

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) _____ Number of Repeat Violations (1-57 R) _____ | |
| Person in Charge Email: | | | | <input type="checkbox"/> 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 | | Compliance Status | |
|--|--------------------------|--|-----|
| IN | OUT | IN | OUT |
| N/A N/O | | N/A N/O | |
| | | COS | R |
| Supervision | | | |
| 1 | <input type="checkbox"/> | Demonstration of Knowledge/Training | |
| 2 | <input type="checkbox"/> | Certified Manager/Person in Charge present | |
| Employee Health | | | |
| 3 | <input type="checkbox"/> | Knowledge, responsibilities and reporting | |
| 4 | <input type="checkbox"/> | Proper use of restriction and exclusion | |
| 5 | <input type="checkbox"/> | Responding to vomiting & diarrheal events | |
| Good Hygienic Practices | | | |
| 6 | <input type="checkbox"/> | Proper eating, tasting, drinking, or tobacco use | |
| 7 | <input type="checkbox"/> | No discharge from eyes, nose, and mouth | |
| Preventing Contamination by Hands | | | |
| 8 | <input type="checkbox"/> | Hands clean & properly washed | |
| 9 | <input type="checkbox"/> | No bare hand contact with RTE food | |
| 10 | <input type="checkbox"/> | Handwashing sinks, accessible & supplies | |
| Approved Source | | | |
| 11 | <input type="checkbox"/> | Food obtained from approved source | |
| 12 | <input type="checkbox"/> | Food received at proper temperature | |
| 13 | <input type="checkbox"/> | Food in good condition, safe, & unadulterated | |
| 14 | <input type="checkbox"/> | 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. | | | |
| Protection from Contamination | | | |
| 15 | <input type="checkbox"/> | Food separated & protected; single-use gloves | |
| 16 | <input type="checkbox"/> | Food-contact surfaces; cleaned & sanitized | |
| 17 | <input type="checkbox"/> | Proper disposal of unsafe food | |
| Time/Temperature Control for Safety | | | |
| 18 | <input type="checkbox"/> | Cooking time & temperatures | |
| 19 | <input type="checkbox"/> | Reheating procedures for hot holding | |
| 20 | <input type="checkbox"/> | Cooling time and temperature | |
| 21 | <input type="checkbox"/> | Hot holding temperatures | |
| 22 | <input type="checkbox"/> | Cold holding temperatures | |
| 23 | <input type="checkbox"/> | Date marking and disposition | |
| 24 | <input type="checkbox"/> | Time as PHC; procedures & records | |
| Consumer Advisory | | | |
| 25 | <input type="checkbox"/> | Advisory for raw/undercooked food | |
| Highly Susceptible Populations | | | |
| 26 | <input type="checkbox"/> | Pasteurized foods used; No prohibited foods | |
| Additives and Toxic Substances | | | |
| 27 | <input type="checkbox"/> | Food additives: approved & properly used | |
| 28 | <input type="checkbox"/> | Toxic substances identified, stored, & used | |
| Approved Procedures | | | |
| 29 | <input type="checkbox"/> | 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 | | | COS | R | | |
| Safe Food and Water | | | | | | | | | |
| 30 | <input type="checkbox"/> | Pasteurized eggs used where required | | | | | | | |
| 31 | <input type="checkbox"/> | Water & ice from approved source | | | | | | | |
| 32 | <input type="checkbox"/> | Variance obtained for special processing | | | | | | | |
| Food Temperature Control | | | | | | | | | |
| 33 | <input type="checkbox"/> | Proper cooling methods; adequate equipment | | | | | | | |
| 34 | <input type="checkbox"/> | Plant food properly cooked for hot holding | | | | | | | |
| 35 | <input type="checkbox"/> | Approved thawing methods | | | | | | | |
| 36 | <input type="checkbox"/> | Thermometers provided & accurate | | | | | | | |
| Food Identification | | | | | | | | | |
| 37 | <input type="checkbox"/> | Food properly labeled; original container | | | | | | | |
| Prevention of Food Contamination | | | | | | | | | |
| 38 | <input type="checkbox"/> | Insects, rodents, & animals not present | | | | | | | |
| 39 | <input type="checkbox"/> | No Contamination (preparation, storage, display) | | | | | | | |
| 40 | <input type="checkbox"/> | Personal cleanliness | | | | | | | |
| 41 | <input type="checkbox"/> | Wiping cloths: properly used & stored | | | | | | | |
| 42 | <input type="checkbox"/> | Washing fruits & vegetables | | | | | | | |
| Proper Use of Utensils | | | | | | | | | |
| 43 | <input type="checkbox"/> | Utensils: properly stored | | | | | | | |
| 44 | <input type="checkbox"/> | Equipment & linens: stored, dried, & handled | | | | | | | |
| 45 | <input type="checkbox"/> | Single-use/single-service articles: stored & used | | | | | | | |
| 46 | <input type="checkbox"/> | Slash-resistant/cloth gloves used properly | | | | | | | |
| Utensils, Equipment and Vending | | | | | | | | | |
| 47 | <input type="checkbox"/> | Food & non-food contact surfaces | | | | | | | |
| 48 | <input type="checkbox"/> | Warewashing: installed, maintained, used; test strips | | | | | | | |
| 49 | <input type="checkbox"/> | Non-food contact surfaces clean | | | | | | | |
| Physical Facilities | | | | | | | | | |
| 50 | <input type="checkbox"/> | Hot & cold water available; under pressure | | | | | | | |
| 51 | <input type="checkbox"/> | Plumbing installed; proper backflow devices | | | | | | | |
| 52 | <input type="checkbox"/> | Sewage & waste water properly disposed | | | | | | | |
| 53 | <input type="checkbox"/> | Toilet facilities: supplied & cleaned | | | | | | | |
| 54 | <input type="checkbox"/> | Garbage & refuse disposal | | | | | | | |
| 55 | <input type="checkbox"/> | Facilities installed, maintained, & clean | | | | | | | |
| 56 | <input type="checkbox"/> | Ventilation & lighting | | | | | | | |
| 57 | <input type="checkbox"/> | 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 |
|---------------|------|---------------|------|---------------|------|
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OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation
Number

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Person in Charge (Signature)

Date

Inspector (Signature)

Date

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