



Retail Food Establishment Inspection Report
San Angelo/ Tom Green County Health Department
72 W. College, San Angelo, TX 76903
(325) 657-4493

Date:	Time in:	Time out:	License/Permit #	Est. Type	Risk Category	Page ___ of ___
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Purpose of Inspection: <input type="checkbox"/> 1-Compliance <input type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other	TOTAL/SCORE			
Establishment Name:	Contact/Owner Name:	* Number of Repeat Violations: ___	✓ Number of Violations COS: ___	
Physical Address:	City/County:	Zip Code:	Phone:	Follow-up: Yes <input type="checkbox"/> No <input type="checkbox"/> (circle one)

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation
Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk '*' in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status					Compliance Status				
O	I	N	NA	COS	O	I	N	NA	COS
U	T				U	T			
Time and Temperature for Food Safety (F = degrees Fahrenheit)					Employee Health				

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status					Compliance Status				
O	I	N	NA	COS	O	I	N	NA	COS
U	T				U	T			
Demonstration of Knowledge/ Personnel					Food Temperature Control/ Identification				

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

Compliance Status					Compliance Status				
O	I	N	NA	COS	O	I	N	NA	COS
U	T				U	T			
Prevention of Food Contamination					Food Identification				

Received by: (signature)	Print:	Title: Person In Charge/ Owner
Inspected by: (signature)	Print:	Business Email: