

## RISK CATEGORIZATION OF FOOD PREMISES TEMPLATE

<b>1. Does this food premises primarily serve clients of the following settings?</b>	
Hospital, long-term care home, retirement home	<input type="checkbox"/>
Child-care setting (i.e., day nursery, nursery school)	<input type="checkbox"/>
Child-care setting (i.e., before and after school program)	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>
<b>2. To what extent is food prepared and served? (Select ONE of the following)</b>	
Extensive food handling (3+ preparation steps)	<input type="checkbox"/>
Limited food handling (1-2 preparation steps)	<input type="checkbox"/>
Prepackaged	<input type="checkbox"/>
<b>3. Is this premises a full-service banquet hall or does it primarily cater off-site?</b>	
Full-service banquet hall and/or primarily serves catered meals off-site	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>
<b>4. What is the level of compliance over the past 12 months with Ontario Food Premises Regulation 562/90? (Select ALL that apply)</b>	
<b>Critical infraction(s) (Select ONE of the following three options)</b>	
Observed critical infraction(s) at one inspection	<input type="checkbox"/>
Observed critical infraction(s) at two or more inspections	<input type="checkbox"/>
No observed critical infractions at this or previous inspections	<input type="checkbox"/>
<b>Non-critical infraction(s) (Select ONE of the following three options)</b>	
Observed non-critical infraction(s) at one inspection	<input type="checkbox"/>
Observed non-critical infraction(s) at two or more inspections	<input type="checkbox"/>
No observed non-critical infractions at this or previous inspections	<input type="checkbox"/>
<b>Other (IF applicable)</b>	
Insufficient history (new premises or no previous inspections - EXCLUDING premises that serve only prepackaged foods)	<input type="checkbox"/>
<b>5. Foodborne illness/outbreak over past 12 months</b>	
Premises confirmed as the source of foodborne illness/outbreak, attributed to improper food handling practices	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>
<b>6. Is there a food safety management plan (HACCP)? (Select ONE of the following)</b>	
Documented food safety management or written HACCP plan in place; principles and procedures are applied; plan is audited for effectiveness	<input type="checkbox"/>
Demonstrated evidence of CCP monitoring	<input type="checkbox"/>
No food safety management plan/HACCP program documented (food safety plan is warranted)	<input type="checkbox"/>
Not applicable to this premises (food safety plan is not warranted)	<input type="checkbox"/>
<b>7. Food safety knowledge &amp; training, at the time of inspection (Select ALL that apply)</b>	
One or more certified food handler(s) on site	<input type="checkbox"/>
Food handler(s) demonstrate safe food handling practices	<input type="checkbox"/>
Food handler(s) do not demonstrate safe food handling practices	<input type="checkbox"/>
Not applicable to this premises (food handling does not occur on site)	<input type="checkbox"/>
<b>RISK CATEGORIZATION &amp; TOTAL SCORE</b>	
	0

High Risk: ≥55

Moderate Risk: 20-54

Low Risk: ≤19