

FOOD OPERATION INSPECTION REPORT

(Instructions for completing this form are provided in TB MED 530/NAVMED P-5010-1/AFMAN-48-147 IP, Appendix E)

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 1. FACILITY NAME Lindberghor DEAC | | 2. FACILITY ADDRESS | | 3. INSTALLATION Vaughan AB | | 4. DATE (YYYYMMDD) 2023 01 19 | |
| 5. INSPECTION TYPE (X one) <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Preoperational <input type="checkbox"/> Other (Specify) | | | | | | | |
| 6. INSPECTOR SrA Rebecca Kamau | | a. NAME AND RANK | | b. PHONE 479-2243 | | c. E-MAIL rebecca.a.kamau.mil@harm.mil | |
| d. UNIT/ORGANIZATION 86 OMRS | | 7. START TIME 0930 | | 8. END TIME 1015 | | <input type="checkbox"/> Various timeframes | |
| 9. PERSON IN CHARGE (PIC) Keosha Farmer, TSgt | | a. FULL NAME | | b. PHONE 480-3416 | | c. OFFICIAL E-MAIL keosha.farmer@hs.af.mil | |
| 10. NUMBER AND TYPE OF VIOLATIONS | | a. # of Critical: 0 b. # of Non-critical: 1 | | 11. INSPECTION RATING (X one) <input type="checkbox"/> Fully Compliant <input checked="" type="checkbox"/> Substantially Compliant <input type="checkbox"/> Partially Compliant <input type="checkbox"/> Non-Compliant (Provide date scheduled for follow-up) | | Follow-up date | |
| 12. COMPLIANCE STATUS (The asterisk * indicates the item grouping or provision are scored as CRITICAL, unless "Only a Non-Critical violation cited" is marked.) Refer to the INSTRUCTIONS on page 5 of this form for guidance when marking items in the checklist and completing the associated REMARKS (block 18). | | | | | | | |

