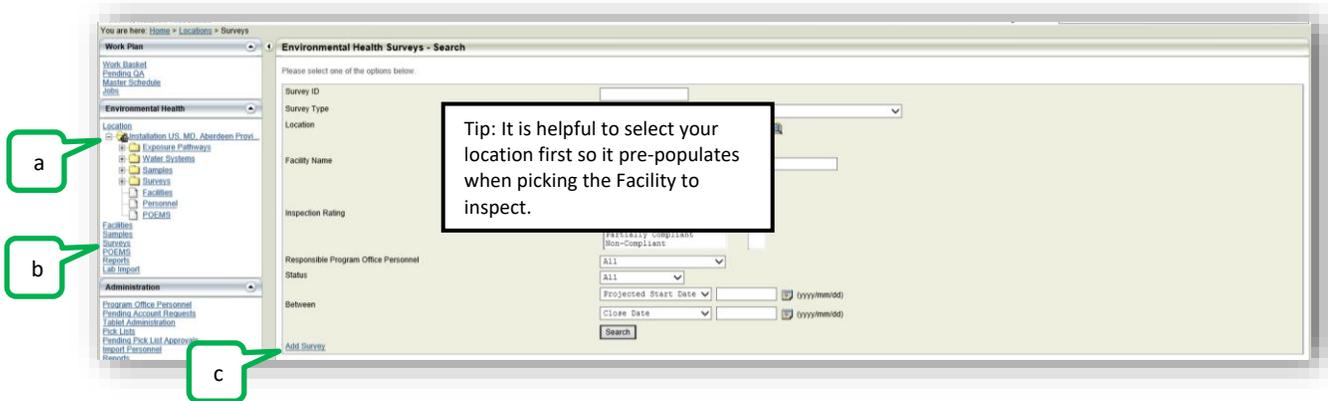
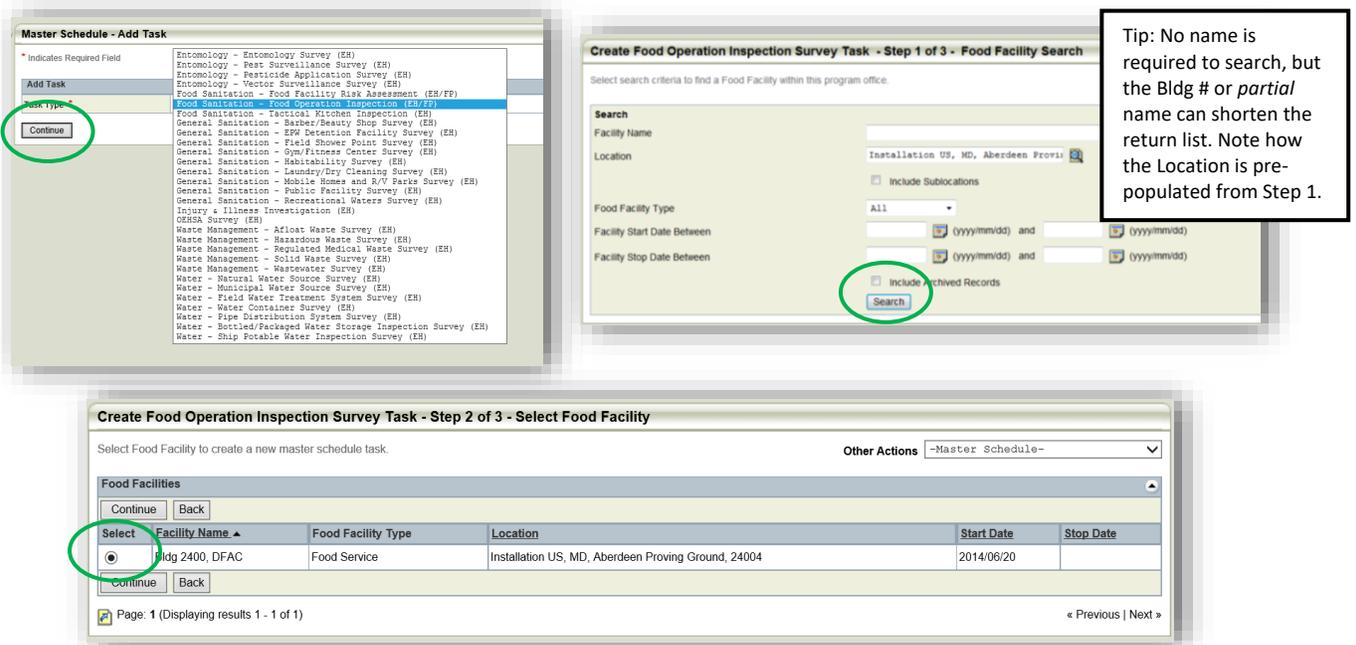


Food Operations Inspections (DD 2973)

[1] Ensure you have accessed your (a) Location correctly, and then click Surveys (b) and Add Survey (c) as shown.



