

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration
FDA Retail Food Program
Foodborne Illness Risk Factor Study
Retail Food Store Data Collection Form

INDUSTRY SEGMENT

Food Safety Management System Risk Factor Category:

Industry Segment: Retail Food Store

Facility Type: Deli Department / Operation

DATA COLLECTION INFORMATION

Date: _____ Data Collector: _____
Time In: _____ Time Out: _____ Total Time in Minutes: _____
Risk Categorization (Select **ONE** of the following): 2 3 4

ESTABLISHMENT INFORMATION

Establishment Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____ County: _____
Maximum Number of Employees Per Shift: _____ Number of Employees Present at Time of Visit: _____
Activity level at the time of visit (Select **ONE**): Light Moderate Heavy

ESTABLISHMENTS THAT ARE PART OF MULTI-UNIT OPERATIONS

Establishment is part of a Multi-Unit Operation: YES NO
Number of Individual Units that are part of the Multi-Unit Operation (Enter the number of units provided by the person in charge): _____
Ownership of Establishment (Select **ONE** of the following): Company-Owned Franchise Unsure
If Franchise – number of units owned by the franchisee (Enter the number of units provided by the person in charge): _____

INFORMATION ON THE REGULATORY AUTHORITY

Name of Jurisdiction with Regulatory Oversight: _____
Enrolled in FDA Retail Food Program Standards: YES NO
Jurisdiction Meets Standard 1 (Select **ONE** of the following):
 YES – Self Reported NO – Jurisdiction does not meet Standard 1
 YES – Verified by Audit

Retail Food Store Data Collection Form (Continued)

INFORMATION ON THE REGULATORY AUTHORITY (continued from previous page)

Jurisdiction Uses a Grading System (Select **ONE** of the following):

- | | |
|---|---|
| <input type="checkbox"/> YES – Numerical Score | <input type="checkbox"/> YES – Numerical Score and Color Graphic |
| <input type="checkbox"/> YES – Letter Grade | <input type="checkbox"/> YES – Letter Grade and Color Graphic |
| <input type="checkbox"/> YES – Color Graphic | <input type="checkbox"/> YES – Numerical Score, Letter Grade, and Color Graphic |
| <input type="checkbox"/> YES – Numerical Score and Letter Grade | <input type="checkbox"/> NO – Jurisdiction does not have a grading system |
| <input type="checkbox"/> YES – Other (If Other, describe): | |

Jurisdiction's Program Includes Public Reporting of Inspection Results (Select **ONE** of the following):

- | | |
|--|---|
| <input type="checkbox"/> YES – Posting on-site | <input type="checkbox"/> YES – Posting on-site and Posting on the Internet |
| <input type="checkbox"/> YES – Posting on the Internet | <input type="checkbox"/> NO – Jurisdiction does not require inspections to be publically reported |
| <input type="checkbox"/> YES – Other (If Other, describe): | |

Jurisdiction Has a Mandatory Food Protection Manager Certification Requirement (Select **ONE** of the following):

- | | |
|---|--|
| <input type="checkbox"/> YES – Based ONLY on successful completion of an ANSI-Accredited Program | <input type="checkbox"/> YES – Other AND Reciprocal Acceptance of an ANSI Accredited Program |
| <input type="checkbox"/> YES – Other Food Protection Manager Certification Program (not an ANSI-Accredited Program) | <input type="checkbox"/> NO – Jurisdiction does not have a mandatory Food Protection Manager Certification Requirement |
| <input type="checkbox"/> YES – Other (If Other, describe): | |

If "Other" (Select **ONE** of the following)

- | | |
|---|---|
| <input type="checkbox"/> Other includes a required Training Component | <input type="checkbox"/> Other includes a required Training Component AND Test other than exam offered through an ANSI Accredited Program |
| <input type="checkbox"/> Other includes a Test other than exams offered through an ANSI Accredited Programs | |

Scope of Food Protection Manager Certification Requirement (Select **ONE** of the following):

- | | |
|---|---|
| <input type="checkbox"/> Person in Charge – One Per Establishment | <input type="checkbox"/> Supervisory Employee – One Per Establishment |
| <input type="checkbox"/> Person in Charge – Present at All Times | <input type="checkbox"/> Supervisory Employee – Present at All Times |
| <input type="checkbox"/> Other (If Other, describe): | |

