

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:				Closure	Number of Risk Factors/Intervention Violations Marked "OUT" (items 1-29) _____ Number of Repeat Violations (1-57 R) _____
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.					
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.					
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	
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Name of Establishment:

Permit Number:

Date:

TEMPERATURE OBSERVATIONS

[illegible][illegible][illegible]

Person in Charge (Signature)

Date _____

Inspector (Signature)

Date _____