

Food Establishment Inspection Report

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As Governed by State Code Section XXX.XXX Do Good County 12344 Any Street, Our Town, State 11111		No. of Risk Factor/Intervention Violations		Date _____
		No. of Repeat Risk Factor/Intervention Violations		Time In _____
		Score (optional)		Time Out _____
Establishment	Address	City/State	Zip Code	Telephone
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Demonstration of Knowledge							
1	IN OUT	Certification by accredited program, compliance with Code, or correct responses					
Employee Health							
2	IN OUT	Management awareness; policy present					
3	IN OUT	Proper use of reporting, restriction & exclusion					
Good Hygienic Practices							
4	IN OUT	N/O	Proper eating, tasting, drinking, or tobacco use				
5	IN OUT	N/O	No discharge from eyes, nose, and mouth				
Preventing Contamination by Hands							
6	IN OUT	N/O	Hands clean & properly washed				
7	IN OUT	N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed				
8	IN OUT		Adequate handwashing facilities supplied & accessible				
Approved Source							
9	IN OUT		Food obtained from approved source				
10	IN OUT	N/A N/O	Food received at proper temperature				
11	IN OUT		Food in good condition, safe, & unadulterated				
12	IN OUT	N/A N/O	Required records available: shellstock tags, parasite destruction				
Protection from Contamination							
13	IN OUT	N/A	Food separated & protected				
14	IN OUT	N/A	Food-contact surfaces: cleaned & sanitized				
15	IN OUT		Proper disposition of returned, previously served, reconditioned, & unsafe food				
Potentially Hazardous Food Time/Temperature							
16	IN OUT	N/A N/O	Proper cooking time & temperatures				
17	IN OUT	N/A N/O	Proper reheating procedures for hot holding				
18	IN OUT	N/A N/O	Proper cooling time & temperatures				
19	IN OUT	N/A N/O	Proper hot holding temperatures				
20	IN OUT	N/A	Proper cold holding temperatures				
21	IN OUT	N/A N/O	Proper date marking & disposition				
22	IN OUT	N/A N/O	Time as a public health control: procedures & record				
Consumer Advisory							
23	IN OUT	N/A	Consumer advisory provided for raw or undercooked foods				
Highly Susceptible Populations							
24	IN OUT	N/A	Pasteurized foods used; prohibited foods not offered				
Chemical							
25	IN OUT	N/A	Food additives: approved & properly used				
26	IN OUT		Toxic substances properly identified, stored, & used				
Conformance with Approved Procedures							
27	IN OUT	N/A	Compliance with variance, specialized process, & HACCP plan				

Risk factors are improper 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.

Mark "X" in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Safe Food and Water		COS	R	Proper Use of Utensils		COS	R
28	Pasteurized eggs used where required			41	In-use utensils: properly stored		
29	Water & ice from approved source			42	Utensils, equipment & linens: properly stored, dried, & handled		
30	Variance obtained for specialized processing methods			43	Single-use & single-service articles: properly stored & used		
Food Temperature Control							
31	Proper cooling methods used; adequate equipment for temperature control			44	Gloves used properly		
32	Plant food properly cooked for hot holding			Utensils, Equipment and Vending			
33	Approved thawing methods used			45	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
34	Thermometers provided & accurate			46	Warewashing facilities: installed, maintained, & used; test strips		
Food Identification							
35	Food properly labeled; original container			47	Non-food contact surfaces clean		
Prevention of Food Contamination							
36	Insects, rodents, & animals not present; no unauthorized persons			Physical Facilities			
37	Contamination prevented during food preparation, storage & display			48	Hot & cold water available; adequate pressure		
38	Personal cleanliness			49	Plumbing installed; proper backflow devices		
39	Wiping cloths: properly used & stored			50	Sewage & waste water properly disposed		
40	Washing fruits & vegetables			51	Toilet facilities: properly constructed, supplied, & cleaned		
				52	Garbage & refuse properly disposed; facilities maintained		
				53	Physical facilities installed, maintained, & clean		
				54	Adequate ventilation & lighting; designated areas used		

Person in Charge (Signature)	Date:
Inspector (Signature)	Follow-up: YES NO (Circle one) Follow-up Date:

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 Do Good County
 12344 Any Street, Our Town, State, 11111

License/Permit # _____
Date _____

Establishment	Address	City/State	Zip Code	Telephone
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

Person in Charge (Signature) _____	Date _____
Inspector (Signature) _____	Date _____

