



Michigan Department of Agriculture

FY 2004 Food Service Program Minimum Program Requirements and Guidance Document

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October, 2003

2004 Minimum Program Requirements

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2004 Minimum Program Requirements

Food Service Sanitation Program

MPR 1 - Plan Review

A local health department, upon receipt of plans and specifications for construction, alteration, conversion, or remodeling of a food service establishment, shall review the plans and specifications to determine conformance with applicable requirements. All plans approved by the local health department comply with the law [FL – 6101 to 6113, FC 8-201.11 to 8-202.10)].

MPR 2 – Inspections

- 2.1 Pre-opening Inspections: A local health department shall conduct one or more pre-opening inspections to verify that a food establishment is constructed and equipped in accordance with the approved plans and is in compliance with the law [FL – 6115, FC 8-203.10].
- 2.2 Inspection Frequency: A local health department shall perform an inspection of each food service establishment at least once every six months. A seasonal food service establishment that operates nine or fewer months each year shall be inspected at least once during the period of operation. A low risk establishment may be inspected once every 12 months [FL – 3123, 3125]. **OR**
A local health department shall perform an inspection of each food service establishment in accordance with MDA’s “Emergency Risk Based Inspection Schedule” [FL – 3125].
- 2.3 Vending Machine Locations: A local health department shall inspect vending machine locations using one of the following methods:
All vending machine locations are inspected at least once every 6 months [FL – 3123] **OR**
One-third of each operator’s vending machine locations are inspected each year. Every vending machine location is inspected over a three-year period [FL – 3125] **OR**
One-tenth of each operator’s vending machine locations are inspected every six months. Every vending machine location is inspected over a five-year period [FL - 3125].
- 2.4 Follow-up Inspections: A follow-up inspection shall be conducted by a local health department, preferably within ten (10) calendar days, but no later than thirty (30) calendar days, to confirm correction of all previously identified critical violations. Information about the corrective action is described on the inspection report [FC 8-405.11].
- 2.5 Temporary Food Service Establishment Inspections: A local health department shall inspect all temporary food service establishments for which required notifications are made to the local health department [FL - 3115(2)].
- 2.6 Inspection Procedures: A local health department shall conduct inspections in accordance with the law [FL – 3121, 3127; FC 8-402.11 to 8-403.50].
- 2.7 Identification of Critical Violations: Inspections identify critical violations [FL - 3127].
- 2.8 Inspections Result in Food Code Compliant Establishments: The local health department properly applies the Food Code to safeguard the public health and ensures that food is safe, unadulterated, and honestly presented [FC 8-101.10(a)].

MPR 3 – Records

- 3.1 Records are maintained in accordance with “Annex 3 - Record Retention Schedule” of the Guidance Document [FL – 3121]. Plans, applications, and licenses are processed in accordance with law.

MPR 4 – Enforcement

- 4.1 Enforcement Policy: The local health department has a written enforcement procedure consistent with law. Enforcement action is initiated in accordance with the local health department’s enforcement procedures [FL – 2119(2), 6101, 3117, 5113, 6101; FC 8-101.10, 8-403.10, 8-403.20, 8-405.11, 8-405.20].
- 4.2 Unauthorized Construction: Food service establishments are not allowed to be constructed prior to the issuance of plan approval. Stop work orders are issued as required [FL – 6113].
- 4.3 New Construction: All food service establishments that have been newly constructed, altered, remodeled, or converted comply with the law prior to licensure [FL – 6115(2), FC 8-201.11].
- 4.4 License limitations: License limitations are issued and documented in compliance with the law. [FL- 2121, 2123].
- 4.5 Variances: Variances are reviewed and approved in accordance with law [FL – 6101, FC 3-502.11, 8-103.10 to 8-103.12].
- 4.6 Complaint Investigation: All consumer complaints are investigated in a timely manner. Complaint records indicate the results of the investigation or the justification for not investigating [FL - 2101(2), 3121(3), 3129, 3131].

MPR 5 – Staff Training and Qualifications

5.1 Staff Training and Qualifications – Technical Training

Within 12 months of employment or assignment to the food service sanitation program, staff conducting inspections of food service establishments satisfactorily complete training in the following areas: a) Public health principles, b) Communication skills, c) Microbiology, d) Epidemiology, e) Food Law, Food Code, related policies, f) HACCP [FL 2119(2)(b)].

5.2 Staff Training and Qualifications - Fixed Food Service Inspection Skills

In order to be considered minimally qualified to inspect a food service establishment, new employees or employees assigned to the food service sanitation program during the review period shall complete field training before conducting independent inspections that includes:

- a) Twenty-five joint training inspections with a standardized trainer from a local health department
- b) Twenty-five independent inspections reviewed by the standardized trainer (either on-site or paperwork review)
- c) Five evaluation inspections with a standardized trainer
- d) Endorsement by the standardized trainer
[FL 2119 2(b)]

5.3 Staff Training and Qualifications – Specialty Food Service Inspection Skills

New employees or employees recently assigned to the food service program during the review period who inspect specialty food service establishments (mobile, vending, STFU, temporary) have knowledge of the Food Law, Food Code, public health principles, and communication skills, and have been endorsed by the supervisor for each type of establishment assigned for inspection before conducting independent inspections. [FL 2119 2(b)]

MPR 6 – Foodborne Illness Investigations

6.1 Foodborne Illness Investigations – Timely Response

A local health department shall initiate an investigation of a suspected foodborne illness within 24 hours after having received a complaint, and shall prepare a written final investigation report for each foodborne outbreak with a copy sent to MDA, Food Safety Planning and Response Unit within 90 days from the completion of the investigation [FL 2101(2), 3121(3), 3129, 3131].

6.2 Foodborne Illness Investigations - Procedures

A local health department shall follow, and review annually, standard operating procedures for investigating and communicating foodborne illness outbreak investigations that: a) Are equivalent to those contained in “Procedures to Investigate a Foodborne Illness” 5th edition, published by the International Association of Food Protection, b) Include a description of the foodborne illness investigation team along with the duties of each member, c) Are compatible with MDA/MDCH June 24, 2003, memo titled “Foodborne Illness Reporting and Documentation” and d) Outline procedures for communicating foodborne illness information with local health department employees, other governmental agencies, and organizations [FL 3131(1)(2)].

Important Factors

Important Factors are not part of the MPRs.

IMPORTANT FACTOR I – Educational Outreach

The local health department provides educational opportunities to the food service industry.

IMPORTANT FACTOR II – HACCP Program

The local health department has an MDA approved food safety program, including a timetable, for promoting and implementing HACCP. The local health department is following the approved program and timetable. The local health department has a program to recognize operators who consistently apply the HACCP food safety system.

IMPORTANT FACTOR III – Continuing Education for Regulatory Staff

The regulatory staff conducting inspections of food service establishments complete at least 24 contact hours of continuing education every 36 months.

IMPORTANT FACTOR IV – Program Support

The local health department maintains a staffing level in accordance with “FDA’s Recommended National Retail Food Regulatory Program Standards; Standard No. 8 – Program Support and Resources”.

IMPORTANT FACTOR V – Industry and Community Relations

A formal advisory mechanism exists to provide feedback and recommendations to the local health department from the industry and community.

IMPORTANT FACTOR VI – Quality Assurance Program

The local health department management has established a quality assurance program to ensure that inspection 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. The quality assurance program includes a review of a least ten (10) inspection reports for each sanitarian and/or an equivalent sample of foodborne illness investigation records every 24 months. Every employee assigned to the food service sanitation program has completed at least two (2) joint inspections with the standardized trainer every 24 months.

Guidance Document
2004 Minimum Program Requirements (MPRs)
Food Service Sanitation Program

MPR 1 – Plan Review

1. Materials necessary for auditing the MPR

- Plan review log book or tracking system
- Facility files selected for the review
- Department's program policy manual

2. Sample Selection

- Use "Annex 6 - Office Sample Size Chart" to determine the number of records for review. The maximum sample size is ten (10).
- Follow "Annex 5 - Approved Random Sampling Methods" guide to select the sample.
- Using the logbook, randomly select the records for review for establishments that have been constructed, altered, converted, or remodeled since the last review cycle. Limit the sample to only those establishments for which the plan review process has been fully completed. A field visit will be made to four (4) of the selected establishments that have undergone either complete construction or significant remodeling. If possible, the establishments for the field visit should be independently owned and less than 1.5 years old. The findings of the field evaluation component will be documented under MPR 4.3.

