



Springfield-Greene County
Health Department
Helping people live longer, healthier, happier lives

FOOD ESTABLISHMENT PUBLIC HEALTH PRIORITY ASSESSMENT WORKSHEET

OWNER NAME		ESTABLISHMENT NAME	
ADDRESS			ZIP CODE
1. Past History			
Previous Involvement in foodborne illness	(1.5)		
Previous Critical Item violation	(1.0)		
No Critical violation	(0.5)		
2. Are Potentially hazardous food (PHF) items served?	Y (1.5)	N (0.5)	
3. Are PHF's prepared only in individual portions?	Y (0.5)	N (1.5)	
4. Are PHF's served from a buffet or salad bar?	Y (1.5)	N (1.0)	
5. Are PHF's cooked, held, and/or reheated?	Y (1.5)	N (0.5)	
6. Are PHF's prepared from raw non-frozen ingredients?	Y (1.5)	N (1.0)	
7. Are PHF's prepared and held before service?	Y (1.5)	N (0.5)	
8. Are PHF's extensively handled with multiple-step preparation?	Y (1.5)	N (0.5)	
9. Is the average number of meals or patrons served per day	1-150 151-400 400- plus	(0.5) (1.0) (1.5)	
10. Is a critical population served? (i.e., Day-care, School, Senior Nutrition Site)	Y (1.5)	N (0.5)	
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			

E6.3