

# 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> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business	<b>Correct by:</b>	
<b>Address:</b>		<b>City:</b>			<input type="checkbox"/> Next Routine Inspection	
<b>ZIP Code:</b>		<b>Name of Person in Charge:</b>			<input type="checkbox"/> 8 A.M. on _____ (Date)	
<b>Telephone:</b>		<b>Person in Charge Email:</b>			<b>Stop Sale Issued</b> _____	
<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>	Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____ Number of Repeat Violations (1-57 R) _____	

### 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		IN OUT 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		IN OUT 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	
<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>

