



**Food Service Program
Cycle 7 – Office Review
Option 2 Self-Assessment Worksheet Guide**

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

Table of Contents

Section	Page
Random Number Sampling	3
Determining the Review Cycle.....	4
Plan Review	5
Facility File Review	8
Temporary Food Establishment.....	12
Limited Licenses.....	15
Variances	16
Consumer Complaint.....	17
Training	19
Foodborne Illness	22
Field Evaluation.....	24
Important Factors	24
MPR Summary Sheet.....	26
Annex A: Corrective Plan of Action.....	30
Annex B: Self-Assessment Forms (Annex B-1 to B-15)	31
Annex C: Field Evaluation Worksheet.....	51

This guidance document was created to assist local health departments in completing the MDARD accreditation Worksheets, Annex B, used for self-assessments. This document is to be utilized along with the MDARD accreditation MPR Indicator Guide. Both documents will provide instructions for completing the worksheets and provide guidance for determining compliance. A completed example has been provided for each worksheet. A copy of the MPR Indicator Guide can be found at: http://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51201---,00.html.

If you have any suggestions to improve this guidance document, please send your suggestions to coyb9@michigan.gov; MDARD appreciates your comments.

RANDOM NUMBER SAMPLING

To conduct an effective self-assessment (S.A.), you will need to first have lists of establishments for each section you will be reviewing to do a random number sampling from these lists. The establishments on these lists should be numbered.

There are several ways to randomly select samples from a list of establishments which are explained in Annex 5 of the MPR Indicator Guide, Method 1 and Method 2. It is recommended to use Method 1 as described in Annex 5.

A computer program commonly used to select random numbers is the Research Randomizer, although other computer generated random number sampling programs would also be effective. This program can be found at: <http://www.randomizer.org/form.htm>.

Example of using Research Randomizer (screen shot):
You have a list with **693** licensed fixed establishments

The screenshot shows the Research Randomizer website interface. The form includes the following fields and annotations:

- How many sets of numbers do you want to generate?**: Input field with value '1'. Annotation: "For each list, you want 1 set of numbers".
- How many numbers per set?**: Input field with value '23'. Annotation: "Type in the sample size needed".
- Number range (e.g., 1-50)**: Two input fields. The first has '1' and the second has '693'. Annotation: "Type in the number range of the list".
- Do you wish each number in a set to remain unique?**: Dropdown menu with 'Yes' selected. Annotation: "Always set this to 'Yes'".
- Do you wish to sort the numbers that are generated?**: Dropdown menu with 'No' selected. Annotation: "Set this to 'No'".
- How do you wish to view your random numbers?**: Dropdown menu with 'Place Markers Off' selected. Annotation: "Set this to 'Place Markers Off'".
- RANDOMIZE NOW!**: Button at the bottom. Annotation: "Click here once done entering your information".

After clicking the "Randomize Now", it will generate a list of random numbers, this list of random numbers is downloadable from the website. **Keep copies of your lists and document how facilities were chosen. During your MDARD audit, you will be asked to show how your random samples were chosen. This is an important step in your audit.**

Use this list of random numbers to pick the facilities from your numbered facility lists.

MDARD recommends using Method 1 of Annex 5 of MPR Indicator Guide as described on previous page, for random selection of files for each section (Plan Review, Facility Files, Complaints, etc.) to be reviewed for your S.A. with the exception of Temporary Food Establishments. MDARD recommends using Method 2 of Annex 5 for random sampling of Temporary Food Establishments.

REVIEW CYCLE

To make sure that no file is reviewed more than once, your review cycle consists of the first day of your previous review through the first day of your self-assessment process.

When self-assessing for Option 2 for the first time, the time period of the new review would be the first day of your previous accreditation audit through the date your agency begins the self-assessment process to prepare for the accreditation visit. Your self-assessment should be completed one year before your MDARD site visit audit.

Examples are provided below to explain this concept (For additional guidance, see the MPR Indicator Guide, Annex 11, part A or call your MDARD consultant for questions).

Example: Your Cycle 7 Accreditation Audit is scheduled for June 1, 2018. Your last audit was June 1, 2015.

*** S.A. = Self-assessment

2015	2017	2018	2020	2021
2 0 1 6			2 0 1 9	
Cycle 6 Audit by MDARD 6/1/15	Cycle 7 S. A. 6/1/17	Cycle 7 Audit by MDARD 6/1/18	Cycle 8 S. A. 6/1/20	Cycle 8 Audit 6/1/21
MDARD site visit on 6/1/15	A S.A. needs to be done a year before the accreditation date, you would begin your S.A. now. If you used Option 1 in 2015, your review will only consist of a 2-year period (6/1/15 – 6/1/17) since your last review was 6/1/15.	Under Option 2, MDARD will only look at your S.A. done in June of 2017. MDARD will not evaluate your files. MDARD evaluates how you did your S.A. and if it was done correctly. If you used Option 1 in 2015, MDARD will only be looking at the same 2-year period you reviewed: 6/1/15 to 6/1/17 you reviewed.	Your next accreditation audit will be due 6/1/21. You would now begin your S.A. for Cycle 8. Since your Cycle 7 S.A. review encompassed 6/1/15 – 6/1/17, your new S.A. for Cycle 8 will be 6/1/17 through 6/1/20 (This is now a 3-year review cycle).	Under Option 2, MDARD will only look at your S.A. done in June of 2020. MDARD will not evaluate your files from 6/1/17 to 6/1/20. MDARD evaluates how you did your S.A. and if it was done correctly. MDARD will only be looking at the same 3-year period you reviewed for your S.A. done 6/1/20.

If “NOT MET” is given to any minimum program requirement during your S.A., see Annex A for information concerning Corrective Plans of Action.

PLAN REVIEW

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance. MPRs 1 and 6 are evaluated in plan review.

CHOOSING PLAN REVIEW SAMPLES:

Only choose full or extensive partial plan reviews as part of your sample list for this audit. If a simple partial plan review is completed (example- the addition of the coffee and smoothie machines, or the existing facility checklist is used) do not include that review in your sample list. Determine the number of full or extensive partial plan reviews completed from your plan review log.

Utilizing Annex 6 of the MPR Indicator Guide determine the sample size of full or extensive partial plan reviews, that meet the criteria, completed during the S.A. review period from your plan review log. Example: 12 plan reviews done = sample size of 7; 96 plan reviews done= sample size of 10. A maximum sample size of 10 plans are reviewed. On a copy of the plan review log, number the plans from 1 through the last plan review that has been completed and the facility opened.

Utilize Method 1 in Annex 5 of the MPR Indicator Guide, do a random selection of plan reviews to audit. All the plan review samples should be of fixed facilities but one sample may be a mobile or STFU.

EXAMPLE OF A DISTRICT HEALTH DEPARTMENT SELECTION PROCESS:

District 20 has 3 counties and it has been determined that the sample size is 10. The counties are: Salem County (has 40% of the plan reviews, with 4 plans chosen); Boston County (has 40% of the plan reviews, with 4 plans chosen); Denver County (has 20% of the plan reviews, with 2 chosen). Sample size of 10 multiplied by 40%= 4 samples; sample size of 10 multiplied by 20%= 2 samples. Each county should have a numbered list of plan reviews; create a separate random number list of samples for each county. So, for Salem County (which has 40 % or 4 samples to choose) use the random number list for Salem County to choose your samples.

Use the Plan Review facility selection worksheet, Annex B-1, to document the samples chosen. Example of completed Plan Review selection worksheet on following page.

PLAN REVIEW

NUMBER OF PLANS REVIEWED IN CYCLE 250
 SAMPLE SIZE 10 (MAXIMUM 10 FILES REVIEWED)

Write in number of full or extensive partial plan reviews completed during the S.A. period.

Sample size per Annex 6 in MPR Indicator Guide; maximum of 10 plans are assessed.

#	County	Facility	Address
1	Salem	G's Bar	123 Main St., Freeport
2	Salem	McDonalds	456 2 nd Ave, Freeport
3	Salem	Burger King	789 3 rd Ave, Freeport
4	Salem	Steak House	1011 4 th Ave, Freeport
5	Boston	Boston High School	987 Oak St, Springfield
6	Boston	A & W	654 Elm St, Springfield
7	Boston	Big Ed's BBQ	321 Ash St, Springfield
8	Boston	The Coffee Bean	111 Maple St, Springfield
9	Denver	Wendy's	7319 Yellow St, Altima
10	Denver	The R & B	8264 Red St, Altima

This column is used for District Health Departments that have multiple counties

PLAN REVIEW CALCULATIONS FOR ALL FILES REVIEWED:

	MPR 1	MPR 6
MET		
NOT MET		
	MPR 1 8 of 10 are met	MPR 6 9 of 10 are met

This chart is completed after the S.A. of plan review is finished and the information from the Plan Review Worksheets, Annex B-2, is tallied for plans reviewed that did or did not meet these MPRs. This information will later be used in the MPR Summary sheet.

FILLING OUT THE PLAN REVIEW WORKSHEET:

The Plan Review Worksheet, Annex B-2, is used to collect and interpret data for MPR 1 and 6 for each plan review that was selected as part of your sample. One plan review worksheet must be filled out for each plan review audited. Refer to the MPR Indicator Guide for explanation of criteria that needs to be met for MPR 1 and 6. Example of completed Plan Review Worksheet on next page:

Record the number of individual indicators met for MPR 1 & 6. 13 indicators total for MPR 1 and 3 indicators total for MPR 6.

Write in the type of facility: **Fixed**, **Mobile** or **STFU**

Circle whether "Met" or "Not Met" for each MPR. This is the tally that will be recorded on the Plan Review selection sheet, Annex B-1. 80% or greater is needed to meet MPR 1 and 100% is needed to meet MPR 6 on a single worksheet.

