



*Michigan* Department of  
**AGRICULTURE**  
& Rural Development

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**A Guide to Meeting the Voluntary  
National Retail Food Regulatory  
Program Standards**

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## **A Guide to Meeting the Voluntary National Retail Food Regulatory Program Standards**

This guidance document was created as a tool for local health departments (LHD) who are presently enrolled or interested in enrolling in the Voluntary National Retail Food Regulatory Program Standards (NPS). It provides a comparison of the NPS requirements to the Michigan Department of Agriculture and Rural Development (MDARD) accreditation minimum program requirements (MPRs). The criteria for meeting each standard is broken down into those that are met by meeting one or a combination of the MPRs and those that require additional program implementations in order to meet the standard. This comparison shows that the MPRs, along with the MDARD standardization process, have well equipped Michigan's LHDs to meet the NPS.

### **STANDARD 1 REGULATORY FOUNDATION**

**Requirement Summary:** This standard applies to the regulatory foundation used by a retail food program. Regulatory foundation includes any statute, regulation, rule, ordinance, or other prevailing set of regulatory requirements that governs the operation of a retail food establishment. The regulatory foundation includes provisions for:

1. The public health interventions contained in the *Food Code*.
2. Control measures for the risk factors known to contribute to foodborne illness (FBI).
3. Good Retail Practices at least as stringent as the *Food Code*.
4. Compliance and enforcement at least as stringent as the selected provisions from the *Food Code* and Annex 1 of the *Food Code*.

This standard has been audited and found to be met statewide. All LHDs automatically meet this standard.

**Documentation required for audit:** The quality records needed for this standard include:

- The statute, regulation, rule, ordinance, or other prevailing set of regulatory requirements that govern the operation of a retail food establishment.
- The completed Appendix A and its accompanying tables.

### **STANDARD 2 A TRAINED REGULATORY STAFF**

**Requirement Summary:** The regulatory retail food program inspection staff (Food Safety Inspection Officers - FSIO) shall have the knowledge, skills, and ability to adequately perform their required duties.

This is a five-step training and standardization process with steps one through four being completed by the new FSIO within 18 months of hire or assignment to the retail food service program.

**In order to meet steps one through three of this standard:**

- There are two options for completing Step 1:
  1. The FSIO has successfully completed the FDA ORA-U courses as outlined in Appendix B for Standard 2 and attended the MDARD *Food Code*/Food Law three-day training course.

**OR**

2. Successful completion of courses deemed by the regulatory jurisdiction's food program supervisor or training officer to be equivalent to the FDA ORA U pre-

requisite (“Pre”) courses (must cover at least 80 percent of learning objectives for each ORA-U course), **AND** completed training on the jurisdiction’s prevailing statutes, regulations and/or ordinances, **AND** successfully passed one of four examinations: NEHA’s Certified Professional Food Safety Program, a state sponsored food safety exam based on current FDA Food Code, an ANSI/CFP Manager Certification exam, or REHS or RS exam offered by NEHA or the state.

- For Steps 2 and 3, meet MPR 16 and 17 of the MDARD accreditation program, which requires completion of training, comparable to this standard, within 12 months of hire or assignment to food service program; **AND**
- Use the MDARD standardization process to train the new FSIO including:
  1. Training is conducted by an LHD standard to ensure instruction in risk-based inspection technique.
  2. The first 25 joint inspections are successfully completed prior to the FSIO conducting any independent inspections.
  3. The MDARD/FDA Standardization Inspection Report Form or equivalent is utilized as a training tool.
  4. The MDARD Field Evaluation Worksheet (FEW) is utilized during the joint training inspections in which the FSIO takes the lead.
  5. The 25 FSIO independent inspections are reviewed by the LHD standard.
  6. The five standardization inspections for the FSIO are conducted by an LHD standard.
  7. All trainings and evaluations are documented in the FSIO employee file.

**In order to meet step 4 of this standard:**

Meet MPR 17 where the LHD standard conducts five joint evaluation inspections with the FSIO and uses the MDARD/FDA Standardization Inspection Report Form and MDARD FEW to evaluate these inspections.

