

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"/> ILLNESS INVESTIGATION <input type="checkbox"/> OTHER:	<input type="checkbox"/> PREOPERATIONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> COMPLAINT	ESTABLISHMENT TYPE	RISK CATEGORY
MEALS OBSERVED	B	L	D	C	O				
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		CDI	R	PTS
Demonstration of Knowledge					
1	IN OUT	PIC certified by accredited program, or compliance with Code, or correct answers	<input type="checkbox"/>	<input type="checkbox"/>	5
2	IN OUT	Food worker cards current for all food workers; new food workers trained	<input type="checkbox"/>	<input type="checkbox"/>	5
Employee Health					
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
Preventing Contamination by Hands					
4	IN OUT N/O	Hands washed as required	<input type="checkbox"/>	<input type="checkbox"/>	25
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
6	IN OUT	Adequate handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	10
Approved Source, Wholesome, Not Adulterated					
7	IN OUT	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15
8	IN OUT	Water supply, ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	
9	IN OUT N/A N/O	Proper washing of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	10
10	IN OUT	Food in good condition, safe, and unadulterated; approved additives	<input type="checkbox"/>	<input type="checkbox"/>	10
11	IN OUT	Proper disposition of returned, previously served, unsafe, or contaminated food	<input type="checkbox"/>	<input type="checkbox"/>	10
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
Protection from Cross Contamination					
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
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
15	IN OUT N/A N/O	Proper handling of pooled eggs	<input type="checkbox"/>	<input type="checkbox"/>	5

#	Compliance Status		CDI	R	PTS
Potentially Hazardous Food Time and Temperature					
16	IN OUT N/A N/O	Proper cooling procedures	<input type="checkbox"/>	<input type="checkbox"/>	25
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)
18	IN OUT N/A N/O	Proper cooking time and temperature; proper use of non-continuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	25
19	IN OUT N/A N/O	No room temperature storage; proper use of time as a control	<input type="checkbox"/>	<input type="checkbox"/>	25
20	IN OUT N/A N/O	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	15
21	IN OUT N/A	Proper cold holding temperatures (5 pts if 42°F to 45°F)	<input type="checkbox"/>	<input type="checkbox"/>	10 (5)
22	IN OUT N/A	Accurate thermometer provided and used to evaluate temperature of PHF	<input type="checkbox"/>	<input type="checkbox"/>	5
Consumer Advisory					
23	IN OUT N/A	Proper Consumer Advisory posted for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	5
Highly Susceptible Populations					
24	IN OUT N/A	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10
Chemical					
25	IN OUT	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	10
Conformance with Approved Procedures					
26	IN OUT N/A	Compliance with risk control plan, variance, plan of operation; valid permit; approved procedures for non-continuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	10
27	IN OUT N/A	Variance obtained for specialized processing methods (e.g., ROP)	<input type="checkbox"/>	<input type="checkbox"/>	10
					Red Points

BLUE LOW RISK FACTORS

Low risk factors are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods. *Circled points indicate items not in compliance.*

	CDI	R	PTS
Food Temperature Control			
28	<input type="checkbox"/>	<input type="checkbox"/>	5
29	<input type="checkbox"/>	<input type="checkbox"/>	5
30	<input type="checkbox"/>	<input type="checkbox"/>	3
Food Identification			
31	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Contamination			
32	<input type="checkbox"/>	<input type="checkbox"/>	5
33	<input type="checkbox"/>	<input type="checkbox"/>	5
34	<input type="checkbox"/>	<input type="checkbox"/>	5
35	<input type="checkbox"/>	<input type="checkbox"/>	3
36	<input type="checkbox"/>	<input type="checkbox"/>	3
Proper Use of Utensil			
37	<input type="checkbox"/>	<input type="checkbox"/>	3
38	<input type="checkbox"/>	<input type="checkbox"/>	3
39	<input type="checkbox"/>	<input type="checkbox"/>	3

	CDI	R	PTS
Utensils and Equipment			
40	<input type="checkbox"/>	<input type="checkbox"/>	5
41	<input type="checkbox"/>	<input type="checkbox"/>	5
42	<input type="checkbox"/>	<input type="checkbox"/>	5
43	<input type="checkbox"/>	<input type="checkbox"/>	3
Physical Facilities			
44	<input type="checkbox"/>	<input type="checkbox"/>	5
45	<input type="checkbox"/>	<input type="checkbox"/>	5
46	<input type="checkbox"/>	<input type="checkbox"/>	3
47	<input type="checkbox"/>	<input type="checkbox"/>	3
48	<input type="checkbox"/>	<input type="checkbox"/>	2
49	<input type="checkbox"/>	<input type="checkbox"/>	2
50	<input type="checkbox"/>	<input type="checkbox"/>	2
			Blue Points
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

