

# 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/A	
N/O		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/A	
N/O		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									

<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>
<b>Inspector (Signature)</b> 		<b>Date</b>