

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)
-------------------------	----------------------------	------------------------	---------------------------

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			

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:			Partially Compliant = no IHH and 3 or more Critical violations COS, and/or 6 or more Non-Critical violations.		
Fully Compliant = no violations, or 4 or less Non-Critical violations COS			Non-Compliant = IHH present, or one or more Critical violations not COS.		
Substantially Compliant = no IHH and 2 or less Critical violations COS, and/or 5 or less Non-Critical violations					
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
----------------------	-------------

INSPECTION TYPE	<input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Preoperational <input type="checkbox"/> Other
------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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
----------------------	-------------

INSPECTION TYPE	<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Complaint	<input type="checkbox"/> Preoperational	<input type="checkbox"/> Other
------------------------	----------------------------------	------------------------------------	------------------------------------	-----------------------------------------	--------------------------------

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>)
--------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

--	--

FINAL INSPECTION RATING	<input type="checkbox"/> Fully Compliant	<input type="checkbox"/> Substantially Compliant	<input type="checkbox"/> Partially Compliant	<input type="checkbox"/> Non-Compliant
--------------------------------	------------------------------------------	--------------------------------------------------	----------------------------------------------	----------------------------------------

INSTRUCTIONS FOR MARKING THE FOOD OPERATION INSPECTION REPORT

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. FACILITY NAME. Common name; distinguish it from other similar operations on the installation by including a building number or other unique identifier. Maintain the naming convention for each inspection.</p> <p>2. FACILITY ADDRESS. Provide the street number, city, state, and zip code.</p> <p>3. INSTALLATION. Provide the name of the military installation, camp, training area, or vessel where the food operation is located.</p> <p>4. DATE. As stated.</p> <p>5. INSPECTION TYPE. Place an "X" in the box to indicate the type of inspection being conducted. Select only one. If "Other" is marked, specify the inspection type (e.g., Self Evaluation, Walk-through)</p> <p>6. INSPECTOR. Provide the full name (and military rank), phone number with area code, official e-mail, and assigned unit of the person conducting the inspection.</p> <p>7. START TIME. Time the inspection began; use 24-hour clock notation.</p> <p>8. END TIME. Time the inspection officially ended; use 24-hour clock notation. Place an "X" in the box if the inspection time is not continuous and the inspection occurred at multiple time intervals throughout the day.</p> <p>9. PERSON IN CHARGE (PIC). Provide the full name (and military rank), phone number with area code, and official e-mail of the designated PIC. Do NOT insert the name of a food employee who is not a designated PIC if the employee escorted the inspector. Identify the food employee in the REMARKS section, block 18.</p> <p>10. NUMBER AND TYPE OF VIOLATION. Count each item grouping as one point, regardless if multiple violations occurred within the item grouping. First count the item groupings containing at least one critical violation and enter the number in block 10. Then count the remaining item groupings that contained at least one noncritical violation and enter the number in block 10. Do not count a noncritical item if it is in an item grouping that was already counted as a critical. Do not mark the box if no violations were noted.</p> <p>11. INSPECTION RATING. Using the "Inspection Rating Criteria" provided on page 2 of the form, place an "X" in the box to indicate the overall level of compliance for the facility. When a "non-compliant" rating is assessed, provide the date in which a follow-up inspection will be conducted. Inspection rating may not be subjectively elevated or downgraded.</p> <p>12. COMPLIANCE STATUS. Use appendix C and E (Section II) from the Tri-Service Food Code to determine the appropriate item grouping for marking a violated provision.