

**Sec. 19-13-B49. Catering food service**

No person, firm or corporation shall operate or maintain within the state a catering food service establishment, which involves the sale or distribution of food and drink prepared in bulk at one (1) geographic location for service in individual portions at another or which involves preparation and service of food on public or private premises not under the ownership or control of the operator of such service except in compliance with the following requirements:

(a) **Definitions**, as used in this section:

(1) “Authorized agent” means any individual certified by the commissioner to inspect catering food service establishments and enforce the provisions of section 19-13-B49 of the Regulations of Connecticut State Agencies under the supervision and/or authority of the director of health.

(2) “Catering food service establishment” means a business involved in the sale or distribution of food and drink prepared in bulk in one (1) geographic location for service in individual portions at another or which involves preparation and service of food on public or private premises not under the ownership or control of the operator of such service.

(3) “Comminuted” means reduced in size by methods including chopping, flaking, grinding, or mincing and includes fish or meat products that are reduced in size and restructured or reformulated such as gefilte fish, gyros, ground beef, and sausage.

(4) “Commissioner” means the commissioner of public health.

(5) “Department” means the state of Connecticut Department of Public Health.

(6) “Director of health” means the director of a local health department or district health department approved by the commissioner as specified in Connecticut General Statutes sections 19a-200 and 19a-242, respectively.

(7) “Food employee” means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces.

(8) “Full-time position” means thirty (30) hours per week or the number of hours per week the catering food service establishment is open for business, whichever is less.

(9) “Hazard analysis” means an evaluation of food handling operations to identify points of potential product contamination and assess the adequacy of hot processing and hot and cold storage methods for foods.

(10) “Potentially hazardous food” means any food or food ingredient, natural or synthetic, that is in a form capable of supporting:

(A) the rapid and progressive growth of infectious or toxigenic microorganisms, or

(B) the slower growth of *Clostridium botulinum*.

(11) “Qualified food operator” means a food operator employed in a full-time position who has demonstrated a knowledge of safe food handling techniques.

(12) “Ready-to-eat food” means food that is in a form that is edible without washing, cooking, or additional preparation by the catering food service establishment or the consumer and that is reasonably expected to be consumed in that form.

(13) “Supervisory position” means the position of a person who directs and inspects the performance of catering food service workers.

(b) The floor surfaces in kitchens, in all other rooms and areas in which food or drink is stored or prepared, in which multi-use utensils are washed, and walk-in refrigerators,

dressing or locker rooms and toilet rooms, shall be of smooth nonabsorbent materials, and so constructed as to be easily cleaned. The floors of non-refrigerated dry food storage areas need not be nonabsorbent. All floors shall be kept clean and in good repair. Floor drains shall be provided in all rooms where floors are subjected to flooding-type cleaning or where normal operations release or discharge water or other liquid waste on the floor. No sawdust or similar material shall be spread on the floors. All exterior areas where food is served shall be kept clean and properly drained, and the surfaces in such areas shall be finished so as to facilitate maintenance and minimize dust.

(c) The walls and ceilings of all rooms shall be kept clean and in good repair. All walls of rooms or areas in which food or drink is prepared, or multi-use utensils or hands are washed, shall be easily cleanable, smooth, light-colored, and shall have washable surfaces up to the level reached by splash or spray.

(d) (1) Effective measures shall be taken to protect against the entrance into the establishment or breeding on the premises of insects, rodents and other animals by:

(A) filling or closing holes and other gaps along floors, walls, and ceilings,

(B) closed, tight-fitting windows, and

(C) solid self-closing, tight-fitting doors; or

(2) if windows or doors are kept open for ventilation or other purposes, the openings shall be protected against the entrance of insects, rodents or other animals by:

(A) 16 mesh to 25.4 mm (16 mesh to 1 inch) screens,

(B) properly designed and installed air curtains, or

(C) other methods which are submitted for review and approval by the local director of health. The submission of an alternative method to those listed in (A) and (B) of this subdivision for review by the director of health shall be accompanied by documentation which the director of health finds demonstrates that the method will be as effective in preventing the entrance of insects and rodents or other animals as those listed in (A) and (B) of this subdivision.

(3) Subdivision (2) of this subsection does not apply if flying insects and other pests are absent due to the location of the establishment, the weather, or other limiting condition.

(e) All areas in which food or drink is prepared or stored or multi-use utensils are washed, handwashing areas, dressing or locker rooms, toilet rooms and garbage and rubbish storage areas shall be well lighted. During all cleanup activities, adequate light shall be provided in the area being cleaned, and upon or around equipment being cleaned. All rooms in which food or drink is prepared or served or multi-use utensils are washed, dressing or locker rooms, toilet rooms, and garbage and rubbish storage areas shall be well ventilated. Ventilation hoods and devices shall be designed to prevent grease or condensate from dripping into food or onto food preparation surfaces. Filters, where used, shall be readily removable for cleaning or replacement. Ventilation systems shall comply with applicable state and local fire prevention requirements and shall, when vented to the outside air, discharge in such a manner as not to create a nuisance.

(f) Each catering food service establishment preparing food or drink shall be provided with adequate, conveniently located toilet facilities for its employees. Toilet fixtures shall be sanitary and readily cleanable. Toilet facilities, including rooms and fixtures, shall be kept in a clean condition and in good repair. The doors of all toilet rooms shall be self-

closing. Toilet room walls shall be tight and extend from floor to ceiling. Toilet tissue shall be provided. Easily cleanable receptacles shall be provided for waste materials, and such receptacles in toilet rooms for women shall be covered. Toilet and handwashing facilities accessible to the public shall be provided in conformance with sections 19-13-B105 through 19-13-B113 of the Regulations of Connecticut State Agencies. Where the use of non-water-carried sewage disposal facilities has been approved by the local director of health, such facilities shall be separate from the catering food service establishment. All sewage shall be disposed of in a public sewerage system or, in the absence thereof, in a manner approved by the local director of health. Plumbing shall be so sized, installed and maintained as to prevent contamination of the water supply; as to properly convey sewage and liquid wastes from the catering food service establishment to the sewerage or sewage disposal system; and as not to constitute a source of contamination of food equipment or multi-use utensils, or create an insanitary condition or nuisance.

(g) The water supply shall be adequate, of a safe, sanitary quality, be in conformance with section 19-13-B102 of the Regulations of Connecticut State Agencies and be from an approved source which is in conformance with sections 19-13-B51A through 19-13-B51M of the Regulations of Connecticut State Agencies. Hot and cold running water under pressure shall be provided in all areas where food or drink is prepared or equipment, multi-use utensils or containers are washed. Hot water supplied in all areas where food or drink is prepared and where multi-use utensils and equipment are washed, and for other general purposes shall be maintained at a temperature of at least one hundred and ten (110) degrees f. through a mixing valve or combination faucet. Hot water supplied at hand washing sinks available to the public shall be in conformance with public health code section 19-13-B111 of the Regulations of Connecticut State Agencies. Ice used for any purpose shall be made from water which comes from an approved source; and shall be used only if it has been manufactured, stored, transported, and handled in a sanitary manner.

(h) Each catering food service establishment serving food or drink shall be provided with handwashing facilities located to allow for convenient use by employees in food preparation, food dispensing, and warewashing areas, and within or immediately adjacent to all toilet rooms. The handwashing facilities shall be equipped with hot and cold or tempered running water, hand cleansing soap or detergent dispensed in a sanitary manner, and individual disposable towels or other hand drying device acceptable to the director of health. The use of a common towel is prohibited. A handwashing facility shall not be used for purposes other than handwashing. The handwashing facilities shall be maintained so that they are accessible at all times for employee use. Such facilities shall be kept clean and in good repair. No employee shall resume work after using the toilet room without first washing his hands.