| Item | Supervision and Training | COS | R | Item | Temperature Control | COS | R |
|---|--|-----|---|------------------------|---|-----|---|
| 1* | <input type="checkbox"/> PIC: present; demonstrates knowledge; approved to operate <input type="checkbox"/> Only a Non-Critical violation cited | | | 26 | <input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Thawing frozen TCS foods | | |
| 2 | <input checked="" type="checkbox"/> PIC duties; employee training <input type="checkbox"/> 2-201.11(A)* | | | 27* | <input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Cooking & reheating time and temperatures | | |
| Health and Hygiene | | | | 28 | <input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Fruits/vegetables heated for hot holding | | |
| 3 | <input type="checkbox"/> Hand wash sink: available; supplied; accessible | | | 29* | <input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Cooling time & temperature | | |
| 4 | <input type="checkbox"/> N/A <input type="checkbox"/> Handwashing <input type="checkbox"/> 2-301.11* <input type="checkbox"/> 2-301.12* <input type="checkbox"/> 2-301.14* | | | 30 | <input type="checkbox"/> N/A <input type="checkbox"/> Cooling methods; adequate equipment | | |
| 5* | <input type="checkbox"/> Ill employee: report; restrict; exclude <input type="checkbox"/> Only a Non-Critical violation cited | | | 31* | <input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Hot holding temperature | | |
| 6* | <input type="checkbox"/> N/A <input type="checkbox"/> N/C <input checked="" type="checkbox"/> Bare hand/arm contact with food <input type="checkbox"/> Only a Non-Critical violation cited | | | 32* | <input type="checkbox"/> N/A <input type="checkbox"/> Cold holding and storage | | |
| 7 | <input type="checkbox"/> Personal hygiene: clothing; hair; jewelry | | | 33* | <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Consumer advisory: raw/undercooked food | | |
| 8 | <input type="checkbox"/> N/A <input type="checkbox"/> Eating, drinking, tobacco use; proper tasting procedures <input type="checkbox"/> 3-301.12* | | | 34 | <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Time as public health control; HACCP; variance procedures <input type="checkbox"/> 3-501.19* <input type="checkbox"/> 3-502.11* <input type="checkbox"/> 3-502.12* <input type="checkbox"/> 8-103.12* | | |
| Food Source, Identification, Condition | | | | Utensils and Equipment | | | |
| 9* | <input type="checkbox"/> Approved sources; food specifications <input type="checkbox"/> Only a Non-Critical violation cited | | | 35 | <input type="checkbox"/> N/A <input type="checkbox"/> Thermometers provided and accurate | | |
| 10 | <input type="checkbox"/> Food condition; unadulterated; receipt temperature <input type="checkbox"/> 3-101.11* <input type="checkbox"/> 3-202.11* <input type="checkbox"/> 3-202.15* | | | 36 | <input type="checkbox"/> N/A <input type="checkbox"/> In-use utensil storage | | |
| 11* | <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/C <input type="checkbox"/> Required records: shellstock tags; parasite destruction <input type="checkbox"/> Only a Non-Critical Violation Cited | | | 37 | <input type="checkbox"/> Food equipment: installation, condition, use <input type="checkbox"/> 4-101.11* <input type="checkbox"/> 4-101.14* <input type="checkbox"/> 4-101.15* <input type="checkbox"/> 4-201.12* <input type="checkbox"/> 4-202.11* <input type="checkbox"/> 4-204.13* <input type="checkbox"/> 4-204.111* | | |
| 12 | <input type="checkbox"/> N/A <input type="checkbox"/> Food labels; original container; major food allergen | | | 38 | <input type="checkbox"/> N/A <input type="checkbox"/> Utensils, equipment, linens: drying, storage, handling | | |
| 13* | <input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Leftovers <input type="checkbox"/> Only a Non-Critical violation cited | | | 39 | <input type="checkbox"/> Single-use/service items: storage; use <input type="checkbox"/> 4-102.11* <input type="checkbox"/> 4-502.12* | | |
| 14* | <input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Temperature Control for Safety (TCS) food: date marking, retention, disposition | | | 40 | <input type="checkbox"/> N/A <input type="checkbox"/> Warewashing: equipment; procedures; cleaners & sanitizers; test kits | | |
| Contamination Protection and Prevention | | | | 41 | <input type="checkbox"/> Nonfood-contact surfaces; cooking/baking surfaces | | |
| 15 | <input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Food separated & protected in storage <input type="checkbox"/> 3-302.11* | | | Physical Facilities | | | |
| 16 | <input type="checkbox"/> N/A <input type="checkbox"/> Fresh fruits and vegetables properly washed | | | 42 | <input type="checkbox"/> Hot and cold water: available; capacity; pressure | | |
| 17* | <input type="checkbox"/> N/A <input type="checkbox"/> Clean/sanitized food-contact surfaces <input type="checkbox"/> Only a Non-Critical violation cited | | | 43 | <input type="checkbox"/> N/A <input type="checkbox"/> Potable water; plumbing system; cross connections <input type="checkbox"/> 5-101* <input type="checkbox"/> 5-102* <input type="checkbox"/> 5-201* <input type="checkbox"/> 5-202* <input type="checkbox"/> 5-203* <input type="checkbox"/> 5-205* <input type="checkbox"/> 5-301* <input type="checkbox"/> 5-302* <input type="checkbox"/> 5-303* <input type="checkbox"/> 5-304* | | |
| 18* | <input type="checkbox"/> Food: returned, previously served, reconditioned; highly susceptible population prohibitions | | | 44 | <input type="checkbox"/> Sewage/wastewater system; disposal; grease traps <input type="checkbox"/> 5-402.11* <input type="checkbox"/> 5-402.13* <input type="checkbox"/> 5-403.11* | | |
| 19 | <input type="checkbox"/> Contamination prevented during food prep, service & display <input type="checkbox"/> 3-302.13* <input type="checkbox"/> 3-304.11* <input type="checkbox"/> 3-306.13* | | | 45 | <input type="checkbox"/> Garbage/refuse: disposal; facilities; covered receptacles | | |
| 20* | <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Food additives: approved; proper use | | | 46 | <input type="checkbox"/> Restrooms: proper install; supplied; clean | | |
| 21 | <input type="checkbox"/> Ice used as coolant; food contact with water/ice <input type="checkbox"/> 3-303.11* | | | 47 | <input type="checkbox"/> Physical facilities: proper install; repair; clean <input type="checkbox"/> 6-202.111* | | |
| 22 | <input type="checkbox"/> N/A <input type="checkbox"/> N/C <input type="checkbox"/> Gloves used properly | | | 48 | <input type="checkbox"/> Lighting: adequate; proper fixtures | | |
| 23 | <input type="checkbox"/> N/A <input type="checkbox"/> Wiping cloths: use; storage | | | 49 | <input type="checkbox"/> N/A <input type="checkbox"/> Ventilation & hoods: adequate, maintained | | |
| 24 | <input type="checkbox"/> Insects, rodents, animals | | | 50 | <input type="checkbox"/> N/A <input type="checkbox"/> Ice machines properly maintained, operated | | |
| 25* | <input type="checkbox"/> Toxic substances: authorized; properly identified, stored & used <input type="checkbox"/> Only a Non-Critical violation cited | | | 51 | <input type="checkbox"/> Other findings: Check this box and enter provision number with findings in block 17, REMARKS. | | |

