

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:		City:			<input type="checkbox"/> Next Routine Inspection	
ZIP Code:		Name of Person in Charge:			<input type="checkbox"/> 8 A.M. on _____	
Telephone:		Person in Charge Email:			(Date)	
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____	
					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

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

Compliance Status		COS	R
IN	OUT	N/A	N/O
Protection from Contamination			
15	___	___	___
Food separated & protected; single-use gloves			
16	___	___	___
Food-contact surfaces; cleaned & sanitized			
17	___	___	___
Proper disposal of unsafe food			
Time/Temperature Control for Safety			
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			
Consumer Advisory			
25	___	___	___
Advisory for raw/undercooked food			
Highly Susceptible Populations			
26	___	___	___
Pasteurized foods used; No prohibited foods			
Additives and Toxic Substances			
27	___	___	___
Food additives: approved & properly used			
28	___	___	___
Toxic substances identified, stored, & used			
Approved Procedures			
29	___	___	___
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	___	___	___
Pasteurized eggs used where required			
31	___	___	___
Water & ice from approved source			
32	___	___	___
Variance obtained for special processing			
Food Temperature Control			
33	___	___	___
Proper cooling methods; adequate equipment			
34	___	___	___
Plant food properly cooked for hot holding			
35	___	___	___
Approved thawing methods			
36	___	___	___
Thermometers provided & accurate			
Food Identification			
37	___	___	___
Food properly labeled; original container			
Prevention of Food Contamination			
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			

Compliance Status		COS	R
IN	OUT	N/A	N/O
Proper Use of Utensils			
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			
Utensils, Equipment and Vending			
47	___	___	___
Food & non-food contact surfaces			
48	___	___	___
Warewashing: installed, maintained, used; test strips			
49	___	___	___
Non-food contact surfaces clean			
Physical Facilities			
50	___	___	___
Hot & cold water available; under pressure			
51	___	___	___
Plumbing installed; proper backflow devices			
52	___	___	___
Sewage & waste water properly disposed			
53	___	___	___
Toilet facilities: supplied & cleaned			
54	___	___	___
Garbage & refuse disposal			
55	___	___	___
Facilities installed, maintained, & clean			
56	___	___	___
Ventilation & lighting			
57	___	___	___
Permit; Fees; Application; Plans			

Person in Charge (Print & Signature)	Date:
Inspector (Print & Signature)	Phone:

Food Establishment Inspection Report

Name of Establishment:	Permit Number:	Date:
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Violation Number	Violations cited in this report must be corrected

Person in Charge (Signature)	Date
Inspector (Signature)	Date