All equipment and multi-use utensils, and all show and display cases or window counters, shelves, tables, chairs and refrigerating equipment shall be so designed of such material and workmanship as to be smooth, easily cleanable and durable and shall be in good repair; and the food contact surfaces of such equipment and utensils shall, in addition, be easily accessible for cleaning, nontoxic, corrosion-resistant and relatively nonabsorbent. Sinks, dishtables and drainboards shall be constructed of galvanized metal or better, suitably reinforced, of such thickness and design as to resist denting and buckling, and sloped so as

to be self-draining. Exceptions approved by the local director of health may be made to the above material requirements for equipment such as cutting boards, blocks and bakers' tables and containers for dry products.

(j) (1) All equipment shall be so installed and maintained as to facilitate the cleaning thereof, and of all adjacent areas.

(2) Equipment in use on October 15, 1963, which does not fully meet the above requirements may be continued in use if it is in good repair and capable of being maintained in a sanitary condition, and if the food contact surfaces are nontoxic. Utensils containing or plated with cadmium or lead shall not be used, provided solder containing lead may be used for jointing. All cloths and towels used by waiters, chefs and other employees shall be clean.

(3) All multi-use eating and drinking utensils shall be thoroughly washed and rinsed and sanitized after each use, in accordance with the following approved sanitizing process.

(A) When manual dishwashing is used, a three-compartment sink shall be provided and used wherever washing, rinsing, and sanitization of equipment or utensils are conducted; provided, that in catering food service establishments where the only utensils to be washed are limited to spatulas, tongs, and similar devices, and when the only equipment to be cleaned is stationary and does not require disassembly for proper cleaning, a two-compartment sink may be approved by the director of health for this purpose. At least a two-compartment sink shall be provided and used for washing kitchenware and equipment which does not require sanitization. A warewashing sink shall not be used for handwashing or dumping mop water. Sinks used to wash or thaw food shall be sanitized before and after using the sink to wash produce or thaw food. Utensils after thorough washing and rinsing, clean to sight and touch, shall be sanitized by:

(i) Immersion for at least one (1) minute in clean, hot water at a temperature of at least one hundred and seventy (170) degrees F. An approved thermometer shall be available convenient to the vat. The pouring of scalding water over the washed utensils shall not be accepted as satisfactory compliance; or

(ii) immersion for at least one (1) minute in a sanitizing solution containing: at least fifty (50) mg/l of available chlorine at a temperature of not less than seventy-five (75) degrees F. The bath should be made up to a strength of one hundred (100) mg/l or more of available chlorine and shall not be used after its strength has been reduced to fifty (50) mg/l; or at least twelve and one-half (12.5) mg/l of available iodine in a solution having a pH value not higher than five (5.0) and a temperature of not less than seventy-five (75) degrees F.; or any other chemical sanitizing agent which has been demonstrated to the satisfaction of the director of health to be effective and non-toxic under conditions of use hereunder and for which a suitable field test is available. Such sanitizing agents shall provide a bactericidal effect equivalent to a solution containing at least fifty (50) mg/l of available chlorine at a temperature not less than seventy-five (75) degrees F.

(B) When dishwashing is done by machine:

(i) Wash water shall be kept reasonably clean, and rinse-water tanks shall be so protected by distance, baffles or other effective means as to minimize the entry of wash water into the rinse water. All water inlets shall be protected against backflow.

(ii) The flow pressure shall be not less than fifteen (15) or more than twenty-five (25) pounds per square inch on the water line at the machine, and not less than ten (10) pounds

per square inch at the rinse nozzles. A suitable gauge cock shall be provided immediately upstream from the final rinse sprays to permit checking the flow pressure of the final rinse water.

(iii) The temperature of the wash water shall not be less than:

(a) one hundred and sixty-five (165) degrees F. for a single temperature stationary rack machine;

(b) one hundred and sixty (160) degrees F. for a single tank, conveyor, dual temperature machine;

(c) one hundred and fifty (150) degrees F. for a single tank, stationary rack, dual temperature machine; and

(d) one hundred and fifty (150) degrees F. for a multitank, conveyor, multitemperature machine.

When hot water is relied upon for sanitization in a mechanical warewashing operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold shall not be less than one hundred and sixty-five (165) degrees F. for a stationary rack, single temperature machine; or one hundred and eighty (180) degrees F. for all other machines. The temperature of the fresh hot water sanitizing rinse shall not be more than one hundred and ninety-four (194) degrees F. as it enters the manifold. The item being sanitized shall attain a temperature of one hundred and sixty (160) degrees F. on its surface during the final rinse. When a pumped rinse is provided, the water shall be at a temperature of at least one hundred and sixty (160) degrees F.

(iv) Conveyors in dishwashing machines shall be accurately timed to assure proper exposure times in wash and rinse cycles.

(v) An easily readable thermometer shall be provided in each tank of the dishwashing machine which will indicate the temperature of the water or solution therein. In addition, a thermometer shall be provided which will indicate the temperature of the final rinse water as it enters the manifold.

(vi) Jets, nozzles and all other parts of each machine shall be maintained free of chemical deposits, debris and other soil. Automatic detergent dispensers, if used, shall be kept in proper operating condition.

(c) Dishwashing may be done by machines using chemicals for sanitization, provided:

(i) The machines, chemical sanitizer and method of drying utensils are approved by the commissioner.

(ii) The temperature of the wash water shall not be less than one hundred and twenty (120) degrees F.; and

(iii) The wash water shall be kept clean; and

(iv) Adequate amounts of chemicals for washing, sanitizing and drying shall be available. Chemicals added for washing, sanitization and drying purposes shall be automatically dispensed, compatible, not interfering with the effective purpose of each other; and

(v) Utensils and equipment shall be exposed to the final chemical sanitizing rinse in accordance with the manufacturer's specifications for time and concentration; and

(vi) The chemical sanitizing rinse water temperature shall be not less than seventy-five (75) degrees F. nor less than the temperature specified by the machine's manufacturer; and

(vii) A test kit or other device that accurately measures the parts per million concentration

of the solution shall be available and used.

(4) All kitchenware and food contact surfaces of equipment that have been used in the preparation or serving of food and drink, and all multi-use food storage utensils, exclusive of cooking surfaces of equipment, shall be thoroughly cleaned at least every four (4) hours. Cooking surfaces of equipment shall be cleaned at least once a day. All food temperature measuring devices, multi-use utensils and food contact surfaces of equipment used in the preparation or storage of potentially hazardous food shall be thoroughly cleaned and sanitized prior to such use and following: a change from working with raw animal foods to working with ready-to-eat foods; a change in the type of raw animal food such as beef, fish, lamb, pork, or poultry; use with raw fruit or vegetables prior to use with potentially hazardous food; and at any time during the operation when contamination may have occurred. Unless approved by the director of health for a different frequency of cleaning, equipment, food contact surfaces and utensils that have been used with potentially hazardous food shall be cleaned and sanitized at least every four (4) hours. Nonfood contact surfaces of equipment shall be cleaned at such intervals as to keep them in a clean and sanitary condition.

(5) No article, polish or other substance containing any cyanide preparation or other poisonous material shall be used for the cleansing or polishing of utensils.

(k) After cleaning and until use, all food contact surfaces of equipment and multi-use utensils shall be so stored and handled as to be protected from contamination. All single-service eating and drinking articles shall be made from nontoxic materials, and shall have been manufactured, packaged, transported, stored, handled and dispensed in a sanitary manner, and shall be used only once. Drinking straws or any other device, hollow in nature, whereby through its use a beverage can be drawn into the mouth shall be separately wrapped either individually or in pairs with a sanitary protective covering for individual use. Catering food service establishments which do not have adequate and effective facilities for cleaning and sanitizing multi-use utensils shall use single-service articles.

