



**MEMORANDUM OF UNDERSTANDING  
BETWEEN GALION CITY HEALTH DEPARTMENT & SHELBY CITY HEALTH DEPARTMENT  
FOR EVALUATION OF THE ENVIRONMENTAL HEALTH DIRECTORS' PERFORMANCE IN THE  
FOOD SAFETY PROGRAM**

This Memorandum of Understanding is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2016, into by and between the Galion City Health Department, hereinafter referred to as GCHD, and the Shelby City Health Department, hereinafter referred to as SCHD, for the purpose of evaluation of the Environmental Health Directors' performance in the food safety program.

**WHEREAS**, each local health department is responsible for evaluating its food program sanitarians; and

**WHEREAS**, there exists at GCHD and SCHD a lack of qualified senior personnel to perform evaluation of the Environmental Health Directors' performance in the food safety program; and

**WHEREAS**, GCHD and SCHD each employ knowledgeable individuals, Registered Sanitarians licensed to practice environmental health in the State of Ohio, in the position of Environmental Health Director;

**NOW THEREFORE**, Galion City Health Department and Shelby City Health Department have agreed to collaborate in said evaluation according the terms expressed in this memorandum.

**Section 1.     Responsibilities**

Each of the Environmental Health Directors employed by GCHD and SCHD shall, in a satisfactory and proper manner, perform field evaluation of the other's performance in the areas of communication, inspection equipment, code knowledge, demonstration of good inspection practices, and report writing.

Evaluation methods will include direct observation of inspection practices and a comparison of the findings from inspection(s) within an establishment to ensure each sanitarian correctly identifies and documents violations. Inspections may be one or a combination of standard, critical control point, and process review inspections.

Each Environmental Health Director will provide an evaluation report to the other on the form marked Exhibit A and will also keep the report on file for a period of five (5) years after termination of this agreement.

Each department will purchase the equipment and supplies necessary to conduct an inspection.

Inspections will be conducted on an annual basis unless an alternate inspection frequency is mutually agreed upon and documented by the Environmental Health Directors.



Inspections will be conducted in each health district on a rotating basis.

**Section 2. Compensation**

There will be no compensation involved as the evaluation service provided will be reciprocated.

**Section 3. Term**

The term of this agreement shall begin immediately upon obtaining signatures of both parties, and shall end thirty (30) days following written notification of the termination of this agreement by either party. Termination of this agreement can be with or without cause.

**Section 4. Amendments**

Any revisions in the agreement will require approval and will be by written instrument signed by both parties.

**Section 5. Compliance with Applicable Laws, Regulations & Policies**

Both parties understand that this memorandum is intended to be in compliance with Ohio Revised and Administrative Code Chapter 3717, and all applicable federal, state, and local laws, regulations, and policies of GCHD and SCHD. Any part of this agreement that is in conflict with aforementioned laws, regulations, or policies shall be deemed invalid. The balance of the agreement shall survive and remain in full force and effect.

**Section 6. Indemnify and Hold Harmless**

Each party agrees to indemnify and hold harmless the other party and its officers, employees, and agents from any liability or claim of liability which might arise out of the provision of the services as described herein, without limitation.

SHELBY CITY HEALTH DEPARTMENT

By \_\_\_\_\_  
BOH President

And \_\_\_\_\_  
Ajay Chawla, MD  
Health Commissioner / Medical Director

Date \_\_\_\_\_

GALION CITY HEALTH DEPARTMENT

By \_\_\_\_\_  
BOH President

And \_\_\_\_\_  
Trish Factor, MPH, MCHES, CHEP  
Health Commissioner

Date \_\_\_\_\_

### Evaluation of Inspecting Sanitarian – Food Safety Program

Inspecting Sanitarian Name & Title: \_\_\_\_\_

Evaluating Sanitarian Name & Title: \_\_\_\_\_

Facility Name & Address: \_\_\_\_\_

Type of Inspection:      Standard ☐              Critical Control Point ☐              Process Review ☐

#### Communication

- interacts in a professional manner with persons-in-charge, managers, and food employees      yes ☐      no ☐
- questions personnel when necessary during inspection      yes ☐      no ☐
- explanations of public health principles and code requirements are clear and accurate      yes ☐      no ☐

#### Inspection Equipment

- appropriate equipment is available and properly used:
 

applicable codes	yes <input type="checkbox"/> no <input type="checkbox"/>	chlorine sanitizer test kit	yes <input type="checkbox"/> no <input type="checkbox"/>
inspection forms	yes <input type="checkbox"/> no <input type="checkbox"/>	QAC sanitizer test kit	yes <input type="checkbox"/> no <input type="checkbox"/>
hair restraint	yes <input type="checkbox"/> no <input type="checkbox"/>	flashlight	yes <input type="checkbox"/> no <input type="checkbox"/>
alcohol swabs	yes <input type="checkbox"/> no <input type="checkbox"/>	light meter	yes <input type="checkbox"/> no <input type="checkbox"/>
maximum registering thermometer or 160°F temperature-sensitive tape			yes <input type="checkbox"/> no <input type="checkbox"/>
thermometer	yes <input type="checkbox"/> no <input type="checkbox"/>		

(if yes, please identify thermometer types: probe – analog ☐; probe – digital ☐; infrared ☐)

#### Code Knowledge

- exhibits understanding of the Ohio Uniform Food Safety Code, its requirements and application      yes ☐      no ☐
- inspection focuses on those items that are most likely to result in a food hazard      yes ☐      no ☐

#### Demonstration of Good Inspection Practices

- demonstrates through personal practice:
 

hair control	yes <input type="checkbox"/> no <input type="checkbox"/>	checking food temperatures	yes <input type="checkbox"/> no <input type="checkbox"/>
handwashing	yes <input type="checkbox"/> no <input type="checkbox"/>	sanitizing probe thermometer	yes <input type="checkbox"/> no <input type="checkbox"/>

#### Inspection Report

- inspection report(s) are satisfactorily written, legible, and complete      yes ☐      no ☐
- inspection report(s) are written in a manner that:
 

clearly describes the violation observed	yes <input type="checkbox"/> no <input type="checkbox"/>
cites the proper code section and states the code requirement	yes <input type="checkbox"/> no <input type="checkbox"/>
states the public health reasons for code requirement	yes <input type="checkbox"/> no <input type="checkbox"/>
i.e. prevent contamination, limit bacterial growth	

Comments:

Inspecting Sanitarian: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluating Sanitarian: \_\_\_\_\_

Date: \_\_\_\_\_