


# 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>	
						<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Next Routine Inspection
<b>Address:</b>					<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> 8 A.M. on _____	
<b>City:</b>					<input type="checkbox"/> Incomplete	(Date)	
<b>ZIP Code:</b>			<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>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>			

### 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		
<b>Supervision</b>					
1	<input type="checkbox"/>	<input type="checkbox"/>	Demonstration of Knowledge/Training	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	Certified Manager/Person in Charge present	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>					
3	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge, responsibilities and reporting	<input type="checkbox"/>	<input type="checkbox"/>
4	<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"/>	Responding to vomiting & diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>					
6	<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"/>	No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>					
8	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	<input type="checkbox"/>	<input type="checkbox"/>
9	<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"/>	Handwashing sinks, accessible & supplies	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>					
11	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>
13	<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"/>	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.

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

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		
<b>Safe Food and Water</b>					
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	Water & ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for special processing	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>					
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods; adequate equipment	<input type="checkbox"/>	<input type="checkbox"/>
34	<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"/>	Approved thawing methods	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>					
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>					
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, & animals not present	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	No Contamination (preparation, storage, display)	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>

Compliance Status		COS		R	
IN	OUT	N/A	N/O		
<b>Proper Use of Utensils</b>					
43	<input type="checkbox"/>	<input type="checkbox"/>	Utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	Equipment & linens: stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: stored & used	<input type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	Slash-resistant/cloth gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>
<b>Utensils, Equipment and Vending</b>					
47	<input type="checkbox"/>	<input type="checkbox"/>	Food & non-food contact surfaces	<input type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing: installed, maintained, used; test strips	<input type="checkbox"/>	<input type="checkbox"/>
49	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Facilities</b>					
50	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; under pressure	<input type="checkbox"/>	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: supplied & cleaned	<input type="checkbox"/>	<input type="checkbox"/>
54	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>
55	<input type="checkbox"/>	<input type="checkbox"/>	Facilities installed, maintained, & clean	<input type="checkbox"/>	<input type="checkbox"/>
56	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation & lighting	<input type="checkbox"/>	<input type="checkbox"/>
57	<input type="checkbox"/>	<input type="checkbox"/>	Permit; Fees; Application; Plans	<input type="checkbox"/>	<input type="checkbox"/>

**Person in Charge (Print & Signature)**

**Date:**

**Inspector (Print & Signature)**

**Phone:**

