

**Department Of Health and Human Services Food and Consumer Safety Section**  
**Retail Food Inspection Program Based on HACCP Principles**  
**Voluntary National Retail Food Regulatory Program Standards**  
**Standard 3 Guidance Document Packet**



**Purpose:** This guidance document packet contains basic templates and examples that counties can use to create the policies and procedures described in Standard 3 of the FDA Voluntary National Retail Food Regulatory Program Standards (the Standards). Once these policies and procedures have been adopted and implemented, the enrolled jurisdiction may meet Standard 3 of the Standards. Alternatively, a county may simply want to strengthen its retail food inspection program and not be involved in the Standards. This packet may also assist with that activity.

The templates and examples are in a base form and must be customized by the county. Simply putting the county name into the template or example is not enough to meet Standard 3. The county must be committed to enforcing the policies and procedures.

There are 6 required documents for Standard 3:

1. Inspection form that requires the selection of IN, OUT, NO, or NA,
2. Written process used for grouping establishments based on food safety risk and the inspection frequency assigned to each category, Voluntary National Retail Food Regulatory Program Standards – January 2019 3-3
3. Policy for on-site correction and follow-up activities,
4. Policy for addressing code variance requests related to risk factors and interventions,
5. Policy for verification and validation of HACCP plans required by code, and
6. Policy requiring the discussion of food safety control systems with management when out of control risk factors are recorded on subsequent inspections.

The current inspection forms used in Montana meet number 1 (See Appendix 1). The risk level requirement on said inspection forms and grouping instructions provided by the state partially meets number 2 (See Appendix 2). The remainder of this guidance document packet covers numbers 3 thru 6.

Additional explanation and guidance lead each policy template.

Table of Contents:

Title Page.....	1
Purpose.....	2
Table of Contents.....	3
A) Example Policy for Inspection Frequency Based on Risk Level.....	4
B) Example Policy for on-site correction and follow-up activities.....	5
C) Example Policy for addressing code variance requests related to risk factors and interventions...8	
D) Example Policy for verification and validation of HACCP plans required by code.....	9

Appendices:

Appendix 1 – State of Montana Inspection Form.....	11
Appendix 2 – Risk Categorization of Food Establishments.....	13
Appendix 3 – Example County Risk Factor Violation Correction Form.....	14
Appendix 4 – Example Risk Control Plan Template.....	15
Appendix 5 – Example Enforcement Flow Chart.....	17
Appendix 6 – Example County Food Code Variance Request Form.....	18
Appendix 7 – HACCP plan verification worksheet and summary forms.....	20

## **A - Example Policy for Inspection Frequency Based on Risk Level**

Facilities that serve more complex menu items, have specialized processing for some menu items, or serve highly susceptible populations (the young, old, or immunocompromised) have a greater potential for a food borne illness outbreak. These facilities are considered higher in risk, and thus have a higher facility risk designation (See Appendix 2). These facilities should be inspected more frequently to help prevent food borne illness outbreaks as they present a greater risk. The example policy below outlines the inspection frequency based on the risk level.

\_\_\_\_\_ County Environmental Health Policy X – Effective Date 12/01/2021

Retail Food Inspection Form, process for grouping establishments, and inspection frequency

Background – To meet the FDA Voluntary Standards, a certain inspection form must be used to document the observations during an inspection. Montana uses an approved form with IN, OUT, NA, and NO designations for the Risk Control Factors. \_\_\_\_\_ County will use an approved Montana state form (provided by the Department of Public Health and Human Services, DPHHS or an approved electronic form) and the most current approved version (See attached inspection form). Retail food facilities will be assigned a number based on risk. This risk level is determined by multiple factors including, but not limited to complexity of menu, management and employee food safety training, population served, and compliance history. \_\_\_\_\_ County will use the FDA Risk Level Table (See APPENDIX B-3: Risk Categorization of Food Establishments 2017 FDA Food Code – Annex 5, Conducting Risk-based Inspections) that is used in Montana to assign a risk level to a retail food facility.

