MPR Indicator Guide – Section III
Cycle 4, Table of Contents
Food Service Program

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Plan Review

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. If possible, do not select facilities that were reviewed using the April 28, 2003 memo for pre-existing food service establishments. Limit the sample to only those establishments for which the plans review process have been fully completed.

3. **Program Indicators**
   - Does the department review complete sets of plans and specifications?
     a) Application form/Transmittal letter
     b) Completed worksheet
     c) Menu
     d) Standard Operating Procedures
     d) Scaled drawings**
     e) Layout (plans)
     f) Ventilation hood locations (plans)
     g) Plumbing (plans)
     h) Lighting (plans and/or specifications)
     i) Equipment specifications (specifications)

*Acceptable SOP Documentation:

1. A notation on the plan review checklist to indicate either:
   - SOPs have been submitted in compliance with the requirements of the Food Code, or
   - SOPs are not required (construction does not affect operation – i.e. new walk-in cooler)

OR

2. When SOP's are reviewed just prior to opening, a notation on the pre-opening EVALUATION report to indicate that SOPs have been submitted in compliance with the requirements of the Food Code have been established.

OR

3. Use of the "SOP Cover Sheet" which was designed to document SOP review.

Actual SOP documents do not have to be maintained in the plan review file, since they may consist of CD's, videos, etc. or an office may maintain a copy of a chain's SOP's in a central file.

**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 a unique identifier (I.E.: date) marked on the approved plans and specifications. See MDA Model Plan Review Approval letter for an example.

An Establishment File Will Be Considered To Meet The Standard When 80% Of The Program Indicators Reviewed Are Met.

The evaluation may be terminated when 40% of the files selected for review indicate the MPR is "Not Met".

4. **How to judge compliance with MPR 1**
   - **Met** –80% of the establishment files evaluated indicate that the department reviews complete sets of plans, and properly documents the plan review process.
   - **Not Met** – Overall, the plan review process does not assure complete sets of plans and the plan review process are 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 MDA Sanitarian Training Module on Plan Review.
   - Conduct quality control evaluations of selected completed plan reviews.

MPR 2 – Pre-Opening Evaluations

1. **Materials necessary for auditing the MPR/Sample Selection**
   - The files reviewed for MPR 1 – Plan review, are used to evaluate MPR 2

2. **Program Indicators**
   - A copy of the pre-opening evaluation report is in the file.
   - The evaluation report is dated either before or on the same day the license is signed.
   - The evaluation report has a notation to indicate the establishment is approved to operate.

- The evaluation report verifies that there were no critical violations present prior to opening.

3. **How to judge compliance with MPR 2**
   - **Met –80%** of the establishments reviewed had a properly documented pre-opening evaluation.
   - **Met with Conditions–** Overall, pre-opening evaluations are being conducted for at least 80% of the establishments, but there are some minor concerns over documentation. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.
   - **Not Met –** Less than 80% of the establishments received a pre-opening evaluation and/or documentation problems are commonplace.

4. **Tips for Passing MPR 2**
   - Conduct pre-opening evaluations, and document the results of the evaluation with the evaluation indicators for this MPR in mind.
   - Remember to check the "pre-opening evaluation" box on the evaluation report form.
   - File the inspection reports in chronological order in the file.

MPR 3 –Evaluation 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**
   This sample of fixed food service establishments is used to evaluate MPRs 3, 6, 9 and 10.
   - 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 8.
   - 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. **Program Indicators**
   Discussion: Not all of the establishments in the sample require the same number of evaluations**.** 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 evaluated shortly before the review period thus pushing the first evaluation six (6) months back into the review period. Some may be low risk establishments (see MDA 6/2/03 memo). The department may

have transitioned from a routine evaluation frequency to an Emergency Risked Based Evaluation frequency during the review period. The evaluation must take these factors into consideration.

Evaluation Method

- Determine the number of evaluations that were required and actually conducted during the three (3) year review period. Start with the first evaluation in the review period.
  a) Regular fixed: Count forward from the first evaluation in the review period in six (6) month intervals. At each interval, determine if an evaluation has been made. Allow one (1) extra month grace period. Determine the percentage of evaluations 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 Evaluation :	April 20, 2003
Next routine:	November 15, 2003 (ok < 7 months)
Next routine:	May 10, 2004
Next routine	Missed – no evaluations
Next routine:	April 30, 2005
Next routine:	November 13, 2005 (ok, <7 months from last evaluation)

  Number of required Evaluations = six (6)
  Number of evaluations conducted at proper frequency = five (5)
  Percentage of evaluations: = 83%

  b) Seasonal fixed and low risk establishments: Determine if one (1) evaluation was made during each operating season in the review period. Determine the percentage of evaluations 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 evaluations in period:	April 20, 2003
Next routine:	February 30, 2004
Next routine:	November 30, 2004
Next routine:	No evaluation (OK- not due until May 2006)

  Number of evaluations due = three (3)
  Number of evaluations conducted at proper frequency = three (3)
  Percentage of evaluations = 100%

4. How to judge compliance with MPR 3

Evaluation frequency based upon Food Law section 3123

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

- **Met –80**% of the establishments in the sample meet evaluation frequency. Example: 22 establishments in sample, 18 establishments are required to meet evaluation frequency.
- **Met with Conditions** – Less than 80% of the establishments in the sample meet evaluation frequency, however, at least 80% of the total number of evaluations required for all of the establishments in the sample have been conducted. Example: 22 establishments x 2 evaluations per year x 3 years = 132 evaluations. 80% of 132 = 106.
  This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.
- **Not Met –** Less than 80% of the establishments meet evaluation frequency requirements. Less than 80% of the total number of evaluations required for all of the establishments in the sample have been conducted.

EVALUATION FREQUENCY USING A RISKED BASED EVALUATION SCHEDULE

A LHD may utilize an optional MDA Risk Based Evaluation Schedule. For those agencies, evaluation frequencies will be audited utilizing that schedule.

Evaluation Frequency using an Emergency Risked Based Evaluation Schedule

A local health department may be operating under ERBIS for one to three years of the review cycle. For the period of time that the LHD is operating under ERBIS, an individual establishment will be considered to meet evaluation frequency when 100% of the required routine evaluations have been made during this time period. EXAMPLE: The first two years of the three year cycle are under ERBIS. Those files for the two years must have 100% compliance to pass. The files for the third year would be required to have 80% compliance.

6. **Tips for Passing MPR 3**
   - Arrange files in chronological order.
   - Make a note in the "Evaluation Type" box on the evaluation report form if the establishment is either seasonal**,** or is on an Emergency Risk Based Evaluation schedule.
   - Schedule routine evaluations to be conducted one month prior to the next evaluation due date. This will allow a 60-day window for meeting the MPR.
   - Plan ahead. When an emergency condition exists, implement the Emergency Risk Based Evaluation Schedule before a backlog of evaluations occur.

MPR 4 - 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. **Program Indicators**
   - Determine the frequency that has been selected by the local health department for evaluating vending machine locations. An MDA memo dated June 2, 2003, allows local health departments to reduce evaluation frequency using one of two methods.
   - Determine the number of evaluations that were required for each location and the number of evaluations that were actually conducted. Convert this to a percentage of evaluations conducted.
   - If the local health department's chosen method for vending machine location evaluation 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 evaluation frequency meets one of the other two evaluation frequency options.

4. **How to judge compliance with MPR 4**
   - Frequency choice: <u>All vending machine locations are evaluated at least once every six (6) months</u>. A vending machine location is considered to meet evaluation frequency when 80% of the evaluations have been made (i.e. 5 out of 6).
     - **Met** – 80% of the vending machine locations in the sample meet evaluation frequency.
     - **Not Met** – Less than 80% of the vending machine locations in the sample meet evaluation frequency.

   - Frequency choice: <u>Reduced frequency option: One-third of each operator's vending machine locations are evaluated each year</u>. Every vending machine location is evaluated over a three (3) year period. A vending machine location is considered to meet evaluation frequency when 100% of the evaluations have been made **OR**
   - Frequency choice: <u>Reduced frequency option: One-tenth of each operator's vending machine locations are evaluated every six (6) months. Every vending machine location is evaluated over a five (5) year period.</u> A vending machine location is considered to meet evaluation frequency when 100% of the evaluations have been made.

5. **Tips for passing MPR 4**
   - Clearly indicate the selected method for evaluating 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 evaluations.

MPR 5 – Temporary Food Service Establishment Evaluations

1. **Materials necessary for auditing the MPR**
   - Local health department temporary food service establishment files (licenses and evaluations) 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. **Program Indicators**
   - Determine if the local health department has conducted an operational evaluation of each temporary food service establishment prior to licensure.
   - Determine if Sections A, B, and the Food Column of Section F and Attachment A (when used) of the application (FI- 231) and all fields of the license form (FI -229) have been completed. Determine if the temporary food service licensing records (FI-180) are complete with the application date, the evaluation 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 5**
   - **Met –** At least 80% of the licensing records in the sample meet the standards.
   - **Met with Conditions –** Overall, operational evaluations 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.
     This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.
   - **Not Met –** Less than 80% of the licensing records in the sample meet the standards.

