

**FOOD LAW ENFORCEMENT**

**IAA / Internal Monitoring Focused Audits**

**PROTOCOLS**

### **3. Organisation and Management**

- 3.1 The Authority shall draw up, document and implement a service delivery plan in accordance with the Service Planning Guidance in Chapter 1 of the Framework Agreement
- 3.2 A performance review shall be carried out by the Authority at least once a year based on the service delivery plan, documented and submitted for appropriate member approval.
- 3.3 Any variance in meeting the service delivery plan shall be addressed in the subsequent year's service arrangements.

Question	Answer	Comments/Evidence	Auditors Notes
Does the Authority have a service delivery plan?	Yes/No	Document Review (PVQ B2)	The service delivery plan should be provided prior to the visit. The auditor should check the document or documents against the Food Law Enforcement – Service Planning Guidance. The plan should ideally address all the areas in the guidance.
Does the service plan make reference to:			
Quality assessment including relevant monitoring arrangements, and any external accreditation.	Yes/No		
Performance review against the Service Plan	Yes/No	Document Review (PVQ B2.)	The performance review might be a separate document.
Identification of any variation from the Service Plan	Yes/No		
Areas of improvement.	Yes/No		
3 <sup>rd</sup> party peer review / IAA	Yes/No		
Did members agree the plan?	Yes/No	Document Review (PVQ B3.) Date and Member forum:	

Question	Answer	Comments/Evidence	Auditors Notes
Are staff aware of the service delivery plan?	Yes/No	Officer interviews	Implementation should be checked on site. Staff at all levels should be aware of the service delivery plan, and of their part in fulfilling the targets set out in it. Auditors should expect the lead officer to be aware of the service planning process and the authority's PIs. Officers and technical staff should be aware of the PIs and their role in fulfilling them. It would be good practice to see staff involved in the development of the plans and any associated PIs.
Has the Authority undertaken an annual review of their performance?	Yes/No	Document Review (PVQ B1& B2.)	The Auditor should look for a documented review of the service activity.
Has the review been submitted to the appropriate member forum?	Yes/No	Document Review (PVQ B3.) Date and member forum:	Auditors should have in mind that the reason for the submission of the review to the member forum is to ensure that the detail of the review is in the public domain and members are aware of the service's performance. Reviews should be undertaken on at least an annual basis.
Has the submission been made in the last year?	Yes/No	Document Review (PVQ B3.)	
Following the review were actions to address any variations from the service plan included in the following year's arrangements?	Yes/No	Document Review (PVQ B1 & B2.) Officer interview if necessary.	Give brief details of the variations and the proposed action to redress. Where the following years arrangements do not include proposed action on the variations, the auditor should interview the appropriate manager to identify and verify any decisions that may have been made, the detail of which should be recorded on the audit form.



## **7. Food and Feeding Stuffs Premises Inspections**

- 7.1 The Authority shall carry out food hygiene, food standards and feedingstuffs inspections of premises in their area, at a frequency which is not less than that determined under the inspection rating system set out in the relevant legislation, Food Safety Act Code of Practice or other centrally issued guidance.
- 7.2 The Authority shall inspect, approve, register, and license relevant premises in accordance with the relevant legislation, Food Safety Act Codes of Practice, centrally issued guidance and the Authority's policies and procedures.
- 7.3 The Authority shall assess the compliance of premises and systems in their area to the legally prescribed standards.

NOTE: In assessing compliance, the Authority shall give due consideration to any relevant Industry Guides to Good Hygiene Practice and have regard to any other relevant centrally issued guidance.

The Authority shall take appropriate action on any non-compliance found, in accordance with the Authority's enforcement policy.

- 7.4 The Authority shall set up, maintain and implement documented inspection procedures for the range of inspections it carries out. Written procedures shall include instructions for any action that may be required following inspection in accordance with the relevant Food Safety Act Codes of Practice.
- 7.5 Observations made and/or data obtained in the course of an inspection shall be recorded in a timely manner to prevent loss of relevant information. Officers' contemporaneous records of inspections shall be legible and stored in such a way that they are retrievable.

Question	Answer	Comments/Evidence	Auditors Notes
Are inspections being carried out at a frequency of not less than that set out in the FSA Codes of Practice?		Document Review. Checklist D.	The service plan provided with the PVQ should have identified the planned programme. The FSA's monitoring information should identify the LAs progress towards these targets. The auditor should verify from the computer/file records that: a) Premises are being risked correctly. b) Premises are receiving inspections according to their risk category. [CP - 9.11-20] [CP - 8.5-9] Internal monitoring reports of inspections due, and inspections overdue should be requested, and auditors should verify that inspections are up to date.
Food hygiene?	Yes/No	(PVQ CA1 Annex 2 Part1)	
Food standards?	Yes/No	(PVQ CB1 Annex 2 Part2)	
Feeding stuffs?	Yes/No	(PVQ CC1 Annex 2 Part3) Detail the arrangements the Authority has in place in relation to Feeds:	Currently there is no feeds regime centrally defined. The auditor should establish what arrangements the Authority has put in place and whether they are adhering to the plan.
Is there any evidence of internal monitoring of inspection frequencies?	Yes/No		

