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**Food Service Program  
Cycle 5 – Option 2  
Assessment Forms**

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Food and Dairy Division  
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Ph: 800-292-3939  
July 2011

**Executive Summary**

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

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

Compliance from health department self-assessment

\_\_\_\_ of \_\_\_\_ = \_\_\_\_%

80% Compliance Required

**If NOT MET:** Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

Plan Review files reviewed by auditor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor agreement with self-assessment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDA Compliance with MPR 1** % \_\_\_\_\_ **MET NM**

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### MPR 2 Pre-Opening Evaluations

Compliance from health department self-assessment

\_\_\_\_ of \_\_\_\_ = \_\_\_\_%

80% Compliance Required

**If NOT MET:** Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

Plan Review files reviewed by auditor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor agreement with self-assessment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDA Compliance with MPR 2** % \_\_\_\_\_ **MET MC NM**

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**Food Service Assessment Forms** Agency: \_\_\_\_\_  
Review Dates: \_\_\_\_\_ Review Period: \_\_\_\_\_ Reviewer(s): \_\_\_\_\_ Initial Visit / Revisit

**MPR 3 Evaluation Frequency**

Compliance from health department self-assessment  
\_\_\_\_ of \_\_\_\_ = \_\_\_\_%  
80% Compliance Required

If NOT MET: Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

Fixed files reviewed by auditor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor agreement with self-assessment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDA Compliance with MPR 3** % \_\_\_\_\_ **MET MC NM**

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**MPR 5 Temporary Food Service**

Compliance from health department self-assessment  
\_\_\_\_ of \_\_\_\_ = \_\_\_\_%  
80% Compliance Required

If NOT MET: Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

TFE files reviews by auditor :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor agreement with self-assessment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDA Compliance with MPR 5** % \_\_\_\_\_ **MET MC NM**

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**Food Service Assessment Forms** Agency: \_\_\_\_\_  
Review Dates: \_\_\_\_\_ Review Period: \_\_\_\_\_ Reviewer(s): \_\_\_\_\_ Initial Visit / Revisit

**MPR 6 Evaluation Procedures**

Compliance from health department self-assessment

\_\_\_\_ of \_\_\_\_ = \_\_\_\_%  
80% Compliance Required

If NOT MET: Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

Files reviews by auditor :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor agreement with self-assessment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDA Compliance with MPR 6** % \_\_\_\_\_ **MET MC NM**

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**MPR 7 and 8 FIELD-**

Frequency of QA is completed according to IF 4 or FDA retail Standard 2 \_\_\_\_\_  
Inspector's written documents were reviewed per Important Factor 4 \_\_\_\_\_  
Number of evaluators reviewed by auditor \_\_\_\_\_  
Number of facilities visited \_\_\_\_\_  
Auditor agreement using the Field Evaluation Worksheet (FEW) \_\_\_\_\_%

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDA Compliance with MPR 7 and 8** **MET MC NM**

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**MPR 9 Records**

Compliance from health department self-assessment MET MC NM

If NOT MET: Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

Auditor agreement with self-assessment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDA Compliance with MPR 9** **MET MC NM**

**MPR 10 Written Enforcement Policy, Proper Use**

Compliance from health department self-assessment

\_\_\_\_ of \_\_\_\_ = \_\_\_\_%  
80% Compliance Required

If NOT MET: Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

**Enforcement policy reviewed:** \_\_\_\_\_

Files reviews by auditor :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor agreement with self-assessment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**MDA Compliance with MPR 10** MET MC NM

**MPR 11 Unauthorized Construction - Stop Work Order Usage**

Compliance from health department self-assessment MET MC NM

If NOT MET: Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

Plan review files reviews by auditor :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor agreement with self-assessment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**MDA Compliance with MPR 11** MET MC NM

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**Food Service Assessment Forms** Agency: \_\_\_\_\_  
Review Dates: \_\_\_\_\_ Review Period: \_\_\_\_\_ Reviewer(s): \_\_\_\_\_ Initial Visit / Revisit

**MPR 12 Follow-Up Evaluation**

Compliance from health department self-assessment

\_\_\_\_ of \_\_\_\_ = \_\_\_\_%

80% Compliance Required

If NOT MET: Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

Fixed files reviews by auditor :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor agreement with self-assessment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDA Compliance with MPR 12** % \_\_\_\_\_ **MET NM**

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**MPR 13 License Limitations**