1. The \_\_\_\_\_ County Sanitarian(s) will use the FDA Risk Level Table and reassess risk at each routine inspection and mark the correct risk level on the state approved form.
2. Low risk (1 and 2) retail food establishments will be inspected at least once per calendar year. The sanitarian may choose to inspect these establishments twice if all other required inspections have been completed. (Examples include bars/taverns with limited food service and quick stop convenience stores with prepackaged or commercially prepared foods)
3. High risk (3 and 4) retail food establishments will be inspected at least twice in a calendar year. The sanitarian will prioritize these facilities when planning inspections. If possible, these facilities will receive a third inspection during the year. (Examples include senior centers, hospitals, nursing homes, full-service restaurants, elementary schools, and grocery stores with delis)
4. The Retail Food Program Lead (or title as appropriate) for \_\_\_\_\_ County will review inspections mid-way through the year to ensure these target number of inspections are being met.
5. The Retail Food Program Lead (or title as appropriate) for \_\_\_\_\_ County will review inspection numbers for facilities in December of each calendar year. If the target number of inspections for facilities have not been met for 10% or more facilities, a root cause analysis will be performed to identify the cause for the incompleteness of inspections. A plan for mitigation of the cause will be developed by the Retail Food Program Lead (or title as appropriate) for the coming calendar year.

## **B - Example Policy for on-site correction and follow-up activities**

During the inspection of a facility, some inspection items may not be compliance. Compliance and enforcement are essential elements of a regulatory program and encompass all voluntary and regulatory enforcement actions taken to achieve compliance with regulations. Lack of follow-up on the part of the regulatory agency signals to the operator that the priority item and priority foundation item violations noted were not important. Food establishment with a history of noncompliance at a level predetermined by the jurisdiction or with the number of foodborne illness risk factors and interventions violated warranting a regulatory action, signals a strong regulatory response and/or an alternate approach to compliance to protect public health. The Sanitarian should strive to correct as many items as possible during the inspection, but if an operator cannot correct an item, a follow-up inspection may be necessary. Below is an example policy for these activities. Also see appendices 3 and 4 for example forms and templates used in corrective action. Appendix 5 is an example flow chart for enforcement provided by Riverstone Health.

\_\_\_\_\_ County Environmental Health Policy X

### **Retail Food Inspection Onsite Corrective Actions and Follow-up activities**

Background – During routine retail food inspections, some of the inspection items may be out of compliance. Some include the risk factor violations, which must be corrected to protect public health. Timelines for correcting violations are suggested in the FDA Food Code 2013 Annexes. \_\_\_\_\_ County Sanitarian(s) will use the FDA Food Code 2013 suggested timelines for correction when working with retail food facilities to gain compliance. It must also be noted that the FDA Food Code 2013 distinguishes between Priority, Priority foundation, and Core items. Priority and Priority foundation items are those items when not in compliance have significant potential to cause food borne illness. Core items are those items and processes that support Priority and Priority foundation items and do not have a significant potential to cause food borne illness.

#### **1. Inspections**

- a. The \_\_\_\_\_ County Sanitarian(s) will document all violations and observations on the applicable approved state inspection form (See attached inspection form). Inspection forms will be filled out accurately and thoroughly noting all risk factors compliance status as IN, OUT, N/A (Not Applicable), or N/O (Not Observed) as noted.
- b. Violations the establishment can correct during the inspection must also be noted on the inspection form as Corrected on site (COS) and a description of the correction must be made below the violation description on the inspection form. Onsite corrective actions include: destruction of foods that have experienced extreme temperature abuse or are from unapproved sources, accelerated cooling of foods when cooling time limits can still be met, reheating when small deviations (20 degrees F or less, if food was in temperature control within the last 4 hours) from hot holding have occurred, continued cooking when proper cooking temperatures have not been met, initiating use of gloves, tongs, or utensils to prevent bare hand contact with ready-to-eat foods, and requiring hand washing when potential contamination is observed.
- c. An exit interview will take place with the person in charge (PIC), where violations and the public health significance are explained. The sanitarian will educate the PIC on the importance of compliance and give the operator educational materials and training as

needed. The inspection form is to be signed by the person in charge of the establishment and a copy is to be left with the person in charge at the end of the inspection unless an alternative process has been approved (i.e., email).