3. Evaluation

- Does the department review complete sets of plans and specifications?
 - a) Application form/Transmittal letter
 - b) Completed worksheet
 - c) Menu
 - d) Standard Operating Procedures (required beginning October 1, 2004. To be evaluated beginning October 1, 2007).
 - e) Scaled drawings*
 - f) Layout (plans)
 - g) Ventilation hood locations (plans)
 - h) Plumbing (plans)
 - i) Lighting (plans and/or specifications)
 - j) Equipment specifications (specifications)

*Scaled drawings means either:

- a) Drawings that are proportional between two sets of dimensions (i.e. 1/4 inch of the drawing = 1 foot of the actual object) **OR**
- b) All objects on the drawing are proportional in size to each other. Dimensions are included.

- Is the plan review process properly documented?
 - a) Use of a plan review checklist.
 - b) Calculations to show what is needed and what is proposed for hot water, dry storage, and refrigerated storage for all establishments. Applicant is informed in writing of any deficiencies.
 - c) All identified deficiencies are addressed in writing or on revised plans.
 - d) Plan approval letter is in the file that includes a description of the scope of the project, and references the date marked on the approved plans and specifications.
- The evaluation may be terminated when 40% of the records selected for review indicate the MPR is “Not Met”.

4. How to judge compliance with MPR 1

- **Met** –80% of the establishment records evaluated indicate that the department reviews complete sets of plans, and properly documents the plan review process.
- **Met with Conditions**– Overall, the plan review process meets the definition of “Met,” but there are one or two individual elements that are consistently problematic.
- **Not Met** – Overall, the plan review process does not assure complete sets of plans, and the plan review process is poorly documented (give specific examples and percentages).

5. Tips for passing MPR 1

- Attend the Michigan Department of Agriculture’s (MDA’s) plan review training seminar.
- Use MDA’s plan review manual, checklist, calculators, and other plan review form letters and materials.
- Organize the records to be audited. Arrange the files in chronological order. Fasten the material together so that it cannot fall out of the file and become disorganized. Discard materials that were either not required to be submitted or used during the review.
- Review the Sanitarian Training Module on Plan Review.
- Conduct quality control evaluations of selected completed plan reviews.

MPR 2 – Inspections

Indicator 2.1 – Pre-Opening Inspections

1. Materials necessary for auditing the MPR/Sample Selection

- The files reviewed for MPR 1 – Plan review, are used to evaluate MPR 2.1

2. Evaluation

- A copy of the pre-opening inspection report is in the file.
- The inspection report is dated either before or on the same day the license is signed.
- The inspection report has a notation to indicate the establishment is approved to operate.
- The inspection report verifies that there were no critical violations present prior to opening.

3. How to judge compliance with MPR 2.1

- **Met** –80% of the establishments reviewed had a properly documented pre-opening inspection.
- **Met with Conditions**– Overall, pre-opening inspections are being conducted for at least 80% of the establishments, but there are some minor concerns over documentation.
- **Not Met** – Less than 80% of the establishments received a pre-opening inspection and/or documentation problems are commonplace.

4. Tips for Passing MPR 2.1

- Conduct pre-opening inspections, and document the results of the inspection with the evaluation indicators for this MPR in mind.
- Remember to check the “pre-opening inspection” box on the inspection report form.
- File the inspection reports in chronological order in the file.

Indicator 2.2 – Inspection Frequency

1. Materials necessary for auditing the MPR

- MDA print-out of licensed establishments
- Local health department files
- Local health department database (optional)

2. Sample Selection

The sample of fixed food service establishments is used to evaluate MPRs 2, 3, and 4.

- Use “Annex 6 - Office Sample Size Chart” to determine the number of establishments for review.
- Follow “Annex 5 - Approved Random Sampling Methods” guide to select the sample from the MDA licensing printout.
- Where there are multiple offices, a proportional sample should be selected to reflect the percentage of establishments regulated by each individual office (i.e. 35% of the establishments are located in County “A” and 65% are in County “B”).
- From the sample selected, pick a subset of establishments for field review that meet the criteria for MPR 2.7.
- If possible, make certain the sample includes at least one (1) mobile food service establishment and one (1) STFU.
- Obtain the folder for each of the establishments in the sample.

3. Evaluation

Discussion: Not all of the establishments in the sample require the same number of inspections. Variations may be due to the fact that some establishments may have either opened or closed during the three (3) year review period. Some may be seasonal operations. Some may have been inspected shortly before the review period thus pushing the first inspection six (6) months back into the review period. The department may have transitioned from a routine inspection frequency to an Emergency Risked Based Inspection frequency during the review period. The evaluation must take these factors into consideration.

Evaluation Method

- Determine the number of inspections that were required and actually conducted during the three (3) year review period. Start with the first inspection in the review period.
 - a) Regular fixed: Count forward from the first inspection in the review period in six (6) month intervals. At each interval, determine if an inspection has been made. Allow one (1) extra month grace period. Determine the percentage of inspections that were made at the required intervals for each folder.

Example folder for Bill's Burgers

Accreditation period: February 10, 2003 – February 10, 2006

First inspection: April 20, 2003

Next routine: November 15, 2003 (ok < 7 months)

Next routine: May 10, 2004

Next routine: Missed – no inspection

Next routine: April 30, 2005

Next routine: November 13, 2005 (ok, <7 months from last insp)

Number of required inspections = six (6)

Number of inspections conducted at proper frequency = five (5)

Percentage of inspections: = 83%

- b) Seasonal fixed and low risk establishments: Determine if one (1) inspection was made during each operating season in the review period. Determine the percentage of inspections that were made at the required interval for each establishment.

Example folder for Spartan High School

Accreditation Period: February 10, 2003 – February 10, 2006

Operating period: September - May

First inspection in period: April 20, 2003

Next routine: February 30, 2004

Next routine: November 30, 2004

Next routine: No inspection (OK- not due until May 2006)

Number of inspections due = three (3)

Number of inspections conducted at proper frequency = three (3)

Percentage of inspections = 100%

4. How to judge compliance with MPR 2.2

Inspection frequency based upon Food Law section 3123

An individual establishment will be considered to meet inspection frequency when 80% of the required routine inspections have been made (i.e. six (6) inspections required, five (5) inspections conducted).

- **Met –80%** of the establishments in the sample meet inspection frequency. Example: 22 establishments in sample. 18 establishments are required to meet inspection frequency.
- **Met with Conditions** – Less than 80% of the establishments in the sample meet inspection frequency, however, at least 80% of the total number of inspections required for all of the establishments in the sample have been conducted. Example: 22 establishments x 2 inspections per year x 3 years = 132 inspections. 80% of 132 = 106.
- **Not Met** – Less than 80% of the establishments meet inspection frequency requirements. Less than 80% of the total number of inspections required for all of the establishments in the sample have been conducted.

Inspection frequency using an Emergency Risked Based Inspection Schedule

An individual establishment will be considered to meet inspection frequency when 100% of the required routine inspections have been made.

- **Met** – 80% of the establishments meet inspection frequency (i.e. 22 establishments in sample, 18 meet frequency requirements).
- **Not Met** – Less than 80% of the establishments meet frequency requirements.

6. Tips for Passing MPR 2.2

- Arrange files in chronological order.
- Make a note in the “Inspection Type” box on the inspection report form if the establishment is either seasonal or is on an Emergency Risk Based Inspection schedule.
- Schedule routine inspections to be conducted five (5) months after the last routine. This will allow a 60-day window for meeting the MPR.
- Plan ahead. When an emergency condition exists, implement the Emergency Risk Based Inspection Schedule before a backlog of inspections occurs.

Indicator 2.3 - Vending Machine Locations

1. Materials necessary for auditing the MPR

- MDA print-out of licensed vending locations
- Local health department files

2. Sample Selection

- Use “Annex 6 - Office Sample Size Chart” to determine the number of records for review.
- Follow the “Annex 5- Approved Random Sampling Methods” guide to select the sample from the MDA licensing printout.
- Adjust the sample to reflect the percentage of licensed locations for each operator.
Example: There are two vending machine operators in the jurisdiction.
Ace Vending Company; 30 locations (71% of total)
Baker Vending Inc.; 12 locations (29% of total)
Sample size = 15
Ace Vending Company = 11 locations (71%x15)
Baker Vending Inc. = 4 locations (29%x15)

3. Evaluation

- Determine the frequency that has been selected by the local health department for inspecting vending machine locations. An MDA memo dated June 2, 2003, allows local health departments to reduce inspection frequency using one of two methods.
- Determine the number of inspections that were required for each location and the number of inspections that were actually conducted. Convert this to a percentage of inspections conducted.
- If the local health department’s chosen method for vending machine location inspection frequency results in a “Not Met” condition, MDA will evaluate the data against the other two choices. A “Met” will be awarded if the local health department’s inspection frequency meets one of the other two inspection frequency options.

