

# **Survey Methodology**

**For Evaluation of Retail Food Establishment and Food Service Operation Programs  
of Health Districts in Ohio**

## Introduction

The Ohio Revised Code in section 3717.11 requires that the Directors of Agriculture and Health survey at least once every three years, each board of health that licenses retail food establishments (RFEs) and food service operations (FSOs). The purpose of the survey is to determine whether the board is qualified and has the capacity to administer and enforce the law and the rules adopted under the law.

The survey is designed to evaluate all health districts using uniform standards.

## Standards for Evaluation

The standards used for evaluation include the following three categories:

1. Administrative aspects of the program
2. Requirements of the rules as applied to the inspection of facilities (evaluation of food program sanitarians)
3. Performance standards

A review of the administrative aspects encompasses requirements of the law and rules governing the management of the food safety program. This includes, but not limited to, items such as cost analysis, fee setting, licensing, inspections, procedures, new facility layout approval, and enforcement.

Application of the requirements of the rules as applied to the inspection of facilities using the *Ohio Uniform Food Safety Code* will be assessed.

The third item, performance standards, encompasses items that are essential in facilitating compliance with the requirements of an inspection program in addition to those that are enhancements for a quality program. Performance standards include items such as intra-departmental communications, outreach to the regulated community, foodborne disease investigation procedures, and the LHD's emergency plan.

Please note that all sample selections made for the survey will utilize a recognized random selection process.

## Findings and Goal Setting

At the conclusion of the survey, the surveyor will conduct an oral exit review with the health district. The district will receive a written report on the status of their food safety program within 45 days.

## Methodology

### I. Preparatory Actions

The surveyor will contact the health commissioner of the health district or a person acting on his or her behalf to schedule a time (within the same licensing period) to begin the survey. The State agencies will allow for at least six months between a district's survey, unless otherwise

requested by the district. A letter confirming the date and time of the survey will be sent to the health commissioner and copied to the director of environmental health. Included with the confirmation letter will be the "Health District Information" form that is to be completed prior to the surveyor's arrival.

## II. Examination of Administrative Aspects

The survey will examine all administrative aspects and documents required by law and rule. The surveyor will complete the "Status of Compliance" form in accordance with the methodology detailed in "Determining the Status of Compliance" worksheet. Each provision will be marked as either "meets" or "needs improvement". The comments section on the form will further explain the status of the provision.

For all provisions, "meets" will be marked when there is substantial compliance. Any minor deviations from total compliance will be documented in the comments section. "Needs improvement" will be marked when there are substantial acts of noncompliance.

A plan of action must be developed for each provision marked "needs improvement" or for provisions marked "meets" but for which there are actions that can be taken by the health district to improve performance, as evidenced by the comments section. The plan of action for each of these provisions must be developed and documented on the "Action Plan" form and sent to the appropriate state agency within 45 days of the health

district's receipt of the survey report. The completed action plan(s) once accepted by the director are considered part of the survey results.

Action plans may be developed independently of or in consultation with the surveying agency. In cases where there are substantial compliance problems, the state agency may help the health district meet its compliance schedule through tailored training and planned compliance actions. A reasonable time-line for compliance with each item must be included in the plan.

## III. Examination of the Application of the Ohio Revised Code Chapter 3717, the Ohio Administrative Code Chapter 901:3-4 / 3701-21, and the Ohio Administrative Code Chapter 3717-1 (*Ohio Uniform Food Safety Code*).

This performance standard evaluates a health district's inspecting sanitarians. The standard specifies the attributes that the sanitarian should possess to conduct effective inspections. Regarding evaluations, sanitarians shall complete two standard inspections. The inspections will consist of one Risk Class 3 facility and one Risk Class 4 facility. If no Risk Class 4 facilities are available, two Risk Class 3 facilities will be used. In the risk level 4 facilities, a Process Review inspection in RFE's, and a Critical Control Point (CCP) inspection in FSO's will also be conducted. The sanitarian must identify all violations to the surveyor. The sanitarian must document all critical violations, corrective actions taken, and/or required follow up on the inspection report. Sanitarians shall properly inspect all areas and rooms in the facility, such as food

prep, food storage, utensil washing, walk-in coolers, freezers, dumpsters and outdoor areas (this includes checking lighting intensity in applicable areas). Sanitarians shall inspect and check internal temperatures of all hot and cold food holding cases (every food in the case does not need to be checked). Failure to inspect all aspects of the facility will result in a missed critical violation. If the sanitarian identifies to the surveyor that they made an error (example: the sanitarian fails to inspect a walk in cooler), the surveyor will give them the opportunity to correct the error before the end of the evaluation; and this will not count against them in the scoring. Each inspection will be considered complete once the sanitarian gives the inspection report to the operator or leaves the facility (whichever occurs first). The inspection report should be provided to the facility. This will allow the facility to be aware of any critical findings, and it will allow the sanitarian to determine any follow up that may be required. The surveyor will provide a debriefing with each sanitarian after both evaluations are completed to discuss their findings. The findings will also be discussed during the exit interview. These facilities will also be used for the evaluation of the application of the Ohio Revised Code Chapter 3717, the Ohio Administrative Code Chapters 901:3-4 and 3701-21, and the *Ohio Uniform Food Safety Code* in the control of the CDC foodborne disease risk factors, code interventions, and good retail practices. All sanitarians that conduct food inspections are to be evaluated. Exceptions can be made for sanitarians new to food inspections (determination by surveyor and the health district). Sanitarians that only conduct temporary, mobile

or vending inspections will be evaluated on two standard inspections only. The Process Review and CCP inspections will be eliminated for these sanitarians.

#### IV. Performance Standards

Performance standards are items that are outside of the scope of the status of compliance. However, without attention given to these items, a district will find it increasingly difficult to attain and maintain a program that meets the objective of an effective food protection program. Without industry confidence in a health district's regulatory competence, and the partnership necessary to achieve safe food, the goal of reducing foodborne illness is less likely to result. The status of each standard will be evaluated with a written comment.

#### V. Survey Findings

##### A. Report

At the conclusion of the survey, the surveyor will meet with the health commissioner or a person designated by the health commissioner and apprise him/her of the initial findings. The surveyor's inspection reports from the evaluations will be provided at the exit interview. The final report will be sent to the health district within 45 days of the exit review. The surveyor will compose the report and send it to the respective state agency for review before the final report is issued.

Any required action plan must be received by the director within 45 days of the health district's receipt of the final survey report.

Failure to submit and adhere to the action plan will result in a meeting with a representative of the director of agriculture/director of health or his/her representative to discuss the deficiencies and whether the district's status should be "provisional". If a district's status was originally determined to be "provisional", the meeting will discuss whether disapproval of the district's program is warranted.

#### B. Determination of a Health District's Status

A district will be considered in "approved" status unless the following provisions are **not** met:

1. Item No. 2: Licensing fees do not exceed the maximum calculated fee. Licensing categories are as required by rule. Any fees that have been disapproved are not being charged.
2. Item No. 12: Licensor collects correct state amount and certifies the amount to the director of agriculture/director of health within the stated timeframe over the last three submittals.
3. Item No. 15: Conducted at the frequency required. (Last complete licensing year will be evaluated)
4. Item No. 16: Inspections conducted by an RS or RSIT.
5. Item No. 18: Sanitarian's ability to apply the food code. (For this provision, the surveyor will conduct an inspection at each facility during the sanitarian evaluation to compare their findings (both critical and

non-critical) against the sanitarian's findings. The following criteria will be used to mark a sanitarian out of compliance:

- When 1-5 violations are documented by the surveyor the sanitarian may miss 1 violation compared to the surveyor
- When 6-10 violations are documented by the surveyor the sanitarian may miss 2 violations compared to the surveyor
- When the number of violations documented by the surveyor exceeds 10 the sanitarian cannot miss more than 20% of the surveyor's documented violations

The following criteria will be used to mark a district out of compliance for this provision:

- For districts that have 1-2 sanitarians all must be out of compliance
- For districts that have more than 2 sanitarians, 50% must be marked out of compliance

Item No. 31: Does the board of health administer/enforce the food safety code?

Item No. 33: Does the health district train and evaluate its food program sanitarian(s)?

**(A district must be out of compliance for all of 18, 31, and 33 to be marked provisional)**

If the licensor is classified as "provisional" the director of agriculture/health shall provide it with:

1. A set time frame for correcting deficiencies;
2. Procedures for program disapproval that the department of agriculture or health will pursue if the licenser fails to correct the major deficiencies revealed by the survey; and
3. An opportunity to request a meeting with a representative of the director to discuss the deficiencies.

