility files reviewed: \_\_\_\_\_

C. **Percent of files meeting evaluation frequency  $\{(A/B) \times 100\}$ :** \_\_\_\_\_ (MET= $\geq 80\%$ )

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

**MPR 3 Temporary Food Service**

**MET**    **MC**    **NM**

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

**MPR 4 Evaluation Procedures**

**MET**    **MC**    **NM**

Files w/4 MET: \_\_\_\_ Fixed/Mobile/STFU/Vending + \_\_\_\_ Temporary files = \_\_\_\_ Total files w/no prob.

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

**80% required for MET**

**Vending Inspection frequency:** \_\_\_\_\_

| Evaluation problem specifics   | Fixed/Mobile/STFU | Temporary            | Vend | Total |
|--|-------------------|----------------------|------|-------|
| The # of times each problem was found from all evaluations reviewed. Total insp. reviewed=_____          | #                 | #                    |      | #     |
| Department uses unapproved evaluation form   |                   |                      |      |       |
| * Administrative info. not complete on evaluation form   |                   |                      |      |       |
| Findings do not properly document and ID: P, Pf, and C violations  |                   |                      |      |       |
| 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<br>MPR 4 |      |       |
| * Report not signed by establishment representative  |                   |                      |      |       |



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**MPR 10    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 11    Complaint Investigation**      **MET    MC    NM**  
\_\_\_\_ of \_\_\_\_\_ files had no problems.  
Compliance % \_\_\_\_\_ **80% required**

**MPR 12    New Staff- Academic Training in 6 Areas**      **MET    MC    NM**

**MPR 13    New Staff- Evaluations with Standardized Trainer**      **MET    MC    NM**

**MPR 14    Other Staff- Training for Mobile, STFU, Vending and TFE**      **MET    MC    NM**

**MPR 15    Foodborne Illness Investigations Conducted**      **MET    MC    NM**  
\_\_\_\_ of \_\_\_\_\_ files had no problems.  
Compliance % \_\_\_\_\_ **80% required**

**MPR 16    Foodborne Illness Procedures**      **MET    MC    NM**

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**Important Factors**

**Important Factor 1a - Industry Education Outreach**      MET      NA

**OR**

**Important Factor 1b- Community Relations**

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

**Important Factor III- Program Support**      MET      NA

**Important Factor IV- Quality Assurance Program**      MET      NA

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**PLAN REVIEW**

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

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

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

|         | MPR 1 Plan Review             | MPR 6- Records                | MPR 7- Enforcement            |
|---------|-------------------------------|-------------------------------|-------------------------------|
| MET     |                               |                               |                               |
| NOT MET |                               |                               |                               |
|         | MPR 1 ____ of ____<br>are met | MPR 6 ____ of ____<br>are met | MPR 7 ____ of ____<br>are met |



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

**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 2<br>Frequency                 | MPR 4<br>Procedures            | MPR 6<br>Records             | MPR 7<br>Enforcement         | MPR 8<br>FU evaluations      |
|------------|------------------------------------|--------------------------------|------------------------------|------------------------------|------------------------------|
| MET        |                                    |                                |                              |                              |                              |
| NOT<br>MET |                                    |                                |                              |                              |                              |
|            | MPR 2<br>____ of ____<br>80% = met | MPR 4<br>_____ of _____<br>met | MPR 6<br>____ of ____<br>met | MPR 7<br>____ of ____<br>met | MPR 8<br>____ of ____<br>met |

**Food Service Assessment Forms** Agency:

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

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

**2: Routine: \_\_\_\_\_ done- \_\_\_\_\_ late = \_\_\_\_\_ DONE / \_\_\_\_\_ DUE= \_\_\_\_\_ % Compliance      M    NM**

**8: FU: \_\_\_\_\_ done - \_\_\_\_\_ late/rpt writing prob= \_\_\_\_\_ DONE/ \_\_\_\_\_ DUE= \_\_\_\_\_ % Compliance      M    NM**

