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## **Focused Audit**

Protocols for the Focused Audit Programme on Database  
Management, Inspections and Internal Monitoring Arrangements  
**(revised July 2008)**

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**(DIIMP/1) Organisation and Management [The Standard - para. 3]**

- 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.

<b>Question</b>	<b>Answer</b>	<b>Comments/Evidence</b>	<b>Auditors Notes</b>
1. Does the Authority (LA) have a service plan?	Yes/No	Document review/PVQ	<i>The service plan should be provided prior to the visit. Auditors should check the document or documents against the Food Law Enforcement – Service Planning Guidance. The plan should ideally address all the relevant areas in the Guidance. However, the plan may be written in a corporate format, and the information might not be within one document. Auditors will need to look carefully through the paperwork provided, and follow up any areas where information is not available. (It is likely that the paperwork available for other sections of the audit will provide some answers).</i>
2. Has the plan and any subsequent reviews been submitted for Member approval?	Yes/No	Document review//PVQ	<i>Auditors will need to see a copy of the relevant minutes. 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 that members are aware of the Service's performance. Reviews should be undertaken on at least an annual basis.</i>
3. Following a review were actions to address any variations from the service plan <i>included in the following year's arrangements?</i>	Yes/No	Document review/PVQ/ Officer interview (if necessary)	<i>Give brief details of the variations and the proposed action to redress these. 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 this protocol.</i>

[INSERT NAME OF LA]

Question	Answer	Comments/Evidence	Auditors Notes
4. Does the service plan provide information on:		Document review/PVQ	
<ul style="list-style-type: none"> <li>Organisational structure identifying officers with specialist and managerial responsibilities for food;</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>The demands on the Service;</li> </ul>	Yes/No		<i>This element should include responsibilities and arrangements for any specialist/ non-typical/ potentially high risk food operations in the LA's area.</i>
<ul style="list-style-type: none"> <li>Enforcement policy;</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>Details of the food hygiene intervention programme;</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>Where appropriate, a statement of the LA's approach to Alternative Enforcement Strategies;</li> </ul>	Yes/No		<i>This information may alternatively be contained in the authority's enforcement policy.</i>
<ul style="list-style-type: none"> <li>A statement of the LA's policy on food complaints, and likely demand;</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>A statement on the LA's food sampling policy and arrangements for examination;</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>A statement on the LA's policy on the investigation of food poisoning notifications, outbreak control, and likely demand;</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>A statement on the LA's policy on the handling of Food Alerts (and RASFF where applicable), and the likely demand;</li> </ul>	Yes/No		<i>(RASFF = Rapid Alert System for Food and Feed relevant to LA's with ports).</i>
<ul style="list-style-type: none"> <li>Details of the liaison arrangements in place;</li> </ul>	Yes/No		<i>LAs with point of entry responsibility should provide separate information on the resource allocated to this aspect of enforcement.</i>

[INSERT NAME OF LA]

Question	Answer	Comments/Evidence	Auditors Notes
<ul style="list-style-type: none"> <li>Financial allocation;</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>Staffing allocation;</li> </ul>	Yes/No		<i>This should include details of the staffing needed to deliver the LA's enforcement programme and the staffing resource available.</i>
<ul style="list-style-type: none"> <li>Staff training and development plan;</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>Quality assessment, including relevant monitoring arrangements and any external accreditation;</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>3<sup>rd</sup> party peer review/IAA;</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>Performance review against the service plan;</li> </ul>	Yes/No	Document review/PVQ	<i>The performance review may be in a separate document.</i>
<ul style="list-style-type: none"> <li>Identification of any variance in meeting the service plan;</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>Areas for improvement.</li> </ul>	Yes/No		
<p>5. What arrangements are in place to measure performance against NI 182 –<i>satisfaction of businesses with LA regulatory services</i>, in relation to the Food Service?</p>		Detail:	<i>This should include discussion with the ALO on how local targets have been derived. For NI 182, DBERR recommends monthly postal surveys, although states LAs should run surveys in the most appropriate way for them. It can also include returns from education events or seminars working with a number of food businesses.</i>
<p>6. Details of the arrangements in place to measure <i>percentage of food businesses in the area broadly compliant with food hygiene law</i> [NI 184]</p>		Detail:	<i>This should include discussion with the ALO on how local targets have been derived. For food hygiene, "broadly compliant" is defined as an establishment that has an intervention rating score of not more than 10 points under Annex 5, A5.2: part 2 Hygiene and Structure, and part 3 Confidence in Management.</i>

[INSERT NAME OF LA]

