ROUTINE FOOD ESTABLISHMENT INSPECTION REPORT

For use of this form, see TB MED 530; the proponent agency is OTSG.

1. ESTABLISHMENT NAME

2. ESTABLISHMENT ADDRESS

3. PURPOSE	4. RATING	5. FOLLOW-UP INSPECTION REQUIRED	6. NUMBER AND TYPE OF VIOLATIONS
☐ ROUTINE	☐ EXCELLENT	☐ NO	_____ CRITICAL
☐ FOLLOW-UP	☐ SATISFACTORY	☐ YES	_____ NONCRITICAL
☐ SELF EVALUATION	☐ UNSATISFACTORY	REINSPECTION DATE *(YYYYMMDD)* _____	

7. WAREWASHING DATA		8. REFRIGERATOR/FREEZER UNIT TEMPERATURES		9. COLD OR HOT PHF TEMPERATURES	
		Type	°F	Food, Location	°F
a. MANUAL (1) SANITIZING TEMPERATURES (°F) AND LOCATIONS					
(2) CHEMICAL SANITIZERS (Type and Concentration)					
b. MECHANICAL (1) WASH CYCLE TEMPERATURE (°F)					
(2) FINAL RINSE TEMPERATURE (°F)					
(3) CHEMICAL SANITIZERS (Type and Concentration)					
(4) FINAL RINSE TIME (Seconds)					

10. VIOLATIONS *(List critical first.)*

a. CRITICAL		b. REPEAT		c. REFERENCE PARAGRAPH FROM TB MED 530	d. VIOLATION DESCRIPTION/REMARKS/CORRECTIVE ACTIONS	e. CORRECTED BY (Initials/Date)
YES	NO	YES	NO			

10. VIOLATIONS *(List critical first.) (Continued)*

a. CRITICAL		b. REPEAT		c. REFERENCE PARAGRAPH FROM TB MED 530	d. VIOLATION DESCRIPTION/REMARKS/CORRECTIVE ACTIONS	e. CORRECTED BY (Initials/Date)
YES	NO	YES	NO			

11a. INSPECTOR'S NAME AND SIGNATURE	11b. DATE OF INSPECTION *(YYYYMMDD)*	11c. TIME OF INSPECTION
11d. INSPECTOR'S UNIT	11e. UNIT'S TELEPHONE NUMBER	
12a. ESTABLISHMENT REPRESENTATIVE'S NAME AND SIGNATURE		
12b. ESTABLISHMENT REPRESENTATIVE'S TITLE	12c. DATE RECEIVED *(YYYYMMDD)*	