

FOOD OPERATION INSPECTION REPORT

(Instructions for completing this form are provided in TB MED 530/NAVMED P-5010-1/AFMAN-48-147 IP, Appendix E)

1. FACILITY NAME	2. FACILITY ADDRESS	3. INSTALLATION	4. DATE (YYYYMMDD)
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5. INSPECTION TYPE (X one) Routine Follow-up Complaint Preoperational Other (Specify)

6. INSPECTOR a. NAME AND RANK b. PHONE c. E-MAIL

d. UNIT/ORGANIZATION **7. START TIME** **8. END TIME** Various timeframes

9. PERSON IN CHARGE (PIC) a. FULL NAME b. PHONE c. OFFICIAL E-MAIL

10. NUMBER AND TYPE OF VIOLATIONS a. # of Critical: b. # of Non-critical: **11. INSPECTION RATING (X one)** Fully Compliant Substantially Compliant Partially Compliant Non-Compliant (Provide date scheduled for follow-up) Follow-up date

12. COMPLIANCE STATUS (The asterisk * indicates the Item grouping or provision are scored as CRITICAL, unless "Only a Non-Critical violation cited" is marked.) Refer to the INSTRUCTIONS on page 5 of this form for guidance when marking items in the checklist and completing the associated REMARKS (block 18).

