

# 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"/> 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 \_\_\_\_\_

<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>City:</b>				<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____	
<b>ZIP Code:</b>				<input type="checkbox"/> Incomplete		(Date)	
<b>Name of Person in Charge:</b>				<input type="checkbox"/> Closure		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____ Number of Repeat Violations (1-57 R) _____	
<b>Person in Charge Email:</b>				<input type="checkbox"/> Out of Business			
<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>			

### 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		Compliance Status	
IN	OUT	IN	OUT
<b>Supervision</b>		<b>Protection from Contamination</b>	
1	___	15	___
Demonstration of Knowledge/Training		Food separated & protected; single-use gloves	
2	___	16	___
Certified Manager/Person in Charge present		Food-contact surfaces; cleaned & sanitized	
<b>Employee Health</b>		17	___
3	___	<b>Time/Temperature Control for Safety</b>	
Knowledge, responsibilities and reporting		18	___
4	___	Cooking time & temperatures	
Proper use of restriction and exclusion		19	___
5	___	Reheating procedures for hot holding	
Responding to vomiting & diarrheal events		20	___
<b>Good Hygienic Practices</b>		Cooling time and temperature	
6	___	21	___
Proper eating, tasting, drinking, or tobacco use		Hot holding temperatures	
7	___	22	___
No discharge from eyes, nose, and mouth		Cold holding temperatures	
<b>Preventing Contamination by Hands</b>		23	___
8	___	Date marking and disposition	
Hands clean & properly washed		24	___
9	___	Time as PHC; procedures & records	
No bare hand contact with RTE food		<b>Consumer Advisory</b>	
10	___	25	___
Handwashing sinks, accessible & supplies		Advisory for raw/undercooked food	
<b>Approved Source</b>		<b>Highly Susceptible Populations</b>	
11	___	26	___
Food obtained from approved source		Pasteurized foods used; No prohibited foods	
12	___	<b>Additives and Toxic Substances</b>	
Food received at proper temperature		27	___
13	___	Food additives: approved & properly used	
Food in good condition, safe, & unadulterated		28	___
14	___	Toxic substances identified, stored, & used	
Shellstock tags & parasite destruction		<b>Approved Procedures</b>	
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.		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.	

### 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		
<b>Safe Food and Water</b>						<b>Proper Use of Utensils</b>						
30	___	31	___	32	___	43	___	44	___	45	___	
Pasteurized eggs used where required						Utensils: properly stored						
Water & ice from approved source						Equipment & linens: stored, dried, & handled						
Variance obtained for special processing						Single-use/single-service articles: stored & used						
<b>Food Temperature Control</b>						Slash-resistant/cloth gloves used properly						
33	___	34	___	35	___	<b>Utensils, Equipment and Vending</b>						
Proper cooling methods; adequate equipment						47	___	Food & non-food contact surfaces				
Plant food properly cooked for hot holding						48	___	Warewashing: installed, maintained, used; test strips				
Approved thawing methods						49	___	Non-food contact surfaces clean				
Thermometers provided & accurate						<b>Physical Facilities</b>						
<b>Food Identification</b>						50	___	Hot & cold water available; under pressure				
37	___	Food properly labeled; original container					51	___	Plumbing installed; proper backflow devices			
<b>Prevention of Food Contamination</b>						52	___	Sewage & waste water properly disposed				
38	___	Insects, rodents, & animals not present					53	___	Toilet facilities: supplied & cleaned			
39	___	No Contamination (preparation, storage, display)					54	___	Garbage & refuse disposal			
40	___	Personal cleanliness					55	___	Facilities installed, maintained, & clean			
41	___	Wiping cloths: properly used & stored					56	___	Ventilation & lighting			
42	___	Washing fruits & vegetables					57	___	Permit; Fees; Application; Plans			

<b>Person in Charge (Print &amp; Signature)</b>	<b>Date:</b>
<b>Inspector (Print &amp; Signature)</b>	<b>Phone:</b>

