

Food Establishment Inspection Report

	Facility Type:	☐ Bar/Lounge	☐ Domestic Violence	☐ Intermediate Care DD	☐ PPEC
	☐ Adult Day Care	☐ Civic	☐ Fraternal Org.	☐ Recreational Camp	☐ Short-term Res Treat
	☐ Afterschool Meal Prog	☐ Crisis Stabilization Unit	☐ Home for Special Services	☐ Migrant Housing	☐ Residential Treatment Fac.
	☐ Assisted Living	☐ Detention Fac.	☐ Hospice	☐ Movie Theater	☐ Transitional Living Fac
PURPOSE: ☐ Routine ☐ Reinspection ☐ Construction ☐ Complaint ☐ Consultation ☐ Change of Ownership ☐ Epidemiology ☐ Temporary Event ☐ Other _____					
Name of Establishment:				RESULTS:	Correct by: Next Routine Inspection 8 A.M. on _____ (Date) Stop Sale Issued _____
Address:				Satisfactory	
City:				Unsatisfactory	
ZIP Code:				Incomplete	
Telephone:				Closure	Number of Risk Factors/Intervention Violations Marked "OUT" (items 1-29) _____
Person in Charge Email:				Out of Business	
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
Indicate the compliance status: Mark an "X" under the compliance status, IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility. Mark an "X" in the appropriate box for: COS=violation corrected on site; R=repeat violation from previous inspection					
Compliance Status					
IN OUT N/A N/O		COS	R		
Supervision					
1	__ __	Demonstration of Knowledge/Training			
2	__ __ ____	Certified Manager/Person in Charge present			
Employee Health					
3	__ __	Knowledge, responsibilities and reporting			
4	__ __	Proper use of restriction and exclusion			
5	__ __	Responding to vomiting & diarrheal events			
Good Hygienic Practices					
6	__ __ ____	Proper eating, tasting, drinking, or tobacco use			
7	__ __ ____	No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands					
8	__ __ ____	Hands clean & properly washed			
9	__ __ ____ ____	No bare hand contact with RTE food			
10	__ __	Handwashing sinks, accessible & supplies			
Approved Source					
11	__ __	Food obtained from approved source			
12	__ __ ____ ____	Food received at proper temperature			
13	__ __	Food in good condition, safe, & unadulterated			
14	__ __ ____ ____	Shellstock tags & parasite destruction			
This form serves as a “Notice of Non-Compliance” pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.					
GOOD RETAIL PRACTICES					
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
IN OUT N/A N/O		COS	R		
Safe Food and Water					
30	__ __ ____ ____	Pasteurized eggs used where required			
31	__ __ ____ ____	Water & ice from approved source			
32	__ __ ____ ____	Variance obtained for special processing			
Food Temperature Control					
33	__ __ ____ ____	Proper cooling methods; adequate equipment			
34	__ __ ____ ____	Plant food properly cooked for hot holding			
35	__ __ ____ ____	Approved thawing methods			
36	__ __ ____ ____	Thermometers provided & accurate			
Food Identification					
37	__ __ ____ ____	Food properly labeled; original container			
Prevention of Food Contamination					
38	__ __ ____ ____	Insects, rodents, & animals not present			
39	__ __ ____ ____	No Contamination (preparation, storage, display)			
40	__ __ ____ ____	Personal cleanliness			
41	__ __ ____ ____	Wiping cloths: properly used & stored			
42	__ __ ____ ____	Washing fruits & vegetables			
Person in Charge (Print & Signature)					
Date:					
Inspector (Print & Signature)					
Phone:					

Food Establishment Inspection Report

Name of Establishment:

Permit Number:

Date:

