

FOOD OPERATION INSPECTION REPORT

(Read instructions in the Tri-Service Food Code, Appendix E, before completing this form)

1. FACILITY NAME		2. FACILITY ADDRESS			3. INSTALLATION		4. DATE (YYYYMMDD)			
5. INSPECTION TYPE (X one)		Routine	Follow-up	Complaint	Preoperational	Other (<i>Specify</i>)				
6. INSPECTOR		a. NAME AND RANK			b. PHONE		c. E-MAIL			
d. UNIT/ORGANIZATION				7. START TIME		8. END TIME		Various timeframes		
9. PERSON IN CHARGE (PIC)		a. FULL NAME			b. PHONE		c. OFFICIAL E-MAIL			
10. NUMBER AND TYPE OF VIOLATIONS		a. Critical		11. INSPECTION RATING (X one)		Fully Compliant		Substantially Compliant		Partially Compliant
		b. Non-critical				Non-Compliant (<i>Provide date scheduled for follow-up</i>)		Follow-up date		

12. COMPLIANCE STATUS (*Numbered items and specified provisions noted with an asterisk * indicates a CRITICAL deficiency*)

Mark "X" in the box to indicate the provision was NOT in compliance; circle N/O for items not observed or N/A for not applicable. Where multiple provisions are included in the item description, only mark the CRITICAL provision if non-compliant. An unmarked item indicates all provisions within the grouping are fully compliant. For items that are OUT of compliance, Mark "X" in the appropriate box for COS (corrected on-site during the inspection) and R (repeat violation from previous inspection.)

Item	Supervision and Training	COS	R	Item	Temperature Control	COS	R
1	Person in charge (PIC) is present; demonstrates knowledge [<input type="checkbox"/> 2-101.11*; <input type="checkbox"/> 2-102.11*]			26	N/A N/O Approved thawing & slacking methods for frozen PHFs		
2	PIC & employees: duties; training [<input type="checkbox"/> 2-201.11(A)*]			27*	N/A N/O Proper cooking & reheating time and temperature		
Health and Hygiene				28	N/A N/O Fruits & vegetables properly cooked for hot holding		
3	Hand wash facilities: supplied, accessible, used			29*	N/A N/O Proper cooling time and temperature		
4	N/O Hands clean; properly washed [<input type="checkbox"/> 2-301.11*; <input type="checkbox"/> 2-301.12*; <input type="checkbox"/> 2-301.14*]			30	N/A Proper cooling methods; adequate equipment		
5	Ill employee reporting, restriction, exclusion [<input type="checkbox"/> 2-201.11*; <input type="checkbox"/> 2-201.12*; <input type="checkbox"/> 2-201.13*]			31*	N/A N/O Proper hot holding temperature		
6	N/A N/O Bare hand/arm contact with food [<input type="checkbox"/> 3-301.11*]			32*	N/A Proper cold holding temperature		
7	Personal cleanliness: clothing; hair restraint; jewelry			33*	N/A Consumer Advisory for raw/undercooked foods		
8	N/O Eating, drinking, tobacco use in food prep & service areas; proper tasting procedures [<input type="checkbox"/> 3-301.12*]			34	N/A Time as public health control; variance procedures [<input type="checkbox"/> 3-501.19*; <input type="checkbox"/> 3-502.11*; <input type="checkbox"/> 8-103.12*]		
Food Source, Identification, Condition				Utensils and Equipment			
9*	Food & water from approved sources			35	N/A Thermometers provided and accurate		
10*	Food in good condition, safe, & unadulterated; receipt temperature			36	N/A In-use utensils properly stored between use		
11	N/A N/O Required records available: shellstock tags [<input type="checkbox"/> 3-202.18*; <input type="checkbox"/> 3-203.12*]; parasite destruction [<input type="checkbox"/> 3-402.11*]			37	Food/non-food contact surfaces: cleanable; installed; used [<input type="checkbox"/> 4-101* various; <input type="checkbox"/> 4-102.11*; <input type="checkbox"/> 4-201.12*; <input type="checkbox"/> 4-202.11*; <input type="checkbox"/> 4-204.13*; <input type="checkbox"/> 4-204.111*; <input type="checkbox"/> 4-603.17*]		
12	N/O Food properly labeled; original container; major food allergen			38	N/A Utensils, equipment & linens properly dried, stored, handled		
13*	N/A N/O Leftover PHFs properly labeled, stored, handled			39	Single-use/single-service items: properly stored & used [<input type="checkbox"/> 4-502.12*]		
14*	N/A N/O Proper date marking and disposition			40	N/A Warewashing equipment: use; maintained; test kits		
Contamination Protection and Prevention				41	Nonfood contact surfaces clean		
15	N/A N/O Food separated and protected [<input type="checkbox"/> 3-302.11*; <input type="checkbox"/> 3-304.11*; <input type="checkbox"/> 3-306.13*]			Physical Facilities			
16	N/A Fresh fruits and vegetables properly washed [<input type="checkbox"/> 7-204.12*]			42	Hot and cold water available; adequate capacity and pressure		
17*	N/A Food contact surfaces cleaned & sanitized			43	N/A Plumbing cross connections; backflow devices [<input type="checkbox"/> specify critical:]		
18*	Proper disposition of returned, previously served, reconditioned, & unsafe food			44	Sewage & waste water properly disposed; grease traps [<input type="checkbox"/> 5-402.11*; <input type="checkbox"/> 5-402.13*; <input type="checkbox"/> 5-403.11*]		
19	Contamination prevented during food prep, storage & display [<input type="checkbox"/> 3-304.11*; <input type="checkbox"/> 3-306.13*]			45	Garbage/refuse proper disposal; facilities maintained; covered receptacles		
20*	N/A Food additives approved & proper use			46	Restrooms properly installed, supplied, maintained		
21	Protection from ice used as coolant [<input type="checkbox"/> 3-303.11*]; food contact with water/ice			47	Physical facilities: installed, maintained, cleaned [<input type="checkbox"/> 6-202.111*]		
22	N/A N/O Gloves used properly			48	Lighting: adequate; proper fixtures		
23	N/A Wiping cloths: properly used and stored			49	N/A Ventilation & hoods: adequate, maintained		
24	Insects, rodents, animals: not present			50	N/A Ice machines properly maintained and operated		
25	Toxic substances properly identified, stored & used [<input type="checkbox"/> 7-201.11*; <input type="checkbox"/> 7-202.12*; <input type="checkbox"/> 7-203* thru 7-207*; <input type="checkbox"/> 7-301.11*]			51	Other findings: <i>X this box and enter provision number with findings in block 17, REMARKS.</i>		

