COMMONWEALTH OF KENTUCKY DFS-208 Rev. 10/17 CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR PUBLIC HEALTH							REG	ULAR 1			E OF IN		ON OMPLAI	NT 3 🗆		INSPECTION SCORE		.OW-I QUIRE			
FOOD ESTABLISHMENT INSPECTION REPORT							SURVEY 4 OTHER				R 5 🗌			_	R2	Υ	-	N			
ESTABLISHMENT NAME: ADDRESS:													ITY/ZIP	CODE.		CERTIFIED FOOD MANAGER					
1.53.655.														,			NAME	Y	N	1	
INSPECTION DATE: TIME IN: AM/PM							SANITARIAN #				Р	REVIOU	S SCORE		EXP. DATE						
PERMIT #: TIME OUT: AM/PM							RIS						PROGRAM CODE:								
						RISK	RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
	Risk factors are food preparation practices and employee behaviors most comm								ly repo	rted to	the Ce	enters fo	r Disea	se Contr	ol and P	reventi	on as contributing factors in food	borne ill	ness		
outbreaks. Public health interventions are control measures to prevent illness or injury. Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Circle the appropriate points.											te point value for FS1 and/or R2										
IN = in compliance OUT = not in compliance N/A = not applicable N/O = n						not obs	observed FS1 = Food Service R2 = Retail								ervice R2 = Retail	1					
Compliance Status Supervision						FS1	FS1 R2 Compliance Status Protection from Contamination									FS1	R2				
1	IN	OUT	N/A	N/O	FS1	PERSON IN CHARGE PRESE		2	2		15	IN	OUT	N/A	N/O	FS1	Food separated and protected		2	2	
	IN	OUT	N/A	N/O	R2	DEMONSTRATES KNOWLED PERFORMS DUTIES	,	2	2			IN	OUT	N/A	N/O	R2	, ,		2	2	
2	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	Certified food protection	n manager	1	1		16	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	PROPER DISPOSITION OF RETURNS PREVIOUSLY SERVED,		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 EMP					18	IN IN	OUT	N/A N/A	N/O N/O	R2 FS1	FOOD-CONTACT SURFACES: CLEAN	NED .			
	IN	OUT	N/A	N/O	R2	CONDITIONAL EMPLOYEE; K RESPONSIBILIITES AND REP	ORTING	2	2			IN	OUT	N/A	N/O	R2	AND SANITIZED		3	3	
4	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	PROPER USE OF RESTRICTION	N AND	2	2					Tir	me/Ten	npera	ture Control for Safety				
5	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	RESPONSE PROCEDURES FO AND DIARRHEAL EVENTS	R VOMITING	2	2		19	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	PROPER COOKING TIME AND TEMPERATURE		3	3	
		001	11/14			Hygienic Practices					20	IN	OUT	N/A	N/O	FS1	PROPER REHEATING PROCEDURES FOR HOT HOLDING		2	2	
6	IN	OUT	N/A	N/O	FS1	PROPER EATING, TASTING, I	DRINKING,	2	2		21	IN IN	OUT	N/A N/A	N/O N/O	R2 FS1	PROPER COLD HOLDING TEMPERATURES		3	3	
7	IN IN	OUT	N/A N/A	N/O N/O	R2 FS1	NO DISCHARGE FROM EYES,	, NOSE OR				22	IN IN	OUT	N/A N/A	N/O N/O	R2 FS1	PROPER HOT HOLDING				
	IN	OUT	N/A	N/O Prever	R2	THROAT ontamination by Hand	c	2	2		23	IN IN	OUT	N/A N/A	N/O N/O	R2 FS1	PROPER COOLING TIME AND		3	3	
	IN	OUT		N/O	FS1	HANDS CLEAN AND PROPER			I			IN IN	OUT	N/A N/A	N/O N/O	R2 FS1	TEMPERATURE TIME AS A PUBLIC HEALTH CONTRO		3	3	
8	IN	OUT	N/A N/A	N/O	R2			3	3		24	IN	OUT	N/A	N/O	R2	PROCEDURES AND RECORDS		2	2	
9	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	NO BAREHAND CONTACT W TO-EAT FOODS OR APPROV ALTERNATE METHOD FOLLO	ED	2	2		25	IN IN	OUT 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	Adequate hand washing fa supplied and accessible		1	1							Consu	mer Advisory				
	IN	OUT	N/A	N/O	R2 Apı	proved Source					26	IN	OUT	N/A	N/O	FS1	CONSUMER ADVISORY PROVIDED		2	2	
11	IN	OUT	N/A	N/O	FS1	FOOD OBTAINED FROM APP	PROVED					IN	OUT	N/A	N/A N/O R2 FOR RAW & UNDERCOOKED FOODS Highly Susceptible Population						
