Food Service Program
Cycle 6 – Option 2
Assessment Forms

Food and Dairy Division
P.O. Box 30017
Lansing, MI 48909
Ph: 800-292-3939
10/20/2014
<table>
<thead>
<tr>
<th>MPR</th>
<th>Status</th>
<th>Findings</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>M/MC</td>
<td>NM/NA</td>
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<tr>
<td>Plan Review</td>
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<td>Staff Training and Qualifications</td>
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<td>14</td>
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<td>Foodborne Illness Investigations</td>
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<td>16</td>
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<td>Important Factors - Not Used To Determine Accreditation Status</td>
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<td>1</td>
<td>NA</td>
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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.
Food Service Assessment Forms

Agency:

Review Dates: Review Period: Reviewer(s): Initial Visit / Revisit

MPR Summary

MPR 1 Plan Review Summary
Compliance from health department self-assessment
\[
\frac{\text{Number}}{\text{Total}} = \text{___}\% \\
\]
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:
________________________________________________
________________________________________________

MDARD Compliance with MPR 1  % _____ MET NM

MPR 2 Evaluation Frequency
Compliance from health department self-assessment
\[
\frac{\text{Number}}{\text{Total}} = \text{___}\% \\
\]
80% Compliance Required

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

Plan Review files reviewed by auditor:
_______________________________________
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Auditor agreement with self-assessment:
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MDARD Compliance with MPR 2  % _____ MET MC NM
Food Service Assessment Forms

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Review Dates:</th>
<th>Review Period:</th>
<th>Reviewer(s):</th>
<th>Initial Visit / Revisit</th>
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</thead>
</table>

**MPR 3 Temporary Food Service**
Compliance from health department self-assessment
\[\frac{\text{_____}}{\text{____}} = \text{____}%\]
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:

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________________________________________________________________________

**MDARD Compliance with MPR 3**

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<th>MET</th>
<th>MC</th>
<th>NM</th>
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**MPR 4 Evaluation Procedures**
Compliance from health department self-assessment
\[\frac{\text{_____}}{\text{____}} = \text{____}%\]
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:

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**MDARD Compliance with MPR 4**

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<th>%_____</th>
<th>MET</th>
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<th>NM</th>
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</thead>
</table>
**Food Service Assessment Forms**

**Agency:**

**Review Dates:** Review Period: Reviewer(s): Initial Visit / Revisit

### MPR 5 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)

### MDARD Compliance with MPR 5

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<th>MET</th>
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</table>

### MPR 6 Records

Compliance from health department self-assessment

<table>
<thead>
<tr>
<th>of</th>
<th>files =</th>
<th>compliance rate</th>
<th>MET</th>
<th>MC</th>
<th>NM</th>
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</thead>
</table>

**80% required.**

If NOT MET: Date of CPA Implementation: 
Date of re-assessment: 
Results of Re-assessment: 
Auditor agreement with self-assessment:

| ___________________________ | ___________________________ | ___________________________ |
| ___________________________ | ___________________________ | ___________________________ |

### MDARD Compliance with MPR 6

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### MPR 7 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:

| ___________________________ | ___________________________ | ___________________________ |
| ___________________________ | ___________________________ | ___________________________ |

| ___________________________ | ___________________________ | ___________________________ |
Food Service Assessment Forms
Agency:
Review Dates:        Review Period:          Reviewer(s):      Initial Visit / Revisit

Auditor agreement with self-assessment:
______________________________________________________________________
______________________________________________________________________

MDARD Compliance with MPR 7

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MPR 8 Follow-Up Evaluation
Compliance from health department self-assessment

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<th>MC</th>
<th>NM</th>
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If NOT MET:
- Date of CPA Implementation:
- Date of re-assessment:
- Results of Re-assessment:

Fixed files reviews by auditor:
______________________________________________________________________
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Auditor agreement with self-assessment:
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______________________________________________________________________

MDARD Compliance with MPR 8

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<th>%</th>
<th>MET</th>
<th>NM</th>
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</table>

MPR 9 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:
______________________________________________________________________
______________________________________________________________________
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Auditor agreement with self-assessment:
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MDARD Compliance with MPR 9

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<th>MET</th>
<th>MC</th>
<th>NM</th>
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</table>
Food Service Assessment Forms

