



**Food Establishment
 INSPECTION REPORT**

NAME OF ESTABLISHMENT					LOCATION				
MEALS SERVED: <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> O		PURPOSE OF INSPECTION			RISK CATEGORY 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			CITY	
OBSERVED: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
DATE		TIME IN		ELAPSED TIME		RED POINTS		TOTAL POINTS	
				min.				REPEAT RED ITEMS 0	

RED HIGH RISK FACTORS

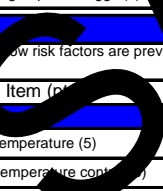
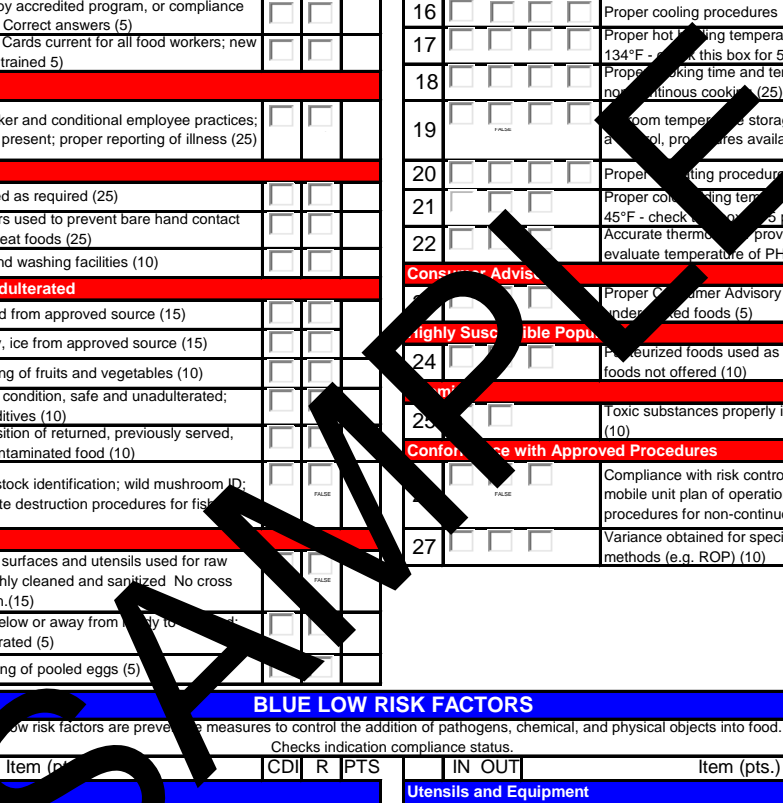
High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of food borne illness or injury.
 Checks indicate compliance status (IN, OUT, N/O, N/A) for each item.

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable CDI=corrected during inspection R=repeat violation

IN	OUT	N/A	N/O	Item (pts.)	CDI	R	PTS	IN	OUT	N/A	N/O	Item (pts.)	CDI	R	PTS									
Demonstration of Knowledge																								
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC certified by accredited program, or compliance with Code, or Correct answers (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Worker Cards current for all food workers; new food workers trained (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures (5 pts. If 130°F to 134°F - check this box for 5 pts: <input type="checkbox"/>) (25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Employee Health																								
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper ill worker and conditional employee practices; no ill workers present; proper reporting of illness (25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperature; proper use of non-continuous cooking (25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Preventing Contamination by Hands																								
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands washed as required (25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Room temperature storage; proper use of time as a cool, procedures available (25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper barriers used to prevent bare hand contact with ready to eat foods (25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling procedures for hot holding (15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate hand washing facilities (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling temperatures (5 pts. If 42°F to 45°F - check this box for 5 pts: <input type="checkbox"/>) (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Approved Source, Wholesome, Not Adulterated																								
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source (15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accurate thermometers provided and used to evaluate temperature of PHF (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Supply, ice from approved source (15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory																
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper washing of fruits and vegetables (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Consumer Advisory posted for raw or undercooked foods (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe and unadulterated; approved additives (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Populations																
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, unsafe, or contaminated food (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepackaged frozen foods used as required; prohibited foods not offered (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper shell stock identification; wild mushroom ID; proper parasite destruction procedures for fish (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored, used (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Protection from Cross Contamination																								
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food contact surfaces and utensils used for raw meat thoroughly cleaned and sanitized. No cross contamination.(15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with Approved Procedures																
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raw meats below or away from ready to eat foods; species separated (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with risk control plans, variances, or mobile unit plan of operation; valid permit; approved procedures for non-continuous cooking (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper handling of pooled eggs (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods (e.g. ROP) (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