Question	Answer	Comments/Evidence	Auditors Notes
<p>7. What arrangements are in place for the LA to publish/report on performance against NI's 182 and 184?</p>		<p>Detail:</p>	<p><i>The new performance framework introduces a national indicator set of 198 NI's. Performance against each of these indicators will be published annually by the Audit Commission. It is also up to LAs to report to their users on their performance during the year as they consider appropriate. LAs can choose up to 35 designated targets for their area as part of their Local Area Agreement, which reflect local priorities for improvement against the national indicator set. In addition there are 17 statutory targets set against educational attainment and early years NI's.</i></p>
<p>8. Does the Service support business compliance through:</p> <ul style="list-style-type: none"> <li>• An effective and appropriate intervention programme?</li> <li>• Complete and accurate food premises database?</li> <li>• Provision of appropriate advice and education?</li> <li>• Effective internal monitoring to ensure consistency of enforcement activities?</li> </ul>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>	<p>Comments should be completed at the end of the on-site audit to summarise/confirm audit findings:</p>	

**Documents:** Service plan, performance review, copy of committee report agreeing service plan and review, published reports on performance against NI's.

**Statistics:** No. of staff, No. of full time equivalents, no. of premises for food hygiene, (risk categorised – these may be obtained from the LA's OCD returns).





[INSERT NAME OF LA]

**(DIIMP/2) Reviewing and Updating of Documented Policies and Procedures [The Standard – para. 4]**

4.1 The Authority shall ensure that all documented policies and procedures for each of the enforcement activities covered by this Standard are reviewed.

NOTE: This should normally be at regular intervals and whenever there are changes to legislation or centrally issued guidance.

4.2 The Authority shall set up, maintain and implement a control system for all documentation, which may be in electronic format, relating to its enforcement activities. The system shall ensure that:

- a) up to date copies of the appropriate documentation including legislation and guidance are available at all relevant locations and to all relevant staff;
- b) all changes to documents or amendments to documents are covered by the correct authorisation and are carried out without undue delay to ensure timely availability; and
- c) superseded documents are removed from use throughout the Authority.

Question	Answer	Comments/Evidence	Auditors Notes
1. Are policies and procedures up-to-date?	Yes/No		

**Documents:** procedure (if documented) for document control.

**Additional notes:**

Ref no.	Issue

[INSERT NAME OF LA]

**(DIIMP/3) Authorised Officers [The Standard – para. 5].**

- 5.1 The Authority shall set up, maintain and implement a documented procedure for the authorisation of officers based on their competence and in accordance with the relevant Food Safety Act Code of Practice and any centrally issued guidance.
- 5.2 The Authority, where it is responsible for the enforcement of food hygiene legislation, shall appoint an officer/s with specialist knowledge to have lead responsibility for that legislation. Where the Authority has specific responsibilities, for example, it is a UK point of entry or it has establishments approved under product specific legislation, it should ensure that officers have the necessary specialist knowledge.
- 5.3 The Authority shall appoint a sufficient number of authorised officers to carry out the work set out in the approved service delivery plan and they shall have suitable qualifications, training and experience consistent with their authorisation and duties in accordance with the relevant Food Safety Act Code of Practice.
- 5.4 The Authority shall set up, maintain and implement a documented training programme. The Authority shall ensure the training of all authorised officers and appropriate support staff in the technical and administrative aspects of the work in which they will be involved. Where training is provided, details of the content and objectives of the course, the duration and any assessment made of that training should be maintained on file. The training given shall depend upon the ability, qualifications, experience and responsibility of persons involved and their level of authorisation.
- 5.5 Records of relevant academic or other qualifications, training and experience of each authorised officer and appropriate support staff shall be maintained by the Authority in accordance with the relevant Food Safety Act Code of Practice.

Question	Answer	Comments/Evidence	Auditors Notes
1. Does the LA have a documented procedure covering authorisations? (CP 1.2.2 & FLECP 1.2.2)	Yes/No	Document review/PVQ	<p><i>An authorisation procedure should cover:</i></p> <ul style="list-style-type: none"> <li><i>delegated powers – who is authorised to do what and what qualifications are required;</i></li> <li><i>who is authorised to approve legal proceedings (auditors will need to confirm these delegations through the Authority's standing orders and scheme of delegation);</i></li> <li><i>the arrangements in place for refresher and induction training;</i></li> </ul> <p><i>the assessment process to ensure and demonstrate that the Authority has assessed the competence of the authorised officers in accordance with CP 1.2 (inspection techniques; HACCP assessment; knowledge of legislation; food technology – if high risk – appropriate competency in the technology involved).</i></p>
2. Has the LA appointed specialist officer(s) with responsibility for <ul style="list-style-type: none"> <li>Food hygiene</li> </ul>	Yes/No	<p>Checklist (DIIMC) A/Officer interview/Document Review/PVQ Annex</p> <p>Name of Officer(s):</p>	<p><i>CP 1.2.8 Food Authorities with responsibility for food hygiene, safety and law should appoint a suitably qualified and experienced lead officer for food hygiene.</i></p>

