

ATTACHMENT C

FY11 Monitoring Tool
Bureau of Environmental Health Services

Agency _____
 Date _____
 BEHS Staff _____
 LPHA Staff _____

Administrative Review

- Yes
 No

Environmental Monitoring Tool

(Environmental Health Only)

4.2.1	The contractor shall ensure each professional staff member performing duties related to Environmental Public Health, Communicable Disease Prevention, Veterinary Public Health, Tuberculosis, Immunizations, Nutritional Health, or Chronic Disease Prevention/Health Promotion has participated in at least one training/educational activity in the past 24 months to maintain expertise appropriate to his/her level of responsibility and has current reference manuals available. Completed training shall be documented in a training log.
Flagged <input type="checkbox"/>	
Y N <input type="checkbox"/> 1. All staff performing disease investigation and/or environmental health duties has attended training and/or an educational activity within the previous twenty-four (24) months. <input type="checkbox"/> 2. Environmental Health Operational Guidelines (EHOG) is available and current. <input type="checkbox"/> 3. Training log is completed.	
Notes:	
Monitor 2 nd and 4 th quarter or as deemed appropriate.	
4.2.2A	The contractor shall have a system in place to routinely inspect and provide follow up inspections of regulated facilities. Regulated facilities include but are not limited to the following: food establishments, food processing and lodging establishments. Inspections shall conform to guidance available in the Environmental Health Operational Guidelines (EHOG), and/or state statutes, rules, laws, and local ordinances as recognized by the Department. (Refer to References/Definitions paragraphs 5.19 – 5.22) The contractor shall provide education/consultative activities to regulated facilities, their employees, and the public. Documentation of such activities shall be maintained by the contractor.
Flagged <input type="checkbox"/>	
Y N <input type="checkbox"/> 4. A plan/policy or local ordinance is in place that provides guidance for conducting routine and follow up inspections of regulated facilities. <input type="checkbox"/> 5. All regulated facilities are identified and included in plan, policy or local ordinance. <input type="checkbox"/> 6. The plan, policy or local ordinance used to conduct inspections is equal to or more stringent than the EHOG and/or appropriate state statutes and rules. <input type="checkbox"/> 7. The plan, policy or local ordinance is being implemented. <input type="checkbox"/> 8. Evidence exists of education/consultative activities provided to regulated facilities and to their employees. <input type="checkbox"/> 9. Evidence exists of education/consultative activities provided to the public.	

Notes:	
	Monitor 2 nd and 4 th quarter or as deemed appropriate.
4.2.2B Flagged <input type="checkbox"/>	The contractor shall appropriately respond and follow up on situations where food, drugs or water may have been adulterated, including fires, floods, natural disasters and transportation accidents where embargo and/or voluntary or mandatory destruction may be necessary. The contractor shall remove from commerce (embargo) any adulterated food, drugs or water. Response is also required when lodging establishments have been impacted by the above named conditions. The response, follow up and embargo shall take place in accordance with the EHO, and or state statutes, rules, laws, and local ordinances as recognized by the Department.
Y N <input type="checkbox"/> <input type="checkbox"/> 10. Evidence exists that the response and follow up conforms to the guidance of the EHO, state statutes, and/or local ordinances. <input type="checkbox"/> <input type="checkbox"/> 11. Embargoes are implemented when necessary and conforms to the guidance of the EHO, state statutes, and/or local ordinances. <input type="checkbox"/> <input type="checkbox"/> 12. Unsafe food, drugs and water removed from commerce in a timely manner and conforms to the guidance in the EHO, state statutes, and/or local ordinances.	
Notes:	
	Monitor 2 nd and 4 th quarter or as deemed appropriate.
4.2.2C Flagged <input type="checkbox"/>	The contractor shall verify appropriate investigation and response of complaints related to sewage disposal, regulated facilities, food, water or drugs and have a system in place to track and document received complaints including the nature of complaint, investigation results, action taken and final outcome. The response, investigation and follow up shall conform to the guidance available in the EHO, state statutes, rules and/or local ordinances as recognized by the Department.
Y N <input type="checkbox"/> <input type="checkbox"/> 13. Complaints related to sewage disposal, regulated facilities, food, drugs or water are being investigated in a timely manner. <input type="checkbox"/> <input type="checkbox"/> 14. System in place to track and document response to complaints including the nature of complaint, investigation results, action taken and final outcome. <input type="checkbox"/> <input type="checkbox"/> 15. Response to complaints in accordance with EHO, state statutes, rules and/or local ordinances.	
Notes:	
	Monitor 2 nd and 4 th quarter or when appropriate based on last review.
4.2.2D Flagged <input type="checkbox"/>	The contractor shall ensure new staff members who are responsible for environmental public health activities, complete the online course BEHS 101: Introduction to Environmental Public Health (available at www.heartlandcenters.com) within the first two months of their hire date. In addition, the contractor shall ensure staff members who are responsible for environmental public health activities attend New Environmental Public Health Specialist Orientation, as provided by the Department, within twelve (12) months of their hire date.

Y N <input type="checkbox"/> <input type="checkbox"/> 16. New employee completed the online course BEHS 101 within two (2) months of their hire date. <input type="checkbox"/> <input type="checkbox"/> 17. New employee attended orientation within twelve (12) months of their hire date.	
Notes:	Name of Employee: _____ Date Hired: __/__/_____ Name of Employee: _____ Date Hired: __/__/_____ Monitor 2 nd and 4 th Quarters or as deemed appropriate.

Reviewer _____
 LPHA Administrator or
 Designee _____

Date of Review _____