Jurisdiction Requires Food Handler Card (Select **ONE** of the following):

- | | |
|--|--|
| <input type="checkbox"/> YES – Required Training | <input type="checkbox"/> YES – Required Training and Test |
| <input type="checkbox"/> YES – Required Test | <input type="checkbox"/> NO – Jurisdiction does NOT require Food Handler Cards |
| <input type="checkbox"/> YES – Other (If Other, describe): | |

MOST RECENT ROUTINE INSPECTIONS

Dates of the Two Most Recent Regulatory Routine Inspections: Date 1: Date 2:

EMPLOYEE HEALTH POLICY

1. Food employees exhibiting certain illness symptoms or conditions that require exclusion or restriction in the *Food Code*, ARE OBSERVED within the establishment during the data collection.
- YES – Employees exhibiting illness symptoms or conditions observed within the establishment NO – Employees exhibiting illness symptoms or conditions NOT observed within the establishment
-
2. Are food employees and conditional employees informed of their responsibility to report to the person in charge illness SYMPTOMS as specified in Section 2-201.11 of the *Food Code*?
- YES – Policy is ORAL and based on the current version of the *FDA Food Code* NO – Policy only partially developed or non-existent
- YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
-
3. Are food employees and conditional employees informed of their responsibility to report to the person in charge diagnosis with, or exposure to, the specific ILLNESSES specified in Section 2-201.11 of the *Food Code*?
- YES – Policy is ORAL and based on the current version of the *FDA Food Code* NO – Policy only partially developed or non-existent
- YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
-
4. Is management aware of its responsibility to NOTIFY THE REGULATORY AUTHORITY when a food employee is jaundiced or diagnosed with an illness due to a pathogen specified in Section 2-201.11 of the *Food Code*?
- YES – Policy is ORAL and based on the current version of the *FDA Food Code* NO – Policy only partially developed or non-existent
- YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
-
5. Is the management's employee health policy consistent with 2-201.12 of the *Food Code* for EXCLUDING AND RESTRICTING food employees and conditional employees on the basis of their health and activities as they relate to diseases that are transmitted through foods?
- YES – Policy is ORAL and based on the current version of the *FDA Food Code* NO – Policy only partially developed or non-existent
- YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
-
6. Is the management's employee health policy consistent with 2-201.13 of the *Food Code* for REMOVAL OF EXCLUSIONS AND RESTRICTIONS of food employees and conditional employees on the basis of their health and activities as they relate to diseases that are transmitted through foods?
- YES – Policy is ORAL and based on the current version of the *FDA Food Code* NO – Policy only partially developed or non-existent
- YES – Policy is WRITTEN and based on the current version of the *FDA Food Code*
-
7. Management has a copy of FDA's *Employee Health and Personal Hygiene Handbook* OR *cd database*?
- YES NO

Risk Factor – Poor Personal Hygiene (Items 1 & 2)

	IN	OUT	NO	NA
1. Employees practice proper handwashing	<input type="checkbox"/>	<input type="checkbox"/>		
Description of HANDWASHING OBSERVATIONS	IN	OUT	NO	NA
A. Hands are cleaned and properly washed using hand cleanser / water supply / appropriate drying methods / length of time as specified in Section 2-301.12 of the <i>Food Code</i>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Hands are cleaned and washed when required as specified in Section 2-301.14 of the <i>Food Code</i>	<input type="checkbox"/>	<input type="checkbox"/>		

COMMENTS:

HANDWASHING FREQUENCY ASSESSMENT

	C1 Employee observed washing hands properly and when required	C2 Employee observed washing hands improperly	C3 Employee observed failing to wash hand when required
TOTAL COUNT			

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT

PROCEDURES		TRAINING		MONITORING	
<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:
<input type="checkbox"/>	2		<input type="checkbox"/>	2	
<input type="checkbox"/>	3		<input type="checkbox"/>	3	
<input type="checkbox"/>	4		<input type="checkbox"/>	4	
<input type="checkbox"/>	NA		<input type="checkbox"/>	NA	

	IN	OUT	NO	NA
2. Food employees do not contact ready-to-eat foods with bare hands	<input type="checkbox"/>	<input type="checkbox"/>		

COMMENTS:

