

## Food Establishment Inspection Report

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FOR OFFICE USE ONLY



EMAIL

NAME OF ESTABLISHMENT

ADDRESS OR LOCATION

CITY

MEALS SERVED

B D C O

PURPOSE OF INSPECTION

☒ Routine

☐ Preoperational

☐ Reinspection

ESTABLISHMENT TYPE

RISK CATEGORY

MEALS OBSERVED

B D C O

☐ Illness Investigation

☐ Temporary

☐ 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/A, 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
<b>Demonstration of Knowledge</b>				
1	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	5
2	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	5
<b>Employee Health</b>				
3	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	25
<b>Preventing Contamination by Hands</b>				
4	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	25
5	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	25
6	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
<b>Approved Source, Wholesome, Not Adulterated</b>				
7	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	15
8	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
9	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	10
10	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
11	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
12	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	5
<b>Protection from Cross Contamination</b>				
13	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	15
14	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	5
15	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	5

#	Compliance Status	CDI	R	PTS
<b>Potentially Hazardous Food Time and Temperature</b>				
16	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	25
17	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	25 (5)
18	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	25
19	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	25
20	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	15
21	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	10 (5)
22	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	5
<b>Consumer Advisory</b>				
23	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	5
<b>Highly Susceptible Populations</b>				
24	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	10
<b>Chemical</b>				
25	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
<b>Conformance with Approved Procedures</b>				
26	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
27	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	10
Red Points				C

## 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.

#	Compliance Status	CDI	R	PTS
<b>Food Temperature Control</b>				
28	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	5
29	Adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	5
30	Proper thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	3
<b>Food Identification</b>				
31	Food properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	5
<b>Protection from Contamination</b>				
32	Insects, rodents, animals not present; entrance controlled	<input type="checkbox"/>	<input type="checkbox"/>	5
33	Potential food contamination prevented during delivery, preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>	5
34	Wiping cloths properly used, stored; proper sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	5
35	Employee cleanliness and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	3
36	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	3
<b>Proper Use of Utensils</b>				
37	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	3
38	Utensils, equipment, linens properly stored, used, handled	<input type="checkbox"/>	<input type="checkbox"/>	3
39	Single-use and single-service articles properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>	3

#	Compliance Status	CDI	R	PTS
<b>Utensils and Equipment</b>				
40	Food and nonfood surfaces properly used and constructed; cleanable	<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
42	Food-contact surfaces maintained, cleaned, sanitized	<input type="checkbox"/>	<input type="checkbox"/>	5
43	Nonfood-contact surfaces maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>	3
<b>Physical Facilities</b>				
44	Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains; no cross-connections	<input type="checkbox"/>	<input type="checkbox"/>	5
45	Sewage, wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	5
46	Toilet facilities properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>	3
47	Garbage, refuse properly disposed; facilities maintained	<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
49	Adequate ventilation, lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	2
50	Posting of permit; mobile establishment name easily visible	<input type="checkbox"/>	<input type="checkbox"/>	2
Blue Points				O

Use the following blank lines to write comments.

Handwash sink water 123°F.

Person In Charge (Signature) *Janne King* Person In Charge (Print Name) *Allya Maxe* Date *5/10/18*

Regulatory Authority (Signature) *Janne King* Regulatory Authority (Print Name) *Janne King* Follow-up Needed? Yes ☐ No ☒

DOH 332-035A (Revised January 2015)