

**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	<table border="1"> <tr> <th colspan="3">Visit Date</th> <th colspan="2">Visit Time</th> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Start</td> <td>End</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Visit Date			Visit Time		Month	Day	Year	Start	End				
Visit Date			Visit Time													
Month	Day	Year	Start	End												

**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)		
Chemical	IN	OUT			32	Restrooms with self-closing doors, fixtures operate properly, facility clean, supplied with		
	IN	OUT			41a	Toxic substances properly stored		
Demonstration of Knowledge	IN	OUT			41b	Toxic substances properly labeled, used		
	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

**LEGAL NOTICE  
Food Service Inspection Report**

LICENSE NUMBER

**GOOD RETAIL PRACTICES**    *Not In Compliance*   Mark "X" in appropriate box for COS and/or R   COS = corrected on-site during inspection   R = repeat violation  
ITEMS MARKED WITH AN ASTERISK (\*) ARE OF CRITICAL CONCERN AND MUST BE CORRECTED IMMEDIATELY

COMPLIANCE STATUS	COS	R	COMPLIANCE STATUS	COS	R
<input type="checkbox"/> *04 Facilities to maintain product temperature			<input type="checkbox"/> 34 Outside storage area clean, enclosure properly constructed		
<input type="checkbox"/> *05 Thermometers provided and conspicuously placed			<input type="checkbox"/> *35a Presence on Insects/rodents. Animals prohibited		
<input type="checkbox"/> *06 Potentially hazardous foods properly thawed			<input type="checkbox"/> *35b Outer openings protected from insects, rodent proof		
<input type="checkbox"/> *08c Potential for cross-contamination, storage practices; damaged food segregated			<input type="checkbox"/> 36 Physical facilities-floors properly constructed, clean, drained, coved		
<input type="checkbox"/> 10 In use food dispensing utensils properly stored			<input type="checkbox"/> 37 Physical facilities-walls, ceilings and attached equipment, constructed, clean		
<input type="checkbox"/> 13 Clean clothes, hair restraints			<input type="checkbox"/> 38 Lighting provided as required. Fixtures shielded		
<input type="checkbox"/> 14 Food contact surfaces designed, constructed, maintained, installed, located			<input type="checkbox"/> 39 Rooms and equipment - vented as required		
<input type="checkbox"/> 15 Non-food contact surfaces designed, constructed, maintained, installed, located			<input type="checkbox"/> 40 Employee lockers provided and used, clean		
<input type="checkbox"/> *16 Dishwashing facilities designed, constructed, operated 1. Wash 2. Rinse 3. Sanitize			<input type="checkbox"/> 42 Premises maintained, no unnecessary articles. Cleaning & maintenance equipment properly stored. Kitchen restricted.		
<input type="checkbox"/> *17 Thermometers, gauges, test kits provided			<input type="checkbox"/> 43 Complete separation from living/sleeping area, laundry		
<input type="checkbox"/> 18 Pre-flushed, scraped, soaked			<input type="checkbox"/> 44 Clean and soiled linen segregated and properly stored		
<input type="checkbox"/> 19 Wash, rinse water clean, proper temperature			<input type="checkbox"/> *45 Fire extinguishers - proper and sufficient		
<input type="checkbox"/> *20a Sanitizing concentration ppm			(FOR REPORTING PURPOSES ONLY)		
<input type="checkbox"/> *20b Sanitizing temperature ° Fahrenheit			FIRE EXTINGUISHERS: Date(s)	SUPPRESSION SYSTEMS: Date(s)	
<input type="checkbox"/> 21 Wiping cloths clean, used properly, stored					
<input type="checkbox"/> 23 Non-food contact surfaces clean			<input type="checkbox"/> *46 Exiting system - adequate, good repair (FOR REPORTING PURPOSES ONLY)		
<input type="checkbox"/> 24 Storage/handling of clean equipment, utensils			<input type="checkbox"/> *47 Electrical wiring - adequate, good repair (FOR REPORTING PURPOSES ONLY)		
<input type="checkbox"/> 25 Single service items properly stored, handled, dispensed			<input type="checkbox"/> *48 Gas appliances - properly installed, maintained (FOR REPORTING PURPOSES ONLY)		
<input type="checkbox"/> 26 Single service articles not re-used			<input type="checkbox"/> *49 Flammable/combustible materials - properly stored (FOR REPORTING PURPOSES ONLY)		
<input type="checkbox"/> *27 Water source safe, hot and cold under pressure			<input type="checkbox"/> *50 Current license, properly displayed		
<input type="checkbox"/> *28 Sewage and waste water disposed properly			<input type="checkbox"/> 51 Other conditions sanitary and safe operation		
<input type="checkbox"/> 29 Plumbing installed and maintained			<input type="checkbox"/> *52 False/misleading statements published or advertised relating to food/beverage		
<input type="checkbox"/> *30 Cross-connection, back siphonage, backflow			<input type="checkbox"/> 54 Florida Clean Indoor Air Act Compliance		
<input type="checkbox"/> *31 Toilet and hand washing facilities, number, convenient, designed, installed			<input type="checkbox"/> 55 Automatic Gratuity Notice		
<input type="checkbox"/> 33 Garbage containers covered, adequate number, insect and rodent proof, emptied at proper intervals, clean					

OBSERVATIONS AND CORRECTIVE ACTIONS	
Item No.	Violations cited in this report must be corrected within the time frames below, or as stated on page 1.

Additional Comments on Attached Sheet

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Person in Charge (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Inspector (Signature) \_\_\_\_\_ Date \_\_\_\_\_