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13. FACILITY NAME	14. DATE	15. INSPECTION TYPE	<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Complaint
			<input type="checkbox"/> Preoperational	<input type="checkbox"/> Other:	

16. TEMPERATURE OBSERVATIONS *(Mark the temperature scale used)*

Food Item & Location	Temp °F / °C	Food Item & Location	Temp °F / °C	Food Item & Location	Temp °F / °C

17. REMARKS *(Observations and Corrective Actions)*

Summary of findings, corresponding provision number, and recommended corrective actions. *(Corrective action is required within the time frames specified below, or as stated in sections 8-405.11 and 8-406.11 of the Tri-Service Food Code)*

IHH	Mark this box if an imminent health hazard (IHH) was found; describe the situation and remediation in this section.
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Item Number	

<p>Inspection Rating Criteria: <u>Fully Compliant</u> = no deficiencies <u>Substantially Compliant</u> = no IHH and 2 or less Critical findings corrected on site (COS), and/or 5 or less Non-Critical findings</p>	<p><u>Partially Compliant</u> = no IHH and 3 or more Critical findings COS, and/or 6 or more Non-Critical findings. <u>Non-Compliant</u> = IHH present, or one or more Critical findings not COS.</p>
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18. SIGNATURE Signature on this form represents acknowledgement that the person in charge has been briefed on the deficiencies noted, corrective actions and time frame for completion, the final inspection rating, and date scheduled for follow-up inspection *(non-compliant ratings only)*.

a. INSPECTOR SIGNATURE	b. DATE SIGNED
c. PERSON IN CHARGE SIGNATURE	d. DATE SIGNED

FOOD OPERATION INSPECTION REPORT *(Continued)*

FACILITY NAME	DATE	INSPECTION TYPE	<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Complaint
			<input type="checkbox"/> Preoperational	Other: _____	

