

Establishment Name:	Date	
Establishment Address:		
Onsite Assessment		
1. Is the food premise located within one of these settings?		Enter Y or N
Hospitals, long-term care home, retirement home	60	n
Child-care setting (i.e., day nursery, nursery school)	40	n
Child-care setting (i.e., before and after school program)	0	n
2. To what extent is food prepared and served?		
Preparation Steps (Select ONE of the following)		
Extensive food handling (3+ preparation steps)	35	n
Limited food handling (1-2 preparation steps)	20	n
Prepackaged	0	n
3. Is this premise a banquet hall or does it primarily cater off-site?		
Banquet hall and/or serves catered meals off-site	30	n
4. Is there a food safety management plan (HACCP)? (Select ONE of the following)		
Documented food safety management or HACCP plan in place; principles and procedures are applied; plan is audited for effectiveness	-5	n
Demonstrated evidence of CCP monitoring	-5	n
No food safety management plan/HACCP program documented (food safety plan is warranted)	10	n
Not applicable to this premise (food safety plan is not warranted)	0	n
5. Food safety knowledge & training over past 12 months (select ALL that apply)		
1 or more certified food handler(s) on site at the time of inspection	-5	n
Food handler(s) demonstrates safe food handling practices	-5	n
Food handler(s) do not demonstrate safe food handling practices	10	n
Not applicable to this premise (food handling does not occur on site)	0	n
In-Office Assessment		
1. What is the level of compliance over the past 12 months with Ontario Food Premises Regulation 562/90? (Select ALL that apply)		
IF critical infraction(s) observed (select ONE of the following two options)		
Observed critical infraction(s) at one inspection	10	n
Observed critical infraction(s) at two or more inspections	25	n
IF non-critical infraction(s) observed (select ONE of the following two options)		
Observed non-critical infraction(s) at one inspection	5	n
Observed non-critical infraction(s) at two or more inspections	10	n
Other (IF applicable, select ONE of the following two options):		
Insufficient History (new premise or no previous inspections)	20	n
No observed infractions at this or previous inspections	0	n
n		
Premise confirmed as the source of foodborne illness/outbreak, attributed to improper food handling practices	50	n
RISK CATEGORIZATION & TOTAL SCORE		0
Risk Categorization is = Low		