- d. Follow up inspections should be conducted on or after the date specified on the inspection form in accordance with a time frame appropriate to the violation, but no later than 3 or 10 business days for facilities with 3 or more risk factor (3 days for Priority or 10 days for Priority foundation) violations that cannot be corrected at the time of the inspection.
- e. Facilities with risk factor violations that have a temporary solution, a Risk Factor Violation Correction Form (RFVCF, see attached form) may be used. The sanitarian will note the violation and a correct by date. The PIC will fill in the method of correction and date portion of the form and deliver it to the sanitarian by the specified date (can be email, text message, USPS, or hand deliver). Failure to return the RFVCF will result in a follow up inspection.

## **2. Onsite Corrections**

Actions of immediate correction to address imminent, must be done prior to the sanitarian leaving the facility. These actions include but are not limited to:

- a. Destruction of foods that have experienced extreme temperature abuse
- b. Destruction of foods from unapproved sources
- c. Accelerated cooling of foods when time limits can still be met
- d. Reheating when small deviations from hot holding have occurred
- e. Continued cooking when proper cooking temperatures have not been met
- f. Initiated use of gloves, tongs, or utensils to prevent hand contact with ready-to-eat foods
- g. Required hand washing when potential hand contamination is observed

## **3. Follow Up Inspections**

- a. Follow Up Inspections will be conducted within 3 or 10 business days to ensure compliance has been achieved for violations that are designated Priority or Priority foundation, respectively. (See the Montana marking instructions and Quick reference for violation marking, attached). Alternatively, shorter correction timeline may be agreed upon or the violations may be corrected prior to a follow up inspection and photo documentation has been provided to the sanitarian.
- b. If at the follow up inspection, all violations have been corrected, the sanitarian will notate how the violations were corrected and that they were corrected on the follow up date. No further action will be required at that time.
- c. If at the follow up inspection, some violations have been corrected and others have not, the sanitarian will notate how some violations were corrected and that they were corrected on the follow up date and that the other violations have not been corrected. The sanitarian will then give a new date for an additional follow up, no later than 14 calendar days.
- d. If at the second follow up inspection, the violations have been corrected, the sanitarian will notate how the violations were corrected and that they were corrected on the

follow up date. No further action will be required at that time. (The facility owner may also be responsible for a follow-up inspection fee at this time).

- e. If at the second follow up inspections, the violations have not been corrected, the sanitarian will work with the operator/owner of the facility to gain long term compliance. This will necessitate a meeting with the operator/owner either at the end of the inspection or at an established date and time to fill out a risk control plan (Annex 4-D). The risk control plan will identify which risk factors (for Priority and Priority foundation) items are out of control, the pathogens of concern, action(s) that will be taken, who is responsible for the action(s), and how the correction is to be communicated to the sanitarian. (The facility owner may also be responsible for a follow-up inspection fee at this time). Failure to follow the risk control plan and willful continued non-compliance, may result in the initiation of license revocation procedure and/or cost of the follow up inspections as lawful under MCA 50-50-110. Facilities may not operate without a valid license.
- f. Follow-up inspections may be performed until the facility can demonstrate compliance with the Retail Food Rules of Montana. The facility owner may also be responsible for multiple follow-up inspection fees.
- g. If a risk factor is out of compliance for subsequent inspections (after it was found to be in compliance at a follow-up inspection), the sanitarian must work with the facility manager/PIC/CFPM to find a time for a discussion of food safety control systems to achieve long-term compliance of the risk factors. See the section below for more information.

#### **4. Long-term compliance methods**

- a. Long-term compliance requires a certain level of commitment from the managers/operators/owners of the retail food establishment to develop effective monitoring and system changes to address the risk factors most often linked to foodborne illness outbreaks. These measures to ensure long-term compliance may include risk control plans, standard operating procedures, buyer specifications, menu modifications, HACCP plans, onsite training, and equipment or facility modification.
- b. The sanitarian and owner/operator will choose which method(s) the facility will use to gain and retain compliance. The sanitarian recognizes that some methods may not work for certain facilities.

### **C - Example Policy for addressing code variance requests related to risk factors and interventions**

A variance request is required by certain parts of the food code. A county may choose to allow the Sanitarian to approve variance requests or may have the issue brought before the Board of Health or the Health Officer may have final approval. The best way for your county to handle a variance request may not be the best way for a neighboring county. The following example policy is only an example. Also see Appendix 6 for an example form.