5. **Tips for passing MPR 5**
   - Conduct an operational evaluation of all temporary food service establishments prior to licensure.
   - Use the MDA Food Service Establishment evaluation Report, form FI-214.
   - Review the application, license, and evaluation reports to make certain they are complete and accurate.

- Do not make “notes” on evaluation 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 evaluation to verify that any critical violations have been resolved (i.e. evaluation 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 evaluation.

MPR 6 - Evaluation Procedures

1. **Materials necessary for auditing the MPR**
   The materials and sample used to evaluate MPR 3**,** 4**,** 5, are used to evaluate MPR 6.

2. **Program Indicators**
   - Determine if the department uses an evaluation report form approved by the department.
   - Administrative information about the establishment’s legal identity, address, and other information is entered on the evaluation report form.
   - The report findings properly document and identify critical and non-critical violations.
   - The evaluation report summarizes the findings relative to compliance with the law.
   - The report is legible
   - The report 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 evaluation report is signed and dated by the sanitarian.
   - The evaluation report is signed by an establishment representative.

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

3. **How to judge compliance with MPR 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-evaluation report forms are used, however, occasional clerical omissions bring the compliance rate slightly below 80%.
     This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.
   - **Not Met –** Less than 80% of the establishments in the sample meet the standard.

4. **Tips for passing MPR 6**
   - Use an approved computer generated evaluation report writing system.
   - Use the MDA evaluation report form.
   - Develop an in-house quality assurance system whereby a supervisor or trainer reviews reports periodically.

- Do not write phrases on the report such as “OK” and “Corrected at time of evaluation” 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).

MPR 7 –Identification of Interventions and Risk Factor Violations- Field Review

1. **Materials necessary for auditing the MPR**
   - MDA licensing computer printout
   - Local health department facility files
   - Field review worksheet
   - Office Worksheet

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

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 random sample selected in MPR 3, select a sample of food service establishments in accordance with the MPR 7 sample selection chart.
   - Special considerations: The establishments should be full-service, open for business during the evaluation period**,** and geographically located to allow an efficient use of travel time. The random sample list from MPR 3 may have to be expanded to meet these criteria.
   - A copy of the field sample list is provided to the office reviewers.

3. **Program Indicators**
   - Each establishment folder is reviewed using the Office Worksheet to record the violations listed from the local health department’s last routine evaluation report.
   - The field reviewer will conduct a Risk Based Evaluation and complete a “Field Review Worksheet” report form for each establishment. Risk Based Evaluation techniques are detailed in the 2005 FDA Food Code, Annex 5, Section 4, A-H.
   - Table MPR 7 will be completed from the office worksheet.

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 evaluation? 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. If so, a violation should not be marked. 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.

Assessing individual establishment pass/fail for intervention and risk factor violation identification: An individual evaluation report is considered to meet the standard when the last local health department evaluation report identifies at least 80% of the intervention and risk factor violations identified by MDA (there are 14 categories of intervention and risk factor violations listed on the Office Worksheet and Field Review Worksheet report forms. Therefore, the local health department cannot miss more than three (3) intervention and risk factor violation categories).

4. How to judge compliance with MPR 7

- **Met –** At least 80% of the local health department's evaluation reports evaluated in the survey pass the standard.
- **Met with Conditions-** At least 70% but less than 80% of the evaluation reports evaluated in the survey passes the standard.
  This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.
- **Not Met -** Less than 70% of the local health department's evaluation 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 evaluation, but was not identified on the local health department's evaluation report.

5. Tips for passing MPR 7

- Make certain staff is appropriately trained to conduct risk based evaluations**.**
- Have inspectors document observed violations whether corrected at time of evaluation or not.
- Conduct internal quality assurance audits to make certain that staff is properly identifying intervention and risk factor violations and good retail practice violations.
- Follow the department's enforcement policy when continuous and chronic violations are observed.

MPR 8–Evaluations 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 MPR 7
   - Table MPR 8 from MDA document titled "Food Service Program Assessment Forms".

2. **Program Indicators**—
   - Each establishment folder is reviewed using the office worksheet to record the violations listed from the local health department's last routine evaluation report.
   - The field reviewer will conduct a risk based evaluation and complete a "field review worksheet" report form for each establishment. Risk based evaluation techniques are detailed in the 2005 FDA food code, annex 5, section 4, a-h.
   - Table MPR 8 will be completed from the office worksheet.

   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 evaluation? 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. If so, a violation should not be marked, 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 compare the field review worksheet with the office worksheet and mark the corresponding box on the office worksheet as follows:
   - An "x" denotes violations found during the field evaluation by MDA and not found by the LHD in the last routine evaluation.
   - A "√" denotes violations were also found by LHD at last routine evaluation.
   - A "⊗" denotes violations for which formal enforcement is in progress (does not count toward determining % of compliance)

3. **How to judge compliance with MPR 8**
   - **Met –** All violation categories on table MPR 8 are marked 60-100% in compliance.
   - **Met with Condition** – Any intervention or risk factor violation category on table MPR 8 is marked 41-59% in compliance OR one good retail practice violation category is marked 0-59% in compliance.

This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.

- **Not Met –** Any intervention or risk factor violation category on table MPR 8 is marked 0-40% in compliance, OR any two or more good retail practice violation categories on table MPR 8 are marked 0-59% in compliance.

Legal basis note: MFL section 3127 requires that:

- Evaluation reports summarize findings relative to compliance with the act,
- The findings be recorded on an evaluation form approved by the department, and
- That the forms identify those items considered to be critical from a public health standpoint.

4. **Tips for passing MPR 8**
    - Make certain staff is appropriately trained to conduct risk based evaluations**.**
    - Have inspectors document observed violations whether corrected at time of inspection or not.
    - Conduct internal quality assurance audits to make certain that staff is properly identifying intervention and risk factor violations and good retail practice violations.
    - Follow the department's enforcement policy when continuous and chronic violations are observed to ensure that violations are corrected and long term compliance is achieved.

MPR 9- Records

1. **Materials necessary for auditing the MPR/Sample Selection**
   The materials and sample used to evaluate MPRs 1 - 8, and 10-20 are used to evaluate MPR 9**.**

2. **Program Indicators**
   - Records are maintained in accordance with "Annex 3 – Excerpt from MDCH General Schedule #7.
   - The local health department staff is 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 **(**approved electronic signatures are acceptable**)** of the operator and a person designated by the department and/or their assignees are provided.

3. **How to judge compliance with MPR 9**
   - **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.
     This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.
   - **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 9**
   - 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.

Enforcement

MPR 10 – 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 6
2. **Program Indicators**
   - Determine if the enforcement policy affords notice and opportunity for a hearing equivalent to the Administrative Procedures Act, Act 306 P.A.1969.
   - The policy is compatible with Chapter 8 of the 1999 Food Code, and the Michigan Food Law 2000.
   - Determine if the department's policy has enforcement procedures for addressing unauthorized construction, operating without a license, imminent health hazards, continuous critical and non-critical violations, and recurring critical violations
   - Determine if the policy has been adopted and signed by the Health Officer.
   - Review the past three (3) years of evaluation 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 10**
   - **Met –** At least 80% of the establishment folders reviewed indicate the enforcement policy is being followed. An enforcement policy that meets the evaluation criteria has been adopted.
   - **Met with Conditions –** An enforcement policy that meets the evaluation criteria 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 enforcement policy that meets the evaluation criteria has not been adopted.

4. **Tips for passing MPR 10**
   - 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.

MPR 11 – Unauthorized Construction

1. **Materials necessary for auditing the MPR/Sample Selection**
   - Use the same materials and sample selected for MPRs 1 and 2.

2. **Program Indicators**
   - 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 11**
   - **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.
     This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.
   - **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 11**
   - 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.

MPR 12 - FOLLOW-UP EVALUATION

1. **Materials necessary for auditing the MPR/ sample selection**
   - The materials and samples used to evaluate MPR 3 are used to evaluate this MPR.

2. **Evaluation**
   - A follow-up evaluation 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 evaluation report. This includes violations that are corrected at the time of evaluation.
   - A separate report form is used to record the results of the follow-up evaluation.
   - An individual establishment will be considered to meet the standard when 80% of the follow-up evaluations are conducted within 30 calendar days, and information about the corrective action is described on a separate evaluation report.

3. **How to judge compliance with MPR 12.**
   - 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 12

- Create a tracking system to assure that follow-up evaluations are conducted.

MPR 13 – 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. Program Indicators

- 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 13

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.
  This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.
- **Not Met –** The department does not issue limited licenses in accordance with the Food Law.

