

Inspection Date	Inspection Time	Mgr. Cert	County #	Establishment#	License Expiration	Type	Class	Priority
Purpose of Inspection: 1 – Routine 2 – Compliance 3 – Issue License Application 4 – Complaint 5 – Other 6 – Out of Business 7 – Follow-Up Activity 8 – Reserved								
Number of Repeat Risk Factor/Intervention Violations				Follow-up:		On or Before Date:		
Establishment				Owner				
Physical Address			City	Zip Code	Phone #			
					Cell Phone #			

PRIORITY & PRIORITY FOUNDATION VIOLATIONS

Priority items are proven measures that are directly linked to the elimination, prevention or reduction of hazards associated with foodborne illness. Priority Foundation items incorporate specific actions, equipment or procedures to control risk factors that contribute to foodborne illness. NOTE: Items 1-35 Require Immediate Action or by date noted on Pg 2 - Not to exceed 10 days from date of inspection.

IN=in compliance		OT=not in compliance		NO=not observed		NA=not applicable		CDI=corrected on-site during inspection		R=repeat violation								
I	N	O	T	N	O	N	A	CDI	R	I	N	O	T	N	A	CDI	R	
Supervision/Licenses																		
1																		Valid license to operate; non-transferable
2	•																	PIC present, demonstration of knowledge, performs duties
3																		Special processes (Variance, ROP, shellfish tanks, HACCP)
Employee Health																		
4	•																	Ill workers–PIC & EMP responsibilities: Report symptoms & diagnosis; Restrict/Exclude (removal, retain or adjust)
Control of Hands as a Vehicle of Contamination																		
5	•																	Hands clean, washed, maintained; Hand antiseptics
6	•																	No Bare Hand Contact with Ready-to-Eat foods Or alternate methods; Glove limitations
7																		Adequate hand wash facilities: supplied, accessible; Toilets properly supplied
Approved Source																		
8	•																	Food, water, ice: obtained from approved source
9	•																	Food in good condition, safe, unadulterated, segregated
10	•																	Required records (shellstock tags, parasite destruction)
Protection from Contamination																		
11	•																	Food separated/protected; Proper tasting procedures; Self-serve operations; Single service use when required
12																		Disposition of returns, previously served, Reconditioned, unsafe food
13																		Prohibited animals; Prohibited food operation locations
14																		Sinks used for intended purposes
15																		Food equipment: improper use, operation (Materials, design)
16																		Insects, rodents, & other pests controlled
Time/Temperature Control for Safety (TCS)																		
17	•																	Cooking time & temperatures; Plant food cooking
18	•																	Reheating procedures for hot holding
19	•																	Cooling time & temp; cooling methods
20	•																	Hot holding temps; received at proper temp
21	•																	Cold holding temps; received at proper temp
22																		Date marking and disposition
23	•																	Time as public health control, procedures/records
24	•																	Non-continuous cooking process / partial cook
25																		Adequate facilities/equipment to maintain food temps
26																		Probe thermometers provided & accurate
Consumer Advisory, Highly Susceptible Populations																		
27																		Consumer advisory, Child menu, Allergen label
28																		Pasteurized food used; Prohibited food not offered Pasteurized eggs used where required
Chemicals																		
29																		Food additives; approved, properly used
30																		Toxic substances properly identified, stored, used
Warewashing, Food Contact Surfaces																		
31																		Warewash, sanitize equipment: Design, supplies, operated; Test strips; Temp gauges; Alarms
32																		Warewashing; Sanitize at _____ ppm/temp
33																		Food contact surfaces of equipment & utensils clean
Plumbing																		
34																		Water: adequate pressure, sufficient capacity
35																		Plumbing sewage system: design, approved, installed Cross-connection prohibited, air gaps, disposal

CORE VIOLATIONS

Core items relate to general sanitation & maintenance, equipment design & maintenance, and physical facilities & structures. NOTE: Items 36-58 must be corrected within 90 days or by date noted on Pg. 2.

