

# Food Establishment Inspection Report

Establishment Name:	Address:	City:	State:	Zip Code:	Phone:
Permit #:	Email:	Est. Type:		Risk Category:	



**As Governed by State Regulation 7.6.2 NMAC**  
**NMED Environmental Health Bureau**  
 121 Tijeras Ave. NE, Albuquerque NM 87102

**Purpose of Inspection:**

<input type="checkbox"/> Pre-Opening	<input type="checkbox"/> Regular	<input type="checkbox"/> Complaint	<input type="checkbox"/> Closing
<input type="checkbox"/> Opening	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Investigation	<input type="checkbox"/> CAR

**Permit Expiration**

Date:	
Time In:	
Time Out:	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

Compliance Status		COS		R	
<b>Supervision</b>					
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties			
2	IN OUT N/A	Certified Food Protection Manager			
<b>Employee Health</b>					
3	IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	IN OUT	Proper use of restriction & exclusion			
5	IN OUT	Procedures for responding to vomiting and diarrheal events			
<b>Employees</b>					
6	IN OUT N/A	Food Handler Cards			
<b>Good Hygienic Practices</b>					
7	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			
8	IN OUT N/O	No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>					
9	IN OUT N/O	Hands clean & properly washed			
10	IN OUT N/A N/O	No bare hand contact with RTE foods or pre-approved alternative procedure properly allowed			
11	IN OUT	Adequate handwashing sinks; supplied & accessible			
<b>Approved Source</b>					
12	IN OUT	Food obtained from approved source			
13	IN OUT N/A N/O	Food received at proper temperature			
14	IN OUT	Food in good condition, safe, & unadulterated			
15	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction			
<b>Protection from Contamination</b>					
16	IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food			
17	IN OUT N/A	Food-contact surfaces; cleaned & sanitized			
18	IN OUT N/A N/O	Food separated & protected			
<b>Time/Temperature Control for Safety</b>					
19	IN OUT N/A N/O	Proper cooking time & temperatures			
20	IN OUT N/A N/O	Proper reheating procedures for hot holding			
21	IN OUT N/A N/O	Proper cooling time & temperature			
22	IN OUT N/A N/O	Proper hot holding temperatures			
23	IN OUT N/A N/O	Proper cold holding temperatures			
24	IN OUT N/A N/O	Proper date marking & disposition			
25	IN OUT N/A N/O	Time as a Public Health Control; procedures & records			
<b>Consumer Advisory</b>					
26	IN OUT N/A	Consumer advisory provided for raw/undercooked foods			
<b>Highly Susceptible Populations</b>					
27	IN OUT N/A	Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>					
28	IN OUT N/A	Food additives: approved & properly used			
29	IN OUT N/A	Toxic substances properly identified, stored, & used			
<b>Conformance with Approved Procedures</b>					
30	IN OUT N/A	Compliance with variance / specialized process / HACCP			

**Risk factors** are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

No. of Risk Factors / Intervention Violations	
No. of Repeat Risk Factors / Intervention Violations	

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance      Mark "X" in appropriate box for COS and/or R      **COS**=corrected on-site during inspection      **R**=repeat violation

Compliance Status		COS		R	
<b>Safe Food and Water</b>					
31		Pasteurized eggs used where required			
32		Water & ice from approved source			
33		Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>					
34		Proper cooling methods used; adequate equipment for temperature control			
35		Plant food properly cooked for hot holding			
36		Approved thawing methods used			
37		Thermometers provided & accurate			
<b>Food Identification</b>					
38		Food properly labeled; original container			
<b>Prevention of Food Contamination</b>					
39		Insects, rodents, & animals not present			
40		Contamination prevented during food preparation, storage & display			
41		Personal cleanliness			
42		Wiping cloths: properly used & stored			
43		Washing fruits & vegetables			
<b>Proper Use of Utensils</b>					
44		In-use utensils: properly stored			
45		Utensils, equipment & linens: properly stored, dried, & handled			
46		Single-use/single-service articles: properly stored & used			
47		Gloves used properly			
<b>Utensils, Equipment and Vending</b>					
48		Food & non-food contact surfaces cleanable, properly designed, constructed, & used			
49		Warewashing facilities: installed, maintained, & used; test strips			
50		Non-food contact surfaces clean			
<b>Physical Facilities</b>					
51		Hot & cold water available; adequate pressure			
52		Plumbing installed; proper backflow devices			
53		Sewage & waste water properly disposed			
54		Toilet facilities: properly constructed, supplied, & cleaned			
55		Garbage & refuse properly disposed; facilities maintained			
56		Physical facilities installed, maintained, & clean			
57		Adequate ventilation & lighting; designated areas used			

Status: <i>(check one)</i>	Approved <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Immediate Closure <input type="checkbox"/>	Voluntary Closure <input type="checkbox"/>
----------------------------	-----------------------------------	---	--	--

No. of Good Retail Practices Violations	
No. of Repeat Good Retail Practices Violations	

Person in Charge <i>(Signature)</i>
Inspector <i>(Signature)</i>
Date:

Follow-up:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date:	
Corrective Action Response:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date:	

# Food Establishment Inspection Report

Page \_\_\_\_ of \_\_\_\_



As Governed by State Regulation 7.6.2 NMAC  
NMED Environment Health Bureau  
121 Tijeras Ave NE, Albuquerque NM 87102

Establishment Name:

Permit #:

Date:

Address:

City:

State:

Zip Code:

Phone:

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the Food Code.

Person in Charge (Signature) \_\_\_\_\_  
Inspector (Signature) \_\_\_\_\_

Date: \_\_\_\_\_