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Food Establishment Inspection Report

As Governed by State Code Section XXX.XXX

Do Good County

12344 Any Street, Our Town, State 11111

No. of Risk Factor/Intervention Violations No. of Repeat Risk Factor/Intervention Violations Score (optional)

Time In
Time Out
Telephone

Date

Establishment Address

City/State

Zip Code

License/Permit #	Perm	it Holder	Purpos	se of Inspection	Est. Type	Risk Category
Circle design IN=in compliance Compliance S	nated compliance status (IN, 0 OUT=not in compliance tatus	OUT, N/O, N/A) for each N/O=not observed	n numbered item N/A=not applicable		rk "X" in appropriate box for Coted on-site during inspection	OS and/or R R=repeat violation
	0 115 11 11 11 11			_		
	Certification by accredited position with Code, or correct responsible. Management awareness; peroper use of reporting, responsible. Proper eating, tasting, drink	nses olicy present striction & exclusion		Proper o Proper o Proper b Proper o	cooking time & temperatures reheating procedures for hot cooling time & temperatures not holding temperatures cold holding temperatures date marking & disposition	holding
	No discharge from eyes, no	shed			ner advisory provided for rav oked foods	v or
!	No bare hand contact with	KIE foods or approve	ea			

	Foo	d Esta	blishmen	t Inspe	ection	Report	Page	of
Do Good C	ed by State Code Section	on XXX.XXX	License/P				Date	
Establishn		Address	1	City/State		Zip Code	Telepho	ne
			TEMPERATUR		Temp			Temp
Item/Location		Temp	Item/Loca	Item/Location		Item/Lo	Item/Location	
		ORS	SERVATIONS AN		TIVE ACTI	ONS		
Item	Violations cited in t	this report mus	st be corrected withing	the time frame	s below, or as	stated in sections	8-405.11 of the	food code.
Number								
Person in	Charge (Signature)						Date	
Inspector	(Signature)					Date		

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