TEMPERATURE OBSERVATIONS

Item/Location	Quantity	Unit	Value
Item 1	10	kg	100
Item 2	5	kg	50
Item 3	2	kg	20
Item 4	1	kg	10
Item 5	3	kg	30
Item 6	4	kg	40
Item 7	6	kg	60
Item 8	8	kg	80
Item 9	12	kg	120
Item 10	15	kg	150
Item 11	20	kg	200
Item 12	25	kg	250
Item 13	30	kg	300
Item 14	35	kg	350
Item 15	40	kg	400
Item 16	45	kg	450
Item 17	50	kg	500
Item 18	55	kg	550
Item 19	60	kg	600
Item 20	65	kg	650
Item 21	70	kg	700
Item 22	75	kg	750
Item 23	80	kg	800
Item 24	85	kg	850
Item 25	90	kg	900
Item 26	95	kg	950
Item 27	100	kg	1000
Item 28	105	kg	1050
Item 29	110	kg	1100
Item 30	115	kg	1150
Item 31	120	kg	1200
Item 32	125	kg	1250
Item 33	130	kg	1300
Item 34	135	kg	1350
Item 35	140	kg	1400
Item 36	145	kg	1450
Item 37	150	kg	1500
Item 38	155	kg	1550
Item 39	160	kg	1600
Item 40	165	kg	1650
Item 41	170	kg	1700
Item 42	175	kg	1750
Item 43	180	kg	1800
Item 44	185	kg	1850
Item 45	190	kg	1900
Item 46	195	kg	1950
Item 47	200	kg	2000
Item 48	205	kg	2050
Item 49	210	kg	2100
Item 50	215	kg	2150
Item 51	220	kg	2200
Item 52	225	kg	2250
Item 53	230	kg	2300
Item 54	235	kg	2350
Item 55	240	kg	2400
Item 56	245	kg	2450
Item 57	250	kg	2500
Item 58	255	kg	2550
Item 59	260	kg	2600
Item 60	265	kg	2650
Item 61	270	kg	2700
Item 62	275	kg	2750
Item 63	280	kg	2800
Item 64	285	kg	2850
Item 65	290	kg	2900
Item 66	295	kg	2950
Item 67	300	kg	3000
Item 68	305	kg	3050
Item 69	310	kg	3100
Item 70	315	kg	3150
Item 71	320	kg	3200
Item 72	325	kg	3250
Item 73	330	kg	3300
Item 74	335	kg	3350
Item 75	340	kg	3400
Item 76	345	kg	3450
Item 77	350	kg	3500
Item 78	355	kg	3550
Item 79	360	kg	3600
Item 80	365	kg	3650
Item 81	370	kg	3700
Item 82	375	kg	3750
Item 83	380	kg	3800
Item 84	385	kg	3850
Item 85	390	kg	3900
Item 86	395	kg	3950
Item 87	400	kg	4000
Item 88	405	kg	4050
Item 89	410	kg	4100
Item 90	415	kg	4150
Item 91	420	kg	4200
Item 92	425	kg	4250
Item 93	430	kg	4300
Item 94	435	kg	4350
Item 95	440	kg	4400
Item 96	445	kg	44

Temp

Item/Location	Quantity	Unit	Value
Item 1	10	kg	100
Item 2	5	kg	50
Item 3	2	kg	20
Item 4	1	kg	10
Item 5	3	kg	30
Item 6	4	kg	40
Item 7	6	kg	60
Item 8	8	kg	80
Item 9	12	kg	120
Item 10	15	kg	150
Item 11	20	kg	200
Item 12	25	kg	250
Item 13	30	kg	300
Item 14	35	kg	350
Item 15	40	kg	400
Item 16	45	kg	450
Item 17	50	kg	500
Item 18	55	kg	550
Item 19	60	kg	600
Item 20	65	kg	650
Item 21	70	kg	700
Item 22	75	kg	750
Item 23	80	kg	800
Item 24	85	kg	850
Item 25	90	kg	900
Item 26	95	kg	950
Item 27	100	kg	1000
Item 28	105	kg	1050
Item 29	110	kg	1100
Item 30	115	kg	1150
Item 31	120	kg	1200
Item 32	125	kg	1250
Item 33	130	kg	1300
Item 34	135	kg	1350
Item 35	140	kg	1400
Item 36	145	kg	1450
Item 37	150	kg	1500
Item 38	155	kg	1550
Item 39	160	kg	1600
Item 40	165	kg	1650
Item 41	170	kg	1700
Item 42	175	kg	1750
Item 43	180	kg	1800
Item 44	185	kg	1850
Item 45	190	kg	1900
Item 46	195	kg	1950
Item 47	200	kg	2000
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Item 65	290	kg	2900
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Item 68	305	kg	3050
Item 69	310	kg	3100
Item 70	315	kg	3150
Item 71	320	kg	3200
Item 72	325	kg	3250
Item 73	330	kg	3300
Item 74	335	kg	3350
Item 75	340	kg	3400
Item 76	345	kg	3450
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Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Violation
Number

Violations cited in this report must be corrected

Person in Charge (Signature)

Date

Inspector (Signature)

Date _____