(l) All garbage and rubbish containing food wastes shall, prior to disposal, be kept in a leak-proof, nonabsorbent container which shall be kept covered with tight fitting lids when filled or stored, or not in continuous use; provided such containers need not be covered when stored in a vermin-proofed room or enclosure or in a food waste refrigerator. All other rubbish shall be stored in containers, rooms or areas in an approved manner. The rooms, enclosures, areas and containers used shall be adequate for the storage of all food waste and rubbish accumulating on the premises. Adequate cleaning facilities shall be provided, and each container, room or area shall be thoroughly cleaned after the emptying or removal of garbage and rubbish. Food waste grinders, if used, shall be installed in compliance with state and local standards and shall be of suitable construction. All garbage and rubbish shall be disposed of with sufficient frequency and in such a manner as to prevent a nuisance.

(m) (1) Except during necessary periods of preparation and service, potentially hazardous foods shall be maintained at forty-five (45) degrees F. or below, or one hundred forty (140) degrees F. or above, except beef roasts and pork roasts cooked to an internal temperature and time specified below may be held hot at one hundred thirty (130) degrees F. or above. The use of time only, rather than time in conjunction with temperature, may be permitted by the director of health and may be used as a public health control for a working supply of

potentially hazardous food before cooking or for ready-to-eat potentially hazardous food that is displayed or held for service for immediate consumption if: the food is marked or otherwise identified with the time within which it shall be cooked, served, or discarded; the food is served or discarded within 4 hours from the point in time when the food is removed from temperature control; the food in unmarked containers or packages, or for which time expires, is discarded; and written procedures that assure compliance are maintained in the catering food service establishment and are made available to the authorized agent upon request. Except as specified raw food shall be cooked as follows:

(A) whole roasts, corned beef, and pork roasts shall be cooked to heat all parts of the food to the following minimum temperatures and corresponding minimum holding times: one hundred thirty (130) degrees F. for one hundred twenty-one (121) minutes; or one hundred forty (140) degrees F. for twelve (12) minutes; or one hundred forty-five (145) degrees F. for three (3) minutes;

(B) shell eggs, fish, meat and pork (other than whole roasts, corned beef, and pork roasts) shall be cooked to heat all parts of the food to at least one hundred forty-five (145) degrees F. for fifteen (15) seconds;

(C) all meat and fish products that are ground or comminuted shall be cooked to heat all parts of the food to at least one hundred and forty-five (145) degrees F. for three (3) minutes, one hundred and fifty (150) degrees F. for one (1) minute, one hundred and fifty-five (155) degrees F. for fifteen (15) seconds, or one hundred and fifty-eight (158) degrees F. instantaneously;

(D) game meats; poultry; ground or comminuted poultry; stuffed fish; stuffed meat; stuffed pasta; stuffed poultry; or stuffing containing potentially hazardous food ingredients shall be cooked to heat all parts of the food to at least one hundred sixty-five (165) degrees F. for fifteen (15) seconds;

(E) raw animal foods cooked in a microwave oven shall be: rotated or stirred throughout or midway during cooking to compensate for uneven distribution of heat; covered to retain surface moisture; heated to a temperature of at least one hundred sixty-five (165) degrees F. in all parts of the food; and allowed to stand covered for two (2) minutes after cooking to obtain temperature equilibrium;

(F) pasteurized eggs or egg products shall be substituted for raw shell eggs in the preparation of foods that are not thoroughly cooked such as caesar salad, salad dressing; hollandaise or barnaise sauce, mayonnaise, egg nog, ice cream, egg-fortified beverages, and in recipes requiring pooled eggs that are not cooked immediately.

Exempted from the above is a raw animal food such as raw egg, raw fish, raw-marinated fish; raw molluscan shellfish; steak tartare; or partially cooked food such as lightly cooked fish, rare meat, and soft cooked egg that is served or offered for sale in a ready-to-eat form. Pork and poultry products are not exempt from the required cooking times and temperatures. The consumer shall be informed of the risks involved with the consumption of raw or undercooked animal food by means of posters, brochures, menu advisories, label statements, table tents, placards, or other written means available at the catering food service establishment which state: "thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of foodborne illness". Exemptions to the food temperature requirements shall not be allowed at catering food service establishments serving highly susceptible

populations such as immunocompromised individuals or older adults in hospitals, nursing homes, or similar health care facilities as defined in Connecticut General Statutes section 19a-490 and that are subject to this section and preschool age children in a facility that provides custodial care and is subject to this section such as child day care centers as defined in Connecticut General Statutes section 19a-77(a)(1).

(2) Frozen food shall be kept at such temperatures as to remain frozen, except when being thawed for preparation or use. Potentially hazardous frozen food which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting the rapid and progressive growth of infectious or toxigenic microorganisms, shall be thawed at refrigerator temperatures of forty-five (45) degrees F. or below; or under cool, potable running water seventy (70) degrees F. or below; or quick thawed as part of the cooking process; or by any other method satisfactory to the local director of health. Waste water from refrigeration equipment shall be disposed of in a proper manner.

(3) Cooked potentially hazardous foods shall be cooled from one hundred forty (140) degrees F. to seventy (70) degrees F. within two (2) hours, and from seventy (70) degrees F. to forty-five (45) degrees F. or below within four (4) additional hours. Potentially hazardous food that is cooked, cooled, and reheated for hot holding shall be reheated so that all parts of the food reach a temperature of at least one hundred sixty-five (165) degrees F. for fifteen (15) seconds, provided that remaining unsliced portions of roasts of beef that are cooked as specified in this subsection may be reheated for hot holding to one hundred forty-five (145) degrees F. for three (3) minutes. Reheating for hot holding shall be done within two (2) hours. Ready-to-eat food taken from a commercially processed, hermetically sealed container shall be heated to a temperature of at least one hundred forty (140) degrees F. for hot holding. Cooked, cooled, and refrigerated food that is prepared for immediate service in response to an individual consumer order may be served at any temperature.

(4) Food temperature measuring devices shall be provided and be readily accessible for use in ensuring attainment and maintenance of proper food temperatures. Food temperature measuring devices shall be accurate to  $\pm$  two (2) degrees F.

(n) All food and drink in catering food service establishments shall be from sources approved or considered satisfactory by the director of health, based on a determination of conformity with principles, practices, and generally recognized standards that protect public health; shall be in compliance with applicable state and local laws and regulations; shall be transported and delivered at required temperatures; and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding and safe for human consumption. Any food or drink considered unsafe for human consumption shall be destroyed or disposed of in a manner satisfactory to the director of health. No hermetically sealed, non-acid or low-acid food which has been processed in a place other than a commercial food processing establishment shall be used. Molluscan shellfish shall be from sources listed in the most recent publication of the interstate certified shellfish shippers list distributed by the federal food and drug administration and approved or considered acceptable by the Connecticut Department of Agriculture, Bureau of Aquaculture, and, if shucked, shall be kept until used in the containers in which they were received. Shell stock tags or labels shall be retained for 90 days from the date the container is emptied. Finfish shall be commercially and legally



caught or harvested. Fluid milk and milk products shall be pasteurized and conform to grade A standards, the requirements of the United States Public Health Service, Food and Drug Administration “grade A pasteurized milk ordinance” and “grade A condensed milk ordinance.” Shell eggs shall be from commercial, regulated sources inspected according to law and shall be received clean and sound, and shall be graded as required by law.

(o) (1) All food and drink while being stored, prepared, displayed, served or sold at catering food service establishments, or during transportation between such establishments, shall be protected from dust, flies, vermin, depredation and pollution by rodents, unnecessary handling, droplet infection, overhead leakage, or other contamination. Raw fruits and vegetables shall be washed before use. If used, single use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.

