

VERMONT DEPARTMENT OF HEALTH - FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

ID# _____ Time In _____ Time Out _____ Date _____ Travel Time _____
 Routine _____ Follow-up _____ New/Change of Owner _____ Preliminary _____ Complaint _____ Other _____ Dem. of Knowledge: Yes _____ No _____

Establishment Name _____ License Type _____

Licensee Name _____
 Street Address _____ Town _____

Water Supply _____ Sewage Disposal _____
 Dining Capacity: Indoor _____ Outdoor _____ Total _____ License Posted: Yes _____ No _____

Item	Debit Points	Description	Item	Debit Points	Description	Item	Debit Points	Description
5-204 Source of Food			18	1	Single-Service Articles: Stored__ Dispensed__ Handled__	33	2	Receptacles: Covered__ Properly Located__ Sufficient Capacity__ Proper Storage/Removal__ Insect/Rodent-Proof__ Clean__
*1	5	Acceptable Source__ Sound Condition__	19	2	Single-Service Items May Not Be Re-Used	34	1	Outside Storage Area Enclosures: Properly Constructed__ Maintained__ Clean__
5-205 Food Protection			5-208 Food Equipment & Utensils - Cleanliness			5-214 Insect & Rodent Control		
2	1	Original Container__ Properly Labeled__ Consumer Advisory Posted__	20	1	Proper Dry Cleaning Methods Used__ Precleaning: Preflushed__ Scraped__ Presoaked__	*35	4	No Insects/Rodents/Vermin__ Outer Openings Protected__ Animals, Birds, Reptiles Prohibited__
*3	5	Potentially Hazardous Food: Date Marked__ Meets Time Requirement__ Meets Temperature Requirements During: Storage__ Preparation__ Display__ Service__ Transportation__ Cooling__	21	2	Wash & Rinse Water: Clean__ Proper Temperature Maintained__ Proper Cleaning Agent Used__	5-215 Floors, Walls & Ceilings		
*4	4	Preventing Cross Contamination: Hands__ Reused Tableware__ Suitable Utensils__ Separation__ Segregation__ Unapproved Additives__ Contact Surfaces__ Ice__ Washed Fruit & Vegetables__	*22	4	Sanitization Rinse: Clean__ Proper Temperature Maintained__ Proper Concentration__ Test Kit Used__ Pressure 15-25 psi__ Adequate Exposure Time__	36	1	Floors: Properly Constructed__ Good Repair__ Clean__ Proper: Covering__ Cleaning Method Used__
5	1	Product Temperature Maintained: Adequate Facilities__ Temperature Measuring Devices: Properly Located__ Provided__ Accurate__ Clean__ Calibrated__	23	1	Wiping Cloths: Clean__ Use Restricted__ Used on Tableware__ Properly: Stored__ Separated__ Laundered__ Sponges Prohibited__	37	1	Walls, Ceilings & Attached Equipment: Properly Constructed__ Good Repair__ Clean__ Proper: Surfaces__ Cleaning Method Used__
6	2	Potentially Hazardous Food - Properly Thawed	24	2	Cleaning Food Contact Surfaces of Equipment & Utensils: Proper Frequency__ Proper Method Used__ Tableware Cleaned__ Equipment Cleaned__ Dispensers__ Cooking Utensils__ Other__	5-216 Lighting		
*7	4	Unwrapped, Potentially Hazardous Food: Re-Served__ Returned__ Transferred__	25	1	Cleaning Non-Food Contact Surfaces of Equipment & Utensils: Proper Frequency__ Proper Method Used__ Free of Contaminants__	38	1	Adequate Lighting: Intensity__ Fixtures Shielded__ Fixtures Shatter-Resistant__
8	2	Food Protected During: Storage__ Preparation__ Display__ Service__ Transportation__	26	1	Cleaned Equipment & Utensils Properly: Stored__ Handled__	5-217 Ventilation		
9	2	Handling of Food & Ice Minimized__ Gloves Used Properly__ Convenient & Suitable Utensils Used__	5-209 Water System			39	1	Rooms & Equipment: Vented as Required__ Adequate__ Clean__ Properly: Constructed__ Designed__
10	1	In-Use Food & Ice Dispensing Utensils/Equipment: Properly Stored__ Clean__ Use Limited__	*27	5	Source Safe__ Approved System__ Proper Construction__ Sufficient Capacity/Pressure__	5-218 Dressing Rooms		
5-206 Personnel			5-210 Sewage Disposal			40	1	Rooms: Designated__ Clean__ Lockers Provided__ Facilities: Clean__ Conveniently Located__
*11	5	Personnel with Infections Restricted/Excluded	*28	4	Sewage & Waste Disposal Approved/Satisfactory	5-219 Miscellaneous Inspection Items		
*12	5	Hands Properly Washed & Clean__ Acceptable Hygienic Practices Employed__ No Eating, Drinking or Using Tobacco__ Jewelry Prohibition__ Nails__	5-211 Plumbing			*41	5	Necessary Toxic Items: Properly Stored__ Separated__ Labeled__ Used__
13	1	Clean: Outer Clothing__ Uniform__ Apron__ Hair Restraints Used__	29	1	Properly Constructed__ Installed__ Maintained__	42	1	Premises Maintained__ Free of Litter & Unnecessary Items__ Cleaning & Maintenance Equipment Properly Stored__
5-207 Food Equipment & Utensils			*30	5	No: Cross-Connection__ Back Siphonage__ Backflow Prevention Devices Provided__	43	1	Food Operation Separate From: Living/Sleep Quarters__ Laundry__ Unrelated Activities__
14	2	Food & Ice Contact Surfaces: Design__ Durability__ Cleanability__ Construction__ Maintenance__ Installation__ Location__ Use Limited__	5-212 Toilet & Handwashing Facilities			44	1	Cleaned & Soiled Linens: Properly Stored__ Proper Cleaning Frequency__
15	1	Non-Food Contact Surfaces: Design__ Construction__ Maintenance__ Installation__ Location__ Cleanability__	*31	4	Adequate Number__ Conveniently Located__ Accessible__ Service Sink Provided__ Properly: Operated/Maintained__ Designed__ Installed__	Total Debit Points Rating Score		
16	2	Dishwashing Facilities: Design__ Construction__ Maintenance__ Installation__ Location__ Operation__ Use Limited__	32	2	Toilet Rooms: Enclosed__ Adequate Water Temperature__ Self-Closing Doors__ Properly Maintained__ Cleaning Materials Provided__ Sign Posted__ Proper Waste Receptacles__			
17	1	Provided: Accurate Temperature Measuring Devices__ Chemical Test Kits__ Pressure Gauges__	5-213 Garbage & Refuse Disposal					

Sanitarian _____ Date Re-Inspect By _____ Voluntarily Closed _____ Reopened _____

Person Interviewed _____ Title _____ Signature _____

* All critical items require immediate attention. Circled debit points indicate non-compliance.