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT

PROCEDURES		TRAINING		MONITORING	
<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:
<input type="checkbox"/>	2		<input type="checkbox"/>	2	
<input type="checkbox"/>	3		<input type="checkbox"/>	3	
<input type="checkbox"/>	4		<input type="checkbox"/>	4	
<input type="checkbox"/>	NA		<input type="checkbox"/>	NA	

Risk Factor – Contaminated Equipment / Protection from Contamination (Items 3 & 4)

	IN	OUT	NO	NA
3. Food is protected from cross-contamination during storage, preparation, and display	<input type="checkbox"/>	<input type="checkbox"/>		
Description of FOOD Contamination OBSERVATIONS	IN	OUT	NO	NA
A. Raw animal foods are separated from ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Different raw animal foods are separated from each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Food is protected from environmental contamination – actual contamination observed	<input type="checkbox"/>	<input type="checkbox"/>		
D. Food is protected from environmental contamination – potential contamination	<input type="checkbox"/>	<input type="checkbox"/>		
E. Other (describe in the comments section below)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

COMMENTS:

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT											
PROCEDURES				TRAINING				MONITORING			
<input type="checkbox"/>	1	COMMENTS:		<input type="checkbox"/>	1	COMMENTS:		<input type="checkbox"/>	1	COMMENTS:	
<input type="checkbox"/>	2			<input type="checkbox"/>	2			<input type="checkbox"/>	2		
<input type="checkbox"/>	3			<input type="checkbox"/>	3			<input type="checkbox"/>	3		
<input type="checkbox"/>	4			<input type="checkbox"/>	4			<input type="checkbox"/>	4		
<input type="checkbox"/>	NA			<input type="checkbox"/>	NA			<input type="checkbox"/>	NA		

	IN	OUT	NO	NA
4. Food contact surfaces are properly cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>		
Description of Food Contact Surfaces OBSERVATIONS	IN	OUT	NO	NA
A. Food contact surfaces and utensils are clean to sight and touch and sanitized before use	<input type="checkbox"/>	<input type="checkbox"/>		
B. Equipment food contact surfaces and utensils are cleaned and sanitized properly using manual warewashing procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Equipment food contact surfaces and utensils are cleaned and sanitized properly using mechanical warewashing equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Other (describe in the comments section below)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

COMMENTS:

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT											
PROCEDURES				TRAINING				MONITORING			
<input type="checkbox"/>	1	COMMENTS:		<input type="checkbox"/>	1	COMMENTS:		<input type="checkbox"/>	1	COMMENTS:	
<input type="checkbox"/>	2			<input type="checkbox"/>	2			<input type="checkbox"/>	2		
<input type="checkbox"/>	3			<input type="checkbox"/>	3			<input type="checkbox"/>	3		
<input type="checkbox"/>	4			<input type="checkbox"/>	4			<input type="checkbox"/>	4		
<input type="checkbox"/>	NA			<input type="checkbox"/>	NA			<input type="checkbox"/>	NA		

Risk Factor – Improper Holding / Time and Temperature Risk (Items 5-8)

	IN	OUT	NO	NA
5. Foods requiring refrigeration are held at the proper temperature	<input type="checkbox"/>	<input type="checkbox"/>		

Description of Cold Holding Temperature OBSERVATIONS	IN	OUT	NO	NA
A. TCS Food is maintained at 41°F (5°C) or below, except during preparation, cooking, cooling, or when time is used as a public health control.	<input type="checkbox"/>	<input type="checkbox"/>		
B. Raw shell eggs are stored under refrigeration that maintains ambient air temperature of 45°F (7°C) or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Other (describe in the temperature chart and comments section below)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

COMMENTS:

Cold Holding Temperatures Recorded During the Data Collection (List all temperatures taken)

FOOD PRODUCT	FOOD TEMP.	FOOD CODE CRITICAL LIMIT	TYPE OF COLD HOLDING EQUIPMENT	FOOD PRODUCT	FOOD TEMP.	FOOD CODE CRITICAL LIMIT	TYPE OF COLD HOLDING EQUIPMENT