MPR's 1 & 6

Plan Review Worksheet

1 Plan review 10 of 13 indicators met = 77% (80% required) M **NM**

6 Records 3 of 3 indicators met = 100% (100% required) **M** NM

Facility Name: Steak House Type: Fixed New Remodeled

License year: 2018 Insp. Date: 5-15-17 Date License Signed: 5-15-17

Record the licensing year and pre-opening inspection date

Mark if plan review is New or a Remodel

Record date of signature on the license application. If a remodel and license is existing, document as "existing".

Mark this column with a "√" if indicator is met or an "X" if not met.

Make notes for indicator issues or notes in general in this column

Circle "Y" if a problem is found with an indicator

	Item Required	Status*	Notes	Problem
1	Application / Transmittal letter/Scope	√	1-5-17	Y
1	Completed Worksheet	√		Y
1	Menu	√		Y
1	SOP	√		Y
1	Layout- plans, including scaled drawing	√		Y
1	Equipment Specifications	X	No equipment specs in file	Y
1	Preopening Evaluation Report in file	√		Y
1	Report Marked Approved to Operate	X	Not marked approved to open	Y
1	Report verifies NO P/2 or less Pf Violations present prior to operating.	√		Y
1	Reviewer's checklist used	√		Y
1	Formulas calculated, documented for hot water, dry storage, & refrigeration? (needed, proposed, justification for differences)	X	No formula for hot water calculations in file or reasoning for why calculation is not done.	Y
1	Applicant informed of deficiencies? Deficiencies addressed in writing, or on revised plans.	√		Y
1	Approval letter in file? References a unique identifier marked on the approved plans.	√	Date: 1-26-17	Y
6	Records are maintained in accordance with Annex 3	√		Y
6	LHD able to retrieve records necessary for the audit	√		Y
6	Applications and licenses are processed in accordance with the Law (date of issuance, signatures of operator and regulator, Pre-opening inspection is dated either before or on the same day the license is signed)	√		Y

* √=yes, x=no, NA=not applicable

FACILITY FILE REVIEW

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance. MPRs 2, 4, 6, 7, and 8 are evaluated for facility files.

CHOOSING FACILITY SAMPLES:

Create a list of facilities within your jurisdiction. Recommended that a separate numbered list for fixed, mobile, and STFU be created. Use the sum of all your facilities (fixed, mobile, STFU) to get the number that will decide your needed sample size using Annex 6 in the MPR Indicator Guide. The maximum number of facility files reviewed is 23.

When choosing your samples, one STFU and one mobile should be part of the overall sample (if these types of facilities are licensed in your jurisdiction) to ensure that these types of facilities are evaluated according to law requirements.

You can then use the random number calculator described in this document to choose one STFU from the STFU list, one mobile from the mobile list, and then the remaining number of samples from the fixed facility list. Example, you have a sample size of 19 facilities, use the random number calculator to select one sample STFU from STFU list and one mobile sample from the mobile list. Then use the random number calculator to select the remaining 17 samples from the fixed facility list. Write all the selected samples on the Fixed Files log sheet, Annex B-3.

If you are evaluating a district health department, or have more than one office in your health department, each office must have a randomly chosen list of facilities.

EXAMPLE OF A DISTRICT HEALTH DEPARTMENT SELECTION PROCESS:

District 20 consists of 3 counties, and has 2000 licensed facilities. The sample size using Annex 6 of the MPR Indicator Guide is 23 facility files. The counties are: Salem County (has 40% of the licenses, with 9 facilities chosen); Boston County (has 40% of the licenses with 9 facilities chosen); and Denver County (has 20% of the licenses with 5 facilities chosen). Sample size of 23 multiplied by 40% = 9; sample size of 23 multiplied by 20% = 5.

So, for Salem County (which has 40 % or 9 samples to choose) the random list for Salem County will be used to choose your samples. For this type of situation, ONLY 1 STFU and 1 mobile are chosen for the entire district. The STFU and mobile would then count as samples from which every county they are chosen from. A separate random number list will be created for each of the remaining 2 counties fixed facility lists.

Use the Fixed Files selection sheet, Annex B-3, to document the samples chosen. Example of completed sheet on following page.

FIXED FILES - OFFICE REVIEW

Write number of licensed facilities (fixed, mobile, STFU).

Sample size per Annex 6 of MPR Indicator Guide; maximum of 23 facilities are assessed.

NUMBER OF ESTABLISHMENTS FOR REVIEW CYCLE 2000

SAMPLE SIZE 23

#	County	Facility	Address
1	Salem	McDonalds	
2	Salem	Salem High School	
3	Salem	Joe's Diner	
4	Salem	Lucky Café	
5	Salem	Koffee Kart	STFU
6	Salem	Olive Garden	
7	Salem	Rally's	
8	Salem	Ponderosa	
9	Salem	Red Lobster	
10	Boston	Dan's Steak House	
11	Boston	McDonalds	
12	Boston	S&D Tavern	
13	Boston	Big A Bagels	
14	Boston	Arby's	
15	Boston	Taco Bell	
16	Boston	Boston Little League Concession	
17	Boston	V.F.W	
18	Boston	Applebee's	
19	Denver	Tropical Smoothie	
20	Denver	Little Dip Ice Cream Parlor	
21	Denver	Sally's Sandwiches	Mobile
22	Denver	Starbucks	
23	Denver	Subway	

Write in address of facility in this column, if desired

This column is used for District Health Departments that have multiple counties

Mark the facilities that are a STFU or mobile

This chart is completed after the S.A. of facility files is finished and tally the information from the Facility Folder Worksheet, Annex B-4. Record the # of facilities that did or didn't meet these MPRs. This information will later be used in the MPR Summary sheet.

CALCULATIONS FOR ALL FACILITY FOLDERS REVIEWED:

	MPR 2 Frequency	MPR 4 Procedures	MPR 6 Records	MPR 7 Enforcement	MPR 8 FU Evaluations
MET	 	 	 	 	
NOT MET					
	MPR 2 <u>23</u> of <u>23</u> met	MPR 4 <u>22</u> of <u>23</u> met	MPR 6 <u>22</u> of <u>23</u> met	MPR 7 <u>23</u> of <u>23</u> met	MPR 8 <u>22</u> of <u>23</u> met

FILLING OUT THE FACILITY FOLDER WORKSHEET:

This Facility Folder Worksheet, Annex B-4, is used to collect and interpret data for MPR 2, 4, 6, 7, and 8. The top of the form is where compliance percentage is calculated. Following is a description of how to calculate compliance for MPRs 2, 4, 6, 7, and 8

- MPR 2; need $\geq 80\%$ to be a Met
 - Subtract the number of routines completed by the number of routines that were late. Then divide this number by the number of routines that were due during the timeframe under review. Example: In a three-year period, a total of 6 routines are due, 5 routines were done, 1 of the 5 routines done was late:
 - $5 \text{ routines done} - 1 \text{ routine late} = 4 \text{ routines}$
 - $4 \text{ routines} \div 6 \text{ routines due} = 67\% \text{ Not Met}$
- MPR 4; need $\geq 80\%$ to be a met
 - Divide the total number of routines and separate follow-ups without MPR 4 errors by the total number of routines and separate follow-ups that were completed. Example: In the timeframe under review, 4 routines were done and 3 separate follow-ups were completed giving a total of 7 evaluations total. 6 of these evaluations did not have MPR 4 issues:
 - $6 \div 7 = 86\% \text{ Met}$
- MPR 6; need 100% to be a met
 - There is no calculation for MPR 6 on the Facility Folder Worksheet; need a 100% for MPR 6 to be met on a worksheet. One error of an MPR 6 indicator would result in a not meet for MPR 6 on that worksheet.
- MPR 7; need 100% to be a met
 - There is no calculation for MPR 7 on the Facility Folder Worksheet; need a 100% for MPR 7 to be met on a worksheet. One error of not following your enforcement policy for reoccurring or chronic violations would result in a not met for MPR 7 on that worksheet.
- MPR 8; need $\geq 80\%$ to be a met
 - To properly calculate MPR 8 percentage you need to correctly count the number of follow-ups conducted. A priority or priority foundation violation corrected during a routine would count as a follow-up evaluation. Thus, you could have follow-ups that are part of a routine as well as separate standalone follow-ups. You subtract the number of MPR 8 follow-ups that had errors from the total number of MPR 8 follow-ups completed. Then divide this number by the number of follow-ups that were required to be done. Example: You have 5 routines, 2 of these routines had either a priority or priority foundation violation corrected at the time of the routine. You also have 2 separate standalone follow-ups. This gives you a total of 4 follow-ups done. However, 1 of these follow ups had an MPR 8 error. Also, one identified priority violation on a routine never had a follow-up conducted for it; this is a follow-up that is due but was not done thus that would have been a total of 5 follow-ups due:
 - $4 \text{ follow-ups done} - 1 \text{ follow-up with MPR 8 error} = 3 \text{ follow-ups}$
 - $3 \text{ follow-ups} \div 5 \text{ follow-ups due} = 60\% \text{ Not Met}$

Example of completed Facility Folder Worksheet on next page:

Circle if an MPR is Met or Not Met. This is the tally that will be recorded on the bottom of the Fixed Files selection sheet, Annex B-3. ≥80% is needed to meet MPR 2, 4, & 8 and 100% needed to meet MPR 6 & 7 on each single worksheet

MPR's 2,4,6,7,8 Facility Folder Worksheet
 2: Routine: 5 done- 1 late = 4 DONE / 5 DUE= 80 % Compliance **(M) NM**
 8: FU: 6 done- 1 late/rpt. writing prob. = 5 DONE/ 6 DUE= 83 % Compliance **(M) NM**
 4 5 Total Eval. w/o MPR 4 errors/ 7 Total Inspections = 71 % Compliance **(M) (NM)**
 6 Records: **(M) (NM)** 7 Enforcement: **(M) NM**
 Facility Name: Joe's Diner Type: **(Fixed)** Mobile STFU

Use this column to record MPR number(s) that had issues. A single evaluation report could have multiple MPR numbers written here

Circle the facility type

Use this column to write in the date of an evaluation. Start with the 1st routine of the S. A. period

Circle the activity type of the evaluation: routine, follow-up, enforcement. If a P or Pf is corrected during a routine, you would also circle FU as well as the R.

