COMMONWEALTH OF KENTUCKY DFS-208 CABINET FOR HEALTH AND FAMILY SERVICES									P	URPOS	E OF IN	SPECTI							FOLLOW-UP REQUIRED	
DEPARTMENT FOR PUBLIC HEALTH											OW-UP 2 COMPLAINT 3 C			ΝТ 3 □		FS1	Y		N	
FOOD ESTABLISHMENT INSPECTION REPORT								SURVEY 4 DOTHER :				R 5 ∐				R2	Υ		N	
ESTABLISHMENT NAME: ADDRESS:							CITY/ZIP CODE:						CERTIFIED FOOD MANAGER	.,						
INSPECTION DATE: TIME IN: AM/PM							SAI	SANITARIAN# PR					PREVIOUS SCORE NAME				Υ	N	i	
DERMIT #- TIME OUT. AMA/DM							DIC	RISK TYPE 1 2 3 4 PROGRAM CODE:												
PERMIT #: TIME OUT: AM/PM RIS												3 🗆				PROGRAMI CODE.				
FOODBORNE ILLNESS RIS Risk factors are food preparation practices and employee behaviors most commoutbreaks. Public health inte							commor interve	nly repo	rted to	the Ce	nters fo	r Disea	ase Contro vent illnes	ol and Pross or injur	eventi 'y.		oorne il	Iness		
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observer.							erved					Circle		•	te point value for FS1 and/or R2 ervice R2 = Retail					
							FS1	R2		Compliance Status								FS1	R2	
	Supervision												Protect	ion fi	om Contamination					
1	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	PERSON IN CHARGE PRESENT, DEMONSTRATES KNOWLEDGE, AND PERFORMS DUTIES	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 OUT	N/A N/A	N/O N/O	FS1 R2	Certified food protection manager	1	1		16	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	PROPER DISPOSITION OF RETURNE PREVIOUSLY SERVED, RECONDITIONED AND UNSAFE FOC		2	2	
					Em	ployee Health				17	IN	OUT	N/A	N/O	FS1	Food stored covered		1	1	
3	IN	OUT	N/A	N/O	FS1	MANAGEMENT, FOOD EMPLOYEE AND	2	2		18	IN IN	OUT	N/A N/A	N/O N/O	R2 FS1	FOOD-CONTACT SURFACES: CLEAN	IED	3	3	
	IN	OUT	N/A	N/O	R2	CONDITIONAL EMPLOYEE; KNOWLEDGE, RESPONSIBILITES AND REPORTING	2				IN	OUT	N/A	N/O	R2	AND SANITIZED		3		
4	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	PROPER USE OF RESTRICTION AND EXCLUSION	2	2					Tin	Time/Temperature Control for Safety						
5	IN IN	OUT	N/A	N/O	FS1 R2	RESPONSE PROCEDURES FOR VOMITING AND DIARRHEAL EVENTS	2	2		19	IN IN	OUT	N/A	N/O	FS1 R2	PROPER COOKING TIME AND TEMPERATURE		3	3	
	IIN	001	N/A	N/O		Hygienic Practices				20	IN	OUT	N/A N/A	N/O N/O	FS1	PROPER REHEATING PROCEDURES		2	2	
6	IN	OUT	N/A	N/O	FS1	PROPER EATING, TASTING, DRINKING,				21	IN IN	OUT	N/A N/A	N/O N/O	R2 FS1	FOR HOT HOLDING PROPER COLD HOLDING				
_	IN IN	OUT	N/A N/A	N/O N/O	R2 FS1	OR TOBACCO USE NO DISCHARGE FROM EYES, NOSE OR	2	2			IN IN	OUT	N/A N/A	N/O N/O	R2 FS1	TEMPERATURES PROPER HOT HOLDING		3	3	
7	IN	OUT	N/A	N/O	R2	THROAT	2	2		22	IN	OUT	N/A	N/O	R2	TEMPERATURES		3	3	
				Preven	iting C	ontamination by Hands				23	IN IN	OUT 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 PROPERLY WASHED	3	3		24	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	TIME AS A PUBLIC HEALTH CONTRO PROCEDURES AND RECORDS	DL:	2	2	
9	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	NO BARE HAND CONTACT WITH READY-TO-EAT FOODS OR APPROVED	2	2		25	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	PROPER DATE MARKING AND DISPOSITION		2	2	
10	IN	OUT	N/A	N/O	FS1	ALTERNATE METHOD FOLLOWED Adequate hand washing facilities						001	14/7	·		mer Advisory				
10	IN	OUT	N/A	N/O	R2	supplied and accessible	1	1		20	IN	OUT	N/A	N/O	FS1	CONSUMER ADVISORY PROVIDED				
				_						26	IN	IN OUT N/A N/O R2 FOR RAW & UNDERCOOKED FOODS						2	2	
11	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	FOOD OBTAINED FROM APPROVED SOURCE	3	3						Highly	Susc	eptible Population				