SUMMARY COLD HOLDING PRODUCT TEMPERATURE CATEGORIES	NUMBER OF FOOD PRODUCT TEMPERATURES
I. – Number of product temperature measurements IN Compliance with <i>Food Code</i> critical limits	
II. – Number of OUT of Compliance product temperature measurements 1°F - 2°F above <i>Food Code</i> critical limits	
III. – Number of OUT of Compliance product temperature measurements 3°F - 4°F above <i>Food Code</i> critical limits	
IV. – Number of OUT of Compliance product temperature measurements 5°F - 9°F above <i>Food Code</i> critical limits	
V. – Number of OUT of Compliance product temperature measurements 10°F or more above <i>Food Code</i> critical limits	

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT

PROCEDURES			TRAINING			MONITORING		
<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:
<input type="checkbox"/>	2		<input type="checkbox"/>	2		<input type="checkbox"/>	2	
<input type="checkbox"/>	3		<input type="checkbox"/>	3		<input type="checkbox"/>	3	
<input type="checkbox"/>	4		<input type="checkbox"/>	4		<input type="checkbox"/>	4	
<input type="checkbox"/>	NA		<input type="checkbox"/>	NA		<input type="checkbox"/>	NA	

	IN	OUT	NO	NA
8. Refrigerated, ready-to-eat foods are properly date marked and discarded within 7 days of preparation or opening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description of Date Marking OBSERVATIONS	IN	OUT	NO	NA
A. Ready-to-eat, TCS Food (prepared on-site) held for more than 24 hours is date marked as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Open commercial containers of prepared ready-to-eat TCS Food held for more than 24 hours are date marked as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ready-to-eat, TCS Food prepared on-site and/or opened commercial container exceeding 7 days at ≤ 41°F is discarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Other (describe in the temperature chart and comments section below)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

COMMENTS:

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT											
PROCEDURES				TRAINING				MONITORING			
<input type="checkbox"/>	1	COMMENTS:		<input type="checkbox"/>	1	COMMENTS:		<input type="checkbox"/>	1	COMMENTS:	
<input type="checkbox"/>	2			<input type="checkbox"/>	2			<input type="checkbox"/>	2		
<input type="checkbox"/>	3			<input type="checkbox"/>	3			<input type="checkbox"/>	3		
<input type="checkbox"/>	4			<input type="checkbox"/>	4			<input type="checkbox"/>	4		
<input type="checkbox"/>	NA			<input type="checkbox"/>	NA			<input type="checkbox"/>	NA		

Risk Factor – Inadequate Cooking (Items 9 & 10)

	IN	OUT	NO	NA
9. Raw animal foods are cooked to required temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of Cooking Temperature OBSERVATIONS	IN	OUT	NO	NA
A. Raw shell eggs broken for immediate service are cooked to 145°F (63°C) for 15 seconds. Raw shell eggs broken but not prepared for immediate service cooked to 155° F (68°C) for 15 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Pork; Fish; Beef; Commercially-raised Game Animals are cooked to 145°F (63°C) for 15 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Comminuted Fish, Meats, Commercially-raised Game Animals are cooked to 155°F (68°C) for 15 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Poultry; stuffed fish; stuffed meat; stuffed pasta; stuffed poultry; stuffed ratite; or stuffing containing fish, meat, poultry, or ratites; wild game animals are cooked to 165°F (74°C) for 15 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Roasts, including formed roasts, are cooked to 130°F (54°C) for 112 minutes or as Chart specifies and according to oven parameters per Chart (<i>NOTE: This data item includes beef roasts, corned beef roasts, pork roasts, and cured pork roasts such as ham.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other Cooking Observations (describe in the Comment Section and Temperature Chart below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:				

Cooking Temperatures Recorded During the Data Collection (List all temperatures taken)

FOOD PRODUCT	FINAL COOK TEMP.	FOOD CODE CRITICAL LIMIT	CONSUMER ADVISORY		FOOD PRODUCT	FINAL COOK TEMP.	FOOD CODE CRITICAL LIMIT	CONSUMER ADVISORY	
			YES	NO				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY COOKING FOOD PRODUCT TEMPERATURE CATEGORIES