| FOOD OPERATION INSPECTION REPORT | | | 13. FACILITY NAME <u>Lindberghof DFAC</u> | | 14. DATE <u>2023 01 19</u> |
|--|--|----------------------|--|--|-------------------------------|
| 15. INSPECTION TYPE (X one) <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Preoperational <input type="checkbox"/> Other | | | | | |
| 16. TEMPERATURE OBSERVATIONS (Indicate the temperature scale used next to each entry) | | | | 17. SANITIZING | |
| Food Item & Location | Temp OF / °C | Food Item & Location | Temp OF / °C | Location & Type | Temp OF / °C |
| Fridge | 35°F | Trailer Fridge | 37°F | Dishwasher hot temperature | 92°C |
| Freezer | -21°F | Sandwich fridge | 35°F | 3-compartment sink hot temperature | |
| Mashed Potatoes | 150°F | Salad bar | 41°F | Dishwasher chemical sanitizer | |
| Spinach | 135°F | Yogurt Fridge | 41°F | <input type="checkbox"/> Quats, ppm: <input type="checkbox"/> Bleach, ppm: <input checked="" type="checkbox"/> N/A | |
| Hot Holding | 180°F | Freezer w/ a | -9°F | 3-compartment sink chemical sanitizer | |
| | | | | <input checked="" type="checkbox"/> Quats, ppm: <input type="checkbox"/> Bleach, ppm: <input type="checkbox"/> N/A | |
| 18. REMARKS (Observations and Corrective Actions) (Corrective action is required within the time frames specified below, or as stated in sections 8-405.11 and 8-406.11 of the Tri-Service Food Code) | | | | | |
| IHH | Check the box if an imminent health hazard (IHH) was found; describe the situation and remediation in this section. | | | | |
| Item Number | Specify for each violation: The violated provision number (and paragraph); severity rating (critical or noncritical); indicate if it was COS; summarize specific observations (what, where); recommendations for corrective actions or to prevent future occurrence. Keep summaries for each item grouping together; discuss all violations associated with a single provision together. | | | | |
| 2 | § 402.12 (A): PH observed PIC not being able to provide daily self evaluations. The PIC must conduct daily self evaluations to ensure compliance with their duties and responsibilities. | | | | |
| Inspection Rating Criteria: Fully Compliant = no violations, or 4 or less Non-Critical violations COS Substantially Compliant = no IHH and 2 or less Critical violations COS, and/or 5 or less Non-Critical violations Partially Compliant = no IHH and 3 or more Critical violations COS, and/or 6 or more Non-Critical violations. Non-Compliant = IHH present, or one or more Critical violations not COS. | | | | | |
| 19. SIGNATURE Signature on this form represents acknowledgement that the person in charge has been briefed on the deficiencies noted, corrective actions and time frame for completion, the final inspection rating, and date scheduled for follow-up inspection (non-compliant ratings only). | | | | | |
| a. INSPECTOR SIGNATURE <u>Rebecca Kamau, SrA</u> | | | | b. DATE SIGNED <u>2023 01 19</u> | |
| c. PERSON IN CHARGE SIGNATURE <u>[Signature]</u> | | | | d. DATE SIGNED <u>2023 01 23</u> | |