#### Standard No. 1 - Appendix A

#### PART 1

#### **Regulatory Foundation**

#### See instructions at end of each Table

Table A-1

|              | Major Interventions and Risk Factors  |
|--------------|---|
|              | Major Intervention/   |
|              | Risk Factor   |
|              | Demonstration of knowledge  |
| Code Section | Demonstration of knowledge  |
| 2-101.11     | Assignment*   |
| 2-101.11     | Demonstration *   |
| 2-102.11     | Person in Charge  |
| 2-100.11     | Employee Health   |
| Code Section | Litipioyee Health   |
| 2-201.11     | Popposibility of DIC to Popuiro Poporting by Food Employoog/Applicants*   |
| 2-201.11     | Responsibility of PIC to Require Reporting by Food Employees/Applicants*  Exclusions and Restrictions*                        |
| 2-201.12     | Responsibility of a Food Employee or an Applicant to Report to the PIC*   |
| 2-201.14     | Reporting by the Person in Charge*  |
| 2-201.13     | <u> </u>  |
| 0 1 0 1      | Consumer Advisory   |
| Code Section |   |
| 3-603.11     | Consumer Advisory (Consumption of Animal Foods that are Raw, Undercooked, or Not Otherwise Processed to Eliminate Pathogens)* |
|              | Approved Source   |
| Code Section | All Food from regulated food processing plants / no home prepared or canned foods   |
| 3-201.11     | Compliance with Food Law*   |
| 3-201.12     | Food in a Hermetically Sealed Container"  |
| 3-201.13     | Fluid Milk and Milk Products*   |
| 3-202.13     | Shell Eggs*   |
| 3-202.14     | Eggs and Milk Products, Pasteurized*  |
| 5-101.13     | Bottled Drinking Water*   |
| Code Section | All shellfish from NSSP listed sources / no recreationally caught shellfish received or sold                                  |
| 3-201.14     | Fish*   |
| 3-201.15     | Molluscan Shellfish*  |
| Code Section | Game and wild mushrooms approved by regulatory authority  |
| 3-201.16     | Wild Mushrooms*   |
| 3-201.17     | Game Animals*   |
| Code Section | Received at proper temperatures / protected from contamination during transport and receiving / safe and unadulterated food   |
| 3-202.11     | Temperature*  |
| 3-202.15     | Package Integrity*  |
| 3-101.11     | Safe, Unadulterated, and Honestly Presented*  |
| Code Section | Shellstock tags retained for 90 days from the date the container is emptied   |
| 3-202.18     | Shellstock Identification   |
| 3-203.12     | Shellstock, Maintaining Identification  |
| Code Section | Written documentation of parasite destruction   |
| 3-402.11     | Parasite Destruction*   |
| 3-402.12     | Records, Creation, and Retention  |
| Code Section | CCP monitoring records maintained in accordance with HACCP plan   |
| 3-502.12     | Variance Requirement*   |

| Time/Temperature  Code Section  3-401.11 Cooking; Raw animal Foods*  3-401.12 Microwave Cooking*  3-403.11 Reheating for Hot Holding*  3-501.14 Cooling*  3-501.16 Potentially Hazardous Food, Hot and Cold Holding* |          |
|--|----------|
| 3-401.11 Cooking; Raw animal Foods* 3-401.12 Microwave Cooking* 3-403.11 Reheating for Hot Holding* 3-501.14 Cooling*  |          |
| 3-401.12 Microwave Cooking* 3-403.11 Reheating for Hot Holding* 3-501.14 Cooling*  |          |
| 3-403.11 Reheating for Hot Holding* 3-501.14 Cooling*  |          |
| 3-501.14 Cooling*  |          |
|  |          |
|  |          |
| 3-501.17 Ready-to-Eat, Potentially Hazardous Food, Date Marking*   |          |
| 3-501.18 Ready-to-Eat, Potentially Hazardous Food, Disposition*  |          |
| 3-501.19 Time as a Public Health Control*  |          |
| Protection from Contamination  |          |
| Code Section   |          |
| 3-302.11 Packaged/Unpackaged Food - Separation, Packaging, and Segregation*  |          |
| 3-304.11 Food contact with Equipment and Utensils*   |          |
| 3-306.14 Returned Food and Reservice of Food*  |          |
| 3-701.11 Discarding/ Reconditioning Unsafe, Adulterated, or Contaminated Food*   |          |
| 4-501.111 Manual Warewashing Equipment, Hot Water Sanitization Temperatures*   |          |
| 4-501.112 Mechanical Warewashing Equipment, Hot Water Sanitization Temperatures*   |          |
| 4-501.113 Mechanical Warewashing Equipment, Sanitization Pressure  |          |
| 4-501.114 Chemical Sanitization - Temperature, pH, Concentration, and Hardness*  |          |
| 4-501.115 Manual Warewashing Equipment, Chemical Sanitization Using Detergent Sanitizers   |          |
| 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils?   |          |
| 4-602.11* Equipment Food-Contact Surfaces and Utensils*  |          |
| 4-602.12 Cooking and Baking Equipment  |          |
| 4-702.11* Before Use After Cleaning*   |          |
| 4-703.11* Hot Water and Chemical*  |          |
| Control of Hands as a Vehicle of Contamination   | <u> </u> |
| Code Section   |          |
| 2-301.11 Clean Condition*  |          |
| 2-301.12 Cleaning Procedure*   |          |
| 2-301.14 When to Wash*   |          |
| 2-301.15 Where to Wash   |          |
| 2-301.16 Hand Sanitizers   |          |
| 3-301.11 Preventing Contamination from Hands*  |          |
| 5-203.11 Handwashing Facilities* (Numbers/Capacities)  |          |
| 5-204.11 Handwashing Facilities* (Location/Placement)  |          |
| 5-205.11 Using a Handwashing Facility  |          |
| 6-501.18 Maintaining and Using Handwashing Facilities  |          |
| 6-301.11 Handwashing Cleanser, Availability  |          |
| 6-301.12 Hand Drying Provision   |          |
| 6-301.13 Handwashing Aids and Devices, Use Restrictions  |          |
| Good Hygienic Practices  |          |
| Code Section   |          |
| 2-401.11 Eating, Drinking, or Using Tobacco*   |          |
| 2-401.12 Discharges from the Eyes, Nose, and Mouth*  |          |
| 2-301.12 Cleaning Procedure*   |          |

|              | Chemical   |
|--------------|--|
| Code Section |  |
| 3-202.12     | Additives*   |
| 3-302.14     | Protection from Unapproved Additives*                        |
| 7-207.11     | Restriction and Storage*                                     |
| 7-207.12     | Refrigerated Medicines, Storage*                             |
| 7-208.11     | Storage*   |
| 7-209.11     | Storage (First Aid Supplies)                                 |
| 7-101.11     | Identifying Information, Prominence*                         |
| 7-202.11     | Restriction*   |
| 7-202.12     | Conditions of Use*   |
| 7-203.11     | Poisonous or Toxic Material Containers*                      |
| 7-204.11     | Sanitizers, Criteria*  |
| 7-204.12     | Chemicals for Washing Fruits and Vegetables, Criteria*       |
| 7-204.13     | Boiler Water Additives, Criteria*                            |
| 7-204.14     | Drying Agents, Criteria*                                     |
| 7-205.11     | Incidental Food Contact, Criteria*                           |
| 7-206.11     | Restricted Use Pesticides, Criteria*                         |
| 7-206.12     | Rodent Bait Stations*  |
| 7-206.13     | Tracking Powders, Pest Control and Monitoring*               |
| 7-301.11     | Separation*  |
|              | Conformance with Approved Procedures                         |
| Code Section |  |
| 8-103.12     | Conformance with Approved Procedures (Variance, HACCP plans) |
|              | Highly Susceptible Populations                               |
| Code Section |  |
| 3-801.11     | Pasteurized Foods, Prohibited Reservice, and Prohibited Food |

\*\*\*\*\*\* End of Table A-1. \*\*\*\*\*\*\*\*

#### **Instructions for Table A-1**

1. To complete Table A-1 above, do the following. Evaluate your jurisdiction's code, regulation or ordinance against each *Food Code* section grouped by interventions and risk factors listed in Table A-1 above. To obtain credit for the intervention/risk factor, each of the code sections must be checked in the block of the right hand column. A check mark indicates that your code/regulation contains language meeting the intent of the main requirements in the corresponding *FDA Food Code* section. For example, under the section "Good Hygienic Practices," each of the 3 items must have a check in the right-hand column indicating that your code/regulation meets the intent of all three *Food Code* sections.

(**Note:** If your code requirement is as stringent or more stringent than the *Food Code* requirement, you receive credit for that section. For example, if your code/regulation requires the PERSON IN CHARGE to demonstrate knowledge of the Code by being a certified FOOD protection manager who has shown proficiency through passing a test that is part of an ACCREDITED PROGRAM but does not provide other options for demonstration of knowledge, consider this as meeting 2-102.11. You would then place a check mark in the right-hand column adjacent to 2-102.11)

2. Use the information from Table A-1 to complete Table A-2, Regulatory Foundation Summary. Determine a PASS or FAIL rating for each of the eleven (11) Interventions/Risk Factors by reviewing the check marks on Table A-1. If all of the Code sections listed under an Intervention/Risk Factor have a check mark in the right-hand column, give yourself a PASS rating for that item on Table A-2

|                                   |   | Table A-2            |
|-----------------------------------|---|----------------------|
|                                   | Regulatory Foundation Summary<br>Standard No. 1 |                      |
|                                   | Major Food Code Interventions and CDC-identif   | ied Risk Factors     |
|                                   |   | PASS/FAIL            |
|                                   | Description                                     |                      |
| 1                                 | Demonstration of Knowledge                      |                      |
| 2                                 | Employee Health                                 |                      |
| 3                                 | Consumer Advisory                               |                      |
| 4                                 | Approved Sources                                |                      |
| 5                                 | Time/Temperature                                |                      |
| 6                                 | Protection from Contamination                   |                      |
| 7                                 | Control of Hands as a Vehicle of Contamination  |                      |
| 8                                 | Good Hygienic Practices                         |                      |
| 9                                 | Chemical  |                      |
| 10                                | Conformance with Approved Procedures            |                      |
| 11                                | Highly Susceptible Populations                  |                      |
| Assessment of (regulatory agency) |   | Overall Rating  PASS |
| Confor                            | mance with Interventions / Risk Factors         | FAIL                 |

#### **Instructions for Table A-2**

1. Use the information from Table A-1 to complete this table. Determine a PASS or FAIL rating for each of the eleven (11) Interventions/Risk Factors by reviewing the check marks on Table A-1. If all of the *Code* sections listed under an Intervention/Risk Factor have a check mark in the right-hand column on Table A-1, give yourself a PASS rating for that item on Table A-2.

