



TRI-COUNTY HEALTH DEPARTMENT
Retail Establishment Inspection Report

Date: _____ Time: _____ Water _____ Sewer _____ HACCP Plan/Time Temp Control Plan:

Based on an inspection this day, the items marked below identify the violations which must be corrected by the next routine inspection or such shorter period of time as may be specified by the regulatory authority. Failure to comply with any time limits for corrections specified in this notice may result in revocation or suspension of your retail food license.

01	FOOD SOURCE
	a. Approved source, shellfish tags
	b. Wholesome, free of spoilage, damaged cans, raw fish frozen
	c. Cross-contamination, food reserved
	d. HACCP plan
02	PERSONNEL
	a. Personnel w/infections restricted, infected worker
	b. Wounds properly covered
	c. Hands washed as needed
	d. Common towel, appropriate sink, fingernails, minimize hand contact
	e. Smoking, eating, drinking
	f. Demonstration of knowledge
03	FOOD TEMPERATURE CONTROL
	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
	d. Required cooking temperatures
	e. Cold hold at 41 °F or less
	f. Food thermometer (probe-type)
	g. Adequate equipment to maintain food temperatures
04	SANITIZATION RINSE
	a. Manual
	b. Mechanical
	c. In-place
05	WATER SEWAGE PLUMBING SYSTEMS
	a. Safe water source
	b. Hot and cold water under pressure
	c. Backflow, backsiphonage/cross-connections
	d. Sewage disposal
06	HAND WASHING FACILITIES
	a. Adequate number, location, metered faucet
	b. Accessible, unapproved handsink use
	c. Soap and drying devices
07	PEST CONTROL
	a. Evidence of insects, rodents, other pests
	b. Pesticide application, unapproved pesticides used
	c. Animals prohibited
08	POISONOUS OR TOXIC ITEMS
	a. Properly stored
	b. Properly labeled
	c. Properly used, unapproved toxics/containers, sanitizer too high

09	FOOD LABELING, FOOD PROTECTION
	a. Original container, properly labeled
	b. Protected from contamination, thawing, food off floor, covered
10	EQUIPMENT DESIGN, CONSTRUCTION
	a. Food -contact surfaces
	b. Nonfood-contact surfaces, equipment installation
	c. Warewashing facility designed, operated, maintained
11	TESTING DEVICES
	a. Thermometer location, inaccurate product thermometer
	b. Dishmachine thermometer, pressure gauge
	c. Chemical test kits provided
12	CLEANING OF EQUIPMENT & UTENSILS
	a. Food-contact surfaces
	b. Nonfood-contact surfaces
	c. No pre-wash/scrape, clean water, improper sequence, water temp
	d. Wiping cloths
13	UTENSILS, EQUIPMENT, SINGLE-SERVICE ARTICLES
	a. Utensils & equipment, used, stored, protected, air dried
	b. Single-service articles stored
	c. Reuse of single-service articles
14	PHYSICAL FACILITIES
	a. Plumbing, handsinks, mop sink: installed, maintained
	b. Dumpster/trash cans: insect proof, covered
	c. Floors, walls, ceilings, construction / cleaning
	d. Lighting
	e. Ventilation
	f. Locker Rooms, personal belongings
	g. Premises maintained, unnecessary articles, outer openings
	h. Separation of living & laundry facilities
	i. Restroom facilities, clean, doors, toilet paper, waste container
15	OTHER OPERATIONS
	a. Personnel: clean clothes, hair restraints, authorized
	b. Linen properly stored

Enforcement actions:

Voluntary Closure Embargo Voluntary Condemnation

Notes:

No Smoking Policy Smoking/Non-Smoking Smoke Free

Reinspection Required Yes No

If yes reinspection date on/about _____

Inspected by: _____
 Print

Sign

Number of seats/sq. ft. _____ Number of meals _____

Return CIVCS Form Yes No

If yes return CIVCS form by _____

Operator: _____
 Print

Sign