

Food Establishment Inspection Report

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|--|--|--|--|--|---|--|
| | Facility Type: | | <input type="checkbox"/> Bar/Lounge | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Intermediate Care DD | <input type="checkbox"/> PPEC |
| | <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Civic | <input type="checkbox"/> Fraternal Org. | <input type="checkbox"/> Migrant Housing | <input type="checkbox"/> Recreational Camp | <input type="checkbox"/> Short-term Res Treat |
| | <input type="checkbox"/> Afterschool Meal Prog | <input type="checkbox"/> Crisis Stabilization Unit | <input type="checkbox"/> Home for Special Services | <input type="checkbox"/> Movie Theater | <input type="checkbox"/> Residential Treatment Fac. | <input type="checkbox"/> Transitional Living Fac |
| | <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Detention Fac. | <input type="checkbox"/> Hospice | | <input type="checkbox"/> School | |

PURPOSE: Routine Reinspection Construction Complaint Consultation Change of Ownership Epidemiology Temporary Event Other _____

| | | | | | | | |
|----------------------------------|------------------------|-------------------------|-----------------------|--|------------------------|--|--|
| Name of Establishment: | | | | RESULTS: | | Correct by: | |
| Address: | | | | <input type="checkbox"/> Satisfactory | | <input type="checkbox"/> Next Routine Inspection | |
| City: | | | | <input type="checkbox"/> Unsatisfactory | | <input type="checkbox"/> 8 A.M. on _____ | |
| ZIP Code: | | | | <input type="checkbox"/> Incomplete | | (Date) | |
| Name of Person in Charge: | | | | <input type="checkbox"/> Closure | | Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____ | |
| Person in Charge Email: | | | | <input type="checkbox"/> Out of Business | | | |
| Telephone: | 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 | | Compliance Status | |
|---|-----|---|-----|
| IN | OUT | IN | OUT |
| Supervision | | Protection from Contamination | |
| 1 | ___ | 15 | ___ |
| Demonstration of Knowledge/Training | | Food separated & protected; single-use gloves | |
| 2 | ___ | 16 | ___ |
| Certified Manager/Person in Charge present | | Food-contact surfaces; cleaned & sanitized | |
| Employee Health | | 17 | ___ |
| 3 | ___ | Time/Temperature Control for Safety | |
| Knowledge, responsibilities and reporting | | 18 | ___ |
| 4 | ___ | Cooking time & temperatures | |
| Proper use of restriction and exclusion | | 19 | ___ |
| 5 | ___ | Reheating procedures for hot holding | |
| Responding to vomiting & diarrheal events | | 20 | ___ |
| Good Hygienic Practices | | Cooling time and temperature | |
| 6 | ___ | 21 | ___ |
| Proper eating, tasting, drinking, or tobacco use | | Hot holding temperatures | |
| 7 | ___ | 22 | ___ |
| No discharge from eyes, nose, and mouth | | Cold holding temperatures | |
| Preventing Contamination by Hands | | 23 | ___ |
| 8 | ___ | Date marking and disposition | |
| Hands clean & properly washed | | 24 | ___ |
| 9 | ___ | Time as PHC; procedures & records | |
| No bare hand contact with RTE food | | Consumer Advisory | |
| 10 | ___ | 25 | ___ |
| Handwashing sinks, accessible & supplies | | Advisory for raw/undercooked food | |
| Approved Source | | Highly Susceptible Populations | |
| 11 | ___ | 26 | ___ |
| Food obtained from approved source | | Pasteurized foods used; No prohibited foods | |
| 12 | ___ | Additives and Toxic Substances | |
| Food received at proper temperature | | 27 | ___ |
| 13 | ___ | Food additives: approved & properly used | |
| Food in good condition, safe, & unadulterated | | 28 | ___ |
| 14 | ___ | Toxic substances identified, stored, & used | |
| Shellstock tags & parasite destruction | | Approved Procedures | |
| <p>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.</p> | | 29 | ___ |
| | | Variance/specialized process/HACCP | |
| <p>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.</p> | | | |

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 | | | | | | Proper Use of Utensils | | | | | | |
| 30 | ___ | 31 | ___ | 32 | ___ | 43 | ___ | 44 | ___ | 45 | ___ | |
| Pasteurized eggs used where required | | | | | | Utensils: properly stored | | | | | | |
| Water & ice from approved source | | | | | | Equipment & linens: stored, dried, & handled | | | | | | |
| Variance obtained for special processing | | | | | | Single-use/single-service articles: stored & used | | | | | | |
| Food Temperature Control | | | | | | Slash-resistant/cloth gloves used properly | | | | | | |
| 33 | ___ | 34 | ___ | 35 | ___ | Utensils, Equipment and Vending | | | | | | |
| Proper cooling methods; adequate equipment | | | | | | 47 | ___ | Food & non-food contact surfaces | | | | |
| Plant food properly cooked for hot holding | | | | | | 48 | ___ | Warewashing: installed, maintained, used; test strips | | | | |
| Approved thawing methods | | | | | | 49 | ___ | Non-food contact surfaces clean | | | | |
| Thermometers provided & accurate | | | | | | Physical Facilities | | | | | | |
| Food Identification | | | | | | 50 | ___ | Hot & cold water available; under pressure | | | | |
| 37 | ___ | Food properly labeled; original container | | | | | 51 | ___ | Plumbing installed; proper backflow devices | | | |
| Prevention of Food Contamination | | | | | | 52 | ___ | Sewage & waste water properly disposed | | | | |
| 38 | ___ | Insects, rodents, & animals not present | | | | | 53 | ___ | Toilet facilities: supplied & cleaned | | | |
| 39 | ___ | No Contamination (preparation, storage, display) | | | | | 54 | ___ | Garbage & refuse disposal | | | |
| 40 | ___ | Personal cleanliness | | | | | 55 | ___ | Facilities installed, maintained, & clean | | | |
| 41 | ___ | Wiping cloths: properly used & stored | | | | | 56 | ___ | Ventilation & lighting | | | |
| 42 | ___ | Washing fruits & vegetables | | | | | 57 | ___ | Permit; Fees; Application; Plans | | | |

| | |
|---|---------------|
| Person in Charge (Print & Signature) | Date: |
| Inspector (Print & Signature) | Phone: |