12	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	FOOD RECEIVED AT PROPER TEMPERATURE	2	2		27	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	PASTEURIZED FOOD USED: PROHIBITED FOODS NOT OFFERED		2	2	
13	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	FOOD IN GOOD CONDITION, SAFE, AND UNADULTERATED	2	2							CI	nemicals				
14	IN	OUT	N/A	N/O	FS1	REQUIRED RECORDS, SHELLSTOCK TAGS, PARASITE DESTRUCTION	2	2		28	IN	OUT	N/A	N/O	FS1	FOOD ADDITIVES, APPROVED AND PROPERLY USED		2	2	
IN OUT NAME NAME NO.									29	IN IN	OUT	N/A N/A	N/O N/O	FS1	TOXIC SUBSTANCES PROPERLY IDENTIFIED, STORED, USED		2	2		
CHOKE SAVING TECHNIQUES POSTED AS REQUIRED BY KRS 217.285										IN	OUT	N/A Conf	N/O ormano	R2 ce wit	h Approved Procedures					
									30	IN	OUT	N/A	N/O	FS1	COMPLIANCE WITH VARIANCE, SPECIALIZED PROCESS & HACCP PL	AN	2	2		
							GC	OOD RE	TAIL	PRACT	ICES	OUT	N/A	N/O	R2	SPECIALIZED PROCESS & HACCP PL	AIN			
	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. Circle the approp Compliance Status F51 R2						riate p				d/or R2			FS1 = Food Service		Retai					
Safe Food and Water						RZ		Compliance Status Proper Use of Utensils						e of Utensils		FS1	R2			
31	OUT OUT	FS1 R2		TEURIZE QUIRED	D EGG	AND MILK PRODUCTS USED WHEN	2	2		44	OUT	FS1 R2		e utensils	, prop	erly stored		1	1	
32	OUT OUT	FS1 R2	WA	TER AND	ICE FR	OM AN APPROVED SOURCE	2	2	L	45	OUT OUT	FS1 R2			ment a	nd linens: properly stored, dried,	$_{\perp}$ \top	1	1	
33	OUT	FS1 R2		RIANCE C	BTAINI	ED FOR SPECIALIZED PROCESSING	2	2		46	OUT OUT	FS1 R2	- 0	e use/sin	gle ser	vice articles: properly stored, used		1	1	
		1	1		od Te	mperature Control				47	OUT	FS1	L GLO	VES USED	PROP	ERLY		2	2	
34	OUT	FS1				nods used; adequate equipment for	1	1			001	j nz		Utensils, Equipment and Vending						
35	OUT	FS1	_	perature nt food p		cooked for hot holding	1	1		48	OUT	FS1		Food and nonfood-contact surfaces cleanable, properly						
36	OUT	R2 FS1	App	roved th	awing r	nethods used		1		49	OUT	R2 FS1		designed, constructed, and used Ware washing facilities: installed, maintained, used, test					1	
37	OUT	R2 FS1	The	rmomete	ers prov	ided and accurate	1			50	OUT	R2 FS1			act sur	faces clean		1		
5/	OUT	R2				d Identification	1	1		30	OUT	R2						1	1	
38	OUT	FS1	Fon	d proper		ed; original container				E1	OUT	FS1	L Hot			imbing and Waste vailable; adequate pressure; plumbi	ng			
OUT R2 Prevention of Food Contamination					1	1		OUT R2 maintained							-	1	1			
	OUT COLUMN TO SERVICE								52	OUT	JT R2						2	2		
39	OUT	R2	and	display	·		1	1		53	OUT	R2	_	SEWAGE AND WASTEWATER PROPERLY DISPOSED					2	
40	OUT	FS1 R2				; hair restraints	1	1						Physical Facilities						
41	OUT	FS1 R2	Wip	ing cloth	ıs: prop	erly used and stored	1	1	L	54	OUT OUT	FS1 R2		Toilet facilities: properly constructed, supplied, cleaned					1	
42	OUT	FS1 R2	Wa	shing fru	its and v	vegetables	1	1		55	OUT OUT	FS1 R2		Garbage/refuse properly disposed; facilities maintained					1	
				P	osting	s and Compliance				56	OUT	FS1 R2	L Phys	ical facilit	ies ins	alled, maintained and clean		1	1	
43	OUT	FS1 R2	Pos	ted: Peri	mit/Ins	pection/Hand washing	1	1		57	OUT	FS1 R2	Adeo	quate ven	tilatior	and lighting	\top	1	1	
OUT R2 E-mail address:						1	1		58	OUT	FS1 R2	INSE	CTS, ROD	ENTS /	AND ANIMALS NOT PRESENT		2	2		
- "									1			nΖ								

Food Service Establishment Inspection Report Continuation Form Pageof _									
Establishr	nent		Permit #	Date					
Address		City/State		-	Zip Code				
Item Number		OBSERV	/ATIONS						
Kentu ————————————————————————————————————	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					
Inspecto	or (Signature)			Date					