

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: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business	Correct by:	
Address:					<input type="checkbox"/> Next Routine Inspection	
City:					<input type="checkbox"/> 8 A.M. on _____	
ZIP Code:					(Date)	
Name of Person in Charge:				Stop Sale Issued _____ Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____ Number of Repeat Violations (1-57 R) _____		
Person in Charge Email:						
Telephone:		Permit Number		Position Number		
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM				

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	<input type="checkbox"/>	<input type="checkbox"/>	Demonstration of Knowledge/Training
2	<input type="checkbox"/>	<input type="checkbox"/>	Certified Manager/Person in Charge present
Employee Health			
3	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge, responsibilities and reporting
4	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion
5	<input type="checkbox"/>	<input type="checkbox"/>	Responding to vomiting & diarrheal events
Good Hygienic Practices			
6	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use
7	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth
Preventing Contamination by Hands			
8	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed
9	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food
10	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks, accessible & supplies
Approved Source			
11	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source
12	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature
13	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, & unadulterated
14	<input type="checkbox"/>	<input type="checkbox"/>	Shellstock tags & parasite destruction

Compliance Status		COS	R
IN	OUT	N/A	N/O
Protection from Contamination			
15	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected; single-use gloves
16	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces; cleaned & sanitized
17	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposal of unsafe food
Time/Temperature Control for Safety			
18	<input type="checkbox"/>	<input type="checkbox"/>	Cooking time & temperatures
19	<input type="checkbox"/>	<input type="checkbox"/>	Reheating procedures for hot holding
20	<input type="checkbox"/>	<input type="checkbox"/>	Cooling time and temperature
21	<input type="checkbox"/>	<input type="checkbox"/>	Hot holding temperatures
22	<input type="checkbox"/>	<input type="checkbox"/>	Cold holding temperatures
23	<input type="checkbox"/>	<input type="checkbox"/>	Date marking and disposition
24	<input type="checkbox"/>	<input type="checkbox"/>	Time as PHC; procedures & records
Consumer Advisory			
25	<input type="checkbox"/>	<input type="checkbox"/>	Advisory for raw/undercooked food
Highly Susceptible Populations			
26	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; No prohibited foods
Additives and Toxic Substances			
27	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved & properly used
28	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances identified, stored, & used
Approved Procedures			
29	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required
31	<input type="checkbox"/>	<input type="checkbox"/>	Water & ice from approved source
32	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for special processing
Food Temperature Control			
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods; adequate equipment
34	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate
Food Identification			
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container
Prevention of Food Contamination			
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, & animals not present
39	<input type="checkbox"/>	<input type="checkbox"/>	No Contamination (preparation, storage, display)
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables

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

Person in Charge (Print & Signature)

Date:

Inspector (Print & Signature)

Phone:

