Self-Assessment / Audit Verification Summary & Gap Analysis

| Jurisdiction: | |
|-----------------------------------|------|
| Report completed by: | |
| Date: | |
| Program Standards Version: | 2015 |

Click here for additional Program Standards guidance, instructions and PDF files located the FDA Retail Food website

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|---------|-------------------------------------|------------------------|-----------------------------|--|
| Ver 1.0 | | | | |
| Met | Standard | Pı | rogress Sta | andard Elements (Incomplete elements identified in |

| Met | Standard | O | Standard Elements (Incomplete elements identified in red and completed elements identified in strikethrough text) |
|-----|--|-----------------|---|
| × | 1 REGULATORY FOUNDATION | No elements met | |
| × | 2 TRAINED REGULATORY STAFF | No elements met | <u>1a 1b 2a 2b 3a 3b 4a 4b 5a</u> |
| × | 3 INSPECTION PROGRAM BASED ON HACCP PRINCIPLES | No elements met | <u>1a 1b 1c 2a 3a 4a 4b 4c 5a 6a</u> |
| × | 4 UNIFORM INSPECTION PROGRAM | No elements met | <u>1a 1b 1c 2 2i 2ii 2iii 2iv 2v 2vi 2vii 2viii 2ix 2x 3a 3b</u> |
| × | 5 FOODBORNE ILLNESS AND FOOD DEFENSE PREPAREDNESS AND RESPONSE | No elements met | 1a 1b 1c 1d 1e 1f 1g 1h 1i 2a 2b 3a 3b 4a 5a 5b 5c 6a 7a 7b1 7b2 7b3 7b4 7b5 7b6 7b7 7b8 7b9 7c |
| × | 6 COMPLIANCE AND ENFORCEMENT | No elements met | <u>1a 1b 2a 2b</u> |
| × | 7 INDUSTRY AND COMMUNITY RELATIONS | No elements met | <u>1a</u> <u>1b</u> |
| × | 8 PROGRAM SUPPORT AND RESOURCES | No elements met | <u>1a 2a 2b 3a 3b 4a 4b 4c 4d 4e 4f 4g 4h</u> |
| × | 9 PROGRAM ASSESSMENT | No elements met | <u>1a 1b 1c 2a 2b 3a 3b</u> |

Standard 1: Regulatory Foundation

Program Self-Assessment and Verification Audit Form (January 2015)

PROGRAM SELF-ASSESSMENT SUMMARY

| Printed Name of the Person who conducted the Self-Assessment: | |
|---|---|
| Self-Assessor's Title: | |
| Jurisdiction Name | Enter data in the 'Jurisdiction' field on Self Assesment Summary page |
| Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Standard 1 Self-Assessment was Completed: | |
| Self-Assessment indicates that the Jurisdiction MEETS the | NO |
| Standard 1 criteria: | 110 |
| affirm that the information re | epresented in the Self-Assessment of Standard 1 is true and correct |
| Signature of the Self-Assessor: | |

| Printed Name of the Person who conducted the Verification | |
|--|--|
| Audit: | |
| Verification Auditor's Title: | |
| Auditor's Jurisdiction Name: | |
| Auditor's Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Verification Audit of Standard 1 was Completed: | |
| Verification Audit indicates that the Jurisdiction MEETS the | |
| Standard 1 criteria: | |
| I affirm that the information re | epresented in the Verification Audit of Standard 1 is true and correct |
| Signature of the Verification Auditor: | |

| - | | Jurisdictio | n's Self Assessment | Auditor's | Verification |
|-----|--|-------------|-------------------------|-----------|------------------------------|
| | Standard 1 Criteria | YES / NO | Self-Assessor's General | YES / NO | If NO, Auditor is to specify |
| | Standard 1 Criteria | IES/NO | Comments | IES/NO | why criterion is not met |
| | 1. Assessment of the Program's Regulatory Foundation | n | | | |
| | a. The jurisdiction has documentation that it has | | | | |
| | performed a side-by-side comparison of its prevailing statutes, | | | | |
| × | regulations, rules and other pertinent requirements against the | | | | |
| | current published edition of the FDA Food Code or one of the two | | | | |
| | most recent previous editions of the FDA Food Code. | | | | |
| | b. The jurisdiction's side-by-side comparison includes | | | | |
| × | an assessment of major Food Code Interventions and Risk Factors, | | | | |
| | Good Retail Practices, and Compliance/Enforcement | | | | |
| | Administrative requirements. | | | | |
| | c. The regulatory foundation assessment clearly | | | | |
| 4.0 | identifies the jurisdictions corresponding requirement to the | | | | |
| × | applicable Code Section. The assessment provides a determination | | | | |
| | as to whether a specific provision in the jurisdiction's regulation | | | | |
| | meets the intent of the corresponding FDA Food Code Section. | | | | |
| | 2. Food Code Interventions and Risk Factors | | | | |
| | a. The jurisdiction's initial Food Code assessment | | | | |
| | indicates that the agency's regulatory requirements contain at least | | | | |
| | 9 of the 11 FDA Food Code intervention and risk factor controls. | | | | |
| 4.0 | By the third verification audit the jurisdiction's assessment | | | | |
| × | indicated that the agency's regulatory requirement contain all 11 of | | | | |
| | the Food Code invention and risk factor controls. Documentation | | | | |
| | from: | | | | |
| | Part I – Self Assessment Worksheet | | | | |
| | Part I – Verification Audit Worksheet | | | | |
| | b. The jurisdiction's Food Code assessment indicates | | | | |
| | that the agency has a corresponding requirement for ALL FDA | | | | |
| | Food Code provisions related to the interventions and risk factor | | | | |
| × | controls. NOTE: Auditor's random selection of Food Code | | | | |
| | Intervention and Risk Factor Control Sections confirms the | | | | |
| | jurisdiction's assessment that a corresponding requirement is | | | | |
| | contained in the agency's rules, regulations, ordinances, code, or | | | | |
| | statutes. 3. Good Retail Practices | | | | |
| | 5. Good Retail Fractices | | | | |

