


# Food Establishment Inspection Report

	<b>Facility Type:</b>	<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		
<b>PURPOSE:</b> <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 _____						
<b>Name of Establishment:</b>				<b>RESULTS:</b>	<b>Correct by:</b>	
<b>Address:</b>				<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Next Routine Inspection	<b>Stop Sale Issued</b> _____
<b>City:</b>				<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> 8 A.M. on _____	
<b>ZIP Code:</b>				<input type="checkbox"/> Incomplete	(Date)	
<b>Telephone:</b>				<b>Person in Charge Email:</b>		
<b>Date (MM/DD/YY)</b>	<b>Begin Time AM/PM</b>	<b>End Time AM/PM</b>	<b>Permit Number</b>	<b>Position Number</b>	<b>Number of Risk Factors/Intervention Violations Marked "OUT" (items 1-29) _____</b>	
					<b>Number of Repeat Violations (1-57 R) _____</b>	
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>						
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						
<b>Compliance Status</b>						
<b>IN OUT N/A N/O</b>		<b>COS</b>	<b>R</b>			
<b>Supervision</b>						
1	___ ___	Demonstration of Knowledge/Training				
2	___ ___	Certified Manager/Person in Charge present				
<b>Employee Health</b>						
3	___ ___	Knowledge, responsibilities and reporting				
4	___ ___	Proper use of restriction and exclusion				
5	___ ___	Responding to vomiting & diarrheal events				
<b>Good Hygienic Practices</b>						
6	___ ___	Proper eating, tasting, drinking, or tobacco use				
7	___ ___	No discharge from eyes, nose, and mouth				
<b>Preventing Contamination by Hands</b>						
8	___ ___	Hands clean & properly washed				
9	___ ___	No bare hand contact with RTE food				
10	___ ___	Handwashing sinks, accessible & supplies				
<b>Approved Source</b>						
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.						
<b>Compliance Status</b>						
<b>IN OUT N/A N/O</b>						
<b>Protection from Contamination</b>						
15	___ ___	Food separated & protected; single-use gloves				
16	___ ___	Food-contact surfaces; cleaned & sanitized				
17	___ ___	Proper disposal of unsafe food				
<b>Time/Temperature Control for Safety</b>						
18	___ ___	Cooking time & temperatures				
19	___ ___	Reheating procedures for hot holding				
20	___ ___	Cooling time and temperature				
21	___ ___	Hot holding temperatures				
22	___ ___	Cold holding temperatures				
23	___ ___	Date marking and disposition				
24	___ ___	Time as PHC; procedures & records				
<b>Consumer Advisory</b>						
25	___ ___	Advisory for raw/undercooked food				
<b>Highly Susceptible Populations</b>						
26	___ ___	Pasteurized foods used; No prohibited foods				
<b>Additives and Toxic Substances</b>						
27	___ ___	Food additives: approved & properly used				
28	___ ___	Toxic substances identified, stored, & used				
<b>Approved Procedures</b>						
29	___ ___	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.						
<b>GOOD RETAIL PRACTICES</b>						
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
<b>IN OUT N/A N/O</b>		<b>COS</b>	<b>R</b>			
<b>Safe Food and Water</b>						
30	___ ___	Pasteurized eggs used where required				
31	___ ___	Water & ice from approved source				
32	___ ___	Variance obtained for special processing				
<b>Food Temperature Control</b>						
33	___ ___	Proper cooling methods; adequate equipment				
34	___ ___	Plant food properly cooked for hot holding				
35	___ ___	Approved thawing methods				
36	___ ___	Thermometers provided & accurate				
<b>Food Identification</b>						
37	___ ___	Food properly labeled; original container				
<b>Prevention of Food Contamination</b>						
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				
<b>IN OUT N/A N/O</b>						
<b>Proper Use of Utensils</b>						
43	___ ___	Utensils: properly stored				
44	___ ___	Equipment & linens: stored, dried, & handled				
45	___ ___	Single-use/single-service articles: stored & used				
46	___ ___	Slash-resistant/cloth gloves used properly				
<b>Utensils, Equipment and Vending</b>						
47	___ ___	Food & non-food contact surfaces				
48	___ ___	Warewashing: installed, maintained, used; test strips				
49	___ ___	Non-food contact surfaces clean				
<b>Physical Facilities</b>						
50	___ ___	Hot & cold water available; under pressure				
51	___ ___	Plumbing installed; proper backflow devices				

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 \_\_\_\_\_