

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Authority: Health-General Article §§ 21-211, 21-313 and 21-314, Annotated Code of Maryland

Food Service Facility Inspection Report

| | | | | | | | |
|---|----------------|-----------------------|---|--|---|------------------------------------|---|
| Date: _____ | Time In: _____ | Time Out: _____ | Purpose of Inspection (Check All That Apply) | <input type="checkbox"/> Comprehensive | <input type="checkbox"/> Outbreak Investigation | <input type="checkbox"/> Complaint | Priority Circle One High Moderate Low |
| | | | <input type="checkbox"/> Monitoring | <input type="checkbox"/> Follow-up | <input type="checkbox"/> Other | | |
| Establishment: _____ | | | Address: _____ | | City/State: _____ | | Zip Code: _____ |
| License Number: _____ | | License Holder: _____ | | Telephone: _____ | | # of Seats: _____ | Handwash Signs Yes No |
| Certified Manager Name (If required): _____ | | | | | | | |

Based on an inspection this date, the items marked below identify compliance with COMAR 10.15.03, regulations governing Food Service Facilities. Failure to comply with any time limits may result in suspension or revocation of your Food Service Facility license and may subject you to other penalties specified in Health-General Article §§ 21-1214 and 21- 1215, Annotated Code of Maryland.

Circle designated compliance status for each number item.

CRITICAL ITEMS

Mark "X" in appropriate box for COS and R

IN = in compliance **OUT** = not in compliance
N/O = not observed **N/A** = not applicable

Critical items are food safety requirements which must be followed to reduce the incidence of food-related illness and injury

COS = corrected on-site during inspection
R = repeat violation

COS R

| Compliance Status | | Food Source and Protection | COS | R |
|----------------------------------|--------------------------------|---|-----|---|
| 1 | IN OUT | Food obtained from approved source. | | |
| 2 | IN OUT | Food separated and protected from adulteration, spoilage and contamination | | |
| Employee Health and Hand Washing | | | | |
| 3 | IN OUT | Food workers with infection or diarrhea restricted in accordance with COMAR 10.06.01 | | |
| 4 | IN OUT N/O | Hands clean and properly washed | | |
| Potentially Hazardous Food | | | | |
| 5 | IN OUT N/O N/A | Cooling time and temperature | | |
| 6a | IN OUT | Cold holding temperature | | |
| 6b | IN OUT N/O N/A | Hot holding temperature | | |
| 7a | IN OUT N/O N/A | Cooking time and temperature | | |
| 7b | IN OUT N/O N/A | Reheating time and temperature | | |
| Water and Sewage | | | | |
| 8 | IN OUT | Potable hot and cold running water provided | | |
| 9 | IN OUT | Sewage discharged in accordance with all applicable State and local codes | | |

GOOD RETAIL PRACTICES

Mark "X" in box if numbered item is **not** in compliance

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.

Mark "X" in appropriate box for COS and/or R

COS = corrected on-site during inspection

R = repeat violation

| | | COS | R | | | COS | R |
|---|---|-----|---|---|---|-----|---|
| Food Temperature Control | | | | Utensils and Equipment- Design, Installation and Storage | | | |
| 10 | Thawing methods | | | 23 | Single-use/single-service articles: use, storage, dispensing | | |
| 11 | Cooling methods | | | 24 | Food-contact surfaces and equipment: cleaned and sanitized, storage | | |
| 12 | Time-only: procedures and record keeping | | | 25 | Food-contact surfaces and equipment: properly designed, constructed and used | | |
| 13 | Thermometers provided and accurate | | | 26 | Warewashing facilities: installed, maintained, used, test strips | | |
| Food Identification | | | | Physical Facilities | | | |
| 14 | Labeling accurate, truthful, date | | | 27 | Garbage/refuse properly disposed: facilities maintained | | |
| 15 | Required records available: shellstock tags, egg records | | | 28 | Plumbing installed: proper backflow devices | | |
| Prevention of Food Adulteration, Spoilage and Contamination | | | | 29 | Toilet facilities: properly constructed, supplied, clean | | |
| 16 | Adulteration, spoilage, and contamination prevention practices during food preparation, storage and display | | | 30 | Physical facilities and non-food contact surfaces installed, maintained and clean | | |
| 17 | Personal cleanliness | | | 31 | Adequate ventilation and lighting | | |
| 18 | No bare hand contact with ready-to-eat food and proper utensil use | | | Miscellaneous | | | |
| 19 | Adequate hand washing facilities supplied and accessible | | | 32 | Required postings: license, choking poster, consumer advisory | | |
| 20 | Toxic Substance; use, storage, labeling | | | 33 | HACCP plan complies with requirements in COMAR 10.15.03 | | |
| 21 | Wiping cloths: properly used and stored | | | Critical items must be corrected immediately. Good Retail Practices must be corrected within 30 days or as specified in a written compliance schedule, while Temporary Facilities must correct Good Retail Practices items within 24 hours. | | | |
| 22 | Insects, rodents, and animals: not present, control means | | | | | | |

Person in Charge (Print) _____

(Signature) _____

Date _____ / _____ / _____

Inspector (Print) _____

(Signature) _____

Contact Number () - _____

Follow-up YES NO (circle one) Follow-up Date / /