### Food Establishment Inspection Report

**FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>NAME OF ESTABLISHMENT</th>
<th>ADDRESS OR LOCATION</th>
<th>CITY</th>
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<thead>
<tr>
<th>MEALS SERVED</th>
<th>L</th>
<th>D</th>
<th>O</th>
<th>C</th>
<th>MEALS OBSERVED</th>
<th>L</th>
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**PURPOSE OF INSPECTION**

- ROUTINE
- ILLNESS INVESTIGATION
- PREOPERATIONAL
- TEMPORARY
- REINSPECTION
- OTHER

<table>
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<tr>
<th>ESTABLISHMENT TYPE</th>
<th>RISK CATEGORY</th>
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### Demonstration of Knowledge

- PIC certified by accredited program, or compliance with Code, or correct answers
- Food worker cards current for all food workers; new food workers trained
- Proper ill worker and conditional employee practices; no ill workers present; proper reporting of illness
- Hands washed as required
- Adequate handwashing facilities
- Food obtained from approved source
- Water supply, ice from approved source
- Proper washing of fruits and vegetables
- Food in good condition, safe, and unadulterated; approved additives
- Proper disposition of returned, previously served, unsafe, or contaminated food
- Proper shellstock ID; wild mushroom ID; parasite destruction procedures for fish
- Food contact surfaces and utensils used for raw meat thoroughly cleaned and sanitized; no cross contamination
- Raw meats below or away from ready to eat food; species separated
- Proper handling of pooled eggs

### Red High Risk Factors

- Potentially Hazardous Food Time and Temperature
  - Proper cooling procedures
  - Proper hot holding temperatures
  - Proper cooking time and temperature; proper use of non-continuous cooking
  - No room temperature storage; proper use of time as a control
  - Proper reheating procedures for hot holding
  - Proper cold holding temperatures
  - Accurate thermometer provided and used to evaluate temperature of PHF

### Red Low Risk Factors

- Food Temperature Control
  - Food received at proper temperature
  - Adequate equipment for temperature control
  - Proper thawing methods used
  - Food properly labeled
  - Insects, rodents, animals not present; entrance controlled
  - Potential food contamination prevented during delivery, preparation, storage, display
  - Wiping cloths properly used, stored; proper sanitizer
  - Employee cleanliness and hygiene
  - Proper eating, tasting, drinking, or tobacco use

### Blue Low Risk Factors

- Utensils and Equipment
  - Food and nonfood surfaces properly used and constructed; cleanable
  - Warewashing facilities properly installed, maintained, used; test strips available and used
  - Food-contact surfaces maintained, cleaned, sanitized
  - Nonfood-contact surfaces maintained and clean

- Physical Facilities
  - Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains, no cross-connections
  - Sewage, wastewater properly disposed
  - Toilet facilities properly constructed, supplied, cleaned
  - Garbage, refuse properly disposed; facilities maintained
  - Physical facilities properly installed, maintained, cleaned; unnecessary person excluded from establishment
  - Adequate ventilation, lighting; designated areas used
  - Posting of permit; mobile establishment name easily visible

### Compliance Status

- CDI: Corrected During Inspection
- R: Repeat Violation
- N/A: Not Applicable
- N/O: Not Observed

### Date

Date

### Person In Charge

(Signature)

(Person In Charge)

(Date)

### Regulatory Authority

(Signature)

(Regulatory Authority)

(Email)

***Use the following blank lines to write comments.***
# Food Establishment Inspection Report

**NAME OF ESTABLISHMENT**

**ADDRESS OR LOCATION**

**CITY**

**MEALS SERVED**
- B
- L
- D
- C
- O

**MEALS OBSERVED**
- B
- L
- D
- C
- O

**PURPOSE OF INSPECTION**
- ROUTINE
- PREOPERATIONAL
- REINSPECTION
- ESTABLISHMENT TYPE
- RISK CATEGORY
- ROUTINE
- PREOPERATIONAL
- REINSPECTION
- OTHER
- RISK CATEGORY

**DATE**

**TIME IN**

**ELAPSED TIME**

**TOTAL POINTS**

**RED POINTS**

**REPEAT RED**

**PHONE**

<table>
<thead>
<tr>
<th>Food</th>
<th>Location</th>
<th>Temp (°F)</th>
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<th>Location</th>
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**TEMPERATURE OBSERVATIONS**

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Violations cited in this report must be corrected within the time frames specified.</th>
<th>Points</th>
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**OBSERVATIONS AND CORRECTIVE ACTIONS**

**Person In Charge**
- (Signature)
- (Print Name)

**Regulatory Authority**
- (Signature)
- (Print Name)

**Follow up Needed?**
- Yes
- No

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# Washington State Department of Health