ROUTINE FOOD ESTABLISHMENT INSPECTION REPORT

For use of this form, see TB MED 530; the proponent agency is OTSG.

1. ESTABLISHMENT NAME
Bowling Alley

2. ESTABLISHMENT ADDRESS
Ft Monmouth

3. PURPOSE	4. RATING	5. FOLLOW-UP INSPECTION REQUIRED	6. NUMBER AND TYPE OF VIOLATIONS
[x] ROUTINE	[ ] EXCELLENT	[x] NO	1 CRITICAL
[ ] FOLLOW-UP	[x] SATISFACTORY	[ ] YES	___ NONCRITICAL
[ ] SELF EVALUATION	[ ] UNSATISFACTORY	REINSPECTION DATE (YYYYMMDD) ___	

7. WAREWASHING DATA		8. REFRIGERATOR/FREEZER UNIT TEMPERATURES Type	°F	9. COLD OR HOT PHF TEMPERATURES Food, Location	°F
a. MANUAL (1) SANITIZING TEMPERATURES (°F) AND LOCATIONS		counter	40		
(2) CHEMICAL SANITIZERS (Type and Concentration)		rollaway	40		
b. MECHANICAL (1) WASH CYCLE TEMPERATURE (°F)		Freezer	15		
(2) FINAL RINSE TEMPERATURE (°F)					
(3) CHEMICAL SANITIZERS (Type and Concentration)					
(4) FINAL RINSE TIME (Seconds)					

10. VIOLATIONS *(List critical first.)*

a. CRITICAL YES	a. CRITICAL NO	b. REPEAT YES	b. REPEAT NO	c. REFERENCE PARAGRAPH FROM TB MED 530	d. VIOLATION DESCRIPTION/REMARKS/CORRECTIVE ACTIONS	e. CORRECTED BY (Initials/Date)
	/			/ 3-16	unlabeled leftovers in ~~[illegible]~~ Label with ~~[illegible]~~ time; frig. you have 24 hours to use, can only other once as leftover	
		/		/ 3-5	missing thermometer	

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10. VIOLATIONS *(List critical first.)* *(Continued)*

a. CRITICAL		b. REPEAT		c. REFERENCE PARAGRAPH FROM TB MED 530	d. VIOLATION DESCRIPTION/REMARKS/CORRECTIVE ACTIONS	e. CORRECTED BY (Initials/Date)
YES	NO	YES	NO			

11a. INSPECTOR'S NAME AND SIGNATURE SPC Odette Seth Odette	11b. DATE OF INSPECTION (YYYYMMDD) 20030812	11c. TIME OF INSPECTION 1030
11d. INSPECTOR'S UNIT PAHC	11e. UNIT'S TELEPHONE NUMBER 732 532 7598	
12a. ESTABLISHMENT REPRESENTATIVE'S NAME AND SIGNATURE Kathleen E McGuigan		
12b. ESTABLISHMENT REPRESENTATIVE'S TITLE	12c. DATE RECEIVED (YYYYMMDD) 20030812	

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