*Note: In order to meet step 4 the LHD Standardized Field Trainer needs to be equivalent to what the NPS call a “training standard”. LHD Standard, standardized under the present MDA Standardized Field Trainer program, meets the definition of a “training standard” as interpreted by the Conference on Food Protection Clearing House under the 2009 NPS guide and prior years.*

*2011 NPS have clarified the standardization elements for a “training standard” to include: Satisfactory completion of steps 1 through 3 of standard 2, and successful completion of a standardization process based on a minimum of 8 inspections that includes development of HACCP flow charts, completion of a risk control plan, and verification of a HACCP Plan, similar to the FDA standardization procedures. Re-standardization every three years will consist of 6 inspections using process similar to the FDA standardization procedures.*

*Each successive MDARD Accreditation 3 Year Cycle incorporates the next NPS year guidelines and criteria. A LHD that enrolled in the NPS during MDARD accreditation cycle 4 was enrolled under the 2007 NPS criteria; accreditation cycle 5 will be using the 2009 NPS criteria and by accreditation cycle 6 in 2015, the 2011 NPS criteria will be used.*

*When a LHD enrolls in the NPS a self-assessment, which reviews the previous 3 years of their program, must be conducted within one year of that enrollment. That means in order for a LHD enrolling in the NPS in 2015 to meet Standard 2 of the 2011 NPS the LHD Standard must have completed all the defined elements for a “training standard” as outlined in the 2011 NPS by 2012.*

**Additionally, in order to meet step 4:**

The LHD standard conducts at least four joint inspections with the FSIO every three years (1.25/yr/SFE) for the purpose of re-standardization. *NOTE: Important Factor 4 of MDA Cycle 5*

*Accreditation only stipulates three joint inspections every 36 months (1/yr/FSE) and does not fulfill re-standardization of the FSIO for Standard No. 2.*

**In order to meet step 5 of this standard:**

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

**Documentation required for audit:** The quality records needed for this standard include:

- Certificates or proof of attendance from the successful completion of all the course elements identified in the program standard curriculum (Steps 1 and 3).
- Documentation of field inspection reports for each 25 joint and independent inspection (Steps 2 and 3).
- Certificates or other documentation of successful completion of a field training process based on an Assessment of Training Needs.
- Certificates or other records showing proof of satisfactory standardization (Step 4).
- Contact hour certificates or other records for continuing education (Step 5).
- Signed documentation from the regulatory jurisdiction's food program supervisor or training officer that food inspection personnel attended and successfully completed the training and education steps outlined in this standard.
- Date of hire records or assignment to the retail food program.
- Summary record of employees' compliance with the standard.

The Standard 2, Program Self-Assessment and Verification Audit Form are designed to document the findings from the self-assessment and the verification audit process for Standard 2.

**STANDARD 3 [INSPECTION PROGRAM BASED ON HACCP PRINCIPALS](#)**

**Requirement Summary:** An inspection program that focuses on the status of risk factors determines and documents compliance, and targets immediate and long-term correction of out-of-control risk factors through active managerial control.

**In order to meet this standard:**

Meet MPRs 3, 6, 7, 8, 10, 12, 13, and 14 of the MDARD accreditation program.

**Additionally, in order to meet this standard:**

1. Use an inspection form that requires the selection of IN, OUT, NO, or NA (i.e. the MDARD Risk Based Evaluation Report form).
2. Group establishments based on food safety risk and the inspection frequency assigned to each category. (The [MDARD and Local Health Department Optional Risk-Based Evaluation Schedule](#) process meets these criteria.)
3. Both of these documents are located on MDARD's website at: [http://www.michigan.gov/mda/0,1607,7-125-50772\\_50775\\_53375---,00.html](http://www.michigan.gov/mda/0,1607,7-125-50772_50775_53375---,00.html)
4. Establish and implement written policies addressing code variance requests related to risk factors and interventions.

5. Establish and implement written policies addressing on-site corrective action and long-term controls as appropriate to type of violation and risk factor options.
6. Establishes written policies regarding the verification and validation of HACCP plans when a plan is required by the code.

**Documentation required for audit:** The quality records needed for this standard include:

- Inspection form that requires the selection of IN, OUT, NO, or NA.
- Written process used for grouping establishments based on food safety risk and the inspection frequency assigned to each category.
- Policy for on-site correction and follow-up activities.
- Policy for addressing code variance requests related to risk factors and interventions.
- Policy for verification and validation of HACCP plans required by code.
- Policy requiring the discussion of food safety control systems with management when out-of-control risk factors are recorded on subsequent inspections.

