



GEORGIA STANDARDIZATION NOMINATION FORM

APPLICANT INFORMATION			
Candidate's Name:		Candidate's Title:	
Candidate's Agency:		Candidates' Manager's Name and Email Address	
Candidate's Office Address:		City:	State: Zip:
Standard-Trainer's Name:		Standard-Trainer's Title:	
Standard-Trainer's Agency:	Standard-Trainer's Phone Number:	Standard-Trainer's Email Address	
Standard-Trainer's Office Address:		City:	State: Zip:

Candidate's background information		
Length of Service with Agency:	Hire Date:	Date Acquired Food Service Responsibilities:
Present Food Service Duties (please identify the number of inspections conducted per day, month, or year): List Details or Attach Copies		
Training – 1) 25 joint inspections and 25 independent inspections, 2) Current Food Safety Manager Certificate, 3) Dates of Pre-Standardization Training or ORAU Retail Food Level 1 Curriculum Certificates, and 4) ORAU Food Code Test): List Details or Attach Copies		

Continuing Education: (List hours of education with course titles/dates within the last 2 years)

DISTRICT ENVIRONMENTAL HEALTH DIRECTOR'S SIGNATURE CONFIRMING REQUEST FOR NOMINATION

NAME: (PRINT): _____

NAME: (SIGNATURE): _____ DATE: _____

TITLE: _____



SCORING FORM

Candidate's Name:	Title:
Standard-Trainer's Name:	Title:

Performance Criteria Tally of Disagreements in Each Establishment				
Establishment Name	Inspection*	Risk-Based Inspection Disagreements <small>(items 1-9 on GA inspection form)</small>	Good Retail Practices Disagreements <small>(items 10-18 on GA Inspection form)</small>	Name of Standardizing Officer
	PRACTICE*			
	PRACTICE*			
	1			
	2			
	3			
	4			
		Total _____ <small>DO NOT COUNT PRACTICE</small>	Total _____ <small>DO NOT COUNT PRACTICE</small>	

Please check to identify whether this is an initial Standardization or a Re-Standardization of the Candidate.

- Initial Standardization

- Re-Standardization

* Additional space is provided for practice inspections with the Candidate, if needed, in order to familiarize the Candidate with the exercise and ensure a thorough understanding of risk based inspections.

Note: Standardization inspections are not to be used for the purposes of routine inspections.



FINAL PERFORMANCE REPORT

Instructions: For the following Performance Areas, the Standard-Trainer will place a check mark in the box beside the Level of Agreement

PERFORMANCE AREA	LEVEL OF AGREEMENT	
	pass	fail
1. Risk-Based Inspections	pass	fail
2. Good retail Practices	pass	fail
3. Application of HACCP Principles	satisfactory	Unsatisfactory
a. Process Flow Charts	satisfactory	Unsatisfactory
b. Risk Control Plan	satisfactory	Unsatisfactory
c. Verification of HACCP Plans	satisfactory	Unsatisfactory
d. Statement of HACCP Principles (required for initial Standardization only)	satisfactory	Unsatisfactory
4. Inspection Equipment	satisfactory	Needs Improvement
5. Communication	satisfactory	Needs improvement

Standard-Trainer's Comments (use back, if needed to document strengths and areas for improvement for the Candidate) :

STANDARD-TRAINER'S SIGNATURE:

NAME (PRINT): _____ **DATE:** _____

NAME (SIGNATURE): _____



Risk Control Plan

Establishment Name:		Risk Type:	
Address:		PIC/CFSM:	
City:	State:	Zip:	County:
Candidate's Name:	Date:	Standard-Trainer's Name & Title:	

BASED ON THIS DAY'S INSPECTION THE FOLLOWING UNCONTROLLED HAZARD KNOWN TO CONTRIBUTE TO FOODBORNE ILLNESS WAS IDENTIFIED (FOR UNCONTROLLED HAZARDS INCLUDE THE OCCURRENCE OF ANY (1) RISK FACTOR OR LACK OF PUBLIC HEALTH INTERVENTIONS AS DESCRIBED IN THE MOST CURRENT VERSION OF GEORGIA FOOD SERVICE RULES AND REGULATIONS.

RISK FACTOR IDENTIFIED/ CORRECTIVE ACTION REQUIRED	
OBSERVATION (BE SPECIFIC)	
GAP (WHAT CAUSED THE OBSERVATION/ PROBLEM TO OCCUR?)	
UNCONTROLLED PROCESS STEP OR CCP	
HAZARD (most common)	
CRITICAL LIMITS (CLs)	
CORRECTIVE ACTION (when CLs are not met)	



RISK CONTROL PLAN CONTINUED

UNCONTROLLED PROCESS STEP OR CCP: _____

GAP (WHAT CAUSED THE PROBLEM TO OCCUR): _____

WRITE THE PLAN:



RISK CONTROL PLAN CONTINUED (IF NEEDED)



STANDARD-TRAINER'S HACCP PLAN VERIFICATION SUMMARY

Establishment Name:		Risk Type:	
Address:		PIC/CFSM:	
City:	State:	Zip:	County:
Candidate's Name:	Date:	Standard-Trainer's Name & Title:	

**HACCP PLAN VERIFICATION SUMMARY
CIRCLE YES or NO**

	Record # 1	Record #2	Record # 3
	(Current date if Possible)	2 nd Selected Date	3 rd Selected Date
Required Monitoring Recorded¹	YES/NO	YES/NO	YES/NO
Accurate (Believable)²	YES/NO	YES/NO	YES/NO
Corrective Action Documented³	YES/NO	YES/NO	YES/NO

TOTAL # OF DISAGREEMENTS BETWEEN THE STANDARD-TRAINER AND CANDIDATE'S RECORDED ANSWERS = ____

NOTES: An establishment's HACCP plan that identifies what is to be done in regards to corrective actions and has a provision on the log sheet for corrective actions to be recorded is suitable to use for this exercise. A HACCP Plan used by a food establishment can be verified through a review of records and investigating the following information:

1. Does the food establishment's HACCP documentation indicate that the required monitoring procedures were followed (frequency, initialed, dated, etc.) on the form? A "Yes" answer would indicate that ALL required monitoring was documented. If ANY required monitoring was NOT documented, a "NO" answer would be circled.
2. Does the food establishment's HACCP documentation for the selected dates appear accurate (NO dry labbing results, repeated temps). A "Yes" answer would indicate that he record appears accurate. A "NO" answer would indicate that there is inaccurate HACCP documentation.
3. Was corrective action(s) documented in accordance to the HACCP plan when critical limits were not met on the form? A "Yes" answer would indicate that ALL corrective action(s) were documented for each critical limit for that particular date or if not within the critical limits but the appropriate corrective action was taken. A "No" answer would indicate ANY missing documentation of corrective action(s). A "No" should also be marked if the temperature logged is not within the critical limits and an appropriate critical limit was not taken.



CANDIDATE'S HACCP PLAN VERIFICATION SUMMARY

Establishment Name:		Risk Type:	
Address:		PIC/CFSM:	
City:	State:	Zip:	County:
Candidate's Name:	Date:	Standard-Trainer's Name:	

HACCP PLAN VERIFICATION SUMMARY CIRCLE YES or NO

	Record # 1	Record #2	Record # 3
	(Current date if Possible)	2 nd Selected Date	3 rd Selected Date
Required Monitoring Recorded¹	YES/NO	YES/NO	YES/NO
Accurate (Believable)²	YES/NO	YES/NO	YES/NO
Corrective Action Documented³	YES/NO	YES/NO	YES/NO

NOTES: An establishment's HACCP plan that identifies what is to be done in regards to corrective actions and has a provision on the log sheet for corrective actions to be recorded is suitable to use for this exercise. A HACCP Plan used by a food establishment can be verified through a review of records and investigating the following information:

1. Does the food establishment's HACCP documentation indicate that the required monitoring procedures were followed (frequency, initialed, dated, etc.) on the form? A "Yes" answer would indicate that ALL required monitoring was documented. If ANY required monitoring was NOT documented, a "NO" answer would be circled.
2. Does the food establishment's HACCP documentation for the selected dates appear accurate (NO dry labbing results, repeated temps). A "Yes" answer would indicate that he record appears accurate. A "NO" answer would indicate that there is inaccurate HACCP documentation.
3. Was corrective action(s) documented in accordance to the HACCP plan when critical limits were not met on the form? A "Yes" answer would indicate that ALL corrective action(s) were documented for each critical limit for that particular date **or** if not within the critical limits but the appropriate corrective action was taken. A "No" answer would indicate ANY missing documentation of corrective action(s). A "No" should also be marked if the temperature logged is not within the critical limits and an appropriate critical limit was not taken.