\_\_\_\_\_ County Environmental Health Policy X

#### **Retail Food Variance Requests**

Background – Some facilities may not be able to comply completely with the updated versions of the food code adopted by Montana or are engaging in specialized processing that requires a variance. These situations will be reviewed by the sanitarian, and if the code can be met, the operator will make minor adjustments necessary to meet the provisions of the updated code. When the adjustments or modifications are considered prohibitive, by the lead food program sanitarian (or title as appropriate) and \_\_\_\_\_ County Board of Health, a Variance Request is necessary. The sanitarian may also consult with the DPHHS FCSS Retail Food Program Lead on the Variance Request.

#### **1. Variance request procedures**

- a. The variance request must include the sections of the code the operator cannot meet or specialized process and interventions the operator plans to use.
- b. A variance request form (Annex 5 A) must be submitted prior to or as soon as the process is made known to the inspector (Either verbal conversation with the operator or the discovery during an inspection. If the process is discovered during the inspection and a HACCP plan is required, the facility must cease the process until the variance request is approved.).
- c. The variance request will be reviewed by the sanitarian(s) and the \_\_\_\_\_ County Board of Health.
  1. If the variance request is denied, the Sanitarian will draft a written letter outlining why the variance request is denied and a correction date will be given. The Operator may resubmit the variance request as many times as needed to gain approval. The Sanitarian may work, upon request, with the Operator on the variance request.
- d. Once the variance request is approved, the operator must follow their written plan to control the risk factor. A written copy of the request/plan/approval will be provided to the owner/facility and the original request will be placed in the facility file stored at \_\_\_\_\_ (Location).
- e. If at a later date, the sanitarian observes that the operator or employees are not following the plan, the variance request will be immediately revoked.
- f. Upon revocation, the facility operator must become fully compliant with the food code. Depending on the requirements, a timeline for compliance may be necessary. This timeline may not exceed 6 months.
- g. Repeated, willful non-compliance with the revocation of the variance will result in the initiation of the process to revoke the Retail Food License. Facilities may not operate without a valid license.



#### **D - Example Policy for verification and validation of HACCP plans required by code**

See below for the example policy and Appendix 7 for HACCP plan verification and summary worksheets. Again, this is only an example. Counties should adopt a process that works for them.

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### **County HACCP Validation and Verification Policy**

Validation and Verification are necessary components of the Hazard Analysis Critical Control Point Plans required by some retail food operations for either processes or variance requests. The two terms cannot be used interchangeably and represent different concepts. For the purposes of meeting the Voluntary Retail Food Standards, specifically Standard 3, the following definitions apply.

Validation – The process that reviews the HACCP plan to ensure that the hazards will be controlled.

Verification – Are you following the HACCP plan as it is written?

#### **Validation Process**

The validation process (sometimes called a process review) must be completed by a 3<sup>rd</sup> party that is knowledgeable in the area of hazard control for that specific process or variance request. Usually this is a recognized Process Authority, for those processes like acidification and reduced oxygen packaging for example. For a variance request, this may be the health department personnel, for something like bare hand contact with ready to eat food or an alternative hand sink/hand washing station. The health officer and board of health may make the determination when a Process Authority may be required for a variance request at the recommendation of the sanitarian.

#### **Verification Process**

There are at least three levels of verification of a HACCP plan. The first is the employee who is monitoring the process and usually writing down temperatures. The second is the PIC or manager who is responsible for reviewing the monitoring records (as well as training the employee) and ensuring compliance with the plan and Critical Control Points. The final level is the sanitarian, who will be using the HACCP Plan Verification Worksheet and HACCP Plan Verification Summary (see the attached form).

Prior to a retail food facility engaging in a process or activity that requires a variance with a HACCP plan, the owner or operator must meet with the \_\_\_\_\_ County Retail Food Program Lead Sanitarian (Title as appropriate). The Sanitarian will determine if a 3<sup>rd</sup> party validation is required for the process.

Once the validation has been completed, the Sanitarian will draft a letter of approval for the intended process/activity. A copy of the letter will be sent to the facility, the state FCSS Retail Food Program Lead and placed in the facility file.

