

### Retail Inspection Report

<b>Firm Name</b>	<b>Phone Number:</b>	No. of Risk Factor/Intervention Violations No. of Repeat Risk Factor/Intervention Violations
<b>Physical Address: City/State/Zip Code:</b>		
<b>Date of Inspection</b>	<b>Purpose of Inspection</b>	<b>Extent of Inspection</b>
<b>Attention To:</b>		

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

IN=in compliance    OUT=not in compliance    NO=not observed    NA=not applicable    COS=corrected on-site during inspection    R=repeat violation

Compliance Status		COS	R
<b>Supervision</b>			
1	Person in charge present, demonstrates knowledge, and performs duties		
2	Certified Food Protection Manager		
<b>Employee Health</b>			
3	Management, food employee and conditional employee; knowledge, responsibilities, and reporting		
4	Proper use of restriction and exclusion		
5	Procedures for responding to vomiting and diarrheal events		
<b>Good Hygienic Practices</b>			
6	Proper eating, tasting, drinking, or tobacco use		
7	No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>			
8	Hands clean and properly washed		
9	No bare hand contact with ready-to-eat food or a pre-approved alternative procedure properly followed		
10	Adequate handwashing sinks supplied and accessible		
<b>Approved Source</b>			
11	Food obtained from approved source		
12	Food received at proper temperature		
13	Food in good condition, safe, and unadulterated		
14	Required records available: shellstock tags, parasite destruction		

Compliance Status		COS	R
<b>Protection from Contamination</b>			
15	Food separated and protected		
16	Food-contact surfaces: cleaned and sanitized		
17	Proper disposition of returned, previously served, reconditioned, and unsafe food		
<b>Time/Temperature Control for Safety Food</b>			
18	Proper cooking time and temperatures		
19	Proper reheating procedures for hot holding		
20	Proper cooling time and temperatures		
21	Proper hot holding temperatures		
22	Proper cold holding temperatures		
23	Proper date marking and disposition		
24	Time as a Public Health Control: procedures and records		
<b>Consumer Advisory</b>			
25	Consumer advisory provided for raw/undercooked foods		
<b>Food/Color Additives and Toxic Substances</b>			
26	Food additives: approved and properly used		
27	Toxic substances properly identified, stored and used		
<b>Conformance with Approved Procedures</b>			
28	Compliance with variance/specialized process/HACCP		

**GOOD RETAIL PRACTICES**

Compliance Status		COS	R
<b>Safe Food and Water</b>			
29	Pasteurized eggs used where required		
30	Water and ice from approved source		
31	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
32	Proper cooling methods used; adequate equipment for temperature control		
33	Plant food properly cooked for hot holding		
34	Approved thawing methods used		
35	Thermometers provided and accurate		
<b>Food Identification</b>			
36	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>			
37	Insects, rodents, and animals not present		
38	Contamination prevented during food preparation, storage and display		
39	Personal cleanliness		
40	Wiping cloths: properly used and stored		
41	Washing fruits and vegetables		
<b>Proper Use of Utensils</b>			
42	In-use utensils: properly stored		
43	Utensils, equipment and linens: properly stored, dried, and handled		

Compliance Status		COS	R
44	Single-use/single-service articles: properly stored, and used		
45	Gloves used properly		
<b>Utensils, Equipment and Vending</b>			
46	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
47	Warewashing facilities: installed, maintained, and used; test strips		
48	Nonfood contact surfaces clean		
<b>Physical Facilities</b>			
49	Hot and cold water available; adequate pressure		
50	Plumbing installed; proper backflow devices		
51	Sewage and waste water properly disposed		
52	Toilet facilities: properly constructed, supplied, and cleaned		
53	Garbage and refuse properly disposed; facilities maintained		
54	Physical facilities installed, maintained, and clean		
55	Adequate ventilation and lighting; designated areas used		
<b>Preoperational Inspections and Plan Approval</b>			
56	Preoperational inspection conducted		
<b>Health Hazards</b>			
57	Cease operations during certain circumstances		

**Violations:**

**Additional Comments/Remarks:**

**Adulterated food items listed in the following observations were destroyed with my consent:**

**Violation  
number(s):**

\_\_\_\_\_  
Initials of Responsible  
Person at the Firm

**Witnessed the collecting, marking, and sealing of sample(s) collected**

\_\_\_\_\_  
**Initials of responsible person at firm**

Sample number	Commodity

**Portion of Sample was left with Firm:**

**Price Paid for Sample(s):**

**Today's findings were discussed with the most responsible person at the firm at the time of the inspection and this person was given the opportunity to respond. A complete copy of the Retail Food Establishment Regulations for the Enforcement of the Virginia Food Laws is available at:** <http://law.lis.virginia.gov/admincodeexpand/title2/agency5/chapter585/>

**Establishment (Signature):** \_\_\_\_\_

**Received By Name & Title:** \_\_\_\_\_

**Inspector (Signature):** \_\_\_\_\_

**Inspector Name:** \_\_\_\_\_

**Firm Identification**

Firm ID or CFN (if new firm write NEWFIRM):

**Billing**

Exemptions: Not Exempt

Full Mailing Address(if different from physical address)

**Water/Sewage Type**

Water Type: Sewage Type:

**Business Status**

Health Department Also Inspects: Seating:

Risk Category: Inspection Frequency (Months):

Mobile: Seasonal:

Facility Type:

If Retail Food Store, specific Type of Retail Food Store:

If Other, list type of Retail Food Store:

Overall Store Description:

Specialized Process:

If Farmer's Market, specific Type of Farmer's Market:

**Training**

Training inspection? If YES, who led:

**Corrective Actions**

Food Item	Number of Pounds	Corrective Action

**Pictures Taken/Additional Attachments:**

**Refusals**

Were any refusals encountered?

**Inspection Classification:**

Action Indicator:

Follow up Necessary: If YES, Follow up Date: Letter Requested:

If a letter is requested, Choose Letter(s):

Next Routine Inspection Date:

**Violations (continued):**

**Additional Comments/Remarks (continued):**

Sample number	Commodity