5. Tips for passing MPR 13

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

MPR 14 – 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. **Program Indicators**
   - 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 14**
   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. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.
   - **Not Met –** The department does not issue variances in accordance with the Food Code.

5. **Tips for passing MPR 14**
   - Develop in-house procedures for issuing variances.
   - Form an internal review procedure that promotes uniformity.

MPR 15 – 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. **Program Indicators**
   - 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 15**
   - **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.
     This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.
   - **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.

Staff Training and Qualifications

MPR 16 - Technical Training

1. **Materials necessary for auditing the MPR**
   - Training files for every new employee hired, or assigned to the food service program during the last review period

2. **Sample Selection**
   - The training record for each employee is reviewed.

3. **Program Indicator**
   - 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.
   - See the tips section below for recommended evaluation of a new sanitarian who has completed training at another local health department.

Note: Employees only involved in the evaluation of specialty food service establishments are not included in the evaluation for MPR 16.

4. **How to judge compliance with MPR 16**
   - **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. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.
   - **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.

TIPS FOR PASSING MPR 16

- Completion of recommended ORA U. curriculum or equivalent courses.
- A training assessment is recommended for a sanitarian new to a department who has become qualified and experienced while working in another local health department**.** The assessment should consist of a document review of the inspector's credentials as well as a field skill review. A training plan should be developed based on the review.

MPR 17 - Fixed Food Service Evaluation Skills

1. **Materials necessary for auditing the MPR**
   - Training files for every new employee hired, or assigned to the food service program during the last review period

2. **Sample Selection**
   - The training record for each employee is reviewed.

3. **Program Indicator**
   - Determine if the training record indicates if 25 joint evaluations, 25 independent evaluations 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 evaluation of specialty food service establishments are exempt.
   - See the tips section below for recommended evaluation of a new sanitarian who has completed training at another local health department.

4. **How to judge compliance with MPR 17**
   - **Met** - The training record for each employee indicates 25 joint evaluations with the standardized trainer, 25 independent evaluations 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 evaluations, 25 independent evaluations under the review of the trainer, and five (5) evaluation inspections have been conducted with the standardized trainer, but

there is evidence that independent evaluations were being conducted prior to the completion of training.
This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.

- **Not Met –** Either training records are not maintained or the records indicate 25 joint evaluations, 25 independent evaluations, and five (5) evaluation inspections have not been completed within 12 months of employment or assignment to the food program, and the employee(s) is conducting independent evaluations**.**

5. **TIPS FOR MEETING MPR 17**
   - A training assessment is recommended for a sanitarian new to a department who has become qualified and experienced while working in another local health department**.** The assessment should consist of a document review of the inspector's credentials as well as a field skill review. A training plan should be developed based on the review.

MPR 18 – Specialty Food Service Evaluation Skills

1. **Materials necessary for auditing the MPR**
   - Supervisor endorsement for every newly assigned employee to the specialty food service program. Employees include those who may be occasionally asked to evaluate specialty food service establishments (temporary, STFU, vending, mobile).

2. **Sample Selection**
   Supervisor endorsement for each employee is reviewed.

3. **Program Indicators**
   - Determine if the supervisor has endorsed all employees who evaluate specialty food service establishments (mobile, vending, STFU, temporary) as having knowledge of the Food Law, Food Code, public health principles, and communication skills. Each employee must be endorsed for each type of speciality food service facility they evaluate.

4. **How to judge compliance with MPR 18**
   - **Met –** Supervisor endorsement for each newly assigned employee involved in the evaluation of specialty food service establishments is completed before conducting independent evaluations.
   - **Met with Conditions**- The supervisor endorsement for each newly assigned employee involved in the evaluation of specialty food service establishments is completed**,** but a newly assigned employee conducted independent evaluations prior to supervisor endorsement.
     This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.
   - **Not Met –** Supervisor did not evaluate and endorse a newly assigned inspector before conducting independent evaluations for each type of assigned establishment.

5. **Tips for meeting MPR 16, 17, and 18**

- Develop a formal written training plan for new full time food service program employees and for employees occasionally assigned to various aspects of the program.
- Completion of aplicable portions of recommemded ORA.U. Curriculum or equivalent courses.
- Maintain a training folder for each employee.
- A training assessment is recommended for a sanitarian new to a department who has become qualified and experienced while working in another local health department. The assessment should consist of a document review of the inspector's credentials as well as a field skill review. A training plan should be developed based on the review.
- Do not allow unqualified employees to conduct independent evaluations.

Foodborne Illness Investigations

*** If an agency inputs **ALL** foodborne illness complaint information into ReportFoodPoisoning.com (RFP), MDA will review the foodborne illness MPR's 19 and 20 according to the guidelines asterisked at the end of this document.

MPR 19 – Foodborne Illness Investigations - 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. **Program Indicators**
   - 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 19**
   - **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, and 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. This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.
   - **Not Met** – Compliance with the above less than 70% of the time.

MPR 20 –Foodborne Illness Investigation 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. **Program Indicators**
   - 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 February 3, 2006, memo titled "Foodborne Illness Reporting and Documentation for Minimum Program Requirement (MPR) Compliance".

4. **How to evaluate compliance with MPR 20**
   - **Met –** Standard operating procedures that meet MPR 20 are in place and are followed.
   - **Met with Conditions–** Overall the department has and follows standard operating procedures that meet MPR 20, however, some minor exceptions need to be addressed.
     This indicator will be required to be met at the next scheduled accreditation evaluation. Failure to meet this indicator will result in a not met.
   - **Not Met –** Written operating procedures that meet MPR 20 have not been provided and/or the procedures outlined in MPR 20 for investigating foodborne illness outbreaks are not being followed.

5. **Tips for passing MPR 19 and 20**

- 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.

***** When an agency inputs ALL foodborne illness complaint information into ReportFoodPoisoning.com (RFP), MDA will review the foodborne illness MPR's 19 and 20 as follows:**

Forms

- Completion of various RFP screens is equivalent to completing Form A. Screens 1-5 capture demographic information and text boxes on screen 9 can be used to enter general complaint narrative information.
- Completion of the Michigan Gastrointestinal Case Investigation form is equivalent to completing forms C1/C2.
- Forms (C1/C2 or Michigan Gastrointestinal Case Investigation form generated by RFP) can be stored in paper or electronic form, as preferred by the agency. However, during an accreditation review, MDA asks that a paper copy of all documents related to the selected complaint investigation be generated.

Log and Log Review

- The RFP line listing feature can be used as the agency foodborne illness complaint log. No paper copies are required. MDA will utilize the on-screen log during a program review.
- When all complaints are input into RFP, running and evaluating the RFP comparison report meets the MPR 20 requirement that a "log or tracking system is systematically reviewed to determine if isolated complaints may indicate the occurrence of a foodborne illness outbreak". The agency may retain paper copies of the report that are signed and dated, or maintain a signed, dated log indicating that the report was run and reviewed.
- Note: An agency must remember to modify their FBI investigation procedures to describe the frequency for running the comparison reports, who will review the reports and how the reviews will be documented as required by MPR 20.

Receipt and Investigation Initiation

MPR's contain a requirement that foodborne illness complaints be investigated within 24 hours. As with any illness complaint, MDA reviewer's look for documentation of time & date received along with time & date of investigation initiation.

- **Receipt:** When the agency inputs the complaint into RFP on receipt or when the caller is referred to RFP to input their data, then the time/date automatically generated on the Michigan Gastrointestinal Case Investigation form and line listing log is considered complete documentation of receipt. The 24 hours for complaints received on weekends or holidays would not start until the next business day. Should data be input by the agency at some later point, then a separate method of documenting time and date of receipt should be

maintained. The agency must have a clear and consistently applied policy on how data is input.

- **Investigation Initiation:**
  The agency should have a specific, consistent policy and method for documenting initiation. The Michigan Gastrointestinal Case Investigation form contains a specific field for this on the last page.

Additional Documentation

- When all complaints are put into the RFP system, minimal additional documents are needed. Completion of C1/C2 or Michigan Gastrointestinal Case Investigation forms are necessary, as feasible. Documentation of the time and date received and initiated must be maintained as discussed above. Additional investigation documents must be maintained as required by agency policy.

Important Factors

Food Service Program

Important Factor I - Industry and Community Relations (Identical to FDA Retail Standard 7, April 2003)

1. **Materials necessary for auditing Important Factor I**
   - 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. Evidence of educational outreach to industry and community groups. Completion of the attached forms is recommended.

2. **Program Indicators**

   A. Industry and Consumer Interaction

   The jurisdiction sponsors or actively participates in meetings such as food safety task forces, advisory boards or advisory committees. These forums shall present information on food safety, food safety strategies and interventions to control risk factors. Offers of participation must be extended to industry and consumer representatives.

   B. Educational Outreach

   Outreach encompasses industry and consumer groups as well as media and elected officials. Outreach efforts may include industry recognition programs, web sites, newsletters, fightbac™ campaigns, food safety month activities, food worker training, school-based activities, customer surveys or other activities that increase awareness of the risk factors and control methods to prevent foodborne illness. Outreach activities may also include posting inspection information on a web site or in the press.

