


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				
PURPOSE: <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Construction <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Epidemiology <input type="checkbox"/> Temporary Event <input type="checkbox"/> Other Grade: _____							
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		Number of Repeat Violations (1-57 R) _____	
Date (MM/DD/YY)	Begin Time AM/PM	End Time AM/PM	Permit Number	Position Number			
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 N/A N/O				IN OUT N/A N/O			
Supervision				Protection from Contamination			
1	___	___	Demonstration of Knowledge/Training	15	___	___	Food separated & protected; single-use gloves
2	___	___	Certified Manager/Person in Charge present	16	___	___	Food-contact surfaces; cleaned & sanitized
Employee Health				Time/Temperature Control for Safety			
3	___	___	Knowledge, responsibilities and reporting	17	___	___	Proper disposal of unsafe food
4	___	___	Proper use of restriction and exclusion	18	___	___	Cooking time & temperatures
5	___	___	Responding to vomiting & diarrheal events	19	___	___	Reheating procedures for hot holding
Good Hygienic Practices				Consumer Advisory			
6	___	___	Proper eating, tasting, drinking, or tobacco use	20	___	___	Cooling time and temperature
7	___	___	No discharge from eyes, nose, and mouth	21	___	___	Hot holding temperatures
Preventing Contamination by Hands				Highly Susceptible Populations			
8	___	___	Hands clean & properly washed	22	___	___	Cold holding temperatures
9	___	___	No bare hand contact with RTE food	23	___	___	Date marking and disposition
10	___	___	Handwashing sinks, accessible & supplies	24	___	___	Time as PHC; procedures & records
Approved Source				Approved Procedures			
11	___	___	Food obtained from approved source	25	___	___	Variance/specialized process/HACCP
12	___	___	Food received at proper temperature	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.			
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.							
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				IN OUT N/A N/O			
Safe Food and Water				Proper Use of Utensils			
30	___	___	Pasteurized eggs used where required	43	___	___	Utensils: properly stored
31	___	___	Water & ice from approved source	44	___	___	Equipment & linens: stored, dried, & handled
32	___	___	Variance obtained for special processing	45	___	___	Single-use/single-service articles: stored & used
Food Temperature Control				Utensils, Equipment and Vending			
33	___	___	Proper cooling methods; adequate equipment	46	___	___	Slash-resistant/cloth gloves used properly
34	___	___	Plant food properly cooked for hot holding	Physical Facilities			
35	___	___	Approved thawing methods	47	___	___	Food & non-food contact surfaces
36	___	___	Thermometers provided & accurate	48	___	___	Warewashing: installed, maintained, used; test strips
Food Identification				49	___	___	Non-food contact surfaces clean
37	___	___	Food properly labeled; original container	Prevention of Food Contamination			
38	___	___	Insects, rodents, & animals not present	50	___	___	Hot & cold water available; under pressure
39	___	___	No Contamination (preparation, storage, display)	51	___	___	Plumbing installed; proper backflow devices
40	___	___	Personal cleanliness	52	___	___	Sewage & waste water properly disposed
41	___	___	Wiping cloths: properly used & stored	53	___	___	Toilet facilities: supplied & cleaned
42	___	___	Washing fruits & vegetables	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:			
_____				_____			