



Michigan Department of Agriculture

Food Service Program Cycle 3 Assessment Forms

Food & Dairy Division
Michigan Department of Agriculture
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Executive Summary

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

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

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

MPR Summary

MPR 1 Plan Review Summary

_____ of _____ files had no problems. **MET MC NM**
 _____% **compliance rate. 80% required.**
 Specifics (Problem and number of times it occurred):

MPR 2 Pre-Opening Inspections

_____ of _____ files had no problems. **MET MC NM**
 _____% **compliance rate. 80% required.**
 Specifics (Problem and number of times it occurred):

MPR 3 Inspection Frequency Method 1 (Calculated from files)

MET MC NM

- A. Number of facilities in sample meeting inspection frequency: _____
- B. Number of facility files reviewed: _____
- C. **Percent of files meeting inspection frequency $\{(A/B) \times 100\}$:** _____% (MET= $\geq 80\%$, if $< 80\%$ complete D-F)
- D. Number of insp. conducted on time from all files reviewed: _____
- E. Number of insp. that should have been conducted: _____
- F. **Percent of required inspections completed $\{(D/E) \times 100\}$:** _____% (MC= C $< 80\%$ & F $\geq 80\%$)

Method 2 (Calculated from summary of all inspections performed)

- A. Number of routine inspections completed during review period _____
- B. Number of routine inspections due during review period _____
- Percent $\{(A/B) \times 100\}$** _____%

ERBIS in place for this time period: _____ to _____

MPR 4 Vending Inspection Frequency

MET MC NM

Department's inspection plan:
 Every 6 months 1/3rd each year 1/10th each 6 months

Summary

A. # of vending location files that meet frequency	
B. # of vending location files reviewed	
C. Percent Compliance $\{(A/B) \times 100\}$ 80% required	%

Comments:

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

MPR 5 Temporary Food Service MET MC NM
 _____ of _____ files had no problems.
 Compliance = _____% **80% required.**

MPR 6 Inspection Procedures MET MC NM
 A. Files w/6 MET: _____ Fixed/Mobile/STFU/Vending + _____ Temporary files = _____ Total files w/no prob.
 _____ Total files w/ no problems / _____ Total files reviewed = _____% Compliance. **80% required for MET**
 B. If compliance =<80%: _____ files w/no violation ID problems / _____ Total files= _____% Compliance.
 If A=close to 80% and B is ≥ 80% and approved forms are used, 6 is rated **MC**

Inspection problem specifics	Fixed/Mobile/STFU	Temporary	Vend	Total
The # of times each problem was found from all inspections reviewed. Total insp. reviewed=_____	#	#		#
Department uses unapproved inspection form				
Administrative info. not complete on inspection form				
Findings do not properly document and ID: C and NC				
Report does not summarize findings relative to law, is not legible and/or doesn't convey a clear message				
Narrative does not state violations observed and corrections needed				
Correction time frames not specified				
Info. about corrective action is not described on the inspection report				
Report not signed and/or dated by Sanitarian		Noted under MPR 5		
Report not signed by establishment representative				

MPR 7 FIELD- Identification of Critical Inspections MET MC NM

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

MPR 9 Records MET MC NM

MPR 10 Written Enforcement Policy, Proper Use MET MC NM
 _____ of _____ files had no problems.
 Compliance % _____ **80% required + acceptable policy**
 Enforcement Policy Comments: _____

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

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

MPR 12 FIELD-New Construction - Complies with law prior to licensure	MET	MC	NM
MPR 13 License Limitations No reason for limiting license _____ Proper notice not provided _____ License application not appropriately completed _____	MET	MC	NM
MPR 14 Variances special processing methods _____ request in file ? _____ citing relevant code section numbers ? _____ department has formal procedure for issuing variance ? _____ staff following procedure ? _____	MET	MC	NM
MPR 15 Complaint Investigation _____ of _____ files had <u>no</u> problems. Compliance % _____ 80% required	MET	MC	NM
MPR 16 New Staff- Academic Training in 5 Areas	MET	MC	NM
MPR 17 New Staff- Inspections with Standardized Trainer	MET	MC	NM
MPR 18 Other Staff- Training for Mobile, STFU, Vending and Temporaries	MET	MC	NM
MPR 19 Foodborne Illness Investigations Conducted _____ of _____ files had <u>no</u> problems. Compliance % _____ 80% required	MET	MC	NM
MPR 20 Foodborne Illness Procedures	MET	MC	NM

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

Vending MPR 4,6,9

Company _____ Location _____

Dates	Activity Type	Freq. complies	App./ License/ Year	Notes			MPR	Problem
				4 M NM	6 M NM	9 M NM		
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y

Company _____ Location _____

Dates	Activity Type	Freq. complies	App./ License/ Year	Notes			MPR	Problem
				4 M NM	6 M NM	9 M NM		
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y

Company _____ Location _____

Dates	Activity Type	Freq. complies	App./ License/ Year	Notes			MPR	Problem
				4 M NM	6 M NM	9 M NM		
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y