Outcome

The desired outcome of this standard is enhanced communication with industry and consumers through forums designed to solicit input to improve the food safety program. A further outcome is the reduction of risk factors through educational outreach and cooperative efforts with stakeholders.

Documentation

Quality records needed for this standard reflect activities over the most recent three-year period and include:

1. Minutes, agendas or other records that forums were conducted,
2. For formal, recurring meetings, such documents as by- laws, charters, membership criteria and lists, frequency of meetings, roles, etc.,
3. Documentation of performed actions or activities designed with input from industry and consumers to improve the control of risk factors, or
4. Documentation of food safety educational efforts. Statements of policies and procedures may suffice if activities are continuous, and documenting multiple incidents would be cumbersome, i.e., recognition provided to establishments with exemplary records or an on-going web site.

3. **How to evaluate compliance with Important Factor I**
   - **Met –**Agency participation in at least one activity listed under program indicator 'A' (industry and community relations) and 'B' (educational outreach) annually is sufficient to meet this standard.

4. **Tips for meeting important factor 1**
   - Example: hold an annual meeting with a school or school district in your jurisdiction (industry involvement); invite the parent / teacher organization (community involvement); and discuss food safety and interventions to control risk factors.
   - Place food safety information on the department's web site.

Industry And Consumer Interaction Forums

Forum Title	Regulatory Participants By Organization	Industry Participants By Organization	Consumer Participants By Organization	Meeting Dates	Summary Of Activities Related To Control Of Risk Factors

Educational Outreach

Dates	Summary Of Activities

Other Outreach Activities

Please List Any Additional Outreach Activities Of Note Below.

Dates	Summary Of Activities

Important Factor II – Continuing Education and Training (Language Matches A Portion of FDA Voluntary Standard 2, 2003 Version)

1. **Materials necessary for auditing Important Factor II**
   - Certificates earned from the successful completion of course elements of the uniform curriculum;
   - Contact hour certificates for continuing education;
   - Other employee training records

2. Program Indicators
   - Each employee conducting inspections accumulates 20 contact hours of continuing education every 36 months after the initial training (18 months) is completed. The candidate qualifies for 1 contact hour for each hour's participation in any of the following activities:
     1. Attendance at regional seminars / technical conferences;
     2. Professional symposiums / college courses;
     3. Workshops;
     4. Food-related training provided by government agencies.

   - The number of contact hours of training can be pro-rated for employees who have been on the job less than the 36 month Review Period**.** 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 II requirements.

3. **How to determine compliance with Important Factor II**
   - **Met –** Every employee assigned to the food service program has received at least 20 contact hours of training every 36 months after the initial training (18 months) is completed.

Important Factor III – Program Support

1. **Materials necessary for auditing Important Factor III**
   - The total number of FTEs assigned to the food service program
   - The total number of licensed food service establishments

2. Comment

Important Factor III 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 evaluations performed. Evaluations for the purpose of this calculation include routine evaluations, re-evaluations, complaint investigations, outbreak investigations, follow-up evaluations, 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 evaluations 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 evaluation. The range of 280 to 320 broadly defined evaluations 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. Program Indicators

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

Determine the number of FTEs needed to evaluate 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 evaluate 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 III

- **Met -** The actual number of FTEs assigned to the food service program meets or exceeds the calculated minimum number of FTEs required. (Minimum number FTEs for annually licensed establishments plus average number for temporary food service establishments).

Important Factor IV – Quality Assurance Program

1. Materials Necessary for Auditing Important Factor IV

- Local health department quality assurance written procedures
- Employee training and quality control records

2. Program Indicators

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) evaluation reports for each sanitarian and/or an equivalent sample of foodborne illness investigation records every 24 months.
- Every employee assigned to the food service program has completed at least two (2) joint evaluations with the standardized trainer every 24 months.
- The quality assurance program assures that evaluation reports are accurate and properly completed, regulatory requirements are properly interpreted, variances are properly documented, the enforcement policy is followed, foodborne illness investigations are properly conducted, and foodborne illness reports are properly completed.

3. How to determine compliance with Important Factor IV

- **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) evaluation reports for each sanitarian's food evaluation and/or foodborne illness investigation records have been reviewed. Every employee assigned to the food service program has completed at least two (2) joint evaluations with the trainer every 24 months.

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 evaluated at the required frequency).
2. A statement summarizing the standard (i.e. All food service establishments are required to be evaluated 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 the accreditation review, 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".

Corrective Plan of Action Form

SAMPLE PLAN

Local Health Departments must submit the approved Corrective Plan(s) of Action to the Michigan Local Public Health Accreditation Program (MPHI, 2440 Woodlake Circle, Suite 150, Okemos, MI, 48864) within 2 months of the LHD's On-Site Review. [Protocols, Section VII, Michigan Local Public Health Accreditation Program Tool]

Date:_____

Local Health Department Name:_____

Name of Person Completing Form:_____

Title:_____

Local Health Department Staff Responsible for Implementing Corrective Plan of Action:

Name:_____

Title:_____

Phone/Fax:_____

Indicator Not Met (one per form):

Indicator Number: 8

Indicator Description: Element 2 (standard summary): evaluations result in food 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)]

Corrective Plan of Action (be specific and include details):

- **Describe Corrective Plan of Action**
- **Include projected completion date of Corrective Plan of Action**
- **Explain how the proposed Corrective Plan of Action will correct the deficiency**

Element 1 (problem summary): The accreditation review determined that 70% of restaurants reviewed had consumer advisory violations and 60% of restaurants reviewed had date marking violations. Indicator 2.8 guidance states that no violation category can be identified in the field review in more than 40% of the establishments visited.

Element 3 (detailed plan):

A. Within 7 days of MDA's acceptance of the CPA, the EH Director will convene a staff meeting for the 5 staff involved in routine evaluations of food establishments. This meeting will discuss and begin implementation of the CPA.

B. The agency has just completed sending each food establishment: a consumer advisory pamphlet; an MDA date marking fact sheet; and a cover letter outlining the problem, explaining the need for increased attention to these two areas by operators, explaining the public health reasons for these requirements and advising operators of the increased focus on these areas during upcoming evaluations In addition, copies of these documents will be carried by inspectors during routine evaluations, for distribution as needed.

C. Within 20 days of acceptance of the CPA, the agency standardized trainer will conduct a four hour office-based training on date marking and consumer advisory requirements. The training will involve sanitarians completing practical exercises to improve skills in problem areas. Our MDA area consultant will be asked to review the training curriculum in advance.

D. The agency standardized trainer will initially conduct three joint evaluations with each sanitarian within the first 30 days after completion of office training to assure that the date marking and consumer advisory requirements are being applied properly and uniformly. The joint visits will be made to the same types of facilities that were visited during the MDA review.

E. Staff will cite violations observed during routine evaluations for date marking and consumer advisories, inform establishments in writing of requirements for correction and conduct follow-ups as necessary to assure compliance.

F. Enforcement action according to the agency enforcement policy will be conducted against establishments which fail to correct date marking and consumer advisory violations. In summary, the enforcement steps are: If a violation is noted on two routine evaluations and corrected each time or if a violation is not corrected after the first follow-up evaluation, the sanitarian will work with the PIC to develop and implement a RISK CONTROL PLAN. Should the risk control plan not be effective in gaining long-term compliance, an office conference will be held as the first step in progressive enforcement.

G. A follow-up mailing to licensed establishments will be made after MDA's next review to advise (and hopefully praise) industry of the success of their efforts. This follow-up will be incorporated into the department's food safety newsletter sent approximately twice per year.

Element 4 (monitoring procedure):

A. An office quality assurance review will be conducted by the Environmental Health Director and standardized trainer. Files for full service establishments will be selected for review. The review will determine that consumer advisory and date marking violations are properly documented and corrected. B. A trend analysis will be conducted to determine the percentage of facilities receiving violations for the two problem areas, to determine consistency between staff, determine violation percentages for full service facilities as compared to the MDA evaluation report and track trends over time.

C. The agency standardized trainer will initially conduct a minimum of one joint evaluation with each sanitarian approximately 90 days after completion of the previous joint evaluations to assure that the date marking and consumer advisory requirements are being applied properly and uniformly. The joint visits will be made to the same types of facilities that were visited during the MDA review.

Element 5 (correction if plan not followed): Additional training will be provided for specific staff as needed, based on the monitoring plan results.

Element 6 (Method for verification): Once the office and field reviews determine that the plan has been successful in reducing the level of violation for the problem areas in full service facilities to less than 20%, and within the one year follow-up deadline, an MDA revisit will be requested.

