**STATE OF FLORIDA**  
**DEPARTMENT OF HEALTH**  
**COUNTY HEALTH DEPARTMENT**  
**FOOD SERVICE**  
**INSPECTION REPORT**

**PURPOSE:**  
- ROUTINE  
- REINSPECTION  
- CONSTRUCT.  
- CHANGE OF OWNER  
- COMPLAINT  
- QA SURVEY  
- OTHER  

**NAME OF ESTABLISHMENT**  
**ADDRESS**  
**CITY**  
**OWNER**  
**PERSON IN CHARGE**  
**PHONE**

<table>
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<tr>
<th>DATE</th>
<th>POSITION #</th>
<th>CERTIFICATE NUMBER</th>
<th>TYPE</th>
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**FOOD SUPPLIES**  
- 1. Sources, etc.  
- 2. Stored temperature  
- 3. No further cooking/Rapid cooling  
- 4. Thawing  
- 5. Raw fruits  
- 6. Pork cooking  
- 7. Poultry cooking  
- 8. Other animal cooking  
- 9. Leash contact/Reheating  
- 10. Food container  
- 11. Buffet requirements  
- 12. Self-service condiments  
- 13. Reserve of food  
- 14. Sneeze guards  
- 15. Transportation of food  
- 16. Poisonous/Toxic materials  
- 17. Exclusion of personnel  
- 18. Cleanliness  
- 19. Tobacco use  
- 20. Handwashing  
- 21. Handling of dishware  
- 22. Refrigeration facilities/Thermometers  
- 23. Sinks  
- 24. Ice storage/Counter-protector  
- 25. Ventilation/Storage/Sufficient equipment  
- 26. Dishwashing facilities  
- 27. Design and fabrication  
- 28. Installation and location  
- 29. Cleanliness of equipment  
- 30. Methods of washing  
- 31. Water supply  
- 32. Ice  
- 33. Sewage  
- 34. Plumbing  
- 35. Toilet facilities  
- 36. Handwashing facilities  
- 37. Garbage disposal  
- 38. Vermin control  

**COMMENTS AND INSTRUCTIONS**  
(continue on attached sheet)

**RESULTS**

- Satisfactory  
- Incomplete  
- Unsatisfactory  

Correct Violations by  
- Next Inspection  
- 8:00 AM on:

**ITEM NUMBERS**

**HEALTH DEPARTMENT INSPECTOR**  
**PHONE**