Use this column to record the **number and type** of P, Pf, and C violations. Record if an issue is noted with an MPR. Record which violations are chronic/recurring (i.e. date mark) to track possible enforcement action. Use additional pages for notes if space is needed

If a P or Pf is corrected during a routine, mark it with a COS (corrected on site).

Circle "Y" if a problem is found with an MPR.

Dates	Activity Type	Routine Freq.	Time Between	Notes	MPR	Problem
2/6/16	(R) (FU) Enf	6 MC	-----	1 P: Cold hold-COS 2 Pf: Test kit/date mark 3 C: Hair/ food stored on floor/employee drink Date mark and test kit were corrected		Y
2/12/16	R (FU) Enf	30 days	6 days	Method of correction was not described-MPR 8	8	(Y)
8/6/16	(R) (FU) Enf	6 MC	6 MO	1 Pf: Date mark-COS 2 C: Light shield/wiping cloth Observation not described-MPR 4	4	(Y)
3/10/17	(R) (FU) Enf	6 MC	>7 MO	1 Pf: Date mark-CCS 3rd repeat of date mark 1 C: food stored on floor Inspection frequency exceeded-MPR 2	2	(Y)
9/12/17	(R) (FU) Enf	6 MC	6 MO	1 Pf: paper towels-COS 1 C: soiled floor		Y
3/16/18	(R) (FU) Enf	6 MC	6 MO	1 P: handwashing 2 C: Equipment storage/toilet room door propped open Law summary missing-MPR 4 Handwashing corrected	4	(Y)
3/30/18	R (FU) Enf	30 days	16 days			Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
License Year	License in File?	Date App. Signed	Dates of STFU inspections	Findings	MPR 6	Problem
2018 thru 2019	✓	X		license application missing	6	(Y)
2017 thru 2018	✓	4-18-17				Y
2016 thru 2017	✓	4-7-16				Y

Note #1: see next page

Note #2: see next page.

Record the licensing years for the S.A period.

Mark with a "v" if copy of license is available, mark with "X" if not available.

Write in date application is signed. If not signed or application is missing mark with an "X".

Record specific issues noted with MPR 6

If this is an STFU, record the dates of the STFU operational inspections. If operational inspections were not done mark with an "X".

Note #1: The “Routine Freq.” column is to document the required evaluation frequency for your agency. Either every 6 months, or as determined by your office’s Risk Based Evaluation Schedule: 6, 12, 18 months or S for seasonal. For follow-up evaluation, mark 30 days.

Note #2: The “Time Between” column is to document the actual time between evaluations.

- For routine evaluations, a one month grace period is allowed. If an evaluation was done June 6, 2016, the next evaluation (if on a 6-month rotation) would be Dec 6, 2016. If the evaluation was done January 6, 2017, the frequency would be met. If the evaluation was done January 7, 2017, a not met would be given (MPR 2) for this evaluation report since the 7 month grace period would have passed.
- For follow-up evaluations, the inspection should be conducted within 10 days. A 30-day grace period is given. If the Priority or Priority foundation violation was found on 9/9/16 and the follow-up done on 10/9/16, a met would be given. If the evaluation was done on 10/10/16, a not met would be given (MPR 8) for this follow-up evaluation since the 30-day grace period would have been passed.
- If two or less Priority foundation violations were marked on a routine, and the director determined that they were not a risk to food safety, the verification of correction could be done at the next routine inspection. Whether within 30 days or at the next routine evaluation a Priority foundation violation must have a verification of correction conducted.
- A time is not placed in this column for the initial evaluation reviewed. To determine if it was in compliance, you would need to review the previous evaluation, and since you never review a previously evaluated form, you do not record a time in the “Time Between” for the first evaluation reviewed.

TEMPORARY FOOD ESTABLISHMENT

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance. MPRs 3, 4, and 6 are evaluated for temporary files.

CHOOSING TEMPORARY ESTABLISHMENT SAMPLES:

You will need to determine the number of temporaries issued during the time frame under review and then use Annex 6 of the MPR Indicator Guide for determining your sample size. The maximum number of temporaries reviewed is 23.

Most departments store their temporary licenses and applications in a file cabinet by year. It would be difficult to create a “list” of the temporary licenses and applications, and even more difficult to number that list and randomly select the corresponding temporaries for the S.A. review period.

The random sample method best for choosing temporary files is using a variation of Method 2 in Annex 5 of the MPR Indicator Guide. Example below:

You have 175 temporaries licensed over the S.A. review period and Annex 6 tells you to select 20 temporaries for review:

- Divide the total number of temporaries by the sample size, $175 \div 20 = 9$. This means that every 9th temporary license will be selected for review.
- Have another individual select a number from 1-10 (the selected number may include 1 & 10). Let's say the number 7 is selected. Use the selected number of 7 as the starting point. Since you will need to explain this process during your audit by MDARD, be sure to document your sampling method for reference during the audit.
- Now find the 7th temporary from the beginning of the files. It doesn't matter if you start from the current date, or the first date of the S.A. review period. All years will be proportionally reviewed using this method. This is the first temporary that will be reviewed.
- Next count forward 9 temporaries to find the second temporary to be reviewed. Continue until 20 temporaries have been selected. If you reach the end of the list, continue counting from the beginning of the list. You should have selected the following establishments: 7, 16, 25, etc.

EXAMPLE OF A DISTRICT HEALTH DEPARTMENT SELECTION PROCESS:

District 20 consists of 3 counties, and has 930 temporaries issued for the time frame under review. Using Annex 6 of the MPR Indicator Guide, the sample size is 22 temporaries. The counties are: Salem County (has

40% of the temporaries, with 9 temporaries chosen); Boston County (has 40% of the licenses with 9 temporaries chosen); Denver County (has 20% of the temporaries with 4 temporaries chosen). Sample size of 22 multiplied by 40% = 9; sample size of 22 multiplied by 20% = 4) (930 licenses divided by a sample size of 22 is every 42nd license.)

Have someone choose a starting number, and beginning with that number; choose the first TFE license. You will then need to choose 21 additional licenses. Since 930 files, divided by a sample of 22 is every 42 licenses, proceed to the 42nd license after the first, and that is your second sample.

FILLING OUT THE TEMPORARY FOOD WORKSHEET:

This Temporary Food Worksheet, Annex B-5, is used to collect and interpret data for MPR 3, 4, and 6. Example of completed Temporary Food Worksheet on next page.

MPR 3,4,6 Temporary Food Worksheet

Note: Put "√" for met or "X" for not met in boxes as licenses are reviewed.

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

Indicators for MPRs 3, 4, & 6

	Office	Year	License #	3 a	3b	3 c	4	6	Specific problem noted
1	Salem	2016	456789	√	√	√	√	√	
2	Salem	2016		√	√	√	√	√	
3	Salem	2016		√	√	√	√	√	
4	Salem	2017		√	√	√	√	√	
5	Salem	2017		√	√	√	X	√	Correction not described
6	Salem	2017		√	√	√	√	√	
7	Salem	2017		√	√	√	√	√	
8	Salem	2018		√	√	√	√	√	
9	Salem	2018		√	√	X	√	√	Issued with uncorrected P violation
10	Boston	2016		√	√	√	√	√	
11	Boston	2016		√	√	√	√	√	
12	Boston	2016		√	X	√	√	√	Food column not completed
13	Boston	2017		√	√	√	√	√	
14	Boston	2017		√	√	√	√	√	
15	Boston	2017		√	√	√	√	√	
16	Boston	2018		√	√	√	√	√	
17	Boston	2018		√	√	√	√	√	
18	Boston	2018		√	√	X	√	√	Issued with uncorrected P violation
19	Denver	2016		√	√	√	√	√	
20	Denver	2017		√	√	√	√	√	
21	Denver	2017		√	√	√	√	√	
22	Denver	2018		√	√	√	√	√	
23									
MPR 3: <u>19</u> of <u>22</u> files Met				86 %					
MPR 4: <u>21</u> of <u>22</u> files Met									
MPR 6: <u>22</u> of <u>22</u> files Met									

This column is used for District Health Departments that have multiple counties

Write in year temporary was issued

Write in the license number of temporary

This information will later be used in the MPR Summary sheet.

Mark these columns with a "√" if indicator is met or a "X" if not met. See MPR Indicator Guide for details.

Use this column to record issue if indicator is not met.

≥80% is need for MPR 3 to be met overall; # of temporaries meeting indicators of MPR 3 divided by total # of temporaries reviewed.

LIMITED LICENSE

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance. MPR 9 is evaluated for limited licenses.

CHOOSING LIMITED LICENSE SAMPLES:

It is unlikely that many licenses will have been limited over the S.A. review period; therefore a percentage allowance is not feasible.

Obtain a list of all licenses limited during the review period. If there are only a few licenses limited (≤ 10) during the review cycle, you would want to review all the licenses to assess if they were limited correctly. If many licenses were limited (> 10), you would randomly pick licenses to review. To statistically have a valid sample, choosing 10 limited licenses for review would be sufficient.

FILLING OUT THE LIMITED LICENSE WORKSHEET:

If the health department has a policy for license limitations, this policy would provide evaluation information.

This Limited License Worksheet, Annex B-6, is used to collect and interpret data for MPR 9, and to document the samples that were chosen for evaluation. Use the MPR Indicator Guide to determine compliance for MPR 9. The 2 components to evaluate for license limitations are listed on the worksheet. Sample of completed Limited License Worksheet is below.

MPR 9 LIMITED LICENSE WORKSHEET

MET MC NM

Facility name	Reason license was limited (food law)	Proper notice provided Y / N	Opportunity for a hearing Y / N
Joe's Bar	This bar is limited to serving only drinks and prepackaged foods until on-site sewage system is upgraded	Y	Y
Boston High School Concession	Limited to single service tableware due to present inadequate warewashing facilities	Y	Y
St. Mary's Church	Limited to cooking only non-grease vapor producing foods due to inadequate ventilation in kitchen	Y	Y

Circle if limited licenses are Met, Met with Conditions, or Not Met overall.