901:3-4-17/3701-21-24 OAC

- (C) The department of agriculture/department of health shall re-evaluate a licenser's provisional status in the established time frame (or earlier if requested) to determine if the program is in compliance. If in compliance, the director of agriculture/director of health shall classify the licenser as approved. If the deficiencies have not been corrected, the director of agriculture/director of health shall propose to disapprove the licenser, or shall propose to revoke the approval, whichever is appropriate.
- (D) The licenser may request an informal hearing on the director of agriculture's/director of health's proposed determination if a written request is received by the director of agriculture/director of health no later than fifteen days after the date of mailing the proposed determination. The informal hearing shall be conducted before the director of agriculture/director of health or his/her authorized representative no later than thirty days after the director of agriculture/director of health received the request for hearing. At the hearing, a representative of the licenser may present information orally and in

writing. The director of agriculture/director of health shall issue a written decision no later than thirty days after the conclusion of the informal hearing.

## CONFIRMATION LETTER



Ohio Department of Agriculture  
and  
Ohio Department of Health



**Governor**  
**John R.**  
**Kasich**

**Lieutenant Governor**  
**Mary Taylor**

**ODA Director**  
**David T.**  
**Daniels**

**ODH Director**  
**Richard Hodges**

DATE

Name of President  
Name of LHD  
Street Address  
City, State, Zip

Dear:

This is to confirm the scheduling of your *Retail Food Establishment Program* or *Food Service Operation Program* survey to begin on DAY, DATE and TIME. The survey should be completed within the time period.

This survey is conducted pursuant to Ohio Revised Code Section 3717.11 and in accordance with Ohio Administrative Code Rule 3701-21-24 or 901:3-4-17. To complete the survey in a timely manner, the following information must be retrieved from your files and assembled for the surveyor:

- RFE or FSO applications for licenses for the last complete licensing period. (March 1 through February 28)
- A copy of your cost analysis showing the calculation of your maximum licensing fees for the past three years.
- Documentation of official notification or board of health approval for anticipated increases included in the cost analysis for the past three years.
- Information regarding notice of proposed license fees given to those affected by the proposed fee for the past three years.
- Information regarding public hearing for licensing fees for the past three years.
- Board of health minutes documenting license fee adoptions for the past three years.
- Adopted fee schedule for the past three years.
- Board of health resolution giving the health commissioner the authority to suspend a license in cases of emergency (if applicable).
- Board of health resolution stating which persons employed by them may take actions pursuant to ORC 3717.29/ORC 3717.49 (Legal notices leading to license action).
- Completed Health Department Information form (attached).
- RFE complaint investigation procedure (not applicable for FSOs).
- Board of Health minutes documenting authorization of personnel to embargo food and the tagging of equipment which is not applicable for FSOs.
- Verification of current RS/SIT registration for the Environmental Health director and food program sanitarians.
- License report forms and transmittal forms for the last complete licensing period (March 1, 2014 – February 28, 2015).
- Plans that were submitted for Facility Layout and Equipment Specifications Review during March 1, 2014 – February 28, 2015. (If applicable, no more than 3.)
- Plans that were submitted for Temporary Facility Layout and Equipment Specifications Review during March 1, 2-14 – February 28, 2015. (If applicable, no more than 5.)
- Written enforcement procedures.
- Written sanitarian training program.

For the performance standards please have available

- Emergency Preparedness Plan Manual
- Foodborne illness procedures, forms and investigations.

Electronic copies are permissible for review.

Should you have any questions regarding the survey or the completion of the attached form, please contact me at PHONE NUMBER.

Sincerely,  
CONTACT INFO

Cc. Health Commissioner, EH Director, and other state agency

Attachment

An Equal Opportunity Employer/Provider

## HEALTH DEPARTMENT INFORMATION FORM

### Health District Information

<b>Health District:</b>		
<b>Address:</b>		
<b>City:</b>	<b>Zip Code:</b>	<b>County:</b>
<b>Phone No.:</b>	<b>Secondary Phone No. (if available):</b>	
<b>Fax No.:</b>	<b>Email Address:</b>	
<b>Health Commissioner:</b>		<b>Phone No.:</b>
<b>Email Address:</b>		<b>Office hours:</b>
<b>BOH President:</b>		<b>Address:</b>
<b>Director of Environmental Health:</b>		<b>Phone No.:</b>
<b>Fax No.:</b>	<b>Email Address:</b>	
<b>Food Program Supervisor:</b>		<b>Phone No.:</b>
<b>Fax No.:</b>	<b>Email Address:</b>	
<b>Total Number of Sanitarians in your overall Food Program (FSO and RFE):</b>		



**DETERMINING STATUS OF COMPLIANCE for**

*Document how a health district complies or does not comply in accordance with the law, rules, and the methodology given for each item.*

**COST ANALYSIS**

<b>Item No.</b>	<b>Provision</b>	<b>Method of Determination</b>
1	Meets the requirements of 3717.071 of the Revised Code. OAC 901:3-4-04, 3701-21-02.2	A. Document any costs that do not pertain directly to the food safety program and the district's rationale for including them. Cost Analysis will be reviewed by state agencies; see Cost Analysis Review Form Worksheet for findings. Investigate findings and document the district's rationale for data entered on cost analysis forms (this will include all cost analyses since the last survey).  COMMENTS:

**FEE SETTING**

Item No.	Provision	Method of Determination
2	<p>Licensing fees do not exceed the maximum calculated fee. Licensing categories are as required by rule. Any fees that have been disapproved are not being charged. [ORC 3717.25(A), OAC 901:3-4-03, OAC 901:3-4-04, ORC 3717.45(A), OAC 3701-21-02.1, OAC 3701-21-02.2, ORC 3717.45(A)]</p> <p>For Vending FSO: the fee may not be increased by a percentage of increase over the previous year's fee that exceeds the percentage of increase in the consumer price index for the immediately preceding calendar year. [ORC 3717.07]</p>	<p>YEAR:</p> <p>A. Does the LHD use any licensing categories other than those provided for in code? 901:3-4-03, 3701-21-02.1  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If the answer to (A) is YES, what are the categories?</p> <p>B. Compare the fees charged (state portion excluded) to the maximum allowed fees. Are the fees charged:  <input type="checkbox"/> HIGHER THAN  <input type="checkbox"/> LOWER THAN  <input type="checkbox"/> EQUAL TO  the fees calculated on the CA? 901:3-4-04, 3701-21-02.2</p> <p>C. Does the LHD charge any licensing fees that have been disapproved by the district advisory council or city council? 3717.25(A), 3717.45(A)  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If the answer to (C) was YES, what are the fees?</p> <p>D. Did the LHD increase their vending FSO fee for the licensing year being reviewed?  1. If yes, did the increase exceed the percentage of increase in the consumer price index for the immediately preceding calendar year?</p> <p>COMMENTS:</p>

**FEE SETTING - continued**

Item No.	Provision	Method of Determination
2	<p>Licensing fees do not exceed the maximum calculated fee. Licensing categories are as required by rule. Any fees that have been disapproved are not being charged. [ORC 3717.25(A), OAC 901:3-4-03, OAC 901:3-4-04, ORC 3717.45(A), OAC 3701-21-02.1, OAC 3701-21-02.2, ORC 3717.45(A)]</p> <p>For Vending FSO: the fee may not be increased by a percentage of increase over the previous year's fee that exceeds the percentage of increase in the consumer price index for the immediately preceding calendar year. [ORC 3717.07]</p>	<p>YEAR:</p> <p>A. Does the LHD use any licensing categories other than those provided for in code? 901:3-4-03, 3701-21-02.1  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>2. If the answer to (A) is YES, what are the categories?</p> <p>B. Compare the fees charged (state portion excluded) to the maximum allowed fees. Are the fees charged:  <input type="checkbox"/> HIGHER THAN  <input type="checkbox"/> LOWER THAN  <input type="checkbox"/> EQUAL TO  the fees calculated on the CA? 901:3-4-04, 3701-21-02.2</p> <p>C. Does the LHD charge any licensing fees that have been disapproved by the district advisory council or city council? 3717.25(A), 3717.45(A)  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>2. If the answer to (C) was YES, what are the fees?</p> <p>D. Did the LHD increase their vending FSO fee for the licensing year being reviewed?  1. If yes, did the increase exceed the percentage of increase in the consumer price index for the immediately preceding calendar year?</p> <p>COMMENTS:</p>

