



FOR OFFICE USE ONLY

EMAIL

NAME OF ESTABLISHMENT ADDRESS OR LOCATION CITY

MEALS SERVED B L D C O PURPOSE OF INSPECTION  Routine  Preoperational  Reinspection ESTABLISHMENT TYPE RISK CATEGORY  
 MEALS OBSERVED B L D C O  Illness Investigation  Temporary  Complaint  
 Other:

DATE TIME IN ELAPSED TIME TOTAL POINTS RED POINTS REPEAT RED PHONE

**RED HIGH RISK FACTORS – FOODBORNE ILLNESS RISK FACTORS & INTERVENTIONS**

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	Description	CDI	R	PTS	#	Compliance Status	Description	CDI	R	PTS
<b>Demonstration of Knowledge</b>						<b>Time/Temperature Control for Safety Food</b>					
1	IN OUT	PIC present, demonstrates knowledge and performs duties to maintain AMC; certified manager on staff unless exempt	<input type="checkbox"/>	<input type="checkbox"/>	5	16	IN OUT N/A N/O	Proper cooling procedures	<input type="checkbox"/>	<input type="checkbox"/>	25
2	IN OUT N/A	Food Worker Cards current for all food workers; new food workers trained	<input type="checkbox"/>	<input type="checkbox"/>	5	17	IN OUT N/A N/O	Proper hot holding temperatures (5 pts if 130°F to 134°F)	<input type="checkbox"/>	<input type="checkbox"/>	25 (5)
<b>Employee Health</b>						<b>Consumer Advisory</b>					
3	IN OUT	Proper ill worker and conditional employee practices; no ill workers present; proper reporting of illness	<input type="checkbox"/>	<input type="checkbox"/>	25	18	IN OUT N/A N/O	Proper cooking time and temperature; proper use of non-continuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	25
<b>Preventing Contamination by Hands</b>						<b>Highly Susceptible Populations</b>					
4	IN OUT N/O	Hands washed as required	<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	<input type="checkbox"/>	<input type="checkbox"/>	25
5	IN OUT N/A N/O	Proper barriers used to prevent bare hand contact with ready-to-eat foods	<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
6	IN OUT	Adequate handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	10	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)
<b>Approved Source, Wholesome, Not Adulterated</b>						<b>Chemical</b>					
7	IN OUT	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15	22	IN OUT N/A	Accurate thermometer provided and used to evaluate temperature of TCS foods	<input type="checkbox"/>	<input type="checkbox"/>	5
8	IN OUT	Water supply, ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	10	23	IN OUT N/A	Proper consumer advisory posted for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	5
9	IN OUT N/A N/O	Proper washing of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	10	<b>Conformance with Approved Procedures</b>					
10	IN OUT	Food in good condition, safe, and unadulterated; approved additives	<input type="checkbox"/>	<input type="checkbox"/>	10	24	IN OUT N/A	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10
11	IN OUT	Proper disposition of returned, unsafe, or contaminated food; proper date marking procedures for food at high risk for Listeria	<input type="checkbox"/>	<input type="checkbox"/>	10	<b>Red Points</b>					
12	IN OUT N/A N/O	Proper shellstock ID; wild mushroom ID; parasite destruction procedures for fish	<input type="checkbox"/>	<input type="checkbox"/>	5	25	IN OUT	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	10
<b>Protection from Cross Contamination</b>						<b>Compliance with Valid Permit, Operating and Risk Control Plans, and Required Written Procedures</b>					
13	IN OUT N/A N/O	Food contact surfaces cleaned and sanitized; no cross contamination	<input type="checkbox"/>	<input type="checkbox"/>	15	26	IN OUT	Compliance with valid permit, operating and risk control plans, and required written procedures	<input type="checkbox"/>	<input type="checkbox"/>	10
14	IN OUT N/A N/O	Raw meats below or away from ready-to-eat food; species separated	<input type="checkbox"/>	<input type="checkbox"/>	5	27	IN OUT N/A	Compliance with variance; specialized process; HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>	10
15	IN OUT N/A N/O	Proper preparation of raw shell eggs	<input type="checkbox"/>	<input type="checkbox"/>	5	<b>Blue Points</b>					

**BLUE LOW RISK FACTORS – GOOD RETAIL PRACTICES**

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	Description	CDI	R	PTS	#	Compliance Status	Description	CDI	R	PTS
<b>Food Temperature Control</b>						<b>Utensils and Equipment</b>					
28	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	5	40	Food and nonfood surfaces properly used and constructed; cleanable	<input type="checkbox"/>	<input type="checkbox"/>	5		
29	Adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	5	41	Warewashing facilities properly installed, maintained, used; sanitizer concentration; test strips available and used	<input type="checkbox"/>	<input type="checkbox"/>	5		
30	Proper thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	3	42	Food-contact surfaces maintained, cleaned, sanitized	<input type="checkbox"/>	<input type="checkbox"/>	5		
<b>Food Identification</b>						<b>Physical Facilities</b>					
31	Food properly labeled; proper date marking	<input type="checkbox"/>	<input type="checkbox"/>	5	43	Nonfood-contact surfaces maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>	3		
<b>Protection from Contamination</b>						<b>Blue Points</b>					
32	Insects, rodents, animals not present; entrance controlled	<input type="checkbox"/>	<input type="checkbox"/>	5	44	Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains, no cross-connections	<input type="checkbox"/>	<input type="checkbox"/>	5		
33	Potential food contamination prevented during delivery, preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>	5	45	Sewage, wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	5		
34	Wiping cloths properly used, stored; sanitizer concentration	<input type="checkbox"/>	<input type="checkbox"/>	5	46	Toilet facilities properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>	3		
35	Employee cleanliness and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	3	47	Garbage, refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	3		
36	Proper eating, tasting, drinking, or tobacco use	<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		
<b>Proper Use of Utensils</b>						<b>Use the following blank lines to write comments.</b>					
37	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	3	49	Adequate ventilation, lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	2		
38	Utensils, equipment, linens properly stored, used, handled	<input type="checkbox"/>	<input type="checkbox"/>	3	50	Posting of permit; mobile establishment name easily visible	<input type="checkbox"/>	<input type="checkbox"/>	2		
39	Single-use and single-service articles properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>	3							

Person In Charge (Signature) Person In Charge (Print Name) Date  
 Regulatory Authority (Signature) Regulatory Authority (Print Name) Follow-up Needed? Yes No