#### **STANDARD 4 UNIFORM INSPECTION PROGRAM**

**Requirement Summary:** Program management has established a quality assurance program to ensure uniformity among regulatory staff in the interpretation and application of laws, regulations, policies, and procedures.

#### **Description of Quality Assurance Program Requirements:**

- Be an ongoing program.
- The quality assurance (QA) program shall evaluate each FSIO, based on the 10 criteria described in Standard 4-B, to ensure inspection quality, frequency, and uniformity among the regulatory staff.

#### **Standard 4-B (1-10)**

1. Determines and documents the compliance status of each risk factor and intervention (i.e., IN compliance, OUT of compliance, Not Observed, or Not Applicable is noted on the inspection form) through observation and investigation;
  2. Completes an inspection report that is clear, legible, concise, and accurately records findings, observations and discussions with establishment management;
  3. Interprets and applies laws, regulations, policies and procedures correctly;
  4. Cites the proper local code provisions for CDC-identified risk factors and Food Code interventions;
  5. Reviews past inspection findings and acts on repeated or unresolved violations;
  6. Follows through with compliance and enforcement;
  7. Obtains and documents on-site corrective action for out-of-control risk factors at the time of inspection as appropriate to the type of violation;
  8. Documents that options for the long-term control of risk factors were discussed with establishment managers when the same out-of-control risk factor occurred on consecutive inspections. Options may include but are not limited to risk control plans, standard operating procedures, equipment and/or facility modification, menu modification, buyer specifications, remedial training, or HACCP plans;
  9. Verifies that the establishment is in the proper risk category and that the required inspection frequency is being met; and
  10. Files reports and other documentation in a timely manner.
- The program describes action to be implemented when QA program analysis identifies deficiencies.
  - The program achieves an overall rating of 75 percent for Standard 4 B (1-10).

*NOTE: need to have a total of eight or more inspector reviews as explained in Appendix D.*

- The program conducts a review of each inspector's work in at least two joint on-site inspections, with a corresponding file review of at least the three most recent inspection reports of the same inspected establishments, during every self-assessment period (every three-year period).
- The program has a written policy and documentation process for each assessed performance rating.

**In order to meet this standard:**

- Meeting MPRs 3, 6, 9, 10, 12, and 13 of the MDARD accreditation program. These along with use of the Risk Based Evaluation report form cover Standard 4 B (1-10).
- Meet Important Factor 4 recommendations criteria of three joint inspections every 36 months/inspector.
- Meet Important Factor 4 QA review of at least ten evaluation reports for each sanitarian (5/yr/inspector) being sure to review at least the three most recent inspections for each file.
- Use the MDARD Standardization FEW when conducting field reviews.
- Use MDARD accreditation guide, Annex 1, and Corrective Plan of Action process for documentation of identified deficiencies.

**Additionally, in order to meet this standard:**

- Maintain documentation of each assessed performance rating.
- Use an inspection form that requires the selection of IN, OUT, NO, or NA, (i.e. the MDARD Risk Based Evaluation Report form).
- At least eight or more inspector reviews must be conducted to be statistically equivalent to Appendix D of Standard 4. For LHDs with fewer than four inspectors, more individual joint inspections would need to be conducted per inspectors.

**Documentation required for audit:** The quality records needed for this standard include:

- A written procedure that describes the jurisdiction's QA program that meets the criteria under Description of Requirement, Section 1) B., including corrective actions for deficiencies.
- Documentation that the program achieves a 75 percent performance rating on each aspect using the self-assessment procedures described above and in Supplement to Standard 4 (Appendix D).

**STANDARD 5 FOODBORNE ILLNESSES AND FOOD DEFENSE PREPAREDNESS AND RESPONSE**

**Requirement Summary:** The program has an established system to detect, collect, investigate, and respond to complaints and emergencies that involve FBI, injury, and intentional and unintentional food contamination. The audit covers seven general FBI program areas, each with specific criteria:

1. Investigative Procedures
2. Reporting Procedures
3. Laboratory Support documentation
4. Trace-back Procedures
5. Recalls
6. Media Management
7. Trend Analysis

**In order to meet this standard:**

- Meet MPR 19 and 20 of the MDARD accreditation program. These MPRs primarily cover specific criteria for the Investigative Procedures program area.
- Follow the MDARD’s February 3, 2006, memo titled “Foodborne Illness Reporting and Documentation for Minimum Program Requirement (MPR) Compliance.”
- Incorporate by reference and implement the use of the IAFP publication entitled “Procedures to Investigate Foodborne Illness, 5th ed. (MFL Section 289.3131[2]).