**FEE SETTING - continued**

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**FEE SETTING - continued**

Item No.	Provision	Method of Determination
3	<p>20-day notice of hearing was mailed to affected entities. Notice contained the place, date, time, and amount of proposed fees. Public hearing was held for established fees. [ORC 3717.25 (A), ORC 3717.45(A)]</p>	<p>YEAR:</p> <p>A. Was a public hearing held before the license fee was established? 3717.25(A), 3717.45(A)  <input type="checkbox"/> YES Date of hearing:            Date fees established by licensor:  <input type="checkbox"/> NO  <input type="checkbox"/> N/A                      Note: Please provide a copy of the minutes or sign in sheet from the hearing.</p> <p>1. If the answer to (A) was NO, explain:</p> <p>B. Were the license holders informed of the hearing by mail at least 20 days prior to the hearing? 3717.25(A), 3717.45(A)  <input type="checkbox"/> YES  <input type="checkbox"/> NO                      Note: Please provide a copy of the Notice of Hearing.</p> <p>COMMENTS:</p> <p>1. If the answer to (B) is NO, explain:</p> <p>COMMENTS:</p> <p>2. Did the notification contain the location, date, time, and amount of proposed fees?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p> <p>C. Were the fees established by emergency measure?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p>

**FEE SETTING - continued**

Item No.	Provision	Method of Determination
3	<p>20-day notice of hearing was mailed to affected entities. Notice contained the place, date, time, and amount of proposed fees. Public hearing was held for established fees. [ORC 3717.25 (A), ORC 3717.45(A)]</p>	<p>YEAR:</p> <p>A. Was a public hearing held before the license fee was established? 3717.25(A), 3717.45(A)  <input type="checkbox"/> YES Date of hearing:            Date fees established by licensor:  <input type="checkbox"/> NO  <input type="checkbox"/> N/A            Note: Please provide a copy of the minutes or sign in sheet from the hearing.</p> <p>2. If the answer to (A) was NO, explain:</p> <p>B. Were the license holders informed of the hearing by mail at least 20 days prior to the hearing? 3717.25(A), 3717.45(A)  <input type="checkbox"/> YES  <input type="checkbox"/> NO            Note: Please provide a copy of the Notice of Hearing.</p> <p>COMMENTS:</p> <p>3. If the answer to (B) is NO, explain:</p> <p>COMMENTS:</p> <p>4. Did the notification contain the location, date, time, and amount of proposed fees?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p> <p>C. Were the fees established by emergency measure?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p>

**FEE SETTING - continued**

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3	<p>20-day notice of hearing was mailed to affected entities. Notice contained the place, date, time, and amount of proposed fees. Public hearing was held for established fees. [ORC 3717.25 (A), ORC 3717.45(A)]</p>	<p>YEAR:</p> <p>A. Was a public hearing held before the license fee was established? 3717.25(A), 3717.45(A)  <input type="checkbox"/> YES Date of hearing:                      Date fees established by licensor:  <input type="checkbox"/> NO  <input type="checkbox"/> N/A                      Note: Please provide a copy of the minutes or sign in sheet from the hearing.</p> <p>3. If the answer to (A) was NO, explain:</p> <p>B. Were the license holders informed of the hearing by mail at least 20 days prior to the hearing? 3717.25(A), 3717.45(A)  <input type="checkbox"/> YES  <input type="checkbox"/> NO                      Note: Please provide a copy of the Notice of Hearing.</p> <p>COMMENTS:</p> <p>5. If the answer to (B) is NO, explain:</p> <p>COMMENTS:</p> <p>6. Did the notification contain the location, date, time, and amount of proposed fees?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p> <p>C. Were the fees established by emergency measure?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p>

**LICENSING**

Item No.	Provision	Method of Determination
4	<p>Use of application form prescribed / approved by director of agriculture / health. [OAC 901:3-4-02, OAC 3701-21-02]</p> <p>License is not issued until a complete application is submitted. [ORC 3717.23(B), ORC 3717.43(B)]</p>	<p><b>MOBILE/RISK/VENDING/TEMPORARY</b></p> <p>Using Table A and B: Based upon the number of licenses issued, determine the number of applications to be sampled. Select the samples using a random sampling method for last complete licensing year</p> <p>A. Application form used is (OAC 901:3-4-02(C), 3701-21-02(D)):</p> <p><input type="checkbox"/> STATE FORM (includes ODH's EHDSI or ODH licensing program)</p> <p><input type="checkbox"/> LHD FORM APPROVED BY THE STATE (verify state approval of forms)</p> <p><input type="checkbox"/> OTHER</p> <p>1. If other, document findings.</p> <p>COMMENTS:</p> <p>B. Are the application forms properly completed?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> SOMETIMES</p> <p>See "Application Worksheet". Use Table A and B to determine marking of item as "Needs Improvement".</p> <p>COMMENTS:</p> <p>C. Did the licensor issue any licenses before receipt of a completed application?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
5	<p>Licenses not renewed prior to February 1. [ORC 3717.23(D), OAC 901:3-4-02(A), ORC 3717.43(D), OAC 3701-21-02(A)]</p>	<p>Review January Transmittals for all risk level facilities.</p> <p>A. Are renewal licenses issued prior to February 1?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>1. If (A) was marked YES, specify information that led you to this conclusion:</p>

LICENSING - continued

Item No.	Provision	Method of Determination
6	<p>The license holder has been charged the correct penalty fee for late application.                      [ORC 3717.23(D), OAC 901:3-4-02(D)(2), ORC 3717.43, OAC 3701-21-02(E)(2)(D)]</p>	<p>Using the same sample as in item number 4 above.</p> <p>A. Penalty fees are charged for late application:  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If (A) was marked NO, document 1) license numbers 2) audit numbers 3) facility name 4) date of late application for any noncompliance.</p> <p>B. Amount of penalty fee charged is correct for late application (25% of the <i>local</i> licensing fee).  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If (B) was marked NO, what is the amount being charged?</p> <p>COMMENTS:</p>

LICENSING - continued

Item No.	Provision	Method of Determination
7	<p>Temporary Licenses Only -- No more than 10 licenses issued per person; only 1 license issued to a person per event; not issued for more than 5 consecutive days unless in accordance with law. [ORC 3717.23 (E), ORC 3717.43(E)]</p> <p>Temporary licenses are not renewed. [ORC 3717.23(D), ORC 3717.43(D)]</p> <p>Temporary licenses may not be transferred. [ORC 3717.26(B), ORC 3717.46(B)]</p>	<p>Examine the last three years of Temporary RFE/FSO applications and license reports.</p> <p>A. Is LHD issuing no more than 10 licenses per person/government entity?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>B. Is LHD issuing licenses for more than 5 consecutive days (unless in accordance with Law)?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If (B) was marked YES, document findings (include license and audit numbers). Indicate if the noncompliance was associated with a particular event.</p> <p>C. Are Temporary licenses renewed?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If (C) was marked YES, document findings (include license and audit numbers). Indicate if the noncompliance was associated with a particular event.</p> <p>D. Are Temporary licenses transferred?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If (D) was marked YES, document findings (include license and audit numbers). Indicate if the noncompliance was associated with a particular event.</p> <p>COMMENTS:</p>

LICENSING - continued

Item No.	Provision	Method of Determination
8	<p>Limitations placed on licenses in accordance with law. [ORC 3717.23(F), OAC 3717-1-09(C) and (D), ORC 3717.43(F)]</p> <p>Mobile licenses have equipment, equipment layout, and items to be sold on the back of license. [ORC 3717.23(B), ORC 3717.43] 3717-1-09(D)</p>	<p>Check application sample as in item 4. Other information obtained during the field evaluations or noted during your review of the LHD license reports may be included in your findings as well.</p> <p>A. Are formal limitations placed on licenses when needed?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If (A) is marked NO, documented why. Include name of facility, address, and detail findings here:</p> <p>B. Do mobile licenses have equipment, equipment layout, and items to be sold on the back of license?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If NO, document licenses that do not comply.</p> <p>COMMENTS:</p>
9	<p>Determination of "Primary Business" made according to code. [ORC 3717.24(B), OAC 3717-1-02, ORC 3717.44(B)]</p>	<p>Use the application sample in item 4.</p> <p>A. Determination of "Primary Business" appears to be in accordance with rules.  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If (A) was marked NO, document findings. Include the facility's name, license number, current classification as well as what it should be classified as:</p>
10	<p>Fees used only for administration and enforcement of RFEs/FSOs. [ORC 3717.25(A), OAC 901:3-4-02(D), ORC 3717.45(A), OAC 3701-21-02(E)]</p>	<p>A. Can the LHD demonstrate that license fees are only used for the food safety program?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. Document findings (can use, for example, separate accounts or line item designation):</p>

