



# Retail Establishment Inspection Report

Est.  
Est. #  
Address  
City  
Owner  
DOR #

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ HACCP Plan/Time Temp Control Plan:

Based on an inspection this day, the items marked below identify the violations which must be corrected by the next routine inspection or such shorter period of time as may be specified by the regulatory authority. Failure to comply with any time limits for corrections specified in this notice may result in revocation or suspension of your retail food license.

<b>01</b>	<b>FOOD SOURCE</b>
	a. Approved source, shellfish tags
	b. Wholesome, free of spoilage, damaged cans, raw fish frozen
	c. Cross-contamination
	d. HACCP plan
<b>02</b>	<b>PERSONNEL</b>
	a. Personnel w/infections restricted, infected worker
	b. Wounds properly covered
	c. Hands washed as needed
	d. Common towel, appropriate sink, fingernails, minimize hand contact
	e. Smoking, eating, drinking
	f. Demonstration of knowledge
<b>03</b>	<b>FOOD TEMPERATURE CONTROL</b>
	a. Rapidly cool foods to 41 °F or less
	b. Rapidly reheat to 165 °F or greater
	c. Hot hold at 135 °F or greater
	d. Required cooking temperatures
	e. Cold hold at 41 °F or less
	f. Food thermometer (probe-type)
	g. Adequate equipment to maintain food temperatures
<b>04</b>	<b>SANITIZATION RINSE</b>
	a. Manual
	b. Mechanical
	c. In-place
<b>05</b>	<b>WATER, SEWAGE, PLUMBING SYSTEMS</b>
	a. Safe water source
	b. Hot and cold water under pressure metered faucet
	c. Backflow, backsiphonage/cross-connections
	d. Sewage disposal
<b>06</b>	<b>HAND WASHING FACILITIES</b>
	a. Adequate number, location
	b. Accessible
	c. Soap and drying devices
<b>07</b>	<b>PEST CONTROL</b>
	a. Evidence of insects, rodents, other pests
	b. Pesticide application, unapproved pesticides used
	c. Animals prohibited
<b>08</b>	<b>POISONOUS OR TOXIC ITEMS</b>
	a. Properly stored
	b. Properly labeled
	c. Properly used, unapproved toxics, sanitizer too high

<b>09</b>	<b>FOOD LABELING, FOOD PROTECTION</b>
	a. Original container, properly labeled
	b. Protected from contamination, thawing, food off floor, covered
<b>10</b>	<b>EQUIPMENT DESIGN, CONSTRUCTION</b>
	a. Food -contact surfaces
	b. Nonfood-contact surfaces, equipment installation
	c. Warewashing facility designed, operated, maintained
<b>11</b>	<b>TESTING DEVICES</b>
	a. Thermometer location, inaccurate product thermometer
	b. Dishmachine thermometer, pressure gauge
	c. Chemical test kits provided
<b>12</b>	<b>CLEANING OF EQUIPMENT &amp; UTENSILS</b>
	a. Food-contact surfaces
	b. Nonfood-contact surfaces
	c. No pre-wash/scrape, clean water, improper sequence, water temp
	d. Wiping cloths
<b>13</b>	<b>UTENSILS, EQUIPMENT, SINGLE-SERVICE ARTICLES</b>
	a. Utensils & equipment, used, stored, protected, air dried
	b. Single-service articles stored
	c. Reuse of single-service articles
<b>14</b>	<b>PHYSICAL FACILITIES</b>
	a. Plumbing, handsinks, mopsink: installed, maintained
	b. Dumpster/trash cans: insect proof, covered
	c. Floors, walls, ceilings, construction / cleaning
	d. Lighting
	e. Ventilation
	f. Locker Rooms, personal belongings
	g. Premises maintained, unnecessary articles, outer openings
	h. Separation of living & laundry facilities
	i. Restroom facilities, clean, doors, toilet paper, waste container
<b>15</b>	<b>OTHER OPERATIONS</b>
	a. Personnel: clean clothes, hair restraints, authorized
	b. Linen properly stored

**Enforcement actions:**

Voluntary Closure     Embargo     Voluntary Condemnation

Notes:

No Smoking Policy     Smoking/Non-Smoking     Smoke Free

Number of seats/sq. ft. \_\_\_\_\_ Number of meals \_\_\_\_\_

Reinspection Required    Yes     No

Return CIVCS Form    Yes     No

If yes reinspection date on/about \_\_\_\_\_

If yes return CIVCS form by \_\_\_\_\_

Inspected by: \_\_\_\_\_  
Print  
\_\_\_\_\_  
Sign

Operator: \_\_\_\_\_  
Print  
\_\_\_\_\_  
Sign