4. How to judge compliance with MPR 2.3

- Frequency choice: All vending machine locations are inspected at least once every six (6) months. A vending machine location is considered to meet inspection frequency when 80% of the inspections have been made (i.e. 5 out of 6).
- **Met** – 80% of the vending machine locations in the sample meet inspection frequency.
- **Not Met** – Less than 80% of the vending machine locations in the sample meet inspection frequency.
- Frequency choice: Reduced frequency option; One-third of each operator's vending machine locations are inspected each year. Every vending machine location is inspected over a three (3) year period. A vending machine location is considered to meet inspection frequency when 100% of the inspections have been made

OR

- Frequency choice: Reduced frequency option; One-tenth of each operator's vending machine locations are inspected every six (6) months. Every vending machine location is inspected over a five (5) year period. A vending machine location is considered to meet inspection frequency when 100% of the inspections have been made.
- **Met** – 80% of the vending machine locations in the sample meet inspection frequency.
- **Not Met** – Less than 80% of the vending machine locations in the sample meet inspection frequency.

5. Tips for passing MPR 2.3

- Clearly indicate the selected method for inspecting vending machine locations in the policy manual.
- Make a separate folder for each vending machine location.
- Arrange all materials in the folder in chronological order.
- Create a tracking system for keeping on top of vending machine location inspections.

Indicator 2.4 - Follow-up Inspections

1. Materials necessary for auditing the MPR/Sample Selection

The materials and sample used to evaluate MPR 2.2 are used to evaluate MPR 2.4.

2. Evaluation

- A follow-up inspection shall be conducted by a local health department, preferably within 10 calendar days, but no later than 30 calendar days, to confirm correction of all previously identified critical violations.
- Information about the corrective action is described on the inspection report. This includes violations that are corrected at the time of inspection.
- A separate report form is used to record the results of the follow-up inspection.
- An individual establishment will be considered to meet the standard when 80% of the follow-up inspections are conducted within 30 calendar days, and information about the corrective action is described on a separate inspection report.

3. How to judge compliance with MPR 2.4

- **Met** – At least 80% of the establishments in the sample meet the standard.
- **Not Met** – Less than 80% of the establishments in the sample meet the standard.

4. Tips for passing MPR 2.4

- Create a tracking system for assuring that follow-up inspections are conducted.
- Do not write phrases on the report such as “OK” and “Corrected at time of Inspection” for critical violations. Document the specific action that has been taken to correct the critical violation (i.e. the turkey left out at room temperature has been discarded. All potentially hazardous foods at the cook line will be stored in the prep cooler).

Indicator 2.5 – Temporary Food Service Establishment Inspections

1. Materials necessary for auditing the MPR

- Local health department temporary food service establishment files (licenses and inspections) for the three (3) year review time period

2. Sample Selection

- Use the “Annex 6 – Office Sample Size Chart” to determine the number of records for review.
- Use “Annex 5 – Approved Random Sampling Methods” to select the sample.
- Use the total number of temporary food service establishment licenses issued over the past three (3) years as the basis for determining sample size.
- Where there are multiple offices, a proportional sample should be selected to reflect the percentage of establishments regulated by each individual office (i.e. 35% of the establishments are located in County “A” and 65% are in County “B”).
- Select a proportional amount for each year reviewed.

3. Evaluation

- Determine if the local health department has conducted an operational inspection of each temporary food service establishment prior to licensure.
- Determine if the temporary food service licensing records are complete with the application date, the inspection date, the date the license was approved, and the sanitarian’s signature.
- Determine if a temporary food service license was issued with unresolved critical violations.

An individual licensing record would not be considered to meet the standards if any one of the above conditions is observed.

4. How to judge compliance with MPR 2.5

- **Met** – At least 80% of the licensing records in the sample meet the standards.
- **Met with Conditions** – Overall, operational inspections are being properly conducted, and there are no unresolved critical violations in at least 80% of the records in the sample, however, there are some occasional record-keeping problems that tip the scale below the 80% cut-off.
- **Not Met** – Less than 80% of the licensing records in the sample meet the standards.

5. Tips for passing MPR 2.5

- Conduct an operational inspection of all temporary food service establishments prior to licensure.
- Use the MDA Food Service Establishment Inspection Report, form FI-214.
- Review the application, license, and inspection reports to make certain they are complete and accurate.
- Do not make “notes” on inspection reports that resemble violations (i.e. hold all cold foods at 41°F and below). Use “Fact Sheets”, “Temporary Food Establishment Operations Checklist”, etc., to convey educational information.
- Conduct a follow-up inspection to verify that any critical violations have been resolved (i.e. inspection noted that no sanitizer is on-site for dishwashing. License is issued to allow cooking to begin with the condition that sanitizer be obtained before any dishwashing. A follow-up is needed to assure compliance).
- Conduct quality assurance reviews of the completed licenses and inspections.

Indicator 2.6 - Inspection Procedures

1. Materials necessary for auditing the MPR/Sample Selection

The materials and sample used to evaluate MPR 2.2 and 2.5 are used to evaluate MPR 2.6.

2. Evaluation

- Determine if the department uses an inspection report form approved by the department.
- Administrative information about the establishment’s legal identity, address, and other information is entered on the inspection report form.
- The report findings properly document and identify critical and non-critical violations.
- The inspection report summarizes the findings relative to compliance with the law. The report is legible and conveys a clear message.
- The narrative clearly states the violations observed and necessary corrections.
- Time frames for correcting critical and non-critical violations are specified.
- The inspection report is signed and dated by the sanitarian.
- The inspection report is signed by an establishment representative.

An establishment folder will be considered to meet the standard when 80% of the inspection records reviewed meet all of the above concerns (i.e. 5 out of 6 inspection reports meet all of the standards).

3. How to judge compliance with MPR 2.6

- **Met –80%** of the establishments in the sample meet the standard.
- **Met with Conditions** – Critical and non-critical violations are being properly identified in 80% of the establishments. Approved inspection report forms are used, however, occasional clerical omissions bring the compliance rate slightly below 80%.
- **Not Met** – Less than 80% of the establishments in the sample meet the standard.

4. Tips for passing MPR 2.6

- Use an approved computer generated inspection report writing system.
- Use the MDA inspection report form.
- Develop an in-house quality assurance system whereby a supervisor or trainer reviews reports periodically.

Indicator 2.7 –Identification of Critical Violations- Field Review

1. Materials necessary for auditing the MPR

- MDA licensing computer printout
- Local health department facility files
- Field Inspection report
- Office Worksheet

2. Sample Selection

This MPR evaluates the quality of inspections conducted by local health staff members. The sample size is based upon the number of sanitarians conducting routine food service establishment inspections.

Number of Sanitarians	Sample Size
1 to 5	10
6	12
7	14
8	16
9	18
10	20
11	22
12	24
13*	26

*The maximum field sample size is limited to 26 establishments regardless of the number of sanitarians. The size is limited to the number of establishments that two MDA staff members can inspect over a four-day period.

- From the sample selected in MPR 2.2, select a sample of food service establishments in accordance with the MPR 2.7 chart.
- Special considerations: The establishments should be full-service, independently owned, open for business during the evaluation period, and geographically located to allow an efficient use of travel time. The sample from MPR 2.2 may have to be expanded to meet this criteria.
- A copy of the field sample list is provided to the office reviewers.

3. Evaluation

- Each establishment folder is reviewed using the Office Worksheet to record the violations listed from the local health department’s last routine inspection report.
- The field reviewer will conduct a Risk Based Inspection and complete a “Field Inspection” report form for each establishment. Risk Based Inspection techniques are detailed in MDA’s “Procedures for Field Standardization of Local Health Department Trainers”.

