

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/O		N/A N/O	
		COS	R
Supervision			
1	<input type="checkbox"/>	Demonstration of Knowledge/Training	
2	<input type="checkbox"/>	Certified Manager/Person in Charge present	
Employee Health			
3	<input type="checkbox"/>	Knowledge, responsibilities and reporting	
4	<input type="checkbox"/>	Proper use of restriction and exclusion	
5	<input type="checkbox"/>	Responding to vomiting & diarrheal events	
Good Hygienic Practices			
6	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	
7	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands			
8	<input type="checkbox"/>	Hands clean & properly washed	
9	<input type="checkbox"/>	No bare hand contact with RTE food	
10	<input type="checkbox"/>	Handwashing sinks, accessible & supplies	
Approved Source			
11	<input type="checkbox"/>	Food obtained from approved source	
12	<input type="checkbox"/>	Food received at proper temperature	
13	<input type="checkbox"/>	Food in good condition, safe, & unadulterated	
14	<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.			
Protection from Contamination			
15	<input type="checkbox"/>	Food separated & protected; single-use gloves	
16	<input type="checkbox"/>	Food-contact surfaces; cleaned & sanitized	
17	<input type="checkbox"/>	Proper disposal of unsafe food	
Time/Temperature Control for Safety			
18	<input type="checkbox"/>	Cooking time & temperatures	
19	<input type="checkbox"/>	Reheating procedures for hot holding	
20	<input type="checkbox"/>	Cooling time and temperature	
21	<input type="checkbox"/>	Hot holding temperatures	
22	<input type="checkbox"/>	Cold holding temperatures	
23	<input type="checkbox"/>	Date marking and disposition	
24	<input type="checkbox"/>	Time as PHC; procedures & records	
Consumer Advisory			
25	<input type="checkbox"/>	Advisory for raw/undercooked food	
Highly Susceptible Populations			
26	<input type="checkbox"/>	Pasteurized foods used; No prohibited foods	
Additives and Toxic Substances			
27	<input type="checkbox"/>	Food additives: approved & properly used	
28	<input type="checkbox"/>	Toxic substances identified, stored, & used	
Approved Procedures			
29	<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.

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

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

Food Establishment Inspection Report

Name of Establishment:

Permit Number:

Date:

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

Inspector (Signature)

Date