

Food Establishment Inspection Report

	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:		City:			<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Next Routine Inspection	Stop Sale Issued
ZIP Code:		Name of Person in Charge:			<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> 8 A.M. on _____	
Telephone:		Person in Charge Email:			<input type="checkbox"/> Incomplete	(Date)	
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		COS	R
IN	OUT	N/A	N/O
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

Compliance Status		COS	R
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

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.

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.

Compliance Status		COS	R
IN	OUT	N/A	N/O
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		COS	R
IN	OUT	N/A	N/O
Proper Use of Utensils			
43	___	___	Utensils: properly stored
44	___	___	Equipment & linens: stored, dried, & handled
45	___	___	Single-use/single-service articles: stored & used
46	___	___	Slash-resistant/cloth gloves used properly
Utensils, Equipment and Vending			
47	___	___	Food & non-food contact surfaces
48	___	___	Warewashing: installed, maintained, used; test strips
49	___	___	Non-food contact surfaces clean
Physical Facilities			
50	___	___	Hot & cold water available; under pressure
51	___	___	Plumbing installed; proper backflow devices
52	___	___	Sewage & waste water properly disposed
53	___	___	Toilet facilities: supplied & cleaned
54	___	___	Garbage & refuse disposal
55	___	___	Facilities installed, maintained, & clean
56	___	___	Ventilation & lighting
57	___	___	Permit; Fees; Application; Plans

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

Food Establishment Inspection Report

Name of Establishment:

Permit Number:

Date:

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Violation Number	Violations cited in this report must be corrected

Person in Charge (Signature)

Date

Inspector (Signature)

Date