[INSERT NAME OF LA]

Question	Answer	Comments/Evidence	Auditors Notes
<ul style="list-style-type: none"> <li>• Approved Establishments* (where applicable)?</li> </ul>	Yes/No		<p><i>The Food Authority should notify the Agency of the name(s) of their lead officer(s) and notify the Agency of changes.</i></p> <p><i>*There is no requirement to appoint a lead officer for these activities. However, auditors should check that the specialist/enforcement officer(s) have the relevant experience, knowledge, training and general qualification, if there are a number of product specific premises in its area requiring approval/classification.</i></p>
<p>3. Any problems identified with the LA's scheme of delegated authority? i.e:</p> <ul style="list-style-type: none"> <li>• Officer authorisations; (inc. all types of interventions)</li> <li>• Prosecutions;</li> <li>• Simple cautions;</li> <li>• Notices;</li> <li>• Approvals.</li> </ul>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>	<p>Document review Detail:</p>	

*\*Authorisations must be in accordance with officers' individual levels of qualification, training, experience and CoP requirements:*

**Food Hygiene:** Competencies at Annex 2 in regard to HACCP and inspection techniques; nature and types of food businesses in their area and the technology they utilise, relevant legislation, Code of Practice, Industry Guides, LACORS guidance and Central Government. CP-1.2.9.1.4. EHO (EHRB registered), OVS, + higher certificate needed for A & B risk premises, all premises in the "substantial" category of the Consumers at Risk section in Annex 5 of the CP. Where premises are approved under product specific legislation officers must have detailed knowledge of the relevant product specific regulations. Officers inspecting specialist or complex processes shall have received additional training and demonstrated their competence to undertake such inspections CP 1.2.9.1.2. Hygiene **Improvement notices:** EHOs Higher Cert. in AB premises and Ordinary in C-F + authorised [CP1.2.9.1.5]. **Improvement Notices:** EHOs **Hygiene Emergency Prohibition Notices ,Emergency prohibition notices and Remedial Action Notices:** EHOs, 2yrs experience in food currently involved in food [CP 1.2.9.1.7]. **Seizure and detention:** EHO, TSO, OVS, Meat only – Authorised Officers (Meat Inspection) Regulations 1987 [CP 1.2.9.3.1]. **Alternative Enforcement Strategies:** Officers managing AES must be qualified in accordance with Chapter 1 of the Code of Practice. Officers undertaking AES need not meet the qualification requirements provided their activities are confined to information gathering [CP 1.2.10] Qualification requirements for interventions [CP 1.2.11] **Inspections/audits** – appropriately qualified officer with experience in food law enforcement or, re primary production, experience on-farm in relation to feed or animal health inspection in accordance with CP 1.2.9 ; **Verification/surveillance** – appropriately

[INSERT NAME OF LA]

qualified officer with experience in food law enforcement, in accordance with CP1.2.9; **sampling visits** – officer appointed in accordance with CP 1.2.7 (and where appropriate CP 1.2.9); **advice and education** and **information/intelligence gathering** – officer authorised in accordance with section CP 1.2.10.

Question	Answer	Comments/Evidence	Auditors Notes
<b>Training</b>			
4. Are any training needs in relation to enforcement identified and included in a training programme?	Yes/No	Audit check/Officer interview	<i>Auditors should look particularly for evidence of recent/update training relating to the Police and Criminal Evidence Act (PACE, the Criminal Procedure and Investigations Act (CPIA) and other training relevant to processing formal actions. Auditors should also look at any arrangements for liP in place and how these interrelate with the CPD training arrangements.</i>
5. Any problems identified with adequacy or appropriateness of officer training?	Yes/No		
6. Have officers received appropriate training on: <ul style="list-style-type: none"> <li>• Food hygiene interventions</li> <li>• Formal enforcement actions</li> <li>• Imported food controls</li> <li>• HACCP</li> <li>• Gathering evidence</li> </ul>	Yes/No	Audit check/Officer interview	
7. Are officer qualifications and training records maintained?	Yes/No	Document review/Audit check	

**Documents:** Current training programme, authorisation procedure, qualification/training records.

**Additional notes:**

Ref no.	Issue

[INSERT NAME OF LA]

**(DIIMP/4) Food and Feedingstuffs Premises Inspections [The Standard – para. 7]**

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.