**4 \_\_\_\_\_ Routine Eval. w/o MPR 4 errors/ \_\_\_\_\_ Total Inspections = \_\_\_\_\_ % Compliance      M    NM**

**6 Records: \_\_\_\_\_ of \_\_\_\_\_ M NM      7 Enforcement \_\_\_\_\_ of \_\_\_\_\_ 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 | Dates of STFU inspections |       | MPR 6 | Problem |
| 20__ thru 20__ |                  |                  |                           |       |       | Y       |
| 20__ thru 20__ |                  |                  |                           |       |       | Y       |
| 20__ thru 20__ |                  |                  |                           |       |       | Y       |

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

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

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

Note: Put letters in boxes as licenses are reviewed.

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

|   | Office | Year | License # | 3 a | 3 b | 3 c | 4 | 6 | 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 3 ___ of ___ files Met      ___ %<br>MPR 4 ___ of ___ files Met<br>MPR 6 ___ of ___ files Met |        |      |           |     |     |     |   |   |                         |

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**MPR 6      RECORDS**

**MET   MC   NM**

**Add percentages of all 6 indicators / divided by 6 = \_\_\_\_%  
compliance rate, 80% required for Met.**

Plan Review \_\_\_\_ of \_\_\_\_ = \_\_\_\_%   TFE \_\_\_\_ of \_\_\_\_ = \_\_\_\_%   Enforcement \_\_\_\_ of \_\_\_\_ = \_\_\_\_%  
Fixed Files \_\_\_\_ of \_\_\_\_ = \_\_\_\_%   Complaints \_\_\_\_ of \_\_\_\_ = \_\_\_\_%   Variances \_\_\_\_ of \_\_\_\_ = \_\_\_\_%

**MPR 7      ENFORCEMENT**

**MET   MC   NM**

**Policy Provides:**

Notice and Opportunity for a hearing \_\_\_\_\_  
Equivalent to Administrative Procedures Act 306 \_\_\_\_\_  
Compatible to Chapter 8 \_\_\_\_\_

**Procedures for addressing:**

Unauthorized Construction \_\_\_\_   Operating without a license \_\_\_\_   Imminent Health Hazards \_\_\_\_  
Continuous P/Pf violations \_\_\_\_   Recurring P/Pf violations \_\_\_\_  
Adopted and signed by Health Officer \_\_\_\_

**Evaluation of MPR: 80% required**

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

**MPR 9      LIMITED LICENSES**

**MET   MC   NM**

| Facility name | Reason license was limited<br>(food law) | Proper<br>notice<br>provided<br>Y / N | Opportunity<br>for a hearing<br>Y / N | License application<br>filled out<br>Y / N |
|---------------|--|---------------------------------------|---------------------------------------|--|
|               |  |                                       |                                       |  |
|               |  |                                       |                                       |  |
|               |  |                                       |                                       |  |
|               |  |                                       |                                       |  |
|               |  |                                       |                                       |  |



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

**MPR 11 Consumer Complaint Worksheet**

**MET   MC   NM**

| #                                  | Complaint ID | 11 Log maintained & records available for review | 11 Results recorded (or justification for no investigation) | 11 Working Days from Receipt to Start of Investigation (Max. 5 working days allowed) | Met Not Met | Problem   |           |
|------------------------------------|--------------|--|---|--|-------------|-----------|-----------|
| 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         |           |
| <b>MPR 11    ___ of ___ = ___%</b> |              |  |   |  | <b>MET</b>  | <b>MC</b> | <b>NM</b> |

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

Have new staff assigned to program during review period completed training in following within 12 months of assignment: 1. public health principles, 2. communication skills, 3. microbiology, 4. epidemiology, 5. food law, food code, related policies, 6. HACCP. (Employees that are not fully assigned to the food program or part time employees have 18 months to complete training.)

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

Have new staff completed 25 joint training evaluations with standardized trainer, 25 independent evaluations reviewed by trainer, 5 evaluation inspections with trainer within 12 months assignment to the program? (Employees that are not fully assigned to the food program or part time employees have 18 months to complete training.)