[2] Select the 'Food Sanitation - Food Operations Inspection' and search for the Facility.



If the Facility needed is not shown in this list, it must be created by going to the Facility page. Reference Tutorial #11 for how to do this correctly. A user must have the Facility Role to add or edit Facilities.

[3] Bypass the Master Schedule Page by clicking 'Save and Begin Survey' and nothing else.

Master Schedule - Detail - Food Sanitation - Food Operation Inspection (EH/FP)

* Indicates Required Field

Other Actions: -Master Schedule-

Buttons: Save, Save and Begin Survey, Cancel

Schedule Information

Location*	Installation US, MD, Aberdeen Proving Ground, 24004	Facility*	Bldg 2400, DFAC
Task Frequency*	One Time	Skill Level	
Projected Start Date*	2020/02/25 (yyyy/mm/dd)	Date	(yyyy/mm/dd)
Previous Close Date		Date	(yyyy/mm/dd)
Projected Due Date	(yyyy/mm/dd)	Date	(yyyy/mm/dd)
Required by Federal Standard	<input type="checkbox"/>	Work not Completed	
Comments			
Status			

Regulation Information

Personnel Assignments

Task Resource and Cost Information

Program Office Information

Buttons: Save, Save and Begin Survey, Cancel

[4a] All inspections will start without an ID and display as (New). Add the required fields **before** adding any other inspection results so an ID is obtained.

Food Operation Inspection Survey

This survey is equivalent to DD FORM 2973, March 2019.

* Indicates Required Field

Other Actions: -Food Operation Inspection Survey-

Location: Installation US, MD, Aberdeen Proving Ground, 24004

Survey ID: (New)

Buttons: Save, Save And Continue Working, Cancel

General Survey Information

Survey Start Date/Time*	2020/02/27 (yyyy/mm/dd)	1412 (1500)	In Progress
Survey Completion Date/Time	(yyyy/mm/dd)	(1500)	
Surveyor Selection			
Surveyor's Name			
Surveyor's Phone Number			

Food Facility Information

Facility Name	Bldg 2400, DFAC	Fixed
Food Facility Type	Food Service	
Operator Type	DFAC	
Address		
City		
Country	United States (NATO member)	
Coordinates Lat/Long (Decimal Degrees)		

Inspection Information

Person In Charge Selection	Tim Cook
Person In Charge Name	Tim Cook
Person In Charge Phone Number	410-555-4444
Person In Charge Email Address	tim.cook@apple.com
Type of Inspection*	<input checked="" type="radio"/> Routine <input type="radio"/> Follow-up <input type="radio"/> Complaint <input type="radio"/> Pre-Opening <input type="radio"/> Other(Specify)

[4b] Address the Items and Provisions (see technical notes) as observed *after* an ID is obtained. Save periodically via the 'Save and Continue Working' button to ensure no data has to be reentered.

