

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	☐ School
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:				Person in Charge Email:	
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number	Number of Risk Factors/Intervention Violations Marked "OUT" (items 1-29) _____
					Number of Repeat Violations (1-57 R) _____
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			
Compliance Status					
IN OUT N/A N/O					
Protection from Contamination					
15	___ __	Food separated & protected; single-use gloves			
16	___ __	Food-contact surfaces; cleaned & sanitized			
17	___ __	Proper disposal of unsafe food			
Time/Temperature Control for Safety					
18	___ __	Cooking time & temperatures			
19	___ __	Reheating procedures for hot holding			
20	___ __	Cooling time and temperature			
21	___ __	Hot holding temperatures			
22	___ __	Cold holding temperatures			
23	___ __	Date marking and disposition			
24	___ __	Time as PHC; procedures & records			
Consumer Advisory					
25	___ __	Advisory for raw/undercooked food			
Highly Susceptible Populations					
26	___ __	Pasteurized foods used; No prohibited foods			
Additives and Toxic Substances					
27	___ __	Food additives: approved & properly used			
28	___ __	Toxic substances identified, stored, & used			
Approved Procedures					
29	___ __	Variance/specialized process/HACCP			
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.					
Person in Charge (Print & Signature)					
Date:					
Inspector (Print & Signature)					
Phone:					

Food Establishment Inspection Report	
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Name of Establishment:

Permit Number:

Date:

TEMPERATURE OBSERVATIONS

[illegible][illegible][illegible]**Person in Charge (Signature)**

Date _____

Inspector (Signature)

Date _____