NOTE: Premises includes any ship or aircraft of a description specified in the schedule to the Food Safety (Ships and Aircraft) (England and Scotland) Order 2003, the Food Safety (Ships and Aircraft) (Wales) Order 2003 [and the Food Safety (Ships and Aircraft) (Northern Ireland) Order 2004.

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.

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
1. Are interventions being carried out at least at the minimum frequency set out in the Food Law Code of Practice?	Yes/No	Document Review. Checklist (DIIMC) B.	<i>The service plan should have identified the planned programme. The FSA's monitoring information should identify the LA's progress towards these targets. The auditor should verify from the computer/file records that:</i> <i>a) Premises are being risk-rated correctly;</i> <i>b) Premises are receiving interventions according to their risk category and no later than 28 days after they are due except in circumstances outside of the control of the Authority such as seasonal businesses.[CP – 4.1.6] &amp; [CP – 4.1.12]</i>  <i>Internal monitoring reports of interventions due, and interventions overdue should be requested, and auditors should verify that interventions are up to date.</i>

[INSERT NAME OF LA]

Question	Answer	Comments/Evidence	Auditors Notes
<p>2. What arrangements are in place to draw up the yearly intervention programme, taking into account the flexibilities in the Food Law Code of Practice?</p>		<p>Detail:</p>	<p><i>Auditors should discuss with the ALO the means by which, in drawing up the intervention programme, the LA decides upon the most appropriate interventions at premises, including:</i></p> <ul style="list-style-type: none"> <li>• <i>options for full/partial inspections or audits of category A or B and non compliant category C premises;</i></li> <li>• <i>alternating interventions and other official controls at broadly compliant category C premises;</i></li> <li>• <i>alternating official and unofficial controls at category D premises;</i></li> <li>• <i>AES at category E premises.</i></li> </ul>
<p>3 Are choices of intervention type appropriate for premises intervention rating of</p> <ul style="list-style-type: none"> <li>• general food premises</li> <li>• approved establishments?</li> </ul>	<p>Yes/No</p> <p>Yes/No</p>	<p>Checklists (DIIMC) B H</p>	<p><i>Approved establishments (AE) with a category D intervention rating may be subject to alternating official and unofficial controls [CP 4.1.5.2.3]. AES is not an appropriate form of intervention in AEs with a category E intervention rating [CP 4.1.5.2.4]</i></p>
<p>4. Are premises visited within 28 days of their due date?</p>	<p>Yes/No</p>	<p>Checklist (DIIMC) B</p>	
<p>5. How does the Authority ensure that newly registered premises are appropriately risk rated and included within the intervention programme?</p>		<p>Detail:</p>	
<p>6. Are interventions being carried out by correctly authorised staff?</p>	<p>Yes/No</p>	<p>Checklists (DIIMC) B H</p>	

[INSERT NAME OF LA]

Question	Answer	Comments/Evidence	Auditors Notes
<p>7. Does the Authority have documented procedures covering interventions at:</p> <ul style="list-style-type: none"> <li>• Food premises?</li> <li>• Approved establishments?</li> </ul>	<p>Yes/No</p> <p>Yes/No</p>	<p>Document Review/PVQ</p>	<p><i>The procedures should cover all categories of Approval relevant to the premises in the LA's area. Where no premises have been identified that require Approval, the procedures should contain sufficient information to assist officers to recognise such operations and appropriate references to the relevant legislation, guidance and inspection forms.</i></p> <p><i>The procedures should cover the inspection of Approved Premises and the Approval process.</i></p>
<p>8. Are the procedures being properly implemented?</p>	<p>Yes/No</p>	<p>Audit check (DIIMC) B H</p>	
<p>9. Is follow up action (e.g. revisit inspection) appropriate and timely?</p>	<p>Yes/No</p>	<p>Checklist (DIIMC) B H</p>	
<p>10. Is there effective internal monitoring in place:</p> <ul style="list-style-type: none"> <li>• of intervention frequencies?</li> <li>• of the quality of interventions?</li> <li>• to ensure that establishments requiring approval have been appropriately approved or re-approved?</li> </ul>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>	<p>Audit check Checklist (DIIMC) B H</p>	

**Documents:** Examples of management reports (e.g. intervention programme, overdue interventions, premises according to risk), intervention procedures, enforcement procedures.