Supervision and Training		Mark All Unanswered Items Compliant (C)		Evaluation																																																																																															
Item Num.	Item Description	C	NC	N/I	N/A	N/O	COS	R																																																																																											
1	PIC: present, demonstrates knowledge, approved to operate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>																																																																																												
2	PIC & employees: duties, tra	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>																																																																																												
<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Mixed Item groupings with Critical & Non-critical violations:</p> <ul style="list-style-type: none"> Mark the Item COS if all of the critical violation are corrected, regardless if any non-critical violations remain uncorrected (e.g. 2-301.15 was not COS, but the Item is still marked COS). </div>																																																																																																			
<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Item grouping with only Critical or only Non-critical violations:</p> <ul style="list-style-type: none"> Only mark COS if all violations are corrected (e.g. 2-304.11 was not COS, so the Item is not COS). </div>																																																																																																			
<div style="border: 1px solid gray; padding: 5px; margin: 5px 0;"> <p>Health and Hygiene</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Item Num.</th> <th>Item Description</th> <th>C</th> <th>NC</th> <th>N/I</th> <th>N/A</th> <th>N/O</th> <th>COS</th> <th>R</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>Hand wash sink: available, s</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td colspan="10"> <div style="border: 1px solid gray; padding: 2px;"> <p>Handwashing</p> <p><input type="checkbox"/> 2-301.11 Clean co</p> <p><input type="checkbox"/> 2-301.12 Hand wa</p> <p><input checked="" type="checkbox"/> 2-301.14 Wrin to</p> <p><input checked="" type="checkbox"/> 2-301.15 Wrin to v</p> <p><input type="checkbox"/> 2-301.16 Hand anti</p> </div> </td> </tr> <tr> <td>4</td> <td>Handwashing</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td>Violation details and Recommendation for the selected provisions.</td> </tr> <tr> <td>5</td> <td>Ill employee: report, restrict</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td>Bare hand/arm contact with</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td colspan="10"> <div style="border: 1px solid gray; padding: 2px;"> <p>Personal hygiene: clothing, i</p> <p><input type="checkbox"/> 2-302.11 Fingerma</p> <p><input checked="" type="checkbox"/> 2-303.11 Jewelr</p> <p><input checked="" type="checkbox"/> 2-304.11 Outle clott</p> <p><input type="checkbox"/> 2-304.12 Hair restr</p> </div> </td> </tr> <tr> <td>7</td> <td>Personal hygiene: clothing, i</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td>Violation details and Recommendation for the selected provisions.]</td> </tr> <tr> <td>8</td> <td>Eating, drinking, tobacco use</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table> </div>										Item Num.	Item Description	C	NC	N/I	N/A	N/O	COS	R	Comments	3	Hand wash sink: available, s	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>			<div style="border: 1px solid gray; padding: 2px;"> <p>Handwashing</p> <p><input type="checkbox"/> 2-301.11 Clean co</p> <p><input type="checkbox"/> 2-301.12 Hand wa</p> <p><input checked="" type="checkbox"/> 2-301.14 Wrin to</p> <p><input checked="" type="checkbox"/> 2-301.15 Wrin to v</p> <p><input type="checkbox"/> 2-301.16 Hand anti</p> </div>										4	Handwashing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input checked="" type="checkbox"/>		Violation details and Recommendation for the selected provisions.	5	Ill employee: report, restrict	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>			6	Bare hand/arm contact with	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>			<div style="border: 1px solid gray; padding: 2px;"> <p>Personal hygiene: clothing, i</p> <p><input type="checkbox"/> 2-302.11 Fingerma</p> <p><input checked="" type="checkbox"/> 2-303.11 Jewelr</p> <p><input checked="" type="checkbox"/> 2-304.11 Outle clott</p> <p><input type="checkbox"/> 2-304.12 Hair restr</p> </div>										7	Personal hygiene: clothing, i	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>		Violation details and Recommendation for the selected provisions.]	8	Eating, drinking, tobacco use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>		
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C = Compliant
 N/C = Non-Compliant
 N/I = Not Inspected
 N/A = Not Applicable
 N/O = Not Observed
 COS = Corrected on Site
 R = Repeat
 Comments = space for details and recommendations (4000 character limit)

If 'No' is selected because a violation was observed, comments will be required to mark the inspection 'Completed'.

Overall Inspection Results																		
Overall Inspection Rating	Substantially Compliant	Number of Violations	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">IHH</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Critical</td> <td>Total</td> <td>1</td> </tr> <tr> <td></td> <td>COS</td> <td>1</td> </tr> <tr> <td>Non-Critical</td> <td>Total</td> <td>1</td> </tr> <tr> <td></td> <td>COS</td> <td>0</td> </tr> </tbody> </table>	IHH		No	Critical	Total	1		COS	1	Non-Critical	Total	1		COS	0
IHH		No																
Critical	Total	1																
	COS	1																
Non-Critical	Total	1																
	COS	0																
Additional Remarks																		
Follow-Up Required	<input type="radio"/> Yes <input type="radio"/> No		Follow-Up Date															
Associated Samples																		
Attachments (0)																		
Program Office Information																		

While 4 Provisions were marked i.e. "checked", the score is only seen as 2 total Items with 1 Critical COS per the TSFC.

[5] Address any Sanitizing questions if that item is present.

Sanitizing		Present?	
		Yes	No
Process - Measurements Dishwasher -- Hot Water <input type="radio"/> Deg C <input type="radio"/> Deg F		<input checked="" type="radio"/>	<input type="radio"/>
Dishwasher -- Chemical Sanitizer Make: _____ Model: _____ _____ ppm		<input checked="" type="radio"/>	<input type="radio"/>
3-Compartment sink -- Hot Water <input type="radio"/> Deg C <input type="radio"/> Deg F 30 second minimum contact time is met: <input type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/>	<input type="radio"/>
3-Compartment sink -- Chlorine Bleach Sanitizer _____ ppm 15 second contact time met if 100 ppm; or 7 second contact time met if less than 100 ppm and criteria for pH and water temperature IAW Table 4-2 are met: <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/>	<input checked="" type="radio"/>
3-Compartment sink -- Other Chemical Sanitizer <input type="radio"/> Quats <input type="radio"/> Iodine <input type="radio"/> Other Specify: _____ _____ ppm		<input type="radio"/>	<input checked="" type="radio"/>

[6] If Item(s) 27, 28 or 29 is Non-compliant (NC), a Food Internal Temperature will be required.

