Food Establishment Inspection Report

Facility Ty	/pe: Bar/Lounge	Domestic Violence		PPEC				
Adult Da	ay CareCivic _	Fraternal Org.	Intermediate Care Migrant Housing	Recreational	•			
Aftersch Assisted	•	Home for Special Services Hospice	Movie Theater	Residential T School	reatment FacTransitional	Living Fac		
	neReinspectionConstructionCompla	•	f Ownership Epidem		Event Other			
					Correct by:			
Name of Establishr	ment:		RESULTS:					
Address:		City:		Satisfactory	Next Routine Inspection	Stop Sale		
ZID Codo	Name of Davage in Chara			Unsatisfactory	8 A.M. on	Issued		
ZIP Code:	Name of Person in Charg	<u>e:</u>		Incomplete	(Date)			
Telephone:	Person in Charge Email:		Incomplete Number of Risk Factors/Intervention					
Date (MM/DD/YY)	Begin Time AM/PM End Time AM/PM	Permit Number	Position Number	Closure	Violations Marked "OUT" (items 1			
				Out of Business	Number of Repeat Violations (1-5	7 R)		
	FOODBORNE I	LLNESS RISK FACTORS A	ND PUBLIC HEALT	H INTERVENTION	S			
-	nce status: Mark an "X" under the compliance		•	·		of		
	e act or item was not observed to be occurring opropriate box for: COS=violation corrected or	•	•	rformed by the facility.	<u>-</u>			
		T Site, K=repeat violation from p						
IN OUT N/A N/C		COS R	Compliance Status IN OUT N/A N/C			COS R		
	Supervision				n Contamination			
1	Demonstration of Knowledge/Training		15	Food separated & p	rotected; single-use gloves			
2	Certified Manager/Person in Charge present		16		ces; cleaned & sanitized			
3	Employee Health Knowledge responsibilities and reporting	17 Proper disposal of unsafe food Time/Temperature Control for Safety						
4	Knowledge, responsibilities and reporting Proper use of restriction and exclusion		18	Cooking time & tem				
5	Responding to vomiting & diarrheal events		19	Reheating procedu	•			
	Good Hygienic Practices		20	Cooling time and te	mperature			
6	Proper eating, tasting, drinking, or tobacco		21	Hot holding tempera				
	No discharge from eyes, nose, and mouth Preventing Contamination by Hand		23	Cold holding tempeDate marking and d				
8	Hands clean & properly washed		24	Time as PHC; proce	•			
9	No bare hand contact with RTE food				er Advisory			
10	Handwashing sinks, accessible & supplies Approved Source		25	Advisory for raw/un	ible Populations			
11	Food obtained from approved source		26		used; No prohibited foods			
12	Food received at proper temperature	Additives and Toxic Substances						
13	Food in good condition, safe, & unadultera	ited	27 Food additives: approved & properly used					
This form serves as	Shellstock tags & parasite destruction a "Notice of Non-Compliance" pursuant to sec	ction 120.695. Florida	28		dentified, stored, & used Procedures			
Statutes. Items mark	ked as "out" violate one or more of the require	ments of Chapter 64E-11, the	29 Variance/specialized process/HACCP					
	ve Code or Chapter 381.0072, Florida Statutes corrected within the time period indicated above		-	Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are				
	ng these corrections is a violation. Failure to correspond result in enforcement action being initiated by		•	prevent foodborne illn		ns are		
Tarrie opcomed may		the Department of Fleatin.						
		GOOD RETAIL PR	RACTICES					
	Good Retail Practices are preventative	e measures to control the additi	on of pathogens, chem	icals, and physical ob	jects into foods.			
IN OUT N/A N/		COS R	IN OUT N/A N/C		of Htopsils	COS R		
30	Safe Food and Water Pasteurized eggs used where required		43	Utensils: properly s				
31	Water & ice from approved source		44		: stored, dried, & handled			
32	Variance obtained for special processing		45	Single-use/single-se	ervice articles: stored & used			
33	Food Temperature Control		46		h gloves used properly			
34	Proper cooling methods; adequate equipmPlant food properly cooked for hot holding		47	Food & non-food co	ment and Vending			
35	Approved thawing methods		48		alled, maintained, used; test strips			
36	Thermometers provided & accurate		49	Non-food contact su	urfaces clean			
37	Food Identification		50		ical Facilities			
31	Food properly labeled; original container Prevention of Food Contamination		50		ailable; under pressure proper backflow devices			
38	Insects, rodents, & animals not present		52		ater properly disposed			
39	No Contamination (preparation, storage, di	splay)	53	Toilet facilities: sup	plied & cleaned			
40	Personal cleanliness		54 55	Garbage & refuse d	•			
41	Wiping cloths: properly used & storedWashing fruits & vegetables		56	Facilities installed, Ventilation & lightin	maintained, & clean			
			57	Permit; Fees; Applic				
		JA42						
Person in Charge (Print & Signature)				Date:			
Inspector (Print & S	Signature)				Phone:			

Food Establishment Inspection Report										
Name of Es	tablishment:		Permit Number:		Date:					
			TEMPERATURE OBSERV	ATIONS						
	tem/Location	Temp	Item/Location	Temp	Item/Location	Temp				
		OBSER	RVATIONS AND CORREC							
Violation Number			Violations cited in this report							
Person in C	harge (Signature)		JAGS		Date					
Inspector (S	Signature)				Date					