

# 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>	
<b>Address:</b>				<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Next Routine Inspection	
<b>City:</b>				<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____	
<b>ZIP Code:</b>				<input type="checkbox"/> Incomplete		(Date)	
<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>Person in Charge Email:</b>				<input type="checkbox"/> Out of Business			
<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		Compliance Status	
IN	OUT	IN	OUT
N/A N/O		N/A N/O	
		COS	R
<b>Supervision</b>			
1	<input type="checkbox"/>	Demonstration of Knowledge/Training	
2	<input type="checkbox"/>	Certified Manager/Person in Charge present	
<b>Employee Health</b>			
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	
<b>Good Hygienic Practices</b>			
6	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	
7	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	
<b>Preventing Contamination by Hands</b>			
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	
<b>Approved Source</b>			
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.			
<b>Protection from Contamination</b>			
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	
<b>Time/Temperature Control for Safety</b>			
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	
<b>Consumer Advisory</b>			
25	<input type="checkbox"/>	Advisory for raw/undercooked food	
<b>Highly Susceptible Populations</b>			
26	<input type="checkbox"/>	Pasteurized foods used; No prohibited foods	
<b>Additives and Toxic Substances</b>			
27	<input type="checkbox"/>	Food additives: approved & properly used	
28	<input type="checkbox"/>	Toxic substances identified, stored, & used	
<b>Approved Procedures</b>			
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			
		COS	R			COS	R		
<b>Safe Food and Water</b>									
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							
<b>Food Temperature Control</b>									
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							
<b>Food Identification</b>									
37	<input type="checkbox"/>	Food properly labeled; original container							
<b>Prevention of Food Contamination</b>									
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							
<b>Proper Use of Utensils</b>									
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							
<b>Utensils, Equipment and Vending</b>									
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							
<b>Physical Facilities</b>									
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							

<b>Person in Charge (Print &amp; Signature)</b>	<b>Date:</b>
<b>Inspector (Print &amp; Signature)</b>	<b>Phone:</b>

# 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

<b>Person in Charge (Signature)</b>	<b>Date</b>
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<b>Inspector (Signature)</b>	<b>Date</b>
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