The Sanitarian assigned to inspect the facility will use the HACCP Plan Verification Worksheet and Summary to verify the process during the routine inspections. If the hazards are not being controlled at the time of the inspection, the facility must correct the process/activity or cease to engage in the process/activity until the hazards can be controlled.

The Sanitarian must perform at least one follow-up inspection to ensure that hazards are being controlled. If the process/activity is still not controlling the hazards at the follow-up inspections, the

Sanitarian may revoke the approval for the process/activity. A revocation letter will be sent to the facility, the state FCSS Retail Food Program Lead and placed in the facility file.

If the approval is revoked, the facility must resubmit an updated HACCP plan with new validation paperwork and receive approval from the Sanitarian and/or Board of Health prior to reengaging in the process/activity.

A facility may apply multiple times, but \_\_\_\_\_ County Health Department (or Environmental Health as appropriate) reserves the right to refuse approval if hazards cannot be controlled by the owner or operator of the facility.

# Appendix 1 – Inspection Form



## Retail Food Establishment Inspection Report part I

Page \_\_\_\_ of \_\_\_\_

As Governed by Title 50, Chapter 50 Montana Code Annotated (MCA) and the Administrative Rules of Montana (ARM): Title 37, Chapter 110, Subchapter 2

<b>Establishment</b>		<b>No. of Risk Factor/Intervention Violations</b>		<b>Date</b>	
<b>Address</b>		<b>No. of Repeat Risk Factor/Intervention Violations</b>		<b>Time In</b>	
<b>City</b>	<b>County:</b>	<b>Water:</b> City Private Public PWS#	<b>Time Out</b>		
<b>Licensee:</b>	<b>Email:</b>	<b>Wastewater:</b> City Private Public MPDDS#	<b>Risk Category</b>		
<b>License #</b> F / FL	<b>License Subtype(s):</b>	<b>Current water test</b> Y/N	1 2 3 4		
<b>Purpose of Inspection:</b> Regular Follow-up Pre-opening Complaint Illness HACCP Investigation Other					

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS									
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R									
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation									
<b>Compliance Status</b>									
<b>SUPERVISION</b>									
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties							
2	IN OUT NA	Certified Food Protection Manager							
<b>Employee Health</b>									
3	IN OUT	Management, food employee and conditional employee, knowledge, responsibilities and reporting							
4	IN OUT	Proper use of restriction and exclusion							
5	IN OUT	Procedures for responding to vomiting and diarrheal events							
<b>Good Hygienic Practices</b>									
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use							
7	IN OUT N/O	No discharge from eyes, nose, and mouth							
<b>Preventing Contamination by Hands</b>									
8	IN OUT N/O	Hands clean & properly washed							
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed							
10	IN OUT	Adequate handwashing sinks properly set up & accessible							
<b>Approved Source</b>									
11	IN OUT	Food obtained from approved source							
12	IN OUT N/A N/O	Food received at proper temperature							
13	IN OUT	Food in good condition, safe, & unadulterated							
14	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction							
<b>Protection from Contamination Arm</b>									
15	IN OUT N/A N/O	Food separated & protected							
16	IN OUT N/A	Food-contact surfaces: cleaned & sanitized							
17	IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food							

GOOD RETAIL PRACTICES									
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation									
<b>Safe Food and Water</b>									
30		Pasteurized eggs used where required							
31		Water & ice from approved source							
32		Variance obtained for specialized processing methods							
<b>Food Temperature Control</b>									
33		Proper cooling methods used; adequate equipment for temperature control							
34		Plant food properly cooked for hot holding							
35		Approved thawing methods used							
36		Thermometers provided & accurate							
<b>Food Identification</b>									
37		Food properly labeled; original container							
<b>Prevention of Food Contamination</b>									
38		Insects, rodents, & animals not present							
39		Contamination prevented during food preparation, storage & display							
40		Personal cleanliness							
41		Wiping cloths: properly used & stored							
42		Washing fruits & vegetables							

