**FOOD FACILITY INSPECTION REPORT**

**Facility Name:**

**Address:**

**Permit #:**

**Exp. Date:**

**Permit Holder:**

**Type of Inspection:**

### IN = In compliance  N/O = Not observed  N/A = Not applicable  COS = Corrected on-site  MAJ = Major violation  OUT = Out of compliance

#### DEMONSTRATION OF KNOWLEDGE

<table>
<thead>
<tr>
<th>IN</th>
<th>N/O</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN</td>
<td>N/O</td>
<td>1. Food safety certification</td>
</tr>
<tr>
<td>IN</td>
<td>N/O</td>
<td>2. Communicable disease: reporting, restrictions &amp; exclusions</td>
</tr>
<tr>
<td>N/O</td>
<td>3. No discharge from eyes, nose &amp; mouth</td>
<td></td>
</tr>
<tr>
<td>N/O</td>
<td>4. Proper eating, tasting, drinking or tobacco use</td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>N/O</td>
<td>5. Hands clean &amp; properly washed; gloves properly used</td>
</tr>
<tr>
<td>IN</td>
<td>N/O</td>
<td>6. Adequate hand washing facilities supplied &amp; accessible</td>
</tr>
<tr>
<td>N/O</td>
<td>N/A</td>
<td>7. Proper hot and cold holding temperatures</td>
</tr>
<tr>
<td>N/O</td>
<td>N/A</td>
<td>8. Time as a public health control: procedures &amp; records</td>
</tr>
<tr>
<td>N/O</td>
<td>N/A</td>
<td>9. Proper cooling methods</td>
</tr>
<tr>
<td>N/O</td>
<td>N/A</td>
<td>10. Proper cooking time &amp; temperatures</td>
</tr>
<tr>
<td>N/O</td>
<td>N/A</td>
<td>11. Proper reheating procedures for hot holding</td>
</tr>
<tr>
<td>N/O</td>
<td>N/A</td>
<td>12. Returned &amp; resale of food</td>
</tr>
<tr>
<td>IN</td>
<td>N/O</td>
<td>13. Food in good condition, safe &amp; unadulterated</td>
</tr>
<tr>
<td>N/O</td>
<td>N/A</td>
<td>14. Food contact surfaces: clean &amp; sanitized</td>
</tr>
</tbody>
</table>

**Sanitizer type:**
- [ ] chlorine
- [ ] quaternary ammonium
- [ ] hot water
- [ ] other:
  - Sanitizer concentration (ppm):
  - Location:

#### EMPLOYEE HEALTH & HYGIENIC PRACTICES

#### PREVENTING CONTAMINATION BY HANDS

#### TIME & TEMPERATURE RELATIONSHIPS

#### PROTECTION FROM CONTAMINATION

#### FOOD FROM APPROVED SOURCES

#### CONFORMANCE WITH APPROVED PROCEDURES

#### CONSUMER ADVISORY

#### HIGHLY SUSCEPTIBLE POPULATIONS

#### HOT WATER/COLD WATER

#### LIQUID WASTE DISPOSAL

#### SEWAGE & WASTEWATER PROPERLY DISPOSED

#### VERMIN

#### PHYSICAL FACILITIES

#### PERMANENT FOOD FACILITIES

#### SIGNS/ REQUIREMENTS

#### COMPLIANCE & ENFORCEMENT

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**Received by (print):**

**Specialist (print):**

**Signature:**

**Title:**

**Specialist (signature):**

**Phone:**

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*No significant health code violations - PASS*

**Reinspection Date:**

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