| | a. The jurisdiction's initial Food Code assessment | | | |
|---|--|--------------|-------------------|--|
| | indicates that regulatory requirements contain at least | | | |
| | 95 percent of the FDA Food Code Good Retail Practices Sections. | | | |
| | NOTE: Auditor's random selection of Good Retail Practices Code | | | |
| X | Sections confirms the jurisdiction's assessment that a | | | |
| | corresponding requirement is contained in the | | | |
| | agency's code or statutes. Documentation from: | | | |
| | Part II – Self-Assessment Worksheet | | | |
| | Part II – Verification Audit Worksheet | | | |
| | 4. Compliance and Enforcement | | | |
| | a. The jurisdiction's initial Food Code assessment | | | |
| | indicates that regulatory requirements contain ALL the FDA Food | | | |
| | Code Compliance and Enforcement Sections identified in the | | | |
| | Standard. NOTE: Auditor's random selection of Compliance and | | | |
| X | Enforcement Code Sections confirms the jurisdiction's assessment | | | |
| | that a corresponding requirement is contained in the agency's code | | | |
| | or statutes. Documentation from: | | | |
| | Part III – Self Assessment Worksheet | | | |
| | Part III – Verification Audit Worksheet | | | |
| | General notes Pertaining to the Program Self-Assessm | ent or the V | erification Audit | |
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Standard 2: Trained Regulatory Staff

Program Self-Assessment and Verification Audit Form (January 2015)

PROGRAM SELF-ASSESSMENT SUMMARY

| Printed Name of the Person who conducted the Self-Assessment: | |
|---|---|
| Self-Assessor's Title: | |
| Jurisdiction Name | Enter data in the 'Jurisdiction' field on Self Assesment Summary page |
| Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Standard 2 Self-Assessment was Completed: | |
| Self-Assessment indicates that the Jurisdiction MEETS the | NO |
| Standard 2 criteria: | NO |
| affirm that the information re | epresented in the Self-Assessment of Standard 2 is true and correct |
| Signature of the Self-Assessor: | |

| Printed Name of the Person who conducted the Verification | |
|--|--|
| Audit: | |
| Verification Auditor's Title: | |
| Auditor's Jurisdiction Name: | |
| Auditor's Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Verification Audit of Standard 2 was Completed: | |
| Verification Audit indicates that the Jurisdiction MEETS the | |
| Standard 2 criteria: | |
| I affirm that the information re | epresented in the Verification Audit of Standard 2 is true and correct |
| Signature of the Verification Auditor: | |

| - | | Jurisdictio | n's Self Assessment | Auditor's | Verification |
|---|---|-------------|-------------------------|-----------|------------------------------|
| | Standard 2 Criteria | YES / NO | Self-Assessor's General | YES / NO | If NO, Auditor is to specify |
| | | 120,110 | Comments | 1227110 | why criterion is not met |
| | 1. Employee Training Records | | | | |
| × | a. The jurisdiction maintains a written training record for each employee that includes the date of hire or assignment to the | | | | |
| | agency's retail food protection program. | | | | |
| | b. The jurisdiction written training record provides documentation | | | | |
| × | that each employee has completed the Standard #2 pre-requisite ("Pre") training curriculum PRIOR to conducting independent | | | | |
| | retail food or foodservice inspections. | | | | |
| | 2. Initial Field Training | | | | |
| | a. The jurisdiction maintains a written training record that provides | | | | |
| | confirmation that each employee completed a minimum of 25 joint | | | | |
| | field training inspections of retail food and/or foodservice | | | | |
| x | establishments (if less than 25 joint field training inspections are | | | | |
| | performed, written documentation on file that FSIO has | | | | |
| | successfully demonstrated all required inspection competencies) | | | | |
| | PRIOR to conducting independent retail food or foodservice | | | | |
| | inspections | | | | |
| | b. The jurisdiction maintains a written training record that | | | | |
| | provides confirmation that each employee successfully completed | | | | |
| × | a field training process similar to that contain in the CFP Field | | | | |
| | Training Manual provided in Appendix B-2, Standard 2, PRIOR to | | | | |
| | conducting independent inspections of retail food and/or | | | | |
| | foodservice establishments. | | | | |
| | 3. Independent Inspections / Completion of ALL Curr | iculum Req | uirements | | |
| | a. The jurisdiction maintains a written training record that provides | | | | |
| × | confirmation that each employee completed a minimum of 25 | | | | |
| | independent retail food and/or foodservice inspections PRIOR to | | | | |
| | field standardization. | | | | |
| | b. The jurisdiction written training record provides documentation | | | | |
| × | that each employee has completed ALL aspects of the Standard #2 | | | | |
| | training curriculum ("Pre") and ("Post") courses PRIOR to field | | | | |
| | standardization. | | | | |
| | 4. Field Standardization | | | | |