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS (Continued)									
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R									
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation									
<b>Compliance Status</b>									
<b>Time/Temperature Control for Safety</b>									
18	IN OUT N/A N/O	Proper cooking time & temperatures							
19	IN OUT N/A N/O	Proper reheating procedures for hot holding							
20	IN OUT N/A N/O	Proper cooling time & temperatures							
21	IN OUT N/A N/O	Proper hot holding temperatures							
22	IN OUT N/A N/O	Proper cold holding temperatures							
23	IN OUT N/A N/O	Proper date marking & disposition							
24	IN OUT N/A N/O	Time as a public health control: procedures & records							
<b>Consumer Advisory</b>									
25	IN OUT N/A	Consumer advisory provided for raw or undercooked foods							
<b>Highly Susceptible Populations</b>									
26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered							
<b>Food/Color Additives and Toxic Substances</b>									
27	IN OUT N/A	Food additives: approved & properly used							
28	IN OUT N/A	Toxic substances properly identified, stored, & used							
<b>Conformance with Approved Procedures</b>									
29	IN OUT N/A	Compliance with variance/specialized process/HACCP							

<b>Risk factors</b> are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.									
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<b>Person in Charge (Signature)</b>		<b>Date:</b>	
<b>Inspector (Signature)</b>		<b>Follow-up: YES NO (Circle one) Follow-up Date:</b>	

FCS DECEMBER 2016

## Retail Food Establishment Inspection Form part II Page \_\_\_\_ of \_\_\_\_

[illegible]

## Appendix 2 – Risk Categorization of Establishments

### APPENDIX B-3: Risk Categorization of Food Establishments 2013 FDA Food Code – Annex 5, Conducting Risk-based Inspections

Table 1

Risk Category	Description	Frequency #/Year
1	Examples include most convenience store operations, hot dog carts, and coffee shops. Establishments that serve or sell only pre-packaged, non time/temperature control for safety (TCS) foods. Establishments that prepare only non-TCS foods. Establishments that heat only commercially processed TCS foods for hot holding. No cooling of TCS foods. Establishments that would otherwise be grouped in Category 2 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors.	1
2	Examples may include retail food store operations, schools not serving a highly susceptible population, and quick service operations. Most products are prepared/cooked and served immediately. May involve hot and cold holding of TCS foods after preparation or cooking. Complex preparation of TCS foods requiring cooking, cooling, and reheating for hot holding is limited to only a few TCS foods. Establishments that would otherwise be grouped in Category 3 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors. Newly permitted establishments that would otherwise be grouped in Category 1 until history of active managerial control of foodborne illness risk factors is achieved and documented.	2
3	An example is a full service restaurant. Extensive menu and handling of raw ingredients. Complex preparation including cooking, cooling, and reheating for hot holding involves many TCS foods. Variety of processes require hot and cold holding of TCS food. Establishments that would otherwise be grouped in Category 4 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors. Newly permitted establishments that would otherwise be grouped in Category 2 until history of active managerial control of foodborne illness risk factors is achieved and documented.	3
4	Examples include preschools, hospitals, nursing homes, and establishments conducting processing at retail. Includes establishments serving a highly susceptible population or that conduct specialized processes (i.e. smoking and curing, reduced oxygen packaging for extended shelf-life).	4

### Appendix 3 - Example County Risk Factor Violation Correction Form

Return to: \_\_\_\_\_ County Sanitarian; 125 Main St, North Pole MT, Zip

#### \_\_\_\_\_ **County Risk Factor Violation Correction Form**

Owners/Operators: Fill in the information below and return by the date listed. Failure to return this form will prompt a follow up inspection visit and possible follow up fees.

Out of Control Risk Factors      **RETURN DATE:** \_\_\_\_\_

Form Number:

Title:

Description:

**Corrective Action:**

Form Number:

Title:

Description:

**Corrective Action:**

Form Number:

Title:

Description:

**Corrective Action:**

#### Appendix 4 - Example Risk Control Plan Template

RISK CONTROL PLAN – \_\_\_\_\_ County Montana

Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Current Person In Charge/CFPM: \_\_\_\_\_

- Risk Factors that are out of control (Inspection #, Description, and P or Pf)
- Pathogens of concern and potential public health effects
- Corrective Actions to be taken by the facility management
- Person(s) responsible for the corrective actions
- How the corrections will be communicated to the sanitarian

These actions are agreed to by both the sanitarian and \_\_\_\_\_ as the Person  
In Charge/CFPM of \_\_\_\_\_ (Facility Name) on this day

\_\_\_\_\_.