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: Evaluations 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. Evaluations 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: Evaluations were not being conducted at the proper frequency.
  Solution: Evaluation 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 – Excerpt from MDCH General Schedule #7

Record Type	Minimum Retention Period (Years)
Evaluation Reports	CR + 5
License Applications	CR + 5
Annual Food Service Establishment Licenses	CR + 5
Routine Correspondence	CR + 3
Temporary Food Establishment Licenses	CR + 3
Legal Documents	CR + 10
Enforcement Actions	CR + 10
Food Outbreak Investigations	CR + 5
Water Supply Information	PERM – May destroy after 3 years if the establishment is connected to municipal water
Sewage Disposal Information	PERM – May destroy after 3 years if the establishment is connected to municipal sewer
Construction Plans & Specifications	5
Permanently closed establishment Plans and Specifications	3
Consumer Complaints	CR + 3

CR = Creation
PERM = Permanent

Reference: Michigan Food Law 2000, as amended Section 3121(2), (3), (4)

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 accreditation review. 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 MPR Indicator Guide used during the original evaluation
- ✓ **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: $\frac{\#\,insp.done}{\#\,insp.due} \times 100 = \%\ frequency$

Evaluations 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 evaluations conducted for specified review period
    - Reports should not include follow-up and other types of visits
    - Reports should sort and group by assigned evaluation frequency (i.e. put all 6 month evaluations together)
- Report Example

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

Facility Name	Address or License Number	Assigned Frequency	Routine & Pre-Opening ~~Inspection~~ EVALUATION 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:
  - evaluations done outside the one month grace period must be subtracted from the total number of evaluations done. Look at assigned frequency and subtract any evaluation 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 evaluation 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 evaluated within the one month grace period.

Evaluations 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 evaluation frequency
  - evaluations due for period
  - Computer would have to calculate how many evaluations should have been done. Calculate evaluations 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 Evaluations **Due for XXX Department from 3/1/00 to 3/1/03**

Facility Name	Address or License Number	Assigned Frequency	~~Inspections~~ Evaluations 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 evaluations 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 evaluations due calculated from a currently licensed list would be too high. The solution would be to calculate the number of evaluations due for each year separately.
  - Facilities opening and closing during a review period, which would reduce the number of evaluations due, wouldn't be compensated for. Agencies should identify facilities that opened or closed during a review period and subtract evaluations 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 evaluation frequency and subtract evaluations 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 MPR Indicator Guide, Cycle ~~3~~ **4**, 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 evaluation & 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 evaluation summary meeting criteria specified in MPR Indicator Guide, Annex 7 (Optional)
- ❑ Temporary licenses and evaluations 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 the last accreditation visit Employees include those who may be occasionally asked to evaluate specialty food service establishments (temporary, STFU, vending, mobile).
- ❑ Policy & procedure documents relating to:
    - o plan review (including forms used)
    - o conducting evaluations and preparing evaluation reports
    - o licensing, including license limitations
    - o enforcement, including documentation of policy adoption (by who and date adopted)
    - o variances
    - o consumer complaint investigation
    - o foodborne illness complaint and outbreak investigation
    - o vending evaluation frequency

For Evaluation of Important Factors

- ❑ I Documentation - quality records needed for this standard reflect activities over the most recent three-year period and include:
  1. Minutes, agendas or other records that forums were conducted,
  2. For formal, recurring meetings, such documents as by- laws, charters, membership criteria and lists, frequency of meetings, roles, etc.,
  3. Documentation of performed actions or activities designed with input from industry and consumers to improve the control of risk factors, or
  4. Documentation of food safety educational efforts.
     statements of policies and procedures may suffice if activities are continuous, and documenting multiple incidents would be cumbersome, i.e., recognition provided to establishments with exemplary records or an on-going web site.
- ❑ II- Employee training records
- ❑ III- Documentation of the total number of FTE's assigned to the food service program.
- ❑ IV- Food service program's quality assurance written procedures.

Annex 9 – Approximate Review Timeline for a Single Office Agency
USING OPTION 1

Day	Activity	Documents Needed*	Provided By
1	Field- Review list of facilities to be visited. Arrange for LHD staff to accompany MDA field reviewer. Four facilities, less than 2 years old, will be selected for new establishment field review. MDA reviewer looks at policies as needed at this point. Office- MDA reviewer draws sample of plan review files to be reviewed. LHD staff pull plans for review. MDA reviewer reviews plans. Office- LHD staff pull establishment files for review. MDA reviewer begins file review if time permits.	**List of establishments to be visited.** Alternates may be selected if some facilities are closed or not available for a review. **Plan review log** for review period. Need to have staff available who can determine which facilities are open, operating and available for an on-site visit. **Food service policy manual, plus any moot point documentation.** **Plan review log** for review period. Need to be able to determine which reviews were received after beginning of review period and which have been completed through pre-opening evaluation. **Plan review documents**, including pre-opening evaluation and license application. **List of establishment files to be reviewed** **Establishment files**	MDA LHD LHD LHD LHD MDA LHD
2	Field- LHD staff accompanies MDA field reviewer. Office- MDA reviewer starts or continues establishment file review. LHD pulls vending establishment files for review. MDA reviewer reviews files.	**List of vending establishment files to be reviewed** **Vending establishment files**	MDA LHD

3	Field- LHD staff accompanies MDA field reviewer. LHD staff pull establishment files for facilities visited. MDA reviewer begins file review for establishments visited. Office- MDA reviewer schedules exit interview. LHD staff pulls temporary food services licenses. MDA reviewer selects sample and reviews selected temporary food service files. MDA reviewer selects consumer and foodborne illness complaint sample. LHD staff pull selected consumer and foodborne illness complaint files. MDA reviewer reviews selected consumer and foodborne illness complaint files. MDA reviewer reviews limited licenses and variances, if any for review period. MDA reviewer reviews training documentation for new staff assigned to the food program during the review period.	**Establishment files for facilities visited** **Temporary food service licenses** issued during review period, organized by year **Consumer and foodborne illness complaint logs** for review period **Selected consumer and foodborne illness complaint files** **Logs for limited licenses and variances.** **Files containing limited licenses and/or variances for review** **Training documentation for new staff.** **Supervisor endorsement documentation for new staff doing specialty foods.**	LHD LHD LHD LHD LHD LHD

4	Field- MDA reviewer completes file review for establishments visited. Reviewer summarizes results of field evaluation and prepares for exit interview. Office- MDA reviewer reads policies MDA reviewer reviews documentation relating to important factors and interviews EH director regarding important factor related information. Program managers need to advise MDA reviewer which IF's the agency is not attempting to meet. MDA reviewer summarizes review information and prepares for exit interview.	**Food service policy manual.** Documentation showing how agency is meeting important factor standards. See documentation summary, MPR Guidance Document, Annex 8. Copies of various materials made for exit interview. Secretarial assistance usually needed.	LHD LHD

*For a more complete description of documents needed, see, MPR Guidance Document, Annex 8 "Accreditation Review Document Summary".

NOTES:
Multiple Offices- When an agency has food program files in multiple offices, all the various records that each office maintains would need to be made available during the visit. For example, during a partial day visit to an office in a district the following types of files are normally reviewed: plans, establishment files, vending files, complaint and foodborne illness files, temporary food service licenses and employee training records.

MDA reserves up to 5 days to conduct each review, in the event additional time is needed due to larger than normal sample sizes or delays. MDA also increases the number of staff assigned to conduct reviews, if needed to maintain a particular schedule.

ANNEX 10- ADJUSTMENT OF MPR REVIEW PERIOD

MDA'S Intent is to not review the same time frame twice during different review cycles. Therefore, the review period for specific MPRs will be shortened if:

- That MPR had a follow-up during the previous cycle and
- That follow-up's review time frame overlapped into the next cycle's normal review period.

For example, if the follow-up review for MPR 6 was completed 10 months into the next review period, the on-site initial review will be reduced by 10 months for that specific MPR**.**

Annex 11- Cycle 4 Food Program Review Options

Review Options

Compliance with program standards can be demonstrated in one of two ways.

Option 1- MDA conducts the office and field review to determine compliance with the standards.

Option 2- The local health department demonstrates how the agency is in compliance to the MDA auditor.

Option 2 Review Elements

The review shall consist of the following elements:

a. Oral presentation / discussion outlining the food safety program's ongoing
    i. quality assurance activities
    ii. self-assessment against established program standards
b. Self-assessment document review presented to the auditor by the agency staff to verify that the self-assessment was completed accurately and properly. MPRs 7&8 do not need to be self-assessed.
    i. The agency will receive the rating it gave itself on any MPR's, providing the audit verifies the rating as correct. Should an agency assess any standards as:
        1. Not met or met with conditions,
        2. Puts a corrective action plan in place
        3. Shows 90 days compliance with that plan
        4. Then the agency shall receive a met or met with conditions on that MPR.
    ii. Should the self-assessment show an incorrect rating or a program element that was not properly or completely reviewed, that element shall be jointly reviewed with the MDA auditor and LHD staff to determine the correct rating.
    iii. The auditor may review a number of the original documents assessed to determine if the self-assessment is correct and accurate.
c. Field demonstration in agency selected food establishments of the department's risk-based evaluation processes. Existing staff quality assurance, combined with this evaluation eliminates the need for the agency to self-assess MPR's 7 and 8.
    i. The field demonstration shall consist of visiting food establishments of varying risk levels, providing that 50% of the establishments visited are at the highest risk level.

