

Food Service Inspection Report

Disposition:

Inspection Date:

License Expiration:

License Number:

Inspection Reason:

Owner Name:

Business Name:

Location Address:

License Type:

Telephone Number:

Number of Units:

Callback Date:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| | | | |
|---|--|--|--|
| 01A Food obtained from approved source | | 07 Unwrapped or PH/TCS food not re-served | |
| 01B Food safe and unadulterated; sound condition | | 08A Separating raw animal foods from: each other, RTE foods and unwashed produce | |
| 01C Shellstock tags; commingling | | 08B Food protection during preparation, storage and display | |
| 01D Parasite destruction for raw/undercooked fish | | 09 Bare hand contact with RTE food; Alternative Operating Procedure (AOP) | |
| 02A Consumer advisory on raw/undercooked oysters | | 11 Employee health knowledge; ill/symptomatic employee present | |
| 02B Consumer advisory on raw/undercooked animal foods | | 12A Hands clean and washed properly; use of hand antiseptic if use of AOP | |
| 02C Date marking ready-to-eat (RTE) potentially hazardous / time/temperature control for safety foods | | 12B Employee eating, drinking, tasting food, smoking | |
| 03A Receiving and holding PH/TCS foods cold | | 22 Food-contact surfaces clean and sanitized | |
| 03B Receiving and holding PH/TCS foods hot | | 31A Handwash sink(s) installed, accessible, not used for other purposes | |
| 03C Cooking raw animal foods and plant foods; noncontinuous cooking of raw animal foods | | 31B Handwashing supplies and handwash sign provided | |
| 03D Cooling PH/TCS foods; proper cooling methods | | 41 Chemicals/toxic substances | |
| 03E Reheating PH/TCS foods for hot holding | | 53A Food manager certification; knowledge/active managerial control (except employee health) | |
| 03F Time as a Public Health Control | | 53B State approved food handler training; employee duty specific training/knowledge | |
| 03G Reduced oxygen packaging (ROP) and other Special Processes | | | |

Date and Time: _____
 Location: _____
 License #: _____
 Inspector: _____

GOOD RETAIL PRACTICES

| | | | |
|--|--|---|--|
| 02D Food items properly labeled; original container | | 35A No presence or breeding of insects/rodents/pests; no live animals | |
| 04 Facilities to maintain PH/TCS foods at the proper temperature | | 35B Outer openings protected from insects/pests, rodent proof | |
| 05 Food and food equipment thermometers provided and accurate | | 36 Floors, walls, ceilings and attached equipment properly constructed and clean; rooms and equipment properly vented | |
| 06 PH/TCS foods properly thawed | | 38 Lighting provided as required; fixtures shielded or bulbs protected | |
| 10 In use food dispensing utensils properly stored | | 40 Employee personal belongings | |
| 13 Clean clothes; hair restraints; jewelry; painted/artificial fingernails | | 42 Cleaning and maintenance equipment | |
| 14 Food-contact and nonfood contact surfaces designed, constructed, maintained, installed, located | | 43 Complete separation from living/sleeping area/private premise; kitchen restricted - no unauthorized personnel | |
| 16 Dishwashing facilities; chemical test kit(s); gauges 1. Wash 2. Rinse 3. Sanitize | | 45 Fire extinguishing equipment (FOR REPORTING PURPOSES ONLY) | |
| 21 Wiping cloths; clean and soiled linens; laundry facilities | | 46 Exits not blocked or locked (FOR REPORTING PURPOSES ONLY) | |
| 23 Non-food contact surfaces clean | | 47 Electrical wiring/outlets in good repair (FOR REPORTING PURPOSES ONLY) | |
| 24 Storage/handling of clean equipment, utensils; air drying | | 48 Gas appliances; boiler certificate current/posted (FOR REPORTING PURPOSES ONLY) | |
| 25 Single-service and single-use items | | 49 Flammable/combustible materials (FOR REPORTING PURPOSES ONLY) | |
| 27 Water source safe, hot (100F) and cold under pressure | | 50 Current license, properly displayed | |
| 28 Sewage and waste water disposed properly | | 51 Other conditions sanitary and safe operation | |
| 29 Plumbing installed and maintained; mop sink; water filters; backflow prevention | | 52 Misrepresentation; misbranding | |
| 32 Bathrooms | | 54 Florida Clean Indoor Air Act Compliance | |
| 33 Garbage and refuse; premises maintained | | 55 Automatic Gratuity Notice | |

Items marked YES are in compliance. Items marked NO are violations. Specific details of the violations are listed on subsequent pages. Items marked N/A are Not Applicable. Items marked as N/O are Not Observed and were not being conducted at the time of inspection.

FOOD TEMPERATURES

| | |
|----------------------|--|
| Bar Area | |
| Buffet Line | |
| Cook Line | |
| Front Counter | |

Date and Time: _____
Location: _____
License #: _____
Inspector: _____

| | |
|------------------------|--|
| Front Line | |
| Kitchen | |
| Prep Area | |
| Reach In Cooler | |
| Reach In Freezer | |
| Steam Table/Bain Marie | |
| Storage Area | |
| Wait Station | |
| Walk In Cooler | |
| Walk In Freezer | |

OTHER ITEMS

Certified Food Manager and
 Date Certified:

Manager Certified By:

Employees Trained By:

Sewage:

Water Source:

Boiler:

Boiler Jurisdiction and
 Expiration:

Sanitizer Details:

Inspector Comments:

Operator Signature:

Operator Name:

Operator Title:

Date and Time:

Inspector Signature:

Inspector Name:

Inspector Title:

Inspector Address:

850.487.1395 / Fax:

Date and Time:

Date and Time: _____
 Location: _____
 License #: _____
 Inspector: _____

