

Food Establishment Inspection Report

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FOR OFFICE USE ONLY

EMAIL

NAME OF ESTABLISHMENT		ADDRESS OR LOCATION				CITY	
MEALS SERVED	B L D C O	PURPOSE OF INSPECTION	<input type="checkbox"/> Routine	<input type="checkbox"/> Preoperational	<input type="checkbox"/> Reinspection	ESTABLISHMENT TYPE	RISK CATEGORY
MEALS OBSERVED	B L D C O		<input type="checkbox"/> Illness Investigation	<input type="checkbox"/> Temporary	<input type="checkbox"/> Complaint		
DATE	TIME IN	ELAPSED TIME	TOTAL POINTS	RED POINTS	REPEAT RED	PHONE	

RED HIGH RISK FACTORS

High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Circles indicate compliance status (IN, OUT, N/O, N/A) for each item.

IN = In Compliance OUT = Not In Compliance N/O = Not Observed N/A = Not Applicable CDI = Corrected During Inspection R = Repeat Violation

#	Compliance Status	Description	CDI	R	PTS	#	Compliance Status	Description	CDI	R	PTS
Demonstration of Knowledge						Potentially Hazardous Food Time and Temperature					
1	IN OUT	PIC certified by accredited program, or compliance with Code, or correct answers	<input type="checkbox"/>	<input type="checkbox"/>	5	16	IN OUT N/A N/O	Proper cooling procedures	<input type="checkbox"/>	<input type="checkbox"/>	25
2	IN OUT	Food Worker Cards current for all food workers; new food workers trained	<input type="checkbox"/>	<input type="checkbox"/>	5	17	IN OUT N/A N/O	Proper hot holding temperatures (5 pts if 130°F to 134°F)	<input type="checkbox"/>	<input type="checkbox"/>	25 (5)
Employee Health						Consumer Advisory					
3	IN OUT	Proper ill worker and conditional employee practices; no ill workers present; proper reporting of illness	<input type="checkbox"/>	<input type="checkbox"/>	25	23	IN OUT N/A	Proper Consumer Advisory posted for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	5
Preventing Contamination by Hands						Highly Susceptible Populations					
4	IN OUT N/O	Hands washed as required	<input type="checkbox"/>	<input type="checkbox"/>	25	24	IN OUT N/A	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10
5	IN OUT N/A N/O	Proper barriers used to prevent bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>	25	Chemical					
6	IN OUT	Adequate handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	10	25	IN OUT	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	10
Approved Source, Wholesome, Not Adulterated						Conformance with Approved Procedures					
7	IN OUT	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15	26	IN OUT	Compliance with risk control plan, variance, plan of operation; valid permit; approved procedures for noncontinuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	10
8	IN OUT	Water supply, ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15	27	IN OUT N/A	Variance obtained for specialized processing methods (e.g., ROP)	<input type="checkbox"/>	<input type="checkbox"/>	10
9	IN OUT N/A N/O	Proper washing of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	10	Red Points					
10	IN OUT	Food in good condition, safe and unadulterated; approved additives	<input type="checkbox"/>	<input type="checkbox"/>	10	BLUE LOW RISK FACTORS					
11	IN OUT	Proper disposition of returned, previously served, unsafe, or contaminated food	<input type="checkbox"/>	<input type="checkbox"/>	10	Food Temperature Control					
12	IN OUT N/A N/O	Proper shellstock ID; wild mushroom ID; parasite destruction procedures for fish	<input type="checkbox"/>	<input type="checkbox"/>	5	28	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	5	
Protection from Cross Contamination						Utensils and Equipment					
13	IN OUT N/A N/O	Food contact surfaces and utensils used for raw meat thoroughly cleaned and sanitized; no cross contamination	<input type="checkbox"/>	<input type="checkbox"/>	15	40	Food and nonfood surfaces properly used and constructed; cleanable	<input type="checkbox"/>	<input type="checkbox"/>	5	
14	IN OUT N/A N/O	Raw meats below or away from ready-to-eat food; species separated	<input type="checkbox"/>	<input type="checkbox"/>	5	41	Warewashing facilities properly installed, maintained, used; test strips available and used	<input type="checkbox"/>	<input type="checkbox"/>	5	
15	IN OUT N/A N/O	Proper handling of pooled eggs	<input type="checkbox"/>	<input type="checkbox"/>	5	42	Food-contact surfaces maintained, cleaned, sanitized	<input type="checkbox"/>	<input type="checkbox"/>	5	
Protection from Cross Contamination						Physical Facilities					
32	Insects, rodents, animals not present; entrance controlled	<input type="checkbox"/>	<input type="checkbox"/>	5	44	Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains; no cross-connections	<input type="checkbox"/>	<input type="checkbox"/>	5		
33	Potential food contamination prevented during delivery, preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>	5	45	Sewage, wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	5		
34	Wiping cloths properly used, stored; proper sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	5	46	Toilet facilities properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>	3		
35	Employee cleanliness and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	3	47	Garbage, refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	3		
36	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	3	48	Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment	<input type="checkbox"/>	<input type="checkbox"/>	2		
Proper Use of Utensils						Blue Points					
37	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	3	49	Adequate ventilation, lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	2		
38	Utensils, equipment, linens properly stored, used, handled	<input type="checkbox"/>	<input type="checkbox"/>	3	50	Posting of permit; mobile establishment name easily visible	<input type="checkbox"/>	<input type="checkbox"/>	2		
39	Single-use and single-service articles properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>	3	Use the following blank lines to write comments.						

Person In Charge (Signature)	Person In Charge (Print Name)	Date	
Regulatory Authority (Signature)	Regulatory Authority (Print Name)	Follow-up Needed?	Yes No