# STANDARD 9 – PROGRAM ASSESSMENT
# INSTRUCTIONS FOR COMPLETING THE PROGRAM SELF-ASSESSMENT AND VERIFICATION AUDIT FORM

## Program Self-Assessment & Verification Audit Form

The *Standard 9: Program Self-Assessment and Verification Audit Form* is designed to document the findings from the SELF-ASSESSMENT and the VERIFICATION AUDIT process. The form is included at the end of these instructions. Whether one is performing a program SELF-ASSESSMENT or conducting a VERIFICATION AUDIT, it is recommended that the form be available as a reference to the Standard 9 criteria.

## Using the Program Self-Assessment and Verification Audit Form

*Documenting the Findings from the Self-Assessment*

Jurisdictions conducting a SELF-ASSESSMENT of the Standard 9 Program Assessment component must indicate on the form if each of the criteria is met. The self-assessor must record their findings under the column "Jurisdiction's Self-Assessment."

Jurisdictions are not obligated to use the form. An equivalent form or process is acceptable provided that the results of the jurisdiction's SELF-ASSESSMENT for the specific Standard 9 criteria listed on the form are available for review.

The self-assessor must review each Standard 9 criterion and determine if the jurisdiction's source documents confirm that the Standard criteria are met. If the criteria are met, the self-assessor must place an "X" in the "YES" box under the "Jurisdiction's Self-Assessment" column of the *Standard 9: Program Self-Assessment and Verification Audit Form*.

If a review of the jurisdiction's source documents does not confirm that the Standard 9 criteria are met, the self-assessor must place an "X" in the "NO" box under the "Jurisdiction's Self-Assessment" column of the *Standard 9: Program Self-Assessment and Verification Audit Form*. The self-assessor may specify why the criteria are not met in the box provided.

The self-assessor should review the findings on the *Standard 9: Program Self-Assessment and Verification Form* to ensure accuracy. The jurisdiction will be required to provide the AUDITOR with their completed *Standard 9: Program Self-Assessment and Verification Audit Form* and any documents used to support and demonstrate that the Standard 9 criteria have been met.

Once all the criteria have been reviewed and documented on the form, the self-assessor must complete the Program Self-Assessment Summary section on page one of the *Standard 9: Program Self-Assessment and Verification Audit Form*. The self-assessor must:

- Enter their contact information;
- Document if the jurisdiction met the Standard 9 criteria in the appropriate boxes; and
- Sign the form where indicated.

It then will be up to the jurisdiction to determine its action plan and time frame for correcting any deficiencies in order to meet the Standard 9 criteria.

*Documenting the Findings from the Verification Audit*

The jurisdiction requesting the VERIFICATION AUDIT must provide their completed *Standard 9: Program Self-Assessment and Verification Audit Form* to the AUDITOR for review. The AUDITOR must indicate on the *Standard 9: Program Self-Assessment and Verification Audit Form* if the criteria were met.

If a review of the jurisdiction's source documents confirms the SELF-ASSESSMENT conclusion that the Standard criteria are met, the verification AUDITOR places an "X" in the "YES" box under the "Auditor's Verification" column of the form.

If a review of the jurisdiction's source documents does not confirm the SELF-ASSESSMENT conclusion that the Standard criteria are met, the verification AUDITOR places and "X" in the "NO" box under the "Auditor's Verification" column of the form. The verification AUDITOR must specify why the criterion is not met in the box provided. Supplemental pages may be used to explain findings.

The verification AUDITOR must discuss their findings with the PROGRAM MANAGER or their appointed representative and provide constructive feedback at the conclusion of the VERIFICATION AUDIT. In particular, any Standard 9 criteria for which the AUDITOR cannot confirm through a review of the self-assessment should be thoroughly discussed. Ample time should be allotted to ensure that there is a clear understanding of the reasons for the "non-conforming" finding. The AUDITOR should be prepared to identify the elements required for the jurisdiction to meet the Standard.

Once the close out interview has been conducted, the AUDITOR must complete the Verification Audit Summary section located on the first page of the *Standard 9: Program Self-Assessment and Verification Audit Form*. The AUDITOR must:

- Enter their contact information;
- Document if the jurisdiction met the Standard 8 criteria in the appropriate boxes; and
- Sign the form where indicated.