**LICENSING - continued**

Item No.	Provision	Method of Determination										
11	<p>Licensors charges no additional fees to RFEs/FSOs except for: facility review and equipment specifications; collection and bacteriological sampling; education courses. [ORC 3717.25(B), OAC 901:3-4-03(C), ORC 3717.45(B), OAC 3701-21-02.1(C)]</p>	<p>Review the fee schedules since last survey.</p> <p>A. The licensor charges RFEs/FSOs fees for:  <input type="checkbox"/> FACILITY REVIEW AND EQUIPMENT SPECIFICATIONS  <input type="checkbox"/> BACTERIOLOGICAL SAMPLING  <input type="checkbox"/> EDUCATION COURSES  <input type="checkbox"/> OTHER:</p> <p>1. If education courses are charged for, has the course been approved by ODH under ORC 3717.09, 3701-21-25(A)?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>a. If (1) is marked NO, explain:</p> <p>B. Document fees for items not permitted or questionable. Include a copy of fee schedules.</p> <p>COMMENTS:</p>										
12	<p>Licensors collect correct state amount and certifies the amount to the director of agriculture/ health within the stated timeframe. [ORC 3717.25(C)(2), OAC 901:3-4-02(E), ORC 3717.45(C)(2), OAC 3701-21-02(F)]</p> <table border="1" data-bbox="226 1133 709 1318"> <thead> <tr> <th>Period</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>January 1st - March 31st</td> <td>May 15th</td> </tr> <tr> <td>April 1<sup>st</sup> - June 30th</td> <td>August 15th</td> </tr> <tr> <td>July 1<sup>st</sup> - September 30th</td> <td>November 15th</td> </tr> <tr> <td>October 1<sup>st</sup> - December 31st</td> <td>February 15th</td> </tr> </tbody> </table>	Period	Deadline	January 1st - March 31st	May 15th	April 1 <sup>st</sup> - June 30th	August 15th	July 1 <sup>st</sup> - September 30th	November 15th	October 1 <sup>st</sup> - December 31st	February 15th	<p>Examine <u>all</u> certifications and transmittals since the last survey.</p> <p>A. Was the correct amount for each type of license sent to ODA/ODH?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If (A) was marked NO, document findings:</p> <p>B. Were the state amounts certified to ODA/ODH on time?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If (B) was marked NO, document findings:</p> <p>COMMENTS:</p>
Period	Deadline											
January 1st - March 31st	May 15th											
April 1 <sup>st</sup> - June 30th	August 15th											
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LICENSING - continued

Item No.	Provision	Method of Determination
13	<p>If licenses are transferred – conditions of transfers: sale/disposition of RFE/FSO or relocation of the RFE/FSO; determination that license holder is in compliance with ORC and OAC (by recent inspection). A license may transferred only once within the licensing period and transferred with the license holder’s permission. [ORC 3717.26, ORC 3717.46]</p>	<p>A. Has the LHD transferred licenses? (Look at licensing reports for the last full licensing year, if you see none ask.)  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If YES, identify circumstances below (check all that apply):  <input type="checkbox"/> SALE/DISPOSITION OF FACILITY  <input type="checkbox"/> RELOCATION OF FACILITY  <input type="checkbox"/> AFTER A DETERMINATION THAT THE CURRENT LICENSE HOLDER IS IN COMPLIANCE WITH THE LAW AND RULES (AS EVIDENCED BY A “RECENT” INSPECTION)</p> <p>COMMENTS:</p> <p>2. For licenses transferred, has permission by the current license holder been documented in writing?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>a. Document consent.</p> <p>3. Is there any evidence that the LHD transfers a license more than once?  <input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> NOT APPLICABLE (if LHD does not transfer licenses)</p> <p>COMMENTS:</p>
14	<p>Facilities’ risk levels are determined according to rule. [OAC 901:3-4-05, OAC 3701-21-02.3]</p>	<p>Use information obtained during the field evaluations and file review. Check applications sampled in item 4.</p> <p>A. Are reviewed RFE’s/FSO’s properly classified?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If NO, document findings:</p>

**INSPECTIONS**

Item No.	Provision	Method of Determination
15	<p>Conducted at the frequency required.                      [ORC 3717.27(A), OAC 901:3-4-06, ORC 3717.47(A), OAC 3701-21-02.4]</p>	<p><b>MOBILE/RISK/VENDING/TEMPORARY</b></p> <p>Using Table A and B and the total number of licenses issued, determine the sample size for the district. Randomly select the required facilities using one of the acceptable selection processes. Document the name and location for all facilities selected. Document the dates of the required inspections. Do not include re-inspections, follow-ups, etc. This section will be marked as "Needs Improvement" if the number of errors (facilities not inspected correctly) exceeds the number permitted in Table A and B (5% error rate), Use the "Facility Worksheet" (ATTACHMENT) to do this. Also document the number of minutes that each inspection required. This information should be on the inspection reports. If the LHD sanitarian is not indicating this on their inspection reports, mark on the worksheet, enter 0. Provide any additional information regarding this below, such as the names of the sanitarian's that are routinely failing to document inspection times on their inspection reports.</p> <p>A. Is Inspection frequency acceptable?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>B. Have more than 15 months elapsed between Standard inspections?  <input type="checkbox"/> YES  <input type="checkbox"/> NO                      (Month 1 is month of inspection and next inspection must be completed before end of month 15.)</p> <p>1. If (A) was marked NO or (B) was marked YES, mark provision as "NEEDS IMPROVEMENT":</p> <p>C. Were new FSO's inspected within 30 days of licensing?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If NO, document findings:</p> <p>D. Does the district send copies of mobile inspections to the licensing district?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p>

**INSPECTIONS - continued**

Item No.	Provision	Method of Determination
16	Conducted by an RS or RSIT. [ORC 3717.27(A), ORC 3717.47(A)]	<p>Verify that health department information sheet includes the information about the registration status of their inspecting staff.</p> <p>A. Are all RFE/FSO inspection staff registered as a RS or SIT?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If NO, document findings.                      LHD must demonstrate that staff's registration is current. (This can be copies of registration card or LHD review of RS Board's website.)</p> <p>COMMENTS:</p>
17	Recorded on the proper form. [ORC 3717.27(A), ORC 3717.47(A)]	<p>A. Inspection forms used are:  <input type="checkbox"/> STATE FORMS (INCLUDING ODH'S EHDSI)  <input type="checkbox"/> LHD FORMS APPROVED BY THE STATE (VERIFY STATE APPROVAL OF FORMS)  <input type="checkbox"/> OTHER</p> <p>1. If other, document findings:</p> <p>COMMENTS:</p>

**INSPECTIONS - continued**

Item No.	Provision	Method of Determination
18	Sanitarian's ability to apply the food code. [ORC 3717.11)A)] OAC 901:3-4-17(B), 3701-21-24(B)	<p>The ODA/ODH surveyor will complete an inspection report of the facilities selected for sanitarian evaluations. This will facilitate comparison of findings.</p> <p>A. Did the sanitarian identify 80% of violations?  <input type="checkbox"/> YES  <input type="checkbox"/> NO                      (Total number of violations from all evaluated inspections ÷ surveyor's total number of violations from evaluated inspections.)</p> <p>1. Document action taken for critical violations:</p> <p>COMMENTS:</p>

**\*Total number of violations not by facility. Did 50% of the sanitarians identify 80% of the violations? For districts that have two or less sanitarians, all must identify at least 80%.**

**PROCEDURE / METHOD**

Item No.	Provision	Method of Determination
19	<p>Procedure regarding complaints of RFEs/FSOs, include (a) complaint form (b) time frame for investigation based on risk to the public's health (c) criteria for declining to investigate. [OAC 901:3-4-09(A)], OAC 3701-21-02.5]</p>	<p>A. Does the LHD have the following in regards to complaints? (a check indicates that they have the information):</p> <p>RFE:</p> <p><input type="checkbox"/> COMPLAINT FORM</p> <p><input type="checkbox"/> PROCEDURE FOR ADDRESSING COMPLAINTS</p> <p><input type="checkbox"/> TIME FRAME FOR INVESTIGATION BASED ON RISK (in procedure)</p> <p><input type="checkbox"/> CRITERIA FOR DECLINING TO INVESTIGATE A COMPLAINT (in procedure)</p> <p>FSO:</p> <p><input type="checkbox"/> GATHERS FULL NAME, ADDRESS, AND TELEPHONE NUMBER OF COMPLAINANT (unless anonymous), AND STATEMENT OF FACTS ABOUT THE EQUIPMENT (including name of FSO and date and time of alleged occurrence)</p> <p><input type="checkbox"/> CRITERIA FOR DECLINING TO INVESTIGATE A COMPLAINT (in procedure)</p> <p><input type="checkbox"/> COMPLAINTS INVESTIGATED BASED ON THE COMPLAINT'S SEVERITY</p> <p>COMMENTS:</p> <p>Attach a copy of the policy and complaint form.</p>
20	<p>Results of complaint investigations are properly documented on a standard inspection form. The complaint form, laboratory results, and inspection form are filed in the facility's file. [OAC 901:3-4-09, OAC 3701-21-02.5]</p>	<p>A. Does the LHD properly document the result of complaint investigations on a RFE/FSO inspection form?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>B. The complaint form (RFE only), laboratory results, and inspection form are filed in the facility's file.</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>C. For those complaints received, did the LHD meet the timeline(s) provided in their procedure (RFE only)?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>D. Was complainant notified of results (FSO only)?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>COMMENTS:</p>

