DFS - 208 (Rev. 01/10)

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH

FOOD ESTABLISHMENT INSPECTION REPORT

Permit No. | Sanitarian Code

Program Code: Food / Retail

Time: Arrival | Depart

Date:

Owner | Establishment Name

Address | Zip | Phone

E-mail

Regular 1 Follow-up 2 Complaint 3 Survey 4 Other 5

FOOD SOURCES	FS1	R2
***01 SOURCE, RECORDS, CONDITION, SPOILAGE, ADULTERATED**	**4**	**4**
02 Container, properly labeled	1	1
FOOD PROTECTION		
***03 POTENTIALLY HAZARDOUS FOOD - SAFE TEMP.**	**5**	**5**
04 Facilities to maintain product temp.	2	2
05 Thermometers provided and conspicuous	2	2
06 Potentially hazardous food properly thawed	2	2
***07 POT. HAZARDOUS FOOD NOT RE-SERVED**	**4**	**4**
08 Food Protection - storage, prep, display, service, transp.	2	2
09 Handling of food (ice) minimized. Dispensing utensils properly stored during use	2	2
PERSONNEL		
***10 PERSONNEL WITH INFECTIONS RESTRICTED & PROPER REPORTING**	**5**	**5**
***11 HANDS WASHED AND CLEAN, HYGIENIC PRACTICES PREVENTING CONTAMINATION FROM HANDS**	**5**	**5**
12 Clean clothes, hair restraints	2	2
*** 13 SUPERVISION: PERSON IN CHARGE PRESENT AND DEMONSTRATES KNOWLEDGE OF FOOD SAFETY PRINCIPLES**	**3**	**3**
FOOD EQUIPMENT & UTENSILS		
***14 FOOD(ICE) CONTACT SURFACES DESIGNED, CONSTRUCTED, MAINTAINED, INSTALLED**	**3**	**3**
15 Food/Non-food contact surfaces designed, constructed, maintained, installed	1	1
16 Dishwashing facilities, designed, constructed, maintained, installed, located, operated Accurate therm., chem. test kits, gauge	2	2
***17 SANITIZATION RINSE , TEMP., CONCE., EXP. TIME, EQUIP. UTENSILS, SANITIZED**	**4**	**4**
18 Wiping cloths clean, use restricted	1	1
19 Food/Non-food contact surfaces of equip/utensils clean	1	1
20 Storage, handling of clean equipment/utensils/single service articles	1	1
WATER		
***21 WATER SOURCE, SAFE, HOT & COLD**	**5**	**5**
SEWAGE		
***22 SEWAGE AND WASTE DISPOSAL**	**4**	**4**
PLUMBING		
23 Installed, maintained	1	1

	FS1	R2
***24 CROSS-CONNECTION, BACK SIPHONAGE, BACKFLOW**	**4**	**4**
TOILET & HANDWASHING FACILITIES		
***25 NO., CONV., DESIGNED, INSTALLED**	**4**	**4**
26 Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean, tissue, hand cleansers, sanitary towels/hand-drying devices provided, proper waste receptacles	2	2
GARBAGE DISPOSAL		
27 Containers or receptacles, covered, adequate number, insect/rodent proof, frequency, clean. Outside storage area enclosures properly constructed, clean, controlled incineration	2	2
INSECT, RODENT, ANIMAL CONTROL		
***28 INSECTS/RODENTS - NO BIRDS, TURTLES, OTHER ANIMALS**	**4**	**4**
OUTER OPENINGS		
29 Outer openings protected	2	2
FLOORS, WALLS , CEILINGS & VENTILATION		
30 Floors constructed, drained, clean, good repair, covering installation, easily cleanable	1	1
31 Walls, ceiling, attached equipment constructed, good repair, clean surfaces, easily cleanable Rooms and equipment vented as required	1	1
LIGHTING		
32 Lighting provided as required, fixtures shielded	1	1
OTHER OPERATIONS		
***33 TOXIC ITEMS PROPERLY STORED, LABELED, USED**	**4**	**4**
34 Premises main, free of litter, misc. articles, cleaning/ maint. equip. properly stored. Authorized personnel rooms clean, lockers provided, located, used	2	2
35 Separation from living/sleeping quarters. Laundry, clean or soiled linen properly stored	1	1
CONFORMANCE WITH APPROVED PROCEDURES		
***36 COMPLIANCE WITH VARIANCE, SPECIALIZED PROCESS, AND HACCP PLAN**	**3**	**3**
HIGHLY SUSCEPTIBLE POPULATIONS		
***37 PASTEURIZED FOODS USED; PROHIBITED FOODS NOT OFFERED**	**4**	**4**
CONSUMER ADVISORY		
***38 CONSUMER ADVISORY PROVIDED FOR RAW OR UNDERCOOKED FOOD**	**3**	**3**

CHOKE SAVING TECHNIQUES POSTED AS REQUIRED BY KRS 217.285 ☐ YES ☐ NO

REMARKS:

Based on an inspection this day, the items circle above identify the violations found in the operation of your establishment, in accordance with the Kentucky Food, Drug and Cosmetic Act and applicable regulations pursuant there to: the violations must be corrected ☐ by the next routine inspection, or within ☐ _____ days (Circle) 1 Food Service and/or 2 Retail Food. Failure to comply with any time limits for corrections may result in suspension of your permit. An opportunity for an appeal from any notice or inspection findings, will be provided if you file a written request for a conference with the department within the period of time established by the applicable regulation.

RATING SCORE		FOLLOW-UP REQUIRED
1		Y
2		Y

Received By: Name _____
Title _____
Inspected By: _____
_____ HEALTH DEPARTMENT
☐ DEPARTMENT FOR PUBLIC HEALTH