# Inspectors per agency	Minimum # establishments visits per agency*
1-4	**2**
5-10	**4**
11+	**6**

*Number of visits may be increased upon joint agreement between the auditor and the LHD management that an increased number of visits would provide a more accurate assessment. The MDA auditor may allow staff to conduct a practice evaluation, as time and need allows.

ii. Show demonstration of risk-based evaluations by a variety of program staff. When possible, each establishment visit must be with a different inspector. Standardize trainers shall not be used unless unavoidable.
iii. Demonstrate that risk factors present in the establishment are correctly identified.
iv. Demonstrate how the presence of those risk factors is communicated orally and in writing to the establishment and resolved.
v. MPR's 7&8: The rating determination shall be based upon:
    1. The oral discussion of field quality assurance activities.
    2. A review of the written quality assurance documentation.
    3. A field exercise demonstrating that food program inspectors are properly utilizing a risk–based evaluation methodology. A state or nationally recognized evaluation review form, equivalent to the form used to standardize trainers and/or inspectors shall be used to document the results of this evaluation.

How to Judge compliance with MPR's 7&8 using review option 2:

- **Met-** Both of the following are done:
    - Staff quality assurance field reviews are being conducted at a frequency in accordance Important Factor IV or FDA Voluntary Retail Standard 2.
    - Field exercise demonstrates that food program inspectors are properly utilizing a risk-based evaluation methodology.
- **Met with Conditions-** The conditions for a met are generally achieved, however the field quality assurance frequency is below the standards and/or the field demonstration shows a moderate number of problems.
- **Not Met-** Field quality assurance reviews are not being done and/or significant problems were documented during the field demonstration.

Tips for passing MPR's 7&8 using review option 2:

- Formally standardize evaluation staff.
- Agencies having only 1 food inspector should use a standardized trainer from another agency to conduct field QA reviews.

MDA may conduct additional surveys in agency regulated food establishments during the visit for state-wide risk-reduction survey purposes. These evaluations will not be used to determine whether any MPR's are met or not met. Results of these visits will be provided to the agency for consultative purposes.

Criteria to qualify for option 2:

All LHD's are encouraged to utilize this review option. However, an agency best prepared to use this option has adequate program resources and is conducting thorough quality assurance

program reviews. Agencies meeting all elements of part A and 80% of the elements of part B are automatically approved to use option 2. Should an agency not meet the automatic approval criteria, they are encouraged to submit an application to MDA for a case-by-case review and approval. Applications for option 2 must be submitted to MDA 90 days in advance of the on-site review date.

Quality assurance may be accomplished through an agency specific plan, designed to meet agency needs. However, during the oral phase of the evaluation, the agency must be prepared to discuss the specific, substantive activities being carried out.

Part A:
For automatic approval to use review option 2 meet 100% of the following:

1. Meet 90% of the food program MPRs during the agency's last accreditation review.
2. Complete one or more documented program self-assessments covering the following time period:
    a. For agencies that did not use option 2 during their previous review:
        i. Complete one or more self-assessments covering the first 2 years of the current review period (2 year total).
        ii. Example: On-site review is scheduled for 3/2011. Normal review period is 3/2008-3/2011. Assessment(s) must be completed around 3/2010 and cover 3/2008-3/2010.
    b. For agencies that used option 2 during their previous review:
        i. Complete one or more self-assessments covering the last year of the previous review period and the first 2 years of the current review period (3 years total).
        ii. Example: On-site review is scheduled for 3/2012. Normal review period is 3/2009-3/2012. Assessment(s) must be completed around 3/2011 and cover 3/2008-3/2011.
    c. Self-assessments must be completed approximately 12 months before the scheduled review date, however this time may be shortened for some agencies during the initial cycle 4 implementation period. This review shall be completed using the MDA Self-Assessment Guide (MPR's 7&8 do not need to be reviewed).
3. Have not been on the MDA Emergency Risk-Based Inspection Schedule (ERBIS) for more than one year within the review period. Should the agency be on ERBIS at the time of the review, be able to demonstrate how ERBIS will be terminated at the end of one year.
4. Conduct quality assurance reviews of existing staff in field (i.e. See FDA Voluntary Retail Standard 2 or Important Factor 6).

Part B:
For automatic approval to use review option 2 meet 80% of the following applicable criteria (i.e.18 of 22, 17 of 21, 16 of 20, etc.). Only item numbers 15,16,18,19 and 20 may be considered not applicable due to their being no activity in that program area during the review period.

Program Advancement	
	1. Maintain at least one food program staff member that is MDA standardized.
	2. Enroll in FDA Voluntary Retail Standards

	3. Maintain a tracking system to monitor risk factor occurrence in establishments, compare with state risk-reduction surveys and local historical records for the purpose of program improvement.
	4. Regularly utilize and document use of long term control measures (i.e. such as risk control plans) with food establishments to assist in obtaining long term compliance.
Plan Review	
	5. Conduct ongoing quality assurance on the following program area: **Plan reviews properly conducted and documented**
	6. Conduct ongoing quality assurance on the following program area: **Pre-opening evaluations properly conducted and documented**
	7. Conduct ongoing quality assurance on the following program area: **Unauthorized construction recognized and controlled**
Evaluations	
	8. Conduct ongoing quality assurance on the following program area: **Evaluation frequency meets required schedules**
	9. Conduct ongoing quality assurance on the following program area: **Follow-up evaluations meet required schedules**
	10. Conduct ongoing quality assurance on the following program area: **Evaluation procedures meet MPR 6 requirements**
	11. Conduct ongoing quality assurance on the following program area: **Vending machine location evaluations meet required schedules**
	12. Conduct ongoing quality assurance on the following program area: **Temporary food service establishment evaluations properly conducted and documented**
	13. Conduct ongoing quality assurance on the following program area: **Enforcement conducted per department policy**
Miscellaneous	
	14. Conduct ongoing quality assurance on the following program area: **Records properly maintained and filed**
	15. Conduct ongoing quality assurance on the following program area: **License limitations issued and documented per law**
	16. Conduct ongoing quality assurance on the following program area: **Variances issued and documented per law**
	17. Conduct ongoing quality assurance on the following program area: **Consumer complaint investigations (non-illness) properly conducted and documented**
Training	
	18. Conduct ongoing quality assurance on the following program area: **Technical training for staff conducted per MPR 16 requirements**
	19. Conduct ongoing quality assurance on the following program area: **Fixed food service evaluation skills for staff conducted per MPR 17 requirements**
	20. Conduct ongoing quality assurance on the following program area: **Specialty food service evaluation skills conducted per MPR 18 requirements**
Foodborne Illness	
	21. Conduct ongoing quality assurance on the following program area: **Foodborne illness investigation conducted per MPR 19**

	requirements
	22. Conduct ongoing quality assurance on the following program area: **Foodborne illness investigations conducted per MPR 20 requirements**

Annex 12 - Accreditation Review Option 2 Application

E-mail completed application to: petersonr2@michigan.gov at least 90 days prior to the on-site review date.

Agency Name:
Application completed by (name and title):
Phone:
E-Mail:
Date completed:

Our agency wishes to use review option 2 for our upcoming accreditation review.

Criteria to qualify for option 2:
All LHD's are encouraged to utilize this review option. However, an agency best prepared to use this option is conducting thorough quality assurance program reviews. Agencies meeting all elements of part A and 80% of the elements of part B are automatically approved to use option 2. Should an agency not meet the automatic approval criteria, the application must be submitted to MDA at least 90 days prior to their on-site for a case-by-case review.

Quality assurance may be accomplished through an agency specific plan, designed to meet agency needs. However, during the oral phase of the evaluation, the agency must be prepared to discuss the specific, substantive activities being carried out.

Part A: Mark all items as Met, Not Met (NM) or Not Applicable (NA).

MET NM	Meet 90% of the food program MPRs during the agency's last accreditation review.
MET Date(s) completed: _____ NM	Complete a documented program self-assessment covering the normal accreditation review period 12 months before the scheduled review date (time may be shortened during for some agencies during initial implementation period). This review shall be completed using the MDA Self-Assessment Guide (MPR's 7&8 do not need to be reviewed).
MET NM	Have been on ERBIS for a maximum of one year within the review period. Should the agency be on ERBIS at the time of the review, be able to demonstrate how ERBIS will be terminated at the end of one year.
MET NM	Conduct quality assurance reviews of existing staff in field (i.e. FDA Voluntary Retail Standard 2 or Important Factor 6 contain quality assurance guides).