**FACILITY LAYOUT AND EQUIPMENT APPROVAL**

Item No.	Provision	Method of Determination
21	<p>Requires level one certification for new RFEs/FSOs. [OAC 901:3-4-16, OAC 3701-21-25]</p> <p><b><u>Level One Training: Who Needs It?</u></b></p> <ul style="list-style-type: none"> <li>• New PIC*</li> <li>• New PIC in a new risk-based facility*</li> <li>• At least one PIC per shift that has been implicated in a FBO</li> <li>• All PICs due to documented failure to maintain (see ORC 3717.29).</li> </ul> <p><b>Exceptions:</b></p> <ul style="list-style-type: none"> <li>• The PIC can prove that they were a PIC prior to March 1, 2010.</li> <li>• *The PIC has successfully completed level one (or level two) certification training.</li> </ul>	<p>Determine by questioning the LHD staff.</p> <p>A. Were there any new RFEs/FSOs licensed for the last full licensing period?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENT:</p> <p>B. During the period being reviewed, did the LHD require level one certification in food protection for each new person-in-charge per shift in these new facilities?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENT:</p> <p>C. During the period being reviewed, did the LHD require level one certification in food protection for each person-in-charge per shift in those facilities implicated in a foodborne disease outbreak?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENT:</p> <p>D. During the period being reviewed, did the LHD require level one certification for <i>all</i> persons in charge of an RFE/FSO when the licensor had documented a failure to maintain sanitary conditions?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENT:</p> <p>E. Does the LHD keep track of which facilities require level one certification?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If yes, how do they keep track?</p>

**FACILITY LAYOUT AND EQUIPMENT APPROVAL - continued**

Item No.	Provision	Method of Determination
22	Required submitted materials acted upon within 30 days of receipt. [OAC 901:3-4-07, OAC 3701-21-03]	<p>A. Does the LHD date stamp submitted plans?  <input type="checkbox"/> YES  <input type="checkbox"/> NO                      If NO is marked, how does LHD determine date of receipt?</p> <p>B. Are the submitted materials acted upon within the 30-day period?  <input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> CANNOT DETERMINE</p> <p>1. If "CANNOT DETERMINE" is marked, indicate why?</p>

**FACILITY LAYOUT AND EQUIPMENT APPROVAL - continued**

Item No.	Provision	Method of Determination																																																
23	Requires appropriate materials submission. [OAC 3717-1-09(A)(B)(C)]	<p>Examine no more than 3 sets of plans that were submitted to the district in the past licensing period.</p> <p>A. NUMBER OF PLANS EXAMINED:</p> <p>B. General plan requirements:</p> <table border="1" data-bbox="772 527 1990 1105"> <thead> <tr> <th colspan="3" data-bbox="772 527 1990 581">Facility and Address:</th> </tr> <tr> <th data-bbox="772 581 835 641"></th> <th data-bbox="835 581 1491 641">Requirement</th> <th data-bbox="1491 581 1990 641">Meets (YES, NO, or N/A) Comments</th> </tr> </thead> <tbody> <tr> <td data-bbox="772 641 835 669">1.</td> <td data-bbox="835 641 1491 669">Drawn reasonably to scale</td> <td data-bbox="1491 641 1990 669">STATUS</td> </tr> <tr> <td data-bbox="772 669 835 696">2.</td> <td data-bbox="835 669 1491 696">Type of facility proposed</td> <td data-bbox="1491 669 1990 696">STATUS</td> </tr> <tr> <td data-bbox="772 696 835 724">3.</td> <td data-bbox="835 696 1491 724">Total square footage or micro market linear feet</td> <td data-bbox="1491 696 1990 724">STATUS</td> </tr> <tr> <td data-bbox="772 724 835 751">4.</td> <td data-bbox="835 724 1491 751">Includes all portions of the premises</td> <td data-bbox="1491 724 1990 751">STATUS</td> </tr> <tr> <td data-bbox="772 751 835 779">5.</td> <td data-bbox="835 751 1491 779">Entrances and exits</td> <td data-bbox="1491 751 1990 779">STATUS</td> </tr> <tr> <td data-bbox="772 779 835 839">6.</td> <td data-bbox="835 779 1491 839">Location, number and types of plumbing fixtures, all water supply facilities</td> <td data-bbox="1491 779 1990 839">STATUS</td> </tr> <tr> <td data-bbox="772 839 835 867">7.</td> <td data-bbox="835 839 1491 867">Plan of lighting</td> <td data-bbox="1491 839 1990 867">STATUS</td> </tr> <tr> <td data-bbox="772 867 835 894">8.</td> <td data-bbox="835 867 1491 894">Floor plan showing equipment layout</td> <td data-bbox="1491 867 1990 894">STATUS</td> </tr> <tr> <td data-bbox="772 894 835 922">9.</td> <td data-bbox="835 894 1491 922">Building materials and surface finishes</td> <td data-bbox="1491 894 1990 922">STATUS</td> </tr> <tr> <td data-bbox="772 922 835 950">10.</td> <td data-bbox="835 922 1491 950">Equipment list with manufacturers and model numbers</td> <td data-bbox="1491 922 1990 950">STATUS</td> </tr> <tr> <td data-bbox="772 950 835 977">11.</td> <td data-bbox="835 950 1491 977">Equipment approval as per Code</td> <td data-bbox="1491 950 1990 977">STATUS</td> </tr> <tr> <td data-bbox="772 977 835 1037">12.</td> <td data-bbox="835 977 1491 1037">Limitations placed on a facility during plan review are also documented on the license</td> <td data-bbox="1491 977 1990 1037">STATUS</td> </tr> <tr> <td data-bbox="772 1037 835 1065">13.</td> <td data-bbox="835 1037 1491 1065">Date plans received</td> <td data-bbox="1491 1037 1990 1065"></td> </tr> <tr> <td data-bbox="772 1065 835 1092">14.</td> <td data-bbox="835 1065 1491 1092">Date plan acted upon</td> <td data-bbox="1491 1065 1990 1092"></td> </tr> </tbody> </table> <p>COMMENTS:</p>	Facility and Address:				Requirement	Meets (YES, NO, or N/A) Comments	1.	Drawn reasonably to scale	STATUS	2.	Type of facility proposed	STATUS	3.	Total square footage or micro market linear feet	STATUS	4.	Includes all portions of the premises	STATUS	5.	Entrances and exits	STATUS	6.	Location, number and types of plumbing fixtures, all water supply facilities	STATUS	7.	Plan of lighting	STATUS	8.	Floor plan showing equipment layout	STATUS	9.	Building materials and surface finishes	STATUS	10.	Equipment list with manufacturers and model numbers	STATUS	11.	Equipment approval as per Code	STATUS	12.	Limitations placed on a facility during plan review are also documented on the license	STATUS	13.	Date plans received		14.	Date plan acted upon	
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**FACILITY LAYOUT AND EQUIPMENT APPROVAL - continued**

Item No.	Provision	Method of Determination			
23	Requires appropriate materials submission. [OAC 3717-1-09(A)]	Facility and Address:			
			Meets (YES, NO, or N/A) Comments		
		1.	Requirement	STATUS	
		2.	Drawn reasonably to scale	STATUS	
		3.	Type of facility proposed	STATUS	
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		14.	Date plans received		
		15.	Date plan acted upon		
		COMMENTS:		Facility and Address:	
			Requirement	Meets (YES, NO, or N/A)	Comments
		1.	Drawn reasonably to scale	STATUS	
		2.	Type of facility proposed	STATUS	
		3.	Total square footage or micro market linear feet	STATUS	
		4.	Includes all portions of the premises	STATUS	
		5.	Entrances and exits	STATUS	
		6.	Location, number and types of plumbing fixtures, all water supply facilities	STATUS	
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		8.	Floor plan showing equipment layout	STATUS	
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		10.	Equipment list with manufacturers and model numbers	STATUS	
		11.	Equipment approval as per Code	STATUS	
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13.	Date plans received				
14.	Date plan acted upon				
COMMENTS:					