Red Points **0**

BLUE LOW RISK FACTORS



Low risk factors are preventive measures to control the addition of pathogens, chemical, and physical objects into food.
 Checks indication compliance status.

IN	OUT	Item (pts.)	CDI	R	PTS	IN	OUT	Item (pts.)	CDI	R	PTS								
Food Temperature Control																			
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment											
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and nonfood surfaces properly used and constructed; cleanable (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper thawing methods used (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ware washing facilities properly installed, maintained, used; test strips available and used (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food Identification																			
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food -contact surfaces maintained, cleaned, sanitized (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Protection From Contamination																			
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, animals not present; entrance controlled (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces maintained and clean (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potential food contamination prevented during delivery, preparation, storage, display (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities											
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths properly used, stored; proper sanitizer(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains, no cross-connections (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee cleanliness and hygiene (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage, wastewater properly disposed (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities properly constructed, supplied, cleaned (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper Use of Utensils																			
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils properly stored (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage, refuse properly disposed; facilities maintained (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment, linens properly stored, used, handled (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use and single-service articles properly stored, used (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation, lighting; designated areas used (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
												50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posting of permit; mobile establishment name easily visible (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BLUE POINTS **0**

Person in Charge Signature		Printed Name		Date	
Regulatory Authority Signature		Printed Name		Follow Up Needed <input type="checkbox"/>	



YAKIMA HEALTH DISTRICT

1210 Ahtanum Ridge Drive, Union Gap WA 98903 (509) 575-4040

<http://www.yakimahealthdistrict.org>

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NAME OF ESTABLISHMENT					LOCATION																																																																																																			
MEALS SERVED:		B	L	D	C	O	PURPOSE OF INSPECTION			RISK CATEGORY			CITY																																																																																											
OBSERVED:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				1	2	3																																																																																												
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																												
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Comments:																																																																																																								
Person in Charge Signature					Printed Name					Date																																																																																														
Regulatory Authority signature					Printed Name					Follow-up Needed: <input type="checkbox"/>																																																																																														
NAME OF ESTABLISHMENT					LOCATION																																																																																																			

SAMPLE



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 INSPECTION REPORT**

MEALS SERVED: B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> OBSERVED: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		PURPOSE OF INSPECTION		RISK CATEGORY 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			CITY
DATE	TIME IN	ELAPSED TIME min.	RED POINTS 0	TOTAL POINTS 0	REPEAT RED ITEMS 0		
Person in Charge Signature		Printed Name			Date		
Regulatory Authority Signature		Printed Name			Follow-up Needed: <input type="checkbox"/>		
NAME OF ESTABLISHMENT				LOCATION			
MEALS SERVED: B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> 		PURPOSE OF INSPECTION		RISK CATEGORY 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			CITY

SAMPLE



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**Food Establishment
INSPECTION REPORT**

OBSERVED:

DATE	TIME IN	ELAPSED TIME min.	RED POINTS 0	TOTAL POINTS 0	REPEAT RED ITEMS 0
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SAMPLE

Person in Charge Signature	Printed Name	Date
Regulatory Authority Signature	Printed Name	Follow-up Needed: <input type="checkbox"/>