| × | documentation that each employee successfully completed a Standardization process similar to the 'FDA Procedures for Standardization' within 18 months of hire or assignment to the | | | | |
|---|--|--------------|-------------------|---|--|
| | retail food protection program. b. The jurisdiction maintains a written training record that provides | | | | |
| × | documentation that each standardized employee has maintained their standardization by performing a minimum of 4 joint inspections with a "training standard" every 3 years. | | | | |
| | 5. Continuing Education and Training | | | | |
| × | a. The jurisdiction maintains a written training record that provides documentation that each employee conducting retail food and/or foodservice inspections has accumulated 20 hours of continuing education every 36 months after the initial training (18) months is completed. | | | | |
| | General notes Pertaining to the Program Self-Assessme | ent or the V | erification Audit | · | |
| | | | | | |
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| | | | | | |

Standard 3: Inspection Program Based On HACCP Principles

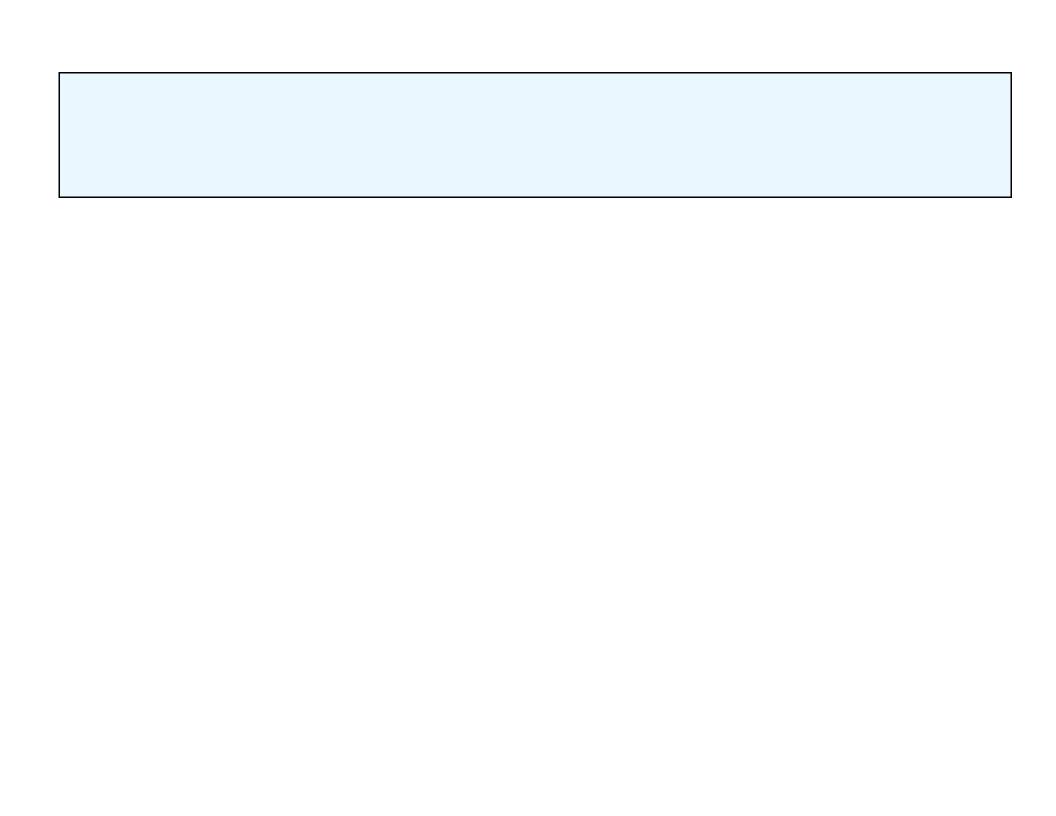
Program Self-Assessment and Verification Audit Form (January 2015)

PROGRAM SELF-ASSESSMENT SUMMARY

| Printed Name of the Person who conducted the Self-Assessment: | |
|---|---|
| Self-Assessor's Title: | |
| Jurisdiction Name | Enter data in the 'Jurisdiction' field on Self Assesment Summary page |
| Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Standard 3 Self-Assessment was Completed: | |
| Self-Assessment indicates that the Jurisdiction MEETS the | NO |
| Standard 3 criteria: | NO |
| affirm that the information re | epresented in the Self-Assessment of Standard 3 is true and correct |
| Signature of the Self-Assessor: | |

| Printed Name of the Person who conducted the Verification | |
|--|--|
| Audit: | |
| Verification Auditor's Title: | |
| Auditor's Jurisdiction Name: | |
| Auditor's Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Verification Audit of Standard 3 was Completed: | |
| Verification Audit indicates that the Jurisdiction MEETS the | |
| Standard 3 criteria: | |
| I affirm that the information re | epresented in the Verification Audit of Standard 3 is true and correct |
| Signature of the Verification Auditor: | |

