COMMONWEALTH OF KENTUCKY DFS-208 Rev. 10/17 CABINET FOR HEALTH AND FAMILY SERVICES						PURPOSE OF INSPECTION								INSPECTION SCORE FOLLO REQU FS1 Y			D			
DEPARTMENT FOR PUBLIC HEALTH FOOD ESTABLISHMENT INSPECTION REPORT							REG	REGULAR 1 FOLLOW-UP 2 COMPLAINT 3 FS1 SURVEY 4 OTHER 5 R2								Y		N N		
ESTABLISHMENT NAME: ADDRESS:											(CITY/ZIP	CODE:		CERTIFIED FOOD MANAGER	Y				
INSPECTION DATE: TIME IN: AM/PM							AM/PM	SAN	SANITARIAN # PREVIOUS SCORE NAME						NAME	•	·	•		
PERMIT #: TIME OUT: AM/PM						RISK TYPE 1 2 3 4 1						EXP. DATE PROGRAM CODE:								
·					\perp	ISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
	Risk 1	factors	are food	d prepar	ation p	ractices and employee beh		ommon	ıly repoi	rted to	the Ce	nters fo	r Disea	ase Contr	ol and P	reventi	on as contributing factors in food	dborne i	illness	
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item.							orvod					Circl			re point value for FS1 and/or R2					
IN = in compliance OUT = not in compliance N/A = not applicable N/O = n Compliance Status					FS1	R2		Comp	liance Sta	itus		r31 -	roou se	rivice N2 – Netali		FS1	R2			
				Ι.	1	Supervision PERSON IN CHARGE PRESEI	ut I		I		45	1		1	1	<u> </u>	om Contamination	Т		
1	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	DEMONSTRATES KNOWLED PERFORMS DUTIES	GÉ, AND	2	2		15	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	Food separated and protected		2	2
2	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	Certified food protection	n manager	1	1		16	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	PROPER DISPOSITION OF RETURN PREVIOUSLY SERVED, RECONDITIONED AND UNSAFE FO		2	2
					Em	ployee Health					17	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	Food stored covered		1	1
3	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	MANAGEMENT, FOOD EMP CONDITIONAL EMPLOYEE; RESPONSIBILIITES AND REP	NOWLEDGE,	2	2		18	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	FOOD-CONTACT SURFACES: CLEA AND SANITIZED	NED	3	3
4	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	PROPER USE OF RESTRICTION		2	2					Tiı	ne/Ten	nperat	ure Control for Safety			
5	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	RESPONSE PROCEDURES FO	R VOMITING	2	2		19	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	PROPER COOKING TIME AND TEMPERATURE		3	3
		001	II/A			Hygienic Practices					20	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	PROPER REHEATING PROCEDURES	s	2	2
6	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	PROPER EATING, TASTING, OR TOBACCO USE	DRINKING,	2	2		21	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	PROPER COLD HOLDING TEMPERATURES		3	3
7	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	NO DISCHARGE FROM EYES, THROAT	, NOSE OR	2	2		22	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	PROPER HOT HOLDING TEMPERATURES		3	3
			-	Prever	nting C	Contamination by Hand	s				23	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	PROPER COOLING TIME AND TEMPERATURE		3	3
8	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	HANDS CLEAN AND PROPER	LY WASHED	3	3		24	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	TIME AS A PUBLIC HEALTH CONTE PROCEDURES AND RECORDS	ROL:	2	2
9	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	NO BARE HAND CONTACT V TO-EAT FOODS OR APPROV ALTERNATE METHOD FOLLO	ED	2	2		25	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	PROPER DATE MARKING AND DISPOSITION		2	2
10	IN	OUT	N/A N/A	N/O N/O	FS1 R2	Adequate hand washing fa supplied and accessible		1	1						(Consu	ner Advisory			
	IN	001	IV/A	N/O		proved Source					26	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	CONSUMER ADVISORY PROVIDED FOR RAW & UNDERCOOKED FOO		2	2
11	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	FOOD OBTAINED FROM API SOURCE	PROVED	3	3				00.	MA			eptible Population			
