

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 _____ No. of Repeat Risk Factor/Intervention Violations _____ Score (optional) _____		Date _____ Time In _____ 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	
Supervision									
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties							
2	IN OUT N/A	Certified Food Protection Manager							
Employee Health									
3	IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting							
4	IN OUT	Proper use of restriction and exclusion							
5	IN OUT	Illness documentation							
Good Hygienic Practices									
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use							
7	IN OUT N/O	No discharge from eyes, nose, and mouth							
Preventing Contamination by Hands									
8	IN OUT N/O	Hands clean & properly washed							
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed							
10	IN OUT	Adequate handwashing sinks properly supplied and accessible							
Approved Source									
11	IN OUT	Food obtained from approved source							
12	IN OUT N/A N/O	Food received at proper temperature							
13	IN OUT	Food in good condition, safe, & unadulterated							
14	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction							
Protection from Contamination									
15	IN OUT N/A N/O	Food separated and protected							
16	IN OUT N/A	Food-contact surfaces; cleaned, sanitized & disinfected							

Compliance Status						COS		R	
17	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food							
Time/Temperature Control for Safety									
18	IN OUT N/A N/O	Proper cooking time & temperatures							
19	IN OUT N/A N/O	Proper reheating procedures for hot holding							
20	IN OUT N/A N/O	Proper cooling time and temperature							
21	IN OUT N/A N/O	Proper hot holding temperatures							
22	IN OUT N/A N/O	Proper cold holding temperatures							
23	IN OUT N/A N/O	Proper date marking and disposition							
24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records							
Consumer Advisory									
25	IN OUT N/A	Consumer advisory provided for raw/undercooked food							
Highly Susceptible Populations									
26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered							
Food/Color Additives and Toxic Substances									
27	IN OUT N/A	Food additives: approved & properly used							
28	IN OUT N/A	Toxic substances properly identified, stored, & used							
Conformance with Approved Procedures									
29	IN OUT N/A	Compliance with variance/specialized process/HACCP							

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.

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	
30		Pasteurized eggs used where required							
31		Water & ice from approved source							
32		Variance obtained for specialized processing methods							
Food Temperature Control									
33		Proper cooling methods used; adequate equipment for temperature control							
34		Plant food properly cooked for hot holding							
35		Approved thawing methods used							
36		Thermometers provided & accurate							
Food Identification									
37		Food properly labeled; original container							
Prevention of Food Contamination									
38		Insects, rodents, & animals not present							
39		Contamination prevented during food preparation, storage & display							
40		Personal cleanliness							
41		Wiping cloths: properly used & stored							
42		Washing fruits & vegetables							

Proper Use of Utensils						COS		R	
43		In-use utensils: properly stored							
44		Utensils, equipment & linens: properly stored, dried, & handled							
45		Single-use/single-service articles: properly stored & used							
46		Slash-resistant and cloth gloves, properly used							
Utensils, Equipment and Vending									
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used							
48		Warewashing facilities: installed, maintained, & used; test strips							
49		Non-food contact surfaces clean							
Physical Facilities									
50		Hot & cold water available; adequate pressure							
51		Plumbing installed; proper backflow devices							
52		Sewage & waste water properly disposed							
53		Toilet facilities: properly constructed, supplied, & cleaned							
54		Garbage & refuse properly disposed; facilities maintained							
55		Physical facilities installed, maintained, & clean							
56		Adequate ventilation & lighting; designated areas used							

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

Date _____

Telephone

Temp

Violations cited in this report must be corrected within the time frames below or as stated in Section 8-405.11 of the Food Code.

Date _____

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As Governed by State Code Section XXX.XXX

Do Good County

12344 Any Street, Our Town, State, 11111

License/Permit #

Date _____

Establishment

Address	Value
00000000	00000000
00000004	00000000
00000008	00000000
0000000C	00000000
00000010	00000000
00000014	00000000
00000018	00000000
0000001C	00000000
00000020	00000000
00000024	00000000
00000028	00000000
0000002C	00000000
00000030	00000000
00000034	00000000
00000038	00000000
0000003C	00000000
00000040	00000000
00000044	00000000
00000048	00000000
0000004C	00000000
00000050	00000000
00000054	00000000
00000058	00000000
0000005C	00000000
00000060	00000000
00000064	00000000
00000068	00000000
0000006C	00000000
00000070	00000000
00000074	00000000
00000078	00000000
0000007C	00000000
00000080	00000000
00000084	00000000
00000088	00000000
0000008C	00000000
00000090	00000000
00000094	00000000
00000098	00000000
0000009C	00000000
000000A0	00000000
000000A4	00000000
000000A8	00000000
000000AC	00000000
000000B0	00000000
000000B4	00000000
000000B8	00000000
000000BC	00000000
000000C0	00000000
000000C4	00000000
000000C8	00000000
000000CC	00000000
000000D0	00000000
000000D4	00000000
000000D8	00000000
000000DC	00000000
000000E0	00000000
000000E4	00000000
000000E8	00000000
000000EC	00000000
000000F0	00000000
000000F4	00000000
000000F8	00000000
000000FC	00000000

City/State

Zip Code

Telephone

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below or as stated in Section 8-405.11 of the Food Code.

Item
Number

Person in Charge (Signature)

Date _____

Inspector (Signature)

Date _____