Company _____ Location _____

Dates	Activity Type	Freq. complies	App./ License/ Year	Notes			MPR	Problem
				4 M NM	6 M NM	9 M NM		
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y

Company _____ Location _____

Dates	Activity Type	Freq. complies	App./ License/ Year	Notes			MPR	Problem
				4 M NM	6 M NM	9 M NM		
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y

Vend. Location files that meet freq.= _____ Total vend. locations reviewed= _____ %= _____

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

MPR's 1, 2, 6, 9, 11: Plan Review Worksheet

Facility Name: _____ Type: _____ ___ New ___ Remodeled

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

Indicator	Item Required	Status*	Notes	Problem
1	Application / Transmittal letter (new 1/01)			Y
1	Menu (new 8/86)			Y
1	Layout (floor) Plan			Y
1	Plumbing Plan			Y
1	Ventilation Hood shown (full plans needed for stfu's, mobiles)			Y
1	Lighting Plan &/or Specifications			Y
1	Scaled Drawings			Y
1	Completed Worksheet			Y
1	Equipment Specifications			Y
1	SOP's (10/04) Either note on reviewer's checklist, SOP cover sheet or note on pre-opening insp.			Y
1	Reviewer's checklist used (1/04)?			Y
1	Applicant informed of deficiencies? Deficiencies resolved in writing or on revised plans. Is the flow between reviewer and applicant clear?			Y
1	Formulas calculated, documented for hot water, dry storage, refrigeration? (needed, proposed, justification for differences)			Y
1	Approval letter in file? (describe project scope & reference to date on plans-1/04)		Date: _____	Y
11	Was facility constructed prior to approval? (Note if approvals issued very close to or after opening inspection)			Y
11	Stop work order used as needed? Did department take appropriate action once it became aware of illegal construction?			Y
2	Facility opened with NO critical items pending?			Y
2	Pre-opening inspection in file?			Y
2	Is inspection marked approved to open?			Y
2	Inspection dated on or before license approval date?			Y
6	Inspection on regular inspection form, properly completed, dated and signed?			Y
IFII	Follow-up inspection on separate form?			Y
9	Records		Records retained for: _____ years	Y

✓=yes, x=no, NA=not applicable

MPR

1 MET NM
 2 MET NM
 6 MET NM
 9 MET NM
 11 MET NM

Office Worksheet – MPR 7, 8 (Field)

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

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

Critical Risk Factor Violations

LHD Inspection Notes

Poor Personal Hygiene		
Employee Health* – Ill Emp.& exposed food, exclusion, restriction reporting, eating, smoking, tasting, handling animals		
No Bare Hand Contact*		
Handwashing* – hands washed, handwashing procedures, sinks provided, located		
Inadequate Cooking		
Cooking Time/temp* (all foods including roast), Reheating, Microwave cooking		
Improper Holding		
Date Marking*- Discarding*		
Holding Time/Temp* Cooling (hot or ambient), Hot/Cold Holding, Time as control		
Unsafe Source		
Approved Source* Receiving/condition, Shell stock tags/ records, parasite destruction, highly susceptible pop.		
Contaminated Equipment		
Cross-contamination* - separating raw from RTE, Re-service Food Contact Surfaces* - material, cleanable, clean, frequency, maintenance		

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

Establishment # _____

Other Critical Violations

LHD Inspection Notes

Demonstration of Knowledge*		
Consumer Advisory*		
Sanitization* – temp, concentration, procedure		
Chemical* – food additives, sulfites, storage, approved labeling, medications		
Pest Control* –minimized, animals		
Water Supply / Sewage*		
Plumbing–Cross Connect*		

Non-Critical Violations

Toilet/Lav Facilities- accessible, signs, hot water, soap, vent, towel, doors, covered recp.		
Personnel – fingernails, jewelry, outer clothing, hair restraints		
Food Protection - thawing, covered, off floor, approved storage location, labeling		
Equip/Utensils – condition, materials, cleanliness, in-use storage, capacity, thermometer, handling, storage, vented, test kit tableware, warewashing		
Linens, Wiping Cloths, Sponges		
Single Service / Single Use Items		
Physical Facility – floors, walls, ceilings, lighting, ventilation, dressing rooms, premises maintained, unnecessary items, cleaning equip storage, separation living quarters, laundry, plbg. Maint., outer openings		
Garbage and Refuse Storage / Disposal – maintenance, facilities		

Number of Critical Violations Missed (“X”s): _____ **PASS** **FAIL**

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

Example: One critical violation not identified = 93%.