Record the name of facility that had their license limited.

Record the reason the license was limited.

Mark with a "Y" if this indicator was Met or a "N" if Not Met.

Since MPR 9 does not have a percent rate, the reviewer should consider the overall practice of issuing a limited license when determining compliance. A consistent deficiency in any one of the MPR 9 indicators would result in a Not Met overall for Limited Licenses.

VARIANCES

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance. MPR 10 is evaluated for limited licenses.

CHOOSING VARIANCE SAMPLES:

It is unlikely that many variances will have been issued over the S.A. review period; therefore, a percentage allowance is not feasible.

Obtain a list of all variances issued during the review period. If there are only a few variances issued (≤ 10) during the review cycle, you would want to review all the variances to assess if they were done correctly. If many variances were limited (> 10), you would randomly pick variances to review. To statistically have a valid sample, choosing 10 variances for review would be sufficient.

FILLING OUT THE VARIANCE WORKSHEET:

The health department's policy on variances will be needed to complete this worksheet.

This Variance Worksheet, Annex B-7, is used to collect and interpret data for MPR 10, and to document the samples that were chosen for evaluation. Use the MPR Indicator Guide to determine compliance for the six indicators for MPR 10. Sample of completed Variance Worksheet is on next page.

MPR 10 VARIANCE WORKSHEET

MET MC NM

Facility name	Specialized processing (HACCP) Y / N	Request in file Y / N	Statement of proposal- Relevant FC/FL #’s Y / N	Public health hazards addressed Y / N	Department has formal procedure Y / N	Staff following procedure Y / N
Joe’s Diner	NA	Y	Y	Y	Y	Y
Mary’s Café	NA	Y	Y	Y	Y	Y

Circle if variances are Met, Met with Conditions, or Not Met overall.

Record the name of the facility the variance was issued for.

Mark with a “Y” if indicator is Met or a “N” if Not Met. Mark with NA if the indicator is not applicable to the variance.

Since MPR 10 does not have a percent rate, the reviewer should consider the overall practice of issuing a variance when determining compliance. A consistent deficiency in any one of the MPR 10 indicators would result in a Not Met overall for variances.

CONSUMER COMPLAINT

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance. MPR 11 is evaluated for complaints (non-foodborne). **MDARD will not evaluate smoking complaints (P.A. 188) as part of the accreditation process.**

CHOOSING CONSUMER COMPLAINT SAMPLES:

To choose consumer complaints (non-foodborne) you will need your complaint tracking log. Using your complaint log, number the non-foodborne complaints received during the timeframe under review for your S.A. Use the sum of these complaints to determine your sample size using Annex 6 in the MPR Indicator Guide. The maximum sample number of complaints is 23. You can then use the random number calculator described in this document to select the non-foodborne complaints that will be reviewed as part of your S.A. A similar method of choosing representative samples from multiple counties that is used for the fixed facility file samples can be used for consumer complaints.

FILLING OUT THE CONSUMER COMPLAINT WORKSHEET:

This Consumer Complaint Worksheet, Annex B-8, is used to collect and interpret data for MPR 11 and to document the samples that were chosen for evaluation. Use the MPR Indicator Guide to determine compliance for the indicators for MPR 11. Sample of completed Consumer Complaint Worksheet is on next page.

Enter the complaint ID from the complaint log in this column. If an ID system is not used, but only identifies complaints by the date or facility number, document that ID in the column. Multiple counties may have codes as well.

Mark this column with an "√" if the complaint was investigated ≤ 5 working days. Mark with an "X" if > 5 working days.

Mark this column with "M" if all indicators for a single complaint were met. Mark with NM if any one indicator was not met.

Circle "Y" if there is an issue with a complaint.

#	Complaint ID	11 Log maintained & records available for review		11 Results recorded (or justification for no investigation)	11 Working Days from Receipt to Start of Investigation (Max. 5 working days allowed)	Met Not Met	Problem
1	16-01	√	√	√	√	M	Y
2	16-22	√	√	√	√	M	Y
3	16-30	√	X	X	√	NM	Y
4	17-02	√	√	√	√	M	Y
5	17-10	√	√	√	√	M	Y
6	17-13	√	√	√	√	M	Y
7	17-19	√	√	√	√	M	Y
8	18-4	√	√	√	√	M	Y
9	18-12	√	√	√	√	M	Y
10	18-24	√	√	√	√	M	Y
11	18-52	√	√	√	√	M	Y
12	18-60	√	√	√	√	M	Y
13	19-5	√	√	√	√	M	Y
14	19-16	√	√	√	√	M	Y
15	19-21	√	√	√	√	M	Y
16	19-30	√	√	√	√	M	Y
17							
18							
19							
20							
21							
22							
23							
MPR 11		_15_ of _16_ met =		_94%		Met	MC Not Met

Mark these columns with a "√" if the complaint log is available and the complaint that was selected is available for review. Mark with an "X" if these items are missing.

Mark this column with a "√" if there is a brief notation that explains the results and conclusions of the investigation or reasons for why the complaint was not investigated. This notation can be on the complaint log or the complaint record itself. Mark with a "X" if this notation is missing.

Divide the number of complaints that met by total number of complaints reviewed to get your percentage. You need ≥80% for a met for MPR 11. This information will later be used on the MPR Summary Sheet.

Circle if MPR 11 overall was Met, Met with Conditions, or Not Met.

TRAINING

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance. MPRs 12, 13, and 14 are evaluated for training.

It is recommended that the guidance documents: “Assessing the Risk based Inspection Skills of a Previously Trained / Experienced Inspector” and “Training for Newly Hired / Newly Assigned Food Program Inspectors” be used throughout the training process. Policies for assessing training are included in these guidance documents. These documents can be found at: http://www.michigan.gov/mdard/0,4610,7-125-50772_50775_51204---,00.html

MPR 12 reviews the “classroom” training and MPR 13 reviews the field training for each employee hired or assigned to the food program during the S.A. timeframe under review. Only assess employees who completed their training in the S.A. timeframe under review. If an employee is assigned to the food program prior to the S.A. timeframe but completed the training during the S.A. timeframe they shall be included in the S.A. review. If an employee began their training during the S.A. timeframe but will not be finished until after the end date of your S.A. timeframe, you would not include this employee in your S.A. That employee’s training will be reviewed during the next accreditation cycle S.A. This is to ensure that all training records for employees assigned to the food program are properly reviewed. For employees assigned to do only specialty food programs (temporaries, mobiles, STFUs), see MPR 14.

FILLING OUT THE MDARD ACCREDITATION MPR 12, 13 WORKSHEET:

The MDARD Accreditation MPR 12, 13 Worksheet, Annex B-9, is used to collect and interpret data for MPR 12 and 13. Use the MPR Indicator Guide to determine compliance for the indicators for MPR 12 and 13.

Example of completed MDARD Accreditation MPR 12, 13 Worksheet on next page:

MDARD Accreditation MPR 12, 13 Worksheet

Circle if the MPR is Met, Met with Conditions, or Not Met. This information will later be used on the MPR Summary Sheet.

MPR 12: Staff Technical Training: list trainees

(Met) MC NM

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

MPR 13: Fixed Food Service Evaluation Skills: list trainees' names

(Met) MC NM

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

OR

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

Note: For both MPR 12 & 13, employees fully assigned to the food program need to complete training within 12 months of being assigned or 18 months if employee is part time.

Record the name of each employee who completed their training in the S.A. timeframe.

MDARD Accreditation MPR 12 and 13 Worksheet

Employee Name	Date Assigned to Retail Food Program	Date Completion of ORA-U Curriculum OR equivalent / MDA Plan Review Module / Food Law and Food Code Training	Date Completion of 25 Joint Field Training Inspections OR Documentation of completed training assessment/plan	Date Completion of 25 Independent Inspections	Date Completion of 5 Field Standardization Inspections
Bill Baker	2/1/16	3/12/16	5/6/16	7/14/16	9/8/16
Sue Shaw	6/5/17	6/10/17 Previously trained at Nixon County, MI. Training documents from Nixon County were obtained. Certificates confirming all ORA-U and other technical requirements have been met. Sue will attend the 2017 FL/FC training as a review.	6/29/17 Six assessment evaluations done with standardized trainer. Sue achieved a 97% compliance on 3 Field Evaluation worksheets and a 98% compliance on 3 MDARD/FDA evaluation reports. The standardized trainer has assessed that Sue may proceed to the 25 Independent Inspections.	8/12/17	8/27/17

Record the date employee was assigned to food program.

For MPR 12, record the date employee either completed the work in the 6 skill areas or previous training/evaluations performed under a training plan of an employee that completed training at another local health department.

For MPR 13, record the date employee either completed the 25 joint evaluations with a standardized trainer (S.T.), 25 independent evaluations under review of S.T., and 5 evaluation inspections with a S.T. or documentation of previous training/evaluations performed under a training plan of an employee that has completed training at another local health department.

Since MPR 12 & 13 do not have a percent rate, the reviewer should consider the overall practice of training of employees. A consistent deficiency in the indicators for training would result in a Not Met overall for MPR 12 or 13.

MPR 14 is used to determine **if the supervisor has endorsed** all employees who evaluate specialty food service establishments (mobile, STFU, temporary) as having knowledge of the food code, food law, public health principles, and communication skills. Each employee must be endorsed for each type of specialty food establishment they evaluate. Automatic endorsement is received when an employee has met the requirements of MPR 12 and 13.

FILLING OUT THE MDARD ACCREDITATION MPR 14 WORKSHEET:

The MDARD Accreditation MPR 14 Worksheet, Annex B-10, is used to collect and interpret data for MPR 14. Use the MPR Indicator Guide to determine compliance for the indicators for MPR 14. Sample of completed MDARD Accreditation MPR 14 Worksheet is below.

