

Food Establishment Inspection Report

Score: _____

Establishment Name: _____

Establishment ID: _____

Date: _____ Status Code: _____
 Time In: _____ Time Out: _____
 Category#: _____
 Establishment Type: _____

Instructions:

1. Fill in the information below for the Food Establishment:

Location Address: _____

 City: _____
 State: North Carolina Zip: _____
 County: _____
Permittee: _____
Telephone: _____
 Inspection
 Re-Inspection
Wastewater System:
 Municipal/Community
 On-Site System
Water Supply:
 Municipal/Community
 On-Site Supply

2. Click/fill the appropriate circle for "IN, OUT, N/A, N/O".

IN=In Compliance, OUT=Not in compliance
 N/O=Not Observed, N/A=Not Applicable

3. Click/check ✓ the appropriate boxes for CDI and/or R, VR.

CDI= Corrected During Inspection
 R=Repeat Violation
 VR=Verification Required

4. Continue to page 2 for "Good Retail Practices".

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.
Public Health Interventions: Control measures to prevent foodborne illness or injury

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	PIC Present; Demonstration - Certification by accredited program and perform duties	<input type="radio"/> 2 <input type="radio"/> 0		
Employee Health .2652					
2	<input type="radio"/> IN <input type="radio"/> OUT	Management, employees knowledge; responsibilities & reporting	<input type="radio"/> 3 <input type="radio"/> 1.5 <input type="radio"/> 0		
3	<input type="radio"/> IN <input type="radio"/> OUT	Proper use of reporting, restriction & exclusion	<input type="radio"/> 3 <input type="radio"/> 1.5 <input type="radio"/> 0		
Good Hygienic Practices .2652, .2653					
4	<input type="radio"/> IN <input type="radio"/> OUT	Proper eating, tasting, drinking, or tobacco use	<input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0		
5	<input type="radio"/> IN <input type="radio"/> OUT	No discharge from eyes, nose, and mouth	<input type="radio"/> 1 <input type="radio"/> 0.5 <input type="radio"/> 0		
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	<input type="radio"/> IN <input type="radio"/> OUT	Hands clean & properly washed	<input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 0		
7	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	<input type="radio"/> 3 <input type="radio"/> 1.5 <input type="radio"/> 0		
8	<input type="radio"/> IN <input type="radio"/> OUT	Handwashing sinks supplied & accessible	<input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0		
Approved Source .2653, .2655					
9	<input type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source	<input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0		
10	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O	Food received at proper temperature	<input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0		
11	<input type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe & unadulterated	<input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0		
12	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction	<input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0		
Protection from Contamination .2653, .2654					
13	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Food separated & protected	<input type="radio"/> 3 <input type="radio"/> 1.5 <input type="radio"/> 0		
14	<input type="radio"/> IN <input type="radio"/> OUT	Food-contact surfaces: cleaned & sanitized	<input type="radio"/> 3 <input type="radio"/> 1.5 <input type="radio"/> 0		
15	<input type="radio"/> IN <input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	<input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0		
Potentially Hazardous Food Time/Temperature .2653					
16	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time & temperatures	<input type="radio"/> 3 <input type="radio"/> 1.5 <input type="radio"/> 0		
17	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding	<input type="radio"/> 3 <input type="radio"/> 1.5 <input type="radio"/> 0		
18	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time & temperatures	<input type="radio"/> 3 <input type="radio"/> 1.5 <input type="radio"/> 0		
19	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures	<input type="radio"/> 3 <input type="radio"/> 1.5 <input type="radio"/> 0		
20	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperatures	<input type="radio"/> 3 <input type="radio"/> 1.5 <input type="radio"/> 0		
21	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Proper date marking & disposition	<input type="radio"/> 3 <input type="radio"/> 1.5 <input type="radio"/> 0		
22	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Time as a public health control: procedures & records	<input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0		
Consumer Advisory .2653					
23	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods	<input type="radio"/> 1 <input type="radio"/> 0.5 <input type="radio"/> 0		
Highly Susceptible Populations .2653					
24	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered	<input type="radio"/> 3 <input type="radio"/> 1.5 <input type="radio"/> 0		
Chemical .2653, .2657					
25	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved & properly used	<input type="radio"/> 1 <input type="radio"/> 0.5 <input type="radio"/> 0		
26	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Toxic substances properly identified stored, & used	<input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0		
Conformance with Approved Procedures .2653, .2654, .2658					
27	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	<input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0		

Food Establishment Inspection Report, continued

Establishment Name: _____

Establishment ID: _____

Instructions, continued:

5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

IN=In Compliance, OUT=not in compliance
N/O=Not Observed, N/A=Not Applicable

6. Click or check the appropriate boxes for CDI and/or R, VR.

CDI= Corrected During Inspection
R=Repeat Violation
VR=Verification Required

Calculate the "Total Deductions" and record.

