Food Establishment Inspection Report Pageof														
As Governed by State Code Section XXX.XXX						No. of Risk Factor/Intervention Violations Date						ate		
Do Good County					r	No. of Repeat Risk Factor/Intervention Vio					Intervention Viol	ations	Т	ime In
12344 Any Street, Our Town, State 11111											Score (d	optional)	Т	ime Out
Establishment Address					City/State						Zip Code	Т	elephone	
Licen	se/Perm	it #		Permit Holder		Purpose of Inspection					Est. Type		Risk Category	
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
INI-	Circle in compli		nated compliance status OUT=not in compliar	(IN, OUT, N/O, N/A) for each numbere nce N/O=not observed N/A=n			Mark "X" in appropriate box fo able COS=corrected on-site during inspection							
_	omplia	100000		nce N/O=not observed N/A=n	cos		Ible	_	omplian			during inspe	Cuon	R=repeat violation
Ŭ	Omphai	1000		rvision	100000000000000000000000000000000000000		500000				Proper disposition	n of returned	d. previo	usly served.
4 18	OUT		5- 750 to	sent, demonstrates knowledge,	П	П	17	IN	OUT		reconditioned & u		• •	
1 118	1001		and performs duties	2 <del>- 1</del> 3							Time/Temperatur	e Control f	or Safet	у
2 IN	OUT N/A	X.	Certified Food Protec	tion Manager					OUT N/A		Proper cooking tir	me & tempe	ratures	Ĭ ,
			Employ	ee Health				_	OUT N/A		Proper reheating	procedures	for hot h	nolding
3 IN	OUT			nployee and conditional employee;			100		OUT N/A	2021243	Proper cooling tin	C2 20		
IN.	LOUT		knowledge, responsib		_				OUT N/A		Proper hot holdin	555 L. W		
100000	OUT		Proper use of restricti						OUT N/A		Proper cold holding			
5   "	1001			ding to vomiting and diarrheal events nic Practices					OUT N/A		Proper date mark Time as a Public H			9
e IN	OUT	N/O		, drinking, or tobacco use	Π		2-4	11.4	1001107	1400		er Advisory		ires & records
	OUT	Teneral Control of the Control of th	No discharge from ey	778 AP-37 a			25	ĺΝ	OUT N/A	0	Consumer advisory		111	ercooked food
				mination by Hands				16			Highly Suscep			
8 IN	OUT	N/O	Hands clean & proper	rly washed	Г		26	IN	OUT N/A	á l	Pasteurized foods	used; prohib	ited food	ls not offered
	OUT N/A	N/O	No bare hand contact	with RTE food or a pre-approved							d/Color Additives			
18	LOUT	0.000	alternative procedure	Discos To All the party period the period	_		10.00		OUT N/A		Food additives: a	er men "S	chear or to	50 00 0000 Y
10 "	OUT			sinks properly supplied and accessible ed Source			28	IIIA	I OUT N/A	0	Toxic substances onformance with			
11 IN	OUT		Food obtained from a				29	IN	OUT N/A		Compliance with va			
	OUT N/A		Food received at prop	Manufacture of the Control of the Co			-			-				
13 IN	OUT			n, safe, & unadulterated						a100.00074176.00		no any arisa di Pari Salangan (no any ani	one or as the oral and orange	
14 IN	OUT N/A	N/O	Required records ava	ilable: shellstock tags,		3					e important practice outing factors of foo			
			parasite destruction		L	Ц			5.9		e control measures			
1				n Contamination										2
15 IN	OUT N/A	N/O	Food separated and p	UK ANNOTE PROPERTY.										
10   11	1001107	,	Food-contact surface	s; cleaned & sanitized  GOOD RI	ETA	II D	PAC	TI	CES					
			Cood Retail Breatie		-5370	120100 000	2000	2021422		ah a mi	aala and nhysiaal a	hiaata inta fa	a da	
Mark '	'X" in boy	if num	bered item is <b>not</b> in com	es are preventative measures to contro pliance Mark "X" in appropriate				•			cais, and physical o S=corrected on-site			R=repeat violation
IVICIN	X III DOX	ii iiuiii	bered item is not in con	islance islance in appropriate	cos			Iu	OI IX		S-corrected on-site	duning maper	J. (1011	cos R
			Safe Food	I and Water							Proper Us	e of Utensi	ls	
30	Р	asteur	ized eggs used where	e required			4:	3	In-u	use ut	ensils: properly st	ored		
31	V	/ater 8	kice from approved s	ource			4	_	Ute	nsils,	equipment & linens	s: properly st	ored, drie	ed, & handled
32	V	arianc		ized processing methods	L		4		1 1		e/single-service an	ticles: proper	ly stored	& used
	1 1-		1050 1050 01 <sup>105</sup> 0	rature Control			41	0	Glo	ves u	Ised properly	ment and W	landing	
33		17 <u>8</u> 0	186	; adequate equipment for						24 O	Utensils, Equip	TO THE RESIDENCE OF THE PARTY O		
34			ature control od properly cooked fo	er hot holding		H	4	7	170.00.00		ion-food contact s designed, constru		A	
35			ed thawing methods u				41	8			hing facilities: instal			ed: test strips
36	15.00	-	meters provided & ac	Marian Control of the			4	9	18687	275	contact surfaces			34, 133, 34, 55
Food Identification Physical Facilities														
37 Food properly labeled; original container								0	Hot	& co	ld water available	; adequate p	ressure	
			Prevention of Fo	od Contamination			5	1	Plui	mbing	g installed; proper	backflow de	evices	
38	Ir	sects	, rodents, & animals n	ot present		Ш	5:		Sev	wage	& waste water pro	perly dispos	sed	
39	- V	3	60 00 000	g food preparation, storage & display			5	23			cilities: properly co		7000	
40 41			al cleanliness	0.7. (		H	5:		I Com		& refuse properly			3 8
41			cloths: properly used	& Stored			51				facilities installed			
Washing fruits & vegetables														
Perso	Person in Charge (Signature) Date:													
Inspe	nspector (Signature) Follow-up: YES NO (Circle one) Follow-up Date:													

	Food	d Estal	blish	ment I	nspec	tion Re	eport	Page	of
As Governe	ed by State Code Section	XXX.XXX			april.				
Do Good Co		License/Peri	mit #	Date					
12344 Any Street, Our Town, State, 11111  Establishment Address				1					
Establishm	ent	9	City/State	Telephone					
			TEMI		E OBSERVA		1		
	Item/Location	Temp		Item/Locatio	on	Temp	Item/L	ocation	Temp
			3						
	Violations cited	in this report m	SERVAT	IONS AND	CORRECT	IVE ACTIO	NS ated in Section 8-4	05.11 of the Food C	ode
ltem Number	Violations cited	iii tiiis report iii	idat be con	soled within ti	ic time traines	Delow of as sta	ated in Section 6-4	os. 11 or the 1 ood C	ode.
2									
7									
Porcon in C	Charge (Signature)							Dato	
Inspector (								Date Date	

CPF00-12-03 PG2 A-2