Part B: Mark all items as Met, Not Met (NM) or Not Applicable (NA).

For automatic approval to use review option 2 meet 80% of the following applicable criteria (i.e.18 of 22, 17 of 21, 16 of 20, etc.). Only item numbers 15,16,18,19 and 20 may be considered not applicable due to their being no activity in that program area during the review period.

Program Advancement	
MET NM	1. Maintain at least one food program agency staff member that is MDA standardized.
MET NM	2. Enroll in FDA Voluntary Retail Standards
MET NM	3. Maintain a tracking system to monitor risk factor occurrence in establishments, compare with state risk-reduction surveys and local historical records for the purpose of program improvement.
MET NM	4. Regularly utilize and document use of long term control measures (i.e. such as risk control plans) with food establishments to assist in obtaining long term compliance.
Plan Review	
MET NM	5. Conduct ongoing quality assurance on the following program area: **Plan reviews properly conducted and documented**
MET NM	6. Conduct ongoing quality assurance on the following program area: **Pre-opening evaluations properly conducted and documented**
MET NM	7. Conduct ongoing quality assurance on the following program area: **Unauthorized construction recognized and controlled**
Evaluations	
MET NM	8. Conduct ongoing quality assurance on the following program area: **Evaluation frequency meets required schedules**
MET NM	9. Conduct ongoing quality assurance on the following program area: **Follow-up evaluations meet required schedules**
MET NM	10. Conduct ongoing quality assurance on the following program area: **Evaluation procedures meet MPR 6 requirements**
MET NM	11. Conduct ongoing quality assurance on the following program area: **Vending machine location evaluations meet required schedules**
MET NM	12. Conduct ongoing quality assurance on the following program area: **Temporary food service establishment evaluations properly conducted and documented**
MET NM	13. Conduct ongoing quality assurance on the following program area: **Enforcement conducted per department policy**
Miscellaneous	
MET NM	14. Conduct ongoing quality assurance on the following program area: **Records properly maintained and filed**
MET NM NA	15. Conduct ongoing quality assurance on the following program area: **License limitations issued and documented per law**
MET NM NA	16. Conduct ongoing quality assurance on the following program area: **Variances issued and documented per law**
MET NM	17. Conduct ongoing quality assurance on the following program area: **Consumer complaint investigations (non-illness) properly conducted and documented**
Training	
MET NM	18. Conduct ongoing quality assurance on the following program area: **Technical training for staff conducted per MPR 16 requirements**

NA	
MET NM NA	19. Conduct ongoing quality assurance on the following program area: **Fixed food service evaluation skills for staff conducted per MPR 17 requirements**
MET NM NA	20. Conduct ongoing quality assurance on the following program area: **Specialty food service evaluation skills conducted per MPR 18 requirements**
Foodborne Illness	
MET NM	21. Conduct ongoing quality assurance on the following program area: **Foodborne illness investigation conducted per MPR 19 requirements**
MET NM	22. Conduct ongoing quality assurance on the following program area: **Foodborne illness investigations conducted per MPR 20 requirements**

Agency Comments (Additional brief documents may be attached, if desired):

Annex 13- Report Marking Instructions for Option 2 Field Evaluation Worksheets (2005 Food Code, Annex 5, Part 4 (A-H) References)

REVIEW

The accreditation process for field evaluations for Cycle 4, Option 2 will be based on the local health department evaluator's knowledge, skills, and abilities; not on the condition of the food service establishment. The Field Evaluation Worksheet, in combination with a review of existing quality assurance documentation, will be used to judge MPRs 7 and 8. For this document, the evaluator is the local health department, food service inspector; and the auditor is the MDA, food service specialist conducting the accreditation.

The evaluator must demonstrate knowledge of foodborne illness risk factors and interventions along with good retail practices (GRPs).

COMMUNICATION

The Field Evaluation Worksheet along with the risk-based inspection process evaluated during Cycle 4 Accreditation, Option 2 stresses open communication between the evaluator and operator. To be an effective communicator, the evaluator is expected to ask questions relative to the flow of food through the establishment, preparation and cooking procedures, employee health, and normal everyday operation of the facility (i.e., GRPs). Response statements made by the person in charge (PIC) or food employees should be used to support or augment direct observations. When observations are made while a food is undergoing a process (i.e., cooling and reheating), the evaluator should ask the PIC or food employees questions to support the actual observations and determine Food Code/Food Law compliance.

Option 2 field exercises focus on an audit of the evaluator, not the establishment.
There are some differences in the Accreditation process when choosing Option 2 that must be discussed and understood, prior to the accreditation exercise, by the auditor and the evaluator. These include the following:

1. There will be no interaction, guidance or training from the MDA auditor to the food service evaluator during the audit. It is expected that the evaluator will verbally address all findings of either compliance or non-compliance throughout the entire accreditation exercise. **Communication is the only way** for the auditor to know what the evaluator is seeing, and how compliance is determined.

2. At the end of the accreditation exercise the evaluator will be given time to look over their notes, check sheets, or any other guidance form that they use for the evaluation to ensure they have completed the inspection. Any additional information obtained by the evaluator prior to leaving the facility may be communicated to the auditor.

3. Once the auditor and evaluator leave the facility, the accreditation exercise is over. No changes may be made to the auditor's report.

4. To maintain consistency throughout the process, there will be no feedback given from the auditor to the evaluator after the accreditation exercise. On the same note, there will be no feedback given from the auditor to the Environmental Health Director or Food Supervisor

until all accreditation exercises are complete, and compliance with MPR 7 and 8 is determined.

GUIDELINES FOR DETERMINING EVALUATOR COMPETENCY

YES/NO
Due to the nature of the accreditation exercise, the evaluator is being reviewed, not the establishment or PIC. The evaluator's knowledge is demonstrated by both direct observations and supportive questioning. To mark a **YES** under Competency Demonstrated, the evaluator must verify risk factors, interventions, and GRPs not only by observation, but also through questions asked about procedures, practices, and monitoring. A Competency Demonstrated will be marked as **NO** if:

- An observation is missed by the evaluator (i.e., no cooking temperatures were taken of food cooked and served during the accreditation exercise).

- The procedure is not being performed at the time of the evaluation and no line of questioning is conducted to determine compliance (i.e., reheating is performed by the food service establishment but not during the evaluation and questions on procedures for reheating are not asked by the evaluator).

- The procedure is being performed at time of the evaluation and observed as a possible violation, but the candidate does not determine the root cause in order to verify which food code section to cite.

No Opportunity to Demonstrate Competency
No opportunity to demonstrate competency during the accreditation process will only be marked if the establishment never performs the procedure or process. For instance, if the food service establishment is only a cook-serve establishment, processes such as hot-holding, cooling, and reheating for hot-holding are not performed; therefore these items would be marked as No Opportunity to Demonstrate Competency.

Field Evaluation Worksheet Competency Guidelines
The following guidance may be used to determine the evaluator's competency in each of the categories listed below.

II. Inspections, Observations, and Performance

(C) Risk Based Inspection/Active Managerial Control

1. Verified demonstration of knowledge of the person in charge.
For the evaluator to be marked YES in this category the following items must be evaluated:
a. PIC present.
Determine presence of PIC: the person responsible for monitoring and managing shall be immediately available and knowledgeable in operational procedures and Food Code/Food Law requirements.

b. Demonstration of knowledge.
Determine that the PIC meets at least one of these three criteria:

- Certification by an ACCREDITED PROGRAM per §2-102.20.
- Compliance with the Code and Law by having no violations of critical items during the current inspection.
- Correct responses to the inspector's questions regarding public health practices and principles applicable to the operation.

NOTE: In lieu of a certification the evaluator should assess the PIC's knowledge by asking open-ended questions that would evaluate the PIC's knowledge in each of the areas enumerated in §2-102.11(C). Questions can be asked during the initial interview, menu review, or throughout the inspection as appropriate. The evaluator should ask a sufficient number of questions to enable the evaluator to make an informed decision concerning the PIC's knowledge of the Code requirements and public health principles as they apply to the operation.

c. PIC duties.
Determine if the PIC is ensuring that employees are complying with the duties listed in §2-103.11.

NOTE: Since marking this item out of compliance requires judgment by the evaluator, it is important that this item not be marked for an isolated incident, but rather for an overall evaluation of the PIC's ability to ensure compliance with the duties described in §2-103.11.

2. Verified the restriction or exclusion of ill employees.
In order for the evaluator to be marked **YES** in this category the following items must be evaluated: Whether or not the PIC…
a. Is aware of the requirement for employees to report specific symptoms and diagnosed illnesses, and knows what the symptoms and illnesses are (i.e., having it posted-§2-201.11).

b. Can convey knowledge of an employee health policy **or** have access to an employee health policy (written not required), and identify what actions are necessary when an employee does report symptom or diagnosed illness, (§2-201.12).

c. Is aware of requirements covering an employee returning to work (§2-201.13).