| _ | | Jurisdictio | n's Self Assessment | Auditor's V | Verification |
|----|---|--------------|-------------------------|-------------|------------------------------|
| | Standard 3 Criteria | YES / NO | Self-Assessor's General | YES / NO | If NO, Auditor is to specify |
| | | TES/ NO | Comments | TES/ NO | why criterion is not met |
| | 1. Inspection Form Design | | | | |
| x | a. The jurisdiction's inspection form identifies foodborne illness | | | | |
| | risk factors and Food Code interventions. | | | | |
| x | b. The jurisdiction's inspection form documents actual | | | | |
| | observations using the convention IN, OUT, NA, and NO. | | | | |
| x | c. The jurisdiction's inspection form documents compliance and | | | | |
| | enforcement activities. | | | | |
| | 2. Risk Assessment Categories | | | | |
| 40 | a. A risk assessment is used to group food establishments into at | | | | |
| × | least 3 categories based on their potential and inherent food safety | | | | |
| | risks. 3. Inspection Frequency | | | | |
| | a. The jurisdiction's inspection frequency is based on the assigned | | | 1 | |
| × | risk categories. | | | | |
| | 4. Written and Implement Corrective Action Policy | | | | |
| | a. The jurisdiction has a written and implemented policy that | | | | |
| x | requires on-site corrective action for foodborne illness risk factors | | | | |
| | observed to be out of compliance. | | | | |
| | b. The jurisdiction has a written and implemented policy that | | | | |
| × | requires discussion for long-term control of foodborne illness risk | | | | |
| | factors. | | | | |
| 40 | c. The jurisdiction has a written and implemented policy that | | | | |
| × | requires follow-up activities on foodborne illness risk factor | | | | |
| | violations. 5. Variance Requests | | | | |
| | a. The jurisdiction has a written and implemented policy on | | | | |
| × | variance requests related to foodborne illness risk factors and Food | | | | |
| | Code interventions. | | | | |
| | 6. Verification and Validation of HACCP Plans | | | | |
| | a. The jurisdiction has a written and implemented policy for the | | | | |
| × | verification and validation of HACCP plans when a plan is | | | | |
| | required by Code. | | | | |
| | General notes Pertaining to the Program Self-Assessm | ent or the V | erification Audit | | |



Standard 4: Uniform Inspection Program

Program Self-Assessment and Verification Audit Form (January 2015)

PROGRAM SELF-ASSESSMENT SUMMARY

| Printed Name of the Person who conducted the Self-Assessment: | |
|---|---|
| Self-Assessor's Title: | |
| Jurisdiction Name | Enter data in the 'Jurisdiction' field on Self Assesment Summary page |
| Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Standard 4 Self-Assessment was Completed: | |
| Self-Assessment indicates that the Jurisdiction MEETS the | NO |
| Standard 4 criteria: | NO |
| affirm that the information re | epresented in the Self-Assessment of Standard 4 is true and correct |
| Signature of the Self-Assessor: | |

| Printed Name of the Person who conducted the Verification | |
|--|--|
| Audit: | |
| Verification Auditor's Title: | |
| Auditor's Jurisdiction Name: | |
| Auditor's Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Verification Audit of Standard 4 was Completed: | |
| Verification Audit indicates that the Jurisdiction MEETS the | |
| Standard 4 criteria: | |
| I affirm that the information re | epresented in the Verification Audit of Standard 4 is true and correct |
| Signature of the Verification Auditor: | |

| | | Jurisdiction's Self Assessment | | Auditor's | Verification |
|-----|---|--------------------------------|-------------------------|-----------|------------------------------|
| | Standard 4 Criteria | YES / NO | Self-Assessor's General | YES / NO | If NO, Auditor is to specify |
| | Standard + Criteria | TES/NO | Comments | TES/NO | why criterion is not met |
| | 1. Written Quality Assurance Program Document | | | | |
| | a. The jurisdiction has a written quality assurance program that | | | | |
| × | covers all regulatory staff that conducts retail food and/or | | | | |
| | foodservice inspections. | | | | |
| | b. The jurisdiction periodically conducts an analysis of the results | | | | |
| × | of the quality assurance program to identify quality or consistency | | | | |
| | problems among the staff in the ten quality elements. | | | | |
| | c. The jurisdiction's written quality assurance program describes | | | | |
| x | corrective actions to address an individual retail food program | | | | |
| | inspector's performance quality or consistency issues when they | | | | |
| | are identified. | | | | |
| | 2. Ten Quality Assurance Program Elements | T | _ | | |
| | The jurisdictions quality assurance program provides a method to | | | | |
| x | review or monitor, either individually or programmatically, the | | | | |
| | concepts in the ten quality elements. The ten elements follow in I. | | | | |
| | through X. | | | | |
| | I. The jurisdiction's quality assurance program assures that each | | | | |
| 4.0 | inspector documents the compliance status of each foodborne | | | | |
| × | illness risk factor and intervention through observation and | | | | |
| | investigation. (i.e., Proper and consistent use of the inspection | | | | |
| - | form using IN, OUT, NA, NO appropriately.) | | | | |
| | II. The jurisdiction's quality assurance program assures that each | | | | |
| x | inspector completes an inspection report that is clear, legible, | | | | |
| | concise, and accurately records findings, observations and | | | | |
| | discussion with establishment management. | | | | |
| 40 | III. The jurisdiction's quality assurance program | | | | |
| × | assures that each inspector interprets and applies | | | | |
| - | laws, regulations, policies and procedures correctly. | | | | |
| × | IV. The jurisdiction's quality assurance program assures that each | | | | |
| ^ | inspector cites the proper local code provisions for the CDC-identified risk factors and Food Code interventions. | | | | |
| | V. The jurisdiction's quality assurance program assures that each | | | | |
| × | inspector reviews past inspection findings and acts on repeated or | | | | |
| | unresolved violations. | | | | |
| | unresorved violations. | | | | |