Agency:
Review Dates: Review Period: Reviewer(s): Initial Visit / Revisit

MPR 10 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:
________________________________________
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Auditor agreement with self-assessment:
____________________________________________________________________
____________________________________________________________________

MDARD Compliance with MPR 10 MET MC NM

MPR 11 Complaint Investigation
Compliance from health department self-assessment: MET MC NM
_____ 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:
____________________________________________________________________
____________________________________________________________________

MDARD Compliance with MPR 11 % _____ MET MC NM


MPR 12 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:

MDARD Compliance with MPR 12  MET  MC  NM

MPR 13 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:

MDARD Compliance with MPR 13  MET  MC  NM
### MPR 14 Other Staff - Training for Mobile, STFU, Vending and TFE

Compliance from health department self-assessment: MET MC NM

<table>
<thead>
<tr>
<th>If NOT MET:</th>
<th>Date of CPA Implementation:</th>
<th>Date of re-assessment:</th>
<th>Results of Re-assessment:</th>
</tr>
</thead>
</table>

Training files reviews by auditor:

- 
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- 

Auditor agreement with self-assessment:

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### MDARD Compliance with MPR 14 MET MC NM

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### MPR 15 Foodborne Illness Investigations Conducted

Compliance from health department self-assessment: MET MC NM

\[
\text{\# of \#} = \text{\%}, \ 80\% \ \text{Compliance Required}
\]

<table>
<thead>
<tr>
<th>If NOT MET:</th>
<th>Date of CPA Implementation:</th>
<th>Date of re-assessment:</th>
<th>Results of Re-assessment:</th>
</tr>
</thead>
</table>

FBI investigation reviews by auditor:

- 
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Auditor agreement with self-assessment:

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### MDARD Compliance with MPR 15 % MET MC NM

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

**MPR 16 Foodborne Illness Procedures**
Compliance from health department self-assessment: MET  MC  NM

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

FBI complaint reviews by auditor:
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FBI standard operating procedure in place: ____

Auditor agreement with self-assessment:
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**MDARD Compliance with MPR 16**

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<th>MET</th>
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**Important 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:

___D>F
**Important Factor IV- Quality Assurance Program**

MET  NA

___ Department not attempting to meet this IF

__ Written quality assurance program developed

__ At least 15 inspection reports for each sanitarian's food insp. or FBI records have been reviewed. Quality assurance review conducted every 36 months

__ Every employee assigned to program has completed 3 joint inspections with trainer every 36 months

---

**MDARD Accreditation Cycle 6 MPR 12, 13, & 14 Worksheets**

**MPR 12 Staff Technical Training:** list trainees  
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.

**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.

**MDARD Accreditation Cycle 6 MPR 12, 13 Worksheet**

(Within 12 months of full time assignment to RFP; within 18 months for part time assignment)

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Date Assigned to Retail Food Program</th>
<th>Date Completion of ORA-U Curriculum OR equivalent / MDA Plan Review Module / Food Law-Food Code Training</th>
<th>Date Completion of 25 Joint Field Training Inspections OR Documentation of completed training assessment/plan</th>
<th>Date Completion of 25 Independent Inspections</th>
<th>Date Completion of 5 Field Standardization Inspections</th>
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11
**Food Service Assessment Forms**  
Agency:  
Review Dates: Review Period: Reviewer(s): Initial Visit / Revisit

**MPR 14 Specialty Food Service Inspection Skills:** list trainees names  
Met MC NM  
Do newly assigned staff conducting mobile, STFU, vending or temporary inspections have endorsement by supervisor?

**MDARD Accreditation Cycle 6 MPR 14 Worksheet**

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Date completion of each Specialty Food Inspection Training (TFE, Vending, Mobile, STFU)</th>
<th>Date of Supervisor Endorsement (for knowledge of FL, FC, public health principles, &amp; communication &amp; inspection skills)</th>
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</table>
### MPR 9  LIMITED LICENSES

<table>
<thead>
<tr>
<th>Facility name</th>
<th>Reason license was limited (food law)</th>
<th>Proper notice provided Y / N</th>
<th>Opportunity for a hearing Y / N</th>
<th>License application filled out Y / N</th>
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### MPR 10  VARIANCES