Question	Answer	Comments/Evidence	Auditors Notes
Are inspections being carried out by correctly authorised staff?	Yes/No	Checklists D J P	
Is there any evidence of internal monitoring to check that officers are not inspecting outside of their authorisation?	Yes/No		
Does the Authority have documented inspection procedures?	Yes/No	Document Review (PVQ B4, CA1, CB1, CC1)	The service plan should have identified the types of premises in the Authority's area. The auditor should expect to see inspection procedures for each of the different types of premises. The process and content of inspection procedures should set out the Authority's system of inspection including use of any checklists and aide memoirs. The Auditor should be looking for compliance with the relevant codes.
Do the procedures cover:			
<b>Food Hygiene</b>			
- Policy on announced/non-announced inspections.	Yes/No		General principle that inspection should be unannounced. [CP - 3.6]
- Use of experts	Yes/No		
- New premises inspections.	Yes/No		All registration forms reviewed and appropriate visits made to new premises? [CP - 11.35]
- Revisit criteria.	Yes/No		
- Process and content of inspection (inc. reference to aide memoirs/checklists.)	Yes/No		
- Content and timing of inspection reports	Yes/No		
Are there procedures covering:			
- Serving Improvement notices?	Yes/No		
- Serving EPNs/Voluntary closures?	Yes/No		
- Applying for an prohibition order?	Yes/No		
- Approval?	Yes/No		
- Licensing?	Yes/No		

Question	Answer	Comments/Evidence	Auditors Notes
<b>Food Standards/feeding Stuffs</b>			
- Policy on announced/non-announced inspections.	Yes/No		
- Use of experts.	Yes/No		
- New premises inspections.	Yes/No		
- Revisit criteria.	Yes/No		
Process and content of inspection (inc. reference to aide memoirs/checklists.)	Yes/No		
- Content and timing of inspection reports.	Yes/No		
<b>General</b>			
Are inspections carried out in accordance with the Authority's procedures?	Yes/No	Audit Check. Officer interviews. Checklist D.	Interviews with officers should test their understanding of the procedures. Ask officers to talk you through how they would undertake an inspection and how they would assess further action.
Do officers of the Authority determine the conformance of businesses against the relevant legislation?	Yes/No	Checklist D E	Auditors should look at any aide memoires or inspection checklists to ensure that the legislation is covered.
Do officers give due regard to the Industry Guides?	Yes/No	Checklist D E.	Hygiene Only
Are officer's observations and data obtained during the course of inspections legible and retrievable?	Yes/No	Officer interviews.	Auditors should look at a sample of inspection notebooks/ inspection sheets or computer systems.
Is there any evidence of internal monitoring of the quality of inspections?	Yes/No		
<b>Inspection reports/ Informal Warning letters</b>			
Have officers reported back in writing at the end of every food or feeding stuffs inspection?	Yes/No	Checklist D.	Auditors may need to x-check computer files with inspection records to ascertain that reports were sent after inspection.
Does the report contain the requirements laid out in the codes?	Yes/No	Checklist E.	Hygiene inspection reports [CP - 9.26 Annex 3] Standards inspection reports [CP - 8 .23 annex D or E] Currently the standards format in the rear of Code 8 does not allow for separation of advice from legal requirements. This will be addressed in the codes review. Reports left with the proprietor in this format should be accepted.

Question	Answer	Comments/Evidence	Auditors Notes
Do informal warning letters meet the requirements of the Codes ?	Yes/No	Checklist E.	
Is there any evidence of internal monitoring of inspection reports and/or warning letters?	Yes/No		
<b>Informal Appeal</b>			
(CP 5.51-53 + enforcement concordat)			
Is there evidence of a mechanism to allow discussion of the content of informal letters, improvement notices etc.?	Yes/No	Audit check.	Auditors should check for any standard para. in letters or pamphlet given to proprietors.
Are decisions recorded?	Yes/No	Audit check.	
<b>Prosecutions</b>			
Does the Authority have prosecution procedures?	Yes/No	Document review. (PVQ CA1) (PVQ CB1) (PVQ CC1 )	
Does the Authority tape record interviews with persons suspected of committing an offence?	Yes/No	Checklist H.	
If yes - Is there a procedure covering: (Police and Criminal Evidence Act 1984 - sections 60(1)(a) & 66 Code of Practice E)	Yes/No		
<b>Does PACE procedure cover:</b>			
- The use and sealing of tapes (paras. 2 & 4)	Yes/No		
- Making a record of taped interviews (para. 5 )	Yes/No		

