



FREMONT COUNTY ENVIRONMENTAL HEALTH

615 MACON AVENUE, ROOM 212

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Page one of \_\_\_\_\_

License # \_\_\_\_\_

ESTABLISHMENT										OWNER NAME										
ADDRESS															ZIP CODE					
COUNTY			FIRM ID			INSPECTOR ID			DATE			TRAVEL TIME			INSPECT TIME			TYPE		
									MONTH	DAY		YEAR								Regular
																				Follow-up
																				Pre-Operational
																				Complaint

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

Items circled below identify violations to be corrected as indicated by the regulatory authority. Failure to comply may result in further action by the regulatory authority.

<p><b>Red – Critical Items: These items related directly to foodborne illness.</b></p>																	
<p><b>01 FOOD SOURCE</b></p> <p>a. Approved Source b. Wholesome, free of spoilage</p>	<p><b>09 FOOD LABELING, FOOD PROTECTION</b></p> <p>a. Original container, properly labeled b. Food protected from contamination</p>																
<p><b>02 PERSONNEL</b></p> <p><b>Employee Health/ Hygienic Practices</b> a. Personnel w/infections restricted b. Wounds properly covered c. Hands washed as needed</p>	<p><b>10 EQUIPMENT DESIGN, CONSTRUCTION</b></p> <p>a. Food-contact surfaces b. Nonfood-contact surfaces</p> <p><b>11 TESTING DEVICES</b></p> <p>a. Refrigeration units provided with accurate, conspicuous thermometer b. Dishmachine provided with accurate thermometer &amp; gauge cock c. Chemical test kits provided, accessible</p>																
<p><b>03 FOOD TEMPERATURE CONTROL</b></p> <p><b>Temperature Control Procedures</b> a. Rapidly cool foods to 41°F or less b. Rapidly reheat to 165° F or greater c. Hot hold at 135° F or greater</p> <p><b>Temperature Control Equipment</b> f. Food thermometer (probe-type) g. Adequate equipment to maintain food temperatures</p>	<p><b>12 CLEANING OF EQUIPMENT AND UTENSILS</b></p> <p>a. Food-contact surfaces b. Nonfood-contact surfaces</p> <p><b>13 UTENSILS, SINGLE-SERVICE ARTICLES</b></p> <p>a. Utensils provided, used, stored b. Single-service articles stored, dispensed, used c. No reuse of single-service articles</p>																
<p><b>04 SANITIZATION</b></p> <table border="1"> <thead> <tr> <th></th> <th>Temperature</th> <th>Concentration</th> <th>Exposure</th> </tr> </thead> <tbody> <tr> <td>a. Manual</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>b. Mechanical</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>c. In-Place</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Sanitizer: Chlorine      Quaternary Ammonium      Other _____</p>		Temperature	Concentration	Exposure	a. Manual	_____	_____	_____	b. Mechanical	_____	_____	_____	c. In-Place	_____	_____	_____	<p><b>14 PHYSICAL FACILITIES</b></p> <p>a. Plumbing: installed, maintained b. Garbage and refuse c. Floors, walls, ceilings d. Lighting e. Ventilation</p> <p>f. Locker rooms g. Premises maintained h. Separation of living, laundry i. Restroom facilities</p>
	Temperature	Concentration	Exposure														
a. Manual	_____	_____	_____														
b. Mechanical	_____	_____	_____														
c. In-Place	_____	_____	_____														
<p><b>05 WATER, SEWAGE, PLUMBING SYSTEMS</b></p> <p>a. Safe water source b. Hot &amp; cold water under pressure</p> <p>c. Backflow, backsiphonage d. Sewage disposal</p>	<p><b>15 OTHER OPERATIONS</b></p> <p>a. Personnel: clean clothes, hair restraints, authorized b. Linen properly stored</p>																
<p><b>06 HANDWASHING AND TOILET FACILITIES</b></p> <p>a. Adequate number, location b. Accessible c. Soap &amp; drying devices available</p>	<p><b>Recommended Regulatory Action(s)</b></p> <p><input type="checkbox"/> 1<sup>st</sup> Notification of Non-Compliance <input type="checkbox"/> Additional Notification of Non-Compliance <input type="checkbox"/> Notice of Civil Penalty <input type="checkbox"/> Final Order of Civil Penalty <input type="checkbox"/> Revocation/License Suspension</p> <p><b>On-site Regulatory Actions</b></p> <p><input type="checkbox"/> Voluntary Closure <input type="checkbox"/> Embargo Notice <input type="checkbox"/> Voluntary Condemnation</p>																
<p><b>07 PEST CONTROL</b></p> <p>a. Evidence of insects or rodents b. Pesticide application c. Animals prohibited</p>	<p><b>Resolution(s) &amp; Interventions</b></p> <p><input type="checkbox"/> 1<sup>st</sup> Compliance Warning Letter <input type="checkbox"/> Additional Compliance Warning Letter <input type="checkbox"/> Voluntary Closure Release <input type="checkbox"/> Embargo Release <input type="checkbox"/> Compliance Agreement <input type="checkbox"/> On-Site Training <input type="checkbox"/> HACCP Study <input type="checkbox"/> Announced Inspection <input type="checkbox"/> FDA Documented Inspection</p>																
<p><b>08 POISONOUS OR TOXIC ITEMS</b></p> <p>a. Properly stored b. Properly labeled c. Properly used</p>																	
ENVIRONMENTAL HEALTH SPECIALIST:	RECEIVED BY:																