It then will be up to the jurisdiction to determine its action plan and time frame for correcting any deficiencies in order to meet the Standard 9 criteria if the AUDITOR does not confirm the SELF-ASSESSMENT findings.

# STANDARD 9 – PROGRAM ASSESSMENT
# PROGRAM SELF-ASSESSMENT AND VERIFICATION AUDIT FORM

## PROGRAM SELF-ASSESSMENT SUMMARY

| | |
|---|---|
| **Printed Name of the Person Who Conducted the Self-Assessment:** | |
| **Self-Assessor's Title:** | |
| **Jurisdiction Name:** | |
| **Jurisdiction Address:** | |
| **Phone:** | |
| **Fax:** | |
| **E-mail:** | |
| **Date the Standard 9 Self-Assessment Was Completed:** | |
| **Self-Assessment Indicates That the Jurisdiction MEETS the Standard 9 Criteria (Indicate YES/NO):** | |
| ***I affirm that the information represented in the Self-Assessment of Standard 9 is true and correct.***<br>**Signature of the Self-Assessor:** | |

## VERIFICATION AUDIT SUMMARY

| | |
|---|---|
| **Printed Name of the Person Who Conducted the Verification Audit:** | |
| **Verification Auditor's Title:** | |
| **Auditor's Jurisdiction Name:** | |
| **Auditor's Jurisdiction Address:** | |
| **Phone:** | |
| **Fax:** | |
| **E-mail:** | |
| **Date the Verification Audit of Standard 9 Was Completed:** | |
| **Verification Audit Indicates That the Jurisdiction MEETS the Standard 9 Criteria (Indicate YES/NO):** | |
| ***I affirm that the information represented in the Verification Audit of Standard 9 is true and correct.***<br>**Signature of the Verification Auditor:** | |

# STANDARD 9 – PROGRAM ASSESSMENT
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**Jurisdiction Name:** _____

| Criteria | Element | Jurisdiction's Self-Assessment YES | Jurisdiction's Self-Assessment NO | Self-Assessor's General Comments | Auditor's Verification YES | Auditor's Verification NO | If NO, Auditor is to specify why criterion is not met |
|---|---|---|---|---|---|---|---|
| **1. Risk Factor Study** | a) A study on the occurrence of foodborne illness risk factors has been completed and includes data for each facility category regulated by the jurisdiction collected over the study cycle. | | | | | | |
| **1. Risk Factor Study** | b) The data collection form includes items pertaining to the foodborne illness risk factors:<br>1. Food from Unsafe Sources;<br>2. Improper Holding/Time and Temperature;<br>3. Inadequate Cooking;<br>4. Poor Personal Hygiene; and<br>5. Contaminated equipment / Protection from contamination. | | | | | | |
| **1. Risk Factor Study** | c) The data collection form provides for marking actual observations of food practices within an establishment (IN, OUT, NO, and NA). | | | | | | |

| Criteria | Element | Jurisdiction's Self-Assessment YES | Jurisdiction's Self-Assessment NO | Self-Assessor's General Comments | Auditor's Verification YES | Auditor's Verification NO | If NO, Auditor is to specify why criterion is not met |
|---|---|---|---|---|---|---|---|
| **2. Report of Analysis and Outcome** | a) A report shows the results of the jurisdiction's risk factor study. | | | | | | |
| **2. Report of Analysis and Outcome** | b) The report provides quantitative measurements to assess the trends in the occurrence of risk factors over time. | | | | | | |
| **3. Intervention Strategy** | a) A targeted intervention strategy designed to address the occurrence of the risk factor(s) identified in their risk factor study is implemented and its effectiveness evaluated. *Note: For the first study, an intervention only needs to be identified*. | | | | | | |
| **3. Intervention Strategy** | b) Documentation of performed interventions, actions, or activities designed to improve control of risk factors is provided. | | | | | | |
| **GENERAL NOTES PERTAINING TO THE PROGRAM SELF-ASSESSMENT OR THE VERIFICATION AUDIT** | | | | | | | |