**Additionally, in order to meet this standard:**

Standard 5 has specific program requirement criteria under the seven general FBI program areas. Documentation of all FBI procedures is critical to meeting these requirements. An LHD looking to meet this standard needs to review each of the criteria and compare it to their FBI policy and procedures. The criteria for each program area are described in the following table. Each criterion is marked here as being either “Confirmed in Accreditation (CAC)” or “Not Confirmed in Accreditation (NCAC).” Some criteria are marked as not applicable (NA). An LHD would not be held responsible for meeting these in order to meet Standard 5.

Appendix E - [Supplement to Standard 5 - FBI and Food Defense Preparedness and Response](#)

CRITERIA	YES	NO
<b>1. Investigation Procedures</b>		
a. The program has written operating procedures for responding to and/or conducting investigations of foodborne illness and injury that clearly identify the roles, duties, and responsibilities of program staff and how the program interacts with other relevant departments and agencies. (The procedures may be contained in a single source document or in multiple documents.)	CAC	
b. The program maintains contact lists for individuals, departments, and agencies who may be involved in the investigation of foodborne illness, injury, or contamination of food.	CAC	
c. The program maintains a written operating procedure or a Memorandum of Understanding (MOU) with the appropriate epidemiological investigation program/department to conduct foodborne illness investigations and to report findings. The operating procedure or MOU clearly identifies the roles, duties, and responsibilities of each party.		NCAC
d. The program maintains logs or databases for all complaint or referral reports from other sources alleging food-related illness, injury, or intentional food contamination. The final disposition for each complaint is recorded in the log or database and is filed in or linked to the establishment record for retrieval purposes.	CAC	
e. Program procedures describe the disposition, action, or follow-up and reporting requirement for each type of complaint or referral report.		NCAC
f. Program procedures require disposition, action, or follow-up on each complaint or referral report alleging food-related illness or injury within 24 hours.	CAC	
g. The program has established procedures and guidance for collecting information on the suspect foods’ preparation, storage, or handling during on-site illness, injury, or outbreak investigations.	Use of IAFP meets this	NCAC
h. Program procedures provide guidance for immediate notification of appropriate law enforcement agencies, if at any time, intentional food contamination is suspected.		NCAC
i. Program procedures provide guidance for the notification of appropriate state and/or federal agencies when a complaint involves a product that originated outside the agency’s jurisdiction or has been shipped interstate.	CAC (MDA FBI Memo 2/3/06)	
<b>2. Reporting Procedures</b>		
a. Possible contributing factors to the illness, injury, or intentional food contamination are identified in each on-site investigation report.		NCAC
b. The program shares final reports of investigations with the state epidemiologist	CAC	

