Temporary Food Service Inspection Report

Survey Date: _____ Owner Name: _____
Facility Name: _____ Permit Number: _____

Critical

- ☐ 1. Foods prepared:_____
- ☐ 2. All foods from an approved source YES NO Receipts? YES NO
- ☐ 3. All foods cook to proper temperature _____
- ☐ 4. Hot Foods held at 140°F or above* _____
- ☐ 5. Refrigerator at 40°F or below* _____
- ☐ 6. Freezer at 0°F or below* _____

  *Food stored in ice coolers (water drained)

- ☐ 7. Hand washing sink, paper towels, and liquid soap _____
- ☐ 8. 3-compartment sink _____
- ☐ 9. Toxic chemicals stored away from food _____
- ☐ 10. Trash receptacle with plastic liner _____
- ☐ 11. Food stored off the floor _____
- ☐ 12. General facility cleanliness _____
- ☐ 13. No bare hand contact with ready to eat foods _____
- ☐ 14. Do they have thermometer? YES NO
- ☐ 15. Running water, or cooler with potable water_____
- ☐ 16. All equipment and utensils clean_____
- ☐ 17. Workers: Clean clothing, hair restrained, no open wounds, no fake fingernails, etc. _____
- ☐ 18. Using single service items only_____
- ☐ 19. Other violations: _____

COMMENTS:

Surveyed by: _____