TEMPERATURE OBSERVATIONS *(Mark the temperature scale used)*

Food Item & Location	Temp °F / °C	Food Item & Location	Temp °F / °C	Food Item & Location	Temp °F / °C

REMARKS *(Observations and Corrective Actions)*

Item Number	Summary of findings, corresponding provision number, and recommended corrective actions. <i>(Corrective action is required within the time frames specified below, or as stated in sections 8-405.11 and 8-406.11 of the Tri-Service Food Code)</i>

INSPECTOR'S INITIALS	FINAL INSPECTION RATING	<input type="checkbox"/> Fully Compliant	<input type="checkbox"/> Partially Compliant
		<input type="checkbox"/> Substantially Compliant	<input type="checkbox"/> Non-Compliant

INSTRUCTIONS FOR MARKING THE FOOD OPERATION INSPECTION REPORT

<p>1. FACILITY NAME. As stated.</p> <p>2. FACILITY ADDRESS. Provide the street number, city, state, and zip code.</p> <p>3. INSTALLATION. Provide the name of the military installation, camp, training area, or vessel where the food operation is located.</p> <p>4. DATE. As stated.</p> <p>5. INSPECTION TYPE. Place an "X" in the box to indicate the type of inspection being conducted. Select only one. If "Other" is marked, specify the inspection type (e.g., Self Evaluation, Walk-through)</p> <p>6. INSPECTOR. Provide the full name (and military rank), phone number with area code, official e-mail, and assigned unit of the person conducting the inspection.</p> <p>7. START TIME. Time the inspection began; use 24-hour clock notation.</p> <p>8. END TIME. Time the inspection officially ended; use 24-hour clock notation. Place an "X" in the box to indicate the inspection occurred at multiple time intervals throughout the day.</p> <p>9. PERSON IN CHARGE (PIC). Provide the full name (and military rank), phone number with area code, and official e-mail of the PIC who accompanied the inspector.</p> <p>10. NUMBER AND TYPE OF DEFICIENCY. Provide the total number of "Critical" deficiencies and "Non-critical" deficiencies found during the inspection. Do not mark the box if no deficiencies were noted.</p> <p>11. INSPECTION RATING. Using the "Inspection Rating Criteria" provided on page 2 of the form, place an "X" in the box to indicate the overall level of compliance for the facility. When a "non-compliant" rating is assessed, provide the date in which a follow-up inspection will be conducted.</p>	<p>13. FACILITY NAME. As stated. (Should match first page)</p> <p>14. DATE. As stated. (Should match first page)</p> <p>15. INSPECTION TYPE. Place an "X" in the box to indicate the type of inspection being conducted. Select only one. If "Other" is marked, specify the inspection type (e.g., Self Evaluation, Walk-through). (Should match first page)</p> <p>16. TEMPERATURE OBSERVATIONS. For food, identify the food item and location of the food in the facility when the internal product temperature was taken (e.g., meatloaf/serving line). For equipment, identify the equipment type and location in the facility where the ambient air temperature was taken (e.g., walk-in refer #2, outside). Provide the temperature measurement as indicated on your thermometer. Mark the temperature scale used (°F or °C). If more space is needed to document measurements, use the REMARKS section or continuation page.</p> <p>17. REMARKS. Briefly describe specific observations for deficiencies. - IHH – Place an "X" in the box if an imminent health hazard was found and describe the situation in the space provided. - Item Number – Indicate the item number from the list of provision groupings in block 12, COMPLIANCE STATUS, on page 1 where a deficiency was found, describe the findings, and provide remediation guidance.</p> <p>18. SIGNATURE. The inspector and PIC sign and date the form after reviewing inspection findings, the facility inspection rating, remediation actions, and the scheduled follow-up date (<i>for non-compliant inspection ratings only.</i>)</p> <p style="text-align: right;"><i>Page Number. Indicate the page number and total number of pages starting on page 1 and on subsequent pages containing inspection data.</i></p>
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Provision Quick Reference Guide

