FOOD FACILITY RISK ASSESSMENT SURVEY (Instructions for completing this form are provided in the Tri-Service Food Code)											
1. ESTABLISHMENT NAME			FOOD	Í	2. ESTABLISHMENT ADDRESS (Street, city/s				′state/zip, insta	llation)	
			SERVICE								
			RETAIL STO								
3. PERSON IN CHARGE			4. OFFICIAL E-MAIL								
5. TELEPHONE NUMBER					6. HOURS OF OPERATION						
7. RISK CATEGOR	Y F	POINTS (Total score from	score from block 13) MINIMUM INSPEC					Y		
	Extremely High	61 or above Mon			thly						
	High 46 to 60				Quarterly				_		
	Moderate 35 to 4				Semiannual				_		
	Low	34 or less An				Annı	ually				
RISK FACTORS						YES	NO	POINT VALUE (For yes response)	AWARDED POINTS		
	TIES (Identify the types o									iated with	
a. Food from non-a									10		
b. Raw or undercooked protein-rich food (e.g. shellfish, sushi, finfish, Carpaccio, Steak Tartar, Caesar dressing made using unpasteurized eggs)						eak Tartar, Caesar			3		
c. Game animals								3			
c. Game animais		(2) Commerciall	y raiseo	d				1		
	. fish, pasta, meats, poultr								4		
e. Fully cooked protein-rich foods (e.g. beef, pork, finfish, fresh shellfish, eggs)									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)								6			
g. Dairy products (e.g. milk, cheese, yogurt, butter)								2			
h. Commercially processed items (e.g. canned or frozen finfish/shellfish; deli meats/cheese; cream pies, pastries; fresh /frozen pizza, hotdogs, etc.)								2			
i. Cooked or raw cut fruits and vegetables								4			
j. Ready-to-eat (uncut/whole) fresh fruits and vegetables (e.g. apples, bananas, fresh produce)								2			
 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) 								3			
I. Vending and snack foods (e.g. canned soda, candy, chips, and other non-PHF)									0		
m. Food preparation in the field using Operational Rations (Only check this box for								2			
a field kitchen or field foodservice operation. (2) Individual ratio				s (e.g. MREs, cold weather, patrol, humanitarian rations).				0			
n. Retail Sales (Applies to a shoppette, mini-mart, commissary, gas station convenience store, and other similar non-food service establishments)											
(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.								1			
	(2) Sandwiches offered for self-service : commercially sealed chilled; loosely wrapped hot or cold							6			
For all other retail stores, check all that apply for items (2)-(4)	 (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]. 								12		
	(4) Contains food concessions or operations with expanded food preparation (e.g. Bakery mixes raw ingredients; Deli prepares own salads, roasted meats/ rotisserie chicken, soup/salad bar, meals to go; Seafood department; Sushi bar)								15		
The points assessed in item 8n. Retail Sales are in addition to those awarded for the types of food listed in items 8al. and food operation characteristics identified in item 10. (Do not assess points in 8n. for food service establishment)								l. and			
Food Establishment Max Possible Points this section						44					
Retail Store Max Possible Points this section								75			

		YES	NO	POINT VALUE (For yes response)	AWARDED POINTS					
	Specific populations are more likely number of meals or patrons serve.)	to develop for	odborne illnes	s basec	l on age and	environme	nt. Likelihood o	f foodborne		
Number of suctomore	(1) ≥ 900						10			
a. Number of customers served per day (Only mark	(2) 300 - 899						8			
one item "yes" from this list)							5			
-	(4) N/A - retail store				0					
b. Typical patronage (<i>This</i> category considers both the population type and	(1) Highly susceptible population: I infants or children (less than 5 y who are fed at/or from day care programs, retirement homes, cc Military personnel and US civilia deployments or extended (> 2 y			12						
location; only mark one item "yes" from this list)	(2) Shipboard. Check this box for a conducted aboard a nautical ve deployed/at sea. [If selected, conducted aboard a nautical version]				18					
	(3) All others (general population)			0						
			Max	Possib	le Points thi	s section	28			
10. FOOD OPERATIONS (C	Operations or food preparation activiti	ies carried ou	it in the food e	stablish	ment or retai	l food facili	ty)	T		
a. Temperature-controlled p	rocesses (e.g. cooking and holding F	PHFs hot or c	old)				6			
v	r cooking or retaining leftovers)						4			
c. Re-heating leftovers							4			
d. Time as a Public Health C							4			
	ce from requirement of the Code.						2			
 Manual preparation of rea cheeses). 	t			4						
	feeding, including transportation of F	PHFs.					1			
h. Cook-chill or sous-vide op	perations						2			
					le Points thi		27			
	MENT (Evaluation based on adequation based on adequation (Field expedient bandwack				ent operating	properiy)	1	1		
field and temporary food of			are acceptable	e in			3			
b. Inadequate refrigeration a							5			
 c. Inadequate cooking and/c d. Inadequate dishwashing a 				2						
U. Induequate upprovability a		age equipme		Possib	le Points thi	s section	13			
	-OYEE HISTORY (Results of previous of previous of the directed. The following are in		ns/audits provi	ide insig	ht as to whe		-	nary		
, , , , , , , , , , , , , , , , , , ,	ry or non-compliant inspections withi	1	0		-/		2			
							4			
b. Person-in-charge not present or failed to meet requirements for demonstration of knowledge. Max Possi						s section	6			
13. TOTAL SCORE (Sum of items 8 -12; use this score to determine Maximum Points Pos						d Service	118			
the Risk Category in item	aximum Points Possible for Retail Stores				121					
14. REMARKS										
15. ASSESSOR a. NAME, RANK, AND DUTY POSITION					b. PHONE		c. DATE (YY)	YYMMDD)		
d. OFFICIAL E-MAIL			e. ORGANIZ	ZATION	1					
16. SUPERVISOR (Completed by Public Health Supervisor after reviewing this form)										
a. NAME AND TITLE b. ORGANIZATIO							c. DATE (YY)	2. Date (Yyyymmdd)		
d. OFFICIAL E-MAIL	e. PHONE		f. SIG	NATURE						

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