

**PIKE COUNTY
TEMPORARY FOOD STAND INSPECTION REPORT**

Based on an inspection this day, the items marked below identify the violation in operation of temporary food facilities. These violations must be corrected immediately. Failure to comply with the specifications of this notice may result in the cessation of your food service operation.

Temporary Food Establishment Name _____
 Contact Person: _____
 Address of Event _____
 Time In: _____ Time Out _____ 1-3 \ 4-14 Day Permit Yes ___ No ___

Note: Not having filed a 30-day permit application or having one (1) Critical violation are grounds for IMMEDIATE cessation of this Temporary Food Facility.

CRITICAL VIOLATIONS:

OTHER VIOLATIONS:

Temperature:

Hot Foods >=140 F Yes ___
 No ___

Cold Foods <= 41 F Yes ___
 No ___

Hand Washing

Water Source, Soap Yes ___
 Disposable Towel, Basin No ___
 (Circle missing items)

Toilet facility available within 25' Yes ___
 No ___

Food Source and Condition

Proper containers, food from Commercial sources Yes ___
 No ___

Good Hygiene Practices Yes ___
 Use of gloves/barrier for Ready-To-Eat foods No ___

Toxics:

Stored away from food Yes ___
 Label Spray Bottles No ___

Food Storage:

Coolers, food, food contact items Yes ___
 off ground. **Tent, Canopy** No ___
 Over service area

Hair Restraints (Hats, visors, hairnets) Yes ___
 No ___

Thermometers Provided Yes ___
 No ___

Sanitizer available with proper concentration Yes ___
 No ___

Sanitizer Test Kit Yes ___
 No ___

Storage/Handling of Utensils (plates upside down, handles up) Yes ___
 No ___

Garbage/ Trash Disposal (containers covered) Yes ___
 No ___

Ware Washing use Wash-Rinse-Sanitize then air dry. Yes ___
 No ___

COMMENTS: _____

PERMIT FEE RATES: 1 – 3 DAYS = \$10.00

4 – 14 DAYS = \$25.00

NON PROFIT PERMITS FREE