12. COMPLIANCE STATUS. Refer to the listed provisions for a detailed discussion regarding assessment criteria in each item grouping. Appendix E, Section II of the Tri-Service Food Code provides a summary guide for debiting each item grouping. (*Item numbers containing an asterisk * indicates all provisions within the grouping are CRITICAL. Non-critical items within a grouping are scored as critical if the Item Number was marked as non-compliant. Provision numbers that are bolded are CRITICAL requirements.*)

1	2-101.11*; 2-102.11(A); 2-102.11(B)*; 2-102.11(C) ^S	26	3-501.12; 3-501.13
2	2-103.11; 2-201.11(A)*; 2-501.11; 2-502.11; 2-503.11; 2-503.12; 2-503.13; 2-505.11	27*	3-401.11*; 3-401.12*; 3-403.11*
		28	3-401.13
3	5-202.12; 5-203.11; 5-205.11; 6-301.11 thru 6-301.14	29*	3-501.14*
4	2-301.11*; 2-301.12*; 2-301.14*; 2-301.15; 2-301.16	30	3-501.15; 4-301.11
5	2-201.11*; 2-201.12*; 2-201.13*; 2-401.12	31*	3-501.16*
6	3-301.11*; 3-301.11(C) ^S	32*	3-501.11*; 3-501.16*
7	2-302.11; 2-303.11; 2-304.11; 2-402.11	33*	3-603.11*
8	2-401.11; 3-301.12*	34	3-501.19*; 3-502.11*; 8-103.12*; 8-201.13
9*	3-201.11* thru 3-201.18*; 3-202.13*; 3-202.14*; 3-202.110*; 5-101.13*	35	4-203.11; 4-203.12; 4-302.12; 4-502.11
10*	3-101.11*; 3-202.11*; 3-202.15*	36	3-304.12
11	3-202.18*; 3-203.12*; 3-402.11*; 3-402.12		
12	3-203; 3-302.12; 3-602.11	37	3-304; 4-101.11* thru 4-101.15*; 4-102.11*; 4-201.11; 4-201.12*; 4-202.11*; 4-202 various; 4-204.13*; 4-204.111*; 4-204; 4-302.11; Parts 4-4 & 4-5; 4-603.17*; 4-902
13*	3-501.110*		
14*	3-501.17*; 3-501.18*	38	Various in subparts: 4-801; 4-802; 4-803; 4-901; 4-903; 4-904
15	3-302.11*; 3-304.11*; 3-304.15; 3-306.13*	39	4-502.12*; 4-502.13; 4-903.11; 4-903.12; 4-904.11
16	3-302.15; 7-204.12*	40	4-204; 4-204; 4-301.12; 4-301.13; 4-302.14; 4-501; 4-603
17*	4-501.111; 4-501.112; 4-501.113; 4-501.114*; 4-501.115; 4-601.11(A)*; 4-602.12; 4-702.11*; 4-703.11*	41	4-601.11; 4-602.13
18*	3-306.14*; 3-701.11*	42	5-103.11; 5-103.12; 5-104.11
19	3-304.11*; 3-305.11; 3-305.12; 3-305.14; 3-306.11; 3-306.12; 3-306.13*; 3-307.11; 6-404.11	43	Various in subparts: 5-202; 5-203; 5-205; 5-301; 5-302; 5-304; [some critical provisions apply]
		44	5-401.11; 5-402.11*; 5-402.12; 5-402.13*; 5-403.11*
20*	3-202.12*; 3-302.14*	45	5-501.11 thru 5-501.16; 5-501.18; 5-501.19; 5-501.110 thru 5-501.116; 5-503; 6-202.110
21	3-303.11*; 3-303.12	46	5-203.12; 5-501.17; Parts 6-1, 6-2, 6-3, 6-4 & 6-5
22	3-304.15	47	4-301.15; 4-401.11; 4-803.13; Parts 6-1, 6-2 & 6-5; 6-202.111*
23	3-304.14; 4-101.16; 4-901.12	48	6-202.11; 6-303.11
24	2-403.11; 6-202.13; 6-202.15; 6-202.16; 6-501.111	49	4-202.18; 4-301.14; 6-202.12; 6-304.11; 6-304.12; 6-501.14
25	Chapter 7; 7-201.11*; 7-202.12*; 7-203* thru 7-207*; 7-301.11*	50	4-401.12; 4-503.11; 4-503.12