If any of the *Code* section provisions are missing, as indicated by a blank in the right-hand column of Table A-1, indicate FAIL for that Intervention/Risk Factor. For example: Under "Approved Source," if your code/regulation does not address mushroom species picked in the wild, the right-hand column adjacent to 3-201.16 on Table A-1 would be blank. Therefore, the "Approved Source" Intervention/Risk Factor on Table A-2 would be marked as FAIL.

2. For initial participation and listing purposes, if you have achieved a PASS rating on at least 9 of the 11 items on Table A-2, you receive an overall PASS rating for the Interventions/Risk Factors. By the second scheduled audit, you must achieve a PASS rating on 11 of the 11 items in order to receive a overall PASS rating for the Interventions/Risk Factors portion of Standard 1.

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## **PART II**

# Standard No. 1 - Appendix A Regulatory Foundation

## Table A-3

# GOOD RETAIL PRACTICES

|                      |  | _                              | Section 13. Food & Food Protection                            |   |
|----------------------|--|--------------------------------|---|---|
| FOOD CODE<br>CHAPTER | CORRESPONDING<br>CODE SECTION,<br>RULE, ETC. | YES, FULL<br>INTENT IS<br>MET. | NOT COVERED. USE ADDITIONAL SHEETS FOR EXEL ANATIONS/COMMENTS | NO, COMPLIANCE IS NOT MET WITH THIS ITEM. INDICATE THE SITUATION. |
| 3-202.16             |  |                                |   |   |
| 3-202.17             |  |                                |   |   |
| 3-202.19             |  |                                |   |   |
| 3-203.11             |  |                                |   |   |
| 3-302.12             |  |                                |   |   |
| 3-302.13             |  |                                |   |   |

| 3-305.13 |  |
|----------|--|
| 3-501.11 |  |
| 3-601.11 |  |
| 3-601.12 |  |
| 3-602.12 |  |
| 6-404.11 |  |

|  | PARTIAL COMPLIANCE. LIST WHAT IS  NO, COMPLIANCE IS NOT MET WITH THIS  NOT COVERED. USE ADDITIONAL  SHEETS FOR  EXPLANATIONS/COMMENTS. |          |
|--|--|----------|
| Section 14. Plant Food cooking for Holding | PARTIAL COMPLIANCE. LIST WHAT IS NOT COVERED. USE ADDITIONAL SHEETS FOR EXPLANATIONS/COMMENTS.   |          |
| Plant F                                    | YES, FULL<br>INTENT IS<br>MET.   |          |
|  | CORRESPONDING<br>CODE SECTION,<br>RULE, ETC.   |          |
|  | FOOD CODE<br>CHAPTER   | 3-401.13 |

| CODE SECTION, RULE, ETC. | YES, FULL INTENT IS MET. | S NOT COVERED. USE ADDITIONAL SHEETS FOR EXPLANATIONS/COMMENTS. | NO, COMPLIANCE IS NOT MET WITH THIS ITEM. INDICATE THE SITUATION. |
|--------------------------|--------------------------|---|---|
|                          |                          |   |   |

|                      |  | Facilities / Met               | Section 16. ethods To Control Product Temperature   | Q.  |
|----------------------|--|--------------------------------|---|---|
| FOOD CODE<br>CHAPTER | CORRESPONDING<br>CODE SECTION,<br>RULE, ETC. | YES, FULL<br>INTENT IS<br>MET. | PARTIAL COMPLIANCE. LIST WHAT IS NOT COVERED. USE ADDITIONAL SHEETS FOR EXPLANATIONS/COMMENTS | PARTIAL COMPLIANCE. LIST WHAT IS NO, COMPLIANCE IS NOT MET WITH THIS NOT COVERED. USE ADDITIONAL ITEM. INDICATE THE SITUATION.  SHEETS FOR EXPLANATIONS/COMMENTS. |
| 3-501.12             |  |                                |   |   |
| 4-301.11             |  |                                |   |   |

|                                 | WITH THIS TION.   |          |          |
|---------------------------------|---|----------|----------|
|                                 | NO, COMPLIANCE IS NOT MET WITH I<br>ITEM. INDICATE THE SITUATION.   |          |          |
| Section 17. PHF Properly Thawed | PARTIAL COMPLIANCE. LIST WHAT IS NO, COMPLIANCE IS NOT MET WITH THIS NOT COVERED. USE ADDITIONAL ITEM. INDICATE THE SITUATION.  SHEETS FOR EXPLANATIONS/COMMENTS. |          |          |
|                                 | YES, FULL<br>INTENT IS<br>MET.  |          |          |
|                                 | CORRESPONDING<br>CODE SECTION ,<br>RULE, ETC.   |          |          |
|                                 | FOOD CODE<br>CHAPTER  | 3-501.12 | 3-501.13 |

| ECJ E | Section 18. | Dispensing of Food / Utensils Properly Stored | 3 YES, FUL |         | RULE, ETC. MET. SHEETS FOR | EXPLANATIONS/COMMENTS. |          |          |          |
|-------|-------------|---|------------|---------|----------------------------|------------------------|----------|----------|----------|
|       |             | Dispen  |            |         |                            |                        |          |          |          |
|       |             |   | FOOD CODE  | CHAPTER |                            |                        | 3-304.12 | 4-204.13 | 1 707 11 |

# Food Equipment

|           |               | i         | Section 19.                       |                               |
|-----------|---------------|-----------|-----------------------------------|-------------------------------|
|           |               | Thermom   | iometers Provided and Conspicuous |                               |
| FOOD CODE | CORRESPONDING | YES, FULL | PARTIAL COMPLIANCE. LIST WHAT IS  | NO,                           |
| CHAPTER   | CODE SECTION, | INTENT IS | NOT COVERED. USE ADDITIONAL       | ITEM. INDICATE THE SITUATION. |
|           | RULE, ETC.    | MET.      | SHEETS FOR                        |                               |
|           |               |           | EXPLANATIONS/COMMENTS.            |                               |
| 4-203.11  |               |           |                                   |                               |
| 4-203.12  |               |           |                                   |                               |
| 4-204.112 |               |           |                                   |                               |
| 4-302.12  |               |           |                                   |                               |
|           |               |           |                                   |                               |

|             |                                    | d, Cleanable   | NO, COMPLIANCE IS NOT MET WITH THIS<br>ITEM. INDICATE THE SITUATION.                          |          |          |          |          |          |          |          |          |          |          |          |           |           |          |          |          |
|-------------|------------------------------------|--|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|----------|----------|----------|
| Section 20. | Food and Nonfood Contact Surfaces: | Designed, Constructed, Maintained, Installed, Located, Operated, Cleanable | PARTIAL COMPLIANCE. LIST WHAT IS NOT COVERED. USE ADDITIONAL SHEETS FOR EXPLANATIONS/COMMENTS |          |          |          |          |          |          |          |          |          |          |          |           |           |          |          |          |
|             | Food a                             | nstructed, Ma  | YES, FULL<br>INTENT IS<br>MET.  |          |          |          |          |          |          |          |          |          |          |          |           |           |          |          |          |
|             |                                    | Designed, Co   | CORRESPONDING<br>CODE SECTION ,<br>RULE, ETC.   |          |          |          |          |          |          |          |          |          |          |          |           |           |          |          |          |
|             |                                    |  | FOOD CODE<br>CHAPTER  | 3-304.16 | 3-304.17 | 4-101.11 | 4-101.12 | 4-101.13 | 4-101.14 | 4-101.15 | 4-101.16 | 4-101.17 | 4-101.18 | 4-101.19 | 4-101.110 | 4-101.111 | 4-102.11 | 4-201.11 | 4-202.12 |

|          |          |          |          |          |          |          |          |          |          |          |           |           |           |           |           |          |          |          |          |          |          |          |          |          |                 |          |          |          |          |          | $\vdash$ |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------------|----------|----------|----------|----------|----------|----------|
|          |          |          |          |          |          |          |          |          |          |          |           |           |           |           |           |          |          |          |          |          |          |          |          |          |                 |          |          |          |          |          |          |
|          |          |          |          |          |          |          |          |          |          |          |           |           |           |           |           |          |          |          |          |          |          |          |          |          |                 |          |          |          |          |          |          |
|          |          |          |          |          |          |          |          |          |          |          |           |           |           |           |           |          |          |          |          |          |          |          |          |          |                 |          |          |          |          |          |          |
|          |          |          |          |          |          |          |          |          |          |          |           |           |           |           |           |          |          |          |          |          |          |          |          |          |                 |          |          |          |          |          |          |
| 4-202.13 | 4-402.14 | 4-202.15 | 4-202.16 | 4-202.17 | 4-204.12 | 4-204.15 | 4-204.16 | 4-204.17 | 4-204.18 | 4-204.19 | 4-204.110 | 4-204.111 | 4-204.121 | 4-204.122 | 4-204.123 | 4-205.10 | 4-302.11 | 4-401.11 | 4-402.11 | 4-402.12 | 4-501.11 | 4-501.12 | 4-501.13 | 4-502.11 | 4-601.11 (B)(C) | 4-602.13 | 4-603.11 | 4-603.17 | 4-902.11 | 4-902.12 |          |

| >         | Varewashing Facility: | Designed. C | Section 21.<br>onstructed. Installed. Located. Oper  | ated. Cleanable. Used               |
|-----------|-----------------------|-------------|--|-------------------------------------|
| FOOD CODE | CORRESPONDING         | YES, FULL   | CORRESPONDING YES, FULL PARTIAL COMPLIANCE. LIST WHAT IS NO, COMPLIANCE IS NO COMPLIANCE IN COMPLIA | NO, COMPLIANCE IS NOT MET WITH THIS |
|           | RULE, ETC.            | MET.        | SHEETS FOR EXPLANATIONS/COMMENTS.  |                                     |
| 4-203.13  |                       |             |  |                                     |
| 4-204.113 |                       |             |  |                                     |
| 4-204.114 |                       |             |  |                                     |
| 4-204.115 |                       |             |  |                                     |
| 4-204.116 |                       |             |  |                                     |
| 4-204.117 |                       |             |  |                                     |
| 4-204.118 |                       |             |  |                                     |
| 4-204.119 |                       |             |  |                                     |
| 4-204.120 |                       |             |  |                                     |
| 4-301.12  |                       |             |  |                                     |
| 4-301.13  |                       |             |  |                                     |
| 4-302.13  |                       |             |  |                                     |
| 4-302.14  |                       |             |  |                                     |
| 4-501.14  |                       |             |  |                                     |
| 4-501.15  |                       |             |  |                                     |
| 4-501.16  |                       |             |  |                                     |
| 4-501.17  |                       |             |  |                                     |
| 4-501.18  |                       |             |  |                                     |
| 4-501.19  |                       |             |  |                                     |
| 4-501.110 |                       |             |  |                                     |
| 4-501.116 |                       |             |  |                                     |
| 4-603.12  |                       |             |  |                                     |
| 4-603.13  |                       |             |  |                                     |
| 4-603.14  |                       |             |  |                                     |
| 4-603.15  |                       |             |  |                                     |
| 4-603.16  |                       |             |  |                                     |

