## **Food Establishment Inspection Report**

											Pag	ge 1	of
Loc	Local Health Department Name and Address					of R	Risk Factor/Intervention Violation				Date		
						Time In					Time In	ne In	
Establishment License/Permit #					No. of Repeat Risk Factor/Intervention Violations  Time O				Time Out				
Street Address					Permit Holder Risk Category								
Stre	eet Address			-	Pur	pose	of I	nspection					
City	//State	ZIP Code											
		FOODBORNE ILLNESS RISK FA	CTC	)R	S AI	ND	PU	BLIC HEALTH	I INTERVENT	TIONS			
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered IN=in compliance OUT=not in compliance N/O=not observed N/A=not Mark "X" in appropriate box for COS and/or R  COS=corrected on-site during inspection R=repeat violation							е	prevalent cont	ributing factors c	of foodborne i	dures identified as t llness or injury. Publi t foodborne illness o	ic hea	alth
Cor	npliance Status		CC	os	R Compliance Status COS					R			
		Supervision	-		Protection from Contamination								
1	In, Out	Person in charge present, demonstrates knowledge, and				1	5	In, Out, N/A, N/O	Food separated a	nd protected			
2	In, Out, N/A	performs duties  Certified Food Protection Manager (CFPM)				10	6	In, Out, N/A	Food-contact sur	faces; cleaned a	nd sanitized		
	III, Out, N/A	Employee Health				1	7	In, Out	Proper dispositio		reviously served,		$\dagger$
		Management, food employee and conditional employee;	Т	T		_	<u> </u>		reconditioned an Fime/Temperatu		Safety		_
3	In, Out	knowledge, responsibilities and reporting				1	8	In, Out, N/A, N/O	Proper cooking ti		•		Т
4	In, Out	Proper use of restriction and exclusion				19	9	In, Out, N/A, N/O	Proper reheating	procedures for	hot holding		
5	In, Out	Procedures for responding to vomiting and diarrheal events				20	0	In, Out, N/A, N/O	Proper cooling tir	ne and tempera	ture		
		Good Hygienic Practices				2:	1	In, Out, N/A, N/O	Proper hot holding	ng temperatures			
6	In, Out, N/O	Proper eating, tasting, drinking, or tobacco use				2:	2	In, Out, N/A, N/O	Proper cold holdi	ng temperature	S		
7	In, Out, N/O	No discharge from eyes, nose, and mouth				2:	3	In, Out, N/A, N/O	Proper date mark	ing and disposit	ion		
		Preventing Contamination by Hands				2.	4	In, Out, N/A, N/O	Time as a Public I	Health Control; բ	procedures & records		
8	In, Out, N/O	Hands clean and properly washed							Consum	er Advisory			
9	In, Out, N/A, N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				2.	5	In, Out, N/A	Consumer adviso	ry provided for	raw/undercooked food		
10	In, Out	Adequate handwashing sinks properly supplied and accessib	le						Highly Suscep	•			
		Approved Source	•			20	6	In, Out, N/A	Pasteurized food	s used; prohibite	ed foods not offered		
11	In, Out	Food obtained from approved source	Т					Foo	d/Color Additive	es and Toxic S	ubstances		
12	In, Out, N/A, N/O	Food received at proper temperature				2	7	In, Out, N/A	Food additives: a	pproved and pro	operly used		
13	In, Out	Food in good condition, safe, and unadulterated				2	8	In, Out, N/A	Toxic substances	properly identif	ied, stored, and used		Ī
	111, Out	Required records available: shellstock tags, parasite					····	Co	nformance with	Approved Pro	ocedures		
14	In, Out, N/A, N/O	destruction				29	9	In, Out, N/A	Compliance with	variance/specia	lized process/HACCP		T
		GOO	D R	ΕT	AIL	PR	AC	TICES					
		Good Retail Practices are preventative measures to co	ntro	l th	e ado	ditio	n of	pathogens, chem	icals, and physica	al objects into	foods.		
N	lark "X" in box if nu	mbered item is notin compliance Mark "X" in appr	opria	ite	box f	for C	OS a	and/or R COS=	corrected on-site	eduring inspec	ction R=repeat v	iolati	on
			cos	R	╛╽							COS	R
		Safe Food and Water							•	e of Utensils			
30		used where required				43	_	In-use utensils: prope					_
31		m approved source			_	44	4 Utensils, equipment & linens: properly stored, dried, & handled				_		
32	Variance obtained	d for specialized processing methods			╛┞	45	_	Single-use/single-service articles: properly stored and used					4
22	I 5 1:	Food Temperature Control		<u> </u>	4	46		Gloves used properly			d'		_
33		ethods used; adequate equipment for temperature control ly cooked for hot holding		-	┪┟	,_	F	Food and non-food c	Utensils, Equipment on tact surfaces clear		ding designed, constructed		
35	Approved thawing	-		-	-	47		and used	544665 6161	, p. opcii)	,g 50.1501 deced	]	
36	· · ·					48	١	Warewashing facilitie	es: installed, mainta	ined, & used; te	est strips		
36 Thermometers provided & accurate  Food Identification						49 Non-food contact surfaces clean							
					-				Physical	Facilities			
					4 1	50	ŀ	Hot and cold water a	vailable; adequate	pressure			T
		Prevention of Food Contamination				51	-	Plumbing installed; p	roner hackflow dev	vices			+
38 Insects, rodents, and animals not present					╛┝	_	_						+
39	Contamination pr	evented during food preparation, storage and display			_]	52	_	Sewage and waste w			-1		$\perp$
40 Personal cleanliness					]	53					ļ	1	
41 Wiping cloths: properly used and stored					1	54		Garbage & refuse pro			ed		1
42 Washing fruits and vegetables					1 [	55	F	Physical facilities installed, maintained, and clean					
	1				_ [	56	1	Adequate ventilation	and lighting; desig	nated areas use	d		
									Employe	e Training			
						57	1	All food employees h	ave food handler t	raining			1
						58	1	Allergen training as r	equired				

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Establishm	ent:		Establishment #:	Establishment #:				
Water Sup	ply: Public	Private Waste V	Vater System: Public	Private				
Sanitizer T	ype:		PPM:	H	leat:			
			TEMPERATURE OBSER\	/ATIONS				
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp		
		ORS	ERVATIONS AND CORREC	TIVE ACTIONS				
Item Number			ited in this report must be corre		rames below.			
Number			·					
CFPM Ver	ification (name, expi	ration date, ID#):						
HACCP To	pic:							
Person in Cha	rge (Signature)		 Date	_				
. 2.30.1 111 0116	De (21811414116)		Duce					
			Follow was V	No (Check and)	Fallers on Date			
Inspector (Sig	nature)		Follow-up: Yes	No (спеск one)	Follow-up Date:			

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Establishm	lishment: Establishment #:	
	OBSERVATIONS AND CORRECTIVE ACTIONS	
Item Number	Wiolations cited in this report must be corrected within the time frames below.	
Porcon in Ch	in Charge (Signature) Date	
reison in Cha	in Grange (Signature)	
	Follow-up: Yes No (Check one) Follow-up	Date:
Inspector (Sig	tor (Signature)	/a.c.