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

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

Field Inspection Report – MPR 7, 8

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

MDA Inspection Notes

Critical Risk Factor Violations

Poor Personal Hygiene		
Employee Health * – <i>Ill Emp. & exposed food, exclusion, restriction reporting, eating, smoking, tasting, handling animals</i>	IN OUT	
No Bare Hand Contact *	IN OUT	
Handwashing * – <i>hands washed, handwashing procedures, sinks provided, located</i>	IN OUT	
Inadequate Cooking		
Cooking Time/temp * <i>(all foods including roast), Reheating, Microwave cooking</i>	IN OUT NA	
Improper Holding		
Date Marking- Discarding *	IN OUT NA	
Holding Time/Temp * <i>Cooling (hot or ambient), Hot/Cold Holding, Time as control</i>	IN OUT NA	
Unsafe Source		
Approved Source * <i>Receiving/condition, Shell stock tags/ records, parasite destruction, highly suscept. pop.</i>	IN OUT	
Contaminated Equipment		
Contaminated Equipment * Cross-contamination* – <i>separating raw from RTE, Re-service</i> Food Contact Surfaces* – <i>material, cleanable, clean, frequency, maintenance</i>	IN OUT	

Establishment #: _____

Other Critical Violations

Demonstration of Knowledge *	IN OUT	
Consumer Advisory *	IN OUT NA	
Sanitization * – temp, concentration, procedure	IN OUT	
Chemical * – food additives, sulfites, storage, approved labeling, medications	IN OUT	
Pest Control * –minimized, animals	IN OUT	
Water Supply / Sewage *	IN OUT	
Plumbing–Cross Connect *	IN OUT	

Non-Critical Violations

Toilet/Lav Facilities- accessible, signs, hot water, soap, vent, towel, doors, covered recp.	IN OUT	
Personnel – fingernails, jewelry, outer clothing, hair restraints	IN OUT	
Food Protection - thawing, covered, off floor, approved storage location, labeling	IN OUT	
Equip/Utensils – condition, materials, cleanliness, in-use storage, capacity, thermometer, handling, storage, vented, test kit tableware, warewashing	IN OUT	
Linens, Wiping Cloths, Sponges	IN OUT	
Single Service / Single Use Items	IN OUT NA	
Physical Facility – floors, walls, ceilings, lighting, ventilation, dressing rooms, premises maintained, unnecessary items, cleaning equip storage, separation living quarters, laundry, plbg. Maint., outer openings	IN OUT	
Garbage and Refuse Storage / Disposal – maintenance, facilities	IN OUT	

Field Component Table MPR 7

MPR 8
Establishment Number

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	%
Poor Personal Hygiene																											
Employee Health																											
Bare Hand Contact																											
Handwash																											
Inadequate Cooking																											
Cooking time/temp																											
Improper Holding																											
Date Marking																											
Holding Time/temp																											
Unsafe Source																											
Approve Source																											
Contaminated Equipment																											
Contaminated Equip																											
Demonstration of Knowledge																											
Consumer Advisory																											
Sanitize																											
Chemical																											
Pest Control																											
Water Sewage																											
Plbg. Cross connect																											
Toilet /Lav Facilities																											
Personnel																											
Food protection																											
Equip / Utensil																											
Linen, Wiping cloth, sponges																											
Single Service/use																											
Physical Facility																											
Garbage, Storage/Disposal																											

“X”s denote violations found during the field evaluation by MDA
 “√” denote violations also identified by the LHD
 “⊗” denote violations for which formal enforcement is in progress (do not count towards determining % establishments in violation)
 “%” means percent of establishments in compliance
 Data is obtained from each “Field Inspection Report – MPR 7 & 8 in the sample.

Met –All violation categories on Table MPR 8 are marked 60-100% in compliance.
Met with Condition – Any critical violation category on table MPR 8 is marked 41-59% in compliance, **OR** one non-critical violation category on table MPR 8 is marked 0- 59% in compliance.
Not Met –Any critical violation category on table MPR 8 is marked 0-40% in compliance, **OR** any two or more non-critical violation categories on table MPR 8 are marked 0-59% in compliance.

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

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

Field New Construction Report – MPR 12

Establishment: _____ **Est. #** _____

Item	Viol.	Comments
Chemical		
Equipment/Utensils Material / Installation		
Food Display Protection		
Hand Sinks / Supplies		
Hot Holding Facilities		
Hot Water		
Laundry		
Lighting		
Mop Sink		
Outer Openings		
Personal Item Storage		
Plumbing		
Refrigeration		
Room Finishes		
Sewage Disposal		
Solid Waste		
Storage FUELSS		
Thermometers		
Toilets		
Ventilation		
Warewashing Equip		
Water Supply		

Total Number of violations: _____
 MPR 12: Pass _____ Fail _____ (3 or more construction violations)

New Construction Summary Table – MPR 12

Violation Categories	Estab. #	1	2	3	4	Total violations per category
Chemical						
Equipment/Utensils Material / Installation						
Food Display Protection						
Hand Sinks / Supplies						
Hot Holding Facilities						
Hot Water						
Laundry						
Lighting						
Mop Sink						
Outer Openings						
Personal Item Storage						
Plumbing						
Refrigeration						
Room Finishes						
Sewage Disposal						
Solid Waste						
Storage FUELSS						
Thermometers						
Toilets						
Ventilation						
Warewashing Equipment						
Water Supply						

Total violations / FSE					
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Data obtained from "Field New Construction Report – MPR 12"
 Individual establishment pass/fail: 1 to 2 total violation categories = pass. 3 or more = fail.

Met: All 4 establishments pass and no violation category in the 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 – More than one violation category in the summary table is checked three or four times.