Compliance from health department self-assessment MET MC NM

If NOT MET: Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

License limitation reviews by auditor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor agreement with self-assessment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDA Compliance with MPR 13** MET MC NM

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**Food Service Assessment Forms** Agency: \_\_\_\_\_  
Review Dates: \_\_\_\_\_ Review Period: \_\_\_\_\_ Reviewer(s): \_\_\_\_\_ Initial Visit / Revisit

**MPR 14 Variances**

Compliance from health department self-assessment MET MC NM

If NOT MET: Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

Variance reviews by auditor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor agreement with self-assessment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDA Compliance with MPR 14 MET MC NM**

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**MPR 15 Complaint Investigation**

Compliance from health department self-assessment  
\_\_\_\_ of \_\_\_\_ = \_\_\_\_%  
80% Compliance Required

If NOT MET: Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

Complaint reviews by auditor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor agreement with self-assessment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDA Compliance with MPR 15 % \_\_\_\_\_ MET MC NM**

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**Food Service Assessment Forms** Agency: \_\_\_\_\_  
Review Dates: \_\_\_\_\_ Review Period: \_\_\_\_\_ Reviewer(s): \_\_\_\_\_ Initial Visit / Revisit

**MPR 16 New Staff- Academic Training in 6 Areas**

Compliance from health department self-assessment MET MC NM

If NOT MET: Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

Training files reviews by auditor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor agreement with self-assessment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDA Compliance with MPR 16 MET MC NM**

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**MPR 17 New Staff- Evaluations with Standardized Trainer**

Compliance from health department self-assessment MET MC NM

If NOT MET: Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

Training files reviews by auditor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor agreement with self-assessment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDA Compliance with MPR 17 MET MC NM**

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**Food Service Assessment Forms** Agency: \_\_\_\_\_  
Review Dates: \_\_\_\_\_ Review Period: \_\_\_\_\_ Reviewer(s): \_\_\_\_\_ Initial Visit / Revisit

**MPR 18 Other Staff- Training for Mobile, STFU, Vending and TFE**

Compliance from health department self-assessment MET MC NM

If NOT MET: Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

Training files reviews by auditor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor agreement with self-assessment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDA Compliance with MPR 18 MET MC NM**

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**MPR 19 Foodborne Illness Investigations Conducted**

Compliance from health department self-assessment

\_\_\_\_ of \_\_\_\_ = \_\_\_\_%  
80% Compliance Required

If NOT MET: Date of CPA Implementation: \_\_\_\_\_  
Date of re-assessment: \_\_\_\_\_  
Results of Re-assessment: \_\_\_\_\_

FBI investigation reviews by auditor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor agreement with self-assessment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MDA Compliance with MPR 19 % \_\_\_\_\_ MET MC NM**

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**Factor I- Industry and Community Relations** MET NA

\_\_\_ Department not attempting to meet this IF

**Important Factor II - Continuing Education of Regulatory Staff** MET NA

\_\_\_ Department not attempting to meet this IF

**Important Factor III- Program Support** MET NA

\_\_\_ Department not attempting to meet this IF

# 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:**  
\_\_\_  $F \geq E$

**Important Factor IV- Quality Assurance Program** MET NA

\_\_\_ Department not attempting to meet this IF

\_\_\_ Written quality assurance program developed

\_\_\_ At least 10 inspection reports for each sanitarian's food insp. or FBI records have been reviewed.  
Quality assurance review conducted every 24 months

\_\_\_ Every employee assigned to program has completed 2 joint inspections with trainer every 24 months

Cycle 5  
 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, by the operator).
  - Assessed if time alone is used and if written 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.**
  - 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, by the operator).
  - Assessed if time alone is used and if a written policy meets requirements of the Food Code and is being followed.

- 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**

- Evaluated Personnel for hair restraints, jewelry, fingernails, outer clothing
- Assessed proper procedures for Food and Food Protection
- Evaluated Food Equipment for Food Code compliance
- Evaluated Water Supply
- Evaluated Plumbing system
- Evaluated Toilet/Lavatory Facilities
- Evaluated Sewage system
- Evaluated Garbage and Refuse Disposal
- Evaluated Physical Facilities
- Assessed Proper Pest and Animal Control

	<b>Total number of opportunities</b>	<b>Number of opportunities to demonstrate</b>	<b>Number of competencies demonstrated</b>	<b>Final percentage</b>
<b>II.(C) Risk Based Inspection</b>	<b>59</b>			

“☒ ” 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