



Frozen Dessert Distribution Station Inspection Report

Bureau of Environmental Health Services

Distribution Station Name: _____
Address: _____
Permit Number: _____ Date: _____

To Whom it May Concern:

Based on an inspection this day, the items marked below identify the violations in operations or facilities which must be corrected by the next routine inspection or such period of time as may be specified in writing by the Department. Failure to comply with this notice may result in suspension of your permit. An opportunity for an appeal will be provided if a written request for a hearing is filed with the Department within the period of time established by regulations. **Correct cleaning and procedure violations immediately.**

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| <p>1. FLOORS:
Smooth; impervious; no pools; good repair; trapped drains (a) <input type="checkbox"/></p> <p>2. WALLS AND CEILINGS:
Smooth; washable; light-colored; good repair..... (a) <input type="checkbox"/></p> <p>3. DOORS AND WINDOWS:
All outer openings effectively protected against entry of insects and rodents (a) <input type="checkbox"/>
Outer doors self-closing; screen doors open outward..... (b) <input type="checkbox"/></p> <p>4. LIGHTING AND VENTILATION:
Adequate in all rooms (a) <input type="checkbox"/>
Well ventilated to preclude odors and condensation; filtered air with pressure systems (b) <input type="checkbox"/></p> <p>5. SEPARATE ROOMS:
Separate rooms as required; adequate size..... (a) <input type="checkbox"/>
No direct opening to barn or living quarters (b) <input type="checkbox"/></p> <p>6. TOILET FACILITIES:
Sewage and other liquid wastes disposed of in a sanitary manner (a) <input type="checkbox"/>
No direct opening to processing rooms; self-closing doors (b) <input type="checkbox"/>
Clean; well lighted and ventilated; proper facilities (c) <input type="checkbox"/>
Complies with local regulation (d) <input type="checkbox"/></p> <p>7. WATER SUPPLY:
Constructed and operated in accordance with regulation..... (a) <input type="checkbox"/>
No direct or indirect connection between safe and unsafe water (b) <input type="checkbox"/>
Complies with bacteriological standards..... (c) <input type="checkbox"/></p> <p>8. HAND-WASHING FACILITIES:
Located and equipped as required; clean and in good repair; improper facilities not used (a) <input type="checkbox"/></p> <p>9. DISTRIBUTION STATION CLEANLINESS:
Neat; clean; no evidence of insects or rodents; trash properly handled (a) <input type="checkbox"/>
No unnecessary equipment..... (b) <input type="checkbox"/></p> <p>10. SANITARY PIPING:
Smooth; impervious, corrosion-resistant, non-toxic, easily cleanable materials; good repair; accessible for inspection (a) <input type="checkbox"/>
Clean-in-place lines meet regulation specifications (b) <input type="checkbox"/>
Pasteurized products conducted in sanitary piping, except as permitted by regulation (c) <input type="checkbox"/></p> <p>11. CONSTRUCTION AND REPAIR OF CONTAINERS/ EQUIPMENT:
Smooth, impervious, corrosion-resistant, non-toxic, easily cleanable materials..... (a) <input type="checkbox"/>
Good repair; accessible for inspection..... (b) <input type="checkbox"/></p> | <p>12. CLEANING AND SANITIZING OF CONTAINERS/ EQUIPMENT:
Containers, utensils, and equipment effectively cleaned..... (a) <input type="checkbox"/>
Mechanical cleaning requirements of regulations in compliance; records complete (b) <input type="checkbox"/>
Approved sanitization process applied prior to use of product-contact surfaces..... (c) <input type="checkbox"/>
Required efficiency tests in compliance (d) <input type="checkbox"/>
Multi-use plastic containers in compliance..... (e) <input type="checkbox"/></p> <p>13. STORAGE OF CLEANED CONTAINERS AND EQUIPMENT:
Stored to assure drainage and protected from contamination (a) <input type="checkbox"/></p> <p>14. STORAGE OF SINGLE-SERVICE ARTICLES:
Received, stored and handled in a sanitary manner (a) <input type="checkbox"/></p> <p>15. PROTECTION FROM CONTAMINATION:
Operations conducted and located so as to preclude contamination of frozen dessert products, ingredients, containers, equipment, and utensils..... (a) <input type="checkbox"/>
Overflow, spilled and leaked products, or ingredients discarded. (b) <input type="checkbox"/>
Air and steam used to process products in compliance with regulation..... (c) <input type="checkbox"/>
Approved pesticides and other poisonous or toxic materials safely stored and properly used (d) <input type="checkbox"/></p> <p>16. COOLING OF MILK:
Pasteurized mix cooled to 45°F or less in approved equipment; all pasteurized mixes stored thereat until delivered (a) <input type="checkbox"/>
Approved thermometer properly located in all refrigeration rooms and storage tanks (b) <input type="checkbox"/></p> <p>17. PERSONNEL CLEANLINESS:
Hands washed clean before performing plant functions; rewashed when contaminated..... (a) <input type="checkbox"/>
Clean outer garments and hair covering worn..... (b) <input type="checkbox"/>
No use of tobacco in processing areas (c) <input type="checkbox"/></p> <p>18. VEHICLES:
Vehicles clean; constructed to protect frozen desserts and ingredients..... (a) <input type="checkbox"/>
No contaminating substances transported (b) <input type="checkbox"/>
Vehicles properly identified..... (c) <input type="checkbox"/></p> <p>19. SURROUNDINGS:
No substantial presence of rodents or insects may be allowed anywhere on the premises (a) <input type="checkbox"/>
Neat and clean; free of pooled water, harborages, and breeding areas..... (b) <input type="checkbox"/>
Approved pesticides, used properly..... (c) <input type="checkbox"/></p> |
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Remarks (If additional space is required, please place information on the back of this Form.)

Facility Owner/Manager: _____
Health Authority: Phone: _____