(2) Food once served to the customer shall not be served again. Wrapped non potentially hazardous food which has not been unwrapped and which is wholesome may be re-served.

(3) All means necessary for the elimination of flies, roaches and rodents shall be used. All exposed food shall be stored at least eighteen (18) inches above the floor.

(4) Only such poisonous and toxic materials as are required to maintain sanitary conditions and for sanitization purposes may be used or stored in food service establishments. Poisonous and toxic materials shall be identified and shall be stored and used only in such manner and under such conditions as will not contaminate food and drink or constitute a hazard to employees or customers.

(p) Food employees shall wear clean outer garments, maintain a high degree of personal cleanliness and conform to hygienic practices. They shall wash their hands thoroughly in an approved handwashing facility before starting work. Food employees shall keep their fingernails trimmed, filed, and maintained so the edges and surfaces are cleanable and not rough. Food employees shall keep their fingers, nails, hands, and exposed portions of their arms clean by using a cleaning compound to lather hands and arms for at least 20 seconds, followed by thorough rinsing with clean water in a handwashing facility, and hand drying using approved sanitary towels or other approved hand drying device. Employees shall wash their hands thoroughly in an approved handwashing facility before starting work. Food employees shall clean their hands and exposed portions of their arms as often as may be required to remove soil and contamination; after touching bare human body parts; after using the toilet room; after caring for assistance animals; after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking; after handling soiled equipment or utensils; when changing gloves; after handling money; immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles; during food preparation as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; when switching between working with raw foods and ready-to-eat foods; and after engaging in other activities that contaminate the hands. Employees shall not expectorate in rooms in which food is prepared. Employees shall not use tobacco in any form while engaged in food preparation or service, or while in equipment and multi-use utensil washing or food preparation areas. Designated locations in such areas may be

approved by the local director of health for smoking, where no contamination hazards will result.

(q) (1) All parts of the establishment and its premises shall be kept neat, clean and free of litter and rubbish. Cleaning operations shall be conducted in such a manner as to minimize contamination of food and food contact surfaces. None of the operations connected with a catering food service establishment shall be conducted in any room used as living or sleeping quarters. Soiled linens, coats and aprons shall be kept in suitable containers until removed for laundering. No live birds or animals shall be allowed in any area used for the storage or preparation of food or for the cleaning or storage of utensils, or in toilet rooms or employees' dressing rooms or areas, in vehicles used for transporting food, or in any other area or facility used in the conduct of catering food service establishment operations; provided guide dogs or assistance dogs accompanying blind, deaf, or mobility impaired persons and dogs accompanying persons training such dogs as guide or assistance dogs as defined pursuant to the Connecticut General Statutes sections 46a-42, and 46a-44, may be permitted in dining rooms.

(2) Adequate facilities shall be provided for the orderly storage of employees' clothing and personal belongings. Where employees routinely change clothes within the catering food service establishment, one (1) or more dressing rooms or designated areas shall be provided for this purpose. Such designated areas shall be located outside of the food preparation, storage and serving areas, and the multi-use utensil washing and storage areas. When approved by the local director of health, such an area may be located in a storage room where only completely packaged food is stored. Such designated areas or dressing rooms shall be equipped with adequate lockers or other suitable facilities. Dressing rooms and lockers shall be kept clean and orderly.

(r) All vehicles used in the transportation of food or food products of all kinds shall be kept in a clean and sanitary condition.

(s) No person while affected with any disease in a communicable form, or while a carrier of such disease, or while afflicted with boils, infected wounds, sores, or any acute respiratory infection, shall work in any area of a catering food service establishment in any capacity in which there is likelihood of such person contaminating food, drink or food contact surfaces with pathogenic organisms, or transmitting disease to other individuals; and no person known or suspected of being affected with any such disease or condition shall be employed in such an area or capacity. If the management of the catering food service establishment has reason to suspect that any employee has contracted any disease in a communicable form or has become a carrier of such disease, he shall notify the local director of health immediately. When the local director of health has reasonable cause to suspect possibility of disease transmission from any catering food service establishment employee, the director of health shall secure a morbidity history of the suspected employee, or make such other investigation as may be indicated, and take appropriate action. The director of health may require any or all of the following measures:

(1) the immediate exclusion of the employee from all catering food service establishments;

(2) the immediate discontinuance of the catering food service operations concerned until, in the opinion of the director of health, no further danger of disease outbreak exists;

(3) restriction of the employees' services to some area of the catering food service establishment where there would be no danger of transmitting disease;

(4) adequate medical and laboratory examinations of the employee, or other employees, and of his and their body discharges; and

(5) food employees shall not contact exposed ready-to-eat food with bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single use disposable gloves or dispensing equipment, except when washing raw fruits and vegetables to remove soil and other contaminants. Food employees shall minimize bare hand contact with exposed food that is not in a ready-to-eat form. Ready-to-eat food includes: unpackaged potentially hazardous food that is cooked to the temperatures and time required for the specific food under section 19-13-B49(m)(1); raw, washed, cut fruits and vegetables; whole, raw fruits and vegetables that are presented for consumption without the need for further washing, such as at a buffet; and other food presented for consumption for which further washing or cooking is not required and from which rinds, peels, husks, or shells are removed.

(t) (1) No person, firm or corporation shall operate or maintain a catering business for preparation or service of food within any town, city or borough without a local permit or license, or otherwise without registration of the name and business address with the local director of health of the town, city or borough in which the business is conducted, if such permit or license is required by local ordinance.

(2) Catering food service establishment classification. The director of health, registered sanitarian, or authorized agent shall classify each catering food service establishment by using the criteria outlined in this subdivision. Catering food service establishments shall be classified at the time of licensure, where licensure is required by local ordinance, or otherwise at the time of registration with the local director of health. The classification shall be reviewed by the director of health, registered sanitarian, or authorized agent during each inspection and in no case less than annually. The catering food service establishment shall be placed into the highest classification that describes any of the food operations conducted. When it comes to the attention of the director of health, registered sanitarian, or authorized agent that the operation has changed to a different class the director of health, registered sanitarian, or authorized agent shall reclassify the catering food service establishment. No catering food service establishment shall change food operations to a different classification without prior approval by the director of health, registered sanitarian, or authorized agent. The classes of catering food service establishments are as follows:

(A) Class I is a catering food service establishment with commercially prepackaged foods and/or hot or cold beverages only. No preparation, cooking or hot holding of potentially hazardous foods is included, except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours.

(B) Class II is a catering food service establishment using cold or ready-to-eat commercially processed food requiring no further heat treatment and/or hot or cold beverages. No cooking, heating or hot holding of potentially hazardous foods is included, except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours and commercially precooked hot dogs, kielbasa, and soup may be heated if transferred directly out of the original package and served within four (4) hours.

(C) Class III is a catering food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and consumed by the public within four (4) hours of preparation.

(D) Class IV is a catering food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and held for more than four (4) hours prior to consumption by the public.

(3) Qualified food operator required. Each person owning, operating or managing any catering food service establishment designated as class III or class IV shall be a qualified food operator or shall employ on-site at least one (1) qualified food operator who is in a supervisory position at said establishment. Each catering food service establishment shall be in compliance with this subdivision by August 1, 1997. Satisfactory evidence of compliance with this subdivision shall be documentation that the qualified food operator has passed a test administered by a testing organization approved by the department, or other documentation satisfactory to the department attesting to the individual's knowledge of safe food handling techniques as specified in subdivision (5) of this subsection. Said documentation shall be maintained on file at the catering food service establishment and provided to the local director of health, registered sanitarian, or authorized agent on request. Exempt from the requirements of this subdivision are special events sponsored by non-profit civic organizations such as, but not limited to, school sporting events, little league, and fairs. Any volunteer who serves meals for a nonprofit organization shall be exempt from the examination requirement for qualified food operators.