Question	Answer	Comments/Evidence	Auditors Notes
- Tape movements (para. 5)	Yes/No		
- Making tape copies (para 2)	Yes/No		
Are tapes kept secure?	Yes/No	Checklist H. Audit Check.	
Have staff been trained on these procedures?	Yes/No	Audit Check. Officer interviews. Checklist A.	
Are the procedures being implemented?	Yes/No	Audit Check.	
Are procedures in place to ensure all relevant materials that are collected during a criminal investigation are retained? (Criminal Procedure and Investigations Act 1996 section 22 Code of Practice paras.4.1-4.4)	Yes/No	Audit Check Details:	
Are systems in place to ensure traceability, storage and security of exhibits and documents relevant to any proceedings? (Criminal Procedure and Investigations Act 1996 section 22 Code of Practice paras.5.1-5.10)	Yes/No		
Is there any evidence of internal monitoring of compliance with PACE requirements?	Yes/No		

**Documents:** Examples of Management reports (e.g. inspection programme, overdue inspections, premises according to risk) Inspection procedures, enforcement procedures.

**Statistics:** Inspection programme statistics

## **8. Food, Feedingstuffs and Food Premises Complaints**

- 8.1 The Authority shall set up, maintain and implement a documented policy and procedure(s) in relation to food and feedingstuffs complaints that originate within the UK, and those foods and feedingstuffs originating from other EU member states, or from third countries and in relation to complaints against food premises.
- 8.2 The Authority shall investigate complaints received in accordance with the relevant Food Safety Act Code of Practice, centrally issued guidance and the Authority's policies and procedures.
- 8.3 The Authority shall take appropriate action on complaints received in accordance with the Authority's enforcement policy.

Question	Answer	Comments/Evidence	Auditors Notes
Does the Authority have a policy on the investigation of complaints?	Yes/No	Document Review (PVQ B6)	The policy may include what complaints are investigated and may also set PIs for response.
Are all complaints investigated in accordance with the policy?	Yes/No	Audit Check Checklist L.	
Does the Authority have procedure(s) on the investigation of complaints?	Yes/No	Document Review (PVQ B6)	This procedure may link to others covering for instance formal interviews and preparation of legal cases.
Do they include:		Document Review (PVQ B6)	These have been taken from LACORS' 'Guidance on Food Complaints (2)'
- Receipt/traceability/storage of complaints.	Yes/No		
- Determining the enforcement responsibility.	Yes/No		
- Investigation.	Yes/No		
- Contact with the supplier / manufacturer/importer.	Yes/No		
- Involvement of home or originating authority (beginning and end of investigation)	Yes/No		
- Submitting samples for scientific investigation.	Yes/No		

Question	Answer	Comments/Evidence	Auditors Notes
- Notification of FSA in appropriate cases.	Yes/No		
- Links with other relevant procedures e.g. food poisoning investigation.	Yes/No		
- Single Liaison Body referral.	Yes/No		
- Contact with Complainant.	Yes/No		
Does the Authority have the ability to identify Home and Originating Authorities?	Yes/No	Audit Check Detail:	
Are the procedures implemented?	Yes/No	Checklist L.	
Is there any evidence of internal monitoring of handling of food complaints?	Yes/No		Include any monitoring of complaints being dealt with in accordance with the deadlines set out in the Service's own procedures.

**Documents:** Complaints policy (Service Plan), Complaints procedure

**Statistics:** Nos. of complaints (will be contained in monitoring information after first year), those complaints dealt with to date against estimate in Service Plan.

## **11. Food and Feeding Stuffs Premise Database**

11.1 The Authority shall set up, maintain and implement a database of the food premises and the feedingstuffs premises in its area.

11.2 The Authority shall set up, maintain and implement a documented procedure to ensure that its food and feedingstuffs premises database is accurate and up to date and that reasonable security measures are in place to prevent access and amendment by unauthorised persons.

Question	Answer	Comments/Evidence	Auditors Notes
What arrangements does the Authority have in place to ensure that its database is complete for all relevant food and feed premises in its area?		Detail:	<p>Arrangements might include:</p> <ul style="list-style-type: none"> <li>• Purchase/use of yellow pages/local directory info.</li> <li>• Formalised mechanisms to update records following inspection/planning or building control applications</li> <li>• Programmed Street Surveys</li> <li>• Comparison with other agency's/authorities databases.</li> <li>• Promotion of food registration.</li> </ul> <p>The resources put in to this by the Authority will depend on factors such as the rate of turnover of the business, the risk associated with a particular business and adherence to an inspection programme that includes all businesses.</p>
Is the database accurate?	Yes/No	Checklist K + other evidence relating to information held on the database and duplicate records discovered when completing other parts of the protocol.	Auditors may discover inspections, samples or complaints on hard files that have not been recorded on the computer. When searching for computer records duplicate entries may be found.
Does the database include accurate information on importers within the Authority's area?	Yes/No		

