

FOOD FACILITY RISK ASSESSMENT SURVEY
(Instructions for completing this form are provided in the Tri-Service Food Code)

| | | | | | | | | | | |
|---|----------------|--|---|-------------------------------------|--|---|--------------------------|---|--------------------------|----|
| 1. ESTABLISHMENT NAME | | <input type="checkbox"/> FOOD SERVICE | 2. ESTABLISHMENT ADDRESS <i>(Street, city/state/zip, installation)</i> | | | | | | | |
| | | <input type="checkbox"/> RETAIL STORE | | | | | | | | |
| 3. PERSON IN CHARGE | | | 4. OFFICIAL E-MAIL | | | | | | | |
| 5. TELEPHONE NUMBER | | | 6. HOURS OF OPERATION | | | | | | | |
| 7. RISK CATEGORY | | POINTS <i>(Total score from block 13)</i> | | MINIMUM INSPECTION FREQUENCY | | | | | | |
| | Extremely High | 61 or above | | Monthly | | | | | | |
| | High | 46 to 60 | | Quarterly | | | | | | |
| | Moderate | 35 to 45 | | Semiannually | | | | | | |
| | Low | 34 or less | | Annually | | | | | | |
| RISK FACTORS | | | | | | YES | NO | POINT VALUE <i>(For yes response)</i> | AWARDED POINTS | |
| 8. FOOD PROPERTIES <i>(Identify the types of foods prepared and served, or packaged foods that are sold. Various levels of risk are associated with specific foods. Foods are grouped by common food risk properties that are known to contribute to the likelihood of foodborne illness.)</i> | | | | | | | | | | |
| a. Food from non-approved source? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 10 | | |
| b. Raw or undercooked protein-rich food (e.g. shellfish, sushi, finfish, Carpaccio, Steak Tartar, Caesar dressing made using unpasteurized eggs) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 3 | | |
| c. Game animals | | | | | | (1) Wild | | <input type="checkbox"/> | <input type="checkbox"/> | 3 |
| | | | | | | (2) Commercially raised | | <input type="checkbox"/> | <input type="checkbox"/> | 1 |
| d. Stuffed food (e.g. fish, pasta, meats, poultry) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 4 | | |
| e. Fully cooked protein-rich foods (e.g. beef, pork, finfish, fresh shellfish, eggs) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 2 | | |
| f. PHF(TCS) foods prepared from raw ingredients on site (e.g. gravy, sauces, stews, soups, beans, refried bean, rice, cooked pasta, tofu/soy products, French toast, omelet, cook-to-order eggs, quiche, potato, macaroni or tuna salad, ethnic foods) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 6 | | |
| g. Dairy products (e.g. milk, cheese, yogurt, butter) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 2 | | |
| h. Commercially processed items (e.g. canned or frozen finfish/shellfish; deli meats/cheese; cream pies, pastries; fresh /frozen pizza, hotdogs, etc.) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 2 | | |
| i. Cooked or raw cut fruits and vegetables | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 4 | | |
| j. Ready-to-eat (uncut/whole) fresh fruits and vegetables (e.g. apples, bananas, fresh produce) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 2 | | |
| k. Ready-to-eat PHF(TCS) foods (e.g. hot/cold sandwiches; foods in hot hold: hotdogs, pizza, chicken wings, etc.; commercial bulk salads: potato, macaroni, tuna) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 3 | | |
| l. Vending and snack foods (e.g. canned soda, candy, chips, and other non-PHF) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 0 | | |
| m. Food preparation in the field using Operational Rations <i>(Only check this box for a field kitchen or field foodservice operation. This box does <u>not</u> apply to Retail Stores)</i> | | | | | | (1) Group rations or tray rations | | <input type="checkbox"/> | <input type="checkbox"/> | 2 |
| | | | | | | (2) Individual rations (e.g. MREs, cold weather, survival, long-range patrol, humanitarian rations). | | <input type="checkbox"/> | <input type="checkbox"/> | 0 |
| n. Retail Sales <i>(Applies to a shoppette, mini-mart, commissary, gas station convenience store, and other similar non-food service establishments)</i> | | | | | | | | | | |
| (1) Store only distributes packaged foods, hot beverages, or bakery items not prepared on site. There are no food concessions, self-serve, or sale of unpackaged RTE PHF(TCS) foods. | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | |
| For all other retail stores, check all that apply for items (2)-(4) | | | | | | (2) Sandwiches offered for self-service : commercially sealed chilled; loosely wrapped hot or cold | | <input type="checkbox"/> | <input type="checkbox"/> | 6 |
| | | | | | | (3) Limited food preparation on site (e.g. baking frozen items/pre-made dough, heating RTE foods: hot dogs, burritos, pizza); or basic Deli operations [see instruction for definition]. | | <input type="checkbox"/> | <input type="checkbox"/> | 12 |
| | | | | | | (4) Contains food concessions or operations with expanded food preparation (e.g. Bakery mixes raw ingredients; Deli prepares own salads, roasted meats/roisserie chicken, soup/salad bar, meals to go; Seafood department; Sushi bar) | | <input type="checkbox"/> | <input type="checkbox"/> | 15 |
| The points assessed in item 8n. Retail Sales are in addition to those awarded for the types of food listed in items 8a.-l. and food operation characteristics identified in item 10. (Do not assess points in 8n. for food service establishment) | | | | | | | | | | |
| Food Establishment Max Possible Points this section | | | | | | | | 44 | | |
| Retail Store Max Possible Points this section | | | | | | | | 75 | | |

