

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:		Correct by:	
Address:				<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Next Routine Inspection	
City:				<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____	
ZIP Code:				<input type="checkbox"/> Incomplete		(Date)	
Name of Person in Charge:				<input type="checkbox"/> Closure		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____ Number of Repeat Violations (1-57 R) _____	
Person in Charge Email:				<input type="checkbox"/> Out of Business			
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number			

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
N/A		N/A	
N/O		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			
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.			
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			
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			
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									
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
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Inspector (Signature)	Date
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