The MDA will use the following considerations in making judgments for identifying violations:

- Is the violation likely to have existed during the local health department’s last inspection? If so, the violation should be marked.
- Does the violation appear to be either chronic or continuous? If so, the violation should be marked. The terms “chronic” and “continuous are defined in MDA’s Model Enforcement Procedures.

There may be circumstances for which the health department may not be directly responsible due to isolated mistakes made at the time of the review by food service employees. For example:

- A cold item held above 41°F on the buffet in an establishment that otherwise clearly demonstrates compliance, knowledge, and proper procedures in time/temperature relationships.
- An employee handles ready-to-eat food with bare hands in a kitchen where other employees are appropriately avoiding bare hand contact.
- The certified food manager temporarily leaves an unqualified person in charge during his/her absence.
- The field reviewer will mark the corresponding box on the Office Worksheet for a violation that has not been identified by the local health department.
- The field reviewer will complete the Field Component Table.
- Assessing individual establishment pass/fail for critical violation identification:

An individual inspection report is considered to meet the standard when the last local health department inspection report identifies at least 80% of the critical violations identified by MDA (there are 14 categories of critical violations listed on the Office Worksheet and Field Inspection report forms. Therefore, the local health department cannot miss more than three (3) critical violation categories).

4. How to judge compliance with MPR 2.7

- **Met** – At least 80% of the local health department’s inspection reports evaluated in the survey pass the standard.
- **Met with Conditions**- At least 70% but less than 80% of the inspection reports evaluated in the survey pass the standard.
- **Not Met** - Less than 70% of the local health department’s inspection reports evaluated in the survey pass the standard **AND/OR**
An imminent health hazard is encountered in an operating establishment that was in existence during the previous inspection, but was not identified on the local health department’s inspection report.

5. Tips for passing MPR 2.7

- Make certain staff are appropriately trained to conduct risk based inspections.
- Conduct internal quality assurance audits to make certain that staff are properly identifying critical and non-critical violations.
- Follow the department’s enforcement policy when continuous and chronic violations are observed.

Indicator 2.8 – Inspections Result in Food Code Compliant Establishments – Field Review

1. Materials necessary for auditing the MPR/Sample Selection

- Use the same materials and sample used to audit and 2.7
- MPR 2.8 table

2. Evaluation

- From the Field Inspection Report Form, complete MPR Table 2.8.

3. How to judge compliance with MPR 2.8

- **Met** – No violation category on MPR Table 2.8 is marked more than 40% of the time.
 - **Met with Condition** – Any one critical violation category is marked between 41% and 59% on Table MPR 2.8.
OR Any one non-critical violation category is marked more than 59% on table MPR 2.8.
 - **Not Met** – Any critical violation category on MPR Table 2.8 is marked 60% or more of the time.
OR Any two or more non-critical violation categories on MPR Table 2.8 are marked 60% or more of the time.
- Note:** Violations identified by the local health department whereby formal enforcement action (office conference, administrative action, fines, court action, etc.) is underway, will not be counted as part of the total.

6. Tips for passing MPR 2.8

- Make certain staff are appropriately trained to conduct risk based inspections.
- Conduct internal quality assurance audits to make certain that staff are properly identifying critical and non-critical violations.
- Follow the department's enforcement policy when continuous and chronic violations are observed.

MPR 3 - Records

1. Materials necessary for auditing the MPR/Sample Selection

The materials and sample used to evaluate MPRs 1, 2, 4, 5, and 6 are used to evaluate MPR 3.

2. Evaluation

- Records are maintained in accordance with “Annex 3 - Record Retention Schedule”.
- The local health department staff are able to retrieve the records necessary for the audit.
- Applications and licenses are processed in accordance with law. Complete application and license information including the date of issuance, the date(s) of operation, and signatures of the operator and sanitarian are provided.

3. How to judge compliance with MPR 3

- **Met** – No significant record keeping problems are noted.
- **Met with Conditions**– Overall, records are properly handled, however, some minor problems were identified which need to be addressed.
- **Not Met** – The record keeping system is relatively unorganized. Obtaining records for the audit was somewhat difficult. License applications are not being processed in accordance with law.

4. Tips for passing MPR 3

- Assign one person the responsibility for maintaining the filing system.
- Use “Out-cards” when removing records from the filing system.
- Do not hold licensing materials. Process them immediately. Follow the enforcement procedure if there are problems preventing licensure.

MPR 4 – Enforcement

Indicator 4.1 – Enforcement Policy

1. Materials necessary for auditing the MPR

- Copy of the local health department's enforcement policy
- The records and sample used to evaluate MPR 2

2. Evaluation

- Determine if the enforcement policy affords notice and opportunity for a hearing equivalent to the Administrative Procedures Act, Act 1969 P.A. 306.
- The policy is compatible with Chapter 8 of the 1999 Food Code, and the Michigan Food Law 2000.
- Determine if the policy has been adopted and signed by the Health Officer.
- Review the past three (3) years of inspection reports from the sample of establishments to determine if the department's enforcement policy is being followed. An individual establishment folder will be considered to be in compliance when the appropriate action specified in the enforcement policy is taken to eliminate (see MDA Model Enforcement Policy for definitions):
 - ✓ Operation without a license
 - ✓ Imminent health hazards
 - ✓ Continuous critical and non-critical violations
 - ✓ Recurring critical violations

3. How to judge compliance with MPR 4.1

- **Met** – At least 80% of the establishment folders reviewed indicate the enforcement policy is being followed. An enforcement policy equivalent to Act 1969, P.A. 306, has been adopted.
- **Met with Conditions** – An enforcement policy equivalent to Act 1969, P.A. 306, has been adopted. At least 80% of the establishment folders indicate the enforcement policy is being followed, however, there is at least one example of a significant lack of enforcement action that could have public health consequences.
- **Not Met** – Less than 80% of the establishment folders indicate the enforcement policy is being followed. An equivalent enforcement policy has not been adopted.

4. Tips for passing MPR 4.1

- Use the MDA model enforcement policy.
- Make certain that the model has been adopted by the health officer. The mere presence of a draft of the MDA model policy in a folder is not sufficient.
- Conduct routine quality assurance reviews to make certain staff are following the enforcement policy.

Indicator 4.2 – Unauthorized Construction

1. Materials necessary for auditing the MPR/Sample Selection

- Use the same materials and sample selected for MPRs 1 and 2

2. Evaluation

- Construction is not allowed prior to plan approval.
- Stop work orders and other enforcement actions are taken when construction related problems are observed.

3. How to judge compliance with MPR 4.2

- **Met** – The records indicate that when the department learns that construction is occurring prior to plan approval, appropriate action is taken.
- **Met with Conditions** - Overall the department is taking action to prevent construction prior to plan approval, but there are one or two technical aspects that need to be addressed.
- **Not Met** – More than one of the records reviewed showed the department to be ineffective in preventing construction prior to plan approval.

4. Tips for passing MPR 4.2

- Follow the department's enforcement policy whenever unauthorized construction is observed.
- Take immediate action.
- Use Stop Work Orders.
- Document the process.
- Develop a working relationship with the local building department.

Indicator 4.3 – New Construction – Field Review

1. Materials necessary for auditing the MPR

- Sample selected for MPR 1
- MDA – “Field New Construction Report” form
- MDA – “New Construction Summary Table” form

2. Sample Selection

- This MPR is evaluated in the field.
- A selection of four (4) food service establishments that have been newly constructed or significantly remodeled, preferably within the last year, is obtained from the sample selection for MPR 1.

3. Evaluation

- A field visit will be made to each of the newly constructed establishments in the sample.
- An inspection of the building and the equipment will be made to determine if the construction of the facility meets the Food Code. The evaluation will not determine if construction was completed in accordance with the approved plans.
- The inspection will focus only upon construction issues. Operational issues will not be considered. For example, a violation will be noted if there is no hand-drying device at the hand sink. A violation will not be marked if the towel dispenser is empty.
- A Field Construction Report form will be completed for each establishment.
- A New Construction Summary Table will be completed for the MPR.
- Assessing Individual Establishment Pass/Fail. There are 22 categories on the report form. A 90% compliance score is required to pass (No more than two (2) construction violations).

4. How to judge compliance with MPR 4.3

- **Met** - All four (4) establishments pass and no violation category in the New Construction Summary Table is checked more than twice.
- **Met with Conditions**– Three establishments pass - OR – Four establishments pass and one violation category in the summary table is checked three or four times.
- **Not Met** – Two or less of the establishments pass – OR – Two or more violation categories in the summary table is checked three or four times.

