



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

Business Name/DBA: Diana's Pumpkin Patch Owner: _____
 Address: 1724 Poplar City: Cañon County: Fremont
 Date: 9-17-19 Inspection Type: Pre-operational Time In: 9:00

Foodborne Illness Risk Factors & Interventions

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. Compliance status is designated as In, Out, NA, or NO for each numbered item.

IN: In compliance		OUT: Not in compliance		NO: Not observed		NA: Not Applicable		COS: Corrected On Site		R: Repeat Violation			
#	IN	OUT	NO	NA	COS	R	#	IN	OUT	NO	NA	COS	R
Supervision						Protection from Contamination							
1							15						
2							16						
Employee Health						Time/Temperature Control for Safety							
3							17						
4							18						
5							19						
Good Hygienic Practices						Consumer Advisory							
6							20						
7							21						
Preventing Contamination by Hands						Highly Susceptible Populations							
8							22						
9							23						
10	X						24						
Approved Source						Food/Color Additives & Toxic Substances							
11							25						
12							26						
13							27						
14							28	X					
Good Retail Practices						Conformance with Approved Procedures							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals & physical objects into foods.						Compliance with variance/specialized process/HACCP							
Indicate if item is OUT of compliance, and see notes in BOLD where other options are allowed.						COS: Corrected On Site R: Repeat Violation							
#	STATUS				COS	R	#	STATUS				COS	R
Safe Food & Water						Proper Use of Utensils							
30							43						
31							44						
32							45						
Food Temperature Control						Utensils, Equipment & Vending							
33							46						
34							47						
35							48	OUT					
36	OUT						49						
Food Identification						Physical Facilities							
37							50						
Prevention of Food Contamination													
38							51						
39							52						
40							53						
41							54						
42							55						
							56						

Owner Signature: _____ Date: _____
 Inspector Signature: _____ Date: _____
 Follow-up Required? Circle one: [YES / NO] _____ Follow-up date (on or about): _____