Circle if the MPR 14 is Met, Met with Conditions, or Not Met. This information will later be used on the MPR Summary Sheet.

MDARD Accreditation MPR 14 Worksheet

MPR 14 Specialty Food Service Inspection Skills: list trainees' names

Met MC NM

Do newly assigned staff conducting mobile, STFU, or temporary inspections have endorsement by supervisor? Automatic endorsement is received when an employee has met the requirements of MPR 12 and 13 prior to conducting specialty food service inspections.

Employee Name	Date completion of each Specialty Food Inspection Training (TFE, Mobile, STFU)	Documentation of Supervisor Endorsement (for knowledge of FL, FC, public health principles, & communication & inspection skills)
Bill Baker	8/3/16 TFE	Y
	8/12/16 Mobiles	Y
	8/13/16 STFU	Y
Sue Shaw	7/12/17 Mobiles	Y
	7/22/17 TFE	Y
	7/29/17 STFU	N

Record the name of each employee who completed specialty food training in the S.A. timeframe.

Record the date each employee completed training in a specialty food.

Mark with "Y" if documentation is present showing that the supervisor endorsed the employee or "N" if documentation of supervisor endorsement is not present.

FOODBORNE ILLNESS

See the MPR Indicator Guide for materials needed, sample selection, program indicators, and judging compliance. MPRs 15 and 16 are evaluated for foodborne illness.

CHOOSING FOODBORNE ILLNESS COMPLAINT SAMPLES:

To choose foodborne illness (FBI) complaints you will need your FBI complaint tracking log or tracking system and your FBI Policy Manual. Using your complaint tracking log or system, number the FBI complaints received during the timeframe under review for your S.A. Use the sum of these FBI complaints to decide your sample size using Annex 6 in the MPR Indicator Guide. **The maximum sample number of complaints to be reviewed is 10.** You can then use the random number calculator described in this document to select the FBI complaints that will be reviewed as part of your S.A.

EXAMPLE OF A DISTRICT HEALTH DEPARTMENT SELECTION PROCESS:

District 20 has 3 counties and it has been determined that the sample size is 10. The counties are: Salem County (has 40% of the FBIs, with 4 FBIs chosen); Boston County (has 40% of the FBIs, with 4 FBIs chosen); Denver County (has 20% of the FBIs, with 2 FBIs chosen). Sample size of 10 multiplied by 40%= 4 samples; sample size of 10 multiplied by 20%= 2 samples. Each county should have a numbered list of FBIs; create a separate random number list of samples for each county. So, for Salem County (which has 40 % or 4 samples to choose) use the random number list for Salem County and choose your samples.

FILLING OUT THE FOODBORNE ILLNESS COMPLAINT WORKSHEET:

The MPR 15 & 16 Foodborne Illness Investigations Worksheet, Annex B-11, is used to collect and interpret data for MPR 15 & 16 and to document the samples that were chosen for evaluation. Use the MPR Indicator Guide to determine compliance for the indicators for MPR 15 & 16. Sample of completed MPR 15 & 16 Foodborne Illness Investigation Worksheet is on next page.

Record FBI complaint ID from FBI complaint log. If the agency does not use an ID system other than the date or facility number, document that ID in this column. Maximum of 10 FBIs are assessed.

For MPR 16, mark with a “√” if indicator is met or a “X” if not met. See MPR Indicator Guide for specifics on MPR 16 indicators.

For MPR 15, mark with a “√” if indicator is met or a “X” if not met. See MPR Indicator Guide for specifics on MPR 15 indicators. A “NA” may be marked for the columns regarding reporting to other jurisdictions or reporting to MDARD if the complaint did not meet definition of an outbreak.

Circle “Y” if a problem is noted with MPR 15 or 16 indicator.

MPR 15 & 16 Foodborne Illness Investigations Worksheet

Complaint ID	16 Comp. on log?	16 Log Review Each time comp. received	16 IAFP Procedure Used?	16 Form A	16 Form C1, C2 Or Gastro. Form Used?	15 Invest. Initiated within 24hr	15 Other Jurisdiction informed FI-238	15 If Outbreak, Report to MDARD w/in 90 Days of Closure?	Problem noted
16-001	√	√	√	√	√	√	N/A	N/A	Y
16-018	√	√	√	√	√	√	N/A	N/A	Y
16-07	√	√	√	X	√	X	N/A	N/A	Y
17-045	√	√	√	√	√	√	√	N/A	Y
17-016	√	√	√	√	√	√	N/A	N/A	Y
18-010	√	√	√	√	√	X	√	√	Y
18-022	√	√	√	√	√	√	√	N/A	Y
18-013	√	√	√	√	√	√	N/A	N/A	Y
17-006	√	√	√	√	√	√	N/A	N/A	Y
17-013	√	√	√	√	√	√	N/A	N/A	Y

Notes:

IAFP 5th or 6th edition on-site? Yes

MPR 15 8 of 10 = 80%

MPR 16
 FBI Policy addresses:
 Description of FBI Team / Duties Yes
 Frequency for reviewing trend analysis Yes
 Who will review Yes
 How reviews will be documented Yes
 Communication Contact List of relevant agencies Yes

For MPR 16, mark “Yes” if a copy of this book is present or “No” if absent.

Circle if MPR 15 & 16 are Met, Met with Conditions, or Not Met. This information will later be used on the MPR Summary Sheet.

Met MC NM
 Met MC NM

Divide the number of complaints that met MPR 15 by total number of complaints reviewed to get your percentage. You need ≥80% for a met for MPR 15. This information will later be used on the MPR Summary Sheet.

You will need to review your FBI Policy Manual to determine if these elements are within your manual. Mark with “Yes” if this element is present or “No” if it is missing from your manual. See MPR Indicator Guide for details of MPR 16 indicators.

Since MPR 16 does not have a percent rate, the reviewer should consider the overall practice of investigating FBI complaints and elements of their FBI Policy Manual in determining compliance with MPR 16. A consistent deficiency in a MPR 16 indicator would result in a Not Met overall for MPR 16.

FIELD EVALAUTION

Review MPR 5 and Annex 11 of the MPR Indicator Guide regarding field evaluation. Field evaluation is the demonstration of a risk-based inspection by a variety of your program staff. This involves select staff being observed conducting an inspection by an MDARD auditor and a Field Evaluation Worksheet (FEW), Annex C, being used by the auditor to grade the staff person. You pick the staff and food service establishments that will be inspected for the field evaluation. The following criteria is used to determine the total number of staff that are evaluated and the types of facilities visited:

- The number of field inspections to be conducted is dependent upon the number of staff total who conduct inspections. The following chart is used to determine how many inspections need to occur:

# 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 local health department management that an increased number of visits would provide a more accurate assessment. The MDARD auditor may allow staff to conduct a practice evaluation, as time and need allows.
- When possible, each establishment visit must be with a different inspector. A maximum of one standardized trainer who is currently conducting routine inspections may be used.
- The field demonstration shall consist of visiting food establishments of varying risk levels, providing 50% of the establishments visited are at the highest risk level.

Compliance rating for MPR 5 shall be based upon both of the following:

- The average of scores from all FEW forms completed.
 - Average score of $\geq 80\%$ is met
- Staff quality assurance reviews are being conducted at a frequency in accordance Important Factor IV in the MPR Indicator Guide.
 - The quality assurance program includes a review of a least 15 evaluation reports for each sanitarian and/or an equivalent sample of foodborne illness investigation records every 36 months.
 - Every employee assigned to the food service program has completed at least 3 joint evaluations with the standardized trainer every 36 months.

IMPORTANT FACTORS

Important factors, four total, are additional program elements that strengthen your food program. Meeting the Important Factors are optional except for Important Factor IV. Review MPR Indicator Guide for details of what each Important Factor encompasses.

- Important Factor Ia-Industry Education Outreach & Ib- Community Relations
 - Review Important Factor I in MPR Indicator Guide on the criteria for meeting either Ia or Ib.
 - Meeting criteria of either Ia or Ib is a met overall for Important Factor I.
 - Worksheet for recording Important Factor I information is in Annex B-12
- Important Factor II - Continuing Education and Training
 - 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 one contact hour for each hour's participation in any of the following activities:
 - Attendance at regional seminars / technical conferences
 - Professional symposiums / college courses
 - Workshops
 - Food-related training provided by government agencies

- The required 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 or seasonal food service) are not obligated to meet Important Factor II requirements.
- Worksheet for recording Important Factor II information is in Annex B-13.
- Important Factor III - Program Support
 - Review Important Factor III in MPR Indicator Guide for how to do calculations for program support utilizing the following formula:
 - - # licensed establishments _____/150 = A. _____ recommended number FTE's
 _____/225 = B. _____ minimum number FTE's
 - # temporary licenses issued _____/300 = C. _____ FTE's needed for temporary evaluation
 - D. Total Minimum FTE's (B+C) = _____
 - E. Total Recommended FTE's (A+C) = _____
 - F. Actual FTE's assigned to FS program _____
 - Met if:
 ____ F ≥ D.
 - If your FTE numbers are equal or greater than the calculated total minimal FTE, Important Factor III is met.
 - Worksheet for recording Important Factor III information is in Annex B-13.
- Important Factor IV- Quality Assurance Program
 - 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 15 evaluation reports for each sanitarian and/or an equivalent sample of foodborne illness investigation records every 36 months.
 - Every employee assigned to the food service program has completed at least 3 joint evaluations with the standardized trainer every 36 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.
 - Important Factor IV is required to be met if you are utilizing Accreditation Option 2
 - Meeting MPR 5 is dependent upon meeting Important Factor IV.
 - Worksheet for recording Important Factor IV information is in Annex B-14.

MPR SUMMARY SHEET

Once you completed your S.A., you will record your findings on the MPR Summary Sheet, Annex B-15.