7. Sign and complete "Signature Block" .

8. Fill in "No. of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".

9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

_____ Person in Charge (Print)
_____ Person in Charge (Signature)
_____ Regulatory Authority (Print)
_____ Regulatory Authority (Signature)
Contact Number: _____
Verification Required Date: _____
REHS ID: _____

No. of Risk Factor/ Intervention Violations: ____

No. of Repeat Risk Factor/Intervention Violations: ____

Good Retail Practices											
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
Compliance Status								OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658											
28	<input type="radio"/> IN	<input type="radio"/> OUT	Pasteurized eggs used where required	1	0.5	0					
29	<input type="radio"/> IN	<input type="radio"/> OUT	Water and ice from approved source	2	1	0					
30	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Variance obtained for specialized processing methods	1	0.5	0				
Food Temperature Control .2653, .2654											
31	<input type="radio"/> IN	<input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0					
32	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Plant food properly cooked for hot holding	1	0.5	0			
33	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Approved thawing methods used	1	0.5	0			
34	<input type="radio"/> IN	<input type="radio"/> OUT	Thermometers provided & accurate	1	0.5	0					
Food Identification .2653											
35	<input type="radio"/> IN	<input type="radio"/> OUT	Food properly labeled: original container	2	1	0					
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657											
36	<input type="radio"/> IN	<input type="radio"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0					
37	<input type="radio"/> IN	<input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0					
38	<input type="radio"/> IN	<input type="radio"/> OUT	Personal cleanliness	1	0.5	0					
39	<input type="radio"/> IN	<input type="radio"/> OUT	Wiping cloths: properly used & stored	1	0.5	0					
40	<input type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables	1	0.5	0					
Proper Use of Utensils .2653, .2654											
41	<input type="radio"/> IN	<input type="radio"/> OUT	In-use utensils: properly stored	1	0.5	0					
42	<input type="radio"/> IN	<input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	1	0.5	0					
43	<input type="radio"/> IN	<input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0					
44	<input type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly	1	0.5	0					
Utensils and Equipment .2653, .2654, .2663											
45	<input type="radio"/> IN	<input type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0					
46	<input type="radio"/> IN	<input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0					
47	<input type="radio"/> IN	<input type="radio"/> OUT	Non-food contact surfaces clean	1	0.5	0					
Physical Facilities .2654, .2655, .2656											
48	<input type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available; adequate pressure	2	1	0					
49	<input type="radio"/> IN	<input type="radio"/> OUT	Plumbing installed; proper backflow devices	2	1	0					
50	<input type="radio"/> IN	<input type="radio"/> OUT	Sewage & waste water properly disposed	2	1	0					
51	<input type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0					
52	<input type="radio"/> IN	<input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0					
53	<input type="radio"/> IN	<input type="radio"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0					
54	<input type="radio"/> IN	<input type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0					
Total Deductions:											

Comment Addendum to Food Establishment Inspection Report

Establishment Name: _____ Location Address: _____ City: _____ State: NC County: _____ Zip: _____ Wastewater System: <input type="radio"/> Municipal/Community <input type="radio"/> On-Site System Water Supply: <input type="radio"/> Municipal/Community <input type="radio"/> On-Site Supply Permittee: _____ Telephone: _____	Establishment ID: _____ <input type="radio"/> Visit <input type="radio"/> Verification <input type="radio"/> Name Change <input type="radio"/> Status Change <input type="radio"/> Pre-Opening Visit <input type="radio"/> Other _____	Date: _____ Status Code: _____ Category#: _____
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Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

Observations and Corrective Actions

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

Person in Charge (Print & Sign): _____ **Date:** _____
Regulatory Authority (Print & Sign): _____ **REHS ID:** _____ **Date:** _____