

Food Establishment Inspection Report

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|---|--|---|--|---------------|--|
| Local Health Department Name and Address Sample Form | | No. of Risk Factor/Intervention Violations | | Date | |
| | | No. of Repeat Risk Factor/Intervention Violations | | Time In | |
| Establishment Sample Form | | License/Permit # | | Time Out | |
| Street Address | | Permit Holder | | Risk Category | |
| | | Purpose of Inspection | | | |
| City/State | | ZIP Code | | | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable
 Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection **R**=repeat violation

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.

| Compliance Status | | COS | R | Compliance Status | | COS | R |
|--|-------------------|---|---|--|-------------------|--|---|
| Supervision | | | | Protection from Contamination | | | |
| 1 | In, Out | Person in charge present, demonstrates knowledge, and performs duties | | 15 | In, Out, N/A, N/O | Food separated and protected | |
| 2 | In, Out, N/A | Certified Food Protection Manager (CFPM) | | 16 | In, Out, N/A | Food-contact surfaces; cleaned and sanitized | |
| Employee Health | | | | Time/Temperature Control for Safety | | | |
| 3 | In, Out | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | 17 | In, Out | Proper disposition of returned, previously served, reconditioned and unsafe food | |
| 4 | In, Out | Proper use of restriction and exclusion | | 18 | In, Out, N/A, N/O | Proper cooking time and temperatures | |
| 5 | In, Out | Procedures for responding to vomiting and diarrheal events | | 19 | In, Out, N/A, N/O | Proper reheating procedures for hot holding | |
| Good Hygienic Practices | | | | Consumer Advisory | | | |
| 6 | In, Out, N/O | Proper eating, tasting, drinking, or tobacco use | | 20 | In, Out, N/A, N/O | Proper cooling time and temperature | |
| 7 | In, Out, N/O | No discharge from eyes, nose, and mouth | | 21 | In, Out, N/A, N/O | Proper hot holding temperatures | |
| Preventing Contamination by Hands | | | | Highly Susceptible Populations | | | |
| 8 | In, Out, N/O | Hands clean and properly washed | | 22 | In, Out, N/A, N/O | Proper cold holding temperatures | |
| 9 | In, Out, N/A, N/O | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | 23 | In, Out, N/A, N/O | Proper date marking and disposition | |
| 10 | In, Out | Adequate handwashing sinks properly supplied and accessible | | 24 | In, Out, N/A, N/O | Time as a Public Health Control; procedures & records | |
| Approved Source | | | | Food/Color Additives and Toxic Substances | | | |
| 11 | In, Out | Food obtained from approved source | | 25 | In, Out, N/A | Consumer advisory provided for raw/undercooked food | |
| 12 | In, Out, N/A, N/O | Food received at proper temperature | | Conformance with Approved Procedures | | | |
| 13 | In, Out | Food in good condition, safe, and unadulterated | | 26 | In, Out, N/A | Pasteurized foods used; prohibited foods not offered | |
| 14 | In, Out, N/A, N/O | Required records available: shellstock tags, parasite destruction | | 27 | In, Out, N/A | Food additives: approved and properly used | |
| | | | | 28 | In, Out, N/A | Toxic substances properly identified, stored, and used | |
| | | | | 29 | In, Out, N/A | Compliance with variance/specialized process/HACCP | |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
 Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

| | | COS | R | | | COS | R |
|---|---|-----|---|--|--|-----|---|
| Safe Food and Water | | | | Proper Use of Utensils | | | |
| 30 | Pasteurized eggs used where required | | | 43 | In-use utensils: properly stored | | |
| 31 | Water and ice from approved source | | | 44 | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 32 | Variance obtained for specialized processing methods | | | 45 | Single-use/single-service articles: properly stored and used | | |
| Food Temperature Control | | | | Utensils, Equipment and Vending | | | |
| 33 | Proper cooling methods used; adequate equipment for temperature control | | | 46 | Gloves used properly | | |
| 34 | Plant food properly cooked for hot holding | | | Physical Facilities | | | |
| 35 | Approved thawing methods used | | | 47 | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | | |
| 36 | Thermometers provided & accurate | | | 48 | Warewashing facilities: installed, maintained, & used; test strips | | |
| Food Identification | | | | 49 | Non-food contact surfaces clean | | |
| 37 | Food properly labeled; original container | | | Employee Training | | | |
| Prevention of Food Contamination | | | | 50 | Hot and cold water available; adequate pressure | | |
| 38 | Insects, rodents, and animals not present | | | 51 | Plumbing installed; proper backflow devices | | |
| 39 | Contamination prevented during food preparation, storage and display | | | 52 | Sewage and waste water properly disposed | | |
| 40 | Personal cleanliness | | | 53 | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 41 | Wiping cloths: properly used and stored | | | 54 | Garbage & refuse properly disposed; facilities maintained | | |
| 42 | Washing fruits and vegetables | | | 55 | Physical facilities installed, maintained, and clean | | |
| | | | | 56 | Adequate ventilation and lighting; designated areas used | | |
| | | | | Employee Training | | | |
| | | | | 57 | All food employees have food handler training | | |
| | | | | 58 | Allergen training as required | | |

Food Establishment Inspection Report

Establishment: Sample Form Establishment #: _____

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: _____ PPM: _____ Heat: _____

TEMPERATURE OBSERVATIONS

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

| Item Number | Violations cited in this report must be corrected within the time frames below. |
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CFPM Verification (name, expiration date, ID#):

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|--|--|--|--|
| | | | |
|--|--|--|--|

HACCP Topic:

Person in Charge (Signature) _____ Date _____

Inspector (Signature) _____ Follow-up: Yes No (Check one) Follow-up Date: _____