FILLING OUT THE MPR SUMMARY SHEET:

Using the information from the worksheets you completed for plan review, facility files, temporaries, limited licenses, variances, consumer complaints, training, foodborne illness, and important factors you will complete the MPR Summary Sheet, Annex B-15. Following is an example sample completed summary sheet.

MPR	Status		Findings
	M/MC	NM/NA	
Executive Summary			
Plan Review			
1	M		80%
Evaluations			
2	M		85%
3	M		86%
4	M		96%
Field Review			
5			
Records			
6	M		
Enforcement			
7	M		100%
8		M	96%
9	M		
10	M		
11	M		94%
Staff Training and Qualifications			
12	M		
13	M		
14	M		
Foodborne Illness Investigations			
15	M		80%
16	M		
Important Factors- Not Used to Determine Accreditation Status			
I	M		
II		NA	
III	M		
IV	M		

The "Executive Summary" is a general overview of your S.A. and is completed after the more detailed summary is completed in the following pages.

Use the Findings column to record the percentage for that MPR if applicable. Final percentages are calculated in the following pages of the summary.

Mark with either "M" or "NM". For MPR 1. There is no MC for plan review.

Mark with either "M", "MC" or "NM" for MPR 2, 3 & 4.

This is left blank since MPR 5 is field evaluation and final rating is completed by MDARD auditor.

Mark with either "M", "MC", or "NM" for MPR 6 & 7.

Mark with either "M" or "NM" for MPR 8. There is no MC for follow-ups.

Mark with either "M", "MC", or "NM" for MPR 9, 10, 11, 12, 13, 14, 15, 16.

Mark "M" or "NA". There is no "NC" or "NM" for Important Factors.

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

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

MPR Summary

MPR 1 Plan Review Summary

8 of 10 files had **80% Compliance**
80 % compliance rate. **80% required.**

Specifics (Problem and number of times it occurred):

MET

NM

Using information from completed Plan Review selection sheet, Annex B-1, divide the # of individual plan reviews that were ≥80% for MPR 1 by total # of plans reviews that were assessed. Need ≥80% overall for a "Met". There is no "MC" for MPR 1.

MPR 2 Evaluation Frequency

A. Number of facilities in sample meeting evaluation frequency 23

B. Number of facility files reviewed: 23

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

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

MET

MC NM

Using information from completed Fixed Files selection sheet, Annex B-3, divide the # of individual facility folders that were ≥80% for MPR 2 by total # of facility folders reviewed. Need >80% overall for a "Met".

If applicable, record date for when risk based inspection schedule began.

MPR 3 Temporary Food Service

19 of 22 files had no problems.

Compliance = 86 % **80% required.**

MET

MC NM

Using information from completed Temporary Food Worksheet, Annex B-5, divide the # of individual temporaries that met MPR 3 by total # of temporaries reviewed. Need ≥80% overall for a "Met".

MPR 4 Evaluation Procedures

Files w/4 MET: 22 Fixed/Mobile/STFU + 21 Temporary files = 43 Total files w/no prob.

43 Total files w/ no problems / 45 Total files reviewed = 96 % Compliance.

80% required for MET

MET

MC NM

This is the total # of all individual routines and temporaries reviewed.

Using information from both Fixed Files selection sheet and Temporary Food worksheet, total the # of individual facility folders and temporaries that met MPR 4. Divide that # by total # of facility folders and temporaries that were reviewed. This is your final percentage for MPR 4. Need ≥80% for a "Met".

Evaluation problem specifics	Fixed/Mobile/STFU	Temporary	Total
The # of times each problem was found from all evaluations reviewed. Total insp. reviewed= <u>214</u>	#	#	#
Department uses unapproved evaluation form			
* Administrative info. not complete on evaluation form			
Findings do not properly document and ID: P, Pf, and C violations	IIII III	I	9
Report does not summarize findings relative to law, is not legible and/or doesn't convey a clear message	IIII III		8
Narrative does not state violations observed and corrections needed	II	III	5
Correction time frames not specified			
* Report not signed and/or dated by Sanitarian		Noted under MPR 4	
* Report not signed by establishment representative			

This chart is used to assist in determining weak areas of MPR 4 report writing. It is not a part of determining compliance for accreditation. It is merely a list of ALL violations noted on ALL facility folders and temporaries reviewed, even if that individual file has passed MPR 4.

MPR 5 FIELD-Demonstration of Risk Based Evaluation

MET

MC

NM

MDARD auditor will provide final rating for MPR 5.

Record the # of individual Plan Reviews, Temporaries, Fixed Folders, Variances, and License Limitations that met MPR 6 divided by the total # of Plan Reviews, Temporaries, Fixed Folders, Variances, and License Limitations reviewed. This is your final percentage for MPR 6. To get a "Met" for records, you need overall $\geq 80\%$ and all records have been maintained in accordance with record retention schedule of Annex 3 of the MPR Indicator Guide.

MPR 6 Records

97 % compliance rate 80% required.

MET MC NM

Plan Review 9 of 10, TFE 22 of 22, Fixed Files 22 of 23, Variances 2 of 2, and License Limitation 3 of 3
 [Total number of records with no MPR 6 problems 58 / divided by total needed for audit 60 = 97 %]

Enforcement is the total # of Fixed Folders that met MPR 7 divided by total # of Fixed Folders reviewed. This is your percentage for MPR 7. To get a "Met" you need a percentage $\geq 80\%$ and an enforcement policy that contains the elements outlined in the MPR Indicator Guide for MPR 7.

MPR 7 Written Enforcement Policy, Proper Use Evaluation of MPR: 100 % (80% required)

MET MC NM

23 Total files w/no MPR 7 problems / 23 Total files reviewed = 100 % Compliance

AND

Acceptable Policy (required) Yes Policy Signed by Heath officer Yes

Enforcement Policy Comments:

Mark with "Yes" if these indicators are met or "No" if not met. Refer to MPR 7 in the MPR Indicator Guide.

MPR 8 Follow-Up Evaluation

MET NM

A. Number of Files With $\geq 80\%$ of Required Follow-Ups Completed With/In 30 Days and P and Pf Corrections Noted 22

B. Number of Files in Sample 23

Percent Compliance $\{(A/B) \times 100\}$ 80% Required 100%

Using information from completed Fixed Files selection sheet, divide the # of individual facility folders that were $\geq 80\%$ for MPR 8 by total # of facility folders reviewed. Need $\geq 80\%$ overall for a "Met". There is no "MC" for MPR 1.

Mark with "Yes" if these indicators are met or "No" if not met. Refer to MPR 9 in the MPR Indicator Guide

MPR 9 License Limitations

Was the reason given for limiting the license? Yes
 Was proper notice provided? Yes
 No License Limitations issued during the review period. _____

MET MC NM

Mark with a "✓" if no licenses were limited during S.A. review period.

License limitations and Variances do not have a percentage and compliance is based upon overall practice of limiting licenses and issuing variances. A consistent deficiency in an indicator for MPR 9 or 10 would result in a "NM" for that MPR.

Mark with "Yes" if these indicators are met or "No" if not met or "NA" if not applicable. Refer to MPR 10 in the MPR Indicator Guide.

MPR 10 Variances

Special processing methods NA
 Request in file? Yes
 Citing relevant code section numbers? Yes
 Department has formal procedure for issuing variance? Yes
 Staff following procedure? Yes
 No Variances were issued during the review period _____

MET MC NM

Mark with a "✓" if no variances were issued during S.A. review period.

MPR 11 Complaint Investigation
15 of 16 files had no problems.
 Compliance 94 % **80% required**

MET MC NM

Using information from completed Consumer Complaint Worksheet, Annex B-8, divide the # of individual complaints that met MPR 11 by total # of complaints reviewed. Need ≥80% overall for a “Met”.

MPR 12 New Staff- Academic Training in 6 Areas

MET MC NM

MPR 13 New Staff- Evaluations with Standardized Trainer

MET MC NM

MPR 14 Other Staff- Training for Mobile, STFU, and TFE

MET MC NM

Staff training does not have percentages and compliance is based upon overall practice of training staff. A consistent deficiency in an indicator for MPR 12, 13, or 14 would result in a “NM” for that MPR. Automatic endorsement for MPR 14 is received when an employee has met the requirements of MPR 12 and 13.

MPR 15 Foodborne Illness Investigations Conducted

MET MC NM

8 of 10 files had no problems.
 Compliance 80 % **80% required**

Using information from completed Foodborne Illness Worksheet, Annex B-11, divide the # of individual FBIs that met MPR 15 by total # of FBIs reviewed. Need ≥80% for a “Met”.

MPR 16 Foodborne Illness Procedures

MET MC NM

Foodborne Illness Procedures do not have a percentage. Compliance for MPR 16 is based upon overall practice of investigating FBIs and elements within your FBI Policy Manual. A consistent deficiency in an indicator for MPR 16 would result in a “NM”.

Meeting either Ia or Ib would be a “Met” overall for Imp. Fac. 1.

Important Factors

Important Factor Ia - Industry Education Outreach
OR
Important Factor Ib- Community Relations

MET NA

Important Factor II - Continuing Education of Regulatory Staff

MET NA

Important Factor III - Program Support

MET NA

Important Factor IV- Quality Assurance Program

MET NA

Imp. Fac. IV is required to be “Met” if you are utilizing Option 2 accreditation.

Important Factors are either “Met” or “NA”. See MPR Indicator Guide for details for meeting Important Factors.

Annex A

Option 2 Review - Corrective Plans of Action For Indicators receiving a NOT MET

Part of any accreditation review is the necessity to develop a corrective plan of action to correct any NOT MET Indicators.

The Option 2 model of completing a Self-Assessment one-year prior to your MDARD Accreditation Review, and presenting that assessment to MDARD during the scheduled audit review for verification of compliance, has one additional component that is necessary for completion of this process.

If a MPR Indicator is self-assessed and given the designation of NOT MET, the department must develop a Corrective Plan of Action (CPA), following the guidelines provided in the MPR Indicator Guide, Annex 1. This is a crucial part of the process for correcting any missed indicators.