|                      | Holo saiaiW                                  | N agogi I a              | Section 22.  | C. C                          |
|----------------------|--|--------------------------|--|---|
| FOOD CODE<br>CHAPTER | CORRESPONDING<br>CODE SECTION,<br>RULE, ETC. | YES, FULL INTENT IS MET. | SECTION, MET.  SECTION MET.  SECTION MET.  SECTION MET.  SECTION SHEETS FOR S | NO, COMPLIANCE IS NOT MET WITH THIS ITEM. INDICATE THE SITUATION. |
| 3-304.13             |  |                          |  |   |
| 3-304.14             |  |                          |  |   |
| 3-304.15             |  |                          |  |   |
| 4-101.16             |  |                          |  |   |
| 4-801.11             |  |                          |  |   |
| 4-802.11             |  |                          |  |   |
| 4-803.11             |  |                          |  |   |
| 4-803.12             |  |                          |  |   |
| 4-901.12             |  |                          |  |   |
| 4-903.11             |  |                          |  |   |
| 4-903.12             |  |                          |  |   |

|                      |   | Storage, Har                   | Section 23.<br>Handling of Clean Equipment, Utensils  |   |
|----------------------|---|--------------------------------|---|---|
| FOOD CODE<br>CHAPTER | CORRESPONDING<br>CODE SECTION ,<br>RULE, ETC. | YES, FULL<br>INTENT IS<br>MET. | PARTIAL COMPLIANCE. LIST WHAT IS NOT COVERED. USE ADDITIONAL SHEETS FOR EXPLANATIONS/COMMENTS | NO, COMPLIANCE IS NOT MET WITH THIS ITEM. INDICATE THE SITUATION. |
| 4-901.11             |   |                                |   |   |
| 4-903.11             |   |                                |   |   |
| 4-903.12             |   |                                |   |   |
| 4-904.11             |   |                                |   |   |
| 4-904.12             |   |                                |   |   |
| 4-904.13             |   |                                |   |   |

|                      | Single-Servi                                  | ce / Single-Us                 | Section 24.<br>Single-Service / Single-Use Articles: Storage, Dispensing, Use, No Reuse        | e, No Reuse   |
|----------------------|---|--------------------------------|--|---|
| FOOD CODE<br>CHAPTER | CORRESPONDING<br>CODE SECTION ,<br>RULE, ETC. | YES, FULL<br>INTENT IS<br>MET. | PARTIAL COMPLIANCE. LIST WHAT IS NOT COVERED. USE ADDITIONAL SHEETS FOR EXPLANATIONS/COMMENTS. | NO, COMPLIANCE IS NOT MET WITH THIS ITEM. INDICATE THE SITUATION. |
| 4-502.12             |   |                                |  |   |
| 4-502.13             |   |                                |  |   |
| 4-502.14             |   |                                |  |   |
| 4-903.11             |   |                                |  |   |
| 4-903.12             |   |                                |  |   |
| 4-904.11             |   |                                |  |   |

## Water

|                      |                                |                        | Section 25.  |   |
|----------------------|--------------------------------|------------------------|--|---|
|                      | Safe Water Source,             | r Source, Hot          | Hot and Cold Under Pressure, Adequate Quantity               | Quantity  |
| FOOD CODE<br>CHAPTER | CORRESPONDING<br>CODE SECTION, | YES, FULL<br>INTENT IS | PARTIAL COMPLIANCE. LIST WHAT IS NOT COVERED. USE ADDITIONAL | NO, COMPLIANCE IS NOT MET WITH THIS ITEM: INDICATE THE SITUATION. |
|                      | RULE, ETC.                     | MET.                   | SHEETS FOR EXPLANATIONS/COMMENTS.                            |   |
| 5-101.11             |                                |                        |  |   |
| 5-102.11             |                                |                        |  |   |
| 5-102.12             |                                |                        |  |   |
| 5-102.13             |                                |                        |  |   |
| 5-102.14             |                                |                        |  |   |
| 5-103.11             |                                |                        |  |   |
| 5-103.12             |                                |                        |  |   |
| 5-104.11             |                                |                        |  |   |
| 5-104.12             |                                |                        |  |   |

|          |                          | i    | Section 26.  |   |
|----------|--------------------------|------|--|---|
|          | CNICHOOSEGOO             | Plum | Plumbing: Installed, Maintained  | NO COMPLIANCE IS NOT MET WITH THIS                                |
| CHAPTER  | CODE SECTION, RULE, ETC. | MET. | FARTIAL COMPLIANCE: LIST WHAT IS NOT COVERED. USE ADDITIONAL SHEETS FOR EXPLANATIONS/COMMENTS. | NO, COMPLIANCE IS NOT MET WITH THIS ITEM. INDICATE THE SITUATION. |
| 5-101.12 |                          |      |  |   |
| 5-201.11 |                          |      |  |   |
| 5-202.11 |                          |      |  |   |
| 5-202.12 |                          |      |  |   |
| 5-202.15 |                          |      |  |   |
| 5-203.13 |                          |      |  |   |
| 5-204.13 |                          |      |  |   |
| 5-205.13 |                          |      |  |   |
| 5-205.14 |                          |      |  |   |
| 5-205.15 |                          |      |  |   |
| 5-301.11 |                          |      |  |   |
| 5-302.11 |                          |      |  |   |
| 5-302.12 |                          |      |  |   |
| 5-302.13 |                          |      |  |   |
| 5-302.14 |                          |      |  |   |
| 5-302.15 |                          |      |  |   |
| 5-302.16 |                          |      |  |   |
| 5-303.11 |                          |      |  |   |
| 5-303.12 |                          |      |  |   |
| 5-303.13 |                          |      |  |   |
| 5-304.11 |                          |      |  |   |
| 5-304.12 |                          |      |  |   |
| 5-304.13 |                          |      |  |   |
| 5-304.13 |                          |      |  |   |

| APTER CORRESPONDING YES, FULL PARTIAL COMPLIANCE. LIST WHAT IS APTER CODE SECTION , INTENT IS NOT COVERED. USE ADDITIONAL RULE, ETC. MET. EXPLANATIONS/COMMENTS. |                      | Cros  | Cross Connection               | Section 27. lion, Back Siphonage, Backflow Prevention  | tion  |
|--|----------------------|---|--------------------------------|--|---|
| 5-202.13<br>5-202.14<br>5-203.14<br>5-204.12<br>5-205.12   | FOOD CODE<br>CHAPTER | CORRESPONDING<br>CODE SECTION ,<br>RULE, ETC. | YES, FULL<br>INTENT IS<br>MET. | PARTIAL COMPLIANCE. LIST WHAT IS NOT COVERED. USE ADDITIONAL SHEETS FOR EXPLANATIONS/COMMENTS. | NO, COMPLIANCE IS NOT MET WITH THIS ITEM. INDICATE THE SITUATION. |
| 5-202.14       5-203.14         5-204.12       5-204.12  | 5-202.13             |   |                                |  |   |
| 5-203.14<br>5-204.12<br>5-205.12   | 5-202.14             |   |                                |  |   |
| 5-204.12   | 5-203.14             |   |                                |  |   |
| 5-205 12   | 5-204.12             |   |                                |  |   |
| 0.503.12   | 5-205.12             |   |                                |  |   |

# **Toilet Facilities**

|             | nstalled  | AT IS   NO, COMPLIANCE IS NOT MET WITH THIS | AL ITEM. INDICATE THE SITUATION. |            |                        |          |          |          |  |
|-------------|---|---|----------------------------------|------------|------------------------|----------|----------|----------|--|
| Section 28. | Number, Convenient, Accessible, Designed, Installed | PARTIAL COMPLIANCE. LIST WHAT IS            | NOT COVERED. USE ADDITIONAL      | SHEETS FOR | EXPLANATIONS/COMMENTS. |          |          |          |  |
|             | umber, Conve  | YES, FULL                                   | INTENT IS                        | MET.       |                        |          |          |          |  |
|             | Ź   | CORRESPONDING                               | CODE SECTION,                    | RULE, ETC. |                        |          |          |          |  |
|             |   | FOOD CODE                                   | CHAPTER                          |            |                        | 5-203.12 | 6-302.10 | 6-402.11 |  |

| d Repair,   | NO, COMPLIANCE IS NOT MET WITH THIS ITEM. INDICATE THE SITUATION.       |                               |          |          |          |          |          |
|---|---|-------------------------------|----------|----------|----------|----------|----------|
| Section 29. Intures, Good Repair, Clean, Proper Waste Receptacles | PARTIAL COMPLIANCE. LIST WHAT IS NOT COVERED. USE ADDITIONAL SHEETS FOR | <b>EXPLANATIONS/COMMENTS.</b> |          |          |          |          |          |
| Toilet Rooms Enclosed   | YES, FULL<br>INTENT IS<br>MET.  |                               |          |          |          |          |          |
| Toilet Ro   | CORRESPONDING<br>CODE SECTION,<br>RULE, ETC.                            | `                             |          |          |          |          |          |
|   | FOOD CODE<br>CHAPTER  |                               | 5-501.17 | 6-202.14 | 6-301.20 | 6-302.11 | 6-501.19 |

