Food Establishment Inspection Report Pageof													
As Governed by State Code Section XXX.XXX									/Intervention Vio	lations		Date	
Do Good County					lo. 0	f Rep	ea	at Risk Factor	Intervention Viol		_	Time In	
12344 Any Street, Our Town, State 11111						2000000	_		Score (d	optional)	$\overline{}$	Time Out	
Establishment Address					City	y/Sta	te			Zip Code		Telephone	
License/Permit # Permit Holder					Pui	rpose	е о	of Inspection		Est. Type Risk Category		jory	
FOODBORNE ILLNESS RISK FACTOR							Pι	JBLIC HEA	LTH INTERVE	NTIONS			
	Circle de	signated compliance status	s (IN, OUT, N/O, N/A) for each numbered	ite	m				Mark "X" in a	opropriate bo	x for CC	OS and/or R	
IN=in compliance OUT=not in compliance N/O=not observed N/A=not ap						ble			S=corrected on-site	during inspe	ction	R=repeat viola	
Compliance Status cos						Tomphanos Tatas							COS R
Ь,	Supervision					Proper disposition of returned, previously served							
1 1	TUO	10 100	sent, demonstrates knowledge,		reconditioned & u					1			
2 11	N OUT N/A	and performs duties	tion Manager	-	\dashv	Time/Temperature Control for Safety 18 IN OUT N/A N/O Proper cooking time & temperatures							
2 11	1001107	Certified Food Protect	ree Health					OUT N/A N/O	Proper cooking til				
		1				_	-	OUT N/A N/O	Proper cooling tin			_	
3 11	TUO	knowledge, responsil	mployee and conditional employee;				_	OUT N/A N/O	Proper hot holdin				
4 1	TUO	Proper use of restrict			П	22	IN	OVA N/O	Proper cold holding				
	TUO		ding to vomiting and diarrheal events			23	IN OUT N/A N/O Proper date marking and disposition						
		Good Hygie	enic Practices			24	IN	OVN AVN TUO	Time as a Public H	ealth Control	; proced	tures & records	
			g, drinking, or tobacco use				_			er Advisory			
7 1	N OUT N	No discharge from ey				25	IN	OUT N/A	Consumer advisory	•			
			amination by Hands	-			L		Highly Suscep	·			_
8 1	N TUO N	/O Hands clean & prope	N. ANNI ENGINE II. III.	-	_	26	Įιν	OUT N/A	Pasteurized foods d/Color Additives				
9 11	N AVN TUO N		t with RTE food or a pre-approved			27	LIN	I OUT N/A					
10 1	TUO	Adagusts handwashing	Alternative way and a second	-	\vdash	_	_	OUT N/A	Food additives: a Toxic substances				_
10].			sinks properly supplied and accessible ed Source			20	1		onformance with				
11 1	TUO	Food obtained from a		\neg	\Box	29	ΙΝ	OUT N/A	Compliance with va				
12 1	N AVN TUO N						_						
13	TUO		on, safe, & unadulterated			Γ	Т						
14 11	N OUT N/A N	Required records ava	ailable: shellstock tags,						e important practice buting factors of foo				
parasite destruction									e control measures				
_			m Contamination	щ		L							
	OUT N/A N		and the same of th	_	Н								
16 1	A/N TUO I	Food-contact surface	es; cleaned & sanitized GOOD RE	TΛ	II D	DAC	TI	ICES					
		Cood Poteil Presti		22	7.77	000000	300	0.000000	cale, and abusical a	hinata into fo	a da		
Mark	"X" in boy if	Good Retail Practi numbered item is not in cor	ces are preventative measures to control npliance Mark "X" in appropriate b						cais, and physical o S=corrected on-site	-		R=repeat viola	ation
WILLIAM	X III DOX II I	idinibered kem is not in cor			R	T	IW	OI K	s-corrected on-site	duning maper	uon		COS R
		Safe Food	d and Water						Proper Us	e of Utensi	ls	·	
30 Pasteurized eggs used when			e required			4	3	In-use ut	tensils: properly st	ored			
31		er & ice from approved s	cource			4	_	Utensils,	equipment & linens	: properly st	ored, dr	ied, & handled	
32	Vari	ance obtained for specia	lized processing methods			4	-	Single-us	e/single-service an	ticles: proper	rly store	d & used	
		Food Tempe	erature Control	_		4	6	Gloves u	ised properly				
33	1 1 2		d; adequate equipment for					T 1-	Utensils, Equip				
34		perature control	Lot La Library	_	\vdash	4	7		non-food contact s				
35		nt food properly cooked fo		\dashv	_	4	Ω		designed, constru				
36		roved thawing methods u		-	-	_			hing facilities: instal		ed, & us	sed; test strips	
The first service of the first													
Food Identification Physical Facilities The second in th													
	1 1100		ood Contamination			5			g installed; proper				
38	Inse	cts, rodents, & animals r				5:	_		& waste water pro				
39			ng food preparation, storage & display			5	3		cilities: properly co			i, & cleaned	
40	40 Personal cleanliness					5			& refuse properly				
41 Wiping cloths: properly used & stored						5			facilities installed				
42 Washing fruits & vegetables 56 Adequate ventilation & lighting; designated areas used													
Pers	Person in Charge (Signature) Date:												
Inspector (Signature)								ollow-rip:	(ES NO (Circle	e one) Eol	low-us	Date:	
шар	Inspector (Signature) Follow-up: YES NO (Circle one) Follow-up Date:												

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As Governed by State Code Section XXX.XXX Do Good County 12344 Any Street, Our Town, State, 11111				License/Pe	ermit #	Date				
Establishment Address				City/State	Telephone					
			TEM		E OBSERV					_
	Item/Location	Temp		Item/Local	ion	Temp	Item/Lo	ocation		Temp
		OE	SERVAT	TONS AN	D CORRECT	TIVE ACTIO	NS			
ltem Number	Violations cited	in this report n	nust be corr	ected within	the time frames	below or as st	ated in Section 8-40)5.11 of	the Food C	ode.
Person in 0	Charge (Signature)							Date		
Inspector (Signature) Date										

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Do Good Co	ounty Street, Our Town, State, 11111	License/Pe	ermit #	Date								
Establishm		ss	City/State	Zip Code	Telephone							
	OBSERVATIONS AND CORRECTIVE ACTIONS											
Item Number	Violations cited in this	report must be corrected within	the time frames below or as stated	in Section 8-40	5.11 of the Food Code.							
	Charge (Signature)				Date							
Inspector (Signature) Date												