

FOOD ESTABLISHMENT RISK ASSESSMENT SURVEY

For use of this form, see TB MED 530; the proponent agency is OTSG.

1. ESTABLISHMENT NAME

2. ESTABLISHMENT ADDRESS

3. TELEPHONE NUMBER

4. HOURS OF OPERATION

5. RISK CATEGORY (Points are the score from Block 12.)

- High Risk Food Establishment 41 or above
- Moderate Risk Food Establishment 15 - 40
- Low Risk Food Establishment 14 or less

RISK FACTORS	YES	NO	POINT VALUE (For Yes Response)	AWARDED POINTS
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6. FOOD PROPERTY: Properties of food risks that are common to a specific food or group of foods that are known to contribute to the likelihood of foodborne illness. Various levels of risk are associated with specific foods.

a. Raw or undercooked protein-rich foods (e.g., shellfish, sushi, finfish, Carpaccio, Steak Tartar, or poultry).	<input type="checkbox"/>	<input type="checkbox"/>	8	
b. Game animals				
(1) Wild	<input type="checkbox"/>	<input type="checkbox"/>	8	
(2) Commercially raised	<input type="checkbox"/>	<input type="checkbox"/>	5	
c. Stuffed foods (e.g., pasta, meat, or poultry).	<input type="checkbox"/>	<input type="checkbox"/>	5	
d. Fully cooked protein-rich foods (e.g., roast beef, prime rib, steak, pork, ground meat, finfish, or fresh shellfish).	<input type="checkbox"/>	<input type="checkbox"/>	5	
e. Prepared items (e.g., gravy; sauces; stews and soups; beans; refried beans; rice; cooked pasta; tofu/soy products; French toast; omelettes; cook-to-order eggs; quiche; potato, macaroni, or tuna salad; or PH ethnic foods).	<input type="checkbox"/>	<input type="checkbox"/>	5	
f. Dairy products (e.g., milk, cheese, or butter).	<input type="checkbox"/>	<input type="checkbox"/>	4	
g. Processed items (e.g., canned or frozen finfish/shellfish, deli meats, cream pies and pastries, fresh/frozen pizza, or hotdogs).	<input type="checkbox"/>	<input type="checkbox"/>	3	
h. Cooked and raw fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	3	
i. Pre-prepared items (e.g., heat and serve sandwiches, frozen dinners, or non-dairy beverages).	<input type="checkbox"/>	<input type="checkbox"/>	3	
j. Vending and snack foods (e.g., canned soda, canned soups, candy, chips, and other non-PHF).	<input type="checkbox"/>	<input type="checkbox"/>	0	
k. Operational rations				
(1) Unitized group ration (e.g., heat and serve, A, B, and T).	<input type="checkbox"/>	<input type="checkbox"/>	4	
(2) Individual rations (e.g., MREs, cold weather, survival, and long-range patrol).	<input type="checkbox"/>	<input type="checkbox"/>	3	
TOTAL				

7. POPULATION SERVED: Specific populations are more likely to develop foodborne illness based on age and environment. Likelihood of foodborne illness also increases with number of meals served.

a. Meals served per day				
(1) >600	<input type="checkbox"/>	<input type="checkbox"/>	10	
(2) 300 - 600	<input type="checkbox"/>	<input type="checkbox"/>	6	
(3) 150 - 299	<input type="checkbox"/>	<input type="checkbox"/>	4	
(4) <150	<input type="checkbox"/>	<input type="checkbox"/>	2	
b. Typical patronage				
(1) Highly susceptible population: infants or children (less than 5 years of age), elderly, or infirmed who are fed at or from day care, elementary schools, retirement homes, convalescent centers, and hospitals. (This category considers population and location where food is prepared or served.)	<input type="checkbox"/>	<input type="checkbox"/>	10	
(2) Military personnel during deployments or extended (>2 weeks) field training exercises.	<input type="checkbox"/>	<input type="checkbox"/>	10	
(3) All others (general population).	<input type="checkbox"/>	<input type="checkbox"/>	0	
TOTAL				

RISK FACTORS	YES	NO	POINT VALUE (For Yes Response)	AWARDED POINTS
8. FOOD ESTABLISHMENT HISTORY: Inspection and personnel histories provide insight as to where resources and training should be directed.				
a. Two or more unsatisfactory inspections in the previous 12-month period.	<input type="checkbox"/>	<input type="checkbox"/>	8	
b. Two or more validated customer sanitation complaints within last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	5	
c. Turnover of persons-in-charge and supervisory personnel within the last 6 months.	<input type="checkbox"/>	<input type="checkbox"/>	5	
			TOTAL	
9. FOOD ESTABLISHMENT OPERATION: Operational risk associated with specific food or group of foods known to contribute to the likelihood of foodborne illness. Various levels of risk are associated with specific foods.				
a. Temperature-controlled processes (e.g., cooking and holding PHFs, either hot or cold).	<input type="checkbox"/>	<input type="checkbox"/>	6	
b. Re-heating leftovers and pre-prepared PHFs.	<input type="checkbox"/>	<input type="checkbox"/>	6	
c. Cooling of PHFs.	<input type="checkbox"/>	<input type="checkbox"/>	6	
d. Manual preparation of ready-to-eat foods (e.g., sandwiches, salads, or slicing meats).	<input type="checkbox"/>	<input type="checkbox"/>	5	
e. Remote, satellite, or field feeding (to include transport of PHFs).	<input type="checkbox"/>	<input type="checkbox"/>	4	
			TOTAL	
10. FOOD ESTABLISHMENT FACILITIES AND EQUIPMENT				
a. Inadequate handwashing facilities. (Use of field expedient handwashing facilities is acceptable.)	<input type="checkbox"/>	<input type="checkbox"/>	5	
b. Inadequate refrigeration/cooling equipment.	<input type="checkbox"/>	<input type="checkbox"/>	5	
c. Inadequate heating/hot holding/cooking equipment.	<input type="checkbox"/>	<input type="checkbox"/>	5	
d. Inadequate dishwashing and pot and pan washing facilities and equipment.	<input type="checkbox"/>	<input type="checkbox"/>	5	
			TOTAL	
			GROSS COMPOSITE SCORE (Sum of Totals in 6 - 10)	
11. TRAINING CREDIT				
a. Food Service Manager(s) certified (available and current).	<input type="checkbox"/>	<input type="checkbox"/>	-5	
b. Food Employee Training Program in place which covers food safety and sanitation. Employee records must be available and current.	<input type="checkbox"/>	<input type="checkbox"/>	-5	
			TOTAL CREDIT SCORE	
			12. ADJUSTED SCORE (Gross Composite Score minus (-) Total Credit Score)	
13. REMARKS				
14a. NAME, JOB TITLE, AND SIGNATURE OF ASSESSOR			14b. DATE (YYYYMMDD)	
15a. NAME AND SIGNATURE OF ENVIRONMENTAL HEALTH SUPERVISOR			15b. DATE (YYYYMMDD)	