

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
Supervision		Protection from Contamination	
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	
Employee Health		17	___
3	___	Time/Temperature Control for Safety	
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	___
Good Hygienic Practices		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	
Preventing Contamination by Hands		23	___
8	___	Date marking and disposition	
Hands clean & properly washed		24	___
9	___	Time as PHC; procedures & records	
No bare hand contact with RTE food		Consumer Advisory	
10	___	25	___
Handwashing sinks, accessible & supplies		Advisory for raw/undercooked food	
Approved Source		Highly Susceptible Populations	
11	___	26	___
Food obtained from approved source		Pasteurized foods used; No prohibited foods	
12	___	Additives and Toxic Substances	
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		Approved Procedures	
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		IN OUT N/A N/O	
IN	OUT	IN	OUT
Safe Food and Water		Proper Use of Utensils	
30	___	43	___
Pasteurized eggs used where required		Utensils: properly stored	
31	___	44	___
Water & ice from approved source		Equipment & linens: stored, dried, & handled	
32	___	45	___
Variance obtained for special processing		Single-use/single-service articles: stored & used	
Food Temperature Control		46	___
33	___	Slash-resistant/cloth gloves used properly	
Proper cooling methods; adequate equipment		Utensils, Equipment and Vending	
34	___	47	___
Plant food properly cooked for hot holding		Food & non-food contact surfaces	
35	___	48	___
Approved thawing methods		Warewashing: installed, maintained, used; test strips	
36	___	49	___
Thermometers provided & accurate		Non-food contact surfaces clean	
Food Identification		Physical Facilities	
37	___	50	___
Food properly labeled; original container		Hot & cold water available; under pressure	
Prevention of Food Contamination		51	___
38	___	Plumbing installed; proper backflow devices	
Insects, rodents, & animals not present		52	___
39	___	Sewage & waste water properly disposed	
No Contamination (preparation, storage, display)		53	___
40	___	Toilet facilities: supplied & cleaned	
Personal cleanliness		54	___
41	___	Garbage & refuse disposal	
Wiping cloths: properly used & stored		55	___
42	___	Facilities installed, maintained, & clean	
Washing fruits & vegetables		56	___
		Ventilation & lighting	
		57	___
		Permit; Fees; Application; Plans	

Person in Charge (Print & Signature)

Date:

Inspector (Print & Signature)

Phone:

