

<b>1 Receipt Date</b>		<b>2 Remittance</b>								
Month	Day	Year	<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	Remittance #				
<b>3 Duration / Transaction / Rank / Amount</b>			<b>4 Federal Employer ID No (FEIN)</b>							
CLIENT CODE 2016	<input type="checkbox"/> 1-3 day / 1030 / TMP1 / \$91		<b>5 *Social Security Number</b> (*see reverse for notice)							
	<input type="checkbox"/> 4-30 day / 1031 / TMP4 / \$105									
	<input type="checkbox"/> Annual / 1032 / TEMP / \$456									
	<input type="checkbox"/> Already Licensed-DBPR Permanent / 1035 / TLIC / No fee		<b>6 Open Date</b> (Event Begins)							
	<input type="checkbox"/> Already Licensed-Annual Temp / 1034 / TANN / No fee		Month	Day	Year					
<input type="checkbox"/> Already Licensed-FDACS / 1036 / TDACS / No fee		<b>7 Expiry Date</b> (Event Ends)								
DBPR Client Code		DBPR or FDACS Lic #								
<b>8 ** Licensee Name and Mailing Address (MA, LM)</b> (**see reverse for notice)										
Name				Phone						
Address				E-mail						
City		State	Zip	County	Country					
<b>9 Business Name (DBA):</b>										
<b>10 Event Name and Location Address (LL)</b>										
Event Name				Phone						
Address				Inspector Area # D						
City		Zip	County	Free Standing = Yes						
<b>11 Sales Tax Registration Number:</b>										
<b>12 INSPECTION REPORT</b>										
			<b>Time In</b>		<b>Time Out</b>					
<b>FOOD TEMPERATURES</b>	Type of Food	Temperature	Type of Food	Temperature	Type of Food	Temperature				
KEY: IN = IN COMPLIANCE OUT = NOT IN COMPLIANCE N/O = NOT OBSERVED NA = NOT APPLICABLE COS = CORRECTED ON-SITE										
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>										
IN	OUT	N/O	COS	DESCRIPTION	IN	OUT	N/O	N/A	COS	DESCRIPTION
<b>APPROVED SOURCE AND ADEQUATE WATER SUPPLY</b>					<b>FOOD SAFETY</b>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water from an approved source; adequate potable water supply provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory present for raw / undercooked animal foods
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food from approved source/no home preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food cooked and reheated for hot holding to proper temperature
<b>HAND WASHING, NO BARE HAND CONTACT AND EMPLOYEE HEALTH</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot food maintained at 135° F or hotter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwash facility provided (e.g., Igloo® cooler with on/off valve)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cold food maintained at 41° F or colder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soap and disposable towels provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food cooled from 135° F to 70° F within 2 hours; from 135° F to 41° F within a total of 6 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands washed and clean, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food cooled from ambient temperature to 41° F within 4 hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with ready-to-eat food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food protected against environmental contamination and cross contamination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ill employees restricted / excluded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raw and ready-to-eat foods properly separated
<b>SANITIZATION</b>		N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Displayed food protected (e.g., sneeze guard)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper sanitization ____ ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food stored at least 6 inches off floor and ground
C O M M E N T S										
<b>GOOD RETAIL PRACTICES</b>										
IN	OUT	N/O	COS	DESCRIPTION	IN	OUT	N/O	COS	DESCRIPTION	
<b>WATER, PLUMBING AND WASTE</b>					<b>THERMOMETERS</b>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Three-compartment sink present (or access to three-compartment sink - spare utensils available); chemical test kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided in hot and cold holding units	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food grade hoses used for potable water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Probe thermometer available; calibrated	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage/waste water disposed into sewage system	<b>GENERAL</b>					
<b>PHYSICAL FACILITIES</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-service items protected / properly stored	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overhead protection provided; walls (if needed) protect against weather and windblown dust and debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dustless flooring (concrete, asphalt, dirt, grass, or gravel, etc.)	<b>RESULTS</b>		<input type="checkbox"/>	Inspection Completed - Any violations noted must be corrected prior to operation		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vermin control			<input type="checkbox"/>	WARNING: Violations noted must be corrected by:		
LEGAL NOTICE: Issuance of this receipt allows operation at the above event unless an inspection warning was given. License is not transferable. License (except annual temporary event license) is not valid for any other events. Failure to correct violations noted above may result in suspension or revocation of your license to operate. I acknowledge receipt of this inspection form and comments.										
<b>1 Applicant Name - Printed and Signed</b>					<b>14 Inspector Name - Printed and Signed</b>					

\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.

\*\*For establishments owned or operated by partnerships, corporations or cooperatives, please attach a separate sheet or sheets listing the name, address, and social security number of each person who owns 10% or more of the outstanding stocks or equity interest in the licensed activity and the name, address, and social security numbers of each officer, director, chief executive, or other person who, in accordance with the rules of the issuing agency, is determined to be able directly or indirectly to control the operation of the business of the licensed entity.