| × | VI. The jurisdiction's quality assurance program assures that each inspector follows through with compliance and enforcement in accordance with the agency's procedures. | | | | |
|---|--|---------------|---------------------------------|------------|---------|
| × | VII. The jurisdiction's quality assurance program assures that each inspector obtains and documents on-site corrective action for out-of-control risk factors at the time of inspection as appropriate to the violation. | | | | |
| × | VIII. The jurisdiction's quality assurance program assures that each inspector documents that options for the long-term control of risk factors were discussed with managers when the same out-of-control risk factor occurred on consecutive inspections. | | | | |
| × | IX. The jurisdiction's quality assurance program assures that each inspector verifies that the establishment is in the proper risk category and that the required inspection frequency is being met. | | | | |
| × | X. The jurisdiction's quality assurance program assures that each inspector files reports and other documents in a timely manner. | | | | |
| | 3. Demonstration of Program Effectiveness Using the S | Statistical M | lethod in Standard 4: Self-Asse | ssment Wor | ·ksheet |
| × | a. The program effectiveness measure documents that 2 self-assessment field reviews were conducted for each employee performing retail food and or foodservice inspection work during the five-year self-assessment period. [New staff who have not completed Steps 1 through 3 of Standard 2 are exempt from this field measurement.] | | | | |
| * | b. Based on the self-assessment field reviews using the statistical method described in Standard 4: Self-Assessment Worksheet, the jurisdiction's regulatory staff achieves a rate of 75% on each quality element for jurisdictions with 10 or more inspectors. For jurisdictions with less than 10 inspectors, the achievement rate meets or exceeds the Table 4-1 calculation. | | | | |
| | General notes Pertaining to the Program Self-Assessment | ent or the V | erification Audit | | |

Standard 5: Foodborne Illness and Food Defense Preparedness and Response

Program Self-Assessment and Verification Audit Form (January 2015)

PROGRAM SELF-ASSESSMENT SUMMARY

| Printed Name of the Person who conducted the Self-Assessment: | |
|---|---|
| Self-Assessor's Title: | |
| Jurisdiction Name | Enter data in the 'Jurisdiction' field on Self Assesment Summary page |
| Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Standard 5 Self-Assessment was Completed: | |
| Self-Assessment indicates that the Jurisdiction MEETS the | NO |
| Standard 5 criteria: | 110 |
| affirm that the information re | epresented in the Self-Assessment of Standard 5 is true and correct |
| Signature of the Self-Assessor: | |

| Printed Name of the Person who conducted the Verification | |
|--|--|
| Audit: | |
| Verification Auditor's Title: | |
| Auditor's Jurisdiction Name: | |
| Auditor's Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Verification Audit of Standard 5 was Completed: | |
| Verification Audit indicates that the Jurisdiction MEETS the | |
| Standard 5 criteria: | |
| I affirm that the information re | epresented in the Verification Audit of Standard 5 is true and correct |
| Signature of the Verification Auditor: | |

| | | Jurisdiction's Self Assessment | | Auditor's | Verification |
|---|--|--------------------------------|-------------------------|-----------|------------------------------|
| | Standard 5 Criteria | YES / NO | Self-Assessor's General | YES / NO | If NO, Auditor is to specify |
| | Standard Circuit | TEST ING | Comments | 1257110 | why criterion is not met |
| | 1. Investigation Procedures | | | | |
| × | a. The program has written operating procedures for responding to and/or conducting investigations of foodborne illness and food-related 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.) | | | | |
| × | b. The program maintains contact lists for individuals, departments, and agencies that may be involved in the investigation of foodborne illnesses, food-related injuries or contamination of food. | | | | |
| × | 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. | | | | |
| × | d. The program maintains logs or databases for all complaint or referral reports from other sources alleging food-related illness, food-related 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. | | | | |
| × | e. Program procedures describe the disposition, action, or follow- up, and reporting required for each type of complaint or referral report. | | | | |
| × | f. Program procedures require disposition, action or follow-up on each complaint or referral report alleging food-related illness or injury within 24 hours. | | | | |
| × | g. The program has established procedures and guidance for collecting information on the suspect foods' preparation, storage or handling during on-site illness, food-injury, or outbreak investigations. | | | | |