**Statistics:** Intervention programme statistics.



**(DIIMP/5) Food, Feedingstuffs and Food Premises Complaints [The Standard - para. 8]**

- 8.1 The Authority shall set up, maintain and implement a documented policy and procedure(s) in relation to complaints about food and feedingstuffs 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. Procedures should cover any referral arrangements to inland authorities and/or authorities with responsibility for imported food and feedingstuffs controls at the UK point of entry.
- 8.2 The Authority shall investigate complaints received in accordance with the 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
1. Is there evidence of effective internal monitoring of follow up action on: <ul style="list-style-type: none"> <li>• Food complaints?</li> <li>• Complaints about food premises?</li> </ul>	Yes/No  Yes/No		
2. Does the Authority have a <b>policy</b> on the investigation of food and food premises complaints?	Yes/No	Document review/PVQ	<i>The policy may include specific reference to the types of complaints that are to be investigated and any Performance Indicators (PIs) for response.</i>
3. Are all food and food premises complaints investigated in accordance with the policy?	Yes/No	Audit check/Checklists (DIIMC) J	
4. Does the Authority have <b>procedure(s)</b> on the investigation of food and food premises complaints?	Yes/No	Document review/PVQ	
5. Are the procedures implemented – has appropriate follow-up action been taken on all complaints?	Yes/No	Checklist (DIIMC) J	
6. Is there appropriate liaison with home/originating authorities, single liaison body and other relevant organisations?	Yes/No		

**Documents:** Complaints policy, Service Plan, complaints procedure.

[INSERT NAME OF LA]

**(DIIMP/6) Facilities and Equipment [The Standard – para.6]**

- 6.4 Any computer software package or other method of record administration used by the Authority shall be capable of providing any information reasonably requested by the Food Standards Agency. Such systems shall be operated in such a way so as to be able to provide required information to the Agency.
- 6.5 The Authority shall set up, maintain and implement appropriate back up systems for any electronic databases and systems or documented procedures which have been designed to minimise the risk of corruption or loss of information held on its databases. The Authority should ensure that reasonable security measures are in place to prevent access and amendment by unauthorised persons.

**(DIIMP/6) Food and Feedingstuffs Premises Database [The Standard – para. 11]**

- 11.1 The Authority shall set up, maintain and implement a database of the food and 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.

Question	Answer	Comments/Evidence	Auditors Notes
<b>Database</b>	<b>System used:</b>		
1. Does the LA have a documented procedure to ensure that its database is complete and accurate for all relevant food premises in its area?	Yes/No	Document review/PVQ Detail:	<p><i>Procedure/arrangements might include:</i></p> <ul style="list-style-type: none"> <li>• <i>Purchase/use of local business directory info;</i></li> <li>• <i>The Business rating system;</i></li> <li>• <i>Formalised mechanisms to update records following inspection/planning or building control applications;</i></li> <li>• <i>Programmed street surveys;</i></li> <li>• <i>Comparison with other agency's/authorities databases;</i></li> <li>• <i>Promotion of food registration.</i></li> </ul> <p><i>Auditors note that the Business rating system can be accessed at <a href="http://open.voa.gov.uk">http://open.voa.gov.uk</a> then click onto the icon 2000 Non- Domestic Rating.</i></p> <p><i>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 intervention programme that includes all businesses.</i></p>

[INSERT NAME OF LA]

Question	Answer	Comments/Evidence	Auditors Notes
<p>2. What arrangements are carried out in practice?</p> <p>Are these implemented in line with the LA's procedures?</p>	<p>Yes/No</p>	<p>Detail:</p>	
<p>3. Is the database accurate?</p>	<p>Yes/No</p>	<p>Checklist (DIIMC) I and other evidence relating to information held on D/B e.g. duplicate hardcopy records examined during audit and answers to other parts of the audit protocol.</p>	<p><i>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.</i></p>
<p>4. How does the Authority manage access to the database and the information inputted onto it?</p>		<p>Detail:</p>	<p><i>Arrangements might include:</i></p> <ul style="list-style-type: none"> <li>• <i>Restricted access for entering and deleting premises;</i></li> <li>• <i>Documented input protocols;</i></li> <li>• <i>Training of input staff;</i></li> <li>• <i>Mandatory fields;</i></li> <li>• <i>Dedicated input staff.</i></li> </ul>
<p>5. How does the LA verify the information held on its database?</p>		<p>Detail:</p>	<p><i>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:</i></p> <ul style="list-style-type: none"> <li>• <i>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.</i></li> <li>• <i>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</i></li> </ul>

[INSERT NAME OF LA]