and reports of confirmed outbreaks with the CDC.		
<b>3. Laboratory Support Documentation</b>		
a. The program has a letter of understanding, written procedures, contract, or MOU acknowledging that a laboratory is willing and able to provide analytical support to the jurisdiction's food program. The documentation describes the type of biological, chemical, radiological contaminants, or other food adulterants that can be identified by the laboratory. The laboratory support available includes the ability to conduct environmental sample analysis, food sample analysis, and clinical sample analysis.		NCAC
b. The program maintains a list of alternative laboratory contacts from which assistance could be sought in the event a food-related emergency exceeds the capability of the primary support lab listed in paragraph 3.a. This list should also identify potential sources of laboratory support such as FDA, USDA, CDC, or environmental laboratories for specific analysis which cannot be performed by the jurisdiction's primary laboratory.		NCAC
<b>4. Traceback Procedures</b>		
a. Program management has an established procedure to address the traceback of foods implicated in an illness, outbreak, or intentional food contamination. The traceback procedure provides for the coordinated involvement of all appropriate agencies and identifies a coordinator to guide the investigation. Traceback reports are shared with all agencies involved and with the CDC.	NA for LHD	
<b>5. Recalls</b>		
a. Program management has an established procedure to address the recall of foods implicated in an illness, outbreak, or intentional food contamination.	NA for LHD	
b. When the jurisdiction has the responsibility to request or monitor a product recall, written procedures equivalent to 21 CFR, Part 7 are followed.	NA for LHD	
c. Written policies and procedures exist for verifying the effectiveness of recall actions by firms (effectiveness checks) when requested by another agency.	NA for LHD	
<b>6. Media Management</b>		
a. The program has a written policy and procedure that defines a protocol for providing information to the public regarding a foodborne illness outbreak or food safety emergency. The policy/procedure should address coordination and cooperation with other agencies involved in the investigation. A media person is designated in the protocol.		NCAC
<b>7. Trend Analysis</b>		
a. At least once per year, the program conducts a review of the data in the complaint log or database, and the illness and injury investigations to identify trends and possible contributing factors that are most likely to cause illness or injury. These periodic reviews of multiple complaints and contributing factors may suggest a need for further investigations and may suggest steps for illness prevention.	Partially CAC (MDA FBI Memo 2/3/06 & IAFP)	
b. The review is conducted with prevention in mind and focuses on, but is not limited to, the following: <ol style="list-style-type: none"> <li>1. Multiple complaints on the same establishment.</li> <li>2. Multiple complaints on the same establishment type.</li> <li>3. Multiple complaints implicating the same food.</li> <li>4. Multiple complaints associated with similar food preparation processes.</li> <li>5. Number of laboratory-confirmed, food-related outbreaks.</li> <li>6. Number of non-laboratory-confirmed but epidemiologically linked, food-related outbreaks.</li> <li>7. Number of complaints involving real and alleged threats of intentional food contamination.</li> <li>8. Multiple complaints involving the same agent and any complaints involving unusual agents.</li> </ol>	(Note: more comprehensive than MPR 20)	NCAC
c. In the event that there have been no illness or injury outbreak investigations conducted during the 12 months prior to the trend analysis, program management will plan and conduct a mock foodborne illness investigation to test program readiness. The exercise should simulate response to an actual illness outbreak and include on-site inspection, sample collection, and analysis. A mock investigation must be completed at least once per year when no illness outbreak investigations occur.		NCAC

**Documentation required for audit:** The quality records required to meet this standard include:

- Logs or databases of alleged food related illness, injury complaints maintained and current.
- Collection forms specified in the operating procedures.
- Investigation reports of alleged food related illness, injury, or incidents. Reports are retrievable by implicated establishment name.
- Written procedures, contracts, or MOUs with the supporting laboratories.
- Written procedure addressing the traceback of food products implicated in an illness, outbreak, or contamination event, as applicable.
- 21 CFR, Part 7, or written procedures equivalent to 21 CFR, Part 7 for recalls as applicable.
- Completed annual trend analysis summary that includes 12 months of data.
- Current written media policy/procedure and contact person.
- The contact list for communicating with all relevant agencies.
- Portions of any emergency response protocol and/or actions relevant to food safety and security.

## **STANDARD 6 COMPLIANCE AND ENFORCEMENT**

**Requirement Summary:** This standard applies to all compliance and enforcement activities used by a jurisdiction to achieve compliance with regulations. Compliance and enforcement activities result in follow-up actions for out-of-control risk factors and timely correction of code violations.

There are four essential program elements for this standard.

1. A written step-by-step procedure that describes how compliance and enforcement tools are to be used to achieve compliance.
2. Inspection report form(s) that record and quantifies the compliance status of risk factors and interventions and (i.e., IN compliance, OUT of compliance, Not Observed, or Not Applicable).
3. Documentation on the establishment inspection report form or in the establishment file that compliance and/or enforcement action was taken to achieve compliance at least 80 percent of the time when out-of-control risk factors or interventions are recorded on a routine inspection measured using the procedures in Supplement to Standard 6, Appendix F.
4. Compliance and enforcement actions that follow the step-by-step procedure.

The NPS Appendix F outlines the method of sampling, sampling time frame “start-point inspection,” and reviewing and rating the files, as well as an example of an enforcement tracking worksheet.

