## **Food Establishment Inspection Report**

											Pag	ge 1 (	of 3
Local Health Department Name and Address Sample Form						No. of Risk Factor/Intervention Violations				Date			
						·					Time In		
Fatablish mant					۱ ا	No. of Repeat Risk Factor/Intervention Violations			Time Out				
Establishment License/Permit # Sample Form					P	Permit Holder Risk Category					_		
	eet Address				-								
					Р	urp	ose c	of Inspection					_
City	/State		ZIP Code										
		FOODBORNE ILLNES	S RISK FAC	CTOF	RS	A۱	ID F	UBLIC HEALTH	INTERVENT	IONS			
	IN=in compliance	ted compliance status (IN, OUT, N/O, N/A  OUT=not in compliance N/O=not ol  Mark "X" in appropriate box for COS of corrected on-site during inspection R	bserved <b>N/</b>	<b>A</b> =not			able	prevalent cont	ributing factors o	f foodborne il	dures identified as tl Iness or injury. Publi t foodborne illness c	c heal	th
Con	npliance Status			cos	F	٦ .	Со	mpliance Status				cos	R
		Supervision			_				Protection fro	m Contaminat	tion		
1	In, Out	Person in charge present, demonstrates know	wledge, and		Τ		15	In, Out, N/A, N/O	Food separated a	nd protected			_
	<u> </u>	performs duties		-	-		16	In, Out, N/A	Food-contact surf	aces; cleaned ar	nd sanitized		
2	In, Out, N/A	Certified Food Protection Manager (CFPM)			<u> </u>		17	In, Out	Proper disposition		eviously served,		
		Employee Health	al amployee:	Т	Т	reconditioned and unsafe food  Time/Temperature Control for Safety					Safaty		
3	In, Out	In, Out Management, food employee and conditional employee; knowledge, responsibilities and reporting					18	In, Out, N/A, N/O	Proper cooking ti		•		
4	In, Out	Proper use of restriction and exclusion					19	In, Out, N/A, N/O	Proper reheating				_
5	In, Out	Procedures for responding to vomiting and d	iarrheal events				20	In, Out, N/A, N/O	Proper cooling tir	•			_
		Good Hygienic Practices					21	In, Out, N/A, N/O	Proper hot holdin				_
6	In, Out, N/O	Proper eating, tasting, drinking, or tobacco u	se				22	In, Out, N/A, N/O	Proper cold holdi				_
7	In, Out, N/O	No discharge from eyes, nose, and mouth					23	In, Out, N/A, N/O	Proper date mark				
		Preventing Contamination by Hands		-			24	In, Out, N/A, N/O	<del>                                     </del>		rocedures & records		
8	In, Out, N/O	Hands clean and properly washed			Т		24	III, Out, N/A, N/O		·	rocedures & records		
		No bare hand contact with RTE food or a pre	-approved				25	In Out N/A	1	er Advisory	/		
9	In, Out, N/A, N/O	alternative procedure properly allowed					25	In, Out, N/A		• •	aw/undercooked food		
10	In, Out	Adequate handwashing sinks properly suppli	ed and accessible	e			2.5		Highly Suscep	•			
		Approved Source					26	In, Out, N/A		· · · · · · · · · · · · · · · · · · ·	d foods not offered		
11	In, Out	Food obtained from approved source							od/Color Additive				
12	In, Out, N/A, N/O	Food received at proper temperature					27	In, Out, N/A	Food additives: a		•		_
13	In, Out	Food in good condition, safe, and unadultera	ted				28	In, Out, N/A			ed, stored, and used	Ш	
14	In, Out, N/A, N/O	Required records available: shellstock tags, p	arasite						onformance with				
17	111, Out, 14,71, 14,0	destruction			<u> </u>		29	In, Out, N/A	Compliance with	variance/special	ized process/HACCP		_
			GOO	RE	TΑ	IL I	PRA	CTICES					
M		Good Retail Practices are preventative m mbered item is not in compliance Ma	ark "X" in appro	priate					icals, and physica corrected on-site	-		iolatio cos	
		Safe Food and Water		203	11	-			Proper Hea	of Utensils		[ [ [ ]	-11
30	Pastourized eggs	used where required					13	In-use utensils: prop	•	. 0. 0 (6113113			
31		m approved source		+	_	l ⊢	14	Utensils, equipment		tored dried 0 b	nandled	$\vdash$	_
-+	Variance obtained for specialized processing methods		-+	-	l ⊢	15	Single-use/single-se					_	
32	variance obtained					l	-			ny storeu anu us	seu		
22	I	Food Temperature Control					16	Gloves used properly			!!		
33	<u> </u>	thods used; adequate equipment for tempera	ture control			H	_	Tr	Utensils, Equipn				
34		ly cooked for hot holding			_	4	17	Food and non-food (	contact surraces clea	anable, properly	designed, constructed	1	
35	Approved thawing			_			18	Warewashing faciliti	es: installed, mainta	ined, & used; te	st strips		_
36	Thermometers pro					l ⊢	19	Non-food contact su					_
	1	Food Identification							Physical	Facilities			
37	Food properly lab	eled; original container					50	Hot and cold water a	available; adequate	pressure			
		Prevention of Food Contamination				[	51	Plumbing installed;	proper backflow dev	ices			_
38 Insects, rodents, and animals not present					l ⊢	52	Sewage and waste w						
39						l ⊢	53	Toilet facilities: prop			ed		
40	Personal cleanliness					l H	54	<del>                                     </del>	•	• •			
41	Wiping cloths: properly used and stored					l ⊢	55	-	Garbage & refuse properly disposed; facilities maintained  Physical facilities installed, maintained, and clean			$\vdash$	
42	Washing fruits and	d vegetables				l ⊢	56	Adequate ventilation			d		
						- 1	, ,	Auequate ventilation		e Training	u	Щ	
						-	57	All food complants == 1					
						- 15	7/	All food employees I	rave roou nandier ti	aillillg		1 1	

Allergen training as required

## **Food Establishment Inspection Report**

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Establishment: Sample Form Establishment #:								
Water Supply:   Public [	Private Waste V	Vater System: 🗌 Public 🗌	] Private					
Sanitizer Type:		PPM:	H	Heat:				
		TEMPERATURE OBSERV	ATIONS					
Item/Location	Temp	ltem/Location	Temp	Item/Location	Temp			
	OBS	ERVATIONS AND CORREC	TIVE ACTIONS					
Item Number		ited in this report must be corre		rames below.				
Number								
CFPM Verification (name, ex	xpiration date, ID#):							
HACCP Topic:								
Person in Charge (Signature)		 Date	_					
Inspector (Signature)		Follow-up: Yes	No (Check one)	Follow-up Date:				

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Establishment:	Sample Form	Establishment #:						
OBSERVATIONS AND CORRECTIVE ACTIONS								
Item Number	Violations cite	d in this report must be corrected within the time frames below.						
<u> </u>								
Person in Charge (S	Signature)	Date						
		Follow-up: Yes No (Check one) Follow-up Date:						
Inspector (Signatur	re)							