

Food Establishment Inspection Report

Page ____ of ____

As Governed by State Code Section **XXX.XXX**
 Do Good County
 12344 Any Street, Our Town, State 11111
 Establishment Address

No. of Risk Factor/Intervention Violations
 No. of Repeat Risk Factor/Intervention Violations
 Score (optional)
 City/State Zip Code

Date _____
 Time In _____
 Time Out _____
 Telephone _____

License/Permit # Permit Holder Purpose of Inspection Est. Type Risk Category



Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

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

Compliance Status



Certification by accredited program, compliance with Code, or correct responses



Management awareness; policy present
 Proper use of reporting, restriction & exclusion



Proper eating, tasting, drinking, or tobacco use
 No discharge from eyes, nose, and mouth



Hands clean & properly washed
 No bare hand contact with RTE foods or approved



Proper cooking time & temperatures
 Proper reheating procedures for hot holding

Proper cooling time & temperatures
 Proper hot holding temperatures

Proper cold holding temperatures
 Proper date marking & disposition



Consumer advisory provided for raw or undercooked foods



Food Establishment Inspection Report

Page _____ of _____

As Governed by State Code Section XXX.XXX