Sewage

|            |                                 | NO, COMPLIANCE IS NOT MET WITH THIS | ITEM. INDICATE THE SITUATION. |            |                        |          |          |          |          |          |          |          |          |          |
|------------|---------------------------------|-------------------------------------|-------------------------------|------------|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Section 30 | Sewage and Waste Water Disposal | PARTIAL COMPLIANCE. LIST WHAT IS    | NOT COVERED. USE ADDITIONAL   | SHEETS FOR | EXPLANATIONS/COMMENTS. |          |          |          |          |          |          |          |          |          |
|            | Sewaç                           | YES, FULL                           | INTENTIS                      | MET.       |                        |          |          |          |          |          |          |          |          |          |
|            |                                 | CORRESPONDING                       | CODE SECTION,                 | RULE, ETC. |                        |          |          |          |          |          |          |          |          |          |
|            |                                 | FOOD CODE                           | CHAPTER                       |            |                        | 5-401.11 | 5-402.10 | 5-402.11 | 5-402.12 | 5-402.13 | 5-402.14 | 5-402.15 | 5-403.11 | 5-403.12 |

Garbage & Refuse Disposal

|                      |                               | Garba                  | roage & Retuse Disposal                                      |   |
|----------------------|-------------------------------|------------------------|--|---|
|                      |                               |                        | Section 31.  |   |
|                      | Con                           | Containers or Re       | Receptacles: Covered, Adequate Number,                       | oer,  |
|                      | <u>-</u>                      | sect / Rodent          | Insect / Rodent Proof, Frequency of Removal, Clean.          |   |
|                      | Areal                         | Properly Cons          | Area Properly Constructed, Necessary Implements, Supplies    | pplies  |
| FOOD CODE<br>CHAPTER | CORRESPONDING<br>CODE SECTION | YES, FULL<br>INTENT IS | PARTIAL COMPLIANCE. LIST WHAT IS NOT COVERED. USE ADDITIONAL | NO, COMPLIANCE IS NOT MET WITH THIS ITEM. INDICATE THE SITUATION. |
|                      | RULE, ETC.                    | MET.                   | SHEETS FOR EXPLANATIONS/COMMENTS.                            |   |
| 5-501.10             |                               |                        |  |   |
| 5-501.11             |                               |                        |  |   |
| 5-501.12             |                               |                        |  |   |
| 5-501.13             |                               |                        |  |   |
| 5-501.14             |                               |                        |  |   |
| 5-501.15             |                               |                        |  |   |
| 5-501.16             |                               |                        |  |   |
| 5-501.18             |                               |                        |  |   |

| 5-501.19  |  |
|-----------|--|
| 5-501.110 |  |
| 5-501.111 |  |
| 5-501.112 |  |
| 5-501.113 |  |
| 5-501.114 |  |
| 5-501.115 |  |
| 5-501.116 |  |
| 5-502.11  |  |
| 5-502.12  |  |
| 5-503.11  |  |
| 6-202.110 |  |
| 6-405.10  |  |

# Physical Facility

|             | d, Clean                                       | NO, COMPLIANCE IS NOT MET WITH THIS ITEM: INDICATE THE SITUATION. |                                   |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
|-------------|--|---|-----------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Section 32. | ings: Designed, Constructed, Maintained, Clean | PARTIAL COMPLIANCE. LIST WHAT IS NOT COVERED. USE ADDITIONAL      | SHEETS FOR EXPLANATIONS/COMMENTS. |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
|             | Floors, Walls, Cellings                        | YES, FULL<br>INTENT IS  | MET.                              |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
| i           | Floors,  | CORRESPONDING<br>CODE SECTION,                                    | RULE, ETC.                        |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
|             |  | FOOD CODE<br>CHAPTER  |                                   | 6-101.11 | 6-102.11 | 6-201.11 | 6-201.12 | 6-201.13 | 6-201.14 | 6-201.15 | 6-201.16 | 6-201.17 | 6-201.18 | 6-202.17 | 6-202.18 | 6-501.11 | 6-501.12 | 6-501.13 | 6-501.17 |

|                      |                                |                           | Section 33.  |   |
|----------------------|--------------------------------|---------------------------|--|---|
|                      | Lighting, \                    | Lighting, Ventilation, Dr | <b>Dressing Rooms / Designated Areas Maintained</b>          | laintained  |
| FOOD CODE<br>CHAPTER | CORRESPONDING<br>CODE SECTION, | YES, FULL<br>INTENT IS    | PARTIAL COMPLIANCE. LIST WHAT IS NOT COVERED. USE ADDITIONAL | NO, COMPLIANCE IS NOT MET WITH THIS ITEM. INDICATE THE SITUATION. |
|                      | RULE, ETC.                     | MET.                      | SHEETS FOR EXPLANATIONS/COMMENTS.                            |   |
| 4-202.18             |                                |                           |  |   |
| 4-204.11             |                                |                           |  |   |
| 4-301.14             |                                |                           |  |   |
| 6-202.11             |                                |                           |  |   |
| 6-202.12             |                                |                           |  |   |
| 6-303.11             |                                |                           |  |   |
| 6-304.11             |                                |                           |  |   |
| 6-305.11             |                                |                           |  |   |
| 6-403.11             |                                |                           |  |   |
| 6-501.14             |                                |                           |  |   |
| 6-501.110            |                                |                           |  |   |

| FOOD CODE CORRESPONDING YES, FULL PARTIAL COMPLIANCE. LIST WHAT IS CODE SECTION, INTENT IS SHEETS FOR EXPLANATIONS/COMMENTS.  6-202.11 6-202.19 6-501.16 6-501.16 6-501.113  FOOD CODE SECTION, INTENT IS NOT COVERED. USE ADDITIONAL ITE EXPLANATIONS/COMMENTS.  6-501.16 6-501.113  FOOD CODE SECTION, INTENT IS NOT COVERED. USE ADDITIONAL ITE EXPLANATIONS/COMMENTS.  6-501.113  FOOD CODE SECTION, INTENT IS NOT COVERED. USE ADDITIONAL ITE EXPLANATIONS/COMMENTS.  6-501.113  FOOD CODE SECTION, INTENT IS NOT COVERED. USE ADDITIONAL ITE EXPLANATIONS/COMMENTS.  FOOD CODE SECTION, INTENT IS SHEETS FOR EXPLANATIONS/COMMENTS. | rly Articles, rly Stored HAT IS NO, COMPLIANCE IS NOT MET WITH THIS NAL ITEM. INDICATE THE SITUATION. S. |
|---|--|
|---|--|

|                      | Compl                          | Complete Separation | Section 35.<br>Iion from Living / Sleeping Quarters; Laundry | lundry  |
|----------------------|--------------------------------|---------------------|--|---|
| FOOD CODE<br>CHAPTER | CORRESPONDING<br>CODE SECTION, | اب<br>د             | PARTIAL COMPLIANCE. LIST WHAT IS NOT COVERED. USE ADDITIONAL | NO, COMPLIANCE IS NOT MET WITH THIS ITEM. INDICATE THE SITUATION. |
|                      | RULE, ETC.                     | MET.                | SHEETS FOR<br>EXPLANATIONS/COMMENTS.                         |   |
| 4-301.15             |                                |                     |  |   |
| 4-401.11 (C          |                                |                     |  |   |
| 4-803.13             |                                |                     |  |   |
| 6-202.111            |                                |                     |  |   |
| 6-202.112            |                                |                     |  |   |

| FOOD CODE<br>CHAPTER<br>CHAPTER<br>2-403.11<br>6-202.13<br>6-202.16<br>6-202.16 | CORRESPONDING<br>CODE SECTION ,<br>RULE, ETC. | Presence<br>Outer Openii<br>YES, FULL<br>INTENT IS<br>MET. | Section 36.  Presence of Insects / Rodents Minimized:  Outer Openings Protected, Animals As Allowed  YES, FULL PARTIAL COMPLIANCE. LIST WHAT IS INTENT IS NOT COVERED. USE ADDITIONAL  MET. SHEETS FOR  EXPLANATIONS/COMMENTS. | NO, COMPLIANCE IS NOT MET WITH THIS ITEM. INDICATE THE SITUATION. |
|---|---|--|--|---|
| 6-501.112   |   |  |  |   |
| 6-501.115   |   |  |  |   |

|           |                          |                | Section 37.   |  |
|-----------|--------------------------|----------------|---|--|
|           | Variance for S           | moking for P   | Variance for Smoking for Preservation, Curing, Brewing Alcoholic Beverages, | lic Beverages,   |
|           | Using Additives as Preso | es as Preserva | ervatives, or Using Reduced Oxygen to Package Food                          | Package Food   |
| FOOD CODE | CORRESPONDING            | YES, FULL      | PARTIAL COMPLIANCE. LIST WHAT IS  | PARTIAL COMPLIANCE. LIST WHAT IS NO, COMPLIANCE IS NOT MET WITH THIS |
| CHAPTER   | CODE SECTION,            | INTENT IS      | NOT COVERED. USE ADDITIONAL   | ITEM. INDICATE THE SITUATION.  |
|           | RULE, ETC.               | MET.           | SHEETS FOR  |  |
|           |                          |                | EXPLANATIONS/COMMENTS.  |  |
| 3-502.11  |                          |                |   |  |

# Instructions for Table A-3

- intended to serve as an analytical tool to help you identify gaps in your current code/regulation and to plan for future revisions. meeting the full intent of the corresponding model Food Code section, place a check mark in column 3. Columns 4 and 5 are grouped by topics under the major section headings numbered 12 through 37 above. If you code/regulation has language 1. To complete Table A-3, do the following: Evaluate your jurisdiction's code or ordinance against each Food Code section
- and transfer this number to column 2 of Table A-4. Do this for each of the numbered section headings until all the information Starting with Section Heading 12 entitled Personnel, count the total number of check marks in column 3 under this heading is transferred to Table A-4. ď

|                   |   |                                     | Table A-4   |
|-------------------|---|-------------------------------------|---|
|                   | Re  | gulatory Fou                        | ndation Summary                                     |
|                   | T   |                                     | ard No. 1   |
|                   |   | Goo                                 | d Retail Practices                                  |
| Section<br>Number | Number Identified as "Yes" (column 3 - Appendix A (Table A-3 worksheet) | Maximum No.<br>of "Yes"<br>possible | Description   |
| 12                |   | 4                                   | Personnel   |
| 13                |   | 12                                  | Food & Food Protection                              |
| 14                |   | 1                                   | Plant Food Cooking for Hot Holding                  |
| 15                |   | 11                                  | Protection from Contamination                       |
| 16                |   | 2                                   | Facilities/Methods to Control Product Temperature   |
| 17                |   | 2                                   | PHF Properly Thawed                                 |
| 18                |   | 3                                   | Dispensing Food/Utensils Properly Stored            |
| 19                |   | 4                                   | Food Equipment                                      |
| 20                |   | 47                                  | Food and Non-food Contact Surfaces                  |
| 21                |   | 26                                  | Warewashing Facilities: Designed, etc.              |
| 22                |   | 11                                  | Wiping cloths, Linens, Napkins, Gloves/Used         |
| 23                |   | 6                                   | Storage, Handling of Clean Equip / Utensils         |
| 24                |   | 6                                   | Single-Service/Single-Use Articles                  |
| 25                |   | 9                                   | Safe Water Source, Hot / Cold Under Pressure        |
| 26                |   | 24                                  | Plumbing: Installed, Maintained                     |
| 27                |   | 5                                   | Cross Connection, Back Siphonage, Backflow Pre      |
| 28                |   | 3                                   | Toilet Facilities: Number, convenient, Accessible   |
| 29                |   | 5                                   | Enclosed, Self-closing Doors; Fixtures, Good repair |
| 30                |   | 9                                   | Sewage and Waste Water Disposal                     |
| 31                |   | 21                                  | Garbage and Refuse Disposal: covered, number        |
| 32                |   | 16                                  | Floors, Walls, Ceilings; Designed, Constructed      |
| 33                |   | 11                                  | Lighting, Ventilation, Dressing Rooms               |
| 34                |   | 7                                   | Premises Maintained, Free of Litter, etc.           |
| 35                |   | 5                                   | Complete Separation from Living/Sleeping Quarters   |
| 36                |   | 7                                   | Presence of Insects / Rodents Minimized             |
| 37                |   | 1                                   | Variances   |
| Total of col.     | 2   | 258                                 |   |
|                   |   | (/258)*<br>100% =                   | %   |

