Food Service Program
Cycle 5 – Option 2
Assessment Forms

Food and Dairy Division
P.O. Box 30017
Lansing, MI 48909
Ph: 800-292-3939
July 2011
## Executive Summary

<table>
<thead>
<tr>
<th>MPR</th>
<th>Status</th>
<th>Findings</th>
</tr>
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<tr>
<td></td>
<td>M/MC</td>
<td>NM/NA</td>
</tr>
</tbody>
</table>

### Plan Review

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### Evaluations

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### Records

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### Enforcement

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### Staff Training & Qualifications

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### Foodborne Illness Investigations

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### Important Factors - Not Used To Determine Accreditation Status

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<tr>
<th>M</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industry and Community Relations</td>
<td>IF 1</td>
</tr>
<tr>
<td>Continuing Education for Regulatory Staff</td>
<td>IF 2</td>
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<tr>
<td>Program Support</td>
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</tr>
<tr>
<td>Quality Assurance Program</td>
<td>IF 4</td>
</tr>
</tbody>
</table>

**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

____ 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:

_______________________________________
_______________________________________
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_______________________________________

Auditor agreement with self-assessment:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

MDA Compliance with MPR 1  % _____ MET NM

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:

_______________________________________
_______________________________________
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Auditor agreement with self-assessment:

_____________________________________________________________________________
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MDA Compliance with MPR 2  % _____ MET MC NM
**Food Service Assessment Forms**

**Agency:**

**Review Dates:**

**Review Period:**

**Reviewer(s):**

**Initial Visit / Revisit**

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**MPR 3 Evaluation Frequency**

Compliance from health department self-assessment

\[
\frac{\text{of}}{\text{of}} = \text{___%}
\]

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:


**MDA Compliance with MPR 3**

% _____  MET  MC  NM

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**MPR 5 Temporary Food Service**

Compliance from health department self-assessment

\[
\frac{\text{of}}{\text{of}} = \text{___%}
\]

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
MPR 6 Evaluation Procedures
Compliance from health department self-assessment
\[
\frac{\text{of } \_\_\_\_}{\_\_\_\_} = \_\_\_\% \\
80\% \text{ Compliance Required}
\]

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

Files reviews by auditor:
_______________________________________
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Auditor agreement with self-assessment:
_____________________________________________________________________________
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MDA Compliance with MPR 6 % ______  MET  MC  NM

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) ______%

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

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:
_____________________________________________________________________________
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MDA Compliance with MPR 9  MET  MC  NM
Food Service Assessment Forms
Agency:

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

______________________________

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 :
________________________________________________________________________
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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

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

Plan review files reviews by auditor :  
________________________________________________________________________
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Auditor agreement with self-assessment:
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MDA Compliance with MPR 11   MET   MC   NM
Food Service Assessment Forms

Agency: [Blank]

MPR 12 Follow-Up Evaluation
Compliance from health department self-assessment
____ of ___ = ___%
80% Compliance Required
If NOT MET: Date of CPA Implementation: [Blank]
Date of re-assessment: [Blank]
Results of Re-assessment: [Blank]
Fixed files reviews by auditor:
_______________________________________
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Auditor agreement with self-assessment:
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MDA Compliance with MPR 12  % [Blank]  MET  NM [Blank]

MPR 13 License Limitations
Compliance from health department self-assessment  MET  MC  NM
If NOT MET: Date of CPA Implementation: [Blank]
Date of re-assessment: [Blank]
Results of Re-assessment: [Blank]
License limitation reviews by auditor:
_______________________________________
_______________________________________
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Auditor agreement with self-assessment:
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MDA Compliance with MPR 13  MET  MC  NM [Blank]
Food Service Assessment Forms
Agency: [Agency Name]
Review Dates: [Review Dates]
Review Period: [Review Period]
Reviewer(s): [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:
_______________________________________
_______________________________________
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Auditor agreement with self-assessment:
_____________________________________________________________________________
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MDA Compliance with MPR 14 MET MC NM

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:
_______________________________________
_______________________________________
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Auditor agreement with self-assessment:
_____________________________________________________________________________
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MDA Compliance with MPR 15 %______ MET MC NM
## MPR 16 New Staff - Academic Training in 6 Areas

Compliance from health department self-assessment

<table>
<thead>
<tr>
<th>MET</th>
<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:  

Training files reviews by auditor:

<p>| | | |</p>
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Auditor agreement with self-assessment:

<p>| | |</p>
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MDA Compliance with MPR 16  

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<tr>
<th>MET</th>
<th>MC</th>
<th>NM</th>
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</table>

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## MPR 17 New Staff - Evaluations with Standardized Trainer

Compliance from health department self-assessment

<table>
<thead>
<tr>
<th>MET</th>
<th>MC</th>
<th>NM</th>
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</table>

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

Training files reviews by auditor:

<p>| | | |</p>
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Auditor agreement with self-assessment:

<p>| | |</p>
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MDA Compliance with MPR 17  

<table>
<thead>
<tr>
<th>MET</th>
<th>MC</th>
<th>NM</th>
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</thead>
</table>
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

MPR 19 Foodborne Illness Investigations Conducted
Compliance from health department self-assessment 
80% Compliance Required

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

FBI investigation reviews by auditor:
_______________________________________
_______________________________________
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Auditor agreement with self-assessment:
_____________________________________________________________________________
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MDA Compliance with MPR 19 % MET MC NM
**Food Service Assessment Forms**

**Agency:**

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

**MPR 20 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:

_______________________________________  
_______________________________________  
_______________________________________

FBI standard operating procedure in place:  

Auditor agreement with self-assessment:

_____________________________________________________________________________  
_____________________________________________________________________________  
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**MDA Compliance with MPR 20**  | MET | MC | NM |

___________________________________________________________________________  
___________________________________________________________________________  
___________________________________________________________________________
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 ≥ 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

<table>
<thead>
<tr>
<th>Establishment Name:</th>
<th>Establishment Address:</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td></td>
<td>Time OUT:</td>
</tr>
</tbody>
</table>

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 clean, 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>59</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

“☒” 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