Food Establishment Inspection Report

Facility Type Adult Day Afterschool Assisted	/ Care ol Meal Prog	Crisis Stabilization Unit	Domestic Violence Fraternal Org. Home for Special Services Hospice	Intermediate Care E Migrant Housing Movie Theater	Recreationa	I CampShort-term Treatment FacTransitional		
PURPOSE:RoutineReinspectionConstructionComplaintConsultationChange of OwnershipEpidemiologyTemporary EventOther								
Name of Establishm	ent:				RESULTS:	Correct by:		
Address:			City:		Satisfactory	y Next Routine Inspection		
ZIP Code: Name of Person in Cha		'ge:		Unsatisfactory	8 A.M. on	Issued		
Telephone: Person in Charge Email:				Incomplete	(Date)			
Date (MM/DD/YY) Begin Time AM/PM End Time AM/PM		Permit Number	Position Number	Closure	Number of Risk Factors/Intervention Violations Marked "OUT" (items 1-29) _			
					Out of Business	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								

IN OUT N/A N/O		COS R	Compliance Status IN OUT N/A N/O		CO	<u>)</u>
	Supervision			Protection from Contamination		
			4 5	Food separated & protected; single-use gloves		
	Demonstration of Knowledge/Training		16			
	Certified Manager/Person in Charge present			Food-contact surfaces; cleaned & sanitized		
	Employee Health			Proper disposal of unsafe food		_
<u> </u>	Knowledge, responsibilities and reporting			Time/Temperature Control for Safety		
	Proper use of restriction and exclusion		18	Cooking time & temperatures		
	Responding to vomiting & diarrheal events		19	Reheating procedures for hot holding		
	Good Hygienic Practices		20	Cooling time and temperature		
<u> </u>	Proper eating, tasting, drinking, or tobacco use		21	Hot holding temperatures		
<u> </u>	No discharge from eyes, nose, and mouth		22	Cold holding temperatures		
I	Preventing Contamination by Hands		23	Date marking and disposition		
<u> </u>	Hands clean & properly washed		24	Time as PHC; procedures & records		
<u> </u>	No bare hand contact with RTE food			Consumer Advisory		
	Handwashing sinks, accessible & supplies		25	Advisory for raw/undercooked food		
	Approved Source			Highly Susceptible Populations		
	Food obtained from approved source		26	Pasteurized foods used; No prohibited foods		
	Food received at proper temperature			Additives and Toxic Substances		
	Food in good condition, safe, & unadulterated		27	Food additives: approved & properly used		
	Shellstock tags & parasite destruction		28	Toxic substances identified, stored, & used		
s form serves as a "N	lotice of Non-Compliance" pursuant to section 120.695,	Florida		Approved Procedures		
tutes. Items marked a	as "out" violate one or more of the requirements of Chap	ter 64E-11, the	29	Variance/specialized process/HACCP		
ne specineu may res	ult in enforcement action being initiated by the Departme	OD RETAIL PR		revent foodborne illness or injury.		
ne specifieu may res		OD RETAIL PR	RACTICES			
IN OUT N/A N/O	Good Retail Practices are preventative measures to	OD RETAIL PR	RACTICES	als, and physical objects into foods.	CO	
• •	Good Retail Practices are preventative measures to Safe Food and Water	OD RETAIL PR	ACTICES on of pathogens, chemic IN OUT N/A N/O		CO	DS
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FORM DH4023 03/2018



Food Establishment Inspection Report

Name of Establishment:		Permit Number:		Date:	
		TEMPERATURE OBSE	RVATIONS		
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS Violation							
Violations cited in this report must be conceted Number							
Person in Charge (Signature)			Date				
Inspector (Signature)			Date				
ORM DH4023B 03/2018			Page of				

FORM DH4023B 03/2018