Indicator 4.4 – License Limitations

1. Materials necessary for auditing the MPR

- Local health department policy manual
- Local health department list of establishments having licenses limited during the review period.

2. Sample Selection

- Ask the local health department for a list of establishments having a license limitation issued during the review period.

3. Evaluation

- Determine if the reasons for limiting a license are in accordance with the Food Law:
 - (a) The site, facility, sewage disposal system, equipment, water supply, or the food supply's protection, storage, preparation, display, service, or transportation facilities are not adequate to accommodate the proposed or existing menu or otherwise adequate to protect public health.
 - b) Food establishment personnel are not practicing proper food storage, preparation, handling, display, service, or transportation.
- Determine if proper notice of the limitations have been provided to the applicant along with an opportunity for an administrative hearing.
- Determine if the license application is appropriately completed to indicate the establishment has a limited license.

4. How to judge compliance with MPR 4.4

Note: It is unlikely that many licenses will have been limited over the three (3) year review cycle, therefore, a percentage allowance is not feasible.

- **Met** – The department issues limited licenses in accordance with the Food Law.
- **Met with Conditions** – Overall the department issues limited licenses in accordance with the Food Law, but there are some minor deviations that need attention.
- **Not Met** – The department does not issue limited licenses in accordance with the Food Law.

5. Tips for passing MPR 4.4

- Develop a form letter for issuing limited licenses that includes legal notice requirements.
- Develop an internal review procedure that promotes uniformity.

Indicator 4.5 – Variances

1. Materials necessary for auditing the MPR

- Local health department policy manual
- Local health department list of variances evaluated during the review period

2. Sample Selection

- Ask the local health department for a list of establishments having been issued a variance during the review period.

3. Evaluation

- Determine if variances are required for specialized processing methods as required by section 3-502.11 of the Food Code.
- Determine if the applicant's variance request is maintained in the file.
- Determine if the applicant has provided a statement of the proposed variance of the Food Code citing relevant Code section numbers, an analysis of the rationale for how the public health hazards addressed by relevant Code sections will be alternately addressed by the proposal, and a HACCP plan if required.
- Determine if the department has a formal procedure for issuing variances.
- Determine if staff are following the department's procedures.

4. How to judge compliance with MPR 4.5

Note: It is unlikely that many variances will have been issued over the three (3) year review cycle, therefore, a percentage allowance is not feasible.

- **Met** – The department issues variances in accordance with the Food Code.
- **Met with Conditions**– Overall the department issues variances in accordance with the Food Code but there are some minor deviations that need attention.
- **Not Met** – The department does not issue variances in accordance with the Food Code.

5. Tips for passing MPR 4.5

- Develop in-house procedures for issuing variances.
- Form an internal review procedure that promotes uniformity.

Indicator 4.6 – Consumer Complaint Investigation (non foodborne illness)

1. Materials necessary for auditing the MPR

- Local health department complaint tracking system
- Selected complaint files
- Local health department policy manual

2. Sample Selection

- Use “Annex 6 - Office Sample Size Chart” to determine the number of records for review.
- Follow “Annex 5 - Approved Random Sampling Methods” guide to select the sample from the complaint tracking system.
- Use the total number of complaints received over the past three years as the basis for determining sample size.

3. Evaluation

- Determine if a consumer complaint tracking system has been created.
- Determine if consumer complaint investigations are initiated within five (5) working days.
- Determine if the local health department responds to anonymous consumer complaints in accordance with their policy.
- Determine if the findings (a brief notation that explains the results and conclusions of the investigation) are noted either in the logbook or on the filed complaint record.

4. How to judge compliance with MPR 4.6

- **Met** – The department maintains a consumer complaint tracking system. At least 80% of the records reviewed indicate the department initiates complaint investigations within five (5) working days and documents the findings.
- **Met with Conditions** - The department maintains a consumer complaint tracking system. At least 80% of the records reviewed indicate the department initiates investigations within five (5) working days, but there are some minor documentation problems.
- **Not Met** – The department does not maintain a complaint log book and/or less than 80% of the records reviewed indicate the department initiates complaint investigations within five (5) working days, and/or the department does not documents the findings.

MPR 5 – Staff Training and Qualifications

Indicator 5.1 - Technical Training

1. Materials necessary for auditing the MPR

- Training files for every new employee hired, or assigned to the food service sanitation program during the last review period

2. Sample Selection

- The training record for each employee is reviewed.

3. Evaluation

- Determine if the training record indicates each individual has completed training in the six designated skill areas: (a) Public health principles, b) Communication skills, c) Microbiology, d) Epidemiology, e) Food Law, Food Code, related policies, f) HACCP) within 12 months of being assigned to the program. The local health department's judgment as to the completeness and complexity of the training for each skill area prevails.

Note: Employees only involved in the inspection of specialty food service establishments are not included in the evaluation for 5.1.

4. How to judge compliance with MPR 5.1

- **Met** – The training record for each employee indicates that training has been completed in the six (6) designated skill areas within 12 months from the date of being assigned to the program.
- **Met with Conditions** - The training record for each employee indicates that training has been completed in the six (6) designated skill areas, but the training period exceeded 12 months from the date of being assigned to the program.
- **Not Met** – Either training records are not maintained or the records indicate that training has not been completed in the six (6) designated skill areas.

Indicator 5.2 - Fixed Food Service Inspection Skills

1. Materials necessary for auditing the MPR

- Training files for every new employee hired, or assigned to the food service sanitation program during the last review period

2. Sample Selection

- The training record for each employee is reviewed.

3. Evaluation

- Determine if the training record indicates if 25 joint inspections, 25 independent inspections under the review of the trainer (either on-site or paperwork review), and five (5) evaluation inspections have been conducted with the standardized trainer within 12 months of employment or assignment to the food program. Employees only involved in the inspection of specialty food service establishments are exempt.

4. How to judge compliance with MPR 5.2

- **Met** - The training record for each employee indicates 25 joint inspections with the standardized trainer, 25 independent inspections under the review of the standardized trainer, and five (5) evaluation inspections have been conducted with the standardized trainer within 12 months of employment or assignment to the food program.
- **Met with Conditions** – The training record for each employee indicates 25 joint inspections, 25 independent inspections under the review of the trainer, and five (5) evaluation inspections have been conducted with the standardized trainer but the time period has exceeded 12 months.
- **Not Met** – Either training records are not maintained or the records indicate 25 joint inspections, 25 independent inspections, and five (5) evaluation inspections have not been completed.

Indicator 5.3 – Specialty Food Service Inspection Skills

1. Materials necessary for auditing the MPR

- Training files for every new employee hired, or assigned to the specialty food service sanitation program since either the last accreditation visit or October 2000; whichever is the most recent date. Employees include those who may be occasionally asked to inspect specialty food service establishments (temporary, STFU, vending, mobile).

2. Sample Selection

The training record for each employee is reviewed.

3. Evaluation

- Determine if employees who inspect specialty food service establishments (mobile, vending, STFU, temporary) have knowledge of the Food Law, Food Code, public health principles, and communication skills, and have been endorsed by the supervisor for each type of establishment assigned for inspection before conducting independent inspections.

4. How to judge compliance with MPR 5.3

- **Met** – The training record for each employee involved in the inspection of specialty food service establishments indicate the employee has knowledge of the Food Law, Food Code, public health principles, and communication skills, and has been endorsed by the supervisor for each type of establishment assigned for inspection before conducting independent inspections.
- **Met with Conditions**- The training record for each employee involved in the inspection of specialty food service establishments indicate the employee has knowledge of the Food Law, Food Code, public health principles, and communication skills, but conducted independent inspections prior to supervisor endorsement.

- **Not Met** – Either training records are not maintained or the records indicate an employee(s) does not have knowledge of the Food Law, Food Code, public health principles, and communication skills, and the employee has not been endorsed by the supervisor before conducting independent inspections for each type of assigned establishment

5. **Tips for meeting MPR 5.1, 5.2, 5.3**

- Develop a formal written training plan for new full time food service sanitation program employees and for employees occasionally assigned to various aspects of the program.
- Use MDA’s “A Strategy For Field Training New Food Service Sanitation Program Sanitarians” as a training guide.
- Maintain a training folder for each employee. The trainer’s guide for the “Training Program for the Professional Food Service Sanitarian” has some sample charts for documenting training. Charts are also available in “A Strategy for Field Training New Food Service Sanitation Program Sanitarians”.
- A sanitarian new to a department who has become qualified and experienced while working in another local health department does not need to repeat field training requirements if the supervisor reviews the sanitarian’s credentials and makes a written endorsement in the training record.
- Do not allow unqualified employees to conduct independent inspections.

