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INSPECTION FORM--TEMPORARY FOOD EVENTS

Vendor: _____ Date: _____

Menu: _____

Checklist	Required	Provided
Probe thermometer (0-220°) with alcohol wipes		
Cold Holding--Coolers with thermometer		
Cold Holding--Refrigerator with thermometer		
Hot Holding (type)		
Handwashing station (see diagram)		
Extra utensils wrapped in plastic wrap		
Washing of utensils		
Cleanable covered counters		
Bleach solution in quart spray bottle (1 teaspoon bleach per quart) made fresh daily and labeled or anti-bacterial spray)		
Paper towels		
Waste water disposal _____ Grease disposal _____		
Garbage containers		
Caps, hats, clean outer garment		
Coolers properly stored		
Food, paper and plastic goods stored 6" off ground		
Floor covering _____ (Plywood/Pallets, asphalt, heavy duty tarp, other)		
Light shields		
Rules posted		
Log sheet		
Disposable gloves		

Temperatures Checked:

Food Item	Temp.	Time

Comments: _____

Inspector _____ Date _____