12	IN IN	OUT	N/A N/A	N/O N/O	R2 FS1	SOURCE FOOD RECEIVED AT PROPER	t	3	3		27	IN	ОИТ	N/A	N/O	FS1	PASTEURIZED FOOD USED:				
	IN IN	OUT	N/A N/A	N/O N/O	R2 FS1	TEMPERATURE FOOD IN GOOD CONDITION	SAFF, AND	2	2		-7	IN	OUT	N/A	N/O	R2	PROHIBITED FOODS NOT OFFERED		2	2	
13	IN	OUT	N/A	N/O	R2	UNADULTERATED		2	2				l	1			FOOD ADDITIVES, APPROVED AND				
14	IN IN	OUT OUT	N/A N/A	N/O N/O	FS1 R2	REQUIRED RECORDS, SHELL PARASITE DESTRUCTION	STOCK TAGS,	2	2		28	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	PROPERLY USED		2	2	
CHOKE SAVING TECHNIQUES POSTED AS REQUIRED BY KRS 217.285								29	IN IN	OUT	N/A N/A	N/O N/O	FS1 R2	TOXIC SUBSTANCES PROPERLY IDENTIFIED, STORED, USED		2	2				
☐ YES ☐ NO											1 .				th Approved Procedures						
30 IN OUT N/A N/O FS1 COMPLIANCE WITH VARIANCE, IN OUT N/A N/O R2 SPECIALIZED PROCESS & HACCP PLAN 2 2											2										
	GOOD RETAIL PRACTICES Good retail practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																				
Circ	e "OU	Γ" if nu	mbered	item is	not in	compliance.	Cir	cle the	approp	riate p	oint va	alue for	FS1 and	l/or R2			FS1 = Food Service	R2 =	Retai	ı	
Compliance Status Safe Food and Water						FS1	R2		Con	npliance S	Status		Proper Use of Utensils								
31	OUT					2	2		44	OUT	FS1	In-u	se utensi		1	1					
32	OUT	FS1		UIRED TER AND	ICE FR	OM AN APPROVED SOURCE		2	2		45	OUT	FS1			oment a	and linens: properly stored, dried,		1	1	
33	OUT	FS1			DBTAINE	D FOR SPECIALIZED PROCES	SSING	2	2		46	OUT	FS1	Sing		ngle ser	vice articles: properly stored, used		1	1	
	OUT	R2	ME	rhods Fo	ood Te	mperature Control					47	OUT	FS1	GLO	VES USE	D PROP	ERLY		2	2	
34	OUT	FS1		Proper cooling methods used; adequate equipment for				1	1			OUT	R2		Utensils, Equipment and Vending						
35	OUT	R2 FS1	_	temperature control Plant food properly cooked for hot holding				1	1		48	OUT	FS1		Food and nonfood-contact surfaces cleanable, properly						
36	OUT	R2 FS1	App	roved th	nawing r	nethods used					49	OUT	R2 FS1				ed, and used ies: installed, maintained, used, test	:	2	2	
-	OUT	R2 FS1				ided and accurate		1	1		50	OUT	R2 FS1	strip	os		rfaces clean		1	1	
37	OUT	R2			<u> </u>			1	1		50	OUT	R2						1	1	
38	OUT	FS1	Foo	d proper		d Identification ed; original container					Ę1	OUT	FS1	Hot			umbing and Waste available; adequate pressure; plumbi	ng			
OUT R2 Prevention of Food Contamination						1	1 1 OUT R2 maintained								1	1					
OUT TS1 Contemination assumed during food assumption started										OUT R2						2	2				
39	OUT	R2	and	Contamination prevented during food preparation, storage and display				1	1		53	OUT	R2	SEW	SEWAGE AND WASTEWATER PROPERLY DISPOSED					2	
40	OUT	FS1 R2		Personal cleanliness; hair restraints				1	1						Physical Facilities						
41	OUT	T R2					1	1		54	OUT	FS1 R2		Toilet facilities: properly constructed, supplied, cleaned					1		
42 OUT FS1 Washing fruits and vegetables OUT R2					1	1		55	OUT OUT	FS1 R2		Garbage/refuse properly disposed; facilities maintained				1	1				
Postings and Compliance									56	OUT OUT	FS1 R2		Physical facilities installed, maintained and clean				1	1			
43 OUT FS1 Posted: Permit/Inspection/Hand washing OUT R2						1	1		57	OUT OUT	FS1 R2	Ade	quate ve	ntilatio	n and lighting		1	1			
E-mail address:									58	OUT OUT	FS1 R2		ECTS, RO	DENTS	AND ANIMALS NOT PRESENT		2	2			

Food Service Establishment Inspection Report Continuation Form Page of										
Establishr	nent		Permit #	Date						
Address		City/State			Zip Code					
Item Number		OBSER\	/ATIONS							
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						