### **In order to meet this standard:**

- Meet MPRs 6, 9, and 10 of the MDARD accreditation program.

### **Additionally, in order to meet this standard:**

- Use an evaluation form that requires the selection of IN, OUT, NO, or NA (i.e. the MDA Risk Based Evaluation Report form) and list violations based on risk factors and Food Code interventions.
- When reviewing facility evaluation reports, look at violations as a risk factor or intervention specifically. (NOTE: MPR 6 reviews facility evaluation reports based on critical and noncritical.)

- Use the Risk-Based Evaluation Form Marking Instructions and accompanying Food Code reference “Key” for identification of risk factors and interventions. This document is located on the MDARD website at: [http://www.michigan.gov/mda/0,1607,7-125-50772\\_50775\\_53375---,00.html](http://www.michigan.gov/mda/0,1607,7-125-50772_50775_53375---,00.html).

### **Sampling Size:**

When a department has less than 400 total establishments, MPR 6 meets the sample size of at least 20 files. Standard 6 states 400 or more facilities must select 5 percent of total facilities up to 70 files. An LHD with 400 or more establishments would have to review sample size as stated in Standard 6 Appendix F.

**Random Sampling:** The MDARD Cycle 5 accreditation sampling procedures meet the random sampling method for Standard 6.

**Documentation required for audit:** The quality records needed for this standard include:

- A copy of the written step-by-step enforcement procedures.
- Inspection form that meets the criteria.
- Documentation that compliance and enforcement action was taken 80 percent of the time using the worksheet and procedures in Supplement to Standard 6, Appendix F, when out-of-control risk factors or code interventions are recorded on routine inspections.
- A reference "Key" which identifies the major risk factors and *Food Code* interventions on the jurisdiction's inspection report form. *(Note: A jurisdiction will not be penalized under Standard 6 for sections of the Food Code which have not yet been adopted.)*

## **STANDARD 7 INDUSTRY AND COMMUNITY RELATIONS**

**Requirement Summary:** This standard applies to industry and community outreach activities utilized by a regulatory program to solicit a broad spectrum input into a comprehensive regulatory food program, communicate sound public health food safety principles, and foster and recognize community initiatives focused on the reduction of foodborne disease risk factors.

The essential program elements stipulate that the jurisdiction sponsor or actively participate in at least one activity from each of the following categories annually:

1. Industry and consumer interactions such as food safety task forces, advisory boards or advisory committees, or other forums for presenting food safety strategies and interventions to control risk factors, with participation extended to industry and consumer representatives.
2. Educational outreach activities such as industry recognition programs, web sites, newsletters, food safety campaigns, food worker training, school-based activities, customer surveys, posting inspection information on the web or in the press, or other activities that increase awareness of the risk factors and control methods to prevent FBI.

### **In order to meet Standard 7:**

- Meet Important Factor 1 of the MDARD accreditation program.

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

- Minutes, agendas, or other records that forums were conducted.

- For formal, recurring meetings such documents as by-laws, charters, membership criteria and lists, frequency of meetings, roles, etc. are acceptable.
- Documentation of performed actions or activities designed with input from industry and consumers to improve the control of risk factors.
- Documentation of food safety educational efforts.

Statements of policies and procedures may suffice if activities are continuous, and documenting multiple incidents would be cumbersome, i.e., recognition provided to establishments with exemplary records or an on-going web site.

## **STANDARD 8 PROGRAM SUPPORT AND RESOURCES**

**Requirement Summary:** This standard applies to the program resources (budget, staff, equipment, etc.) necessary to support an inspection and surveillance system that is designed to reduce risk factors and other factors known to contribute to FBI. The program provides funding, staff, and equipment necessary to accomplish compliance with the NPS.

The FDA Standard 8 requires a staffing level of one full-time equivalent (FTE) devoted to the food program for every 280 to 320 evaluations performed. Evaluations for the purpose of this calculation include routine evaluations, re-evaluations, complaint investigations, outbreak investigations, follow-up evaluations, risk assessment reviews, process reviews, variance process reviews, and other direct establishment contact time such as on-site training. It does not include Temporary Food Service Licensing evaluations.

### **In order to meet this standard:**

- Meet Important Factor 3 – Program Support of the MDARD accreditation program.