MPR 6 – Foodborne Illness Investigations

Indicator 6.1 - Timely response

1. Materials necessary for auditing the MPR

- Local health department foodborne illness investigation policy manual
- Complaint log or tracking system
- MDA list of local health department foodborne illness investigation (FBI) reports
- Foodborne illness investigation records generated since the last accreditation review

2. Sample

- A maximum random sample of ten (10) foodborne illness investigation records for the review period will be evaluated.

3. Evaluation

- Determine if foodborne illness complaint investigations are initiated within 24 hours. “Initiated” includes the initial contact, phone calls, file reviews, etc. made by the person(s) responsible for conducting the investigation.
- Determine if the local health department has submitted a copy of the final written report to MDA within 90 days after the investigation has been completed.

4. How to evaluate compliance with MPR 6.1

- **Met** – At least 80% of the foodborne illness investigations records reviewed contain all of the following elements: a) All foodborne illness complaint investigations are initiated within 24 hours. b) All final written reports are submitted to MDA within 90 days of investigation completion.
- **Met with Conditions** – Compliance with the above 70% of the time.
- **Not Met** – Compliance with the above less than 70% of the time.

Indicator 6.2 – Procedures

1. Materials necessary for auditing the MPR

- Local health department foodborne illness investigation policy manual
- Complaint log or tracking system
- Documentation of complaint log/tracking system reviews
- MDA list of local health department foodborne illness investigation (FBI) reports
- Foodborne illness investigation records generated since the last accreditation review

2. Sample

- A maximum random sample of ten (10) foodborne illness investigation records for the review period will be evaluated.

3. Evaluation

- Determine if the complaint log or tracking system is systematically reviewed to determine if isolated complaints may indicate the occurrence of a foodborne illness outbreak.
- Determine if the department has and follows standard operating procedures for foodborne disease surveillance and investigating foodborne illness outbreaks that include:
 - a. A description of the foodborne illness investigation team and the duties of each member.
 - b. Identify the frequency for reviewing the complaint log or tracking system for trends, who will review it, and how the reviews will be documented.
 - c. Outline the methods used to communicate foodborne illness information with local health department employees, other governmental agencies, and organizations.
- Determine if the department uses procedures consistent with those contained in “Procedures to Investigate a Foodborne Illness”, 5th edition, published by the International Association for Food Protection.
- Determine if the department is using the proper forms for investigating foodborne illness complaints.
- Determine if the department follows MDA/MDCH June 24, 2003, memo titled “Foodborne Illness Reporting and Documentation”.

4. How to evaluate compliance with MPR 6.2

- **Met** – Standard operating procedures that meet MPR 6.2 are in place and are followed.
- **Met with Conditions**– Overall the department has and follows standard operating procedures that meet MPR 6.2, however, some minor exceptions need to be addressed.
- **Not Met** – Written operating procedures that meet MPR 6.2 have not been provided and/or the procedures outlined in MPR 6.2 for investigating foodborne illness outbreaks are not being followed.

5. Tips for passing MPR 6.1 and 6.2

- Attend the F.I.R.ST. training sponsored by MDCH and MDA.
- Staff conducting foodborne illness investigations should periodically review “Procedures to Investigate Foodborne Illness, 5th edition”.
- Assemble the foodborne illness investigation team at least once annually to review procedures.
- Contact local governmental agencies and organizations at least annually to review foodborne illness reporting and investigation responsibilities. Be certain to include local hospitals and the medical community in the policy.

Important Factors

Food Service Sanitation Program

Important Factor I – Educational Outreach

1. Materials necessary for auditing the Important Factor

Local health department documentation to demonstrate educational outreach in one or more of the areas listed under “evaluation”

2. Evaluation

Determine if the local health department provides educational outreach activities, in addition to any training accomplished through the routine inspection process, in one or more of the following areas:

- Industry recognition program
- Food safety web site
- Industry newsletter
- Participates in FightBAC campaign
- Food safety month activities
- Food manager/employee training classes
- Other activities that increase the awareness of the risk factors and the control methods to prevent foodborne illness

3. How to evaluate compliance with Important Factor I

- **Met** – At least one of the listed educational outreach activities is being conducted on a routine basis.

Important Factor II – HACCP Program

1. Materials necessary for auditing Important Factor II

- Copy of the MDA approval for the local health department’s HACCP program
- Copy of local health department’s approved plan and timetable for promoting and implementing HACCP in food service establishments
- Establishment records documenting HACCP program activity

2. Evaluation

- Determine if the local health department has an approved HACCP program.
- Determine if the local health department is following the approved HACCP plan and timetable.
- Determine if operators are being recognized (certificates, awards, published list, etc.) for implementing a consistent HACCP program.

3. How to determine if Important Factor II is in compliance

- **Met** – The department has an MDA approved HACCP plan, the plan is being followed, and operators are being recognized (all three conditions must be met).

Important Factor III – Continuing Education for Regulatory Staff

1. Materials necessary for auditing Important Factor III

- Employee training records

2. Evaluation

- Determine if every employee assigned to the food service program is completing at least 24 contact hours of food safety related training every 36 months. Examples of qualified training includes regional seminars, technical conferences, college courses, workshops, training courses (i.e. sponsored by MDA, FDA, industry), and specialized in-service training (i.e. expert speaker at staff meeting).
- The number of contact hours of training can be pro-rated for employees who have been on the job less than 36 months (i.e. 12 months on the job; eight (8) contact hours required).
- Employees who have limited food service responsibilities (i.e. inspect only temporary food service, vending, or seasonal food service) are not obligated to meet Important Factor III requirements.

3. How to determine compliance with Important Factor III

- **Met** – Every employee assigned to the food service program has received at least 24 contact hours of training every 36 months.

Important Factor IV – Program Support

1. Materials necessary for auditing Important Factor V

- The total number of FTEs assigned to the food service sanitation program
- The total number of licensed food service establishments
- Results of evaluation for MPRs 2.2, 2.3 2.5, 2.7, 2.8, 4.6, 6.1

2. Comment

Important Factor IV is derived from the U.S. Food and Drug Administration “National Recommended Retail Food Regulatory Program Standards; Standard 8 – Program Support and Resources”. FDA Standard 8 requires a staffing level of one full-time equivalent (FTE) devoted to the food program for every 280 to 320 inspections performed. Inspections for the purpose of this calculation include routine inspections, re-inspections, complaint investigations, outbreak investigations, follow-up inspections, risk assessment reviews, process reviews, variance process reviews, and other direct establishment contact time such as on-site training.

An average workload figure of 150 establishments per FTE with two inspections per year was originally recommended in the “1976 Food Service Sanitation Manual”. Annex 4 of the Code since 1993 has included a recommendation that 8 to 10 hours be allocated for each establishment per year to include all of the activities reflected here in the definition of an inspection. The range of 280 to 320 broadly defined inspections per FTE is consistent with the previous recommendations.

The 2003 Accreditation Tool standard indicated a staffing level of 125 to 225 establishments per FTE met the “Important Factor V – Program Support and Resources” standard.

3. Evaluation

Determine the actual number of FTEs assigned to the food service sanitation program.

Determine the number of FTEs needed to inspect all annually licensed food service establishments (except temporary food service establishments).

- a) Recommended Number of FTEs: Divide the total number of licensed establishments by 150.
- b) Minimum Number of FTEs: Divide the total number of licensed establishments by 225.

Determine the average number of FTEs required to inspect temporary food service establishments. Divide the total number of temporary food service licenses issued per year by 300.

Determine if the department is on ERBIS.

4. How to determine compliance with Important Factor IV

Met –

- A. The actual number of FTEs assigned to the food service sanitation program meets or exceeds the calculated recommended number of FTEs (Recommended number FTEs for annually licensed establishments plus average number for temporary food service establishments). **OR**
- B. The actual number of FTEs assigned to the food service sanitation program meets or exceeds the minimum number of FTEs and MPRs 2.2, 2.3 2.5, 2.7, 2.8, 4.6, and 6.1 are either Met or Met with Conditions.