Question	Answer	Comments/Evidence	Auditors Notes
How does the Authority control the information entered onto the database?		Detail:	Arrangements might include: <ul style="list-style-type: none"> <li>• Restricted access for entering and deleting premises.</li> <li>• Documented input protocols</li> <li>• Training of input staff</li> <li>• Mandatory fields</li> <li>• Dedicated input staff</li> </ul>
Is there evidence that the Authority is monitoring the quality of the information entered onto the database?	Yes/No	Detail:	
How does the Authority verify the information held on its database?		Detail:	The effort the Authority needs to expend in checking the database will depend on the amount of users and the number of entries made. Arrangement might include: <ul style="list-style-type: none"> <li>• Data management checks e.g. Reports showing missing fields such as risk score, premises usage code etc. Reports showing names and addresses against a particular usage code to verify that they have been correctly allocated.</li> <li>• File audits to check for errors inputting from standard input sheets and whether hard copy files correspond to the information held on computer e.g. copies of inspection forms will indicate where an inspection should be recorded on the computer.</li> <li>• Utilising audit logs to ensure timely updates of records.</li> </ul>

Question	Answer	Comments/Evidence	Auditors Notes
Is access to the computer system controlled?	Yes/No		Auditors should expect to find a password system in place. Passwords should be changed regularly and each individual should be allocated one. The purpose of passwords is to limit access and to enable the audit log to detail that person's activity. Auditors should pay particular attention to shared computers where once accessed the system can be used by anyone. Auditors should investigate whether any other departments or sections within the council use the system and what controls there are in place to control access.
Who has management responsibility for the database?		Detail:	
Do they take responsibility for recording:  <ul style="list-style-type: none"> <li>• Details of any problem with the system and the action taken?</li> <li>• User access definitions?</li> <li>• Configurations of any standard reports?</li> </ul>	Yes/No  Yes/No  Yes/No		Some proprietary systems will have reports set up by the computer company. Others have report writing capabilities that are easily understood. Auditors should verify that the person responsible has knowledge of what any standard reports are showing him especially where these are used to monitor compliance with the service plan or make returns to the Agency.
Is the Authority's recording system capable of providing accurately the information required by the FSA?	Yes/No		The Auditor should obtain the monitoring information gathered by the FSA (currently article 14 requirements). If this information has not been provided then the auditor should investigate the reason. The auditor should discuss with the OCD team any queries they may have on the accuracy of the returns. The Food Standards Act requires LAs to provide information to the FSA. Failure to provide the information should be attributed to either the recording system or some other reason. Checks made under the Database section may help auditors come to conclusions under this section.
Is there evidence of any internal monitoring to validate the monitoring returns?	Yes/No		

Question	Answer	Comments/Evidence	Auditors Notes
Does the Authority have procedures in place to prevent corruption of the database?	Yes/No		The auditor should check the procedures. These procedures may well be included with those aimed at keeping the database up to date and accurate under section 11 of the Standard.
Are the procedures implemented?	Yes/No	Audit Check Detail:	The Auditor should check whether any other sections or department have access to the database and the extent of that access. The Auditor should confirm that the controls are in place. The Auditor may interview the Systems Administrator.
What arrangements does the Authority have to backup the computer database?		Detail:	

**Documents:** Database procedures

## **12. Food and Feeding Stuff Inspection and Sampling**

- 12.1 The Authority shall ensure that food and feedingstuffs are inspected in accordance with relevant legislation, Food Safety Act Codes of Practice and centrally issued guidance to ensure that food and feedingstuffs meet legally prescribed standards.
- 12.2 The Authority shall take appropriate action on any non-compliance found in accordance with the Authority's enforcement policy.
- 12.3 The Authority shall set up, maintain and implement a documented sampling policy and programme that shall accord with any centrally issued or relevant guidance, and relevant Food Safety Act Code of Practice and shall include reference to its approach to any relevant national sampling programme centrally co-ordinated by the Food Standards Agency.

NOTE: The Authority should consider the nature of its food establishments and also have regard to any relevant sampling programme centrally co-ordinated by LACORS and the PHLS and in Scotland, the Scottish Food Co-ordinating Committee and in Wales the Welsh Food Microbiological Forum.

- 12.4 The Authority shall set up, maintain and implement documented procedures for the procurement or purchase of samples, continuity of evidence and the prevention of deterioration or damage to samples whilst under their control in accordance with the relevant Food Safety Act Code of Practice and centrally issued guidance.
- 12.5 The Authority shall carry out sampling in accordance with its documented sampling policy, procedures and programme.
- 12.6 The Authority shall take appropriate action in accordance with its enforcement policy where sample results are not considered to be satisfactory.
- 12.7 The Authority shall, where appropriate, ensure a Public Analyst, and/or Agricultural Analyst is appointed to carry out examinations and analyses of food and feedingstuffs samples. In making these appointments all relevant legal requirements and Food Safety Act Codes of Practice shall be satisfied. All samples for examination should be submitted to a Food Examiner at a laboratory accredited for the purpose of examination.