12	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	FOOD RECEIVED AT PROPER TEMPERATURE	l	2	2		27	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	PASTEURIZED FOOD USED: PROHIBITED FOODS NOT OFFERE	D	2	2
13	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	FOOD IN GOOD CONDITION UNADULTERATED	, SAFE, AND	2	2						<u> </u>	Cł	emicals			
14	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	REQUIRED RECORDS, SHELL PARASITE DESTRUCTION	STOCK TAGS,	2	2		28	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	FOOD ADDITIVES, APPROVED AN PROPERLY USED	D	2	2
СНС	KE SA	AVING	TECHN	IIQUES	POST	ED AS REQUIRED BY KE	S 217.285				29	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	TOXIC SUBSTANCES PROPERLY IDENTIFIED, STORED, USED		2	2
		YES		NO							20	IN	ОИТ	Con N/A	forman N/O	ce wit	h Approved Procedures COMPLIANCE WITH VARIANCE,			
								GO	OD RE	ΤΔΙΙ	30 PRACT	IN	OUT	N/A	N/O	R2	SPECIALIZED PROCESS & HACCP P	LAN	2	2
GOOD RETAIL PRACTICES Good retail practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																				
Circle "OUT" if numbered item is not in compliance. Cir					FS1	approp R2	riate p	oint value for FS1 and/or R2 FS1 = Food Service Compliance Status							е к2:	= Retai FS1	R2			
31	OUT	FS1	PAS	TEURIZE		Food and Water AND MILK PRODUCTS USED	WHEN				44	OUT	FS1	1 In-u			e of Utensils erly stored			_
32	OUT	R2 FS1	_	UIRED TER AND	ICE FR	OM AN APPROVED SOURCE		2	2		45	OUT	R2 FS1	1 Ute	Utensil, equipment and linens: properly stored, dried,				1	1
33	OUT	FS1			BTAIN	ED FOR SPECIALIZED PROCES	SING	2	2		46	OUT	R2 FS1	1 Sing	handled Single use/single service articles: properly stored, used				1	1
	OUT	R2	INE	THODS Fo	ood Te	emperature Control			l		47	OUT OUT OUT	FS1 R2	ı GLO	VES USE	D PROPI	ERLY		2	2
34	OUT	FS1 R2		per cooli perature	-	hods used; adequate equipm	ent for	1	1			301	, nz		Utensi	ls, Equ	ipment and Vending			
35	OUT OUT	FS1 R2	Plar	nt food p	roperly	cooked for hot holding		1	1		48	OUT OUT	FS1 R2	desi	gned, cor	nstructe	ontact surfaces cleanable, properly d, and used		2	2
36	OUT	FS1 R2				methods used		1	1		49	OUT OUT	FS1 R2	strip)S		es: installed, maintained, used, te	st	1	1
37	OUT	FS1 R2	The	rmomete		vided and accurate		1	1		50	OUT	FS1 R2	-			faces clean		1	1
38	OUT	FS1	Foo	d proper		d Identification ed; original container					51	OUT	FS1	1 Hot			mbing and Waste vailable; adequate pressure; pluml	oing	_	
50	OUT	R2		· ·		of Food Contamination		1	1		52	OUT OUT	R2 FS1	L PLU	ntained MBING II	NSTALLE	D; PROPER BACKFLOW DEVICES		2	2
39	OUT	FS1		taminati		vented during food preparation		1	1		53	OUT	R2 FS1	L SEW	/AGE ANI	O WAST	EWATER PROPERLY DISPOSED		2	2
40	OUT	FS1		and display Personal cleanliness; hair restraints				1	1			OUT	R2	<u> </u>	Physical Facilities					_
41	OUT OUT	FS1 R2						1	1		54	OUT	FS1 R2		Toilet facilities: properly constructed, supplied, cleaned					1
42	OUT	FS1 R2	Wa	shing fru	its and	vegetables		1	1		55	OUT	FS1 R2	1 Garl	oage/refu	ise prop	erly disposed; facilities maintained		1	1
						gs and Compliance					56	OUT OUT	FS1 R2	1 Phys			alled, maintained and clean		1	1
OUT FS1 Posted: Permit/Inspection/Hand washing OUT R2						1	1		57	OUT	FS1 R2	!	Adequate ventilation and lighting INSECTS, RODENTS AND ANIMALS NOT PRESENT					1		
E-mail address:					<u> </u>				58	OUT	FS1 R2	-	cis, ROI	JEN ÍS A	ANIIVIALS NOT PRESENT		2	2		

	Food Service Establishment Inspection Report Continuation Form Pageof							
Establishr	nent Permit #	Date						
Address	City/State		Zip Code					
Item	OBSERVATIONS							
Number								
Based on an inspection this day, the items with "out" circled 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 thereto, the violations must be corrected by the next routine inspection or within days for 1 Food Service and/or 2 Retail Food (circle). 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.								
Receive	d by (Signature)	Date						
Inspector (Signature)								