

# 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) _____<br>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  | ___ | ___               | ___ |
| Demonstration of Knowledge/Training              |     |                   |     |
| 2  | ___ | ___               | ___ |
| Certified Manager/Person in Charge present       |     |                   |     |
| <b>Employee Health</b>                           |     |                   |     |
| 3  | ___ | ___               | ___ |
| Knowledge, responsibilities and reporting        |     |                   |     |
| 4  | ___ | ___               | ___ |
| Proper use of restriction and exclusion          |     |                   |     |
| 5  | ___ | ___               | ___ |
| Responding to vomiting & diarrheal events        |     |                   |     |
| <b>Good Hygienic Practices</b>                   |     |                   |     |
| 6  | ___ | ___               | ___ |
| Proper eating, tasting, drinking, or tobacco use |     |                   |     |
| 7  | ___ | ___               | ___ |
| No discharge from eyes, nose, and mouth          |     |                   |     |
| <b>Preventing Contamination by Hands</b>         |     |                   |     |
| 8  | ___ | ___               | ___ |
| Hands clean & properly washed                    |     |                   |     |
| 9  | ___ | ___               | ___ |
| No bare hand contact with RTE food               |     |                   |     |
| 10   | ___ | ___               | ___ |
| Handwashing sinks, accessible & supplies         |     |                   |     |
| <b>Approved Source</b>                           |     |                   |     |
| 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.

| Compliance Status                             |     | Compliance Status |     |
|---|-----|-------------------|-----|
| IN  | OUT | IN                | OUT |
| N/A N/O                                       |     | N/A N/O           |     |
|   |     | COS               | R   |
| <b>Protection from Contamination</b>          |     |                   |     |
| 15  | ___ | ___               | ___ |
| Food separated & protected; single-use gloves |     |                   |     |
| 16  | ___ | ___               | ___ |
| Food-contact surfaces; cleaned & sanitized    |     |                   |     |
| 17  | ___ | ___               | ___ |
| Proper disposal of unsafe food                |     |                   |     |
| <b>Time/Temperature Control for Safety</b>    |     |                   |     |
| 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             |     |                   |     |
| <b>Consumer Advisory</b>                      |     |                   |     |
| 25  | ___ | ___               | ___ |
| Advisory for raw/undercooked food             |     |                   |     |
| <b>Highly Susceptible Populations</b>         |     |                   |     |
| 26  | ___ | ___               | ___ |
| Pasteurized foods used; No prohibited foods   |     |                   |     |
| <b>Additives and Toxic Substances</b>         |     |                   |     |
| 27  | ___ | ___               | ___ |
| Food additives: approved & properly used      |     |                   |     |
| 28  | ___ | ___               | ___ |
| Toxic substances identified, stored, & used   |     |                   |     |
| <b>Approved Procedures</b>                    |     |                   |     |
| 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 |     | COS |     | R   |     |
|--|-----|-----|-----|---------|-----|-----|-----|-----|-----|
| <b>Safe Food and Water</b>                       |     |     |     |         |     |     |     |     |     |
| 30   | ___ | ___ | ___ | ___     | ___ | ___ | ___ | ___ | ___ |
| Pasteurized eggs used where required             |     |     |     |         |     |     |     |     |     |
| 31   | ___ | ___ | ___ | ___     | ___ | ___ | ___ | ___ | ___ |
| Water & ice from approved source                 |     |     |     |         |     |     |     |     |     |
| 32   | ___ | ___ | ___ | ___     | ___ | ___ | ___ | ___ | ___ |
| Variance obtained for special processing         |     |     |     |         |     |     |     |     |     |
| <b>Food Temperature Control</b>                  |     |     |     |         |     |     |     |     |     |
| 33   | ___ | ___ | ___ | ___     | ___ | ___ | ___ | ___ | ___ |
| Proper cooling methods; adequate equipment       |     |     |     |         |     |     |     |     |     |
| 34   | ___ | ___ | ___ | ___     | ___ | ___ | ___ | ___ | ___ |
| Plant food properly cooked for hot holding       |     |     |     |         |     |     |     |     |     |
| 35   | ___ | ___ | ___ | ___     | ___ | ___ | ___ | ___ | ___ |
| Approved thawing methods                         |     |     |     |         |     |     |     |     |     |
| 36   | ___ | ___ | ___ | ___     | ___ | ___ | ___ | ___ | ___ |
| Thermometers provided & accurate                 |     |     |     |         |     |     |     |     |     |
| <b>Food Identification</b>                       |     |     |     |         |     |     |     |     |     |
| 37   | ___ | ___ | ___ | ___     | ___ | ___ | ___ | ___ | ___ |
| Food properly labeled; original container        |     |     |     |         |     |     |     |     |     |
| <b>Prevention of Food Contamination</b>          |     |     |     |         |     |     |     |     |     |
| 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                      |     |     |     |         |     |     |     |     |     |

| IN  |     | OUT |     | N/A N/O |     | COS |     | R   |     |
|---|-----|-----|-----|---------|-----|-----|-----|-----|-----|
| <b>Proper Use of Utensils</b>                         |     |     |     |         |     |     |     |     |     |
| 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            |     |     |     |         |     |     |     |     |     |
| <b>Utensils, Equipment and Vending</b>                |     |     |     |         |     |     |     |     |     |
| 47  | ___ | ___ | ___ | ___     | ___ | ___ | ___ | ___ | ___ |
| Food & non-food contact surfaces                      |     |     |     |         |     |     |     |     |     |
| 48  | ___ | ___ | ___ | ___     | ___ | ___ | ___ | ___ | ___ |
| Warewashing: installed, maintained, used; test strips |     |     |     |         |     |     |     |     |     |
| 49  | ___ | ___ | ___ | ___     | ___ | ___ | ___ | ___ | ___ |
| Non-food contact surfaces clean                       |     |     |     |         |     |     |     |     |     |
| <b>Physical Facilities</b>                            |     |     |     |         |     |     |     |     |     |
| 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:**