#### **Instructions for Table A-4**

#### Regulatory Foundation Summary Good Retail Practices

- 1. Starting with Section Heading 12 entitled Personnel, count the total number of check marks in column 3 under this heading and transfer this number to column 2 of Table A-4. Do this for each of the numbered section headings until all the information is transferred to Table A-4.
- 2. Total the numbers in column 2 of Table A-4 and record this number in the blank provided for the total in the bottom section of Table A-4.
- 3. Divide this number by 258 and multiply by 100 to determine the percentage of the Good Retail Practices provisions contained in your code/regulation. (\_\_\_\_\_\_%)

A percentage equal to or greater than 95% is considered acceptable for meeting the Regulatory Foundation requirements for Sections 12 through 37.

#### **PART III**

11. Institution of Proceedings

12. Criminal Proceedings

13. Petitions for Injunction

14. Civil Penalties provided

15. Additional Requirements

#### Standard 1 – Appendix A Regulatory Foundation

|     |   |                                  |  | Table A-5   |
|-----|---|----------------------------------|--|---|
|     | Regulatory Fou                                  | Indation Sulard No. 1            | mmary  |   |
|     | Compliance a<br>Chapter 8 -                     | and Enforcem<br>the Food Cod     |  |   |
|     | Description of Compliance or Enforcement Action | Food<br>Code<br>Section          | Your Corresponding<br>Statute, Code,<br>Regulation or<br>Ordinance section | Full intent of the<br>main provisions<br>of the Food Code<br>sections are met<br>("Yes" / "No") |
| 1.  | Hold orders, embargo, and Destruction of food   | 8-801.10<br>8-803.10<br>8-803.30 |  |   |
| 2.  | Permit / License required ; Right to deny       | 8-301.11<br>8-304.20             |  |   |
| 3.  | Plan Review / Pre-operational inspection        | 8-201.11                         |  |   |
| 4.  | Inspection authority / right to access          | 8-402.20                         |  |   |
| 5.  |   | 8-501.20<br>8-501.30<br>8-501.10 |  |   |
| 6.  | Authority to Require HACCP plans                | 8-201.13                         |  |   |
| 7.  | Granting of Variances or                        | 8-103.11<br>8-103.12<br>8-103.10 |  |   |
|     | Variances prohibited                            |                                  |  |   |
| 8.  | Timely Correction of Critical Violations        | 8-405.11<br>8-405.20<br>8-406.11 |  |   |
| 9.  | Imminent Health Hazard (Summary Suspension)     | 8-804.10<br>8-404.12<br>8-404.12 |  |   |
| 10. | License suspension / revocation                 | 8-805.10<br>8-805.20             |  |   |

8-810.10

8-811.10

8-812.10

8-813.10

8-102.10

#### **Instructions for Table A-5**

Compliance and Enforcement Chapter 8 - the Food Code

- 1. For each *Food Code* section listed in column 2, review your code, regulation, rule, or statute for corresponding language.
- 2. List your corresponding code/regulation section in column 3.
- 3. Evaluate your code/regulation to determine whether it meets the full intent of the main requirements of the FDA *Food Code* section. If it does, mark "yes" in the last column. If it does not meet the full intent, mark "no" in the last column.
- 4. To obtain credit for the numbered Compliance and Enforcement item, each of the supporting code sections must be marked "yes" in the last column. For example, to get credit for 2. Permit/License required, both code sections must be marked "yes."

Passing for the "Compliance and Enforcement" component requires a "Yes" for each of the 15 Compliance and Enforcement requirements.

#### **PART IV**

## FDA's Voluntary National Retail Food Regulatory Program Standards Regulatory Foundation Standard No. 1

#### Appendix A

| Criteria  | YES | NO |
|---|-----|----|
| 1. Your jurisdiction's code, ordinance, rule, or regulation meets the requirement of Standard 1, Regulatory Foundation, for the Major Interventions / Risk Factors. |     |    |
| 2. Your jurisdiction's code, ordinance, rule, or regulation meets the Good Retail Practices requirements of Standard No. 1, Regulatory Foundation.                  |     |    |
| 3. Your jurisdiction's code, ordinance, rule, regulation or statute meets the Compliance and Enforcement requirements of Standard No. 1, Regulatory Foundation.     |     |    |

Use the information in Tables A-1 through A-5 to determine the correct answer each of the above questions. A "yes" affirmation to each statement is required to meet Standard No. 1.

#### FDA's Recommended National Retail Food Regulatory Program Standards

#### Appendix B

#### **Trained Regulatory Staff**

It is necessary to maintain a record of the training status of each food program employee. The following chart may be used as a summary record to demonstrate compliance to Standard No. 2. Other manual or automated summaries may be used as a self-assessment tool as long as the pertinent data elements are present. Certificates, field training records and the other source documents specified as quality records in Standard No. 2 must be maintained in good order by the regulatory authority to support any summary record. These quality records must be available to verify the summary information for purposes of a verification audit.

| Employee Name          | Date of          | Training    | = completio<br>25 Joint | 25 Inde-     | Stand-      | No. of       | Meets        |
|------------------------|------------------|-------------|-------------------------|--------------|-------------|--------------|--------------|
| · •                    | hire or          | Curricu-    | Insps                   | pendent      | ardiza-     | Ed.          | criteria     |
|                        | reassign         | lum (18     | (12                     | İnsps        | tion (18    | Contact      | Yes/No       |
|                        | -ment to         | months)*    | months)*                | (12          | months)*    | hours/       |              |
|                        | food             | ,           | ,                       | months)*     | ,           | 3 yrs        |              |
|                        |                  |             |                         | ,            |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         | l .          |             |              | 1            |
| All employees doing re | etail food inspe | ctions have | met the trai            | nina reauire | ments withi | n the time f | rames: there |
| we meet Standard No.   |                  |             | NO                      | 5 1          | YES         |              | , -          |
|                        |                  |             |                         |              |             |              |              |
|                        |                  |             |                         |              |             |              |              |
| Name and Signature o   | f Colf Assessed  | ·r          | Dat                     |              |             |              |              |

#### FDA's Voluntary National Retail Food Regulatory Program Standards

#### Inspection Program Based on HACCP Principles Standard No. 3

#### Appendix C

| Criteria   | YES | NO |
|--|-----|----|
| 1. The inspection form in use is designed to:                          |     |    |
| a. identify risk factors and interventions                             | 1a. |    |
| b. document in, out, not observed, and not applicable status           | 1b. |    |
| c. document compliance and enforcement activities                      | 1c. |    |
| 2. Your jurisdiction uses a written process that groups food           | 2.  |    |
| establishments into at least three categories based on potential and   |     |    |
| inherent food safety risks.  |     |    |
| 3. Your jurisdiction assigns an annual inspection frequency to each    | 3.  |    |
| food establishment based on its assigned food safety risk category.    |     |    |
| 4. Your jurisdiction has an implemented, written policy that requires: |     |    |
| a. On-site corrective actions  | 4a. |    |
| b. Discussion of long-term control options                             | 4b. |    |
| c. Follow-up activities  | 4c. |    |
| 5. Your jurisdiction has an implemented written policy that addresses  | 5.  |    |
| code variance requests related to risk factors and interventions.      |     |    |
| 6. Your jurisdiction has an implemented written policy for the         | 6.  |    |
| verification and validation of HACCP plans when a plan is required by  |     |    |
| the code.  |     |    |

A "yes" affirmation to each statement is required to meet Standard No. 3. The source documents specified as quality records in Standard No. 3 must be maintained in good order by the regulatory authority to support this summary record and must be made available for purposes of a verification audit.

| I affirm that the information represented on this record is true and correc requirements for Standard No. 3,YESNO | t. This jurisdiction meets all the |
|---|------------------------------------|
| Printed Name and Signature of Self-Assessor   | Date                               |

Name and Address of the Jurisdiction

#### FDA's Voluntary National Retail Food Regulatory Program Standards Standard No. 4

#### Appendix D

Table D- 2 or a similar manual or automated form is to be used to measure the success of a jurisdiction's quality assurance program in meeting Standard No. 4. In the first column, identify the inspector by name or by a code. In the "DATE" column, record the dates of the field visit and file review. (Note that a determination for some of the items such as 5., 6., 8. and 9. cannot be determined without a review of the file for the establishment visited.) A mark in the numbered columns (ITEMS (1) -(10)) represents that the inspector does the following:

- 1. Determines and documents the compliance status of each risk factor and intervention through observation and investigation;
- 2. Completes an inspection report that is clear, legible, concise, and accurately records findings and observations;
- 3. Interprets and applies laws, regulations, policies and procedures correctly;
- 4. Cites the proper local code provisions for CDC-identified risk factors and Food Code interventions;
- 5. Reviews past inspection findings and acts on repeated or unresolved violations;
- 6. Follows through with compliance and enforcement actions;
- 7. Obtains on-site corrective action;
- 8. Discusses and documents discussion of options for implementing food safety systems, when required;
- 9. Confirms that the facility is assigned to the correct risk category and inspection frequency; and
- 10. Files reports and other documentation in a timely manner.

