

Food Establishment Inspection Report

	Facility Type:		<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 _____

Name of Establishment:				RESULTS:		Correct by:	
Address:				<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Next Routine Inspection	
City:				<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> 8 A.M. on _____	
ZIP Code:				<input type="checkbox"/> Incomplete		(Date)	
Name of Person in Charge:				<input type="checkbox"/> Closure		Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____	
Person in Charge Email:				<input type="checkbox"/> Out of Business			
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number		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
Supervision		Protection from Contamination	
1	___	15	___
Demonstration of Knowledge/Training		Food separated & protected; single-use gloves	
2	___	16	___
Certified Manager/Person in Charge present		Food-contact surfaces; cleaned & sanitized	
Employee Health		17	___
3	___	Proper disposal of unsafe food	
Knowledge, responsibilities and reporting		Time/Temperature Control for Safety	
4	___	18	___
Proper use of restriction and exclusion		Cooking time & temperatures	
5	___	19	___
Responding to vomiting & diarrheal events		Reheating procedures for hot holding	
Good Hygienic Practices		20	___
6	___	Cooling time and temperature	
Proper eating, tasting, drinking, or tobacco use		21	___
7	___	Hot holding temperatures	
No discharge from eyes, nose, and mouth		22	___
Preventing Contamination by Hands		Cold holding temperatures	
8	___	23	___
Hands clean & properly washed		Date marking and disposition	
9	___	24	___
No bare hand contact with RTE food		Time as PHC; procedures & records	
10	___	Consumer Advisory	
Handwashing sinks, accessible & supplies		25	___
Approved Source		Advisory for raw/undercooked food	
11	___	Highly Susceptible Populations	
Food obtained from approved source		26	___
12	___	Pasteurized foods used; No prohibited foods	
Food received at proper temperature		Additives and Toxic Substances	
13	___	27	___
Food in good condition, safe, & unadulterated		Food additives: approved & properly used	
14	___	28	___
Shellstock tags & parasite destruction		Toxic substances identified, stored, & used	
<p>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.</p>		Approved Procedures	
		29	___
		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.

IN	OUT	N/A	N/O	COS	R
Safe Food and Water					
30	___	___	___	___	___
Pasteurized eggs used where required					
31	___	___	___	___	___
Water & ice from approved source					
32	___	___	___	___	___
Variance obtained for special processing					
Food Temperature Control					
33	___	___	___	___	___
Proper cooling methods; adequate equipment					
34	___	___	___	___	___
Plant food properly cooked for hot holding					
35	___	___	___	___	___
Approved thawing methods					
36	___	___	___	___	___
Thermometers provided & accurate					
Food Identification					
37	___	___	___	___	___
Food properly labeled; original container					
Prevention of Food Contamination					
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					
Proper Use of Utensils					
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					
Utensils, Equipment and Vending					
47	___	___	___	___	___
Food & non-food contact surfaces					
48	___	___	___	___	___
Warewashing: installed, maintained, used; test strips					
49	___	___	___	___	___
Non-food contact surfaces clean					
Physical Facilities					
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					

Person in Charge (Print & Signature)	Date:
Inspector (Print & Signature)	Phone:

