

APPENDIX C

ALABAMA DEPARTMENT OF PUBLIC HEALTH FOOD ESTABLISHMENT / RETAIL FOOD STORE INSPECTION REPORT

COUNTY HEALTH DEPARTMENT

SCORE _____

LEGAL NOTICE TO THE PROPRIETOR OR MANAGER: You are respectfully notified of such violations of the Alabama State Board of Health Rules for Food Establishment Sanitation as are indicated by a circle in the Inspection Report. This report constitutes an official notice to comply with Chapter 420-3-22 of the aforesaid Rules within a period of _____ days. Failure to comply with this notice may result in cessation of food service food store operations.

ESTABLISHMENT NAME	OWNER OR MANAGER NAME
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ADDRESS	ZIP CODE
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PERMIT NUMBER	MO.	DAY	YEAR	INSP. TIME	PERMITTED	PRIORITY CAT.	COMPLIANCE VISIT/ INSP. REQUIRED	NO. OF CRITICAL ITEMS
				OUT	YES <input type="checkbox"/>		YES___ NO___	
				IN	NO <input type="checkbox"/>			

*CRITICAL ITEMS REQUIRING IMMEDIATE ACTION

MANAGEMENT AND PERSONNEL

01*	Assignment of Person in Charge; Commissary used. Personnel with infections restricted, excluded. No discharges from eyes, nose, mouth.	5
02*	Hands clean; properly washed. No bare hand contact ; approved alternative. No eating, drinking, tobacco use.	5
03*	Demonstration of knowledge: Approved course, other requirements met	+2 -5
04	Clean clothes; Hair restraints; Nails. Authorized personnel. Other.	1

FOOD

05*	Safe; Source; Condition; Not adulterated; Shellstock tags; Compliance with plan/ROP. Other.	5
06*	Potentially hazardous food meets temperature requirements during receiving, cooking, hot holding, cooling. Pasteurized eggs used if required.	5
07*	Potentially hazardous food meets temperature requirements during cold holding. Time as a public health control. Consumer Advisory used if required.	5
08*	Food separated, protected from contamination. Tasting. Returned, reservice of food.	5
09	Cooling methods. Facilities to maintain product temperature. Plant food cooking.	1
10	Properly labeled; Original container. Records. Code date limits.	1
11	Thermometers provided, accurate, conspicuous.	1
12	Approved thawing methods used.	1
13	Food contamination prevented during storage, preparation, display, handling, other.	1
14	In use, between use, food/ice dispensing utensils properly stored.	1

EQUIPMENT, UTENSILS, AND LINENS

15*	Equipment; food contact surfaces (non-cooking) clean; sanitized. Sanitization temperature, concentration, time.	5
16*	Food contact surfaces characteristics. Single service/use used when required.	4
17	Cooking surfaces, non-food contact surfaces: clean. Frequency; Methods.	1
18	Food (ice), Non-food contact surfaces: constructed, cleanable, installed, located.	1
19	Warewashing facilities: designed, constructed, maintained, installed, located, operated. Accurate thermometers, Chemical test papers.	1
20	Linens properly stored, dried, handled. Laundry facilities used.	1
21	Wiping cloths; clean, use limitations, stored.	1
22	Storage, handling, drying of clean equipment, utensils.	1
23	Single service articles, storage, dispensing, wrapped, Use limitations. Gloves used properly.	1

WATER, PLUMBING, AND WASTE

24*	Water: Source, Quality, Capacity. System: Approved.	4
25*	Sewage, grease disposal: System approved; Flushed (mobile).	4
26*	Cross connection; Back siphonage; Backflow.	4
27*	Handwashing facilities; Toilets: Number, location.	4
28	Water supply, Waste disposal: Approved system (fixtures), materials, design, operation; maintenance. Other liquid wastes properly disposed. Service sink provided.	1
29	Handwashing facilities: Soap, towels/drying device, sign, use restrictions.	2
30	Toilet rooms constructed, supplied.	1
31	Refuse, recyclables, and returnables. Outdoor/Indoor storage area approved. Receptacles provided; covered. Approved refuse disposal method.	1

PHYSICAL FACILITIES

32*	Food contamination from cleaning equipment prevented.	4
33*	Presence of insects, rodents, other pests, Animals prohibited.	4
34	Pests control methods approved, used. Pest control devices serviced as required.	1
35	Premises, Free of litter, harborage.	1
36	Floors, walls, ceilings, attached equipment: clean. Outer openings protected. Surface characteristics, indoor, outdoor: Maintained. Cleaning frequency, dustless methods. Absorbent floor materials properly used.	2
37	Lighting, Ventilation: adequate. Ventilation system (filters), clean, operated. Lights shielded.	1
38	Dressing rooms provided. Employee designated areas properly located. Living/sleeping quarters separation.	1
39	Cleaning, maintenance tools properly stored.	1

POISONOUS OR TOXIC MATERIALS

40*	Toxic or poisonous items; Medicines; First aid materials: Stored; Labeled; Used.	4
41	Other personal care/first aid items: Stored; Labeled. Toxic or poisonous materials separation; Non-toxic tracking powder.	1

OTHER

42	Permit, Report, Other properly posted. Administrative requirements, HACCP plan	1
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RECEIVED BY: Name _____ INSPECTED BY: Name _____
Title _____

REMARKS _____

