

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	Closure	Out of Business	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					Compliance Status									
IN OUT N/A N/O					COS	R	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	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]

OBSERVATIONS AND CORRECTIVE ACTIONS	
1	1. The first observation was that the water level in the tank was low. The corrective action was to top up the water to the correct level.
2	2. The second observation was that the water was not circulating properly. The corrective action was to check the pump and filter, and replace the filter if necessary.
3	3. The third observation was that the water was cloudy. The corrective action was to change the water and clean the tank.
4	4. The fourth observation was that the fish were not eating. The corrective action was to check the water quality and the feeding schedule.
5	5. The fifth observation was that the fish were stressed. The corrective action was to provide a quiet environment and avoid sudden movements.
6	6. The sixth observation was that the fish were sick. The corrective action was to isolate the sick fish and treat them with antibiotics.
7	7. The seventh observation was that the fish were dying. The corrective action was to check the water quality and the feeding schedule, and to provide a quiet environment.
8	8. The eighth observation was that the fish were not growing. The corrective action was to check the water quality and the feeding schedule, and to provide a quiet environment.
9	9. The ninth observation was that the fish were not reproducing. The corrective action was to check the water quality and the feeding schedule, and to provide a quiet environment.
10	10. The tenth observation was that the fish were not healthy. The corrective action was to check the water quality and the feeding schedule, and to provide a quiet environment.

[illegible]

Person in Charge (Signature)

Date _____

Inspector (Signature)

Date _____