| | h. Program procedures provide guidance for immediate | | | |
|-----|---|--|---|--|
| × | notification of appropriate law enforcement agencies if at any time | | | |
| • | intentional food contamination is suspected. | | | |
| | i. Program procedures provide guidance for the notification of | | | |
| 4 - | appropriate state and/or federal agencies when a complaint | | | |
| × | involves a product that originated outside the agency's jurisdiction | | | |
| | or has been shipped interstate. | | | |
| | 2. Reporting Procedures | | | |
| | a. Possible contributing factors to the illness, food-related injury, | | T | |
| × | or intentional food contamination are identified in each on-site | | | |
| • | investigation report. | | | |
| | b. The program shares final reports of investigations with the state | | | |
| × | epidemiologist and reports of confirmed disease outbreaks with | | | |
| • | CDC. | | | |
| | 3. Laboratory Support Documentation | | _ | |
| | a. The program has a letter of understanding, written procedures, | | | |
| | contract or MOU acknowledging that a laboratory(s) 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, food, | | | |
| | and/or clinical sample analyses. | | | |
| | b. The program maintains a list of alternative laboratory contacts | | | |
| | from which assistance could be sought in the event that a food- | | | |
| 40 | related emergency exceeds the capability of the primary support | | | |
| × | lab(s) 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 that cannot be | | | |
| | performed by the jurisdiction's primary laboratory(s). | | | |
| | 4. Trace-back Procedures | | _ | |
| | a. Program management has an established procedure to address | | | |
| | the trace-back of foods implicated in an illness, outbreak or | | | |
| × | intentional food contamination. The track-back procedure provides | | | |
| | for the coordinated involvement of all appropriate agencies and | | | |
| | identifies a coordinator to guide the investigation. Trace-back | | | |
| | reports are shared with all agencies involved and with CDC. | | | |
| | 5. Recalls | | | |

| | | | |
|----------|--|-----|------|
| × | a. Program management has an established procedure to address the recall of foods implicated in an illness, outbreak, or intentional food contamination. | | |
| | b. When the jurisdiction has the responsibility to request or | | |
| × | monitor a product recall, written procedures equivalent to 21 CFR, | | |
| ~ | | | |
| | Part 7 are followed. | | |
| | c. Written policies and procedures exist for verifying the | | |
| × | effectiveness of recall actions by firms (effectiveness checks) when | | |
| | requested by another agency. | | |
| | 6. Media Management | | |
| | 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. | | |
| | 7. Data Review and Analysis | | |
| | a. At least once per year, the program conducts a review of the | | |
| | data in the complaint log or database and the illness and food- | | |
| | related 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. | | |
| 4.5 | b. The review is conducted with prevention in mind and focuses on | | |
| × | but is not limited to, the following: | | |
| | 1) Multiple complaints on the same establishment; | | |
| × | 2) Multiple complaints on the same establishment type; | | |
| × | 3) Multiple complaints implicating the same food; | | |
| × | 4) Multiple complaints associated with similar food preparation | | |
| * | processes; | | |
| × | 5) Number of confirmed foodborne disease outbreaks; | | |
| × | 6) Number of foodborne disease outbreaks and suspect foodborne | | |
| * | disease outbreaks; | | |
| × | 7) Contributing factors most often identified; | | |
| × | 8) Number of complaints involving real and alleged threats of | | |
| _ ~ | intentional food contamination; and | | |
| | , | · · | |

| × | 9) Number of complaints involving the same agent and any | | | |
|---|--|--------------|-------------------|--|
| * | complaints involving unusual agents when agents are identified. | | | |
| | c. In the event that there have been no illness or food-related injury | | | |
| | outbreak investigations conducted during the twelve months prior | | | |
| | to the trend analysis, program management will plan and conduct a | | | |
| | mock foodborne illness or food defense investigation to test | | | |
| × | program readiness. The mock investigation 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. | | | |
| | General notes Pertaining to the Program Self-Assessm | ent or the V | erification Audit | |
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Standard 6: Compliance and Enforcement

Program Self-Assessment and Verification Audit Form (January 2015)

PROGRAM SELF-ASSESSMENT SUMMARY

| Printed Name of the Person who conducted the Self-Assessment: | |
|---|---|
| Self-Assessor's Title: | |
| Jurisdiction Name | Enter data in the 'Jurisdiction' field on Self Assesment Summary page |
| Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Standard 6 Self-Assessment was Completed: | |
| Self-Assessment indicates that the Jurisdiction MEETS the | NO |
| Standard 6 criteria: | NO |
| affirm that the information re | epresented in the Self-Assessment of Standard 6 is true and correct |
| Signature of the Self-Assessor: | |

| Printed Name of the Person who conducted the Verification | |
|--|--|
| Audit: | |
| Verification Auditor's Title: | |
| Auditor's Jurisdiction Name: | |
| Auditor's Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Verification Audit of Standard 6 was Completed: | |
| Verification Audit indicates that the Jurisdiction MEETS the | |
| Standard 6 criteria: | |
| I affirm that the information re | epresented in the Verification Audit of Standard 6 is true and correct |
| Signature of the Verification Auditor: | |

| | | Jurisdictio | n's Self Assessment | Auditor's | Verification |
|---|---|--------------|-------------------------------------|-----------|---|
| | Standard 6 Criteria | YES / NO | Self-Assessor's General Comments | YES / NO | If NO, Auditor is to specify why criterion is not met |
| | 1. Compliance and Enforcement Procedure | | | | |
| × | a. The jurisdiction's has a written step-by-step compliance and enforcement procedure that describes what actions and tools (forms/documents/interventions) are to be used to achieve compliance. b. The jurisdiction's inspection form(s) record and quantify the | | | | |
| × | compliance status of foodborne illness risk factors, Food Code | | | | |
| | interventions and other serious code violations. 2. Assessment of Effectiveness | | | | |
| × | a. The jurisdiction has written documentation that verifies the review of the effectiveness of the staff's implementation of the program's compliance and enforcement procedure that includes a selection of establishment files for review in accordance with the Standard criteria. | | | | |
| × | b. The jurisdiction has written documentation verifying that at least 80 percent of the sampled files follow the agency's step-by-step compliance and enforcement procedures and actions were taken to resolve out-of-compliance risk factors recorded on the selected routine inspection in accordance with the Standard criteria. | | | | |
| | General notes Pertaining to the Program Self-Assessm | ent or the V | Verification Audit | | |
| | | | | | |

