



**Food Establishment
 INSPECTION REPORT**

NAME OF ESTABLISHMENT				LOCATION			
MEALS SERVED OBSERVED	B L D C O	PURPOSE OF INSPECTION	<input type="checkbox"/> Routine <input type="checkbox"/> Pre-opening <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Compliance <input type="checkbox"/> Illness Investigation <input type="checkbox"/> Other	RISK CATEGORY	1 2 3	CITY	
DATE	TIME IN	ELAPSED TIME	RED POINTS	TOTAL POINTS	REPEAT RED ITEMS		

RED HIGH RISK FACTORS						
High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Circles 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						
Compliance Status			CDI	R	PTS	
Demonstration of Knowledge						
1	IN	OUT			5	
PIC certified by accredited program, or compliance with Code, or correct answers			<input type="checkbox"/>	<input type="checkbox"/>		
2	IN	OUT			5	
Food Worker Cards current for all food workers; new food workers trained			<input type="checkbox"/>	<input type="checkbox"/>		
Employee Health						
3	IN	OUT			25	
Proper ill worker practices; no ill workers present; proper reporting of illness			<input type="checkbox"/>	<input type="checkbox"/>		
Preventing Contamination by Hands						
4	IN	OUT	N/O		15	
Hands washed as required			<input type="checkbox"/>	<input type="checkbox"/>		
5	IN	OUT	N/A	N/O	15	
Proper methods used to prevent bare hand contact with RTE foods			<input type="checkbox"/>	<input type="checkbox"/>		
6	IN	OUT			10	
Adequate handwashing facilities			<input type="checkbox"/>	<input type="checkbox"/>		
Approved Source, Wholesome, Not Adulterated						
7	IN	OUT			15	
Food obtained from approved source			<input type="checkbox"/>	<input type="checkbox"/>		
8	IN	OUT			15	
Water supply, ice from approved source			<input type="checkbox"/>	<input type="checkbox"/>		
9	IN	OUT	N/A	N/O	10	
Proper washing of fruits and vegetables			<input type="checkbox"/>	<input type="checkbox"/>		
10	IN	OUT			10	
Food in good condition, safe and unadulterated; approved additives			<input type="checkbox"/>	<input type="checkbox"/>		
11	IN	OUT			5	
Proper disposition of returned, previously served, unsafe, or contaminated food			<input type="checkbox"/>	<input type="checkbox"/>		
12	IN	OUT	N/A	N/O	5	
Proper shellstock identification; proper parasite destruction procedures for fish			<input type="checkbox"/>	<input type="checkbox"/>		
Protection from Cross Contamination						
13	IN	OUT	N/A		15	
Food contact surfaces used for raw meat thoroughly cleaned and sanitized			<input type="checkbox"/>	<input type="checkbox"/>		
14	IN	OUT	N/A		5	
Raw meats below or away from RTE food			<input type="checkbox"/>	<input type="checkbox"/>		
15	IN	OUT	N/A	N/O	5	
Proper handling of pooled eggs			<input type="checkbox"/>	<input type="checkbox"/>		

Potentially Hazardous Food Time/Temperature						
Compliance Status			CDI	R	PTS	
16	IN	OUT	N/A	N/O	30	
Proper cooling procedures			<input type="checkbox"/>	<input type="checkbox"/>		
17	IN	OUT	N/A	N/O	25 (5)	
Proper hot holding temperatures (5 pts. if 130°F to 139°F)			<input type="checkbox"/>	<input type="checkbox"/>		
18	IN	OUT	N/A	N/O	25	
Proper cooking time and temperature			<input type="checkbox"/>	<input type="checkbox"/>		
19	IN	OUT	N/A	N/O	25	
No room temperature storage; proper use of time as a control, procedures available			<input type="checkbox"/>	<input type="checkbox"/>		
20	IN	OUT	N/A	N/O	15	
Proper reheating procedures for hot holding			<input type="checkbox"/>	<input type="checkbox"/>		
21	IN	OUT	N/A		10 (5)	
Proper cold holding temperatures (5 pts. if 41°F to 45°F)			<input type="checkbox"/>	<input type="checkbox"/>		
22	IN	OUT	N/A		5	
Adequate thermometer provided and used to evaluate temperature of PHF			<input type="checkbox"/>	<input type="checkbox"/>		
Consumer Advisory						
23	IN	OUT			5	
Proper Consumer Advisory posted for raw or undercooked foods			<input type="checkbox"/>	<input type="checkbox"/>		
Highly Susceptible Populations						
24	IN	OUT	N/A		10	
Pasteurized foods used as required; prohibited foods not offered			<input type="checkbox"/>	<input type="checkbox"/>		
Chemical						
25	IN	OUT			10	
Toxic substances properly identified, stored, used			<input type="checkbox"/>	<input type="checkbox"/>		
Performance with Approved Procedures						
26	IN	OUT	N/A		10	
Compliance with risk control plans, variances, or mobile unit plan of operation			<input type="checkbox"/>	<input type="checkbox"/>		
27	IN	OUT	N/A		10	
Variance obtained for specialized processing methods (e.g. ROP)			<input type="checkbox"/>	<input type="checkbox"/>		
Red Points						

BLUE LOW RISK FACTORS						
Low risk factors are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods. Circled points indicate items not in compliance.						
Compliance Status			CDI	R	PTS	
Food Temperature Control						
28	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>		5	
29	Adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>		5	
30	Proper thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>		3	
Food Identification						
31	Food properly labeled	<input type="checkbox"/>	<input type="checkbox"/>		5	
Protection from Contamination						
32	Insects, rodents, animals not present; entrance controlled	<input type="checkbox"/>	<input type="checkbox"/>		5	
33	Potential food contamination prevented during preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>		5	
34	Wiping cloths properly used, stored	<input type="checkbox"/>	<input type="checkbox"/>		5	
35	Employee cleanliness and hygiene	<input type="checkbox"/>	<input type="checkbox"/>		3	
36	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>		3	
Proper Use of Utensils						
37	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>		3	
38	Utensils, equipment, linens properly stored, used, handled	<input type="checkbox"/>	<input type="checkbox"/>		3	
39	Single-use and single-service articles properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>		3	
Utensils and Equipment						
40	Food and nonfood surfaces properly used and constructed; cleanable	<input type="checkbox"/>	<input type="checkbox"/>		5	
41	Warewashing facilities properly installed, maintained, used; test strips available and used	<input type="checkbox"/>	<input type="checkbox"/>		5	
42	Food-contact surfaces maintained, cleaned, sanitized	<input type="checkbox"/>	<input type="checkbox"/>		5	
43	Nonfood-contact surfaces maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>		3	
Physical Facilities						
44	Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains, no cross-connections	<input type="checkbox"/>	<input type="checkbox"/>		5	
45	Sewage, wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>		5	
46	Toilet facilities properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>		3	
47	Garbage, refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>		3	
48	Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment	<input type="checkbox"/>	<input type="checkbox"/>		2	
49	Adequate ventilation, lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>		2	
50	Posting of permit; mobile establishment name easily visible	<input type="checkbox"/>	<input type="checkbox"/>		2	
Blue Points						

Person in Charge (printed name)	(signature)	Date
Regulatory Authority (printed name)	(signature)	Follow-up Needed: YES NO (circle one)



YAKIMA HEALTH DISTRICT
 1210 Ahtanum Ridge Drive, UNION GAP, WA 98908 (509) 575-4040
<http://www.yakimapublichealth.org>

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TEMPERATURE OBSERVATIONS

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames specified.	Points
SAMPLE		

Comments	
Total Points	

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