Signed:

\_\_\_\_\_

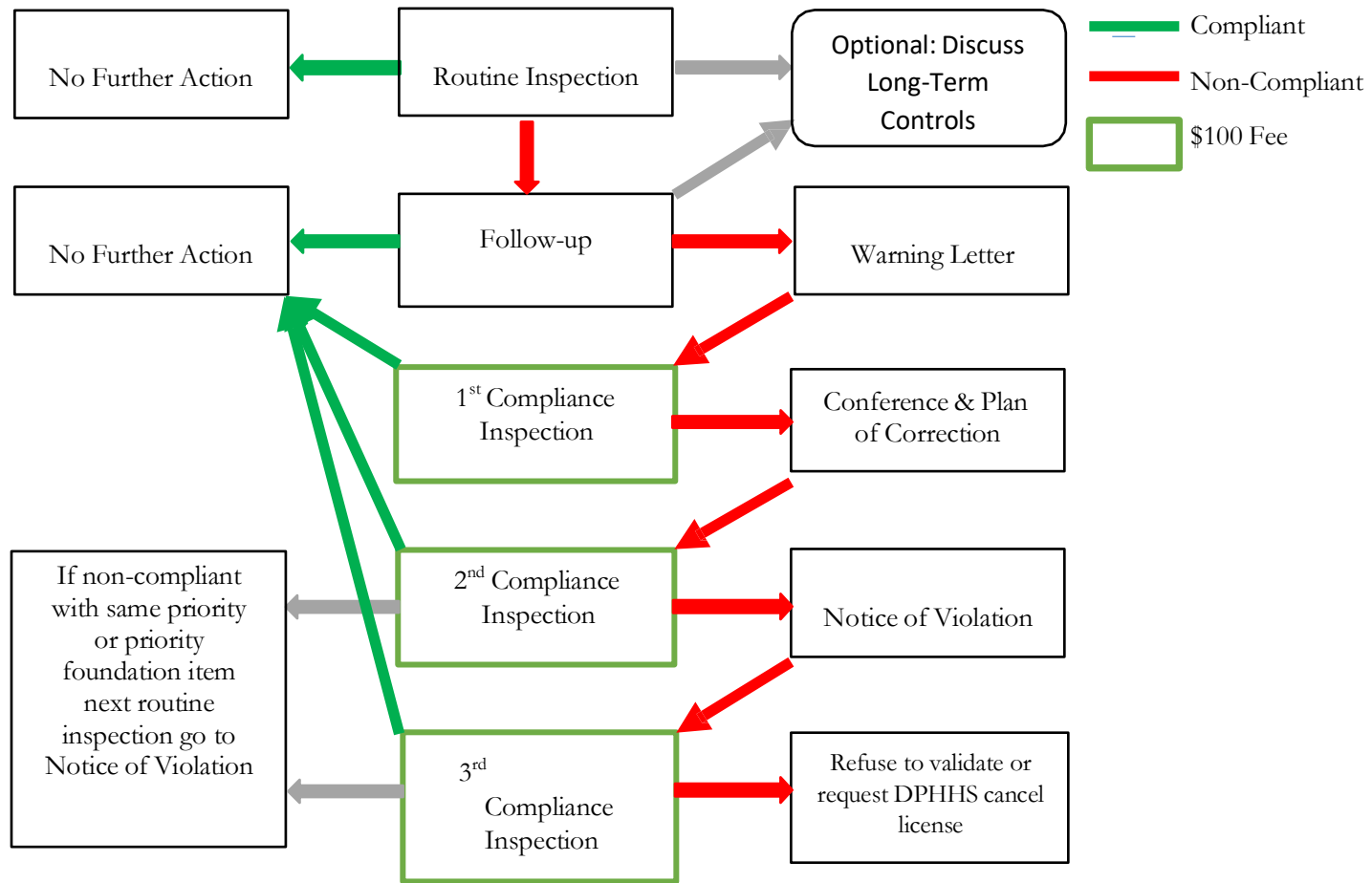
Person In Charge (Print & Sign)

\_\_\_\_\_

County Sanitarian (Print & Sign)



