


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"/> 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"/> Migrant Housing	<input type="checkbox"/> Residential Treatment Fac.	
	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice	<input type="checkbox"/> Movie Theater	<input type="checkbox"/> Transitional Living Fac	
				<input type="checkbox"/> School		
PURPOSE: <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Construction <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Epidemiology <input type="checkbox"/> Temporary Event <input type="checkbox"/> Other _____						
Name of Establishment:				RESULTS:	Correct by:	Stop Sale Issued _____ _____ (Date)
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		
Telephone:				<input type="checkbox"/> Closure	Number of Risk Factors/Intervention Violations Marked "OUT" (items 1-29) _____	
Person in Charge Email:				<input type="checkbox"/> Out of Business	Number of Repeat Violations (1-57 R) _____	
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						
IN OUT N/A N/O		COS	R			
Supervision						
1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Demonstration of Knowledge/Training	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Certified Manager/Person in Charge present	<input type="checkbox"/>	<input type="checkbox"/>		
Employee Health						
3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Knowledge, responsibilities and reporting	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper use of restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>		
5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Responding to vomiting & diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>		
Good Hygienic Practices						
6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>		
7	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>		
Preventing Contamination by Hands						
8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hands clean & properly washed	<input type="checkbox"/>	<input type="checkbox"/>		
9	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No bare hand contact with RTE food	<input type="checkbox"/>	<input type="checkbox"/>		
10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Handwashing sinks, accessible & supplies	<input type="checkbox"/>	<input type="checkbox"/>		
Approved Source						
11	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>		
12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>		
13	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food in good condition, safe, & unadulterated	<input type="checkbox"/>	<input type="checkbox"/>		
14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Shellstock tags & parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>		
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			
Safe Food and Water						
30	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>		
31	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Water & ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>		
32	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Variance obtained for special processing	<input type="checkbox"/>	<input type="checkbox"/>		
Food Temperature Control						
33	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper cooling methods; adequate equipment	<input type="checkbox"/>	<input type="checkbox"/>		
34	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>		
35	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Approved thawing methods	<input type="checkbox"/>	<input type="checkbox"/>		
36	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>		
Food Identification						
37	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination						
38	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Insects, rodents, & animals not present	<input type="checkbox"/>	<input type="checkbox"/>		
39	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No Contamination (preparation, storage, display)	<input type="checkbox"/>	<input type="checkbox"/>		
40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>		
41	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wiping cloths: properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>		
42	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>		
Compliance Status						
IN OUT N/A N/O		COS	R			
Protection from Contamination						
15	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food separated & protected; single-use gloves	<input type="checkbox"/>	<input type="checkbox"/>		
16	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food-contact surfaces; cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>		
17	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper disposal of unsafe food	<input type="checkbox"/>	<input type="checkbox"/>		
Time/Temperature Control for Safety						
18	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cooking time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>		
19	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>		
20	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>		
21	<input type="checkbox"/>					

Food Establishment Inspection Report	
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Name of Establishment:

Permit Number:

Date:

TEMPERATURE OBSERVATIONS

[illegible][illegible][illegible]

Person in Charge (Signature)

Date _____

Inspector (Signature)

Date _____