**OR**

Documentation of previous training or evaluations performed under a training plan by the Director of a new sanitarian that has completed training at another local health department or has similar experience.

**MDARD Accreditation Cycle 6 MPR 12, 13 Worksheet**

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



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

| Complaint ID | 16 Comp. on log? | 16 Log Review Timely? | 16 IAFP Procedure Used? | 16 Form A | 16 Form C1,C2 Or Gastro. Form Used? | 15 Invest. Initiated within 24 hours? | 15 If Outbreak, Report to MDA w/in 90 Days of Closure? | Problem |
|--------------|------------------|-----------------------|-------------------------|-----------|-------------------------------------|---------------------------------------|--|---------|
|              |                  |                       |                         |           |                                     |                                       |  | Y       |
|              |                  |                       |                         |           |                                     |                                       |  | Y       |
|              |                  |                       |                         |           |                                     |                                       |  | Y       |
|              |                  |                       |                         |           |                                     |                                       |  | Y       |
|              |                  |                       |                         |           |                                     |                                       |  | Y       |
|              |                  |                       |                         |           |                                     |                                       |  | Y       |
|              |                  |                       |                         |           |                                     |                                       |  | Y       |
|              |                  |                       |                         |           |                                     |                                       |  | Y       |
|              |                  |                       |                         |           |                                     |                                       |  | Y       |
|              |                  |                       |                         |           |                                     |                                       |  | Y       |
|              |                  |                       |                         |           |                                     |                                       |  | Y       |

**Notes:**

IAFP 5<sup>th</sup> or 6<sup>th</sup> edition on-site? \_\_\_\_\_

MPR 15      \_\_\_\_\_ of \_\_\_\_\_ = \_\_\_\_\_%

Met    MC    NM

MPR 16

Met    MC    NM

FBI Policy addresses:

Description of FBI Team / Duties \_\_\_\_\_

Frequency for reviewing trend analysis

Who will review \_\_\_\_\_

How reviews will be documented \_\_\_\_\_

Communication Contact List of relevant agencies \_\_\_\_\_

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**Important Factor I      Chart Showing Compliance with Important Factor I:**

**1a Educational Outreach**

| Dates | Summary Of Activities |
|-------|-----------------------|
|       |                       |
|       |                       |
|       |                       |
|       |                       |
|       |                       |
|       |                       |
|       |                       |
|       |                       |
|       |                       |

**1b Industry and Consumer Interaction Forums:**

**a. Documentation to provide evidence of annual surveys or meetings held with industry and community for the purpose of soliciting food service program related recommendations and feedback.**

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





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

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

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

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    |                         |

**Cycle 6 Option 1**  
**ACCREDITATION MPR 5 FIELD WORKSHEET**  
 Risk based inspection

|                     |                        |           |
|---------------------|------------------------|-----------|
| Establishment Name: | Establishment Address: |           |
| Auditor's Name:     | Auditor's Agency       |           |
| Inspector's Name:   | Inspector's Agency:    |           |
| Date of Audit:      | Time IN:               | Time OUT: |

1. **Verified CFM and the presence and demonstration of knowledge of the person in charge.**
  - Determined presence of a Person In Charge (PIC)
  - Determined either Certified Food Manager or demonstration of knowledge of the PIC
  - Assessed duties of the PIC are followed
  
2. **Verified the restriction or exclusion of ill employees.**
  - Determined there is a requirement for employees to report specific symptoms and diagnosed illnesses, and knows what the symptoms and illnesses are (i.e., having it posted-§2-201.11).
  - Assessed that there is knowledge of an employee health policy or have access to an employee health policy (written not required), and identify what actions are necessary when an employee does report symptom or diagnosed illness, (§2-201.12).
  - Assessed there is knowledge of the requirements covering an employee returning to work (§2-201.13).
  