NOTE TO AGENCIES HAVING LESS THAN 10 INSPECTORS: When dealing with samples this small, it is statistically necessary to group all the item ratings together, disregarding the score for each individual item (1) – (10). Agencies having less than 4 inspectors will need to conduct extra inspections with each inspector in order to reach a minimum total of 8 inspections. This is necessary in order to have a sample of inspections large enough to statistically measure the uniformity of you inspection program fairly. Therefore, do not calculate the "% compliance" row for each item at the bottom of Table D-2. Instead, use Chart D-1 and Table D-1 to determine the program's rating.

Chart D-1

| Method of Calculation For Jurisdictions With Less Than Ten Inspectors |                      |   |  |  |  |  |  |  |  |  |
|---|----------------------|---|--|--|--|--|--|--|--|--|
| # of inspectors   | # inspections needed | # of items needed to be marked in compliance in order to pass   |  |  |  |  |  |  |  |  |
| <4  | 8 minimum            | 65<br>(out of 80 possible Items)  |  |  |  |  |  |  |  |  |
| 4-9   | 2 per inspector      | 4 inspectors = <b>65</b> (out of 80 possible Items) 5 inspectors = <b>82</b> (out of 100 possible Items) 6 inspectors = <b>99</b> (out of 120 possible Items) 7 inspectors = <b>116</b> (out of 140 possible Items) 8 inspectors = <b>133</b> (out of 160 possible Items) 9 inspectors = <b>150</b> (out of 180 possible Items) |  |  |  |  |  |  |  |  |

Example: For 6 inspectors, there will be 2 field visits per inspector = 12 visits 12 visits X 10 Items per visit = 120 Total Possible Items

These minimum passing scores are comparable to the 75% per aspect passing rate for jurisdictions with 10 or more inspectors.

| Table D-1 Calculation of Uniformity for Jurisdictions with Less Than To        | en Inspectors |
|--|---------------|
| Number of inspectors in the jurisdiction                                       |               |
| 2. Number of inspections used in the calculation (minimum of 8)                |               |
| 3. Total number of items marked as correct during joint field visits and       |               |
| corresponding file reviews and recorded on Table D-2.                          |               |
| 4. Total number of possible items based on the number of inspections (10 items |               |
| times the # of inspections – see Chart D-1, column 3)                          |               |
|  |               |
| Indicate Pass or Fail as determined by chart D-1, column 3                     |               |

|                  | Table D-2: Calculation of Uniformity for Jurisdictions with Ten or More Inspectors Period from to |             |             |             |             |             |             |             |             |             |              |  |
|------------------|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--|
| INSPECTOR<br>ID. | Date  | ITEM<br>(1) | ITEM<br>(2) | ITEM<br>(3) | ITEM<br>(4) | ITEM<br>(5) | ITEM<br>(6) | ITEM<br>(7) | ITEM<br>(8) | ITEM<br>(9) | ITEM<br>(10) |  |
| 1.               |   |             |             |             |             |             |             |             |             |             |              |  |
| 2.               |   |             |             |             |             |             |             |             |             |             |              |  |
| 3.               |   |             |             |             |             |             |             |             |             |             |              |  |
| 4.               |   |             |             |             |             |             |             |             |             |             |              |  |
| 5.               |   |             |             |             |             |             |             |             |             |             |              |  |
| 6.               |   |             |             |             |             |             |             |             |             |             |              |  |
| 7.               |   |             |             |             |             |             |             |             |             |             |              |  |
| 8.               |   |             |             |             |             |             |             |             |             |             |              |  |
| 9.               |   |             |             |             |             |             |             |             |             |             |              |  |
| 10.              |   |             |             |             |             |             |             |             |             |             |              |  |
| % in compli      | ance  |             |             |             |             |             |             |             |             |             |              |  |

A check indicates the inspection complies with the Item. At least two field visits and file reviews are conducted every three-year self-assessment period with each inspector. A percentage of compliance for each Item is computed by dividing the number of checks in each column by the total number of field inspections observed and multiplying the result by 100. Each column must show at least a 75 percent achievement rate for the program to pass the Standard.

#### EXPLANATION OF THE STATISTICAL MODEL

This is an explanation of the thinking that determined the statistical model relating to the criteria used for evaluating the inspectional performance of jurisdictions. The FDA Program Standards Workgroup and the Retail Food Steering Committee agreed this model to, with guidance from the CFSAN Division of Mathematics.

#### Evaluation of the performance of large jurisdictions

For large jurisdictions (jurisdictions with 10 or more inspectors) the evaluation is based on direct oversight of two inspections per inspector, with respect to 10 items of performance. If 10 or more inspectors are being evaluated in the program, then we will see 20 or more scores of satisfactory or unsatisfactory for each item. The standard for approval of the inspection performance is a passing score of 75% on each of the 10 items. An individual item receives a passing score if at least 75 percent of the instances of observation are completed in a satisfactory manner. For example, with 10 inspectors, we must have at least 15 (that is 75 percent of 20 inspections) completed correctly for item number 1. Similarly, for item number 2, we would need to see at least 15 inspections done correctly. In order for the program to pass the evaluation successfully with respect to inspection performance, all of the 10 items would be required to show satisfactory completion of at least 15 out of the 20 ratings. For those jurisdictions with more than 10 inspectors, we simply apply the 75 percent rule as we did for the jurisdiction with 10 inspectors. Using two overseen inspections for each inspector, record the observations for each item, figure the percent correct for each item, and round up to the next higher whole number when the percent is not a whole number.

The 75 percent per item rule was determined by the consensus of several highly experienced individuals working in the retail food safety team. We view the set of overseen inspections as a sample from a much larger set of total inspections performed. In this approach to program evaluation, the statistical measure does not evaluate any individual inspector. The emphasis is on the overall performance of the team, with respect to any item. Even if an inspection were observed in which one inspector fails all 10 items, the program would not necessarily fail.

The jurisdiction's quality assurance program, however, must address individual inspector's performance to ensure a standard of uniformity among the team. If each inspection were successful only 75 percent of the time for each item, the team as a whole would almost always fail. This is because they would almost always dip below 75 percent on at least one of the 10 items. For example, a team that scored 70, 70, 75, 75, 75, 75, 80, 80, and 80 on each of the 10 items would be successful 75 percent of the time, but they would fail three times over since three items scored below 75. However, for a team with 10 inspectors exactly, if their chance of getting each item right improved to 88 percent at each inspection, then they would have a much better chance of keeping all 10 results at 75 percent or higher. Under the simple statistical assumption of independent sampling, a team achieving 88 percent at each inspection would pass the evaluation 75 percent of the time. Therefore, this 88 percent level of performance was used as a simple representation of a team that is good enough that we want them to have a good chance of passing, but not so good that they would not find it advantageous to improve.

#### Evaluation of performance of small jurisdictions

A statistical issue was to determine a reasonable standard for those jurisdictions with less than 10 inspectors. When the sample gets this small, the relative error in the estimated fractions gets so large that the "each of 10 items rule" will fail good programs too frequently. Therefore, the 88 percent level of performance at each inspection was the feature of the standard that was kept constant in designing the sample sizes for the smaller jurisdictions

In jurisdictions with less than 10 inspectors, the statistical solution is to group all of the individual ratings, disregarding the individual items. For 5 inspectors we would review  $5 \times 2 = 10$  inspections, with respect to all 10 items combined. This gives 100 observations. It is not possible to make a total observation test mimic exactly a 10 item test, but the minimum passing rates will be about as stringent as the 75 percent for each of 10 aspects test:

For 4 to 9 inspectors, conduct two co-inspections for each inspector. Chart D-1 shows the lowest total passing score out of the complete set of combined items that would give at least a 75 percent chance of passing for a team with an 88 percent chance of getting any particular observation correct. For a team of three or less, it is recommended that extra oversight inspections be performed to produce a total of 8 inspections. This is an intuitive judgement call that any set smaller than 8 could randomly turn out to be odd enough to produce an unfair rating.

### Foodborne Illness Investigation and Response STANDARD NO. 5

| Criteria   | YES   | NO |
|--|-------|----|
| <u>Investigation Procedures</u>  |       |    |
| Written operating procedures exist for conducting investigations of foodborne illness.   | 1     |    |
| 2. Memoranda of Understanding:*  |       |    |
| a. Is cooperation with another department or agency required in<br>order to fully conduct an illness investigation and report<br>findings?   | 2a 2b |    |
| b. If 2.a. is yes, then a written MOU exists.  |       |    |
| 3. The operating procedure and/or MOU clearly identify the roles, duties and responsibilities of each party.   | 3     |    |
| 4. Database or log of all complaints alleging food-related illness or injury is maintained.  | 4     |    |
| 5. Follow-up on each complaint alleging food-related illness or injury is conducted within 24 hours.   | 5     |    |
| 6. Investigation findings are recorded in the log or database.   | 6     |    |
| 7. Any investigation involving a particular establishment can be accessed or retrieved by the establishment's name or by looking in the establishment's inspection file.   | 7     |    |
| Reporting  |       |    |
| 8. During illness or injury investigations, procedures used and information collected are similar to those found in the <i>International Association for Food Protection Procedures to Investigate A Foodborne Illness, Fifth Edition.</i> | 8     |    |
| 9. In each report of investigation of illness or injury, possible contributing factors to the illness or injury are identified.  | 9     |    |
| 10. A copy of the final report is shared with the state epidemiologist and CDC.  | 10    |    |

| <u>Laboratory Support</u>   |     |
|---|-----|
| 11. A written document exists that describes the laboratory support available, and includes support for illness or injury investigations and follow-up sampling and surveillance activities related to a foodborne illness investigations for the food program. | 11  |
| 12. Memoranda of Understanding:*  | 12a |
| a. Is cooperation with another department or agency required in order to obtain laboratory support?   | 12b |
| b. If 11.a. is yes, then a written MOU exists.  |     |
| 13. The written document and/or MOU describe the types of pathogens, chemical agents, and other food adulterants that can be identified by the laboratory.  | 13  |
| 14. The laboratory support available includes the ability to conduct environmental sample analysis, food sample analysis and clinical sample analysis.  | 14  |
| Trace-back Procedures   |     |
| 15. A written procedure exists for the trace-back of food implicated in an illness or outbreak.   | 15  |
| 16. The trace-back procedure provides for the coordinated involvement of all the appropriate agencies.  | 16  |
| 17. The trace-back procedure identifies a coordinator to guide investigations when they involve more than one agency.   | 17  |
| 18. Trace-back reports are shared with all agencies involved and with CDC.  | 18  |
| Recalls   |     |
| 19. Recalls of a product are initiated, if appropriate, based on the conclusions of an illness injury investigation.  | 19  |
| 20. Written procedures equivalent to 21 CFR, Part 7, exist and are used when the jurisdiction has the responsibility to request or monitor a product recall.  | 20  |
| 21. Written policies and procedures exist for verifying the effectiveness of recall actions by firms (effectiveness checks) when requested by another agency.   | 21  |

| Media Management   |    |     |   |
|--|----|-----|---|
| 22. A written policy or procedure exists that defines criteria for when information is provided to the public regarding a Foodborne Illness outbreak.  | 22 |     |   |
| 23. A media person for the agency is identified.   | 23 |     |   |
| Trend Analysis   |    |     |   |
| 24. An annual review of the complaint database or log is conducted to identify trends and possible contributing factors to the illness outbreaks. (if yes, supply the date of the last review in the 'yes' column) | 24 |     |   |
| 25. The trend analysis included all seven of the areas required in Standard No. 5.   | 25 |     |   |
|  |    | Yes | N |

TOTALS

Credit for all 25 items is required to meet Standard No. 5 (See note below for further explanation).