The corrective plan of action (CPA) should consist of several steps:

- For a NOT MET MPRs- follow Annex 1 in the MPR Indicator Guidance Document to develop a Corrective Plan of Action within 2 months of the self-assessment.
- It is not necessary that this CPA be submitted to or reviewed by MDARD but a LHD may choose to request MDARD to review the document to help determine if the corrective action will be effective in eliminating this situation in the future.
- Within no less than 90 days and no longer than one year following the self-assessment (but prior to the MDARD accreditation audit) the LHD must conduct a follow-up review to demonstrate compliance with the “NOT MET” Indicators. A minimum of 90 days compliance is required for the Indicator to be found “Met”.
- The samples evaluated for each indicator would be pulled from reports completed from the date the CPA was implemented, through at least 90 days after the date of the CPA implementation.
- Since the review period is very limited, and it will only be possible to review a few months of reports, sample size requirements will need to be adjusted. For an indicator with few reports (complaints, FBI complaints, Limited License, variances, etc.) MDARD recommends reviewing each report available to achieve a valid sample calculation. For indicators such as frequency, follow-ups, TFEs the department will usually need to use a list of reports done after the CPA implementation, and choose random samples from those lists. (If you try to pull random samples from your original list, you might go through a hundred folders to locate 20 inspection reports due during the limited time period.)
- When MDARD arrives for the scheduled Accreditation Audit, the LHD will present the self-assessment completed the previous year, as well as the follow-up assessment completed after implementation of the CPAs.
- EXAMPLE:
 - The original self-assessment finds that MPR 8 was given a NOT MET
 - A CPA was developed and implemented
 - After 90 days of implementation, but within the review period, a follow-up self-assessment evaluation was completed for the NOT MET MPR 8.
 - The follow-up self-assessment evaluation showed compliance of 93% for MPR 8.
 - For MPR 8 MDARD reviews initial self-assessment, the CPA, and the follow-up self-assessment evaluation completed by the department.
 - MPR 8 is given a designation of MET for the Accreditation Cycle.

Annex B

Following pages are blank self-assessment forms to utilize as you conduct your self-assessment. Forms are marked as Annex B-1 to Annex B-15.

PLAN REVIEW

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

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

PLAN REVIEW CALCULATIONS FOR ALL FILES REVIEWED:

	MPR 1 Plan Review	MPR 6- Records
MET		
NOT MET		
	MPR 1 ____ of ____ are met	MPR 6 ____ of ____ are met

MPR's 1, 6, 7 Plan Review Worksheet

1 Plan review _____ of _____ indicators met = _____ (80% required) M NM
 6 Records _____ of _____ indicators met = _____ (100% required) M NM

Facility Name: _____ Type: _____ New ___ Remodeled _____

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

	Item Required	Status*	Notes	Problem
1	Application/Transmittal letter/Scope			Y
1	Completed Worksheet			
1	Menu			Y
1	SOP			
1	Layout- plans, including scaled drawing			Y
1	Equipment Specifications			
1	Preopening Evaluation Report in file			Y
1	Report Marked Approved to Operate			
1	Report verifies NO P/ 2 or less Pf Violations present prior to operating			Y
1	Reviewer's checklist used			Y
1	Formulas calculated, documented for hot water, dry storage, refrigeration? (needed, proposed, justification for differences)			Y
1	Applicant informed of deficiencies? Deficiencies addressed in writing, or on revised plans.			Y
1	Approval letter in file? References a unique identifier marked on the approved plans.			Y
6	Records are maintained in accordance with Annex 3			Y
6	LHD able to retrieve records necessary for the audit			Y
6	Applications and licenses are processed in accordance with the Law (date of issuance, signatures of operator and regulator, Pre-opening inspection is dated either before or on the same day the license is signed)			Y

* √=yes, x=no, NA=not applicable

FIXED FILES- OFFICE REVIEW

NUMBER OF ESTABLISHMENTS FOR REVIEW CYCLE _____		SAMPLE SIZE _____	
#	County	Facility	Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			

CALCULATIONS FOR ALL FACILITY FOLDERS REVIEWED:

	MPR 2 Frequency	MPR 4 Procedures	MPR 6 Records	MPR 7 Enforcement	MPR 8 FU Evaluations
MET					
NOT MET					
	MPR 2 ___ of ___ met	MPR 4 ___ of ___ met	MPR 6 ___ of ___ met	MPR 7 ___ of ___ met	MPR 8 ___ of ___ met

Annex B-4

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

2: Routine: ___ done-___ late = ___ DONE / ___ DUE= ___ % Compliance M NM

8: FU: ___ done -___ late/rpt. writing prob. = ___ DONE/ ___ DUE= ___ % Compliance M NM

4 ___ Total Eval. w/o MPR 4 errors/ ___ Total Inspections = ___ % Compliance M NM

6 Records: M NM

7 Enforcement: M NM

Facility Name: _____ Type: Fixed Mobile STFU

Dates	Activity Type	Routine Freq.	Time Between	Notes	MPR	Problem
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
License Year	License in File?	Date App. Signed	Dates of STFU inspections		MPR 6	Problem
20__ thru 20__						Y
20__ thru 20__						Y
20__ thru 20__						Y

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

MPR 3,4,6 Temporary Food Worksheet

Note: Put “√” for met or “X” for not met in boxes as licenses are reviewed.

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

	Office	Year	License #	3 a	3b	3 c	4	6	Specific problem noted
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
MPR 3: ___ of ___ files Met ___% Met MPR 4: ___ of ___ files Met MPR 6: ___ of ___ files Met									

MPR 9 LIMITED LICENSES WORKSHEET

MET MC NM

Facility name	Reason license was limited (food law)	Proper notice provided Y / N	Opportunity for a hearing Y / N

MPR 10 VARIANCES WORKSHEET

MET MC NM

Facility name	Specialized processing (HACCP) Y / N	Request in file Y / N	Statement of proposal- Relevant FC/FL #'s Y / N	Public health hazards addresses Y / N	Department has formal procedure Y / N	Staff following procedure Y / N

MPR 11 Consumer Complaint Worksheet

MET MC NM

#	Complaint ID	11 Log maintained & records available for review	11 Results recorded (or justification for no investigation)	11 Working Days from Receipt to Start of Investigation (Max. 5 working days allowed)	Met Not Met	Problem	
1						Y	
2						Y	
3						Y	
4						Y	
5						Y	
6						Y	
7						Y	
8						Y	
9						Y	
10						Y	
11						Y	
12						Y	
13						Y	
14						Y	
15						Y	
16						Y	
17						Y	
18						Y	
19						Y	
20						Y	
21						Y	
22						Y	
23						Y	
MPR 11 ___ of ___ = ___%					MET	MC	NM

MDARD Accreditation MPR 12, 13 Worksheet

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

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

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

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

OR

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

Employee Name	Date Assigned to Retail Food Program	Date Completion of ORA-U Curriculum OR equivalent / MDA Plan Review Module / Food Law and Food Code Training	Date Completion of 25 Joint Field Training Inspections OR Documentation of completed training assessment/plan	Date Completion of 25 Independent Inspections	Date Completion of 5 Field Standardization Inspections

MDARD Accreditation MPR 14 Worksheet

MPR 14 Specialty Food Service Inspection Skills: list trainees' names **Met MC NM**
Do newly assigned staff conducting mobile, STFU, or temporary inspections have endorsement by supervisor?
Automatic endorsement is received when an employee has met the requirements of MPR 12 and 13.

Employee Name	Date completion of each Specialty Food Inspection Training (TFE, Mobile, STFU)	Date of Supervisor Endorsement (for knowledge of FL, FC, public health principles, & communication & inspection skills)

MPR 15 & 16 Foodborne Illness Investigations Worksheet

Complaint ID	16 Comp. on log?	16 Log Review Each time comp. received	16 IAFP Procedure Used?	16 Form A	16 Form C1, C2 Or Gastro. Form Used?	15 Invest. Initiated within 24hr	15 Other Jurisdiction informed FI-238	15 If Outbreak, Report to MDA w/in 90 Days of Closure?	Problem noted
									Y
									Y
									Y
									Y
									Y
									Y
									Y
									Y
									Y
									Y

Notes:

IAFP 5th or 6th edition on-site? _____

MPR 15 _____ of _____ = _____% Met MC NM

MPR 16 Met MC NM

FBI Policy addresses:

Description of FBI Team / Duties _____

Frequency for reviewing trend analysis _____

Who will review _____

How reviews will be documented _____

Communication Contact List of relevant agencies _____

Important Factor I Chart Showing Compliance with Important Factor Ia & Ib:

Ia Educational Outreach

Dates	Summary Of Activities

Ib Industry and Consumer Interaction Forums:

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

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

Other Outreach Activities

Please List any Additional Outreach Activities of Note Below.

Dates	Summary of Activities

Important Factor II Continuing Education and Training

Requirement: 20 contact hours every 36 months

EMPLOYEE NAME	Year Food Program Training Received	CEUs Awarded

Important Factor III Program Support

licensed establishments _____/150 = **A.** _____ recommended number FTE's
 _____/225 = **B.** _____ minimum number FTE's

Temporary licenses issued _____/300 = **C.** _____ FTE's needed for temporary evaluation

D. Total Minimum FTE's (B+C)= _____ **E.** Total Recommended FTE's (A+C)= _____

F. Actual FTE's assigned to FS program _____

Met if:
 ___ **F ≥ D**

Important Factor IV Quality Assurance Program

A: 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.

Comments: _____

B: The quality assurance program includes a review of at least 15 evaluation reports for each food inspector and/or an equivalent sample of foodborne illness investigation records every 36 months. (Note: For the purposes of Option 2, the Quality Assurance evaluation reports reviewed will be those that are completed during the Self-Assessment period.)