Standard 7: Industry and Community Relations

Program Self-Assessment and Verification Audit Form (January 2015)

PROGRAM SELF-ASSESSMENT SUMMARY

| Printed Name of the Person who conducted the Self-Assessment: | |
|---|---|
| Self-Assessor's Title: | |
| Jurisdiction Name | Enter data in the 'Jurisdiction' field on Self Assesment Summary page |
| Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Standard 7 Self-Assessment was Completed: | |
| Self-Assessment indicates that the Jurisdiction MEETS the | NO |
| Standard 7 criteria: | NO |
| affirm that the information re | epresented in the Self-Assessment of Standard 7 is true and correct |
| Signature of the Self-Assessor: | |

| Printed Name of the Person who conducted the Verification | |
|--|--|
| Audit: | |
| Verification Auditor's Title: | |
| Auditor's Jurisdiction Name: | |
| Auditor's Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Verification Audit of Standard 7 was Completed: | |
| Verification Audit indicates that the Jurisdiction MEETS the | |
| Standard 7 criteria: | |
| I affirm that the information re | epresented in the Verification Audit of Standard 7 is true and correct |
| Signature of the Verification Auditor: | |

| | | Jurisdiction | n's Self Assessment | Auditor's V | Verification |
|---|--|--------------|-------------------------------------|-------------|---|
| | Standard 7 Criteria | YES / NO | Self-Assessor's General Comments | YES / NO | If NO, Auditor is to specify why criterion is not met |
| | 1. Industry and Consumer Interaction | | | | |
| × | a. The jurisdiction maintains written documentation confirming that the agency has sponsored or actively participated in at least one meeting/forum annually, such as food safety task forces, advisory boards or advisory committees. Documentation confirms that offers of participation have been extended to industry and consumer representatives | | | | |
| | 2. Educational Outreach | | | | |
| × | a. The jurisdiction maintains written documentation confirming that the agency has sponsored or coordinated at least one educational outreach activity annually directed at industry; consumer groups; the media; and or elected officials. Education outreach activities focus on increasing awareness of foodborne illness risk factors and control methods to prevent foodborne illness and may include industry recognition programs; web sites; newsletters; Fight BAC campaigns; food safety month activities; food worker training consumer surveys, etc. | | | | |
| | General notes Pertaining to the Program Self-Assessm | ent or the V | erification Audit | | |
| | | | | | |

Standard 8: Program Support and Resources

Program Self-Assessment and Verification Audit Form (January 2015)

PROGRAM SELF-ASSESSMENT SUMMARY

| Printed Name of the Person who conducted the Self-Assessment: | |
|---|---|
| Self-Assessor's Title: | |
| Jurisdiction Name | Enter data in the 'Jurisdiction' field on Self Assesment Summary page |
| Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Standard 8 Self-Assessment was Completed: | |
| Self-Assessment indicates that the Jurisdiction MEETS the | NO |
| Standard 8 criteria: | NO |
| affirm that the information re | epresented in the Self-Assessment of Standard 8 is true and correct |
| Signature of the Self-Assessor: | |

| Printed Name of the Person who conducted the Verification | |
|--|--|
| Audit: | |
| Verification Auditor's Title: | |
| Auditor's Jurisdiction Name: | |
| Auditor's Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Verification Audit of Standard 8 was Completed: | |
| Verification Audit indicates that the Jurisdiction MEETS the | |
| Standard 8 criteria: | |
| I affirm that the information re | epresented in the Verification Audit of Standard 8 is true and correct |
| Signature of the Verification Auditor: | |

| | | Jurisdictio | n's Self Assessment | Auditor's \ | Verification |
|-----|---|-------------|-------------------------|-------------|------------------------------|
| | Standard 8 Criteria | YES / NO | Self-Assessor's General | YES / NO | If NO, Auditor is to specify |
| | Standard o Criteria | IES/NO | Comments | IES/NO | why criterion is not met |
| | 1. Staffing Level – FTEs per Inspections Performed | | | | |
| | a. The jurisdiction has written documentation, calculations, or a | | | | |
| × | program resource assessment that demonstrated a staffing level of | | | | |
| | one full-time equivalent (FTE) for every 280-320 retail food | | | | |
| | program inspections performed. | | | | |
| | 2. Inspection Equipment | | | | |
| | a. The jurisdiction can demonstrate through written records, | | | | |
| | equipment inventories, or actual observations that each retail food | | | | |
| × | program inspector has a head cover, thermocouple, flashlight, | | | | |
| | sanitization test kit, heat sensitive tapes or maximum registering | | | | |
| | thermometer and necessary forms and administrative materials. | | | | |
| | b. The jurisdiction has a written procedure for obtaining the use | | | | |
| 4.0 | of computers, cameras, black lights, light meters, pH meters, | | | | |
| × | foodborne illness kits, sample collection kits, data loggers and cell | | | | |
| | phones should this equipment not be part of the agency's general | | | | |
| | equipment inventory. | | | | |
| | 3. Administrative Program Support | | | | T |
| | a. The jurisdiction has written documentation, calculations or a | | | | |
| X | program resource assessment that demonstrates sufficient | | | | |
| | equipment is available to support the record keeping system | | | | |
| - | utilized by the program. b. The jurisdiction has a system in place to collect, analyze, retain | | | | |
| × | and report pertinent information required to manage and | | | | |
| ~ | implement the retail food protection program. | | | | |
| | 4. Program Resource Assessment | | | | |
| | a. The jurisdiction has conducted an assessment to determine if the | | | | |
| × | agency has the budget, staffing and equipment necessary to meet | | | | |
| | Standard #1 – Regulatory Foundation. | | | | |
| | b. The jurisdiction has conducted an assessment to determine if the | | | | |
| x | agency has the budget, staffing and equipment necessary to meet | | | | |
| | Standard #2 – Trained Regulatory Staff. | | | | |
| | c. The jurisdiction has conducted an assessment to determine if the | | | | |
| × | agency has the budget, staffing and equipment necessary to meet | | | | |
| * | Standard #3 – Inspection Program Based on HACCP Principles. | | | | |
| | | | | | |