<sup>\*</sup> NOTE: If the answer to question 2.a. is "yes," then the answer to 2.b. must be "yes" also in order to gain credit for compliance with this item in the Standard. If the answer to question 12.a. is "yes," then the answer to 12.b. must be "yes" also in order to gain credit for compliance with this item in the Standard. If authority over foodborne illness investigations (question 2.) or laboratory support (question 12.) resides within the department/agency conducting the self-assessment and no memoranda of understanding is required to fully perform these functions, then a "yes" answer is not required for compliance credit. Example: If the answers to questions 2.a and 12.a. are both "no," then credit for the remaining 23 items only is required to meet Standard No. 5.

#### Appendix F

#### STANDARD NO.6 COMPLIANCE AND ENFORCEMENT

#### **Work Sheet Instructions**

This Standard applies to all voluntary and regulatory activities used by a jurisdiction to achieve compliance with regulatory requirements. The desired outcome is an effective compliance and enforcement program that consistently follows through on documented violations and achieves compliance. The sequence and type of follow-up activity a particular jurisdiction elects to use may vary. However, when an out-of-control risk factor or intervention is documented on an inspection report, the expectation is that actions taken to correct the violation will also be documented in the establishment file. For the purposes of self-assessment, follow-up actions have been divided into three types.

- On-site corrective action that occurs at the time of a routinely scheduled inspection,
- Follow-up action that occurs after the routine inspection, such as re-inspections, training, risk control plans, and informal conferences, and
- Enforcement activities such as fines, permit suspension, hearings, mandated training, restriction of operations, embargo, etc.
- **Step 1**. Sample Selection: Randomly select a representative number of establishment inspection files for review. The selection should be made from establishments that have been placed in the medium-to high-risk categories. Establishments must have been in business long enough to have had three routine inspections. Jurisdictions with less than 400 total establishments select at least 20 files for review. Jurisdictions with over 400 establishments select a sample equal to 5% of the total establishments or 70 files which ever is less.
- **Step 2**. Identify the items on the local inspection report that correspond to each of the risk factors and interventions on the work sheet. Record the local item numbers on the "reference key" line of the worksheet. If there is no corresponding local requirement for a particular *FDA Code* risk factor or intervention, record "NA" for not applicable. You may find the Standard No. 1, Appendix A Worksheets, helpful in making this comparison. [Note: The program is not penalized under Standard No. 6 for sections of the *Food Code* that have not been adopted.]
- **Step 3**. Open the first establishment inspection file that was randomly selected in Step 1 above. Identify the third oldest routine inspection report in the file, starting at the current date and working back chronologically. This inspection will be the "start point inspection" for the review of this file. Using the reference key line on the worksheet, determine which risk factors and interventions were out of compliance at the time of start point inspection. Place a check under each item that is out of compliance on the horizontal status line.
- **Step 4**. Review all of the documentation in the establishment file from the start point inspection forward to the current date and determine whether follow-up action was taken and documented for each of the out-of-compliance risk factors and interventions that were out of compliance on the start point inspection. Determine whether there was at least one type of follow-up activity for each item that was marked out of compliance. Place "Yes" in the appropriate line and column to indicate that follow up action was documented in the establishment file. Make a notation\* below each "Yes" to indicate the type of action taken such as "RH" for Reheat, "WL" for warning letter or "RCP" for risk control plan. If there is no documentation in the establishment file to indicate that follow-up action was taken for each specific risk factor or intervention that was out of compliance, the presumption is that follow up did not

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occur. Indicate by "yes" or "no" in the last column whether follow-up actions complied with the jurisdiction's written step-by-step procedure for compliance and enforcement.

In order for an individual establishment file to pass, each column marked with a violation at the start point inspection must have a subsequent "yes" answer to indicate that at least one type of follow-up action was taken. Actions must have complied with the jurisdiction's written step-by-step procedure for compliance and enforcement. A single start point violation without a final resolution, either correction or a compliance/enforcement activity causes the file to fail. Circle the appropriate "pass" or "fail" notation at the bottom of the work sheet.

**Repeat Steps 2 through 4** with each of the randomly selected establishment files. When all of the files have been reviewed, total the number of files that passed and divide by the total number of files reviewed. To meet Standard No. 6, eighty percent (80%) of the files must pass.

See the example following and blank Worksheet.

#### **EXAMPLE:**

#### STANDARD NO.6 COMPLIANCE AND ENFORCEMENT

#### **Sample Work Sheet**

File No\_1

| Risk Factors and Food Code Interventions   |               |                       |  |   |                              |                          |   |   |                                      |   |   |
|--|---------------|-----------------------|--|---|------------------------------|--------------------------|---|---|--------------------------------------|---|---|
| Establishment Name Seafood Palace Permit Number  339 Inspection Date (start point) 3 May 2000  | Unsafe Source | Inadequate<br>Cooking | Improper holding<br>Temperatures<br>Hot & Cold | Time/Temperature Parameters not met.(Time as a control, date marking, rapid | hand<br>ct with<br>o-eat PHF | Poor Personal<br>Hygiene | Contaminated<br>Food Contact<br>Surfaces &<br>Equipment | Consumer<br>Advisory<br>(when required) | Demonstration of<br>Knowledge by PIC | Employee Health Control system or policy implemented. | Was the Written<br>Procedure<br>Followed? |
| Reference Key to local inspection items  | 1             | 2,3<br>4,5            | 6,7  | 8,11  | 13                           | 14                       | 15  | NA                                      | NA                                   | 16  | Circle One                                |
| Start Point<br>Inspection<br>Violations  |               | х                     |  | х   | х                            | х                        |   |   |                                      |   | <u>YES</u>                                |
| Was on site<br>corrective<br>action taken ?  |               | Yes<br>R<br>H         |  | YES<br>EM   | Yes<br>Glove                 |                          |   |   |                                      |   | or<br>NO                                  |
| Was follow up corrective action taken?   |               |                       |  | Yes RCP   |                              | Yes TR                   |   |   |                                      |   |   |
| Was enforcement action taken?  |               | Yes<br>W<br>L         |  |   |                              |                          |   |   |                                      |   |   |
| Each column in which a violation is noted must receive a yes response to one of the three questions in order for the file to pass. Additionally, written procedures must have been followed. |               |                       |  |   |                              |                          |   |   | Circle One  PASS/FAIL                |   |   |

In this example, the file passes because each of the violations noted on the start point inspection, dated 3 May 2000, has documented follow-up action in the file. The "NA" under Consumer Advisory indicates that the jurisdiction does not have a requirement for this intervention. The "yes" in the last column indicates that the compliance and enforcement procedure of the jurisdiction was followed.

\*Define the acronyms and notations used to reflect follow-up action. **RH**= Reheat to safe temperature, **RCP**= risk control plan successfully completed, **WL**= warning letter sent, **EM** = embargo, **TR** = training required

#### APPENDIX F

#### STANDARD NO.6 COMPLIANCE AND ENFORCEMENT

#### **Work Sheet**

File No.\_\_\_\_\_

|  |               |                       | Ris  | k Factors and   | d Food C                                      | ode I                    | nterventio  | ns                                      |                                      |  |   |
|--|---------------|-----------------------|--|---|---|--------------------------|---|---|--------------------------------------|--|---|
| Establishment Name Permit Number Inspection Date                     | Unsafe Source | Inadequate<br>Cooking | Improper holding<br>Temperatures<br>Hot & Cold | Time/Temperature Parameters not met.(Time as a control, date marking, rapid | Bare hand<br>contact with<br>ready-to-eat PHF | Poor Personal<br>Hygiene | Contaminated<br>Food Contact<br>Surfaces &<br>Equipment | Consumer<br>Advisory<br>(when required) | Demonstration of<br>Knowledge by PIC | Employee Health<br>Control system<br>or policy<br>implemented. | s the Written<br>Procedure<br>Followed? |
| (Start Point)  | Un            |                       | IMD1<br>Te                                     | Time Para met. cont   | read  | Ро                       | Ñ.  | dw)                                     | Demo                                 | Emp<br>Cor   | Was<br>F                                |
| Reference Key to local inspection items                              |               |                       |  |   |   |                          |   |   |                                      |  | Circle One                              |
| Start Point<br>Inspection<br>Violations                              |               |                       |  |   |   |                          |   |   |                                      |  | YES<br>or                               |
| Was on-site<br>corrective<br>action taken?                           |               |                       |  |   |   |                          |   |   |                                      |  | NO                                      |
| Was follow up corrective action taken?                               |               |                       |  |   |   |                          |   |   |                                      |  |   |
| Was enforcement action taken?  |               |                       |  |   |   |                          |   |   |                                      |  |   |
| Each column in whi questions in order followed.                      |               |                       |  |   |   |                          |   |   |                                      |  | Circle One PASS/FAIL                    |
| *Define the acronyms and notations used to reflect follow up action. |               |                       |  |   |   |                          |   |   |                                      |  |   |
|  |               |                       |  |   |   |                          |   |   |                                      |  |   |
|  |               |                       |  |   |   |                          |   |   |                                      |  |   |
|  |               |                       |  |   |   |                          |   |   |                                      |  |   |
|  |               |                       |  |   |   |                          |   |   |                                      |  |   |
|  | -             |                       |  |   |   |                          |   |   |                                      |  |   |