3. **Verified the availability of a consumer advisory for foods of animal origin served raw or undercooked.**
  - Determined whether raw or undercooked foods are served or sold routinely or seasonally.
  - Determined that a consumer advisory with a disclosure and reminder is present as specified under § 3-603.11 of the Food Code or as stated in the Michigan Food Law 2000, as amended.
  
4. **Verified approved food sources.**
  - Determined that all foods are from a regulated food processing plant or other approved source (no home prepared items).
  - Assessed policy of receiving foods, including if they are received at proper temperatures, protected from contamination during transportation, and received safe and unadulterated.
  - Determine if any specialty food items are served or specialty processing is done (i.e., wild game or mushrooms, game animal processing, and parasite destruction).

- 5. Verified cooking temperatures to destroy bacteria and parasites.**
  - Verified cooking temperatures of a variety of products served in the food establishment.
  - Determined if PIC and employees know and are following proper cooking time and temperature parameters (include microwave cooking requirements).
  - Determined the presence of required thermometers and their proper use and calibration.
  
- 6. Verified reheating temperatures of TCS food for hot holding.**
  - Determined which foods are reheated for hot holding.
  - Assessed how reheating is done (include reheating in microwave) and if employee and PIC are knowledgeable of required parameters.
  - Verified food temperature of foods being reheated when possible.
  
- 7. Verified cooling temperatures of TCS food to prevent the outgrowth of spore-forming or toxin-forming bacteria.**
  - Determined the types of foods that are cooled.
  - Determined procedures for meeting required cooling parameters.
  - Determined if procedures are being followed (i.e., methods and monitoring) and employee's and PIC's knowledge of cooling requirements.
  - Verified food temperatures of recently cooled foods when possible.
  
- 8. Verified cold holding temperatures of foods requiring time/temperature control for safety (TCS food), or when necessary, verified that procedures are in place to use time alone to control bacterial growth and toxin production.**
  - Determined compliance by taking food temperatures in multiple cold holding units.
  - Assessed that operational procedures are in place to maintain cold holding requirements (i.e., monitoring of food temperatures, and the ambient temperatures of equipment, by the operator).
  - Assessed if time alone is used and if written policy meets requirements of the Food Code and is being followed.
  
- 9. Verified hot holding temperatures of TCS food or when necessary, that procedures were in place to use time alone to prevent the outgrowth of spore-forming bacteria.**
  - Determined compliance by taking food temperatures in multiple hot holding units.
  - Assessed that operational procedures are in place to maintain hot holding requirements (i.e., monitoring of food temperatures, and the ambient temperatures of equipment, by the operator).
  - Assessed if time alone is used and if a written policy meets requirements of the Food Code and is being followed.

- 10. Verified date marking of ready-to-eat TCS food held for more than 24 hours.**
  - ❑ Assessed that there is a date-marking system in place and meets the intent of the Food Code
  - ❑ Determined if all Ready-Eat-Foods/Potentially Hazardous Foods requiring date-marking are properly date-marked
  - ❑ Determined if foods that are past their date-marking are properly disposed of according to policy
  
- 11. Verified food safety practices for preventing cross-contamination of ready-to-eat food.**
  - ❑ Determined proper separation of raw animal foods and ready-to-eat foods from each other by cooking temperature.
  - ❑ Evaluated practices to eliminate the potential for contamination of utensils, equipment, and single-service items by environmental contaminants, employees, and consumers.
  - ❑ Evaluated food storage areas for proper storage, separation, segregation, and protection from contamination.
  
- 12. Verified food contact surfaces are clean and sanitized, protected from contamination from soiled cutting boards, utensils, aprons, etc., or raw animal foods.**
  - ❑ Evaluated food-contact surfaces of equipment and utensils to verify that these are maintained cleaned, and sanitized.
  - ❑ Assessed how utensils and cookware are washed, rinsed, and sanitized.
  - ❑ Evaluated type of sanitizer, concentration, proper use, and use of chemical test strips.
  