| × | d. The jurisdiction has conducted an assessment to determine if the agency has the budget, staffing and equipment necessary to meet Standard #4 – Uniform Inspection Program. | | | | |
|---|---|--------------|-------------------|--|--|
| * | e. The jurisdiction has conducted an assessment to determine if the agency has the budget, staffing and equipment necessary to meet Standard #5 – Foodborne Illness and Food Security Preparedness and Response | | | | |
| × | f. The jurisdiction has conducted an assessment to determine if the agency has the budget, staffing and equipment necessary to meet Standard #6 – Compliance and Enforcement. | | | | |
| × | g. The jurisdiction has conducted an assessment to determine if the agency has the budget, staffing and equipment necessary to meet Standard #7 – Industry and Community Relations. | | | | |
| × | h. The jurisdiction has conducted an assessment to determine if the agency has the budget, staffing and equipment necessary to meet Standard #9 – Program Assessment. | | | | |
| | General notes Pertaining to the Program Self-Assessment | ent or the V | erification Audit | | |
| | | | | | |

Standard 9: Program Assessment

Program Self-Assessment and Verification Audit Form (January 2015)

PROGRAM SELF-ASSESSMENT SUMMARY

| Printed Name of the Person who conducted the Self-Assessment: | |
|---|---|
| Self-Assessor's Title: | |
| Jurisdiction Name | Enter data in the 'Jurisdiction' field on Self Assesment Summary page |
| Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Standard 9 Self-Assessment was Completed: | |
| Self-Assessment indicates that the Jurisdiction MEETS the | NO |
| Standard 9 criteria: | NO |
| affirm that the information re | epresented in the Self-Assessment of Standard 9 is true and correct |
| Signature of the Self-Assessor: | |

| Printed Name of the Person who conducted the Verification | |
|--|---|
| Audit: | |
| Verification Auditor's Title: | |
| Auditor's Jurisdiction Name: | |
| Auditor's Jurisdiction Address: | |
| Phone / Fax / E-mail: | |
| Date the Verification Audit of Standard 9 was Completed: | |
| Verification Audit indicates that the Jurisdiction MEETS the | |
| Standard 9 criteria: | |
| I affirm that the information re | presented in the Verification Audit of Standard 9 is true and correct |
| Signature of the Verification Auditor: | |

| Program Self-Assessment and Verification Audit Form | | | | |
|---|------------------------|--|--|--|
| Jurisdiction's Self Assessment | Auditor's Verification | | | |

| | Standard 9 Criteria | YES / NO | Self-Assessor's General Comments | YES / NO | If NO, Auditor is to specify why criterion is not met | | | |
|--------------------------|---|----------|-------------------------------------|----------|---|--|--|--|
| | 1. Risk Factor Study | | | | | | | |
| × | a. A study on the occurrence of foodborne illness risk factors has been completed and includes data for each facility type regulated by the jurisdiction collected over the study cycle. | | | | | | | |
| × | b. The data collection form includes items pertaining to the following Center for Disease Control and Prevention (CDC) identified contributing factors to foodborne Illness: 1. Food from Unsafe Sources, 2. Improper Holding/Time and Temperature, 3. Inadequate Cooking, 4. Poor Personal Hygiene, and 5. Contaminated Equipment/Protection from Contamination | | | | | | | |
| × | c. The data collection form provides for marking actual observations of food practices within an establishment (IN, OUT, NO, and NA). | | | | | | | |
| | 2. Report of Analysis and Outcome | | | | | | | |
| × | a. A report is available that shows the results of the data collection from the jurisdiction's foodborne illness risk factor study | | | | | | | |
| × | b. The report provides quantitative measurements upon which to assess the trends in the occurrence of foodborne illness risk factors over time. | | | | | | | |
| 3. Intervention Strategy | | | | | | | | |
| × | a. A targeted intervention strategy designed to address the occurrence of the risk factor(s) identified in their RISK FACTOR STUDY is implemented and the effectiveness of such strategy is evaluated by subsequent RISK FACTOR STUDIES or other similar tools | | | | | | | |
| × | b. Documentation is provided of performed interventions, action, or activities designed to improve control of foodborne illness risk factors. | | | | | | | |
| | General notes Pertaining to the Program Self-Assessment or the Verification Audit | | | | | | | |