<table>
<thead>
<tr>
<th>Facility name</th>
<th>Specialized processing (HACCP) Y / N</th>
<th>Request in file Y / N</th>
<th>Statement of proposal Relevant FC/FL #'s Y / N</th>
<th>Public health hazards addresses Y / N</th>
<th>Department has formal procedure Y / N</th>
<th>Staff following procedure Y / N</th>
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13
## Cycle 6 Important Factor Worksheets

### Important Factor I  Chart Showing Compliance with Important Factor Ia&amp;b:

#### 1a Educational Outreach

<table>
<thead>
<tr>
<th>Dates</th>
<th>Summary Of Activities</th>
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#### 1b 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.

<table>
<thead>
<tr>
<th>Name of meeting</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Sponsors or actively participates in meetings such as food safety task forces, advisory boards, or advisory committees.</td>
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<tr>
<td></td>
<td>Forums present information on food safety, food safety strategies, and interventions to control risk factors?</td>
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<tr>
<td></td>
<td>Offers of participation extended to Industry representatives?</td>
</tr>
<tr>
<td></td>
<td>Offers of participation extended to consumer representatives?</td>
</tr>
<tr>
<td></td>
<td>Meeting Dates</td>
</tr>
<tr>
<td></td>
<td>Summary Of Activities Related To Control Of Risk Factors</td>
</tr>
</tbody>
</table>
Food Service Assessment Forms  
Agency:  
Review Dates:  
Review Period:  
Reviewer(s):  
Initial Visit / Revisit

**Other Outreach Activities**  
Please List any Additional Outreach Activities of Note Below.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Summary Of Activities</th>
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**Important Factor II**  
**Continuing Education and Training**

**Requirement:**  20 contact hours every 36 months

<table>
<thead>
<tr>
<th>EMPLOYEE NAME</th>
<th>Year Food Program Training Received</th>
<th>CEUs Awarded</th>
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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:  
___D ≥ F

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.)

<table>
<thead>
<tr>
<th>FOOD INSPECTOR</th>
<th>Number of reports reviewed in 36 month period</th>
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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.)

<table>
<thead>
<tr>
<th>INSPECTOR</th>
<th>1st JOINT INSPECTION DATE</th>
<th>2nd JOINT INSPECTION DATE</th>
<th>3rd JOINT INSPECTION DATE</th>
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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:  
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
<table>
<thead>
<tr>
<th>Establishment Name:</th>
<th>Establishment Address:</th>
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<tbody>
<tr>
<td>Auditor’s Name:</td>
<td>Auditor’s Agency</td>
</tr>
<tr>
<td>Inspector’s Name:</td>
<td>Inspector’s Agency:</td>
</tr>
<tr>
<td>Date of Audit:</td>
<td>Time IN:</td>
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<td>Time OUT:</td>
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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

<table>
<thead>
<tr>
<th>II.(C) Risk Based Inspection</th>
<th>Total number of opportunities</th>
<th>Number of opportunities to demonstrate</th>
<th>Number of competencies demonstrated</th>
<th>Final percentage</th>
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<tbody>
<tr>
<td></td>
<td>59</td>
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“⊠” 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
Option 2 – Field Exercise Summary (MPR 5)

Data is obtained from each evaluator’s Field Evaluation Worksheet

See guidance Document, Annex 11 to determine the number of inspectors evaluated during the review.

Each inspector will be evaluated using this form. The inspector’s individual scores will be averaged to establish the department percentage for determination of Met/Met with Conditions/Not Met.

**Met:** 80 - 100% department compliance with risk based evaluation methodology

**Met with Conditions:** 70-79% department compliance with risk based evaluation methodology

**Not Met:** Less than 70% department compliance with risk based evaluation methodology

<table>
<thead>
<tr>
<th>Category</th>
<th>Individual Evaluator’s %</th>
<th>Final %</th>
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<tbody>
<tr>
<td>Risk Based Inspection and Good Retail Practices</td>
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Example:

Inspector 1  75%
Inspector 2  94%
Average: 85%  Met

Example:

Inspector 1  75%
Inspector 2  65%
Inspector 3  55%
Inspector 4  87%
Average: 71%  Met with Conditions

The Field Exercise is Met: _____, Met with Conditions _____, Not Met: _____