The screenshot shows a list of inspection items with checkboxes for compliance. Item 27 is circled in green. A dialog box titled 'Food Internal Temperature' is open, showing a survey ID of 56038 and a table with one entry: 'Salad' with a temperature of 38.0 deg F. A green arrow points from the 'Food Internal Temperature' section of the list to the dialog box. A green circle highlights a '+' button in the bottom right corner of the interface.

Select	Food Item	Temperature Type	Temperature
<input type="checkbox"/>	Salad	Cold Hold	38.0 deg F

[7] The last step is to add the signed DD 2973 as an attachment. This ensures there is proof the PIC was notified. This can be done after the inspection is marked Completed if needed.

The screenshot shows the 'Overall Inspection Results' page. The overall rating is 'Partially Compliant'. A table shows the number of violations: 3 Critical, 1 Non-Critical. An 'Upload Attachment File' dialog box is open, with a text box for 'Attachment = Signed DD 2973' and a 'File To Upload' field. A note at the bottom of the dialog box states: 'Note: PII/PHI is typically left unchecked and not a factor here.' A green circle highlights a '+' button in the bottom right corner of the interface.

Overall Inspection Results											
Overall Inspection Rating	Partially Compliant										
Number of Violations	<table border="1"> <thead> <tr> <th>IHH</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Critical</td> <td>Total 3</td> </tr> <tr> <td></td> <td>COS 3</td> </tr> <tr> <td>Non-Critical</td> <td>Total 1</td> </tr> <tr> <td></td> <td>COS 1</td> </tr> </tbody> </table>	IHH	No	Critical	Total 3		COS 3	Non-Critical	Total 1		COS 1
IHH	No										
Critical	Total 3										
	COS 3										
Non-Critical	Total 1										
	COS 1										

[8] When finished, mark the Inspection Completed and it will turn read-only if there are **no validation errors** (e.g. forgetting to add Comments on a NC violation).

Food Operation Inspection Survey

This survey is equivalent to DD FORM 2973, March 2019.
 * Indicates Required Field

Other Actions: --Food Operation Inspection Survey--

Location: Installation US, MD, Aberdeen Proving Ground, 24004
 Survey ID: 56038

Save Save And Continue Working Cancel

General Survey Information

Survey Start Date/Time*	2020/02/25	(yyyy/mm/dd)	1000	(1500)	Status	In Progress Completed
Survey Completion Date/Time	2020/02/25	(yyyy/mm/dd)	1115	(1500)	Various Timeframes	<input type="checkbox"/>
Surveyor Selection	Last, First					
Surveyor's Name	first.last@mail.mil					
Surveyor's Phone Number	555-5555					

Still can be edited when In Progress to the person who added it or who "owns it" (i.e. was transferred)

Food Operation Inspection Survey

This survey is equivalent to DD FORM 2973, March 2019.
 * Indicates Required Field

Other Actions: --Food Operation Inspection Survey--

Location: Installation US, MD, Aberdeen Proving Ground, 24004
 Survey ID: 56038

Cancel

General Survey Information

Survey Start Date/Time*	2020/02/25	1000	Status	Completed
Survey Completion Date/Time	2020/02/25	1115	Various Timeframes	<input type="checkbox"/>
Surveyor's Name	Last, First			
Surveyor's Phone Number	555-5555			

Inspection is now read-only and can't be edited, **but attachments, such as signed forms can still be attached.**

Food Operation Inspection Surveys

To view Food Operation Inspection Survey details, click the Survey ID link.

Other Actions: --Surveys--

Location Name: Installation US, MD, Aberdeen Proving Ground, 24004

Select All Deselect All Completed Export to PDF

Select	Survey ID	Location	Food Facility Name	Food Facility Type(s)	Survey Type	Start Date	Close Date	Responsible PO Person	Inspection Rating	Survey Report	Status
<input type="checkbox"/>	39838	Installation US, MD, Aberdeen Proving Ground, 24004	Bldg 2400, DFAC	Food Service	Food Sanitation - Food Operation Inspection (EH/FP)	2014/12/15	2014/12/15	Nicodemus, Matthew Adam	Substantially Compliant	Import	Completed
<input type="checkbox"/>	56038	Installation US, MD, Aberdeen Proving Ground, 24004	Bldg 2400, DFAC	Food Service	Food Sanitation - Food Operation Inspection (EH/FP)	2020/02/25	2020/02/27	Nicodemus, Matthew Adam	Partially Compliant	Import	Completed

Select All Deselect All Completed Export to PDF

Page: 1 (Displaying results 1 - 2 of 2)

« Previous | Next »

The Close Date reflects the day it was marked Completed in DOEHRs.