**FACILITY LAYOUT AND EQUIPMENT APPROVAL - continued**

Item No.	Provision	Method of Determination																														
24	Food equipment approvals made in conformance with rules. [OAC 3717-1-09(B), 3717-1-04.1(KK)]	<p>Determine using those plans that were approved during the period being reviewed. In addition, if non-commercial equipment is found in a facility, then check the file/plans to determine prior approval.</p> <p>A. Does the LHD approve non-commercial equipment?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If (A) was marked YES, what is the LHD's procedure for approving non-commercial equipment?</p> <p>B. Did you observe any non-commercial equipment in the facilities during the sanitarian evaluation process?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If (B) was marked YES, was the equipment approved according to the method described in (A)?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p>																														
25	Temporary facility layout and equipment specifications reviewed. [OAC 3717-1-09(E)]	<p>Examine no more than 5 plans for temporary RFE/FSO operations. Check applications sampled in item 4.  <b>NUMBER OF PLANS EXAMINED:</b></p> <p>A. Plans for temporary RFEs/FSOs routinely include the items listed in the tables below:</p> <table border="1" data-bbox="772 987 1990 1307"> <thead> <tr> <th colspan="3">Temporary RFE/FSO and Event:</th> </tr> <tr> <th></th> <th>Requirement</th> <th>Meets (YES, NO, or N/A) Comments</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Drawing showing the facility layout</td> <td>STATUS</td> </tr> <tr> <td>2.</td> <td>Foods to be prepared and served</td> <td>STATUS</td> </tr> <tr> <td>3.</td> <td>Source of food</td> <td>STATUS</td> </tr> <tr> <td>4.</td> <td>Hot holding facilities</td> <td>STATUS</td> </tr> <tr> <td>5.</td> <td>Cold holding facilities</td> <td>STATUS</td> </tr> <tr> <td>6.</td> <td>Handwashing facilities</td> <td>STATUS</td> </tr> <tr> <td>7.</td> <td>Equipment and utensils</td> <td>STATUS</td> </tr> <tr> <td>8.</td> <td>Support facilities</td> <td>STATUS</td> </tr> </tbody> </table> <p>COMMENTS:</p>	Temporary RFE/FSO and Event:				Requirement	Meets (YES, NO, or N/A) Comments	1.	Drawing showing the facility layout	STATUS	2.	Foods to be prepared and served	STATUS	3.	Source of food	STATUS	4.	Hot holding facilities	STATUS	5.	Cold holding facilities	STATUS	6.	Handwashing facilities	STATUS	7.	Equipment and utensils	STATUS	8.	Support facilities	STATUS
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**FACILITY LAYOUT AND EQUIPMENT APPROVAL - continued**

Item No.	Provision	Method of Determination			
25	Temporary facility layout and equipment specifications reviewed. [OAC 3717-1-09(E)]	Temporary RFE/FSO and Event:			
		Requirement	Meets (YES, NO, or N/A) Comments		
		1.	Drawing showing the facility layout	STATUS	
		2.	Foods to be prepared and served	STATUS	
		3.	Source of food	STATUS	
		4.	Hot holding facilities	STATUS	
		5.	Cold holding facilities	STATUS	
		6.	Handwashing facilities	STATUS	
		7.	Equipment and utensils	STATUS	
		8.	Support facilities	STATUS	
		COMMENTS:			
		Temporary RFE/FSO and Event:			
		Requirement		Meets (YES, NO, or N/A) Comments	
		1.	Drawing showing the facility layout	STATUS	
		2.	Foods to be prepared and served	STATUS	
		3.	Source of food	STATUS	
		4.	Hot holding facilities	STATUS	
		5.	Cold holding facilities	STATUS	
		6.	Handwashing facilities	STATUS	
		7.	Equipment and utensils	STATUS	
8.	Support facilities	STATUS			
COMMENTS:					

**FACILITY LAYOUT AND EQUIPMENT APPROVAL - continued**

Item No.	Provision	Method of Determination																														
25	Temporary facility layout and equipment specifications reviewed. [OAC 3717-1-09(E)]	<table border="1"> <thead> <tr> <th colspan="3" data-bbox="772 305 1992 334">Temporary RFE/FSO and Event:</th> </tr> <tr> <th data-bbox="772 334 831 391"></th> <th data-bbox="831 334 1482 391">Requirement</th> <th data-bbox="1482 334 1992 391">Meets (YES, NO, or N/A) Comments</th> </tr> </thead> <tbody> <tr> <td data-bbox="772 391 831 420">1.</td> <td data-bbox="831 391 1482 420">Drawing showing the facility layout</td> <td data-bbox="1482 391 1992 420">STATUS</td> </tr> <tr> <td data-bbox="772 420 831 449">2.</td> <td data-bbox="831 420 1482 449">Foods to be prepared and served</td> <td data-bbox="1482 420 1992 449">STATUS</td> </tr> <tr> <td data-bbox="772 449 831 479">3.</td> <td data-bbox="831 449 1482 479">Source of food</td> <td data-bbox="1482 449 1992 479">STATUS</td> </tr> <tr> <td data-bbox="772 479 831 508">4.</td> <td data-bbox="831 479 1482 508">Hot holding facilities</td> <td data-bbox="1482 479 1992 508">STATUS</td> </tr> <tr> <td data-bbox="772 508 831 537">5.</td> <td data-bbox="831 508 1482 537">Cold holding facilities</td> <td data-bbox="1482 508 1992 537">STATUS</td> </tr> <tr> <td data-bbox="772 537 831 566">6.</td> <td data-bbox="831 537 1482 566">Handwashing facilities</td> <td data-bbox="1482 537 1992 566">STATUS</td> </tr> <tr> <td data-bbox="772 566 831 596">7.</td> <td data-bbox="831 566 1482 596">Equipment and utensils</td> <td data-bbox="1482 566 1992 596">STATUS</td> </tr> <tr> <td data-bbox="772 596 831 625">8.</td> <td data-bbox="831 596 1482 625">Support facilities</td> <td data-bbox="1482 596 1992 625">STATUS</td> </tr> </tbody> </table> <p data-bbox="772 625 1992 662">COMMENTS:</p>	Temporary RFE/FSO and Event:				Requirement	Meets (YES, NO, or N/A) Comments	1.	Drawing showing the facility layout	STATUS	2.	Foods to be prepared and served	STATUS	3.	Source of food	STATUS	4.	Hot holding facilities	STATUS	5.	Cold holding facilities	STATUS	6.	Handwashing facilities	STATUS	7.	Equipment and utensils	STATUS	8.	Support facilities	STATUS
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**ENFORCEMENT**

Item No.	Provision	Method of Determination
26	<p>Procedure followed for nonemergency enforcement (including proper designation of persons to act on behalf of the board of health for certain allowed actions). [ORC 3717.29, OAC 901:3-4-08(B), ORC 3717.49, 3717-01-26(B)]</p>	<p>A. The health commissioner or other person employed by the board of health has been authorized to take initial procedural actions to begin action to suspend or revoke a license. (Examine board of health minutes for authorization.)  <input type="checkbox"/> AUTHORIZATION                      NAME OF PERSON(S) AUTHORIZED AND/OR POSITION:   <input type="checkbox"/> NO AUTHORIZATION</p> <p>COMMENT:</p> <p>B. Was there a proposed suspension or revocation of a license since the last survey?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p> <p>1. If (B) was marked YES, was the proper procedure followed?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p>

**ENFORCEMENT - continued**

Item No.	Provision	Method of Determination
27	<p>Procedure followed for “clear and present danger”/“immediate danger to the public health” enforcement (including proper designation by the board of health for the health commissioner to act in their behalf). [ORC 3717.29, ORC 3717.49(D)(1)(C)(1)]</p>	<p>Note: The Health Commissioner is the only LHD staff that may suspend a license, or be authorized to suspend.</p> <p>A. Does the health commissioner (or another person) suspend licenses for an “immediate danger”/“clear and present danger” to the public health?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENT:</p> <p>B. Has the health commissioner been authorized by the board of health?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENT:</p> <p>C. Has anyone other than the health commissioner been authorized?  <input type="checkbox"/> YES                      If YES, who:  <input type="checkbox"/> NO</p> <p>COMMENT:</p> <p>D. Does any authorization only limit the actions to “suspension”?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENT:</p> <p>E. If the LHD has utilized “immediate danger”/“clear and present danger”, were the proper procedures followed?  <input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> DON'T KNOW  <input type="checkbox"/> HAVE NOT UTILIZED</p> <p>COMMENT AND SUMMARY OF EVENT(S):</p>