</p> <ul style="list-style-type: none"> -- Mark the box next to the item number if a violation occurred within the item grouping. Mark the critical provision contained within an item grouping if violated. Do not mark the critical provision if a SWING item is rated noncritical, or the violated paragraph under a critical tagline is designated as noncritical by a superscripted letter "N". Mark the box for "Only a Non-Critical violation cited" when the only violation occurring within a critical item grouping is noncritical. Do not count this item grouping as critical when scoring the report. -- Mark the COS box only if all of the violations within the item grouping were corrected at the time of inspection. A "COS" entry should be made in the REMARKS section next to each violated provision that was corrected. -- Mark the R box only if the cited violation is a repeat from the last (most recent) inspection. Repeat violations do not affect the inspection rating. -- Mark the N/A box if the contents of the item grouping do not apply to the inspected operation. -- Mark the N/O box if activities associated with the item grouping were not occurring at the time of inspection and could not be evaluated. | <p>13. FACILITY NAME. As stated. (Should match block 1)</p> <p>14. DATE. As stated. (Should match block 4)</p> <p>15. INSPECTION TYPE. Place an "X" in the box to indicate the type of inspection being conducted. Select only one. If "Other" is marked, specify the inspection type (e.g., Self Evaluation, Walk-through). (Should match block 5)</p> <p>16. TEMPERATURE OBSERVATIONS. For food, identify the food item and location of the food in the facility when the internal product temperature was taken (e.g., meatloaf/serving line). For equipment, identify the equipment type and location in the facility where the ambient air temperature was taken (e.g., walk-in refer #2, outside). Provide the temperature measurement as indicated on your thermometer. Identify the temperature scaled used by marking an "F" or a "C" next to each temperature measurement. Report all temperature measurements taken even if they were within the acceptable food safety range. If more space is needed to document measurements, use the REMARKS section or continuation page. A temperature must be documented for each of the following checklist items if they are indicated as "compliant": 27, 28, 29, 31, and 32.</p> <p>17. SANITIZING. Document the type of sanitizing method used for mechanical and manual warewashing. For hot water, use a calibrated thermometer or temperature test strip to verify the temperature. Record the hot water temperature regardless if compliant and identify the temperature scale used by marking an "F" or "C" next to each temperature measurement. For chemical, identify the type of chemical sanitizer used (e.g., bleach, quats, iodine) and the measured concentration (tested during the inspection). If iodine or other chemical sanitizer is used, enter a note in the REMARKS section and identify the sanitizer type, product brand, and the concentration of the product applied to food-contact surfaces.</p> <p>18. REMARKS. Briefly describe specific observations for each violation. The summary should paint a clear picture of what was observed and where it occurred (location and/or equipment). Discuss all violations associated with the same provision and item grouping as a single narrative. Identify which violations were COS.</p> <ul style="list-style-type: none"> - IHH - Place an "X" in the box if an imminent health hazard was found and describe the situation in the REMARKS. - Item Number - Indicate the item number from the list of provision groupings in block 12, COMPLIANCE STATUS, on page 1 where a violation was found, describe the findings, and provide remediation guidance. Identify the violated provision and specific paragraph within the provision, if applicable. - Include the statement "critical", "non-critical", or "SWING, non-critical" as appropriate, for each violated provision to indicate how it was scored. -- It is not necessary to restate the provision requirements as part of the summary. Proper identification of the violated provision (and paragraph) provides the reference for the PIC to properly research the requirements. <p>19. SIGNATURE. The inspector and PIC sign and date the form after reviewing inspection findings, the facility inspection rating, remediation actions, and the scheduled follow-up date (<i>for non-compliant inspection ratings only.</i>)</p> <p><i>Page Number.</i> Indicate the page number and total number of pages starting on page 1 and on subsequent pages containing inspection data.</p> <p>At a minimum the completed report must have page 1 (checklist and inspection rating) and page 2 (temperature observations, remarks, and signatures).</p> <p>The continuation pages, if used, must reflect the FACILITY NAME, DATE, INSPECTION TYPE, and FINAL INSPECTION RATING as indicated on page 1 of the report.</p> <p>The inspector and PIC's initials are required on the continuation page (page 3).</p> <p>Do not count the instruction pages as part of the report page count.</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Provision Quick Reference Guide

12. COMPLIANCE STATUS. Refer to the listed provisions for a detailed discussion regarding assessment criteria in each item grouping. Appendix E, Section II of the Tri-Service Food Code provides a summary guide for debiting each item grouping. (Item numbers containing an asterisk * indicates all provisions within the grouping are CRITICAL. Provision numbers that are bolded are CRITICAL requirements. Provision numbers with an asterisks and superscripted "N" or "S" indicates one or more paragraphs within the provision are non-critical or identified as a SWING item which may be rated non-critical.)

