

COMPREHENSIVE FOOD ESTABLISHMENT INSPECTION

For use of this form, see TB MED 530; the proponent agency is the OTSG.

1. ESTABLISHMENT NAME		2. BUILDING NO.	3. ESTABLISHMENT ADDRESS <i>(Include Installation and MACOM)</i>	
4. PERSON-IN-CHARGE			5. COPY REPORT FURNISHED TO	
6. TYPE OF ESTABLISHMENT		7. RATING		8. PURPOSE
<input type="checkbox"/> 1. Troop Dining Facility <input type="checkbox"/> 2. Cafeteria <input type="checkbox"/> 3. Snack Bar <input type="checkbox"/> 4. Hospital Dining Facility		<input type="checkbox"/> 1. Excellent <input type="checkbox"/> 2. Satisfactory <input type="checkbox"/> 3. Unsatisfactory <input type="checkbox"/> 4. Other <i>(specify)</i>		<input type="checkbox"/> 1. Initial <input type="checkbox"/> 2. Routine <input type="checkbox"/> 3. Follow-Up <input type="checkbox"/> 4. Other <i>(specify)</i>
9. DURATION OF INSPECTION <i>(Minutes)</i>		10. STANDARDS/REQUIREMENTS <i>(Indicate all that have not been met.) (Paragraphs of TB MED 530 that explain each requirement are listed on page 2.)</i>		

DESCRIPTION	PTS	DESCRIPTION	PTS	DESCRIPTION	PTS
FOOD		FOOD EQUIPMENT AND UTENSILS <i>(con't)</i>		GARBAGE AND REFUSE DISPOSAL <i>(con't)</i>	
*1 Approved source, sound condition, no evidence of spoilage	5	21 Wash and rinse water clean and proper temperature	2	35 Outside storage area properly constructed, clean; adequate container washing facilities	1
2 Original container, properly labeled	1	*22 Sanitization rinse is clean and at correct temperature, concentration, exposure time, and pressure	5	INSECT, RODENT, OTHER ANIMAL CONTROL *36 No evidence of insects/rodents or other unauthorized animals	4
FOOD PROTECTION					
*3 PHF meets time/temperature requirements during storage, preparation, display, service, transport, and leftover	5	*24 Food contact surfaces of equipment and utensils: clean, sanitized between uses, free of abrasives/detergents	4	37 Floors: in good repair, proper drainage, proper construction and materials, durable floor covering, dustless cleaning methods used	2
*4 Equipment to maintain product temperatures	4	25 Nonfood contact surfaces of equipment and utensils clean	1	38 Walls, ceilings, attached equipment: constructed properly, in good repair, clean surfaces, dustless cleaning methods used	1
5 Thermometers provided, must be conspicuous and accurate	1				
*6 Proper tempering/thawing of PHF	4	27 Single-service items: not reused, properly stored, and dispensed	2	39 Lighting adequate, fixtures shielded, protected	1
*7 PHF offered for self-service, not re-served	3				
8 Food protected during storage, preparation, display, service, and transport	2	*29 SEWAGE Adequate sewage and liquid waste disposal	4	40 Rooms and equipment vented as required	1
9 Handling of food/ice minimized	2	*30 PLUMBING Installed, maintained properly	1	*41 Filters and grease extracting equipment clean and properly installed	4
10 In use, food/ice utensils properly stored	1				
PERSONNEL		32 Toilet rooms enclosed with self-closing doors; in good repair; adequate handwashing and drying; waste receptacles	3	42 Clean, lockers provided, convenient location, used	1
11 Training program records available	1				
12 Person-in-charge certified	3	34 Containers or receptacles covered, adequate number, vermin-proof, emptied frequently, clean	3	*43 Necessary toxic items properly stored, labeled, used	4
*13 No evidence of communicable diseases, skin infections, cuts, burns	5				
*14 Hands washed and clean, good hygiene practices	5	35 Outside storage area properly constructed, clean; adequate container washing facilities	2	45 Clean/soiled linen properly stored	1
15 Clean work garments: hair restraints; no unauthorized jewelry, watches	2				
FOOD EQUIPMENT AND UTENSILS		36 No evidence of insects/rodents or other unauthorized animals	4	48 RATING SCORE IF USED <i>(Sum 1-47; subtract from 118)</i> _____	
*16 Food/ice contact surfaces are nontoxic, properly designed, constructed, installed, located, and maintained	3				
17 Nonfood contact surfaces properly designed, constructed, installed, located, and maintained	2	37 Floors: in good repair, proper drainage, proper construction and materials, durable floor covering, dustless cleaning methods used	2	50 No..... <input type="checkbox"/>	
18 Warewashing machine properly designed, constructed, installed, located, and maintained	2				
*19 Accurate temperature measuring devices and chemical test kits provided/used	3	*Critical deficiencies requiring immediate correction - Use DA Form 5161-1-R for additional remarks.			
20 Utensils preflushed, scraped, soaked	1				

11. NAME AND SIGNATURE OF INSPECTOR		12. TIME OF INSPECTION	13. DATE OF INSPECTION <i>(YYYYMMDD)</i>
14. NAME AND SIGNATURE OF PERSON-IN-CHARGE			15. DATE RECEIVED <i>(YYYYMMDD)</i>

ITEM NUMBER	PARAGRAPHS*	ITEM NUMBER	PARAGRAPHS*
1	3-3, 3-4, 3-7, 3-15	23	3-27, 4-36
2	3-16, 3-33	24	3-24, 3-25, 4-5, 4-40
3	3-5, 3-15, 3-48, 3-50, 3-52, 3-54	25	4-19
4	4-1, 4-17, 4-31, 7-5	26	4-49, 4-50
5	4-31, 4-46, 10-11, 10-37	27	7-9, 8-9, 10-29
6	3-51, 9-2	28	4-46, 5-3, 5-4, 5-27, 7-10, 8-3, 10-30
7	3-33, 3-37, 3-54, 7-6, 10-24	29	5-12, 5-13, 5-28, 7-11, 8-10, 8-11
8	3-37, 10-24	30	5-14, 8-14, 10-30
9	3-21, 3-23, 7-8, 8-7, 8-8	31	5-15, 5-16
10	3-23 thru 3-25	32	5-20 thru 5-24
11	2-18, 2-19	33	5-20 thru 5-25, 5-27, 5-28
12	1-6, 2-2, 2-18	34	5-28 thru 5-30
13	2-2, 2-4, 2-6, 2-19, 12-34, 12-35, 12-36, 3-15	35	5-28 thru 5-30
14	2-3, 2-8, 2-10, 2-12, 2-14, 2-16	36	5-29, 5-35
15	2-11, 2-12, 2-16, 4-33, 5-38, 5-39, 6-23, 7-4, 8-4, 10-18, 12-1	37	6-3 thru 6-8
16	3-24, 4-14, 4-18, 4-19, 4-20	38	6-9 thru 6-12
17	4-14, 4-19, 4-32	39	6-17, 6-18
18	4-44, 4-46	40	5-24, 6-19 thru 6-22, 7-4, 8-4, 10-13
19	4-31, 4-45	41	6-21, 6-22, 8-4
20	4-40, 4-42	42	6-23
21	4-41, 4-43, 4-46, 5-1, 7-11, 8-10, 8-15, 9-2, 10-17, 10-30	43	11-1 thru 11-16
22	4-41, 4-43, 4-44	44	3-62, 5-30, 6-15, 6-21, 6-23
		45	5-38 thru 5-40
		46	6-25

*Appropriate paragraph will depend on the actual violation identified. List is not all-inclusive, and other paragraphs may apply.