



Food Establishment Inspection Report

Food Protection Program, Office of Epidemiology and Food Protection
450 West State Street, Boise, Idaho 83702 208-334-5938

Establishment Name			Operator		
Address					
County	Estab #	EHS/SUR.#	Inspection time:	Travel time:	
Inspection Type:		Risk Category:	Follow-Up Report: OR	On-Site Follow-Up:	
			Date: _____	Date: _____	
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.					

Critical Violations		Noncritical	
# of Risk Factor Violations	_____	# of Retail Practice Violations	_____
# of Repeat Violations	_____	# of Repeat Violations	_____
Score	_____	Score	_____
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection		A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection.	

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection.

Demonstration of Knowledge (2-102)				COS	R	Potentially Hazardous Food Time/Temperature				COS	R	
Y	N		1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>	Y	N	N/O	N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health (2-201)						Y	N	N/O	N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
Y	N		2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>	Y	N	N/O	N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices						Y	N	N/O	N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y	N		3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>	Y	N	N/O	N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y	N		4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>	Y	N	N/O	N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination						Y	N	N/O	N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y	N		5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory						
Y	N		6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>	Y	N	N/A		22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
Y	N		7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Populations						
Approved Source						Y	N	N/O	N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
Y	N		8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>	Chemical						
Y	N		9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>	Y	N	N/A		24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>	Y	N			25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination						Conformance with Approved Procedures						
Y	N	N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>	Y	N	N/A		26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>	Y = yes, in compliance N = no, not in compliance N/O = not observed N/A = not applicable COS = Corrected on-site R = Repeat violation <input checked="" type="checkbox"/> = COS or R						
Y	N		13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>							
Y	N		14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>							

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

GOOD RETAIL PRACTICES (= not in compliance)

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>			41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>
						42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
						43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
						44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
						45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
						46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
						47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
						48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
						49. Other	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature)	(Print)	Title	Date
Inspector (Signature)	(Print)	Date	Follow-up: Yes (Circle One) No