

# Food Establishment INSPECTION REPORT

**State of Washington**

NAME OF ESTABLISHMENT				LOCATION				CITY/TOWN		ZIP CODE											
Meals Served B L D C O		PURPOSE OF INSPECTION		<input type="checkbox"/> Routine <input type="checkbox"/> Preoperational <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Illness Investigation <input type="checkbox"/> Temporary <input type="checkbox"/> Other				ESTABLISHMENT TYPE		RISK CATEGORY											
Meals Observed B L D C O				DATE		TIME IN		ELAPSED TIME		TRAVEL TIME		TOTAL POINTS		RED POINTS		REPEAT RED		SMOKE-FREE YES   NO		PHONE NUMBER	

### RED HIGH RISK FACTORS

**High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.**

Circles indicate compliance status (IN, OUT, N/O, N/A) for each item.

IN = in compliance   OUT = not in compliance   N/O = not observed   N/A = not applicable   CDI = corrected during inspection   R = repeat violation

Compliance Status			CDI	R	PTS
<b>Demonstration of Knowledge</b>					
1	IN OUT	PIC certified by accredited program, or compliance with Code, or correct answers	<input type="checkbox"/>	<input type="checkbox"/>	5
2	IN OUT	Food Worker Cards current for all food workers; new food workers trained	<input type="checkbox"/>	<input type="checkbox"/>	5
<b>Employee Health</b>					
3	IN OUT	Proper ill worker practices; no ill workers present; proper reporting of illness	<input type="checkbox"/>	<input type="checkbox"/>	25
<b>Preventing Contamination by Hands</b>					
4	IN OUT N/O	Hands washed as required	<input type="checkbox"/>	<input type="checkbox"/>	15
5	IN OUT N/A N/O	Proper methods used to prevent bare hand contact with RTE foods	<input type="checkbox"/>	<input type="checkbox"/>	15
6	IN OUT	Adequate handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	10
<b>Approved Source, Wholesome, Not Adulterated</b>					
7	IN OUT	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15
8	IN OUT	Water supply, ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	
9	IN OUT N/A N/O	Proper washing of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	10
10	IN OUT	Food in good condition, safe and unadulterated; approved additives	<input type="checkbox"/>	<input type="checkbox"/>	10
11	IN OUT	Proper disposition of returned, previously served, unsafe, or contaminated food	<input type="checkbox"/>	<input type="checkbox"/>	10
12	IN OUT N/A N/O	Proper shellstock identification; proper parasite destruction procedures for fish	<input type="checkbox"/>	<input type="checkbox"/>	5
<b>Protection from Cross Contamination</b>					
13	IN OUT N/A	Food contact surfaces used for raw meat thoroughly cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	15
14	IN OUT N/A	Raw meats below or away from RTE food	<input type="checkbox"/>	<input type="checkbox"/>	5
15	IN OUT N/A N/O	Proper handling of pooled eggs	<input type="checkbox"/>	<input type="checkbox"/>	5

Compliance Status			CDI	R	PTS
<b>Potentially Hazardous Food Time/Temperature</b>					
16	IN OUT N/A N/O	Proper cooling procedures	<input type="checkbox"/>	<input type="checkbox"/>	30
17	IN OUT N/A N/O	Proper hot holding temperatures (5 pts. if 130°F to 139°F)	<input type="checkbox"/>	<input type="checkbox"/>	25 (5)
18	IN OUT N/A N/O	Proper cooking time and temperature	<input type="checkbox"/>	<input type="checkbox"/>	25
19	IN OUT N/A N/O	No room temperature storage; proper use of time as a control, procedures available	<input type="checkbox"/>	<input type="checkbox"/>	25
20	IN OUT N/A N/O	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	15
21	IN OUT N/A	Proper cold holding temperatures (5 pts. if 42°F to 45°F)	<input type="checkbox"/>	<input type="checkbox"/>	10 (5)
22	IN OUT N/A	Accurate thermometer provided and used to evaluate temperature of PHF	<input type="checkbox"/>	<input type="checkbox"/>	5
<b>Consumer Advisory</b>					
23	IN OUT N/A	Proper Consumer Advisory posted for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	5
<b>Highly Susceptible Populations</b>					
24	IN OUT N/A	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10
<b>Chemical</b>					
25	IN OUT	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	10
<b>Conformance with Approved Procedures</b>					
26	IN OUT N/A	Compliance with risk control plans, variances, or mobile unit plan of operation	<input type="checkbox"/>	<input type="checkbox"/>	10
27	IN OUT N/A	Variance obtained for specialized processing methods (e.g. ROP)	<input type="checkbox"/>	<input type="checkbox"/>	10

Red Points  

### BLUE LOW RISK FACTORS

**Low risk factors are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods.**

Circled points indicate items not in compliance.

			CDI	R	PTS
<b>Food Temperature Control</b>					
28	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	5	
29	Adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	5	
30	Proper thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	3	
<b>Food Identification</b>					
31	Food properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	5	
<b>Protection from Contamination</b>					
32	Insects, rodents, animals not present; entrance controlled	<input type="checkbox"/>	<input type="checkbox"/>	5	
33	Potential food contamination prevented during preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>	5	
34	Wiping cloths properly used, stored	<input type="checkbox"/>	<input type="checkbox"/>	5	
35	Employee cleanliness and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	3	
36	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	3	
<b>Proper Use of Utensils</b>					
37	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	3	
38	Utensils, equipment, linens properly stored, used, handled	<input type="checkbox"/>	<input type="checkbox"/>	3	
39	Single-use and single-service articles properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>	3	

			CDI	R	PTS
<b>Utensils and Equipment</b>					
40	Food and nonfood surfaces properly used and constructed; cleanable	<input type="checkbox"/>	<input type="checkbox"/>	5	
41	Warewashing facilities properly installed, maintained, used; test strips available and used	<input type="checkbox"/>	<input type="checkbox"/>	5	
42	Food-contact surfaces maintained, cleaned, sanitized	<input type="checkbox"/>	<input type="checkbox"/>	5	
43	Nonfood-contact surfaces maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>	3	
<b>Physical Facilities</b>					
44	Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains, no cross-connections	<input type="checkbox"/>	<input type="checkbox"/>	5	
45	Sewage, wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	5	
46	Toilet facilities properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>	3	
47	Garbage, refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	3	
48	Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment	<input type="checkbox"/>	<input type="checkbox"/>	2	
49	Adequate ventilation, lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	2	
50	Posting of permit; mobile establishment name easily visible	<input type="checkbox"/>	<input type="checkbox"/>	2	

Blue Points  

Person in Charge (printed name)	(signature)	Date	Total Points
Regulatory Authority (printed name)	(signature)	Follow-up Needed: YES   NO   (circle one)	