Question	Answer	Comments/Evidence	Auditors Notes
Has any seizure/detention/voluntary surrender of food been undertaken in accordance with the Codes?	Yes/No	Document review (PVQ CA1, CB1,CC1, CD1) Checklist I.	
Does the Authority have a documented sampling policy? [CP 7.4]	Yes/No	Document Review (PVQ B8.)	Auditors will need to take into account the range of activity of the LA when assessing the completeness of the sampling policy, procedures and programme. The PVQ information on the LA profile will aid in this.
Does the sampling policy take account of:			
- A risk based approach.	Yes/No		
- HA premises.	Yes/No		
- OA premises.	Yes/No		

Question	Answer	Comments/Evidence	Auditors Notes
- Imported Foods	Yes/No		
- Process monitoring.	Yes/No		
- Complaints.	Yes/No		
- Surveys. National & Regional	Yes/No		
- Special investigations.	Yes/No		
Does the Authority have a sampling procedure?	Yes/No	Document Review (PVQ B8)	
Does it cover?			Auditors should note that some of these issues will be detailed within specific protocols, e.g. for national surveys.
- Equipment required.	Yes/No		
- Procurement of samples.	Yes/No		
- Sample size.	Yes/No		Procedures may reference centrally issued protocols or protocols drawn up by food groups that cover sample size/method of sampling etc.
- Method of sampling (hot, cold, frozen, solid, liquid, bulk etc)	Yes/No		
- Sealing, labelling, bagging.	Yes/No		
- Documentation.	Yes/No		
- Storage and transport.	Yes/No		
- Results and further action.	Yes/No		

Question	Answer	Comments/Evidence	Auditors Notes
- Traceability/continuity of evidence.	Yes/No		
- Link with FHW procedure	Yes/No		
- Contact with PA/PHLS.	Yes/No		
Does the Authority have a documented sampling programme? [CP 7.5]	Yes/No	Document Review (PVQ B8)	Programme should take into account the number, type and risk ratings of the premises in the area, and the authority's Home Authority responsibilities. [CP 7.5]
Was the programme prepared in consultation with food examiner / public analyst? [CP 7.6]	Yes/No	Audit Check	
Is the programme in accordance with the sampling policy?	Yes/No	Document Review (PVQ B8)	
Is the Authority implementing the programme?	Yes/No	Audit Check of sampling results to verify compliance with the plan.	Auditors should note that Article 14 returns will also give an idea of activity prior to the audit.  If the Authority has not met its programme. The Auditor should examine any review that may have been done with the PA/Food Ex to determine the reasons.

Question	Answer	Comments/Evidence	Auditors Notes
Has action followed sample results that were not considered satisfactory?	Yes/No	Checklist M. Officer interviews.	The Auditor will need to examine any record of sampling activity. Where samples have been unsatisfactory the premises files/interviews with officers should establish whether action has been taken. The food examiners or Public Analysts report will give an indication whether the food met legal requirements or whether the results require further investigation.
Are all microbiological and formal food standards food samples submitted to an Official Control laboratory?	Yes/No	Checklist M.	
Are all feeding stuffs samples sent to the Agricultural analyst?	Yes/No		
Are the laboratories used on the list of Official Laboratories?	Yes/No	Document review (PVQ B2)	Details of the Public Analyst and the Food Examiner should be within the service plan information. The List of official labs can be found at <a href="http://www.foodstandards.gov.uk/food/industry/lablist.htm">http://www.foodstandards.gov.uk/food/industry/lablist.htm</a>
Is there any evidence of internal monitoring of food sampling and any appropriate follow up?	Yes/No		Include details of any monitoring against the Authority's own programme.

**Documentation:** Sampling policy, sampling procedures, sampling programmes (current and last years) Appointment letters for PA and AA.

**Statistics:** Numbers of samples taken. (Last year from OCD and this year to date against the programme), sampling budget.

### **13. Control and Investigation of Outbreaks And Food Related Infectious Disease**

- 13.1 The Authority shall set up, maintain and implement a documented procedure which has been developed in association with all relevant organisations in relation to control of outbreaks of food related infectious disease in accordance with relevant central guidance.
- 13.2 The Authority shall set up, maintain and implement a documented procedure which has been developed in accordance with centrally issued guidance, and in association with all relevant organisations for the investigation of notifications of food related infectious disease.
- 13.3 All records relating to the control and investigation of outbreaks and food related infectious disease shall be kept for at least 6 years.