**ENFORCEMENT - continued**

Item No.	Provision	Method of Determination
28	Prosecutor, at request of board of health, commences in common pleas court an action requesting relief regarding the act of noncompliance. [ORC 3717.31(C), ORC 3717.50(C)]	<p>A. Discuss with health commissioner and/or environmental health director. Discuss their experience with this item. Has their prosecutor refused to go forward with actions requested by their board of health?</p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>If YES, document findings:</p> <p>COMMENTS:</p>
29	Fines collected are deposited in appropriate fund for administration and enforcement of law and rules. [ORC 3717.31(D), ORC 3717.50]	<p>A. Discuss with health commissioner, environmental health director, or finance persons. When fines are collected are they deposited in the appropriate funds?</p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> N/A, because there have been no actions</p> <p>COMMENTS:</p>

30	<p>If the health commissioner or other staff person “embargoes” foods in RFEs/FSOs, have they been properly authorized by the board of health to do so? [OAC 901:3-4-15(F), OAC 3701-21-27]</p> <p>If the health commissioner or other staff person “tags” articles in RFEs, have they been properly authorized by the board of health to do so? [OAC 901:3-4-12(D)]</p>	<p>A. Does the health commissioner or other staff persons “embargo” foods?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If the answer to (A) is YES, who does this (name and position):</p> <p>B. Have the persons named in (A) been properly authorized by the board of health?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p> <p>C. Does the health commissioner or other staff persons “tag” articles per OAC 901:3-4-12?(RFE only)  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If the answer to (A) is YES, who does this (name and position):</p> <p>2. Have the persons named in (A) been properly authorized by the board of health?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p>
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**ENFORCEMENT - continued**

Item No.	Provision	Method of Determination
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31	Does the board of health administer/enforce the food safety code?[ORC 3717.11(A), 3717.29, 3717.49]	<p>A. Does LHD have written enforcement procedures?  <input type="checkbox"/>YES  <input type="checkbox"/>NO</p> <p>COMMENTS:</p> <p>1. If the answer to (A) was marked YES, attach policy.</p> <p>B. Has the BOH sought any enforcement action?  <input type="checkbox"/>YES  <input type="checkbox"/>NO</p> <p>1. If the answer to (B) was NO did records indicate that action should have been presented to the licensor?  2. If the answer to (B) was YES did the licensor take any action? (Examine historical inspection reports of facilities used in the sanitarian evaluations to determine if out of compliance; if criticals were documented but no follow up action indicated.)  3. For YES or NO describe the circumstances:</p> <p>COMMENTS:</p> <p>Attach a copy of the policy, if applicable.</p>
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**OTHER**

Item No.	Provision	Method of Determination
32	The licensor had materials available for the surveyor at the time of the survey, Health Department Information).	<p>A. Were materials available at the start of the survey or otherwise provided in a timely manner?  <input type="checkbox"/>YES  <input type="checkbox"/>NO</p> <p>COMMENTS:</p>

OTHER – continued

Item No.	Provision	Method of Determination
33	<p>Does the health district train and evaluate its' food program sanitarian(s)?[ORC 3717.11 (A)]</p> <p>Note: A district's food inspection staff needs to have the knowledge, skills, and ability to effectively perform their role in preventing foodborne illness. Training should include a combination of classroom training and in-field training. LHD should have an internal verification process to ensure that sanitarians are correctly identifying violations within a facility. Finally, ongoing continuing education relating to food safety should be required of a district's food inspection staff to keep them informed of current food safety issues and technologies.</p> <p>OAC 901:3-4-17 OAC 3701-21-24</p>	<p>A. Does the LHD have a written training program that includes the following: New hire training, ongoing training, field training, and evaluation?</p> <p><input type="checkbox"/>YES <input type="checkbox"/>NO</p> <p>COMMENTS:</p> <p>1. If the answer to (A) is YES, attach program.</p> <p>B. Does the LHD train their food program staff?</p> <p><input type="checkbox"/>YES <input type="checkbox"/>NO</p> <p>1. If the answer to (B) is YES, describe training (classroom and field work).</p> <p>COMMENTS:</p> <p>C. Does the LHD require and/or attend food program staff to attend ongoing continuing education relating to food safety within the last year? (include trainings from ODA/ODH)</p> <p><input type="checkbox"/>YES <input type="checkbox"/>NO</p> <p>1. If the answer to (C) is YES, how many credit hours are required?</p> <p>COMMENTS:</p> <p>D. Does the LHD assure that sanitarians are correctly identifying violations in facilities?</p> <p><input type="checkbox"/>YES <input type="checkbox"/>NO</p> <p>Parameters: Does supervisor review inspection reports conducted by sanitarians? Does supervisor compare his/her findings with sanitarians' findings of the same facility? Is there documentation of (D)?</p> <p>COMMENTS:</p>

**PERFORMANCE STANDARDS**

Item No.	Standard	Status
34	The health district utilizes technology to administer the food program.	<p>A. Does each sanitarian have a computer at the LHD?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>B. Do the sanitarians have email addresses at the LHD?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>C. Does the LHD utilize a database to conduct inspections and licensing?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If "YES", identify the system:</p> <p>D. Does the LHD have a web page?  <input type="checkbox"/> YES      Web address:  <input type="checkbox"/> NO</p> <p>E. Do the sanitarians utilize a laptop/tablet to conduct inspections?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p>
35	Information (Letters of Opinion, Educational Fact Sheets, Newsletters, Recalls, etc.) from the departments of agriculture/health are disseminated in a timely manner to the inspection staff.	<p>A. Ask how information is passed through to the sanitarians. Through discussions with sanitarians, does it appear that information is passed along in a timely manner?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p>

Item No.	Standard	Status
36	The health district routinely takes advantage of food training offered by the department of agriculture / health.	A. Ask sanitarians and supervisors about training opportunities: COMMENTS:
37	The health district offers training opportunities to the regulated industry.  Note: Please elaborate if it appears that the LHD is focusing strongly in these areas.	<p>A. Has the LHD offered any training opportunities to their facilities?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If (A) was answered YES, what was the training (Name of training and date.)</p> <p>2. If (A) was answered YES, was the turn out generally:  <input type="checkbox"/> GREAT  <input type="checkbox"/> OK  <input type="checkbox"/> DISAPPOINTING</p> <p>3. If (A) was answered NO, does the LHD have any plans for providing their facilities with training?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>DETAILS:</p> <p>B. Does the LHD provide resource materials to their facilities (such as posters, information sheets, newsletters, etc.)?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>DETAILS:</p>
38	The health district routinely provides the public with food safety information.	<p>A. The LHD provides the public with food safety information.  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>DETAILS:</p>

Item No.	Standard	Status
39	Staff is trained and knowledgeable about the procedures to investigate and report possible foodborne illnesses. LHD has written procedures to responding and investigations of foodborne illness.	<p>A. Does LHD have a written procedure?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. Are channels of communication identified in the procedures?</p> <p>DETAILS:</p> <p>B. Which LHD staff is involved in FBI investigations? Epidemiologist?</p> <p>C. Does the LHD have an individual trained on FBI investigations?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>1. If (B) was marked YES, identify individual:</p> <p>D. Does the LHD log all complaints of foodborne illness, even if it does not meet the definition of a foodborne outbreak?  <input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>DETAILS:</p>

Item No.	Standard	Status
40	An emergency plan to deal with natural disasters, bioterrorism and other emergencies that involve food safety has been developed and staff has been trained. LHD encourage facilities to develop a food defense plan.	<p>A. Does the LHD have an emergency plan (for natural disasters, bioterrorism, etc.) that includes procedures for dealing with foods that are affected by the emergency?</p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO  <input type="checkbox"/> DON'T KNOW</p> <p>1. If the answer to (A) is YES, has the staff been trained regarding the plan?</p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p> <p>B. Do sanitarians discuss food defense with RFE/FSO operators?</p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>COMMENTS:</p>
41	LHD has a procedure to help attain compliance.	<p>A. What methods does the LHD use to facilitate correction of violative conditions?</p> <p><input type="checkbox"/> PRIORITIZATION OF VIOLATIONS  <input type="checkbox"/> RISK CONTROL PLANS  <input type="checkbox"/> SCHEDULED PLAN OF CORRECTION  <input type="checkbox"/> INCREASED INSPECTION  <input type="checkbox"/> FOLLOW-UP INSPECTIONS  <input type="checkbox"/> MAKES EDUCATIONAL MATERIALS AVAILABLE  <input type="checkbox"/> PROVIDES AN EDUCATIONAL OPPORTUNITY</p> <p>COMMENTS:</p>

**Evaluation of Inspecting Personnel (one for each evaluation)**

Date:

Name of Sanitarian:	Name of Surveyor:
Health District:	

Facility Used for Evaluation:

Name	Address

**Communication.** (Interacts in a professional manner with persons-in-charge, managers, and food employees. Questions personnel when necessary during inspections. Explanations of public health principles and code requirements are clear and accurate.)