Question	Answer	Comments/Evidence	Auditors Notes
			<p><i>should be recorded on the computer.</i></p> <ul style="list-style-type: none"> <li><i>Utilising audit logs to ensure timely updates of records.</i></li> </ul>
6. Who has management responsibility for the database?		Detail:	
7. Do they take responsibility for ensuring: <ul style="list-style-type: none"> <li>accuracy of the database?</li> <li>User access definitions?</li> <li>Configurations of any standard reports?</li> <li>Monitoring returns are properly compiled?</li> </ul>	Yes/No  Yes/No  Yes/No  Yes/No		<p><i>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.</i></p>
8. Is the Authority's recording system capable of accurately providing the information required by the FSA?	Yes/No		
9. If <i>NO</i> , is the failure due to the recording system, or <i>other reasons</i> ?	Yes/No	Details:	
10. Have there been problems with the LA's official monitoring returns?	Yes/No	Validation reports run on site. Details:	<p><i>[The Food Standards Act requires LAs to provide information to the FSA]</i></p> <p><i>The auditors should obtain the monitoring information received by the FSA and cross-reference it with the LA's records. If this information has not been provided then the auditor should investigate the reason. The auditor should discuss with the Agency's Monitoring Branch any queries they may have on the accuracy of the returns.</i></p> <p><i>Any differences between the data in the returns, the LA's records and, the information obtained from the PVQ provided by the LA (e.g. in the Service Plan) should be investigated.</i></p>

[INSERT NAME OF LA]

Question	Answer	Comments/Evidence	Auditors Notes
11. If YES, any measures taken to address these problems?	Yes/No	Details:	
12. What arrangements does the Authority have to backup the computer database?		Detail:	<i>Arrangements should provide for off-site storage of back-up data.</i>
13. Is monitoring carried out of the accuracy of the database?	Yes/No		
14. Does the audit evidence gathered suggest that the LA provides reliable and accurate data on food business compliance?	Yes/No		

**Documents:** Database procedures, database reports.

**Additional notes:**

Ref no.	Issue



[INSERT NAME OF LA]

**(DIIMP/7) Food and Feeding Stuff Inspection and Sampling [The Standard- para. 12].**

**[NB: Formal enforcement actions carried out following inspection/sampling also covered by para. 15 of The Standard 'Enforcement']**

- 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 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 documented procedures for the inspection of food and feedingstuffs.
- 12.4 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 where applicable the nature of imported foods , and also have regard to any relevant sampling programme centrally co-ordinated by LACORS and the HPA and in Scotland, SFELC (the Scottish Food Enforcement Liaison Committee), in Wales the Welsh Food Microbiological Forum and in Northern Ireland, the Public Health Laboratory.

- 12.5 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.
- 12.6 The Authority shall carry out sampling in accordance with its documented sampling policy, procedures and programme.
- 12.7 The Authority shall take appropriate action in accordance with its enforcement policy where sample results are not considered to be satisfactory.
- 12.8 The Authority shall, where appropriate, ensure a Public Analyst, and/or Agricultural Analyst is appointed to carry out examinations and analyses of food 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
1. Is there any evidence of effective internal monitoring of food samples and any appropriate follow up? <i>(Include details of any monitoring against the Authority's own programme).</i>	Yes/No	Detail:	
2. Does the Authority have a documented sampling policy? [CP – 6.1.2]	Yes/No	Document review/PVQ	<i>Auditors should check if there is any policy on formal/informal samples and justification for choice.</i>

[INSERT NAME OF LA]

Question	Answer	Comments/Evidence	Auditors Notes
3. Does the Authority take samples in accordance with the sampling policy?	Yes/No	Document review/audit check	<i>Auditors will need to take account of the LA's range of responsibilities when assessing the completeness of the sampling policy, procedures and programme e.g. specific imported food/Approved Premises responsibilities.</i>
4. Does the Authority have a sampling procedure?	Yes/No	Document review/PVQ	
5. Have samples been taken properly and has appropriate follow up action been taken on any adverse results?	Yes/No	Checklist (DIIMC) K	<i>The auditor will need to examine records of sampling activity. Where samples have been unsatisfactory, the premises files/interviews with officers should establish whether appropriate action has been taken. The FE reports will give an indication whether the food met legal requirements and if further investigation was necessary.</i>  <i>NB: Formal enforcement follow-up actions are recorded on Protocol (DIIMP/10) 'Enforcement'</i>
6. Does the LA have a documented sampling programme? [CP – 6.1]	Yes/No	Document review/PVQ	

**Documentation:** sampling policy, sampling procedures, current sampling programme.

**Additional notes:**

Ref no.	Issue

[INSERT NAME OF LA]

**(DIIMP/8) Enforcement [The Standard- para 15].**

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, the Enforcement Concordat 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 set up, maintain and implement documented procedures for follow up and enforcement actions in accordance with the relevant Food Safety Act Codes of Practice and official guidance.