Question	Answer	Comments/Evidence	Auditors Notes
Does the Authority have a procedure for outbreaks of food poisoning?	Yes/No	Document Review (PVQ CA2 and CD1)	Auditors should familiarise themselves with Department of Health Management of Outbreaks of Foodborne illness or relevant devolved administration guidance.
Who was consulted in its preparation?		Officer interview or list in document. Detail.	
Does it cover:			
- The criteria for declaring an outbreak.	Yes/No		
- A description of the role and the extent of the responsibilities of each of the organisations and individuals.	Yes/No		
- The arrangements for consulting and informing the CDSC or PHLS, relevant reference labs, the Health Authority and the FSA.	Yes/No		
- The arrangements for liaison with neighbouring LAs and HAs.	Yes/No		
- Arrangements for creating an outbreak control team and the support for this group and the duties of the group.	Yes/No		
- Support for Outbreak Control Team.	Yes/No		
- Duties of the Outbreak Control Team.	Yes/No		
- The facilities required.	Yes/No		

Question	Answer	Comments/Evidence	Auditors Notes
- The provision of staff outside normal working hours	Yes/No		
- Final report to CDSC.	Yes/No		
Has the outbreak procedure been implemented?	Yes/No	Officer interview	The Auditor should check with Colindale on outbreaks which have been reported by that Authority. Auditors should check minutes of any Outbreak Control team meetings. The Auditor should note the investigative methods.
Is there any evidence of internal monitoring of outbreaks?	Yes/No		
Does the Authority have a documented procedure in relation to the investigation of food poisoning notifications?	Yes/No	Document review (PVQ CA2)	
Does it cover:			
- Investigation required for differing organisms.	Yes/No		
- Follow up inspections of implicated food premises.	Yes/No		
- Links with the official laboratory.	Yes/No		
- Identification of possible links between sporadic cases.	Yes/No		
- Food sampling	Yes/No		
- Taking stool specimens	Yes/No		
- Exclusion of food handlers/those in high risk groups.	Yes/No		
- Do officers follow the procedure?	Yes/No	Checklist Q.	
Is there any evidence of internal monitoring of food poisoning notifications?	Yes/No		

**Documents:** Outbreak Control Plan, Procedure on investigation of sporadic infectious disease cases.

**Statistics:** Numbers of outbreaks

#### **14. Food Safety Incidents**

- 14.1 The Authority shall set up, maintain and implement a documented procedure for responding to food hazard warnings received from the Food Standards Agency, in accordance with the relevant Food Safety Act Code of Practice. This shall include out of hours contact arrangements.
- 14.2 The Authority shall maintain a computer system capable of receiving food hazard warnings.
- 14.3 The Authority shall document its response to and the outcome of each food hazard warning.
- 14.4 The Authority shall set up, maintain and implement a documented procedure for responding to food safety incidents.

NOTE: Food safety incidents might be notified as part of the food hazard warning system (see 14.1 above) or as a separate notification from the Food Standards Agency.

- 14.5 The Authority shall notify the Food Standards Agency of any serious localised incident or a wider food safety problem in accordance with the Food Safety Act Codes of Practice or feedingstuffs legislation.

Question	Answer	Comments/Evidence	Auditors Notes
Does the Authority have a documented procedure for responding to food hazards?	Yes/No	Document Check (PVQ B9)	
Is the procedure in accordance with Code of Practice 16?	Yes/No		
Does the Authority have a computer system capable of receiving food hazard warnings?	Yes/No	Checklist N.	The computer system will need to be connected to either TS link or EHC net. [CP - 16.27]
Has the Authority's response to each food hazard warning been adequate?	Yes/No	Checklist N.	<ul style="list-style-type: none"> <li>- Cat A – immediate action</li> <li>- Cat B - for action</li> <li>- Cat C - for action as deemed necessary</li> <li>- Cat D - for info. only.</li> </ul> [CP - 16.21] Auditors will need to ask for computer reports of lists of premises to demonstrate ability to respond to hazard warnings.
Does the Authority have an out of hours contact mechanism?	Yes/No	Audit check Detail:	Green "Directory of Environmental Health Departments" contact details. [CP - 16.17]  [Food incidents – system still to be determined for feeding stuffs.]

Question	Answer	Comments/Evidence	Auditors Notes
Does the Authority document its response to each food hazard warning?	Yes/No	Checklist N.	
Has the Authority had any incident that could be classified as a serious localised incident or a wider food safety problem?	Yes/No	Officer interviews	The auditor may also identify incidents through checks made on infectious disease notifications, outbreak investigations, and complaint investigations.
Did the Authority notify the FSA?	Yes/No	Officer interviews	
Are officers aware of this provision of the codes?	Yes/No	Officer interviews	
Is there any evidence of internal monitoring in relation to food hazard warnings?	Yes/No		

**Documents:** Procedure on Food Hazard Warnings. Computer print outs of categories

## 15. Enforcement

15.1 The Authority shall set up, maintain and implement a documented enforcement policy, in accordance with the relevant Food Safety Act Codes of Practice and other official guidance, approved by the relevant Local Authority Member forum.

NOTE: The enforcement policy or an accurate summary should be readily available to the public and food businesses in the Authority's area.

15.2 The Authority shall carry out food law enforcement in accordance with the relevant Food Safety Act Codes of Practice and centrally issued guidance.

15.3 All decisions on enforcement action shall be made following consideration of the Authority's enforcement policy. The reasons for any departure from the criteria set out in the enforcement policy shall be documented.

