

# 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) _____	
<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>	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		Compliance Status	
IN	OUT	IN	OUT
<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
<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	___	___	___	___	___	___	___	___	___	___	___
31	___	___	___	___	___	___	___	___	___	___	___
32	___	___	___	___	___	___	___	___	___	___	___
<b>Food Temperature Control</b>											
33	___	___	___	___	___	___	___	___	___	___	___
34	___	___	___	___	___	___	___	___	___	___	___
35	___	___	___	___	___	___	___	___	___	___	___
36	___	___	___	___	___	___	___	___	___	___	___
<b>Food Identification</b>											
37	___	___	___	___	___	___	___	___	___	___	___
<b>Prevention of Food Contamination</b>											
38	___	___	___	___	___	___	___	___	___	___	___
39	___	___	___	___	___	___	___	___	___	___	___
40	___	___	___	___	___	___	___	___	___	___	___
41	___	___	___	___	___	___	___	___	___	___	___
42	___	___	___	___	___	___	___	___	___	___	___
<b>Proper Use of Utensils</b>											
43	___	___	___	___	___	___	___	___	___	___	___
44	___	___	___	___	___	___	___	___	___	___	___
45	___	___	___	___	___	___	___	___	___	___	___
46	___	___	___	___	___	___	___	___	___	___	___
<b>Utensils, Equipment and Vending</b>											
47	___	___	___	___	___	___	___	___	___	___	___
48	___	___	___	___	___	___	___	___	___	___	___
49	___	___	___	___	___	___	___	___	___	___	___
<b>Physical Facilities</b>											
50	___	___	___	___	___	___	___	___	___	___	___
51	___	___	___	___	___	___	___	___	___	___	___
52	___	___	___	___	___	___	___	___	___	___	___
53	___	___	___	___	___	___	___	___	___	___	___
54	___	___	___	___	___	___	___	___	___	___	___
55	___	___	___	___	___	___	___	___	___	___	___
56	___	___	___	___	___	___	___	___	___	___	___
57	___	___	___	___	___	___	___	___	___	___	___

<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

Person in Charge (Signature) Date

Inspector (Signature) Date