## Appendix 5 – Example Enforcement Flow Chart



Created by Riverstone Health

**Appendix 6 - Example County Food Code Variance Request Form**

**\_\_\_\_\_ County Food Code Variance Request Form**

Facility Name: \_\_\_\_\_

Facility License Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner/CFPM Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Section of Code the Facility is Requesting Variance from:

Reason Facility is Requesting Variance from the Code:

Facility Plan to Control Risk of the Code Section:

Person Responsible for Control of Risk:

\*Note that if the Risk is found to not be controlled during future inspections, this variance may immediately be revoked, and the facility may have to wait a certain time prior to reapplying for the variance.

Approved? Yes   No

Reasoning if No (Denied):

Date presented to the Board of Health:\_\_\_\_\_

Board of Health Approval Date:\_\_\_\_\_

Sanitarian Printed Name:\_\_\_\_\_

Sanitarian Signature:\_\_\_\_\_

Date:\_\_\_\_\_

**Appendix 7 - HACCP plan verification worksheet and summary forms**

## HACCP PLAN VERIFICATION WORKSHEET

Establishment Name:			Type of Facility:		
Physical Address:			Person in Charge:		
City:	State:	Zip:	County:		
Inspection Time In:	Inspection Time Out:	Date:	Sanitarian's Name:		
Cold Holding Requirement For Jurisdiction: [5°C (41°F) ____] or [7°C (45°F) ____] or [5°C (41°F) and 7°C (45°F) combination: ____]					

1. Have there been any changes to the food establishment menu?

Yes \_\_\_\_ No \_\_\_\_

DESCRIBE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Was there a need to change the food establishment HACCP plan because of these menu changes?

Yes \_\_\_\_ No \_\_\_\_

3. List Critical Control Points (CCPs) and Critical Limits (CLs) identified by the establishment HACCP plan?

CCPs

CLs


4. What monitoring records for CCPs are required by the plan?

Type of Record

Monitoring Frequency

Record Location


5. Are monitoring actions performed according to the plan?

Yes \_\_\_\_\_ No \_\_\_\_\_ Describe under 29 of the Montana Inspection Report.

6. Is immediate corrective action taken and recorded when CLs established by the plan are not met?

Yes \_\_\_\_\_ No \_\_\_\_\_

DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are the corrective actions the same as described in the plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Who is responsible for verification that the required records are being properly maintained?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Did employees and managers demonstrate knowledge of the HACCP plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What training has been provided to support the HACCP plan?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Describe examples of any documentation that the above training was accomplished?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Are calibrations of equipment/thermometers performed as required by the plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Interviewed: \_\_\_\_\_

# HACCP PLAN VERIFICATION SUMMARY

Chart 2: HACCP Plan Verification Summary			
HACCP Plan Verification Summary (circle YES or NO)			
	Record #1	Record #2	Record #3
	Current Date if Possible	2 <sup>nd</sup> Selected Date:	3 <sup>rd</sup> Selected Date:
Required Monitoring Recorded <sup>1</sup>	YES/ NO	YES / NO	YES / NO
Accurate and Consistent <sup>2</sup>	YES / NO	YES / NO	YES / NO
Corrective Action Documented <sup>3</sup>	YES / NO	YES / NO	YES/ NO
Additional Notes:			

The use of a HACCP plan by a food establishment can be verified through a review of food establishment records and investigating the following information:

1. Does the food establishment's HACCP documentation indicate that the required monitoring procedures were followed (frequency, initials, dated, etc.) on the 3 selected dates? A "YES" answer would indicate that all required monitoring was documented. If any required monitoring was not documented, a "NO" answer would be circled in this section.
2. Does the food establishment's HACCP documentation for the selected dates appear accurate and consistent with other observations? A "YES" answer would indicate that the record appears accurate and consistent. A "NO" answer would indicate that there is inaccurate or inconsistent HACCP documentation.
3. Was corrective action documented in accordance with the HACCP plan when CLs were not met on each of the 3 selected dates? A "YES" answer would indicate that corrective action was documented for each CL not met for each of the 3 selected dates. A "Yes" can also mean that no corrective action was needed. A "NO" answer would indicate any missing or inaccurate documentation of corrective action.