Question	Answer	Comments/Evidence	Auditors Notes
Does the Authority have a written Enforcement policy?	Yes/No	Document review (PVQ B6)	
Does it cover?			
- Enforcement options (inc. formal cautions) and the circumstances in which they should be used.	Yes/No	Document review (PVQ B6)	
- The internal appeals mechanism.	Yes/No		
- Emphasis on proportionate enforcement based on risk.	Yes/No		
- Include reference to the involvement of home and originating authorities.	Yes/No		
- Includes the Crown prosecutors (E&W only) and Code 2.18 requirements in deciding to prosecute.	Yes/No		
- Human Rights Act	Yes/No		
Has the appropriate member forum approved the policy?	Yes/No	Date: Forum:	The committee minutes should be available to verify this approval. The forum chosen should ensure that the policy is made public.

Question	Answer	Comments/Evidence	Auditors Notes
Are officers aware of the contents of the policy?	Yes/No	Officer interview	
Is there evidence of it being implemented?	Yes/No	Audit check Detail:	This evidence may be in the form of coversheets on prosecutions or notes in relation to follow up on inspections demonstrating that the policy has been considered, or it may be obtained through officer interview
Are enforcement actions being carried out in accordance with the relevant FSA Codes of Practice and centrally issued guidance? – for each type of enforcement provide details of any internal monitoring to ensure this is the case.			
Improvement Notices	Yes/No		
Voluntary Closures	Yes/No		
Voluntary Surrenders	Yes/No		
Detentions/Seizures	Yes/No		
Emergency Prohibition Notices	Yes/No		
Formal Enforcement	Yes/No		
Prosecutions	Yes/No		
Have any enforcement decisions been made outside the enforcement policy guidelines?	Yes/No	Checklists EFGHI	
Have the reasons been documented?	Yes/No	Checklists EFGHI	
Has the policy or a summary been published?	Yes/No	Audit check	
Is it made available to the public and businesses? And how is this done?	Yes/No	Audit check Detail:	
Does the Authority have procedures detailing follow up actions?	Yes/No		

**Documents:** Enforcement Policy and any public versions

**16. Records and Inspection Reports**

- 16.1 The Authority shall maintain up to date accurate records in retrievable form for all food and feeding stuffs premises in its area in accordance with the relevant Food Safety Codes of Practice. These records shall include reports of all inspections and visits and the determination of compliance with legal requirements made by the authorised officer, details of action taken where non compliance was identified, details of any enforcement action taken, results of any sampling, details of any complaints and any action taken, and also relevant food and/or feeding stuffs registration, approval and licensing information.
- 16.2 All records shall be kept for at least 6 years, unless they have been marked for longer retention because of litigation or Local Government Ombudsmen review.

Question	Answer	Comments/Evidence	Auditors Notes
Are records of food premises easily retrievable?	Yes/No		Records will be required for the checks on enforcement. This will go some way in determining whether they are retrievable. Auditors should examine the storage system and attempt to retrieve records themselves.
Do they include relevant details?	Yes/No	Checklists DEFGHIJLMPR	These details may be either on the computer database and/or on the premise files. The information to be stored on the database and on the file should be defined by Authority. Auditors should ensure that records are kept in accordance with Authority's policy.
Are records available for the last two years?	Yes/No	Checklists DEFGHIJLMPR	
Is there any evidence of internal monitoring of record keeping?	Yes/No		These details should be picked up when examining records for premises and actions taken.

## 19. Internal Monitoring

19.1 The Authority shall set up, maintain and implement documented internal monitoring procedures in accordance with the relevant Food Safety Act Code of Practice and centrally issued guidance.

19.2 The Authority shall verify its conformance with this Standard, relevant legislation, the relevant Food Safety Act Codes of Practice, relevant centrally issued guidance and the Authority's own documented policies and procedures.

Question	Answer	Comments/Evidence	Auditors Notes
Does the Authority have a documented monitoring procedure?	Yes/No	Document Review (PVQ B12)	Inspection quality and nature [CP - 9.45] Inspection quality and nature [CP - 8.28] Returners to food > 3 years should be monitored by senior officer for 3 months [CP 19.10]
- Who carries out the monitoring?		Name(s):	
- Are there nominated deputies?	Yes/No	Name(s):	
- To what level of seniority does the internal monitoring extend			
Does it cover monitoring:		Document Review (PVQ B12)	Monitoring of the different sections of the standard may be undertaken at differing frequencies. The aim of monitoring is to ensure compliance with the Standard, the Authority's procedures, and consistency of enforcement between officers. The auditor may consider making use of any third party report in assessing conformance with this part of the standard.
- of officer authorisations in line with their competency and qualifications?			Details of any competence/authorisation matrix
- against the Standard, CoPs, central guidance, and the Authority's own procedures?	Yes/No		Detail if any of these are not monitored against.
- of inspections	Yes/No		
- of complaints	Yes/No		
- of sampling	Yes/No		
- of enforcement action	Yes/No		
- of food hazards	Yes/No		