Item	Supervision and Training	COS	R	Item	Temperature Control	COS	R
1*	<input type="checkbox"/> PIC: present; demonstrates knowledge; approved to operate <input type="checkbox"/> Only a Non-Critical violation cited	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Thawing frozen TCS foods	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/> PIC duties; employee training <input type="checkbox"/> 2-201.11(A)*	<input type="checkbox"/>	<input type="checkbox"/>	27*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Cooking & reheating time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>
Health and Hygiene				Utensils and Equipment			
3	<input type="checkbox"/> Hand wash sink: available; supplied; accessible	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Fruits/vegetables heated for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/> N/C <input type="checkbox"/> Handwashing <input type="checkbox"/> 2-301.11* <input type="checkbox"/> 2-301.12* <input type="checkbox"/> 2-301.14*	<input type="checkbox"/>	<input type="checkbox"/>	29*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Cooling time & temperature	<input type="checkbox"/>	<input type="checkbox"/>
5*	<input type="checkbox"/> Ill employee: report; restrict; exclude <input type="checkbox"/> Only a Non-Critical violation cited	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/> N/A <input type="checkbox"/> Cooling methods; adequate equipment	<input type="checkbox"/>	<input type="checkbox"/>
6*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Bare hand/arm contact with food <input type="checkbox"/> Only a Non-Critical violation cited	<input type="checkbox"/>	<input type="checkbox"/>	31*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Hot holding temperature	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/> Personal hygiene: clothing; hair; jewelry	<input type="checkbox"/>	<input type="checkbox"/>	32*	<input type="checkbox"/> N/A <input type="checkbox"/> Cold holding and storage	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/> N/C <input type="checkbox"/> Eating, drinking, tobacco use; proper tasting procedures <input type="checkbox"/> 3-301.12*	<input type="checkbox"/>	<input type="checkbox"/>	33*	<input type="checkbox"/> N/A <input type="checkbox"/> Consumer advisory: raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
Food Source, Identification, Condition				Physical Facilities			
9*	<input type="checkbox"/> Approved sources; food specifications <input type="checkbox"/> Only a Non-Critical violation cited	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/> N/A <input type="checkbox"/> Time as public health control; HACCP; variance procedures <input type="checkbox"/> 3-501.19* <input type="checkbox"/> 3-502.11* <input type="checkbox"/> 3-502.12* <input type="checkbox"/> 8-103.12*	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/> Food condition; unadulterated; receipt temperature <input type="checkbox"/> 3-101.11* <input type="checkbox"/> 3-202.11* <input type="checkbox"/> 3-202.15*	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/> N/A <input type="checkbox"/> Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>
11*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Required records: shellstock tags; parasite destruction <input type="checkbox"/> Only a Non-Critical Violation Cited	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/> N/A <input type="checkbox"/> In-use utensil storage	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/> N/C <input type="checkbox"/> Food labels; original container; major food allergen	<input type="checkbox"/>	<input type="checkbox"/>	Food equipment: installation, condition, use <input type="checkbox"/> 4-101.11* <input type="checkbox"/> 4-101.14* <input type="checkbox"/> 4-101.15* <input type="checkbox"/> 4-201.12* <input type="checkbox"/> 4-202.11* <input type="checkbox"/> 4-204.13* <input type="checkbox"/> 4-204.111*			
13*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Leftovers <input type="checkbox"/> Only a Non-Critical violation cited	<input type="checkbox"/>	<input type="checkbox"/>	37	<input type="checkbox"/> N/A <input type="checkbox"/> Utensils, equipment, linens: drying, storage, handling	<input type="checkbox"/>	<input type="checkbox"/>
14*	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Temperature Control for Safety (TCS) food: date marking, retention, disposition	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/> N/A <input type="checkbox"/> Single-use/service items: storage; use <input type="checkbox"/> 4-102.11* <input type="checkbox"/> 4-502.12*	<input type="checkbox"/>	<input type="checkbox"/>
Contamination Protection and Prevention				Physical Facilities			
15	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Food separated & protected in storage <input type="checkbox"/> 3-302.11*	<input type="checkbox"/>	<input type="checkbox"/>	39	<input type="checkbox"/> N/A <input type="checkbox"/> Warewashing: equipment; procedures; cleaners & sanitizers; test kits	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/> N/A <input type="checkbox"/> Fresh fruits and vegetables properly washed	<input type="checkbox"/>	<input type="checkbox"/>	40	<input type="checkbox"/> N/A <input type="checkbox"/> Nonfood-contact surfaces; cooking/baking surfaces	<input type="checkbox"/>	<input type="checkbox"/>
17*	<input type="checkbox"/> N/A <input type="checkbox"/> Clean/sanitized food-contact surfaces <input type="checkbox"/> Only a Non-Critical violation cited	<input type="checkbox"/>	<input type="checkbox"/>	41	<input type="checkbox"/> N/A <input type="checkbox"/> Hot and cold water: available; capacity; pressure	<input type="checkbox"/>	<input type="checkbox"/>
18*	<input type="checkbox"/> Food: returned, previously served, reconditioned; highly susceptible population prohibitions	<input type="checkbox"/>	<input type="checkbox"/>	42	<input type="checkbox"/> N/A <input type="checkbox"/> Potable water; plumbing system; cross connections <input type="checkbox"/> 5-101* <input type="checkbox"/> 5-102* <input type="checkbox"/> 5-201* <input type="checkbox"/> 5-202* <input type="checkbox"/> 5-203* <input type="checkbox"/> 5-205* <input type="checkbox"/> 5-301* <input type="checkbox"/> 5-302* <input type="checkbox"/> 5-303* <input type="checkbox"/> 5-304*	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/> Contamination prevented during food prep, service & display <input type="checkbox"/> 3-302.13* <input type="checkbox"/> 3-304.11* <input type="checkbox"/> 3-306.13*	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/> N/A <input type="checkbox"/> Sewage/wastewater system; disposal; grease traps <input type="checkbox"/> 5-402.11* <input type="checkbox"/> 5-402.13* <input type="checkbox"/> 5-403.11*	<input type="checkbox"/>	<input type="checkbox"/>
20*	<input type="checkbox"/> N/A <input type="checkbox"/> Food additives: approved; proper use	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/> N/A <input type="checkbox"/> Garbage/refuse: disposal; facilities; covered receptacles	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/> Ice used as coolant; food contact with water/ice <input type="checkbox"/> 3-303.11*	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/> Restrooms: proper install; supplied; clean	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/> Physical facilities: proper install; repair; clean <input type="checkbox"/> 6-202.111*	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/> N/A <input type="checkbox"/> Wiping cloths: use; storage	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/> Lighting: adequate; proper fixtures	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/> Insects, rodents, animals	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/> N/A <input type="checkbox"/> Ventilation & hoods: adequate, maintained	<input type="checkbox"/>	<input type="checkbox"/>
25*	<input type="checkbox"/> Toxic substances: authorized; properly identified, stored & used <input type="checkbox"/> Only a Non-Critical violation cited	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/> N/A <input type="checkbox"/> Ice machines properly maintained, operated	<input type="checkbox"/>	<input type="checkbox"/>
				50	<input type="checkbox"/> Other findings: Check this box and enter provision number with findings in block 17, REMARKS.	<input type="checkbox"/>	<input type="checkbox"/>
				51		<input type="checkbox"/>	<input type="checkbox"/>