NUMBER OF FOOD PRODUCT TEMPERATURES

I. – Number of product temperature measurements IN Compliance with <i>Food Code</i> critical limits	
II. – Number of OUT of Compliance product temperature measurements 1°F - 2°F below <i>Food Code</i> critical limits	
III. – Number of OUT of Compliance product temperature measurements 3°F - 4°F below <i>Food Code</i> critical limits	
IV. – Number of OUT of Compliance product temperature measurements 5°F - 9°F below <i>Food Code</i> critical limits	
V. – Number of OUT of Compliance product temperature measurements 10°F or more below <i>Food Code</i> critical limits	

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT

PROCEDURES			TRAINING			MONITORING		
<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:
<input type="checkbox"/>	2		<input type="checkbox"/>	2		<input type="checkbox"/>	2	
<input type="checkbox"/>	3		<input type="checkbox"/>	3		<input type="checkbox"/>	3	
<input type="checkbox"/>	4		<input type="checkbox"/>	4		<input type="checkbox"/>	4	
<input type="checkbox"/>	NA		<input type="checkbox"/>	NA		<input type="checkbox"/>	NA	

	IN	OUT	NO	NA
10. Cooked foods are reheated to required temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of Reheating Temperature OBSERVATIONS	IN	OUT	NO	NA
A. TCS Food that is cooked and cooled on premises is rapidly reheated to 165°F (74°C) for 15 seconds for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Commercially-processed ready-to-eat food, reheated to 135°F (57°C) or above for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Other Reheating Observations (describe in the Comments Section and Temperature Chart below)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

COMMENTS:

Reheating Temperatures Recorded During the Data Collection (List all temperatures taken)

FOOD PRODUCT	FINAL REHEAT TEMP.	FOOD CODE CRITICAL LIMIT	FOOD PRODUCT	FINAL REHEAT TEMP.	FOOD CODE CRITICAL LIMIT

SUMMARY COOKING FOOD PRODUCT TEMPERATURE CATEGORIES

NUMBER OF FOOD PRODUCT TEMPERATURES

- I. – Number of product temperature measurements **IN** Compliance with *Food Code* critical limits
- II. – Number of **OUT** of Compliance product temperature measurements **1°F - 2°F** below *Food Code* critical limits
- III. – Number of **OUT** of Compliance product temperature measurements **3°F - 4°F** below *Food Code* critical limits
- IV. – Number of **OUT** of Compliance product temperature measurements **5°F - 9°F** below *Food Code* critical limits
- V. – Number of **OUT** of Compliance product temperature measurements **10°F or more** below *Food Code* critical limits

FOOD SAFETY MANAGEMENT SYSTEM ASSESSMENT

PROCEDURES		TRAINING		MONITORING	
<input type="checkbox"/>	1	COMMENTS:	<input type="checkbox"/>	1	COMMENTS:
<input type="checkbox"/>	2		<input type="checkbox"/>	2	
<input type="checkbox"/>	3		<input type="checkbox"/>	3	
<input type="checkbox"/>	4		<input type="checkbox"/>	4	
<input type="checkbox"/>	NA		<input type="checkbox"/>	NA	

Other Areas of Interest (Items 11-19)

- NOTE: This section will be used to develop data items that are not part of the primary research area for Retail Food Risk Factor Study but may provide important information that will assist other food safety initiatives within the agency

	IN	OUT	NO	NA
11. Handwashing facilities are accessible and properly maintained	<input type="checkbox"/>	<input type="checkbox"/>		
Description of OBSERVATIONS of Handwashing Facilities	IN	OUT	NO	NA
A. Handwashing facilities are conveniently located and accessible for employees	<input type="checkbox"/>	<input type="checkbox"/>		
B. Handwashing facilities are supplied with hand cleanser / disposable towels / hand drying devices	<input type="checkbox"/>	<input type="checkbox"/>		
COMMENTS:				

	IN	OUT	NO	NA
12. Employees practice good hygiene	<input type="checkbox"/>	<input type="checkbox"/>		
Description of Good Hygienic Practices OBSERVATIONS	IN	OUT	NO	NA
A. Food Employees eat, drink, and use tobacco only in designated areas	<input type="checkbox"/>	<input type="checkbox"/>		
B. Food Employees experiencing persistent sneezing, coughing, or runny nose do not work with exposed food, clean equipment, utensils, linens, unwrapped single-service, or single-use articles	<input type="checkbox"/>	<input type="checkbox"/>		
C. Other (<i>describe in Comments Section below</i>)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
COMMENTS:				