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

15.4 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
1. Is there evidence of effective internal monitoring of enforcement actions?	Yes/No	Detail:	
2. Does the Authority have an appropriate written enforcement policy? [CP – 3.1]	Yes/No	Document review/PVQ	<i>The enforcement policy should reflect the need to have regard to the Regulators' Compliance Code, which came into force on 6 April 2006. (Legislative and Regulatory Reform Act 2006)</i>
3. Is there evidence of it being properly implemented for the range of enforcement actions examined?	Yes/No	Audit check Detail:	<i>This evidence may be in the form of coversheets on prosecutions or notes in relation to follow up on interventions demonstrating that the policy has been considered, or it may be obtained through officer interview</i>
4. Is there an effective mechanism/procedure for the escalation of enforcement procedures for high risk premises or persistent offenders?	Ye/No		

[INSERT NAME OF LA]

5. Does the LA have documented procedures for formal follow - up/enforcement actions? i.e:			
• Prosecutions?	Yes/No	Checklist (DIIMC) F	
• Simple Cautions?	Yes/No	Checklist (DIIMC) F	<i>Guidance on use of Simple Cautions contained in Home Office Circular 30/2005. Previous Home Office Circular 18/1994 on Formal Cautions now revoked.</i>
• Emergency prohibitions?	Yes/No	Checklist (DIIMC) E	
• Hygiene Emergency prohibitions?	Yes/No	Checklist (DIIMC) E	
• Voluntary closures?	Yes/No	Checklist (DIIMC) E	
• Detention and seizure?	Yes/No	Checklist (DIIMC) G	<i>Including use of Regulation 27 and Regulation 9 Food Hygiene (England) Regulations 2006.</i>
• Voluntary surrender?	Yes/No	Checklist (DIIMC) G	
• Hygiene Improvement Notices?	Yes/No	Checklist (DIIMC) D	
• Remedial Action Notices and Regulation 9 detention notices	Yes/No	Checklist (DIIMC) H	<i>Currently limited to establishments subject to approval under Regulation (EC) 853/2004".</i>

**Documents:** Enforcement policy, formal enforcement procedures.



[INSERT NAME OF LA]

**(DIIMP/9) Records and Inspection Reports [The Standard - para. 16]**

- 16.1 The Authority shall maintain up to date accurate records in retrievable form for all food premises in its area and relevant checks on imported food 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 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
1. Is there evidence of effective internal monitoring of record keeping?	Yes/No	Detail:	
2. Are there easily retrievable, up to date and accurate records on all areas examined during the audit?	Yes/No	Audit check/Enforcement actions checklists	<i>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.</i>

**Additional notes:**

Ref no.	Issue

[INSERT NAME OF LA]

**(DIIMP/10) Internal Monitoring [The Standard - para. 19]**

- 19.1 The Authority shall set up, maintain and implement documented internal monitoring procedures in accordance with the 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.
- 19.3 A record shall be made of all internal monitoring. This should be kept for at least 2 years.

Question	Answer	Comments/Evidence	Auditors Notes
1. Does the Authority have a documented monitoring procedure?	Yes/No	Document review/PVQ B12	<i>Planned intervention programme, quality &amp; consistency [CP –7.1.2 &amp; std. 19.1] Officers returning to food after &gt; 3 years – should be monitored for 3 months [CP -1.2.4] Monitoring of the different sections of the Standard may be undertaken at differing frequencies. The aim of monitoring is to ensure compliance with official guidance, the Standard, the Authority's procedures, and for 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.</i>
2. Who is responsible for carrying out the monitoring?		Name(s):	
3. Are there nominated deputies?	Yes/No	Name(s):	<i>If not, auditors should check the arrangements for monitoring in the absence of the person responsible.</i>
<b>4. Does the monitoring procedure adequately cover monitoring of:</b>			
<ul style="list-style-type: none"> <li>Officer authorisations, in line with their individual competencies/ qualifications/ training/ experience?</li> </ul>	Yes/No	Detail:	<i>Include details of any competency matrices used for this purpose.</i>
<ul style="list-style-type: none"> <li>Compliance with:                             <ul style="list-style-type: none"> <li>Official guidance?</li> <li>Internal policies/procedures?</li> <li>The Standard?</li> </ul> </li> </ul>	Yes/No Yes/No Yes/No		<i>NB: compliance with local policies and procedures will ensure compliance with official guidance/the Standard where these have been developed to reflect the national standards.</i>