Note: A local health department on ERBIS automatically does not qualify for Important Factor IV.

Important Factor V – Industry and Community Relations

1. Materials necessary for auditing Important Factor VI

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

2. Evaluation

- The process may include both formal and informal mechanisms. An example of a formal process includes the establishment of an Advisory Committee. Informal mechanisms may include attendance at town meetings, industry association meetings, the use of surveys, etc.

3. How to determine compliance with Important Factor V

- **Met –** The local health department provides evidence to demonstrate that the department made either a formal or informal effort to determine the concerns of the industry and community at least once annually during the review cycle.

Important Factor VI – Quality Assurance Program

1. Materials Necessary for Auditing Important Factor VII

- Local health department quality assurance written procedures
- Completed MDA worksheets for MPRs 2.6, 2.7, 2.8, 4.1, 4.6, 6.1, and 6.2
- Employee training records

2. Evaluation

Determine if:

- A written procedure has been developed that describes the jurisdiction's quality assurance program and includes a description of the actions that will be implemented if the review identifies deficiencies in quality or consistency.
- The quality assurance program includes a review of a least ten (10) inspection reports for each sanitarian and/or an equivalent sample of foodborne illness investigation records every 24 months.
- Every employee assigned to the food service sanitation program has completed at least two (2) joint inspections with the standardized trainer every 24 months.
- The quality assurance program assures that inspection 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.

3. How to determine compliance with Important Factor VII

- **Met** – A written quality assurance program has been developed. A quality assurance review is conducted at least once every 24 months. At least ten (10) inspection reports for each sanitarian's food inspection and/or foodborne illness investigation records have been reviewed. Every employee assigned to the food service sanitation program has completed at least two (2) joint inspections with the trainer every 24 months. MPRs 2.6, 2.7, 2.8, 4.1, 4.6, 6.1, and 6.2 are either Met or Met with Conditions.

Annex 1 - Corrective Plan of Action

A corrective plan of action (CPA) is expected from a local health department for each MPR indicator that has been found “Not Met” during the evaluation. The Accreditation Program procedure requires the original CPA to be submitted to the accreditation administrative staff. To expedite review and acceptance by MDA, local health departments are encouraged to send a copy directly to MDA as soon as the CPA is completed.

Deadline for Submission

The Accreditation Program Protocols and Policies 2002 states, “Local health departments must submit corrective plans of action to the Accreditation Program within two (2) months of their on-site review”. For more information on the Accreditation Program Protocols and Policies, see <http://www.acreditation.localhealth.net/>.

Content

For each “Not Met” MPR, the written corrective plan of action must include:

1. A statement summarizing the problem (i.e. 45% of the food service establishments are presently being inspected at the required frequency).
2. A statement summarizing the standard (i.e. All food service establishments are required to be inspected once every six (6) months).
3. A detailed plan for correcting the problem including the names of the individuals responsible for each task, training needs, time lines, etc.
4. A procedure for monitoring the plan to make certain the plan is being carried out as intended.
5. A description of the corrective action that will be taken if the plan is not followed.
6. A method for evaluating results and for basing a request to MDA to conduct an on-site follow-up to verify that the plan has worked.

Follow-up Review

Within no less than 90 days and no longer than one (1) year of acceptance of the CPA, the local health department must submit a written request for MDA to conduct a follow-up review to demonstrate compliance with the “Not Met” indicators. A minimum of 90 days of continuous compliance is required for the indicator to be found “Met”.

Annex 2 - Moot Point Principle

The Principle

The principle applies when an MPR deficiency has been detected by the local health department during a review cycle through the normal quality assurance process, action has been taken to correct the deficiency, and there is no likelihood that the deficiency will recur.

Application

The MPR in question is considered to be “Met” providing the following elements are documented and demonstrated:

1. The deficiency has been completely corrected and in place for at least 12 months prior to the evaluation.
2. The deficiency is not likely to recur.

Example in favor of applying the principle:

- Concrete steps have been taken to prevent recurrence.
Problem: Inspections were not being conducted at the proper frequency.
Solution: One additional sanitarian was assigned to the program. A computer tracking system has been installed. Computer generated reports are routinely evaluated by management. Corrective action is taken as needed. Inspections are now being conducted at the proper frequency.

Examples of reasons for not applying the principle:

- Improvements are noticed but concrete action to prevent recurrence is not documented.
Problem: Inspections were not being conducted at the proper frequency.
Solution: Inspection frequency was satisfactory during the 12 month period prior to the review. There is no documented management oversight system or other improvements to explain why the change occurred and why the problem will not recur.

Annex 3 – Record Retention Schedule

The Michigan Food Law 2000, Section 3121(4), Inspections; Maintenance and Retention of Records requires a local health department to retain records in accordance with MDA’s record retention schedule. The following chart is consistent with MDA’s record retention schedule.

Record Type	Minimum Retention Period (Years)
License Applications	5
Licenses	5
Inspection Reports	5
Correspondence	Retain according to applicable record type (e.g. enforcement correspondence as enforcement)
Plans & Specifications	5
Enforcement (Administrative) Actions	10
Legal Documents	10
Water Sample Results Log Forms	5
Water Supply Information	Permanent – May destroy after 5 years if the establishment is connected to municipal water
Sewage Disposal Information	Permanent– May destroy after 5 years if the establishment is connected to municipal sewer
Food Outbreak Investigations	5
Consumer Complaints	5
Permanently closed establishment	3

Annex 4 - Procedure For Conducting Accreditation Re-evaluations of LHDs

Purpose

To determine if a local health department has met the minimum program requirements (MPRs) that were found to be “Not Met” during the initial accreditation evaluation.

Background

The Michigan Local Public Health Accreditation Program requires a local health department (LHD) to request a re-evaluation for all MPR’s that were found to be “Not Met” between 90 days and one year of the corrective plan of action (CPA) approval date. Failure to request a re-evaluation within one year will result in “Not Accredited” status.

Policy/Procedure

- The re-evaluation will assess only those MPR's found to be “Not Met” during the initial evaluation.
- The re-evaluation will encompass the time period beginning with the implementation of the CPA.
- “Annex 6 - Office Sample Size Chart” and “Annex 5 - Approved Random Sampling Methods” guide will be used. Files selected for review will be limited to those reflecting work performed under the CPA. The re-evaluation may intentionally include previously reviewed records and establishments in order to assess progress.

Evaluation

MDA will review the following:

1. The deficiencies found in the original evaluation
2. The CPA
3. The action taken to resolve the deficiencies
4. Results of the action

How to Judge Compliance

- ✓ **Met-** The program indicator meets the definition of “Met” in the “Guidance Document, 2004 Minimum Program Requirements”
- ✓ **Met with Conditions-** Substantial progress has been made. Continued implementation of the CPA will reasonably result in compliance.
- ✓ **Not Met-** Not in compliance with no reasonable expectations of being in compliance in the near future.

Exit Interview

An exit interview will be conducted with the appropriate management staff.

Notification

The MDA will send written notification to the Michigan Public Health Institute (MPHI) and the local health department as to the results of the re-evaluation.

Waiver of On-Site Review

The MDA may waive the on-site review if it is possible to determine compliance from documentation submitted to MDA.

Annex 5 - Approved Random Sampling Methods

Random number sampling introduces less bias than any other sampling method available. The objective is that every item on the list being used has an equal chance of being selected. For accreditation, MDA uses a simple random sampling method to draw all samples. MDA may place criteria on certain samples, thereby rejecting the selected document or file as not meeting pre-defined criteria, and then randomly selecting another, until one is drawn that meets the criteria.

To use a random selection method, it is necessary to have a list of the items to be selected from (i.e. licensed establishment list, plan review log, complaint log, etc.). Generate the list as randomly as possible to reduce bias (i.e. sorting by license number instead of A-Z produces a more random list). Many lists can be produced in only one format, such as a handwritten log that is in chronological date order.

Method #1: Random number generating calculator or computer software or hard copy random number table

Select random numbers between the minimum and maximum number from the list being used. For example, you have a list of 175 fixed food service establishments, and you want to select five (5) establishments from the list.

Use the calculator, software or random number table to select five (5) random numbers from 1 to 175. Should the same number be generated twice, reject the duplicate and select another random number. For example, let's say the numbers selected are: 32, 86, 12, 143 and 106. You would then count from the beginning of the establishment list and choose the 12th, 32nd, 86th, 106th and 143rd establishments.

Note: Be sure you thoroughly understand how to properly use the calculator, software or random number table hard copy you have chosen. Should you be unsure how to properly use these tools, method #2 may be simpler and less prone to error for beginners.

Method #2: Select every Kth facility

Select random numbers between the minimum and maximum number from the list being used. For example, you have a list of 175 fixed food service establishments, and you want to select five (5) establishments from the list.

1. Number the list, starting with 1.
2. Have another individual select a number from 1-175 (the selected number may include 1 & 175). Let's say 40 is selected. Use the selected number (40) as the starting point.
3. Divide the total number of establishments (175) by the sample size (5). $175/5 = 35$. This means that every 35th establishment file will be selected for review.
4. Now find the 40th establishment from the beginning of the list. This is the first file that will be reviewed. Next count forward 35 establishments to find the second file to be reviewed. Continue until five (5) establishment files have been selected. When you reach the end of the list, continue counting from the beginning. You should have selected the following establishments: 40, 75, 110, 145 and 5. Should you need to select more than five, start over with #2 above to avoid selecting items previously selected.

Annex 6 – Office Sample Size Chart

Determine the number of food establishments licensed, plan reviews conducted, temporary licenses issued, complaints investigated, etc., that a sample is to be drawn from. Find that number under population size, then find the number of files to be reviewed under sample size.

Population Size	Sample Size (n)*
4	3
5	4
6-7	5
8-9	6
10-13	7
14-16	9
17-19	10
20-23	11
24-27	12
28-32	13
33-39	14
40-47	15
48-58	16
59-73	17
74-94	18
95-129	19
130-192	20
193-340	21
341-1154	22
1155 +	23

*Sample sizes were determined using "Sample XS" software available for free download from <http://www.myatt.demon.co.uk/>. The software assumes a p value of 0.95. The "estimated prevalence" used was 16% and the "± maximum error" used was 15%. The mean prevalence was determined using actual data from 17 accreditation reviews conducted during 2002 & 2003.

Annex 7 – Using Computer Reports to Evaluate Frequency

An agency may prepare a frequency report for MDA evaluators to use. MDA evaluators will verify the agency prepared report. Prepare the basic reports as described below and maintain other reports or documents used to show what corrections were made to those basic reports when correcting for inaccuracies. Reports must include information on each facility and not just summary numbers for auditing purposes.

Frequency is calculated as follows:
$$\frac{\#insp.done}{\#insp.due} \times 100 = \% frequency$$

Inspections Done

- Create a report with these basic report elements for the designated review period:
 - Facility name
 - Facility address or other identifier such as license number
 - Assigned Frequency
 - List of all routine and pre-opening inspections conducted for specified review period
 - Reports should not include follow-up and other types of visits
 - Reports should sort and group by assigned inspection frequency (i.e. put all 6 month inspections together)
- Report Example

Food Service Inspections Conducted for XXX Department from 3/1/00 to 3/1/03

Facility Name	Address or License Number	Assigned Frequency	Routine & Pre-Opening Inspection Dates	
Downtown Theater	SFE3547364	6	R	4/12/01
		6	R	12/1/01*
		12	R	11/14/02
McDonald's	SFE2858393	6	R	5/18/01
		6	R	12/12/01
Subway	SFE3949859	6	P	6/5/02
		6	R	7/18/02
Elm Street School	SFE29839029	S	R	6/12/01
		S	R	9/20/02
			Total	8

*Overdue- subtracted from total

- The following inaccuracies must be corrected for the report to be used:
 - Inspections done outside the one month grace period must be subtracted from the total number of inspections done. Look at assigned frequency and subtract any inspection done more than one month past the scheduled date, except seasonals would only be subtracted if not done during the operating period. Maintain documentation of which facilities were subtracted from the basic list.
 - Emergency Reduced Based Inspection System (ERBIS) or implementation of other reduced inspection frequencies could have facilities changing assigned frequencies within review periods. Reports will typically list assigned frequency at time report was printed, but not show varying frequencies over a historical period. This must be allowed for when deciding if a facility was inspected within the one month grace period.

Inspections Due

- Create a report with these basic report elements for the designated review period:
 - Facility name
 - Facility address or other identifier such as license number
 - Assigned inspection frequency
 - Inspections due for period
 - Computer would have to calculate how many inspections should have been done. Calculate inspections due at: 2 per year for 6 month facilities, 1 per year for 12 month facilities and 0.66 per year for 18 month facilities.
- Report Example

Food Service Inspections Due for XXX Department from 3/1/00 to 3/1/03

Facility Name	Address or License Number	Assigned Frequency	Inspections Due
Nut's To Go	SFE3547364	18	2
McDonald's	SFE2858393	12	3
Subway	SFE3949859	6	6
Elm Street School	SFE29839029	S	3
Baytown Elementary	SFE34021923	S	3
		Total	17

- There are several inaccuracies that are difficult to correct for using computer reports. Agencies should correct for these inaccuracies to calculate an accurate number of inspections due.
 - Reports would typically be generated from currently licensed facilities list. Licensing lists over a three (3) year evaluation period would vary. For example, if the number of licensed facilities increased over time, the number of inspections due calculated from a currently licensed list would be too high. The solution would be to calculate the number of inspections due for each year separately.
 - Facilities opening and closing during a review period, which would reduce the number of inspections due, wouldn't be compensated for. Agencies should identify facilities that opened or closed during a review period and subtract inspections as appropriate.
 - ERBIS or other reduced frequency plans could have facilities changing assigned frequencies within review periods. Reports will typically list assigned frequency at time report was printed, but not show varying frequencies over a historical period. Agencies should identify facilities that have been placed on a reduced inspection frequency and subtract inspections as appropriate.

Annex 8 - Accreditation Review Document Summary

The following are the typical documents needed by food service program reviewers that must be available during a review.

Michigan Department of Agriculture (MDA) Provided Documents

- Licensed facility list to draw samples from and lists of files randomly selected for review
- Log of foodborne illness reports submitted to MDA
- Field and office review worksheets

Local Health Department (LHD) Provided Documents

For Evaluation of Minimum Program Requirements (MPR's)

- Documentation relating to moot point principle. See 2004 MPR Guidance Document, Annex 2.
- Plan Review Log
- Plans review files selected for review (all documents and plans relating to review). List of specific files selected will be provided during review.
- Establishment file for plans selected (pre-opening inspection & license are needed)
- Establishment files selected for review (complete and current file, may include, fixed, mobile, STFU, vending, etc.). List of specific files selected will be provided during review.
- Establishment inspection summary meeting criteria specified in 2004 MPR Guidance Document, Annex 7 (Optional)
- Temporary licenses and inspections for review period
- List of establishments having their licenses limited during review period. Enough information should be on this list to allow these files to be retrieved and reviewed, if requested.
- List of variances evaluated during review period. Enough information should be on this list to allow these files to be retrieved and reviewed, if requested.
- Consumer food complaint log and selected complaint files
- Foodborne illness complaint log and selected complaint and outbreak investigation files
- IAFP 5th Edition "Procedures to Investigate Foodborne Illness".
- Training files for every new employee hired or assigned to the food program since either the last accreditation visit or October 2000; whichever is the most recent date. Employees include those who may be occasionally asked to inspect specialty food service establishments (temporary, STFU, vending, mobile).
- Policy & procedure documents relating to:
 - plan review (including forms used)
 - conducting inspections and preparing inspection reports
 - licensing, including license limitations
 - enforcement, including documentation of policy adoption (by who and date adopted)
 - variances
 - consumer complaint investigation
 - foodborne illness complaint and outbreak investigation
 - vending inspection frequency

For Evaluation of Important Factors

- I- Documentation to demonstrate educational outreach in one or more of the areas listed under "evaluation" in the MPR guidance document.
- II- Copy of MDA approval for local health department HACCP program. Copy of agency's approved plan and timetable for promoting and implementing HACCP in food service establishments. Establishment records documenting HACCP program activity.
- III- Employee training records
- V- Documentation of the total number of FTE's assigned to the food service sanitation program.
- VI- Documentation of annual surveys or meetings held with the industry and community for the purpose of soliciting food service program related recommendations and feedback.
- VII- Food service program's quality assurance written procedures.