	IN	OUT	NO	NA
13. Consumers are properly advised of risks of consuming raw or undercooked animal foods	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
COMMENTS:				

	IN	OUT	NO	NA
14. Time alone is properly used as a public health control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of Time as a public health control OBSERVATIONS	IN	OUT	NO	NA
A. When time only is used as a public health control for 4 HOURS , the food establishment follows procedures to serve or discard food as specified in Section 3-501.19 of the <i>Food Code</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. When time only is used as a public health control for 6 HOURS , the food establishment follows procedures to serve or discard food as specified in Section 3-501.19 of the <i>Food Code</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Other (describe in the comments section below)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
COMMENTS:				

	IN	OUT	NO	NA
15. Facilities have adequate equipment and tools for ensuring food temperature control and sanitization of food contact surfaces	<input type="checkbox"/>	<input type="checkbox"/>		
Description of OBSERVATIONS for temperature control	IN	OUT	NO	NA
A. Refrigeration / cold holding units have sufficient capacity to maintain TCS Foods at 41°F (5°C) or below	<input type="checkbox"/>	<input type="checkbox"/>		
B. Hot holding units have sufficient capacity to maintain TCS Foods at 135°F (57°C) or above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Refrigeration and hot storage units are equipped with accurate ambient air temperature measuring device	<input type="checkbox"/>	<input type="checkbox"/>		
D. Accurate temperature measuring device, with appropriate probe, is provided and accessible for use to measure internal food temperatures	<input type="checkbox"/>	<input type="checkbox"/>		
E. Accurate temperature measuring devices and/or tests kits provided and accessible for use to measure sanitization rinse temperatures and/or sanitization concentrations	<input type="checkbox"/>	<input type="checkbox"/>		
F. Other (describe in the comments section below)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
COMMENTS:				

	IN	OUT	NO	NA
16. Special processes are conducted in compliance with issued variance / HACCP Plan, when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of OBSERVATIONS of Specialized Processes	IN	OUT	NO	NA
A. Food establishment conducts reduced oxygen packaging without a variance as specified in Section 3-502.12 of the <i>Food Code</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Food establishment performs specialized process in accordance with approved variance and HACCP Plan when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Juice packaged in the food establishment is treated under a HACCP Plan to reduce pathogens or labeled as specified in Section 3-404.11 of the <i>Food Code</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Other (describe in the comments section below)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
COMMENTS:				

	IN	OUT	NO	NA
17. Food is received from safe sources	<input type="checkbox"/>	<input type="checkbox"/>		
Description of FOOD SOURCE OBSERVATIONS	IN	OUT	NO	NA
A. All food is from regulated food processing plants / No home prepared/canned foods	<input type="checkbox"/>	<input type="checkbox"/>		
B. Shellfish are from NSSP-listed sources. No recreationally caught shellfish are received/sold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Food is protected from contamination during transportation/receiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. TCS Food is received at a temperature of 41°F (5°C) or below OR according to Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Food is safe and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>		
F. Shellstock tags/labels are retained for 90 days and filed in chronological order from the date the container is emptied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Written documentation of parasite destruction is maintained for 90 days for fish products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Other (describe in Comments Section below)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
COMMENTS:				

	IN	OUT	NO	NA
18. Toxic materials are identified, used, and stored properly	<input type="checkbox"/>	<input type="checkbox"/>		
Description of Toxic Materials OBSERVATIONS	IN	OUT	NO	NA
A. Poisonous or toxic materials, chemicals, lubricants, pesticides, medicines, first aid supplies, and other personal care items are properly identified, stored, and used	<input type="checkbox"/>	<input type="checkbox"/>		
B. Other (describe in the comments section below)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
COMMENTS:				

	IN	OUT	NO	NA
19. Management and food employees are trained in food allergy awareness as it relates to their assigned duties	<input type="checkbox"/>	<input type="checkbox"/>		
Description of Toxic Materials OBSERVATIONS	IN	OUT	NO	NA
A. The person in charge accurately describes foods identified as major food allergens and the symptoms associated with major food allergens	<input type="checkbox"/>	<input type="checkbox"/>		
B. Food employees are trained in food allergy awareness as it relates to their assigned duties	<input type="checkbox"/>	<input type="checkbox"/>		
C. Other (describe in the comments section below)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
COMMENTS:				