

**MICHIGAN DEPARTMENT OF AGRICULTURE
FOOD AND DAIRY DIVISION
FOOD SERVICE PROGRAM**

In accordance with 1978 PA 368, as amended, and PA 92 of 2000

Go to: www.mda.state.mi.us/AgWatch/default.aspx to submit report. Use password supplied to your agency.

Directions for completing local health department quarterly report:

1. **Complete agency name** and **person** submitting report.
2. **Complete fiscal year.** For example, if the reporting period begins October 1, 2004, enter 04-05 in the blanks provided.
3. **Fixed food establishment inspections conducted-** Enter routine, change of ownership and pre-opening inspections conducted for fixed facilities.
4. **Mobile, vending and STFU inspections conducted-** Enter routine, change of ownership and pre-opening inspections conducted for these types of facilities.
5. **Temporary food establishment inspections conducted-** Enter initial licensing inspections conducted for issuing temporary licenses.
6. **Follow-up inspections conducted-** Enter follow-up inspections conducted for all license types. This may include inspections made to follow-up: previous follow-ups, routine inspections, temporary licensing inspections and enforcement actions.
7. **Fixed, mobile, vending & STFU inspections due-** At the end of the 4th quarter, report the annual total due for the FY which just ended. Calculate as follows for fixed, mobile, vending and STFU licensed facilities:

	Number	Total
Number of vending location inspections due for year, based on your agencies vending inspection frequency (For example if your agency has 30 vending locations and inspects 1/3 each year, put 10)		X 1=
Number of facilities currently licensed with a 6 month inspection frequency		X 2=
Number of facilities currently licensed with a 12 month inspection frequency (include seasonal facilities here)		X 1=
Number of facilities currently licensed with an 18 month inspection frequency		X 0.66=
Number of pre-opening inspections that should have been conducted. Enter number of facilities that requested a pre-opening inspection following plan approval.		X 1=
Other routine inspections your agency is aware of, if data is available (i.e. change of ownership)		X 1=
		Total=

8. **Number of plans received for review-** Enter number of plan review applications received.
9. **Number of plans approved-** Enter number of facilities that received final plan approval, even if the facility never opened.
10. **Consumer Complaints Investigated (all types)-** Report all illness and non-illness complaints investigated, including those that are classified as an outbreak.
11. **Evaluation Schedule-** What evaluation frequency schedule is your agency currently actively using? Please put in the following risk category order (Z/Y/X). Examples include 6/6/12, 6/12/12, 6/12/18, etc. Indicate 6/6/6 if you utilize the standard 6 month schedule (it will be understood that seasonal establishments are 12 months).
12. **Administrative enforcement actions conducted-** Enter number of administrative enforcement actions conducted. Include office conferences, informal conferences, formal hearings, civil fines issued, and orders issued.
13. **Court enforcement actions conducted-** Enter number of court-related enforcements actions conducted. Include civil and criminal actions.

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14. **Staffing, total number of FTE's assigned to the program in the following areas: plan review, supervision, coordination, clerical, etc.)-** Report at 4th quarter only. Report a number representative of the full-time equivalents (FTE's) for the fiscal year expressed as a decimal.
15. **Staffing, total number of FTE's assigned to conduct food establishment inspections-** Report at end of 4th quarter only.

Calculating FTE's for 14 and 15:

Option 1: For agencies that complete the "Program Budget-Cost Detail" form for the food service program in the LPHO Annual Budget, report applicable data from that form for the applicable FY.

Option 2: For any agency that needs to perform additional calculations to obtain staffing data, the following general format is recommended.

Step A: Calculate the following for each food program employee, using departmental activity reporting system for fiscal year being reported.

Sanitarian A	Hours
	2080 hours (40 hr./wk. X 52 weeks)
Vacation, Sick, Holiday	555 hours (calculate for individual specifically or use department-wide averages)
Time available to work =	1,525 hours
Non-program specific hours	65 hours (distribute proportionally to program hours)
Other program specific time (i.e radon, campgrounds, etc.)	250 hours + 11 non-program specific hours = 261 total
Food inspection hours	605 hours + 27 non-program specific hours = 632 total
Food program coordination and other food hours	605 hours + 27 non-program specific hours = 632 total

Step B: Convert hours to FTE's

A. Position	B. Hours Worked: Inspections (include routine, follow-up, & complaint inspections, outbreak investigations, and other direct establishment contact time)	C. Inspection FTE (B divided by F)	D. Hours Worked: Review Plans, Supervise, Coordinate, Clerical, other non-inspection activity (i.e teach serv-safe class)	E. FTE (D divide by F)	F. Hours Available To Work
Sanitarian A (Coordinator)	632	0.41	632	0.41	1525
Sanitarian B (Plan Reviewer)	1400	0.92	125	.08	1525
Clerical			760	0.5	1525
EH Director			384	0.25	1525
Total=		1.33		1.24	

Option 3: In the absence of other more reliable data, estimate the percentage of time each food program employee spends in each reporting category. For example, an employee spends 80% of their time conducting inspections and 20% conducting plan reviews. Report 0.8 FTE for inspections and 0.2 FTE for plan review.