FOOD OPERATION INSPECTION REPORT		13. FACILITY NAME		14. DATE	
15. INSPECTION TYPE (<i>X one</i>) <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Preoperational <input type="checkbox"/> Other					
16. TEMPERATURE OBSERVATIONS (<i>Indicate the temperature scale used next to each entry</i>)				17. SANITIZING	
Food Item & Location	Temp °F / °C	Food Item & Location	Temp °F / °C	Location & Type	Temp °F / °C
				Dishwasher hot temperature N/A <input type="checkbox"/>	
				3-compartment sink hot temperature N/A <input type="checkbox"/>	
				Dishwasher chemical sanitizer <input type="checkbox"/> Quats, ppm: <input type="checkbox"/> Bleach, ppm: <input type="checkbox"/> N/A	
				3-compartment sink chemical sanitizer <input type="checkbox"/> Quats, ppm: <input type="checkbox"/> Bleach, ppm: <input type="checkbox"/> N/A	
				Sanitizer -- food contact surfaces <input type="checkbox"/> Quats, ppm: <input type="checkbox"/> Bleach, ppm: <input type="checkbox"/> N/A	
18. REMARKS (<i>Observations and Corrective Actions</i>)					
<i>(Corrective action is required within the time frames specified below, or as stated in sections 8-405.11 and 8-406.11 of the Tri-Service Food Code)</i>					
IHH <input type="checkbox"/>	Check the box if an imminent health hazard (IHH) was found; describe the situation and remediation in this section.				
Item Number	Specify for each violation: The violated provision number (and paragraph); severity rating (critical or noncritical); indicate if it was COS; summarize specific observations (what, where); recommendations for corrective actions or to prevent future occurrence. Keep summaries for each item grouping together; discuss all violations associated with a single provision together.				
Inspection Rating Criteria:					
Fully Compliant = no violations, or 4 or less Non-Critical violations COS			Partially Compliant = no IHH and 3 or more Critical violations COS, and/or 6 or more Non-Critical violations.		
Substantially Compliant = no IHH and 2 or less Critical violations COS, and/or 5 or less Non-Critical violations			Non-Compliant = IHH present, or one or more Critical violations not COS.		
19. SIGNATURE Signature on this form represents acknowledgement that the person in charge has been briefed on the deficiencies noted, corrective actions and time frame for completion, the final inspection rating, and date scheduled for follow-up inspection (<i>non-compliant ratings only</i>).					
a. INSPECTOR SIGNATURE				b. DATE SIGNED	
c. PERSON IN CHARGE SIGNATURE.				d. DATE SIGNED	

FACILITY NAME	DATE
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INSPECTION TYPE	<input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Preoperational <input type="checkbox"/> Other
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TEMPERATURE OBSERVATIONS <i>(Mark the temperature scale used)</i>					
Food Item & Location	Temp °F / °C	Food Item & Location	Temp °F / °C	Food Item & Location	Temp °F / °C

REMARKS *(Observations and Corrective Actions)*

Item Number	Summary of findings, corresponding provision number, and recommended corrective actions. <i>(Corrective action is required within the time frames specified below, or as stated in sections 8-405.11 and 8-406.11 of the Tri-Service Food Code)</i>

INSPECTOR'S INITIALS	FINAL INSPECTION RATING	<input type="checkbox"/> Fully Compliant	<input type="checkbox"/> Substantially Compliant
PIC'S INITIALS		<input type="checkbox"/> Non-Compliant	<input type="checkbox"/> Partially Compliant

FACILITY NAME	DATE
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INSPECTION TYPE	<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Complaint	<input type="checkbox"/> Preoperational	<input type="checkbox"/> Other
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REMARKS *(Observations and Corrective Actions)*

Item Number	Summary of findings, corresponding provision number, and recommended corrective actions. <i>(Corrective action is required within the time frames specified below, or as stated in sections 8-405.11 and 8-406.11 of the Tri-Service Food Code)</i>
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FINAL INSPECTION RATING	<input type="checkbox"/> Fully Compliant	<input type="checkbox"/> Substantially Compliant	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
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