A. Introduces self (and surveyor) to management, persons-in-charge.  
 YES  
 NO  
 SOMETIMES  
COMMENTS:

B. Interacts in a professional manner with management, persons-in-charge, and food employees.  
 YES  
 NO  
 SOMETIMES  
COMMENTS:

C. Questions personnel in an appropriate manner. (Questions person-in-charge to determine knowledge.)  
 YES  
 NO  
 SOMETIMES  
COMMENTS:

1. Did sanitarian ask open ended questions?  
2. Was sanitarian reluctant to ask questions?

D. Sanitarian provides clear and accurate explanations of public health principles and code requirements.  
 YES  
 NO  
 SOMETIMES  
COMMENTS:

**Equipment.** (Proper inspection equipment is available and properly used.)

A. Please check below the equipment that the sanitarian brings with them for each inspection (If the sanitarian leaves some larger or little needed equipment in their car, mark the equipment as available). \* Denotes required equipment.

- Probe thermometer\*
- pH test strips with ½ increments
- Chlorine sanitizer test strips\*
- Quaternary ammonium test strips\*
- Iodine sanitizer test strips
- Light meter\*
- Flashlight\*
- Hairnet or head covering\*
- Applicable laws and rules\*
- Alcohol wipes\*
- Correct inspection forms\*
- Infrared thermometer
- Thermocouple
- pH meter
- Maximum registering thermometer\* or
- Dishwasher temperature test strips\*
- Black light
- Water activity meter (portable)
- Calibration solutions for pH meter if pH meter available
- Pressure gauge
- Camera
- Handouts
- Other

B. Does the sanitarian use inspection equipment knowledgeably, appropriately, and when needed?

- YES
  - NO
  - SOMETIMES
- DETAILS:

**Demonstration of Good Inspection Practices.** (Demonstrates through personal practice: proper hair control, handwashing, sanitizing of probe thermometer, etc.)

A. The sanitarian demonstrates through personal practice proper hair control, handwashing, sanitizing of probe thermometer, no bare hand contact with ready-to-eat food, etc. (Please detail any poor demonstrations as well as good demonstrations in the comment section.)

- YES  
 NO  
 SOMETIMES  
COMMENTS:

**Inspection.** (Conducts temperature checks appropriately. Has a good knowledge of retail food establishment and food service equipment and its use. Inspection report is satisfactorily written, legible, complete, and signed.)

A. The sanitarian conducts temperature checks appropriately. (All hot and cold food cases are checked.)

- YES  
 NO  
 SOMETIMES  
COMMENTS:

B. The sanitarian appears to have a good knowledge of equipment found in a facility. (i.e.: breakdown of meat room equipment , soft serve machines)

- YES  
 NO  
 SOMETIMES  
COMMENTS:

C. The inspection report is written in a manner that clearly conveys the situation found during inspection:

1. Accurately describes the violation.

- YES  
 NO  
 SOMETIMES  
COMMENTS:

2. Proper code citation.

- YES  
 NO  
 SOMETIMES  
COMMENTS:

3. Public health significance (criticals only).

- YES  
 NO  
 SOMETIMES  
COMMENTS:

4. Corrective actions (criticals only).

- YES
- NO
- SOMETIMES

COMMENTS:

5. Scheduling follow-up inspection (criticals only).

- YES
- NO
- SOMETIMES

COMMENTS:

D. The inspection reports are legible.

- YES
- NO
- SOMETIMES

COMMENTS:

E. The inspection reports are properly completed. (Inspection report completely filled in.)

- YES
- NO
- SOMETIMES

COMMENTS:

F. The sanitarian inspected all aspects of the facility.

- YES
- NO
- SOMETIMES

COMMENTS:

G. Identified deficient areas?

- YES
- NO
- SOMETIMES

COMMENTS:

H. Sanitarian identified 80% of the violations found by the surveyor.

- YES
- NO (If NO, see inspection reports.)
- SOMETIMES

COMMENTS:

SUMMARY: Did sanitarian meet the survey methodology criteria? If no, why?

COMMENTS:

Survey of the Health Department  
Conducted by  
Conducted

**Action Plan**

<b>Item No.</b>	<b>Provision</b>	<b>Plan of Action</b>

**Table A**

(Error $\approx$ 5%)	
Sample Size	Errors Permitted
1 – 9	0
10 – 29	1
30 – 49	2
50 – 69	3
70 – 89	4
90 - 98	5

**Table B**

Total Number	Sample Size
1	1
2	2
3	3
4	4
5	5
6	6
7 – 8	7
9	8
10	9
11	10
12	11
13 – 14	12
15	13
16	14
17 – 18	15
19	16
20 – 21	17
22	18
23 – 24	19
25	20
26 – 27	21
28 – 29	22
30	23
31 – 32	24
33 – 34	25
35 - 36	26
37	27
38 – 39	28
40 – 41	29
42 – 43	30
44 – 45	31
46 – 48	32
49 – 50	33
51 – 52	34
53 - 55	35

Total Number	Sample Size
56 – 57	36
58 – 59	37
60 – 62	38
63 – 65	39
66 – 68	40
69 – 70	41
71 – 73	42
74 – 76	43
77 – 80	44
81 – 83	45
84 – 86	46
87 – 90	47
91 – 94	48
95 – 98	49
99 – 102	50
103 – 106	51
107 – 110	52
111 – 115	53
116 – 119	54
120 – 124	55
125 – 129	56
130 – 135	57
136 – 140	58
141 – 146	59
147 – 153	60
154 – 159	61
160 – 166	62
167 – 173	63
174 – 181	64
182 – 189	65
190 – 198	66
199 – 207	67
208 – 217	68
218 – 227	69
228 - 238	70

Total Number	Sample Size
239 – 250	71
251 – 263	72
264 – 277	73
278 – 292	74
293 – 308	75
309 – 325	76
326 – 344	77
345 – 365	78
366 – 387	79
388 – 412	80
413 – 440	81
441 – 471	82
472 – 506	83
507 – 545	84
546 – 589	85
590 – 640	86
641 – 699	87
700 – 769	88
770 – 852	89
853 – 952	90
953 – 1076	91
1077 – 1233	92
1234 – 1438	93
1439 – 1718	94
1719 – 2122	95
2123 – 2757	96
2758 – 3899	97
3900 -	98

Facility Worksheet

Health Department:	Number of Facilities:
--------------------	-----------------------

Surveyor:	Date:
-----------	-------

Sample No	Facility Name & Address	Class	Date	Min.	Date	Min.	Date	Min.	Date	Min.	Average Minutes
1											#DIV/0!
2											#DIV/0!
3											#DIV/0!
4											#DIV/0!
5											#DIV/0!
6											#DIV/0!
7											#DIV/0!
8											#DIV/0!
9											#DIV/0!
10											#DIV/0!
11											#DIV/0!
12											#DIV/0!
13											#DIV/0!

## Application Worksheet

Name of Health District: \_\_\_\_\_

Surveyor: \_\_\_\_\_

	Establishment	Problem(s)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

\*Items to check: 1) Application is signed by applicant 2) Name of Facility 3) Address of Facility 4) LHD signature 5) Audit number of license issued.

## COST ANALYSIS REVIEW FORM WORKSHEET

**Health Department:  
Conducted on:**

Provision	Findings
Date the cost analysis was received:	
Was the cost analysis date marked on or before the first day of the fiscal year?	
Were the proper forms used?	
Do the costs appear appropriate?	
Were any of the costs incurred and paid for by one component duplicated in other components?	
Did the cost analysis appear complete?	
Did the support costs exceed 30%?	
Did the sanitarian hours exceed 9 hours in the Risk component?	
Does the LHD have anticipated costs?	
Which method did the LHD use for the cost analysis?	
Does the sum total of the hours worked in each of the components (line 1) exceed the total hours worked in all components (line 2)?	
Do the approved fees exceed the maximum calculated fees from Table H?	
Were the certification sheets signed/submitted by the Health Commissioner?	
Number of Sanitarians working in the Food Program?	

**Office Use Only**

Current Sanitarian Cost (line 3 of Table A for each component)	
	Risk:
	Mobile:
	Vending:
	Temporary:
Total Anticipated Cost(Little "a" of Table F for each component)	
	Risk:
	Mobile:
	Vending:
	Temporary: