FSO/RFE RISK LEVEL FORM

LICENSE HOLDER:
NAME OF FACILITY:
STREET ADDRESS:
CITY, STATE & ZIP CODE:

DAYS/ HOURS OF OPERATION:

FSO / RFE CLASSIFICATION (CIRCLE):
__ SEASONAL (6 MONTHS OR LESS) __ NON-COMMERCIAL __ 501(c)3

WATER SUPPLY: __ PUBLIC __ PRIVATE

SEWER: __ MUNICIPAL __ SEMI-PUBLIC (PACKAGE PLANT) __ RESIDENTIAL

GREASE TRAP/INTERCEPTOR (CIRCLE): __ YES __ NO

LOCATION _______________________________________________________________________

PLEASE CHECK ALL ITEMS IF APPLICABLE TO OPERATION:

LEVEL I

___ PRE-PACKAGED, NON-POTENTIALLY HAZARDOUS FOODS
___ NON-POTENTIALLY HAZARDOUS BEVERAGES (LIST ITEMS):
   PACKAGED - ____________________________________________________________________
   FOUNTAIN - ____________________________________________________________________
   COFFEE - ______________________________________________________________________
___ PRE-PACKAGED REFRIGERATED POTENTIALLY HAZARDOUS FOODS
   (LIST ITEMS):
___ PRE-PACKAGED FROZEN POTENTIALLY HAZARDOUS FOODS
   (LIST ITEMS):
___ BABY FOOD, BABY FORMULA
___ FOOD DELIVERY SALES OPERATION
___ MICRO MARKET

LEVEL II

___ BAKING OF NON-POTENTIALLY HAZARDOUS FOOD
___ MANUFACTURING OF CONFECTIONARY PRODUCTS
___ BULK DISPLAYS OF UNWRAPPED NON-POTENTIALLY HAZARDOUS FOODS
___ RE-PACKAGING OF NON-POTENTIALLY HAZARDOUS FOOD PREPARED ELSEWHERE (LIST ITEMS):
___ WARMING OF FOOD FROM A COMMERCIAL PROCESSED HERMETICALLY SEALED CONTAINER AND IMMEDIATELY HANDLED FOR RETAIL SALE OR SERVICE
___ MAINTAINING HOT POTENTIALLY HAZARDOUS FOOD AT PROPER HOLDING TEMPERATURE UNTIL HANDLED FOR RETAIL SALE OR SERVICE IF IT WAS RECEIVED AT 135°F. OR ABOVE
___ MANUFACTURE AND BAGGING OF ICE FOR RETAIL SALE
___ THE OPERATION ONLY PREPARES AND/OR SERVES NON-POTENTIALLY HAZARDOUS FOOD (LIST ITEMS):
___ HAND DIPPING OF FROZEN DESSERTS, FROZEN DESSERT DISPENSER
___ POTENTIALLY HAZARDOUS FOODS RECEIVED IN INDIVIDUAL PORTIONS AND SERVED IMMEDIATELY
___ FOODS, PREPACKAGED IN INDIVIDUAL PORTIONS, RECEIVED FROM A LICENSED FOOD OPERATION OR OFF PREMISE COMMERCIAL PROCESSOR AND SERVED COLD OR HEATED INDIVIDUALLY AND IMMEDIATELY SERVED
___ FOODS RECEIVED FROM A LICENSED FOOD OPERATION OR OFF PREMISE COMMERCIAL PROCESSOR IN BULK QUANTITIES AND MAINTAINED AND SERVED AT THE SAME PROPER TEMPERATURE AS RECEIVED
LEVEL III

- HEAT TREATMENT DISPENSING FREEZER
- PROCESSING OF PRODUCE FOR READY-TO-EAT SELL
- CUTTING AND GRINDING OF MEAT PRODUCTS
- SLICING OF LUNCH MEAT & CHEESE
- COOK/SERVE
- COOK/COOL
- COOK/HOT HOLD
- COOK/COOL/COLD HOLD
- HEATING OF A PRODUCT FROM AN INTACT HERMETICALLY SEALED PACKAGE AND HELD HOT
- COOK, COOL, ADD ADDITIONAL RAW INGREDIENTS, COLD HOLD REHEAT IN INDIVIDUAL PORTIONS ONLY
- REDUCED OXYGEN PACKAGING WITHOUT A VARIANCE

LEVEL IV

- COOK/COOL/REHEAT/HOT HOLD (LIST ITEMS): ________________________________

- COOK/HOLD/COOL/REHEAT (WITH OR WITHOUT ADDITIONAL INGREDIENTS BEING ADDED)
- TIME AS A PUBLIC HEALTH CONTROL (LIST ITEMS): __________________________

- FREEZING OF FISH TO DESTROY PARASITES BEFORE SALE OR SERVE IN A READY-TO-EAT FORM, RAW, RAW-MARINATED, PARTIALLY COOKED, OR MARINATED-PARTIALLY COOKED FISH
- REHEATS BULK QUANTITIES OF LEFTOVER POTENTIALLY HAZARDOUS FOODS MORE THAN ONCE EVERY SEVEN DAYS (LIST ITEMS): __________________________

- TRANSPORTS PHF AS A CATERING FOOD SERVICE OPERATION OR COMMISSARY FOOD SERVICE OPERATION
- SERVING PRIMARILY TO A HIGH RISK CLIENTELE INCLUDING IMMUNO-COMPROMISED OR ELDERLY INDIVIDUALS IN A FACILITY THAT PROVIDES EITHER HEALTH CARE OR ASSISTED LIVING
- OFFERS AS A MENU ITEM RAW POTENTIALLY HAZARDOUS MEATS, POULTRY PRODUCTS, FISH, OR SHELLFISH OR FOODS WITH THESE RAW POTENTIALLY HAZARDOUS ITEMS AS INGREDIENTS
- NON-CONTINUOUS COOKING OF RAW ANIMAL FOODS

LEVEL IV (CONTINUED)

- CANNING
- REDUCED OXYGEN PACKAGING WITH A VARIANCE
- BOTTLING
- SMOKING FOR PRESERVATION
- SELLING OF OYSTER, CLAM, MUSSELS FROM SHELLFISH TANKS
- ANY PROCESS WHICH DEVIATES FROM THE FOOD CODE
- USE OF ADDITIVES FOR PRESERVATION
- USE OF ADDITIVES TO RENDER A FOOD NON POTENTIALLY HAZARDOUS JUICE PRESSING
- CUSTOM PROCESSING

COMMENTS: _____________________________________________________________

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SANITARIAN: ___________________________ DATE: ___________________________