[INSERT NAME OF LA]

Question	Answer	Comments/Evidence	Auditors Notes
<ul style="list-style-type: none"> <li>Interventions and food premises intervention reports?</li> </ul>	Yes/No		<p><i>Should include:</i></p> <ul style="list-style-type: none"> <li><i>adherence to the planned intervention programme;</i></li> <li><i>priority given to inspecting businesses according to intervention ratings, compliance with Food Safety CP and FSA guidance;</i></li> <li><i>consistent assessment of intervention ratings;</i></li> <li><i>compliance with relevant inspection forms;</i></li> <li><i>compliance with internal procedures and policies;</i></li> <li><i>interpretation and follow-up action is consistent within in that Authority with centrally issued guidance;</i></li> <li><i>that officers are aware of and have access to published industry codes and other centrally issued guidance;</i></li> </ul> <p><i>that in relation to food hygiene interventions: priority is given to inspecting businesses subject to Regulation (EC) 853/2004 and that officers have due regard to published UK and EU Industry Guides to Good Hygiene Practice. [CP – 7.1.2]</i></p>
<ul style="list-style-type: none"> <li>Complaints?</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>Food sampling?</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>Enforcement actions?</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>Advice to business?</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>Food safety promotion?</li> </ul>	Yes/No		
<ul style="list-style-type: none"> <li>Monitoring of the database for data integrity and accuracy of data entry? (Including timeliness of data entries and proper use of codes).</li> </ul>	Yes/No	Document review/Audit check Detail:	
<ul style="list-style-type: none"> <li>Quantitative aspects of the service?</li> </ul>	Yes/No	Detail:	<i>Examples of quantitative monitoring may include:</i>

Question	Answer	Comments/Evidence	Auditors Notes
			<ul style="list-style-type: none"> <li>• No. interventions against the programme;</li> <li>• No. samples against the programme;</li> <li>• No. complaints/service requests outstanding;</li> </ul> <p>Response times against PIs e.g. response to service requests/issue of inspection reports.</p>
<ul style="list-style-type: none"> <li>• Qualitative aspects of the Service?</li> </ul>	Yes/No		<p>[NB: LACORS guidance on monitoring systems 1995]</p> <p>Examples of qualitative monitoring may include:</p> <ul style="list-style-type: none"> <li>• Consistency exercises;</li> <li>• Team meetings to discuss interpretational issues;</li> <li>• File audits;</li> <li>• Review of paperwork;</li> <li>• Prior approval of formal enforcement actions;</li> <li>• Shadow/verification visits;</li> <li>• Review of complaints about the Service;</li> <li>• Customer satisfaction questionnaires;</li> </ul> <p>Business focus groups.</p>
5. Does the procedure set out the frequency of monitoring and responsibility?	Yes/No		
6. Has the procedure been effectively implemented and records of internal monitoring maintained?	Yes/No	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, reports to Members and reviews against the service plan.
7. What examples of internal monitoring are evident and at what frequency have they been carried out?		Detail:	
8. 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.
9. How have these been addressed?		Detail:	e.g. training; revised procedures; discussion at team meetings etc.

[INSERT NAME OF LA]



[INSERT NAME OF LA]

**(DIIMP/11) Third Party or Peer Review [The Standard- para. 20]**

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

Question	Answer	Comments/Evidence	Auditors Notes
1. Has the Authority participated in any inter authority audit scheme in the last 2 years?	Yes/No/ No scheme	Document review /PVQ/Officer interview Scope/Date(s)/Detail of areas covered:	<i>The auditor should record the scope of any audits, the dates and whether it was part of a rolling/wider programme. A copy of any audit reports should have been received with the PVQ. If there is no evidence of an inter-authority audits (IAA), the auditor should ascertain whether any such exercises have been undertaken in the area.</i>
2. Has the Authority participated in any other third party/peer review process?	Yes/No	Document review/PVQ/Officer interview Detail/Date(s):	
3. If YES, what standard(s) was the audit(s) carried out against? e.g. Port Benchmarking/ national guidance/ the Standard/ ISO etc.		Detail:	
4. If corrective actions have been identified during any third party/peer review process, have these been appropriately followed up?	Yes/No	Audit check	
5. How does the LA ensure that corrective actions are appropriately acted upon?	Yes/No	Audit check Detail:	

**Documentation:** Audit reports, summaries and action plans.