

<b>Food Establishment Inspection Report</b>				Page ____ of ____	
As Governed by State Code Section <b>XXX.XXX</b>		Permit Holder		Status: <b>Pass</b>	
Do Good County				<b>Pass with Conditions</b>	
12344 Any Street, Our Town, State 11111		Risk Category		<b>Fail</b>	
Establishment		Address			
License/Permit #		City/State/Zip Code			
		Purpose of Inspection			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																									
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item <b>IN</b> =in compliance <b>OUT</b> =not in compliance <b>N/O</b> =not observed <b>N/A</b> =not applicable  Mark "X" in appropriate box for COS and/or R <b>COS</b> =corrected on-site during inspection <b>R</b> =repeat violation						<b>Risk factors</b> are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury. Risk factors require immediate correction.																			
Compliance Status					COS		R		Compliance Status					COS		R									
Supervision										Protection from Contamination															
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties									15	IN	OUT	N/A	N/O	Food separated and protected								
2	IN	OUT	N/A	Illinois Food Service Sanitation Manager Certification									16	IN	OUT	N/A	Food-contact surfaces; cleaned and sanitized								
Employee Health										Time/Temperature Control for Safety															
3	IN	OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting									18	IN	OUT	N/A	N/O	Proper cooking time and temperatures								
4	IN	OUT	Proper use of restriction and exclusion									19	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding								
5	IN	OUT	Procedures for responding to vomiting and diarrheal events									20	IN	OUT	N/A	N/O	Proper cooling time and temperature								
Good Hygienic Practices										Consumer Advisory															
6	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use									21	IN	OUT	N/A	N/O	Proper hot holding temperatures							
7	IN	OUT	N/O	No discharge from eyes, nose, and mouth									22	IN	OUT	N/A	N/O	Proper cold holding temperatures							
8	IN	OUT	N/O	Hands clean and properly washed									23	IN	OUT	N/A	N/O	Proper date marking and disposition							
9	IN	OUT	N/A	N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed									24	IN	OUT	N/A	N/O	Time as a Public Health Control; procedures & records						
10	IN	OUT	Adequate handwashing sinks properly supplied and accessible									Highly Susceptible Populations													
Approved Source										Food/Color Additives and Toxic Substances															
11	IN	OUT	Food obtained from approved source									25	IN	OUT	N/A	Consumer advisory provided for raw/undercooked food									
12	IN	OUT	N/A	N/O	Food received at proper temperature									26	IN	OUT	N/A	Pasteurized foods used; prohibited foods not offered							
13	IN	OUT	Food in good condition, safe, and unadulterated									27	IN	OUT	N/A	Food additives: approved and properly used									
14	IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction									28	IN	OUT	N/A	Toxic substances properly identified, stored, and used							
Conformance with Approved Procedures										29	IN	OUT	N/A	Compliance with variance/specialized process/HACCP											

GOOD RETAIL PRACTICES																					
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is <b>not</b> in compliance    Mark "X" in appropriate box for COS and/or R <b>COS</b> =corrected on-site during inspection <b>R</b> =repeat violation																					
Safe Food and Water					Proper Use of Utensils																
30		Pasteurized eggs used where required									43		In-use utensils: properly stored								
31		Water and ice from approved source									44		Utensils, equipment & linens: properly stored, dried, & handled								
32		Variance obtained for specialized processing methods									45		Single-use/single-service articles: properly stored and used								
Food Temperature Control										Utensils, Equipment and Vending											
33		Proper cooling methods used; adequate equipment for temperature control									46		Gloves used properly								
34		Plant food properly cooked for hot holding									47		Food and non-food contact surfaces cleanable, properly designed, constructed, and used								
35		Approved thawing methods used									48		Warewashing facilities: installed, maintained, & used; test strips								
36		Thermometers provided & accurate									49		Non-food contact surfaces clean								
Food Identification										Physical Facilities											
37		Food properly labeled; original container									50		Hot and cold water available; adequate pressure								
Prevention of Food Contamination										51		Plumbing installed; proper backflow devices									
38		Insects, rodents, and animals not present									52		Sewage and waste water properly disposed								
39		Contamination prevented during food preparation, storage and display									53		Toilet facilities: properly constructed, supplied, & cleaned								
40		Personal cleanliness									54		Garbage & refuse properly disposed; facilities maintained								
41		Wiping cloths: properly used and stored									55		Physical facilities installed, maintained, and clean								
42		Washing fruits and vegetables									56		Adequate ventilation and lighting; designated areas used								
Employee Training										57		All food employees have food handler training									

# Food Establishment Inspection Report

Establishment: \_\_\_\_\_ Establishment #: \_\_\_\_\_

Water Supply:.....  Public.....  Private      Wastewater System:.....  Public.....  Private

Sanitizer Type: \_\_\_\_\_ PPM: \_\_\_\_\_ Heat: \_\_\_\_\_

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.

**FSSMC Verification (name, expiration date, ID#):**

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**HACCP Topic:**

**ILLINOIS UNIFORM GRADING SYSTEM**

		Repeat Violations						
		0-5	6-10	11+				
Count of Violation(s)								
0-3		Pass	Pass with Conditions	Fail				
4-5		Pass with Conditions	Pass with Conditions	Fail				
6+		Fail	Fail	Fail				
					Number of Risk Factor/Intervention Violations			
					Number of Repeat Violations			
					Pass	Pass with Conditions	Fail	(Circle one)

Person in Charge (Signature)	Date:	
Inspector (Signature)	Follow-up: YES NO (Circle one)	Follow-Up Date:

# Food Establishment Inspection Report

Establishment: \_\_\_\_\_ Establishment #: \_\_\_\_\_

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below.

Item Number	

Person in Charge (Signature) _____		Date: _____
Inspector (Signature) _____	Follow-up:   YES   NO <i>(Circle one)</i>	Follow-Up Date: _____