

# FOOD FACILITY INSPECTION REPORT

Date:	3/17/17
Time In:	
Time Out:	

Facility Name:	Coffee Lab	Address:	Hildebrand Hall
Permit #:		Exp. Date:	
Permit Holder:	College of Chem	Type of Inspection:	Routine

IN = In compliance    N/O = Not observed    N/A = Not applicable    COS = Corrected on-site    MAJ = Major violation    OUT = Out of compliance

		COS	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>				
<input checked="" type="checkbox"/>	1. Food safety certification			
Food Safety Certification Name: A. Gungor		Expiration Date:		
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/>	2. Communicable disease: reporting, restrictions & exclusions			
<input checked="" type="checkbox"/>	3. No discharge from eyes, nose & mouth			
<input checked="" type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/>	5. Hands clean & properly washed; gloves properly used			
<input checked="" type="checkbox"/>	6. Adequate hand washing facilities supplied & accessible			
<b>TIME &amp; TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures			
<input checked="" type="checkbox"/>	8. Time as a public health control: procedures & records			
<input checked="" type="checkbox"/>	9. Proper cooling methods			
<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures			
<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding			
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/>	12. Returned & reservice of food			
<input checked="" type="checkbox"/>	13. Food in good condition, safe & unadulterated			
<input checked="" type="checkbox"/>	14. Food contact surfaces: clean & sanitized			
sanitizer type:		location:		
<input type="checkbox"/> chlorine <input type="checkbox"/> quaternary ammonium <input type="checkbox"/> hot water <input type="checkbox"/> other:		sanitizer concentration (ppm): N/A		
<b>FOOD FROM APPROVED SOURCES</b>				
<input checked="" type="checkbox"/>	15. Food obtained from approved sources			
<input checked="" type="checkbox"/>	16. Compliance with shell stock tags, condition & display			
<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations			
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/>	18. Compliance with variance, specialized processes, reduced oxygen packaging & HACCP plan			
<b>CONSUMER ADVISORY</b>				
<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw/ undercooked foods			
<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				
<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
<b>HOT WATER/ COLD WATER</b>				
<input checked="" type="checkbox"/>	21. Hot & cold water available:	cold temp. (°F) >120    hot temp. (°F)		
<b>LIQUID WASTE DISPOSAL</b>				
<input checked="" type="checkbox"/>	22. Sewage & wastewater properly disposed			
<b>VERMIN</b>				
<input checked="" type="checkbox"/>	23. No rodents, insects, birds or animals			

  

		OUT
<b>SUPERVISION</b>		
24. Person in charge present & performs duties		
<b>PERSONAL CLEANLINESS</b>		
25. Personal cleanliness & hair restraints		
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>		
26. Approved thawing methods used, frozen food		
27. Food separated & protected		
28. Fruits & vegetables washed		
29. Toxic substances properly identified, stored & used		
<b>FOOD STORAGE/ SERVICE/ DISPLAY</b>		
30. Food storage containers identified		
31. Consumer self-service		
32. Food properly labeled & honestly presented		
<b>EQUIPMENT/ UTENSILS/ LINENS</b>		
33. Nonfood-contact surfaces clean		
34. Warewashing facilities: installed, maintained & used; test strips		
35. Equipment & utensils: approved, installed & clean; good repair; capacity		
36. Equipment, utensils & linens: properly used & stored		
37. Vending machines		
38. Adequate ventilation & lighting; designated areas, use		
39. Thermometers: provided & accurate		
40. Wiping cloths: properly used & stored		
<b>PHYSICAL FACILITIES</b>		
41. Plumbing: proper backflow devices; leaks		
42. Garbage & refuse: properly disposed; facilities maintained		
43. Toilet facilities: properly constructed, supplied & cleaned		
44. Premises; personal/ cleaning items; vermin-proofing		
<b>PERMANENT FOOD FACILITIES</b>		
45. Floors, walls & ceilings: built, maintained & cleaned		
46. No unapproved private homes/ living or sleeping quarters		
<b>SIGNS/ REQUIREMENTS</b>		
47. Signs posted; last inspection report available		
<b>COMPLIANCE &amp; ENFORCEMENT</b>		
48. Plan review		
49. Permits available		
50. Impoundment		
51. Permit suspension		

See reverse side for the code sections and general requirements that correspond to each violation listed above.

Received by (print):	Received by (signature):	Title:
Specialist (print):	Specialist (signature):	Phone:

PASS

REINSPECTION DATE
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