NOTE: The policy must reflect the current Food Code provisions. Verbal communication of the employee health policy must be specific to the types of illnesses and symptoms that require reporting. Nonspecific statements such as "sick or ill employees are not allowed to work," do not fully address the employee illness requirements of §2-201.12. Further questioning would be warranted.

3. Verified the availability of a consumer advisory for foods of animal origin served raw or undercooked.
In order for the evaluator to be marked **YES** in this category the following items must be evaluated:
a. Determine whether raw or undercooked foods are served or sold routinely or seasonally.

b. Determine that a consumer advisory with a disclosure and reminder is present as specified under § 3-603.11 of the Food Code or as stated in the Michigan Food Law 2000, as amended.

4. Verified approved food sources (e.g., food from regulated food processing plants; shellfish documentation; wild game and mushrooms, game animal processing; parasite destruction for certain species of fish intended for raw consumption; receiving temperatures).

In order for the evaluator to be marked **YES** in this category the following items must be evaluated:

a. All foods are from a regulated food processing plant or other approved source (no home prepared items).

b. Foods are received at proper temperatures, protected from contamination during transportation, and received safe and unadulterated.

c. Determine if any specialty food items are served or specialty processing is done (i.e., wild game or mushrooms, game animal processing, and parasite destruction).

NOTE: Include questions on segregation of distressed products, temperature monitoring, and how receiving procedures meet Food Code requirements.

5. Verified cooking temperatures to destroy bacteria and parasites.

In order for the evaluator to be marked **YES** in this category the following items must be evaluated:

a. Every effort should be made to assess the cooking temperatures of a variety of products served in the food establishment.

b. Determine if PIC and employees know and are following proper cooking time and temperature parameters (include microwave cooking requirements).

c. The presence of required thermometers and their proper use should be assessed.

NOTE: The evaluator should involve the PIC and/or employees in this verification process in order to determine compliance with cooking time/temperature requirements (i.e., having the PIC take the temperatures). Observations need to be supported by proper questioning.

6. Verified reheating temperatures of TCS food for hot holding.

In order for the evaluator to be marked **YES** in this category the following items must be evaluated:

a. Which foods are reheated for hot holding.

b. How reheating is done (include reheating in microwave) and if employee and PIC are knowledgeable of required parameters.

c. Temperature of foods being reheated when possible.

NOTE: If items are found "reheating" on the steam table, further inquiry is needed to assess whether the equipment in question is capable of reheating the food to the proper temperature

within the maximum time limit. If an operation does not re-heat for hot holding, then this category would be marked as No Opportunity to Demonstrate Competency.

7. Verified cooling temperatures of TCS food to prevent the outgrowth of spore-forming or toxin-forming bacteria.

In order for the evaluator to be marked **YES** in this category the following items must be evaluated:

a. Determine types of foods that are cooled.

b. Determine procedures for meeting required cooling parameters.

c. Determine if procedures are being followed (i.e., methods and monitoring) and employee's and PIC's knowledge of cooling requirements.

d. Verify food temperatures when possible.

NOTE: Problems with cooling can often be discovered through inquiry alone. Even when no cooling is taking place, inspectors should ask food employees and managers questions about the cooling procedures in place. Due to the time parameters involved in cooling, inspectors should always inquire at the beginning of the inspection if there are any products currently being cooled. This provides an opportunity to take initial temperatures of the products and still have time to re-check temperatures later in the inspection in order to verify that critical limits are being met. Information gained from food employees and management, in combination with temperature measurements taken, should form the basis for assessing compliance of cooling during an inspection.

8. Verified cold holding temperatures of foods requiring time/temperature control for safety (TCS food), or when necessary, verified that procedures are in place to use time alone to control bacterial growth and toxin production.

In order for the evaluator to be marked **YES** in this category the following items must be evaluated:

a. Determine compliance by taking food temperatures in multiple cold holding units.

b. Evaluate operational procedures that are in place to maintain cold holding requirements (i.e., monitoring of food temperatures, and the ambient temperatures of equipment, by the operator).

c. If time alone is used, review written policy and determine that policy meets requirements of the Food Code and is being followed.

9. Verified hot holding temperatures of TCS food or when necessary, that procedures were in place to use time alone to prevent the outgrowth of spore-forming bacteria.

In order for the evaluator to be marked **YES** in this category the following items must be evaluated:

a. Determine compliance by taking food temperatures in multiple hot holding units.

b. Evaluate operational procedures that are in place to maintain hot holding requirements (i.e., monitoring of food temperatures, and the ambient temperatures of equipment, by the operator).

c. If time alone is used, review written policy, determine that policy meets requirements, and is being followed.

10. Verified date marking of ready-to-eat foods TCS food held for more than 24 hours.
In order for the evaluator to be marked **YES** in this category the following items must be evaluated:
a. Determine those foods requiring date marking.

b. Evaluate whether the system in place to control for *L. monocytogenes* meets the intent of the Food Code and is being followed.

NOTE: With exceptions, all ready-to-eat, potentially hazardous foods (TCS foods) prepared on-site and held for more than 24 hours should be date marked to indicate the day or date by which the foods need to be served or discarded.

11. Verified food safety practices for preventing cross-contamination of ready-to-eat food.
In order for the evaluator to be marked **YES** in this category the following items must be evaluated:
a. Determine proper separation of raw animal foods and ready-to-eat foods from each other by cooking temperature.

b. Evaluate practices to eliminate the potential for contamination of utensils, equipment, and single-service items by environmental contaminants, employees, and consumers.

c. Evaluate food storage areas for proper storage, separation, segregation, and protection from contamination.

12. Verified food contact surfaces are clean and sanitized, protected from contamination from soiled cutting boards, utensils, aprons, etc., or raw animal foods.
In order for the evaluator to be marked **YES** in this category the following items must be evaluated:
a. Evaluate food-contact surfaces of equipment and utensils to verify that these are maintained, cleaned, and sanitized.

b. Assess how utensils and cookware are washed, rinsed, and sanitized.

c. Evaluate type of sanitizer, concentration, proper use, and use of chemical test strips.

13. Verified employee hand washing (including facility availability).
In order for the evaluator to be marked **YES** in this category the following items must be evaluated:
a. Evaluate proper hand washing method, including appropriate times.

b. Evaluate location, accessibility, and cleanliness of hand wash sinks.

14. Verified good hygienic practices (i.e., eating, drinking, tasting, sneezing, coughing, or runny nose; no work with food/utensils).

In order for the evaluator to be marked **YES** in this category the following items must be evaluated:

a. Evaluate policy for handling employees with sneezing, coughing, or runny nose.

b. Evaluate availability and use of employee break area (where employees eat, drink, or smoke).

c. Evaluate use of hair restraints.

15. Verified no bare hand contact with ready-to-eat foods (or use of a pre-approved, alternative procedure).

In order for the evaluator to be marked **YES** in this category the following items must be evaluated:

a. Evaluate operation's policy for handling ready-to-eat foods.

b. Evaluate employee practices of handling ready-to-eat foods.

c. Evaluate alternative procedure for bare hand contact if applicable (i.e., review policy, question employees about the use of the policy, and determine proper use of policy).

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

In order for the evaluator to be marked **YES** in this category the following items must be evaluated:

a. Evaluate proper storage and labeling of chemicals.

b. Evaluate if chemicals are approved for use in food establishment (include drying agents, veggie/fruit chemical wash, food coloring, sulfite agents, insecticides, and pesticides).

c. Evaluate proper use of chemicals.

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

In order for the evaluator to be marked **YES** in this category the following items must be evaluated:

a. Determine if any process or procedure requires a HACCP plan.

b. Review the written HACCP policy (as stated in the Food Code §8-201.14).

c. Evaluate appropriateness, effectiveness, and implementation of the plan.

(E) Good Retail Practices

GRPs are the foundation of a successful food safety management system. GRPs found to be out-of-compliance may give rise to conditions that may lead to foodborne illness (e.g., sewage backing up in the kitchen). To effectively demonstrate knowledge of certain risk factors, the evaluator must also address related GRPs (i.e., when evaluating if food contact surfaces are clean and sanitized, test kits would be part of the assessment of the ware washing process).

The evaluator is being audited on their overall assessment of GRPs by using observations and/or questions. In order for the Evaluator to be marked **YES** in this category the following items must be evaluated:

a. Evaluate the protection of products from contamination by biological, chemical, and physical food safety hazards.

b. Evaluate control of bacterial growth that can result from temperature abuse during storage.

c. Evaluate the maintenance of equipment, especially equipment used to maintain product temperatures.

NOTE: Examples of concerns addressed by the basic operation and sanitation programs include the following:

- *Pest control*
- *Food protection (non-critical)*
- *Equipment maintenance*
- *Water*
- *Plumbing*
- *Toilet facilities*
- *Sewage*
- *Garbage and refuse disposal*
- *Physical facilities*
- *Personnel*