

# EXAMPLE

## Food Establishment INSPECTION REPORT

State of Washington

NAME OF ESTABLISHMENT		LOCATION			CITY/TOWN	ZIP CODE
Meals Served B L D C O	PURPOSE OF INSPECTION <input type="checkbox"/> Routine <input type="checkbox"/> Preoperational <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Illness Investigation <input type="checkbox"/> Temporary <input type="checkbox"/> Other	ESTABLISHMENT TYPE			RISK CATEGORY	
Meals Observed B L D C O						
DATE	TIME IN	ELAPSED TIME	TRAVEL TIME	TOTAL POINTS	RED POINTS	REPEAT RED YES NO
PHONE NUMBER						

### 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
<b>Demonstration of Knowledge</b>					
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
<b>Employee Health</b>					
3	IN OUT	Proper ill worker practices; no ill workers present; proper reporting of illness	<input type="checkbox"/>	<input type="checkbox"/>	25
<b>Preventing Contamination by Hands</b>					
4	IN OUT N/O	Hands washed as required	<input type="checkbox"/>	<input type="checkbox"/>	15
5	IN OUT N/A N/O	Proper methods used to prevent bare hand contact with RTE foods	<input type="checkbox"/>	<input type="checkbox"/>	15
6	IN OUT	Adequate handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	10
<b>Approved Source, Wholesome, Not Adulterated</b>					
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 identification; proper parasite destruction procedures for fish	<input type="checkbox"/>	<input type="checkbox"/>	5
<b>Protection from Cross Contamination</b>					
13	IN OUT N/A	Food contact surfaces used for raw meat thoroughly cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	15
14	IN OUT N/A	Raw meats below or away from RTE food	<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
<b>Potentially Hazardous Food Time/Temperature</b>					
16	IN OUT N/A N/O	Proper cooling procedures	<input type="checkbox"/>	<input type="checkbox"/>	30
17	IN OUT N/A N/O	Proper hot holding temperatures (5 pts. if 130°F to 139°F)	<input type="checkbox"/>	<input type="checkbox"/>	25 (5)
18	IN OUT N/A N/O	Proper cooking time and temperature	<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, procedures available	<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
<b>Consumer Advisory</b>					
23	IN OUT N/A	Proper Consumer Advisory posted for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	5
<b>Highly Susceptible Populations</b>					
24	IN OUT N/A	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10
<b>Chemical</b>					
25	IN OUT	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	10
<b>Conformance with Approved Procedures</b>					
26	IN OUT N/A	Compliance with risk control plans, variances, or mobile unit plan of operation	<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.

	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 preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>		5
34	Wiping cloths properly used, stored	<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

Person in Charge (printed name)	(signature)	Date	Total Points
Regulatory Authority (printed name)	(signature)	Follow-up Needed: YES NO (circle one)	

