

**LEGAL NOTICE  
Food Service Inspection Report**

<input type="checkbox"/>	<b>MET INSPECTION STANDARDS</b> during this visit
<input type="checkbox"/>	<b>FOLLOW-UP INSPECTION REQUIRED</b> Violations require further review, but are not an immediate threat to the public.
<input type="checkbox"/>	<b>FACILITY TEMPORARILY CLOSED</b> Operations ordered stopped until violations are corrected.

<b>LICENSE TYPE</b>	
<input type="checkbox"/> 2010 Permanent Food Service <input type="checkbox"/> 2012 Theme Park Food Cart <input type="checkbox"/> 2013 Catering <input type="checkbox"/> 2014 Mobile Food Dispensing Vehicle <input type="checkbox"/> 2015 Vending Machine <input type="checkbox"/> 2051 Unlicensed Food	
<b>LICENSE NUMBER</b>	
REMINDER: Your license expires ____/____/____ <input type="checkbox"/> Original Visit <input type="checkbox"/> Callback FOR CALLBACKS, ORIGINAL VISIT DATE WAS: ____/____/____	

<b>INSPECTION TYPE</b> <input type="checkbox"/> Unscheduled (ROUT) <input type="checkbox"/> Licensing (LIC) <input type="checkbox"/> Complaint Full (COMP) <input type="checkbox"/> Complaint Partial (CPAR) <input type="checkbox"/> Disaster Response (DSTR) <input type="checkbox"/> Service Request (SERV) <input type="checkbox"/> Quality Assurance (QA) <input type="checkbox"/> Training (TRNG)	Owner Name:	
	Business (DBA) Name:	
	Location Address:	Seats/Units:
	City, State, Zip:	
	Inspector Area	Visit Date Month   Day   Year

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS** (Items marked "OUT" of compliance require immediate corrective action)

The circled letters to the left of each item indicate that item's status at the time of inspection. Mark "X" in appropriate box for COS and/or R.  
 IN = in compliance   OUT = not in compliance   N/O = not observed   N/A = not applicable   COS = corrected on-site during inspection   R = repeat violation

COMPLIANCE STATUS						COS	R	
Approved Source	IN	OUT			01a	Food obtained from approved source		
	IN	OUT	N/O		01b	Wholesome, sound condition		
	IN	OUT	N/O	N/A	02	Original container; properly labeled, date marking, shell stock tags		
Consumer Advisory	IN	OUT		N/A	02-11	Consumer advisory on raw/undercooked oysters		
	IN	OUT		N/A	02-13	Consumer advisory on raw/undercooked animal products		
Potentially Hazardous Food Time/Temperature	IN	OUT		N/A	03a	Cold food at proper temperatures during storage, display, service, transport, and cold holding		
	IN	OUT	N/O	N/A	03b	Hot food at proper temperature		
	IN	OUT	N/O	N/A	03c	Foods properly cooked/reheated		
	IN	OUT	N/O	N/A	03d	Foods properly cooled		
Protection from Contamination	IN	OUT			07	Unwrapped or potentially hazardous food not re-served		
	IN	OUT			08a	Food protection during storage, preparation, display, service, transportation		
	IN	OUT			08b	Cross-contamination, equipment, personnel, storage		
	IN	OUT			22	Food contact surfaces clean and sanitized		
Personnel	IN	OUT	N/O		09	Foods handled with minimum contact		
	IN	OUT			11	Personnel with infections restricted		
	IN	OUT	N/O		12a	Hands washed and clean, good hygienic practices (observed), alternative operating plan		
	IN	OUT	N/O		12b	Proper hygienic practices, eating/drinking/smoking (evidence)		
	IN	OUT			32	Restrooms with self-closing doors, fixtures operate properly, facility clean, supplied with hand soap, disposable towels or hand drying devices, tissue, covered waste receptacles		
Chemical	IN	OUT			41a	Toxic substances properly stored		
	IN	OUT			41b	Toxic substances properly labeled, used		
Demonstration of Knowledge	IN	OUT			53a	Food management certification valid		
	IN	OUT			53b	Employee Training verification	PROGRAM:	

TEMPERATURE OBSERVATIONS				CERTIFIED FOOD MANAGERS			
Item/Location	Temp	Item/Location	Temp	Name	Date		

<input type="checkbox"/> Inspection Completed - No Further Action (ISAT)	<input type="checkbox"/> Callback - Complied (CBCM)	<input type="checkbox"/> Administrative Complaint Recommended (ACRO)	<input type="checkbox"/> Emergency Order Recommended (EOCL)
<input type="checkbox"/> Warning Given (WARN)	<input type="checkbox"/> Callback - Extension Given (CBEX)	<input type="checkbox"/> Administrative Complaint Callback - Complied (ACCM)	<input type="checkbox"/> Emergency Order Callback - Complied (EOCM)
<input type="checkbox"/> Seasonal (SEAS)	<input type="checkbox"/> Callback - Administrative Complaint Recommended (CBNO)	<input type="checkbox"/> Administrative Complaint Callback - Time Extension (ACEX)	<input type="checkbox"/> Emergency Order Callback - Time Extension (EOEX)
<input type="checkbox"/> Closed - Out of Business (COFB)	<input type="checkbox"/> Administrative Determination Recommended (ADDT)	<input type="checkbox"/> Administrative Complaint Callback - Not Complied (ACNO)	<input type="checkbox"/> Emergency Order Callback - Not Complied (EONO)

**FAILURE TO COMPLY WITH THIS NOTICE MAY INITIATE AN ADMINISTRATIVE COMPLAINT THAT MAY RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE AND FINES UP TO \$1,000 PER VIOLATION.**

I acknowledge receipt of these inspection forms and comments. Violations must be corrected by: \_\_\_\_/\_\_\_\_/\_\_\_\_:\_\_\_\_  AM  PM **ADDITIONAL VIOLATIONS & COMMENTS ON PAGE 2**

Person In Charge Name (Please Print)	Title	Inspector's Name (Please Print)
Person In Charge Signature	Telephone	Inspector's Signature
		Inspector's Telephone