### **Additionally, in order to meet this standard:**

- Establish food facility evaluations based on at least a three category risk factor criteria. *(NOTE: The MDARD and Local Health Department Optional Risk-Based Evaluation Schedule process meets these criteria.)*
- Provide essential inspection equipment for each inspector.
- Provide necessary administrative support.
- Meet Standards 2, 3, 4, 5, 6, 7, and 9.

**Documentation required for audit:** The quality records needed for this standard include:

- Documentation of FTE to inspections ratio.
- Inventory of assigned and available inspection equipment.
- Documentation and demonstration of records system and adequacy of support.
- The completed Appendix H.

## **STANDARD 9 PROGRAM ASSESSMENT**

**Requirement Summary:** This standard applies to the process used to measure the success of jurisdictions in meeting the *Voluntary National Retail Food Regulatory Program Standards 1 through 9* (hereafter referred to as the National Standards) and their progress in reducing the occurrence of FBI risk factors. Additionally, it applies to the requirements for recognition by the FDA of those jurisdictions meeting the National Standards.

1. For listing on the FDA Roll of Participating Jurisdictions, a jurisdiction must assure:

- A. That the program manager conducts an initial *self-assessment* within 12 months of the date of enrollment in the National Registry and every 36 months thereafter.
  - B. That a *verification audit* is conducted within 36 months of the initial *self-assessment*. Subsequent verification audits are conducted every 36 months thereafter.
2. For achievement of Standard 9, a jurisdiction must assure:
    - A. That a survey and report on the occurrence of FBI risk factors and the use of *Food Code* interventions is completed within the 36-month period between the self-assessment and the verification audit.
    - B. A survey on the occurrence of risk factors and *Food Code* interventions is conducted at least once every five years thereafter, to measure trends specific to the occurrence of the risk factors and interventions.
  3. Reporting by means of the FDA National Registry Report form.

**In order to meet this standard:**

The MDARD accreditation, Option 2 process requires an LHD to conduct a self-assessment of their food inspection program prior to their scheduled accreditation date. The recommendation is to conduct the self-assessment at least 12 months in advance.

The MDARD accreditation process is equivalent to a third party audit. Each LHD is accredited on a three-year cycle by the MDARD, Food and Dairy Division, Food Service Program accreditation reviewers. This cycle meets the continuing audit cycle of every 36 months for this standard.

*NOTE: The MDARD Risk Reduction Initiative Survey, which began in 2005, is conducted every three years. However, the survey only evaluated complex food service establishments, which do not meet the type of establishments required to be evaluated under this standard. When resources become available, MDARD plans to add sampling from each of the require types of establishments. Once a statewide baseline has been established, all LHDs would then meet the Risk Factor Survey requirements for Standard 9.*

This does not preclude any LHD from establishing a baseline survey and subsequent risk factor/intervention tracking system.

**Desired Outcome:**

The desired outcome of this standard is to enable managers to measure their program against national criteria. The process identifies program elements that may require improvement or be deserving of recognition.

**Documentation required for audit:** The quality records required for this standard include:

- The completed appendices (worksheets) for each standard and supporting records
- Survey reports on the occurrence of risk factors and *Food Code* interventions
- Verification audit report
- FDA National Registry Report
- Affidavit of Permission to Publish

## **In Conclusion:**

The NPS serves as a guide to regulatory retail food program managers in the design and management of a retail food regulatory program and provide a means of recognition for those programs that meet these standards. The program standards are designed to help food regulatory programs enhance the services they provide to the public.

While the program standards represent the food safety program to which we ultimately aspire, they begin by providing a foundation upon which all regulatory programs can build through a continuous improvement process. The standards encourage regulatory agencies to improve and build upon existing programs. Further, the standards provide a framework designed to accommodate both traditional and emerging approaches to food safety.

The MDARD strongly supports enrollment in the NPS. It is the goal of MDARD to make the process of meeting the NPS by each LHD seamless and efficient. One method of accomplishing this goal is to incorporate the NPS criteria into the MDARD Accreditation and Standardization of Field Trainers processes. As MDARD meets an individual NPS, it is our objective to assist any LHD, registered under the NPS, to also meet that standard. However, any LHD is free to work independently on any of the individual standards they would like to meet. The MDARD stands ready to assist any LHD in understanding the requirements and determining their needs to meet these NPS.