

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:					<input type="checkbox"/> Next Routine Inspection	
City:					<input type="checkbox"/> 8 A.M. on _____	
ZIP Code:					(Date)	
Name of Person in Charge:				Stop Sale Issued _____		
Person in Charge Email:						
Telephone:		Permit Number		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____		
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Position Number	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	<input type="checkbox"/> <input type="checkbox"/> Demonstration of Knowledge/Training		
2	<input type="checkbox"/> <input type="checkbox"/> Certified Manager/Person in Charge present		
Employee Health			
3	<input type="checkbox"/> <input type="checkbox"/> Knowledge, responsibilities and reporting		
4	<input type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion		
5	<input type="checkbox"/> <input type="checkbox"/> Responding to vomiting & diarrheal events		
Good Hygienic Practices			
6	<input type="checkbox"/> <input type="checkbox"/> Proper eating, tasting, drinking, or tobacco use		
7	<input type="checkbox"/> <input type="checkbox"/> No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8	<input type="checkbox"/> <input type="checkbox"/> Hands clean & properly washed		
9	<input type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food		
10	<input type="checkbox"/> <input type="checkbox"/> Handwashing sinks, accessible & supplies		
Approved Source			
11	<input type="checkbox"/> <input type="checkbox"/> Food obtained from approved source		
12	<input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature		
13	<input type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, & unadulterated		
14	<input type="checkbox"/> <input type="checkbox"/> 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.

Compliance Status		COS	R
IN OUT N/A N/O			
Protection from Contamination			
15	<input type="checkbox"/> <input type="checkbox"/> Food separated & protected; single-use gloves		
16	<input type="checkbox"/> <input type="checkbox"/> Food-contact surfaces; cleaned & sanitized		
17	<input type="checkbox"/> <input type="checkbox"/> Proper disposal of unsafe food		
Time/Temperature Control for Safety			
18	<input type="checkbox"/> <input type="checkbox"/> Cooking time & temperatures		
19	<input type="checkbox"/> <input type="checkbox"/> Reheating procedures for hot holding		
20	<input type="checkbox"/> <input type="checkbox"/> Cooling time and temperature		
21	<input type="checkbox"/> <input type="checkbox"/> Hot holding temperatures		
22	<input type="checkbox"/> <input type="checkbox"/> Cold holding temperatures		
23	<input type="checkbox"/> <input type="checkbox"/> Date marking and disposition		
24	<input type="checkbox"/> <input type="checkbox"/> Time as PHC; procedures & records		
Consumer Advisory			
25	<input type="checkbox"/> <input type="checkbox"/> Advisory for raw/undercooked food		
Highly Susceptible Populations			
26	<input type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; No prohibited foods		
Additives and Toxic Substances			
27	<input type="checkbox"/> <input type="checkbox"/> Food additives: approved & properly used		
28	<input type="checkbox"/> <input type="checkbox"/> Toxic substances identified, stored, & used		
Approved Procedures			
29	<input type="checkbox"/> <input type="checkbox"/> 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.

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

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

