

**JOB CORPS ENVIRONMENTAL HEALTH PROGRAM
INSPECTION OF FOOD SERVICE FACILITIES**

Center Name _____

Center Director _____

Center Address _____

Year/Quarter (for example, 2008/1 QTR) _____

ITEM	WT.	COMMENTS
FOOD		
* 1. Sources, sound condition, no spoilage, milk pasteurized, meats are USDA approved	5	
2. Original container or approved dispenser, properly labeled	1	
FOOD PROTECTION		
* 3. Potentially hazardous food meets temperature requirements during storage, preparation, display, service, transport	5	
* 4. Proper facilities to maintain product temperature	4	
5. Thermometers provided and conspicuous	1	
6. Potentially hazardous food properly thawed	2	
7. Unwrapped and potentially hazardous food not reserved	3	
8. Food properly protected during storage, preparation, display, service, transportation	2	
9. Handling of food and ice minimized	2	
10. In use, food and ice dispensing utensils properly stored	1	
11. Fruits and vegetables washed	1	
PERSONNEL		
*12. Personnel with infections restricted	5	
13. Persons with hepatitis excluded for 45 days after symptoms	2	
14. Personnel have local food handlers certificates if required	1	
*15. Hands washed and clean, good hygienic practices	4	
16. Clothes clean, hair restrained	1	
FOOD EQUIPMENT AND UTENSILS		
17. Food contact surfaces: adequately designed, constructed, maintained, installed, located	2	
18. Non-food contact surfaces: adequately designed, constructed, maintained, installed, located	1	
19. Dishwashing facilities properly designed, constructed, maintained, installed, operated	2	
20. Accurate thermometers or chemical test kits provided, gauge cocks provided	2	
21. Dishes and utensils pre-flushed, scraped, soaked	1	
22. Wash, rinse water: clean, proper temperature	2	
*23. Sanitizing rinse: clean, appropriate temperature, concentration, exposure time. Equipment, utensils sanitized	5	
24. Wiping cloths: clean, stored, restricted in use	1	
25. Food contact surfaces of equipment, utensils clean, free of abrasives, detergent	4	
26. Non-food contact surfaces of equipment, utensils clean	1	
27. Satisfactory storage, handling of clean utensils, equipment	1	
28. Single-service articles: non-toxic, properly stored, dispensed, handled, in use when dishwashing facilities are not operating	1	
29. No reuse of single service articles	1	

ITEM	WT.	COMMENTS
WATER		
*30. Water source safe, hot and cold under pressure	5	
PLUMBING		
31. Properly installed, maintained, non-potable piping identified	1	
*32. No back siphonage, cross-connection, backflow	4	
TOILET AND HANDWASHING FACILITIES		
*33. Adequate number, convenient, accessible, properly designed, installed	3	
*34. Toilet rooms enclosed, self-closing doors, fixtures in good repair, clean. Hand cleanser, hand drying device, soap, toilet tissues, waste receptacles provided. Adequate ventilation	3	
GARBAGE AND REFUSE DISPOSAL		
35. Containers covered, adequate number, insect/rodent proof, clean, removal frequent	2	
36. Outside storage area enclosures properly constructed, clean, controlled incineration	1	
INSECT, RODENT, ANIMAL CONTROL		
*37. No insects, rodents. Outer openings protected. No birds, turtles, other animals	4	
FLOORS, WALLS, CEILINGS		
38. Floors: properly constructed, drained, clean, good repair, covering installation, dustless cleaning	1	
39. Walls, ceilings, attached equipment: properly constructed, good repair, clean surfaces, dustless cleaning methods	1	
LIGHTING		
40. Lighting provided as required, fixtures shielded	1	
VENTILATION		
41. Rooms and equipment vented as required; no odors, steam	1	
OTHER		
42. Dressing rooms clean, lockers provided, facilities conveniently located and used	1	
*43. Necessary toxic items properly stored, labeled, used	5	
44. Premises maintained, free of litter, unnecessary articles. Cleaning/maintenance equipment properly stored. No unauthorized persons	1	
45. Complete separation from living/sleeping quarters, laundry	1	
46. Clean, soiled linen properly stored	1	

Total Score⁺: / 100

The items circled above are violations found on this date and must be corrected by next inspection or earlier.

*Critical items requiring immediate corrective action by Center Director

+A score less than 100 requires follow-up correspondence from the Center Director to the National Office of Job Corps and Regional Office with this inspection report detailing necessary corrective action and proposed schedule for completion.

Inspection Date: _____ Inspected By: _____

Agency or Company: _____

I, the Center Director or designee, have received a copy of this report and understand its contents.

SIGNED TITLE

FORWARD SCANNED FORM AND CORRECTIVE ACTION WITHIN 7 DAYS OF INSPECTION TO:

U.S. Department of Labor/Office of Job Corps
E-mail: safety@jobcorps.org

OJC 6-36
June 2008

INSPECTION OF FOOD SERVICE FACILITIES

1. **Purpose.** The purpose of this form is to provide Job Corps with a quarterly record of the performance and health evaluation of Job Corps centers' food services facilities.
2. **Originator.** This form is completed by an appropriate representative of an authorized public health agency or another qualified environmental health specialist, other than center-related personnel, selected by the Center Director.
3. **Frequency.** Quarterly by December 31, March 31, June 30, and September 30, and any additional time that conditions may warrant.
4. **Distribution.** This form may or may not be a multi-copy form. The original copy is retained by the center for action purposes. The original should be scanned and forwarded via e-mail to (1) the National Office of Job Corps, (2) the Regional Office of Job Corps, (3) agency or contractor operator office, and (4) the contracted inspector, if requested.
5. **General Instructions.** This form consists of three pages—a two-page inspection form and one page of instructions. Each item of the inspection form should be completed by the authorized person performing the inspection.
6. **Detailed Instructions.**
 - a. If the center offers a culinary arts program, there may be a need to use separate forms for the food services facility and the culinary arts facility.
 - b. Indicate deficiencies by marking the WT. column (circle, "x" out, etc., the numerical weight) and providing an explanation in the comments column.
 - c. The full weighted value of an item found to be deficient will be subtracted from the total score. An explanation of exactly what was wrong should be provided by the inspector. If comments do not fit in the space provided, additional sheets may be attached to the form.
7. **Disposition.** Each recipient of this form is to maintain it on file for a period of 3 years, and then destroy.