(4) Criteria for approval of testing organizations. To be approved, a testing organization shall make application to the department and therein demonstrate responsibility for all aspects of the testing system from the development of the test, through test administration including test security system, documentation of successful test completion and record maintenance. Testing organizations must reapply for approval every five (5) years. Testing organizations shall demonstrate responsibility for all of the following areas:

(A) Test development. The test shall be based on an objective job analysis to determine content areas and shall include, but not be limited to, elements that test the qualified food operator's knowledge of food allergies. The test shall be developed based on generally accepted standards of test development. A passing score study to set the required passing scores shall be conducted. Content validation and examination field test studies shall be conducted.

(B) Test security. The testing organization shall have test security systems to ensure the integrity of the test during all phases of test development and handling. Test administrators must be trained in test security procedures. Where client based testing is conducted, proctoring agreements that establish examination handling and proctoring procedures are required between the testing organization and the proctor. Different forms of the test shall be maintained.

(C) Test administration. The testing organization shall serve as the primary contact for individuals interested in the test. Explanatory test materials shall be available to interested parties. Guidelines for test administration shall be developed. The test shall be readily available to meet the needs of Connecticut.

(D) Documentation and record keeping. All individuals taking the test shall be provided

documentation indicating whether they passed or failed the test. Statistics on the test including an item analysis shall be maintained. A registry of all individuals who have taken the test shall be maintained. Statistical and registry information shall be made available to the department and local health departments upon request.

(5) Other documentation satisfactory to the department. In the absence of documentation that the qualified food operator has passed a test administered by a testing organization approved by the department, a signed statement by the owner/operator of the catering food service establishment attesting that the qualified food operator has demonstrated knowledge of food safety as specified in subparagraphs (A) and (B) of this subdivision shall constitute satisfactory evidence of compliance with subdivision (3) of this subsection. The local director of health may require documentation to support the signed statement. The following specific elements of knowledge and competence are required.

(A) Elements of knowledge

(i) Identify foodborne illness - define terms associated with foodborne illness;

recognize the major microorganisms and toxins that can contaminate food and the problems that can be associated with the contamination; define and recognize potentially hazardous foods; define and recognize illness that can be associated with chemical and physical contamination; define and recognize the major contributing factors for foodborne illness; recognize how microorganisms cause foodborne disease.

(ii) Identify time/temperature relationship with foodborne illness - recognize the relationship between time/temperature and microorganisms (survival, growth, and toxin production); describe the use of thermometers in monitoring food temperatures.

(iii) Describe the relationship between personal hygiene and food safety - recognize the association between hand contact and foodborne illness; recognize the association between personal habits and behaviors and foodborne illness; recognize the association between health of a foodhandler and foodborne illness; recognize how policies, procedures and management contribute to improved food hygiene practices.

(iv) Describe methods for preventing food contamination from purchasing to serving - define terms associated with contamination: identify potential hazards prior to delivery and during delivery; identify potential hazards and methods to minimize or eliminate hazards after delivery.

(v) Identify and apply correct procedures for cleaning and sanitizing equipment and utensils - define terms associated with cleaning and sanitizing: apply principles of cleaning and sanitizing; identify materials, equipment, detergent, sanitizer; apply appropriate methods of cleaning and sanitizing: identify frequency of cleaning and sanitizing.

(vi) Recognize problems and potential solutions associated with facility, equipment, and layout - identify facility, design, and construction suitable for food establishments; identify equipment and utensil design and location.

(vii) Recognize problems and potential solutions associated with, temperature control, preventing cross contamination, housekeeping and maintenance - implement self inspection program: implement pest control program; implement cleaning schedules and procedures: implement equipment and facility maintenance program.

(viii) Identify and recognize the foods most commonly associated with food allergies.

(B) Demonstrable elements of competency

(i) Assess the potential for foodborne illness in a food establishment - perform operational food safety assessment: recognize and develop standards, policies and procedures; select and train employees: implement self audit/inspection program; revise policy and procedure (feedback loop): implement crisis management program.

(ii) Assess and manage the process flow - identify approved source: implement and maintain a receiving program: implement and maintain storage procedures: implement and maintain preparation procedures; implement and maintain holding service/display procedures; implement and maintain cooling and post preparation storage procedures. Implement and maintain re-service procedures. Implement and maintain transportation procedures.

(6) Replacement of qualified food operator. Whenever the qualified food operator terminates employment, is terminated or is transferred, the person owning, operating or managing the catering food service establishment shall notify the local health department in writing. A replacement qualified food operator shall be employed within sixty (60) days from the date of termination or transfer of the qualified food operator. The local health department may grant an extension not to exceed an additional sixty (60) days to comply with this subdivision if deemed necessary.

(7) Responsibilities of qualified food operators

(A) The qualified food operator is responsible for operating the catering food service establishment in compliance with all the provisions of section 19-13-B49 of the Regulations of Connecticut State Agencies. The qualified food operator of each catering food service establishment shall be responsible for ensuring training of food preparation personnel. All such personnel shall receive training which shall include but not necessarily be limited to: instruction in proper food temperature control; food protection; personal health and cleanliness; and sanitation of the facility, equipment, supplies and utensils. Volunteers who serve meals for a nonprofit organization shall be exempt from the examination requirement for qualified food operators but shall receive training from any qualified food operator. The qualified food operator of each catering food service establishment shall maintain written documentation of a training program, and training records of individual employees, and shall make these records available to the local health department upon request. The owner, operator, manager or qualified food operator of a catering food service establishment at a nonprofit organization shall maintain such documentation and make such records available to the local health department upon request.

(B) The owner or manager of the catering food service establishment shall designate an alternate person who has complied with section 19-13-B49(t)(5) to be in charge at all times when the qualified food operator cannot be present. This alternate person in charge shall be responsible for: ensuring that all employees comply with the requirements of this section and that foods are safely prepared: handling emergencies; admitting the inspector; and receiving and signing the inspection report.

(u) Inspection of catering food service establishments. All catering food service establishments shall be inspected by the director of health, registered sanitarian, or an authorized agent of the director of health if such director, sanitarian or agent has been certified by the commissioner. Candidates for certification must be sponsored by a local director of health, and possess as minimum requirements a bachelors degree or three years

experience in a food safety or regulatory food protection program acceptable to the department. Candidates shall not be involved in the ownership or management of a food establishment located within his jurisdiction. The certification program shall consist of a two stage process: 1) successful completion of classroom training and passing score on a final written exam; and 2) completion of a series of inspections with a certification officer from the Department Food Protection Program. Upon completion of the certification process, the department shall notify the director of health and the candidate in writing specifying the issuance of certification and expiration date. The commissioner shall have the authority to renew certification of each person conducting such inspections every three (3) years. Recertification may be granted upon the successful completion of sixteen (16) hours of approved food protection training every three years. The department shall be responsible for approving and assuring the provision of such training. Failure to comply with recertification requirements shall result in the certification to conduct inspections not being renewed. The department shall notify the director of health and the chief elected official of the affected food service jurisdiction when a certification is not renewed. All catering food service establishments shall be inspected in accordance with this subsection.

(1) Class I catering food service establishments shall be inspected at intervals not to exceed three hundred and sixty (360) days.

(2) Class II catering food service establishments shall be inspected at intervals not to exceed one hundred and eighty (180) days.

(3) Class III catering food service establishments shall be inspected at intervals not to exceed one hundred and twenty (120) days.

(4) Class IV catering food service establishments shall be inspected at intervals not to exceed ninety (90) days, except that an interval not to exceed one hundred and twenty (120) days may be allowed where one (1) of the inspections is a hazard analysis inspection.

