

Food Establishment Inspection Report

	Facility Type:		<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> PPEC
	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Civic	<input type="checkbox"/> Fraternal Org.	<input type="checkbox"/> Intermediate Care DD	<input type="checkbox"/> Recreational Camp
	<input type="checkbox"/> Afterschool Meal Prog	<input type="checkbox"/> Crisis Stabilization Unit	<input type="checkbox"/> Home for Special Services	<input type="checkbox"/> Migrant Housing	<input type="checkbox"/> Residential Treatment Fac.
	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice	<input type="checkbox"/> Movie Theater	<input type="checkbox"/> School
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					

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) _____ Number of Repeat Violations (1-57 R) _____	
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			

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			
1	___	Demonstration of Knowledge/Training	
2	___	Certified Manager/Person in Charge present	
Employee Health			
3	___	Knowledge, responsibilities and reporting	
4	___	Proper use of restriction and exclusion	
5	___	Responding to vomiting & diarrheal events	
Good Hygienic Practices			
6	___	Proper eating, tasting, drinking, or tobacco use	
7	___	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands			
8	___	Hands clean & properly washed	
9	___	No bare hand contact with RTE food	
10	___	Handwashing sinks, accessible & supplies	
Approved Source			
11	___	Food obtained from approved source	
12	___	Food received at proper temperature	
13	___	Food in good condition, safe, & unadulterated	
14	___	Shellstock tags & parasite destruction	
<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>			
Protection from Contamination			
15	___	Food separated & protected; single-use gloves	
16	___	Food-contact surfaces; cleaned & sanitized	
17	___	Proper disposal of unsafe food	
Time/Temperature Control for Safety			
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	
Consumer Advisory			
25	___	Advisory for raw/undercooked food	
Highly Susceptible Populations			
26	___	Pasteurized foods used; No prohibited foods	
Additives and Toxic Substances			
27	___	Food additives: approved & properly used	
28	___	Toxic substances identified, stored, & used	
Approved Procedures			
29	___	Variance/specialized process/HACCP	
<p>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.</p>			

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

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