- 13. Verified employee hand washing (including facility availability).**
  - ❑ Evaluated proper hand washing method, including appropriate times.
  - ❑ Evaluated location, accessibility, and cleanliness of hand wash sinks.
  
- 14. Verified good hygienic practices (i.e., eating, drinking, tasting, sneezing, coughing, or runny nose; no work with food/utensils).**
  - ❑ Evaluated policy for handling employees with sneezing, coughing, or runny nose.
  - ❑ Evaluated availability and use of employee break area (where employees eat, drink, or smoke).
  
- 15. Verified no bare hand contact with ready-to-eat foods (or use of a pre-approved, alternative procedure).**
  - ❑ Evaluated operation's policy for handling ready-to-eat foods.
  - ❑ Evaluated employee practices of handling ready-to-eat foods.
  - ❑ Evaluated alternative procedure for bare hand contact if applicable (i.e., review policy, question employees about the use of the policy, and determine proper use of policy).

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

**16. Verified proper use, storage, and labeling of chemicals; sulfites.**

- Evaluated proper storage and labeling of chemicals.
- Evaluated if chemicals are approved for use in food establishment (include drying agents, veggie/fruit chemical wash, food coloring, sulfite agents, insecticides, and pesticides).
- Evaluated proper use of chemicals.

**17. Identified food processes and/or procedures that require an HACCP Plan per the jurisdiction's regulations.**

- Determined if any process or procedure requires a HACCP plan.
- Reviewed the written HACCP policy (as stated in the Food Code §8-201.14).
- Evaluated appropriateness, effectiveness, and implementation of the plan.

**18. Verified Good Retail Practice compliance**

- Evaluated Personnel for hair restraints, jewelry, fingernails, outer clothing
- Assessed proper procedures for Food and Food Protection
- Evaluated Food Equipment for Food Code compliance
- Evaluated Water Supply
- Evaluated Plumbing system
- Evaluated Toilet/Lavatory Facilities
- Evaluated Sewage system
- Evaluated Garbage and Refuse Disposal
- Evaluated Physical Facilities
- Assessed Proper Pest and Animal Control

|                                     | <b>Total number of opportunities</b> | <b>Number of opportunities to demonstrate</b> | <b>Number of competencies demonstrated</b> | <b>Final percentage</b> |
|-------------------------------------|--------------------------------------|---|--|-------------------------|
| <b>II.(C) Risk Based Inspection</b> | <b>59</b>                            |   |  |                         |

“☒ ” denotes item not fully achieved by LHD Inspector

“√” denotes item fully achieved compliance by LHD Inspector

“☐ ” denotes there was no opportunity to demonstrate compliance by LHD Inspector

### Option 1 – Field Exercise Summary (MPR 5)

| Category  | Individual Evaluator's % |   |   |   |   |   | Final % |
|---|--------------------------|---|---|---|---|---|---------|
|   | 1                        | 2 | 3 | 4 | 5 | 6 |         |
| Risk Based Inspection and Good Retail Practices |                          |   |   |   |   |   |         |

**Data is obtained from each evaluator's Field Evaluation Worksheet**

See guidance Document, Annex 11 to determine the number of inspectors evaluated during the review.

Each inspector will be evaluated using this form. The inspector's individual scores will be averaged to establish the department percentage for determination of Met / Met with Conditions / Not Met.

**Met:** 80 - 100% department compliance with risk based evaluation methodology

**Met with Conditions:** 70-79% department compliance with risk based evaluation methodology

**Not Met:** Less than 70% department compliance with risk based evaluation methodology

Example:  
 Inspector 1      75%  
Inspector 2      94%  
 Average:      85%      Met

Example:  
 Inspector 1      75%  
 Inspector 2      65%  
 Inspector 3      55%  
Inspector 4      87%  
 Average:      71% Met with Conditions

**The Field Exercise is Met:** \_\_\_\_\_, **Met with Conditions** \_\_\_\_\_, **Not Met:** \_\_\_\_\_