1*	2-101.11* [2-102.12]; 2-102.11^{NS} ; 8-301.11(A)/(D)*				
2	2-103.11; 2-201.11(A)* ; 2-501.11; 2-502.11; 2-503.11; 2-503.12; 2-503.13; 2-505.11; 8-304.11; 8-402.11; 8-402.12; 8-404.11; 8-404.12; 8-405.11; 8-406.11	37	4-101.11(A)^{NS} ; 4-101.12; 4-101.13; 4-101.14* ; 4-101.15* ; 4-101.17; 4-101.18; 4-101.19; 4-101.110; 4-101.111; 4-101.112; 4-101.113; 4-201.11; 4-201.12* ; 4-201.13; 4-202.11* ; 4-202.12; 4-202.13; 4-202.14; 4-202.15; 4-202.16; 4-202.17; 4-204.12; 4-204.13^{NS} ; 4-204.14; 4-204.15; 4-204.16; 4-204.17; 4-204.18; 4-204.19; 4-204.110(A); 4-204.111* ; 4-204.121; 4-204.122; 4-204.123; 4-204.124; 4-205.11; 4-205.12; 4-205.13; 4-301.15; 4-301.16; 4-302.11; 4-401.11; 4-402.11; 4-402.12; 4-501.11; 4-501.12; 4-501.13; 4-502.11(A)/(C); 4-603.11; 4-902.11; 4-902.12		
3	5-202.12; 5-203.11; 5-204.11; 5-205.11; 6-301.11; 6-301.12; 6-301.13; 6-301.14				
4	2-301.11* ; 2-301.12* ; 2-301.14* ; 2-301.15; 2-301.16				
5	2-201.11* ; 2-201.12* ; 2-201.13* ; 2-401.12				
6	3-301.11^{NS} ; 3-801.11(D)				
7	2-302.11; 2-303.11; 2-304.11; 2-402.11				
8	2-401.11; 3-301.12*				
9*	3-201.11* ; 3-201.12* ; 3-201.13* ; 3-201.14* ; 3-201.15* ; 3-201.16* ; 3-201.17* ; 3-201.18* ; 3-202.13* ; 3-202.14* ; 3-202.16* ; 3-202.110^{NS} ; 5-101.13*			38	4-801.11; 4-802.11; 4-803.11; 4-803.12; 4-901.11; 4-903.11(A)/(B); 4-903.12; 4-904.11(A)/(B); 4-904.12; 4-904.13
10	3-101.11* ; 3-202.11^{NS} ; 3-205.15* ; 3-202.19; 3-601.12			39	4-102.11^{NS} ; 4-502.12* ; 4-502.13; 4-502.14; 4-903.11(A)/(C); 4-903.12; 4-904.11
11	3-202.18* ; 3-203.12* ; 3-402.11* ; 3-402.12			40	4-203.13; 4-204.113; 4-204.114; 4-204.115; 4-204.116; 4-204.117; 4-204.118; 4-204.119; 4-204.120; 4-205.14; 4-205.15; 4-301.12; 4-301.13; 4-302.13(B); 4-302.14; 4-303.11; 4-501.14; 4-501.15; 4-501.16; 4-501.17; 4-501.18; 4-501.19; 4-501.110; 4-501.112(A)/(D); 4-501.113; 4-501.116; 4-603.12; 4-603.13; 4-603.14; 4-603.15; 4-603.16; 4-603.18; 4-904.14
12	3-202.17; 3-203.11; 3-302.12; 3-305.13; 3-601.11; 3-602.11; 3-602.12				
13*	3-501.110^{NS}				
14*	3-501.17* ; 3-501.18*				
15	3-302.11* ; 3-305.11; 3-305.12				
16	3-302.15				
17*	4-501.111* ; 4-501.114* ; 4-501.115* ; 4-601.11(A)* ; 4-602.11(A)/(C)/(E)^{NS} ; 4-702.11* ; 4-703.11* [4-501.112(C)]; 5-101.14*	41	4-601.11(B)/(C); 4-602.12; 4-602.13(A)/(C)		
18	3-306.14* ; 3-701.11* ; 3-801.11(A) --(C)/(E)/(H)*	42	5-103.11; 5-103.12; 5-104.11		
