FOOD ESTABLISHMENT PUBLIC HEALTH PRIORITY ASSESSMENT WORKSHEET

OWNER NAME	ESTABLISHMENT NAME				
ADDRESS			ZIP CODE		
1. Past History Previous Involvement in foodborne illner Previous Critical Item violation No Critical violation 2. Are Potentially hazardous food (PHF 3. Are PHF's prepared only in individua 4. Are PHF's served from a buffet or sa 5. Are PHF's cooked, held, and/or rehea 6. Are PHF's prepared from raw non-fringredients? 7. Are PHF's prepared and held before 8. Are PHF's extensively handled with preparation? 9. Is the average number of meals or paday) items served? al portions? lad bar? ated? ozen service? multiple-step	(1.5) (1.0) (0.5) Y (1.5) Y (1.5) Y (1.5) Y (1.5) Y (1.5) Y (1.5) Y (1.5) Y (1.5)	N (0.5) N (1.5) N (1.0) N (0.5) N (0.5) N (0.5) (0.5) (1.0) (1.5)		
10. Is a critical population served? (i.e., Day-care, School, Senior Nutrition Site) Total Points divide by 10= If no past history delete Item 1 and divide by 9= Public Health Priority if: (>1.1) HIGH (.9-1.1) MEDIUM (<.9) LOW			N (0.5)		