| RISK FACTORS | | YES | NO | POINT VALUE (For yes response) | AWARDED POINTS |
|--|--|--|--------------------------|-----------------------------------|--------------------|
| 9. 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 or patrons served.) | | | | | |
| a. Number of customers served per day (Only mark one item "yes" from this list) | (1) > 900 | <input type="checkbox"/> | <input type="checkbox"/> | 10 | |
| | (2) 300 - 899 | <input type="checkbox"/> | <input type="checkbox"/> | 8 | |
| | (3) < 300 | <input type="checkbox"/> | <input type="checkbox"/> | 5 | |
| | (4) N/A - retail store | <input type="checkbox"/> | <input type="checkbox"/> | 0 | |
| b. Typical patronage (This category considers both the population type and location; only mark one item "yes" from this list) | (1) Highly susceptible population: Initial entry service members; infants or children (less than 5 years of age), elderly or infirmed who are fed at/or from day care, elementary schools, after school programs, retirement homes, convalescent centers, or hospitals. Military personnel and US civilians, including contractors, during deployments or extended (> 2 weeks) field training. | <input type="checkbox"/> | <input type="checkbox"/> | 12 | |
| | (2) Shipboard. Check this box for all subsistence operations conducted aboard a nautical vessel regardless if in port or deployed/at sea. [If selected, check No for item 9b(1)] | <input type="checkbox"/> | <input type="checkbox"/> | 18 | |
| | (3) All others (general population) | <input type="checkbox"/> | <input type="checkbox"/> | 0 | |
| Max Possible Points this section | | | | 28 | |
| 10. FOOD OPERATIONS (Operations or food preparation activities carried out in the food establishment or retail food facility) | | | | | |
| a. Temperature-controlled processes (e.g. cooking and holding PHFs hot or cold) | <input type="checkbox"/> | <input type="checkbox"/> | | 6 | |
| b. Rapid cooling PHFs (after cooking or retaining leftovers) | <input type="checkbox"/> | <input type="checkbox"/> | | 4 | |
| c. Re-heating leftovers | <input type="checkbox"/> | <input type="checkbox"/> | | 4 | |
| d. Time as a Public Health Control | <input type="checkbox"/> | <input type="checkbox"/> | | 4 | |
| e. Operating under a variance from requirement of the Code. | <input type="checkbox"/> | <input type="checkbox"/> | | 2 | |
| f. Manual preparation of ready-to-eat foods (e.g. sandwiches, salads, slicing deli meats and cheeses). | <input type="checkbox"/> | <input type="checkbox"/> | | 4 | |
| g. Remote, satellite, or field feeding, including transportation of PHFs. | <input type="checkbox"/> | <input type="checkbox"/> | | 1 | |
| h. Cook-chill or sous-vide operations | <input type="checkbox"/> | <input type="checkbox"/> | | 2 | |
| Max Possible Points this section | | | | 27 | |
| 11. FACILITIES AND EQUIPMENT (Evaluation based on adequate numbers on hand and equipment operating properly) | | | | | |
| a. Inadequate handwashing facilities. (Field expedient handwashing facilities are acceptable in field and temporary food operations.) | <input type="checkbox"/> | <input type="checkbox"/> | | 3 | |
| b. Inadequate refrigeration and/or cooling equipment. | <input type="checkbox"/> | <input type="checkbox"/> | | 5 | |
| c. Inadequate cooking and/or hot holding equipment. | <input type="checkbox"/> | <input type="checkbox"/> | | 3 | |
| d. Inadequate dishwashing and/or pot and pan washing and storage equipment. | <input type="checkbox"/> | <input type="checkbox"/> | | 2 | |
| Max Possible Points this section | | | | 13 | |
| 12. INSPECTION AND EMPLOYEE HISTORY (Results of previous inspections/audits provide insight as to where public health and veterinary resources and training should be directed. The following are indicators of poor managerial controls) | | | | | |
| a. Two or more unsatisfactory or non-compliant inspections within the previous 12 inspections. | <input type="checkbox"/> | <input type="checkbox"/> | | 2 | |
| b. Person-in-charge not present or failed to meet requirements for demonstration of knowledge. | <input type="checkbox"/> | <input type="checkbox"/> | | 4 | |
| Max Possible Points this section | | | | 6 | |
| 13. TOTAL SCORE (Sum of items 8 -12; use this score to determine the Risk Category in item 7) | | Maximum Points Possible for Food Service | | 118 | |
| | | Maximum Points Possible for Retail Stores | | 121 | |
| 14. REMARKS | | | | | |
| | | | | | |
| 15. ASSESSOR | | a. NAME, RANK, AND DUTY POSITION | | b. PHONE | c. DATE (YYYYMMDD) |
| d. OFFICIAL E-MAIL | | | e. ORGANIZATION | | |
| 16. SUPERVISOR (Completed by Public Health Supervisor after reviewing this form) | | | | | |
| a. NAME AND TITLE | | b. ORGANIZATION | | c. DATE (YYYYMMDD) | |
| d. OFFICIAL E-MAIL | | e. PHONE | f. SIGNATURE | | |