Question	Answer	Comments/Evidence	Auditors Notes	
- of outbreaks and IDs	Yes/No			
- Frequency of monitoring and responsibility.	Yes/No			
- Quantitative aspects of the service.	Yes/No		Examples of quantitative monitoring may include:	Tick
			• Response times against PI's e.g. response to service requests / Issue of inspection reports	
			• No. of inspections against programme	
			• No of samples against programme	
- Qualitative aspects of the service	Yes/No		Examples of qualitative monitoring may include: Note: LACORS Guidance on monitoring systems 1995	
			• Consistency exercises	
			• Shadow/verification inspections	
			• Team meetings to discuss interpretational issues	
			• File audits of inspections/complaints/sample follow up/I.D investigation	
			• checks on complaints against the service e.g. against officers	
			• Review of letters	
			• Prior approval of notices/prosecutions/formal cautions	
			• Customer satisfaction questionnaires	
• Business focus groups				
• Review of complaints against the service				
Has the procedure been implemented?		Audit check Detail:	Auditors should check team meeting minutes and records of qualitative monitoring activity. Quantitative monitoring is likely to form part of regular management meeting, minutes and reviews against the service plan.	
What examples are there of internal monitoring and at what frequency are they being carried out?				

Question	Answer	Comments/Evidence	Auditors Notes
Is there any internal monitoring of any courses provided by the Authority to businesses in their area?	Yes/No		
Are records of internal monitoring kept?	Yes/No		
Where necessary have corrective actions been identified and implemented?	Yes/No	Audit check of records	There should be evidence of corrective action where non-conformity is found. Continuing identification of the same problem could indicate that corrective action had not been effective.
How have corrective actions been addresses			e.g. training

Summary	Tick	Comments
Evidence of appropriate monitoring		
Evidence of too frequent monitoring		
Evidence of not frequent enough monitoring		
Corrective actions properly identified		
Corrective actions not properly identified		
Corrective actions properly addressed		
Corrective actions not properly addressed		

**Documents:** Internal monitoring procedures, copies of any internal reports following consistency or monitoring exercises.

## **20. Third Party or Peer Review**

20.1 The Authority shall participate in any appropriate third party or peer review process against the Standard.

Question	Answer	Comments/Evidence	Auditors Notes
Have any inter authority audit schemes taken place in the Authority's area?	Yes/No	Officer interview	The Auditor should log the scope of the audit and the date. The Auditor should have received a copy of the report with the PVQ. Where there is no evidence of an inter authority audit the auditor should assess whether such an exercise has been undertaken in the area.
Has the Authority participated in any inter authority audit scheme?	Yes/No	Document review (PVQ B13)	
Has the Authority participated in any other third party/peer review process?	Yes/No	Document review (PVQ B13)	Third party audits may include, Best Value inspections, IIP, ISO 9000, ISO 45004
When did the last IAA and/or other 3 <sup>rd</sup> party/peer review audit take place?			where applicable provide dates for each example
Was the whole of the food service audited?	Yes/No		
If it was a focused audit, what aspects of the Service did it cover?			
Has any of the audit activity included checks on the Agency's monitoring data e.g. input, returns etc.	Yes/No		
If it was a focused audit, does it form part of a wider programme aimed at auditing the whole service	Yes/No		provide details
Was the audit part of a rolling programme?	Yes/No		If yes, what frequency?

Question	Answer	Comments/Evidence	Auditors Notes
What was the audit carried out against? e.g. the Standard, ISO			
How many auditors carried out the audit?			
Were the auditors involved qualified?	Yes/No		Detail of qualification
Had they received any training?	Yes/No		
How were auditors allocated? e.g. random, reciprocal			
Was a PVQ completed prior to the audit?			
What did the audit consist of? e.g. file checks, officer interviews, accompanied inspections.			
Have corrective actions been identified during any third party/peer review process?	Yes/No	Document review (PVQ B13)	
If so, have these corrective actions been programmed as part of an action plan?	Yes/No	Audit check	If No, How?
Is the Authority adhering to this action plan?	Yes/No	Audit check	

Question	Answer	Comments/Evidence	Auditors Notes
Has there been any follow up to check on implementation of the Action Plan?	Yes/No		If Yes, when and how?
Who is responsible for following up on implementation of the action plan? e.g. the Authority, the auditors			
Is there any overarching monitoring being undertaken by the liaison group? e.g. through a steering group	Yes/No		
Was there any dissemination of good practice identified?	Yes/No		If Yes, how?
Did the report of the audit go to Members?	Yes/No		
Has the Service benefited from any additional resources as a result of the audit?	Yes/No		
Has an evaluation of the effectiveness of the scheme been carried out?	Yes/No		

Summary	
Positive aspects of peer review/IAA	Negative aspects /lessons to learn

**Documentation:** Audit report summaries and action plans.