(5) Access to establishments. The director of health, registered sanitarian or authorized agent after proper identification, shall be permitted to enter, at any reasonable time, any catering food service establishment for the purpose of making inspections to determine compliance with this section. He shall be permitted to examine the records of the catering food service establishment to obtain information pertaining to food and supplies purchased, received, or used, and persons employed, but not including financial records.

(6) Inspection records. Weighted values. Rating scores. Whenever the director of health, registered sanitarian or authorized agent makes an inspection of a catering food service establishment, he shall record his findings on an inspection report form included in this section and shall furnish a copy of such inspection report form to the owner or operator. Such form shall summarize the requirements of this section and shall set forth weighted point values for each such requirement. Forms, such as computer forms, that are substantially equivalent to the inspection form included in this section may be approved by the commissioner. Upon completion of an inspection, the director of health, registered sanitarian or authorized agent shall total the weighted point values for all requirements in compliance, such total becoming the rating score for the catering food service establishment. The total weighted point value shall be scored for each item in violation.

*Regulations of Connecticut State Agencies*

| EHS-106-Rev. 6/6/01<br><b>INSPECTION REPORT</b><br><b>FOOD SERVICE ESTABLISHMENTS</b>   | STATE OF CONNECTICUT<br>DEPARTMENT OF PUBLIC HEALTH<br>410 Capitol Avenue, MS#51FDP, Hartford, CT 06134                     | <input type="checkbox"/> ROUTINE INSPECTION <input type="checkbox"/> REINSPECTION<br><input type="checkbox"/> PREOPERATIONAL <input type="checkbox"/> OTHER |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
|---|---|---|--|---|--|---|---|--------------------------------------|---|-----------------|---|---|---|---|---|-------|--|----------------------|---|--|---|--|---|---|---|---|-------------------------------------|---|----------------------------------|---|---|----------------------------|---|----|--|---|----|--|---|-----------|--|--|----|-------------------------------------|---|--------------------------|--|--|----|--|---|----|--|---|----|--|---|---|--|--|----|---|---|----|--|---|----|--|---|----|------------------------------------|---|----|--|---|--|------------------------------------|--|--|----|---------------------------------------|---|----|--------------------------------------|---|----|--|---|----|---|---|----|---------------------|---|----|---|---|----|--|---|----|---------------------------------------|---|--------------|--|--|----|-----------------------------|---|----|---|---|-----------------|--|--|----|--------------------------|---|----|--------------------------------|---|----------|--|--|----|-------------------------------------|---|----|---|---|-------------------|--|--|----|---|---|----|--|---|----|--|---|------------------------|--|--|----|---|---|------------------------------------|--|--|----|--|---|----|--|---|----|--|---|---|----------------|--|--|----|-----------------------------|---|----|--|---|--------------------------|--|--|----|--|---|----|--------------------------------------|---|----|------------------------------|---|----|------------------------------------|---|----|---|---|----|--|---|----|--|---|------------------------|--|--|----|--|---|----|---------------------------------|---|----|---|---|--------------------------|--|--|----|--|---|--------------|--|--|----|--|---|----|---|---|----|-------------------------------------|---|----|--|---|--------------------|--|--|----|---|---|-------------------------|--|--|----|-------------------------|---|----|----------------------|---|----|---|---|
| NAME OF ESTABLISHMENT _____<br>STREET ADDRESS _____<br>OWNER or OPERATOR _____  | ESTABLISHMENT CLASS _____<br>TOWN _____<br>INSPECTION DATE and TIME _____   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| Based on an inspection this day, the items marked below identify the violations in operation or facilities which must be corrected by the date specified below.   |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
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border-collapse: collapse;"> <tr> <th colspan="3">EQUIPMENT &amp; UTENSILS : CLEANLINESS</th> </tr> <tr> <td>21</td> <td>Preflushed, scraped, soaked and rackd</td> <td align="right">1</td> </tr> <tr> <td>22</td> <td>Wash water clean, proper temperature</td> <td align="right">1</td> </tr> <tr> <td>23</td> <td>Accurate thermometers provided, dish basket, if used</td> <td align="right">2</td> </tr> <tr> <td>24</td> <td>Sanitization rinse (hot water - chemical)</td> <td align="right">2</td> </tr> <tr> <td>25</td> <td>Clean wiping cloths</td> <td align="right">1</td> </tr> <tr> <td>26</td> <td>Food-contact surfaces of utensils &amp; equipment clean</td> <td align="right">2</td> </tr> <tr> <td>27</td> <td>Nonfood-contact surfaces of utensils &amp; equipment clean</td> <td align="right">1</td> </tr> <tr> <td>28</td> <td>Equipment/utensils, storage, handling</td> <td align="right">1</td> </tr> <tr> <th colspan="3">WATER SUPPLY</th> </tr> <tr> <td>29</td> <td>Water source adequate, safe</td> <td align="right">4</td> </tr> <tr> <td>30</td> <td>Hot and cold water under pressure, provided as required</td> <td align="right">2</td> </tr> <tr> <th colspan="3">SEWAGE DISPOSAL</th> </tr> <tr> <td>31</td> <td>Sewage disposal approved</td> <td align="right">4</td> </tr> <tr> <td>32</td> <td>Proper disposal of waste water</td> <td align="right">1</td> </tr> <tr> <th colspan="3">PLUMBING</th> </tr> <tr> <td>33</td> <td>Location, installation, maintenance</td> <td align="right">1</td> </tr> <tr> <td>34</td> <td>No cross connection, back siphonage, backflow</td> <td align="right">4</td> </tr> <tr> <th colspan="3">TOILET FACILITIES</th> </tr> <tr> <td>35</td> <td>Adequate, convenient, accessible, designed, installed</td> <td align="right">4</td> </tr> <tr> <td>36</td> <td>Toilet rooms enclosed with self-closing door</td> <td align="right">1</td> </tr> <tr> <td>37</td> <td>Proper fixtures provided, good repair, clean</td> <td align="right">1</td> </tr> <tr> <th colspan="3">HANDWASHING FACILITIES</th> </tr> <tr> <td>38</td> <td>Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided</td> <td align="right">1</td> </tr> <tr> <th colspan="3">GARBAGE/RUBBISH STORAGE &amp; DISPOSAL</th> </tr> <tr> <td>39</td> <td>Approved containers, adequate number, covered, rodent proof, clean</td> <td align="right">1</td> </tr> <tr> <td>40</td> <td>Storage area/rooms, enclosures - properly constructed, clean</td> <td align="right">1</td> </tr> <tr> <td>41</td> <td>Garbage disposed of in an approved manner, at approved frequency</td> <td align="right">1</td> </tr> </table> | EQUIPMENT & UTENSILS : CLEANLINESS |  |  | 21 | Preflushed, scraped, soaked and rackd | 1 | 22 | Wash water clean, proper temperature | 1 | 23 | Accurate thermometers provided, dish basket, if used | 2 | 24 | Sanitization rinse (hot water - chemical) | 2 | 25 | Clean wiping cloths | 1 | 26 | Food-contact surfaces of utensils & equipment clean | 2 | 27 | Nonfood-contact surfaces of utensils & equipment clean | 1 | 28 | Equipment/utensils, storage, handling | 1 | WATER SUPPLY |  |  | 29 | Water source adequate, safe | 4 | 30 | Hot and cold water under pressure, provided as required | 2 | SEWAGE DISPOSAL |  |  | 31 | Sewage disposal approved | 4 | 32 | Proper disposal of waste water | 1 | PLUMBING |  |  | 33 | Location, installation, maintenance | 1 | 34 | No cross connection, back siphonage, backflow | 4 | TOILET FACILITIES |  |  | 35 | Adequate, convenient, accessible, designed, installed | 4 | 36 | Toilet rooms enclosed with self-closing door | 1 | 37 | Proper fixtures provided, good repair, clean | 1 | HANDWASHING FACILITIES |  |  | 38 | Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided | 1 | GARBAGE/RUBBISH STORAGE & DISPOSAL |  |  | 39 | Approved containers, adequate number, covered, rodent proof, clean | 1 | 40 | Storage area/rooms, enclosures - properly constructed, clean | 1 | 41 | Garbage disposed of in an approved manner, at approved frequency | 1 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">VERMIN CONTROL</th> </tr> <tr> <td>42</td> <td>Presence of insects/rodents</td> <td align="right">2</td> </tr> <tr> <td>43</td> <td>Outer openings protected against entrance of insects/rodents</td> <td align="right">1</td> </tr> <tr> <th colspan="3">FLOORS, WALLS &amp; CEILINGS</th> </tr> <tr> <td>44</td> <td>Floors floor covering installed, constructed as required, good repair, clean</td> <td align="right">1</td> </tr> <tr> <td>45</td> <td>Floors, grouted, drained as required</td> <td align="right">1</td> </tr> <tr> <td>46</td> <td>Floor, wall juncture covered</td> <td align="right">1</td> </tr> <tr> <td>47</td> <td>Mold removable, good repair, clean</td> <td align="right">1</td> </tr> <tr> <td>48</td> <td>Exterior walking, dining surfaces, good repair, clean</td> <td align="right">1</td> </tr> <tr> <td>49</td> <td>Walls, ceilings attached, equipment properly constructed, good repair, clean. Wall &amp; ceiling surfaces as required.</td> <td align="right">1</td> </tr> <tr> <td>50</td> <td>Dustless cleaning methods used, cleaning equipment properly stored</td> <td align="right">1</td> </tr> <tr> <th colspan="3">LIGHTING &amp; VENTILATION</th> </tr> <tr> <td>51</td> <td>Adequate lighting provided as required</td> <td align="right">1</td> </tr> <tr> <td>52</td> <td>Room free of steam, smoke odors</td> <td align="right">1</td> </tr> <tr> <td>53</td> <td>Room &amp; equipment hoods, ducts, vented as required</td> <td align="right">1</td> </tr> <tr> <th colspan="3">DRESSING ROOMS &amp; LOCKERS</th> </tr> <tr> <td>54</td> <td>Rooms adequate, clean, adequate lockers provided, facilities clean</td> <td align="right">1</td> </tr> <tr> <th colspan="3">HOUSEKEEPING</th> </tr> <tr> <td>55</td> <td>Establishment and premises free of litter, no insect/rodent harborage, no unnecessary articles</td> <td align="right">1</td> </tr> <tr> <td>56</td> <td>Complete separation from living/sleeping quarters and laundry</td> <td align="right">1</td> </tr> <tr> <td>57</td> <td>Clean/soiled linens stored properly</td> <td align="right">1</td> </tr> <tr> <td>58</td> <td>No live birds, turtles, or other animals (except guide dogs)</td> <td align="right">1</td> </tr> <tr> <th colspan="3">SMOKING PROHIBITED</th> </tr> <tr> <td>59</td> <td>Smoking prohibited, signs posted at each entrance</td> <td align="right">3</td> </tr> <tr> <th colspan="3">QUALIFIED FOOD OPERATOR</th> </tr> <tr> <td>60</td> <td>Qualified Food Operator</td> <td align="right">3</td> </tr> <tr> <td>61</td> <td>Designated alternate</td> <td align="right">2</td> </tr> <tr> <td>62</td> <td>Written documentation of training program</td> <td align="right">2</td> </tr> </table> | VERMIN CONTROL |  |  | 42 | Presence of insects/rodents | 2 | 43 | Outer openings protected against entrance of insects/rodents | 1 | FLOORS, WALLS & CEILINGS |  |  | 44 | Floors floor covering installed, constructed as required, good repair, clean | 1 | 45 | Floors, grouted, drained as required | 1 | 46 | Floor, wall juncture covered | 1 | 47 | Mold removable, good repair, clean | 1 | 48 | Exterior walking, dining surfaces, good repair, clean | 1 | 49 | Walls, ceilings attached, equipment properly constructed, good repair, clean. Wall & ceiling surfaces as required. | 1 | 50 | Dustless cleaning methods used, cleaning equipment properly stored | 1 | LIGHTING & VENTILATION |  |  | 51 | Adequate lighting provided as required | 1 | 52 | Room free of steam, smoke odors | 1 | 53 | Room & equipment hoods, ducts, vented as required | 1 | DRESSING ROOMS & LOCKERS |  |  | 54 | Rooms adequate, clean, adequate lockers provided, facilities clean | 1 | HOUSEKEEPING |  |  | 55 | Establishment and premises free of litter, no insect/rodent harborage, no unnecessary articles | 1 | 56 | Complete separation from living/sleeping quarters and laundry | 1 | 57 | Clean/soiled linens stored properly | 1 | 58 | No live birds, turtles, or other animals (except guide dogs) | 1 | SMOKING PROHIBITED |  |  | 59 | Smoking prohibited, signs posted at each entrance | 3 | QUALIFIED FOOD OPERATOR |  |  | 60 | Qualified Food Operator | 3 | 61 | Designated alternate | 2 | 62 | Written documentation of training program | 2 |