19	3-302.13* ; 3-304.11* ; 3-304.13; 3-304.16; 3-304.17; 3-305.14; 3-306.11; 3-306.12; 3-306.13^{NS} ; 3-306.15; 3-307.11; 6-404.11	43	5-101.11* ; 5-101.12^{NS} ; 5-102.12* ; 5-104.11; 5-104.12; 5-201.11^{NS} ; 5-202.11^{NS} ; 5-202.13* ; 5-202.14* ; 5-202.15; 5-203.14* ; 5-203.15; 5-204.12; 5-204.13; 5-205.12^{NS} ; 5-205.13; 5-205.14^{NS} ; 5-205.15^{NS} ; 5-205.16; 5-301.11^{NS} ; 5-302.11; 5-302.12; 5-302.13; 5-302.14; 5-302.15; 5-302.16^{NS} ; 5-303.11* ; 5-303.12; 5-303.13; 5-304.11* ; 5-304.12; 5-304.13; 5-304.14*		
20*	3-202.12* ; 3-302.14*				
21	3-303.11* ; 3-303.12				
22	3-304.15				
23	3-304.14; 4-101.16; 4-901.12				
24	2-403.11; 6-202.13; 6-202.15; 6-202.16; 6-501.111; 6-501.112; 6-501.115				
25	7-101.11; 7-102.11; 7-201.11^{NS} ; 7-202.11; 7-202.12^{NS} ; 7-203.11* ; 7-204.11* ; 7-204.12^{NS} ; 7-204.13* ; 7-204.14* ; 7-205.11* ; 7-206.11* ; 7-206.12^{NS} ; 7-206.13^{NS} ; 7-207.11^{NS} ; 7-208.11^{NS} ; 7-209.11; 7-301.11^{NS}			44	5-202.16; 5-203.13; 5-204.14; 5-401.11; 5-402.11* ; 5-402.12; 5-402.13^{NS} ; 5-402.14; 5-402.15; 5-403.11* ; 5-403.12
26	3-501.12; 3-501.13			45	5-501.11; 5-501.12; 5-501.13; 5-501.14; 5-501.15; 5-501.16; 5-501.18; 5-501.19; 5-501.110; 5-501.111; 5-501.112; 5-501.113; 5-501.114; 5-501.115; 5-501.116; 5-502.11; 5-502.12; 5-503.11; 6-202.110
27*	3-401.11* ; 3-401.12* ; 3-401.14* ; 3-403.11*			46	5-203.12; 5-501.17; 6-202.14; 6-302.11; 6-402.11; 6-501.18; 6-501.19
28	3-401.13			47	4-803.13; 6-101.11; 6-102.11; 6-200.11; 6-201.11; 6-201.12; 6-201.13; 6-201.14; 6-201.15; 6-201.16; 6-201.17; 6-201.18; 6-202.17; 6-202.18; 6-202.19; 6-202.111* ; 6-202.112; 6-305.11; 6-403.11; 6-501.11; 6-501.12; 6-501.13; 6-501.15; 6-501.16; 6-501.17; 6-501.110; 6-501.113; 6-501.114
29*	3-501.14*				
30	3-501.15; 4-301.11				
31	3-501.16(A)(1)*				
32*	3-501.16(A)(2)/(B)*				
33*	3-603.11*				
34	3-404.11; 3-501.19* ; 3-502.11* ; 3-502.12* ; 4-204.110(B); 8-103.12^{NS} ; 8-201.13; 8-201.14	48	6-202.11; 6-303.11		
35	4-203.11; 4-203.12; 4-204.112; 4-302.12; 4-302.13(A); 4-502.11(B)	49	4-202.18; 4-204.11; 4-301.14; 4-602.13(B); 6-202.12; 6-304.11; 6-501.14		
36	3-304.12	50	4-401.12; 4-503.11; 4-503.12		
		51	2-601.11; 3-501.11; 3-502.13; 3-503.11; 5-102.14; 6-501.116; 6-502.11; 10-201.15; 10-301.16(B); 10-501.11; 10-501.12; 10-501.13		