

Food Establishment Inspection Report

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|--|--|--|--|--|---|--|
| | 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 | | | |
| | | | |
| Employee Health | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| Good Hygienic Practices | | | |
| 6 | | | |
| 7 | | | |
| Preventing Contamination by Hands | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| Approved Source | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 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 | | | |
| 16 | | | |
| 17 | | | |
| Time/Temperature Control for Safety | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| Consumer Advisory | | | |
| 25 | | | |
| Highly Susceptible Populations | | | |
| 26 | | | |
| Additives and Toxic Substances | | | |
| 27 | | | |
| 28 | | | |
| Approved Procedures | | | |
| 29 | | | |
| 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 | | | |
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| Safe Food and Water | | | | | | | | | |
| 30 | | | | | | | | | |
| 31 | | | | | | | | | |
| 32 | | | | | | | | | |
| Food Temperature Control | | | | | | | | | |
| 33 | | | | | | | | | |
| 34 | | | | | | | | | |
| 35 | | | | | | | | | |
| 36 | | | | | | | | | |
| Food Identification | | | | | | | | | |
| 37 | | | | | | | | | |
| Prevention of Food Contamination | | | | | | | | | |
| 38 | | | | | | | | | |
| 39 | | | | | | | | | |
| 40 | | | | | | | | | |
| 41 | | | | | | | | | |
| 42 | | | | | | | | | |
| Proper Use of Utensils | | | | | | | | | |
| 43 | | | | | | | | | |
| 44 | | | | | | | | | |
| 45 | | | | | | | | | |
| 46 | | | | | | | | | |
| Utensils, Equipment and Vending | | | | | | | | | |
| 47 | | | | | | | | | |
| 48 | | | | | | | | | |
| 49 | | | | | | | | | |
| Physical Facilities | | | | | | | | | |
| 50 | | | | | | | | | |
| 51 | | | | | | | | | |
| 52 | | | | | | | | | |
| 53 | | | | | | | | | |
| 54 | | | | | | | | | |
| 55 | | | | | | | | | |
| 56 | | | | | | | | | |
| 57 | | | | | | | | | |

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

Food Establishment Inspection Report

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|-------------------------------|-----------------------|--------------|
| Name of Establishment: | Permit Number: | Date: |
|-------------------------------|-----------------------|--------------|

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---------------|------|---------------|------|---------------|------|
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OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

| Violation Number | |
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|-------------------------------------|-------------|
| Person in Charge (Signature) | Date |
| Inspector (Signature) | Date |