#### SELECTING THE SAMPLE

The method used to select the sample will be uniformly applied and will provide a sample that is representative of the total number of retail food establishments in the community. A method of simple random sampling will be used on the principle that all retail food establishments in the inventory are equally exposed to selection. Two sample selection techniques suitable for retail food program self-assessments are:

- 1. The first technique requires that each establishment be identified by a card or strip of paper having the establishment's name and address, permit number, file number, or other means of positive identification. These identifying cards or slips of paper are thoroughly mixed and the establishment files to be reviewed are drawn one at a time until the required number is obtained. (Jurisdictions with less than 400 establishments draw at least 20. Jurisdictions with over 400 establishments, draw 5 percent up to a maximum of 70.)
- 2. The second technique utilizes a card file, ledger, list or data processing record system. When this procedure is used, all the establishments in the program must be subject to sampling. The frequency interval may be determined by dividing the total number of retail food establishments by the number of files needed in the sample. (For example, if there were 800 establishments within the jurisdiction, a sample of 40 would be needed. The frequency interval would be 800 divided by 40, or 20. Thus every 20th establishment shall be selected to make up the sample.) In order to maintain the desired random quality of the sample, the card file, ledger, list or data processing record system should be entered in a random fashion. To establish a starting point when using a frequency interval of 20, write numbers 1 - 20, inclusive, on separate strips of paper and draw one slip at random. The number appearing on that strip of paper represents the first establishment to be drawn. If a ledger or list is being used for sampling and the number drawn is 7, then the seventh entry in the ledger or list would be the first establishment in the sample. The second establishment would be the 27<sup>th</sup> entry, the third would be the 47<sup>th</sup> entry and so forth, until the sample of 40 is drawn. A table of random numbers may also be used to select establishments from a card file, ledger, list or data processing record system.

#### SUPPLEMENTAL SAMPLING

Deletion of an establishment from the sample of files to be reviewed will be limited to those establishments which have not been in business long enough to have three regularly scheduled inspections. When an establishment is eliminated, a pre-selected alternate establishment file will be reviewed. Alternate files will be drawn in a similar manner as the original sample and at the same time as the original sample selection. Alternate files will be selected on the basis of 20 percent of the original sample size.

When method 1 is used for the random selection, the alternate files will be the last files drawn. For example, if the sample size is 20, then 24 files will be selected and the last 4 drawn will be designated as alternate.

When method 2 is used for the random selection, a separate drawing of the alternates will be made using an interval determined as follows: number of establishments in the inventory, minus the number of files in the original sample, divided by the number of alternate files needed. Using our example from method 2 above, 800 – 40 / 8 or 95. To establish a starting point for the new interval 95, write the numbers 1 – 95 inclusively on separate slips of paper

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and draw one at random. The number drawn will be the first file selected for the alternate sample and every 95<sup>th</sup> file afterward until 8 files are drawn.

The list of alternate files shall be kept separate from the original sample list. When selected files cannot be reviewed because they have not been in business long enough to have received three routine inspections, pre-selected alternates will be reviewed in the order in which they were selected.

#### Appendix G

### Standard No. 7 Industry and Community Relations

It is necessary to maintain records of the Industry and Consumer Interaction forums and of the Educational Outreach activities over the last 24-month period. The following chart is used to document that status. Meeting minutes, agendas, by-laws, charters, membership criteria and lists, frequency of meetings, roles, performed actions and documentation of food safety educational efforts are to be maintained by the regulatory authority.

#### **Industry and Consumer Interaction Forums**

| Forum Title | Regulatory Participants By Organization | Industry Participants by Organization | Consumer Participants by Organization | Meeting<br>Dates | Summary of Activities Related to Control of Risk Factors |
|-------------|---|---------------------------------------|---------------------------------------|------------------|--|
|             |   |                                       |                                       |                  |  |
|             |   |                                       |                                       |                  |  |
|             |   |                                       |                                       |                  |  |
|             |   |                                       |                                       |                  |  |
|             |   |                                       |                                       |                  |  |
|             |   |                                       |                                       |                  |  |

#### **Educational Outreach**

| Dates | Summary of Activities |
|-------|-----------------------|
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#### **OTHER OUTREACH ACTIVITIES**

Please list any additional outreach activities of note below.

| Dates | Summary of Activities |
|-------|-----------------------|
|       |                       |
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#### Appendix H

#### Program Support and Resources Standard 8 Worksheet

Do you have sufficient funds, staff, equipment, and resources necessary to meet the following Standards? Answer 'yes' or 'no' in each block. A 'no' answer requires an explanation. Use additional pages as needed. Disclosure and analysis only is required for Standards 1 through 7 and 9. Standard 8 requires a positive response to the three identified items. \*\*\*The row at the bottom for "other shared resources" provides a place for you to identify needs that may not be easily attached to a specific Standard (i.e. copy machines, data lines, etc.)

| Standard #                 | Funding                  | Staffing                  | Equipment                | Other resources needed           |
|----------------------------|--------------------------|---------------------------|--------------------------|----------------------------------|
| Otanuara #                 | 1 unumg                  | Otannig                   | Equipment                | Other resources needed           |
| 1                          |                          |                           |                          |                                  |
| •                          |                          |                           |                          |                                  |
|                            |                          |                           |                          |                                  |
| 2                          |                          |                           |                          |                                  |
|                            |                          |                           |                          |                                  |
|                            |                          |                           |                          |                                  |
| 3                          |                          |                           |                          |                                  |
|                            |                          |                           |                          |                                  |
|                            |                          |                           |                          |                                  |
| 4                          |                          |                           |                          |                                  |
|                            |                          |                           |                          |                                  |
| _                          |                          |                           |                          |                                  |
| 5                          |                          |                           |                          |                                  |
|                            |                          |                           |                          |                                  |
| 6                          |                          |                           |                          |                                  |
| Ů                          |                          |                           |                          |                                  |
|                            |                          |                           |                          |                                  |
| 7                          |                          |                           |                          |                                  |
|                            |                          |                           |                          |                                  |
|                            |                          | *                         | **                       | ***                              |
| 8                          |                          |                           |                          |                                  |
|                            |                          |                           |                          |                                  |
|                            |                          |                           |                          |                                  |
| 9                          |                          |                           |                          |                                  |
| ******                     |                          |                           |                          |                                  |
| ****Other shared resources |                          |                           |                          |                                  |
|                            |                          |                           |                          |                                  |
| *Do you meet the full-     | time equivalent (FTE) st | aff to inspection ratio a | s required in Standard 8 | 3? **Do your inspectors have the |

to maintain the records and reports system that supports the program as required in Standard 8?

| The requirements of Standar | d 8 are met | Yes | No    |  |
|-----------------------------|-------------|-----|-------|--|
| Signature:                  | Title:      |     | Date: |  |

#### **APPENDIX I**

| FDA National Registry Report  |                 |              |         |                       |     |       |                  |         |
|---|-----------------|--------------|---------|-----------------------|-----|-------|------------------|---------|
| Jurisdiction Reporting  |                 | Address      |         | С                     | ity |       | State            | Zip     |
|   |                 |              |         |                       |     |       |                  |         |
| То:   |                 |              |         |                       |     |       | Date             |         |
| FDA Regional Retail Food Sp   | ecialist        |              |         |                       |     |       |                  |         |
| Enrollment Only:  | Self Assessment |              | :       | Verification Audit: □ |     | : 🗆   | Baseline Survey: |         |
| Standard  | Standa          | ard Met      |         | Verification          |     |       | Origina          |         |
|   | Date:           |              |         | Confirmed Date:       |     |       | Update<br>Date:  | e: 🚨    |
| 1.  | Date.           |              |         | Date.                 |     |       | Date:            |         |
| 2.  |                 |              |         |                       |     |       | Buto.            |         |
| 3.  |                 |              |         |                       |     |       |                  |         |
| 4.  |                 |              |         |                       |     |       |                  |         |
| 5.  |                 |              |         |                       |     |       |                  |         |
| 6.  |                 |              |         |                       |     |       |                  |         |
| 7.  |                 |              |         |                       |     |       |                  |         |
| 8.  |                 |              |         |                       |     |       |                  |         |
| Risk Reduction Confirmed  |                 |              |         |                       |     |       | Yes:             | □ No: □ |
| Self Assessment Co  | mplete          | ed by:       |         |                       |     |       |                  |         |
| Printed Name and Signature  |                 |              | Title   | Γitle A               |     |       | ency             |         |
| Verification Audit Co   | omplet          | ed by:       |         |                       |     |       |                  |         |
| Printed Name and Signature  |                 |              | Title A |                       |     | Ag    | ency             |         |
| Baseline Survey Completed by:   |                 |              |         |                       |     |       |                  |         |
| Printed Name and Signature  |                 |              | Title A |                       |     | Ag    | gency            |         |
| Baseline Survey-Update Completed by:  |                 |              |         |                       |     |       |                  |         |
| Printed Name and Signature  |                 |              |         |                       | Ag  | gency |                  |         |
| Action Plan Completed by:   |                 |              |         |                       |     |       |                  |         |
| Printed Name and Signature  |                 |              | Title   |                       | Ag  | ency  |                  |         |
|   |                 |              |         |                       |     |       |                  |         |
| Signed Affidavit of Permission to Publish in Registry transmitted with this report? |                 |              | in N    | National<br>Yes: □    |     |       | No: □            |         |
| Printed Name and Sig  | nature          | of Program N | /lana   | ager:                 |     |       | Date:            |         |

#### RELEASE FORM AND AGREEMENT PERMISSION TO PUBLISH IN NATIONAL REGISTRY

| I, the undersigned, confirm, that a Self-Assessment of the,   |
|---|
| Retail Food Program, has been completed in accordance with the <u>U.S. Food and Drug</u>  |
| Administration (FDA) Voluntary National Retail Food Regulatory Program Standards  |
| on(date.)   |
|   |
| I, the undersigned, confirm, that I have:   |
| Requested, [Auditor] perform a Verification Audit of the above-named Retail Food Program Self-assessment.                           |
| ☐ Reviewed and agree with the findings of the <i>Verification Audit</i> report Dated  |
| Requested that the <i>Auditor</i> forward the <i>Verification Audit</i> report, dated, to the FDA                                   |
|   |
| On behalf of the state or local regulatory agency, permission is hereby granted to publish the:                                     |
| □ Self-Assessment and/or  |
| □ Verification Audit findings in the FDA National Registry of Retail Food Protection Programs (National Registry) via the Internet. |
|   |
| Signed:   |
| Title:  |
| Jurisdiction:   |
| Data  |