| SOURCES OF FOOD   |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 1   | Approved source, wholesome, nonadulterated  | 4   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 2   | Original container, properly labeled  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| FOOD PROTECTION   |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 3   | Potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation | 4   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 4   | Adequate facilities to maintain product temperature, thermometers provided  | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 5   | Potentially hazardous food properly thawed  | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 6   | Unwrapped or potentially hazardous food not re-served   | 4   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 7   | Food protected during storage, preparation, display, service & transportation   | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 8   | Food containers stored off floor  | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 9   | Handling of food minimized  | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 10  | Food dispensing utensils properly stored  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 11  | Toxic items properly stored, labeled, used  | 4   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| PERSONNEL   |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 12  | Personnel with infection restricted   | 4   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| CLEANLINESS OF PERSONNEL  |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 13  | Handwashing facilities provided, personnel hands washed, clean  | 4   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 14  | Clean outer clothes, effective hair restraints  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 15  | Good hygiene practices, smoking restricted  | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| EQUIPMENT & UTENSILS: DESIGN, CONSTRUCTION & INSTALLATION   |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 16  | Food-contact surfaces designed, constructed, maintained, installed, located   | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 17  | Nonfood-contact surfaces designed, constructed, maintained, installed, located  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 18  | Single service articles, storage, dispensing  | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 19  | No reuse of single service article  | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 20  | Dishwashing facilities approved design, adequately constructed, maintained, installed, located                              | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| EQUIPMENT & UTENSILS : CLEANLINESS  |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 21  | Preflushed, scraped, soaked and rackd   | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 22  | Wash water clean, proper temperature  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 23  | Accurate thermometers provided, dish basket, if used  | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 24  | Sanitization rinse (hot water - chemical)   | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 25  | Clean wiping cloths   | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 26  | Food-contact surfaces of utensils & equipment clean   | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 27  | Nonfood-contact surfaces of utensils & equipment clean  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 28  | Equipment/utensils, storage, handling   | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| WATER SUPPLY  |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 29  | Water source adequate, safe   | 4   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 30  | Hot and cold water under pressure, provided as required   | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| SEWAGE DISPOSAL   |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 31  | Sewage disposal approved  | 4   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 32  | Proper disposal of waste water  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| PLUMBING  |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 33  | Location, installation, maintenance   | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 34  | No cross connection, back siphonage, backflow   | 4   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| TOILET FACILITIES   |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 35  | Adequate, convenient, accessible, designed, installed   | 4   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 36  | Toilet rooms enclosed with self-closing door  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 37  | Proper fixtures provided, good repair, clean  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| HANDWASHING FACILITIES  |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 38  | Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided       | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| GARBAGE/RUBBISH STORAGE & DISPOSAL  |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 39  | Approved containers, adequate number, covered, rodent proof, clean  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 40  | Storage area/rooms, enclosures - properly constructed, clean  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 41  | Garbage disposed of in an approved manner, at approved frequency  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| VERMIN CONTROL  |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 42  | Presence of insects/rodents   | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 43  | Outer openings protected against entrance of insects/rodents  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| FLOORS, WALLS & CEILINGS  |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 44  | Floors floor covering installed, constructed as required, good repair, clean  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 45  | Floors, grouted, drained as required  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 46  | Floor, wall juncture covered  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 47  | Mold removable, good repair, clean  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 48  | Exterior walking, dining surfaces, good repair, clean   | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 49  | Walls, ceilings attached, equipment properly constructed, good repair, clean. Wall & ceiling surfaces as required.          | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 50  | Dustless cleaning methods used, cleaning equipment properly stored  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| LIGHTING & VENTILATION  |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 51  | Adequate lighting provided as required  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 52  | Room free of steam, smoke odors   | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 53  | Room & equipment hoods, ducts, vented as required   | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| DRESSING ROOMS & LOCKERS  |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 54  | Rooms adequate, clean, adequate lockers provided, facilities clean  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| HOUSEKEEPING  |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 55  | Establishment and premises free of litter, no insect/rodent harborage, no unnecessary articles                              | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 56  | Complete separation from living/sleeping quarters and laundry   | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 57  | Clean/soiled linens stored properly   | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 58  | No live birds, turtles, or other animals (except guide dogs)  | 1   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| SMOKING PROHIBITED  |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 59  | Smoking prohibited, signs posted at each entrance   | 3   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| QUALIFIED FOOD OPERATOR   |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 60  | Qualified Food Operator   | 3   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 61  | Designated alternate  | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 62  | Written documentation of training program   | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">DEMERIT SCORE</th> </tr> <tr> <td align="center">4</td> <td align="center">3</td> <td align="center">2</td> </tr> <tr> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td align="center">4</td> <td align="center">3</td> <td align="center">2</td> </tr> <tr> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <th>TOTAL</th> <th>RATING</th> <th>Date Corrections Due</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>  | DEMERIT SCORE   |   |  | 4 | 3  | 2 | 1 | 2                                    | 3 | 4               | 3 | 2 | 1 | 2   | 3 | TOTAL | RATING   | Date Corrections Due |   |  |   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">RISK FACTOR VIOLATIONS IN RED</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2">Signature of Person in charge _____</td> </tr> <tr> <td colspan="2">SIGNED (Inspector) _____</td> </tr> </table> | RISK FACTOR VIOLATIONS IN RED                         |   |   |   | Signature of Person in charge _____ |   | SIGNED (Inspector) _____         |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| DEMERIT SCORE   |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 4   | 3   | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 1   | 2   | 3   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 4   | 3   | 2   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| 1   | 2   | 3   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| TOTAL   | RATING  | Date Corrections Due  |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
|   |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| RISK FACTOR VIOLATIONS IN RED   |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
|   |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| Signature of Person in charge _____   |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| SIGNED (Inspector) _____  |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |
| DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS  |   |   |  |   |  |   |   |                                      |   |                 |   |   |   |   |   |       |  |                      |   |  |   |  |   |   |   |   |                                     |   |                                  |   |   |                            |   |    |  |   |    |  |   |           |  |  |    |                                     |   |                          |  |  |    |  |   |    |  |   |    |  |   |   |  |  |    |   |   |    |  |   |    |  |   |    |                                    |   |    |  |   |  |                                    |  |  |    |                                       |   |    |                                      |   |    |  |   |    |   |   |    |                     |   |    |   |   |    |  |   |    |                                       |   |              |  |  |    |                             |   |    |   |   |                 |  |  |    |                          |   |    |                                |   |          |  |  |    |                                     |   |    |   |   |                   |  |  |    |   |   |    |  |   |    |  |   |                        |  |  |    |   |   |                                    |  |  |    |  |   |    |  |   |    |  |   |   |                |  |  |    |                             |   |    |  |   |                          |  |  |    |  |   |    |                                      |   |    |                              |   |    |                                    |   |    |   |   |    |  |   |    |  |   |                        |  |  |    |  |   |    |                                 |   |    |   |   |                          |  |  |    |  |   |              |  |  |    |  |   |    |   |   |    |                                     |   |    |  |   |                    |  |  |    |   |   |                         |  |  |    |                         |   |    |                      |   |    |   |   |