FOOD INSPECTOR	Number of reports reviewed in 36 month period

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

INSPECTOR	1 ST JOINT INSPECTION DATE	2 nd JOINT INSPECTION DATE	3 rd JOINT INSPECTION DATE

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

Comments: _____

Quality Assurance Review for:	Date or Dates of review
Plan review	
Evaluation reports accurate and complete	
Variances issued appropriately	
Enforcement policy followed	
FBIs initiated and conducted appropriately	
Completion of FBI reports	
General complaints properly initiated	
License limitations issued appropriately	

MPR Executive Summary

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

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

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

MPR Summary

MPR 1 Plan Review Summary

_____ of _____ files had **80% Compliance**
 _____% **compliance rate. 80% required.**

MET NM

Specifics (Problem and number of times it occurred):

MPR 2 Evaluation Frequency

MET MC NM

A. Number of facilities in sample meeting evaluation frequency _____

B. Number of facility files reviewed: _____

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

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

MPR 3 Temporary Food Service

MET MC NM

_____ of _____ files had no problems.

Compliance = _____% **80% required.**

MPR 4 Evaluation Procedures

MET MC NM

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

_____ Total files w/ no problems / _____ Total files reviewed = _____% Compliance.

80% required for MET

Evaluation problem specifics	Fixed/Mobile/STFU	Temporary	Total
The # of times each problem was found from all evaluations reviewed. Total insp. reviewed=_____	#	#	#
Department uses unapproved evaluation form			
* Administrative info. not complete on evaluation form			
Findings do not properly document and ID: P, Pf, and C violations			
Report does not summarize findings relative to law, is not legible and/or doesn't convey a clear message			
Narrative does not state violations observed and corrections needed			
Correction time frames not specified			
* Report not signed and/or dated by Sanitarian		Noted under MPR 4	
* Report not signed by establishment representative			

MPR 5 FIELD-Demonstration of Risk Based Evaluation

MET MC NM

MPR 6 Records

_____ % compliance rate 80% required.

MET MC NM

Plan Review ___ of ___, TFE ___ of ___, Fixed Files ___ of ___, Variances ___ of ___, and License Limitation ___ of ___

[Total number of records with no MPR 6 problems _____ / divided by total needed for audit _____ = _____ %]

MPR 7 Written Enforcement Policy, Proper Use Evaluation of MPR: _____ % (80% required)

MET MC NM

Files w/7 MET: ___ Fixed files = _____ Total files w/no MPR 7 problems / _____ Total files reviewed = _____ % Compliance

AND

Acceptable Policy (required) _____ Policy Signed by Health officer _____

Enforcement Policy Comments:

MPR 8 Follow-Up Evaluation

MET NM

A. Number of Files With ≥80% of Required Follow-Ups Completed With/In 30 Days and P and Pf Corrections Noted _____

B. Number of Files in Sample _____

Percent Compliance {(A/B) X 100} 80% Required _____

MPR 9 License Limitations

MET MC NM

Was the reason given for limiting the license? _____

Was proper notice provided? _____

Was the license application appropriately completed? _____

No License Limitations issued during the review period. _____

MPR 10 Variances

MET MC NM

Special processing methods _____

Request in file? _____

Citing relevant code section numbers? _____

Department has formal procedure for issuing variance? _____

Staff following procedure? _____

No Variances were issued during the review period _____

MPR 11 Complaint Investigation

MET MC NM

_____ of _____ files had no problems.

Compliance _____% **80% required**

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

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

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

MPR 15 Foodborne Illness Investigations Conducted MET MC NM

____ of ____ files had no problems.

Compliance _____% **80% required**

MPR 16 Foodborne Illness Procedures MET MC NM

Important Factors

Important Factor Ia - Industry Education Outreach MET NA

OR

Important Factor Ib- Community Relations

Important Factor II - Continuing Education of Regulatory Staff MET NA

Important Factor III - Program Support MET NA

Important Factor IV- Quality Assurance Program MET NA

Annex C

Cycle 7

ACCREDITATION OPTION 2 FIELD COMPONENT

Risk based inspection

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

- 1. Verified CFM and the presence and demonstration of knowledge of the person in charge.**
 - Determined presence of a Person In Charge (PIC)
 - Determined either Certified Food Manager or demonstration of knowledge of the PIC
 - Assessed duties of the PIC are followed

- 2. Verified the restriction or exclusion of ill employees.**
 - Determined there is a requirement for employees to report specific symptoms and diagnosed illnesses, and knows what the symptoms and illnesses are (i.e., having it posted-§2-201.11).
 - Assessed that there is knowledge of an employee health policy or have access to an employee health policy (written not required), and identify what actions are necessary when an employee does report symptom or diagnosed illness, (§2-201.12).
 - Assessed there is knowledge of the requirements covering an employee returning to work (§2-201.13).

- 3. Verified the availability of a consumer advisory for foods of animal origin served raw or undercooked.**
 - Determined whether raw or undercooked foods are served or sold routinely or seasonally.
 - Determined that a consumer advisory with a disclosure and reminder is present as specified under § 3-603.11 of the Food Code or as stated in the Michigan Food Law 2000, as amended.

- 4. Verified approved food sources.**
 - Determined that all foods are from a regulated food processing plant or other approved source (no home prepared items).
 - Assessed policy of receiving foods, including if they are received at proper temperatures, protected from contamination during transportation, and received safe and unadulterated.
 - Determine if any specialty food items are served or specialty processing is done (i.e., wild game or mushrooms, game animal processing, and parasite destruction).

- 5. Verified cooking temperatures to destroy bacteria and parasites.**
 - Verified cooking temperatures of a variety of products served in the food establishment.
 - Determined if PIC and employees know and are following proper cooking time and temperature parameters (include microwave cooking requirements).
 - Determined the presence of required thermometers and their proper use and calibration.

- 6. Verified reheating temperatures of TCS food for hot holding.**
 - Determined which foods are reheated for hot holding.
 - Assessed how reheating is done (include reheating in microwave) and if employee and PIC are knowledgeable of required parameters.

- Verified food temperature of foods being reheated when possible.
- 7. Verified cooling temperatures of TCS food to prevent the outgrowth of spore-forming or toxin-forming bacteria.**
- Determined the types of foods that are cooled.
 - Determined procedures for meeting required cooling parameters.
 - Determined if procedures are being followed (i.e., methods and monitoring) and employee's and PIC's knowledge of cooling requirements.
 - Verified food temperatures of recently cooled foods when possible.
- 8. Verified cold holding temperatures of foods requiring time/temperature control for safety (TCS food), or when necessary, verified that procedures are in place to use time alone to control bacterial growth and toxin production.**
- Determined compliance by taking food temperatures in multiple cold holding units.
 - Assessed that operational procedures are in place to maintain cold holding requirements (i.e., monitoring of food temperatures, and the ambient temperatures of equipment, time alone as a control, by the operator).
- 9. Verified hot holding temperatures of TCS food or when necessary, that procedures were in place to use time alone to prevent the outgrowth of spore-forming bacteria.**
- Determined compliance by taking food temperatures in multiple hot holding units.
 - Assessed that operational procedures are in place to maintain hot holding requirements (i.e., monitoring of food temperatures, and the ambient temperatures of equipment, time alone as a control, by the operator).
- 10. Verified date marking of ready-to-eat TCS food held for more than 24 hours.**
- Assessed that there is a date-marking system in place and meets the intent of the Food Code
 - Determined if all Ready-Eat-Foods/Potentially Hazardous Foods requiring date-marking are properly date-marked
 - Determined if foods that are past their date-marking are properly disposed of according to policy
- 11. Verified food safety practices for preventing cross-contamination of ready-to-eat food.**
- Determined proper separation of raw animal foods and ready-to-eat foods from each other by cooking temperature.
 - Evaluated practices to eliminate the potential for contamination of utensils, equipment, and single-service items by environmental contaminants, employees, and consumers.
 - Evaluated food storage areas for proper storage, separation, segregation, and protection from contamination.
- 12. Verified food contact surfaces are clean and sanitized, protected from contamination from soiled cutting boards, utensils, aprons, etc., or raw animal foods.**
- Evaluated food-contact surfaces of equipment and utensils to verify that these are maintained cleaned, and sanitized.
 - Assessed how utensils and cookware are washed, rinsed, and sanitized.
 - Evaluated type of sanitizer, concentration, proper use, and use of chemical test strips.
- 13. Verified employee hand washing (including facility availability).**
- Evaluated proper hand washing method, including appropriate times.
 - Evaluated location, accessibility, and cleanliness of hand wash sinks.

14. **Verified good hygienic practices (i.e., eating, drinking, tasting, sneezing, coughing, or runny nose; no work with food/utensils).**
 - ❑ Evaluated policy for handling employees with sneezing, coughing, or runny nose.
 - ❑ Evaluated availability and use of employee break area (where employees eat, drink, or smoke).

15. **Verified no bare hand contact with ready-to-eat foods (or use of a pre-approved, alternative procedure).**
 - ❑ Evaluated operation's policy for handling ready-to-eat foods.
 - ❑ Evaluated employee practices of handling ready-to-eat foods.
 - ❑ Evaluated alternative procedure for bare hand contact if applicable (i.e., review policy, question employees about the use of the policy, and determine proper use of policy).

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

17. **Identified food processes and/or procedures that require an HACCP Plan per the jurisdiction's regulations.**
 - ❑ Determined if any process or procedure requires a HACCP plan.
 - ❑ Reviewed the written HACCP policy (as stated in the Food Code §8-201.14).
 - ❑ Evaluated appropriateness, effectiveness, and implementation of the plan.

18. **Verified Good Retail Practice compliance.**
 - ❑ Safe food and water
 - ❑ Food temperature control
 - ❑ Food identification
 - ❑ Prevention of food contamination
 - ❑ Proper use of utensils
 - ❑ Utensils and Equipment
 - ❑ Physical facilities

	Total number of opportunities	Number of opportunities to demonstrate	Number of competencies demonstrated	Final percentage
II.(C) Risk Based Inspection	54			

“☒” denotes item not fully achieved by LHD Inspector

“√” denotes item fully achieved compliance by LHD Inspector

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