**(v) Enforcement**

(1) Every catering food service establishment shall maintain a rating score of eighty (80) or higher and shall not have one (1) or more four (4) demerit point items in violation, regardless of the rating score. The four (4) demerit point items include: food from approved source, wholesome, nonadulterated; potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation; unwrapped or potentially hazardous food not re-served; toxic material properly stored, labeled, used; personnel with infections restricted; adequate handwashing facilities convenient, accessible, designed, installed, personnel hands washed, clean; water source, adequate, safe; sewage disposal approved and no nuisance; no cross-connection, back-siphonage, backflow; and adequate toilet facilities, convenient, accessible, designed, installed. If the rating score is below eighty (80) or if there is one (1) or more four (4) demerit point items in violation at the time of inspection, the director of health, registered sanitarian or authorized agent shall



order correction of the items in violation within two (2) weeks. After the two (2) weeks, the director of health, registered sanitarian or authorized agent shall make a reinspection and determine the new rating score.

(2) If the rating score at the time of the reinspection is below eighty (80) or if there is one (1) or more four (4) demerit point items in violation, the director of health shall take immediate steps to have the catering food service establishment closed.

(3) However, if there are insanitary or other conditions in the operation of a catering food service establishment which in the judgment of the director of health constitutes an immediate and substantial hazard to the public health, he may immediately issue a written notice to the permit holder or operator citing such condition, specifying the corrective action to be taken, and specifying the time period within which such action shall be taken, and, if deemed necessary order immediate correction. If correction is not made in the stated time, a written order shall be issued to close the catering food service establishment.

(4) If the rating score is eighty (80) or above, the director of health, registered sanitarian or authorized agent shall order correction of any violations and specify time for correction. If a qualified food operator is not employed on-site, except as provided by the qualified food operator replacement provision in section 19-13-B49(t)(6), the catering food service establishment has thirty (30) days to comply. If correction has not been made after thirty (30) days, the director of health shall take immediate steps to close the catering food service establishment. The catering food service establishment shall also be reinspected as frequently as necessary in the determination of the local director of health to maintain compliance with this section.

(5) The owner or operator of any catering food service establishment may at any time request an inspection for the purpose of improving the rating score of the catering food service establishment. Within ten (10) days following receipt of a request including a signed statement that the violations have in the applicant's opinion, been corrected, the director of health, registered sanitarian or authorized agent shall make an inspection and thereafter as many additional inspections as he may deem necessary to assure himself that the applicant is complying with the requirements of this section.

(6) The owner or operator of a catering food service establishment aggrieved by an order may, within forty-eight (48) hours after such order, appeal to the director of health, who shall thereupon immediately examine into the merits of such case and may vacate, modify or affirm such order. The owner or operator of a catering food service establishment who is aggrieved by such action of the director of health may, no later than three (3) business days after receipt of the order, appeal to the commissioner of health who shall thereupon immediately notify the authority from whose order the appeal was taken and examine into the merits of such case and may vacate, modify or affirm such action.

(Effective January 27, 1975; Amended April 25, 1994; Amended April 25, 1997; Amended July 6, 2001; Amended October 3, 2005; Amended July 3, 2007)