Food Temperature Controls										Physical Facilities								
36										48								Plumbing sys: maintained, backflow device installed, inspected
37										49								Toilet facilities: accessible, properly constructed, cleaned Self closures
Food Identification										Prevention of Food Contamination								
38										50								Break/locker areas: used, provided, maintained; Living areas separated; Laundry facilities
Prevention of Food Contamination										Proper Use of Utensils								
39										51								Hand wash sinks: designed, clean, used; Proper signage
40										52								Floors, walls, ceilings (premises): clean, free of litter; Removal of pests
41										53								Floors, walls, ceilings (physical facilities): design, maintained, good repair; Outer openings protected
42										54								Service Sinks; Maintenance & cleaning tools: use, storage
Proper Use of Utensils										Utensils, Equipment and Vending								
43										55								Outdoor areas: constructed, maintained clean
44										56								Garbage/refuse: properly disposed, fac constr, maintained
Utensils, Equipment and Vending										Other								
45										57								Ventilation: installed, maintained; Lighting: adequate, shielded
46										58								Other
47										Any one of the following 3 requires a Follow-up Inspection: 1. Five (5) or more marked of any items flagged with a "•". 2. Eleven (11) or more marked of any items 1 - 35. 3. Six (6) or more marked of any items 1-35 Plus eight (8) or more of any items 36-58.								

Oklahoma State Department of Health
 Protective Health Services-0507, Consumer Protection Division
 1000 NE 10th Street, Oklahoma City, OK 73117-1299
 Telephone (405) 271-5243, FAX (405) 271-3458

LODGING ESTABLISHMENTS – INSPECTION REPORT

Date: _____ County # _____ Establishment/License No: _____

Establishment Name _____ Address _____ City _____ Zip _____

Owner's Name _____ Owner's Address _____ City _____ Zip _____

Purpose: Routine Compliance (Follow-Up) Issue License App. Complaint Other Out of Business

Item	OAC 310:285	Requirement	X	Remarks
1	3-1	Facility Maintained-Safety, Health, Comfort of Guests		
2	3-2, 7-1(b)	Plumbing – Installed/maintained per OK Plumb. Lic. Act., BOCA or app. law		
3	3-3, 7-1(c)	Electrical – Installed/maintained per OK Electr. Lic. Act., BOCA or app. law		
4	3-4	Lighting Adequate; Suitable for Reading		
5	3-5(a), 7-1(e-1)	Fire Safety – Certified Fire Extinguishers		
6	3-5(b)	Fire Safety – Smoke Detectors; Maintained		
7	3-5(c), 7-1(e)(2)	Fire Safety – Fire Escapes; Good Repair, Lighted, Directions		
8	7-1(d)	Room Ventilation-Forced Air, Windows, Screened		
9	3-6, 7-1(h)	Toilet – Ventilation, Good Repair, Min # per Floor, No Carpet, Clean		
10	3-7	Refuse – Outside Covered, Contained, One per Room		
11	3-8	Premise – No Excessive/High Weeds, Refuse, Clean		
12	3-9	Vermin present		
13	3-10	Animals/Fowl – Restrictions Applied		
14	3-14(a)	Food Service – Limited Food Products		
15	3-14(b)	Food Service – Equipment		
16	3-14(c)	Food Service – Food Protected, Discarded		
17	5-1(b-1); (c)(d)	Ice – Automatically Dispensed; Operator Dispensed		
18	5-1(b-2)	Ice – Customer Self-Service (prior to 4/18/1985)		
19	5-2, 7-1(k)	Laundry – Clean and Dirty Separate, Clean Area; Hand Sink		
20	5-3	Housekeeper Cart – Clean and Dirty Separate; Multi-use Protected		
21	5-4(a)	Rooms – Furnishings: Clean, Good Repair		
22	5-4(b)	Rooms – Linens: 2 sheets, 1 mattress cover, pillow cover or double cased		
23	5-4(c)	Rooms – Service: Individual soap/towels, linens, towel, soap changed per occupancy		
24	5-5(a)	Multi-use Utensils: Removed After Each Occupancy; Sanitized		
25	5-5(b)	Single Use Utensils: stored, handled, used only once		
26	5-5(c-d), 7-1(l)	Multi-use Utensils: Dishwashing Facilities Approved, Separate Area; Hand Washing		
27	5-6	Employees – No Communicable Disease/Infection		
28	3-11, 7-1(i)	Swimming Pool – Maintained Per OAC 310:315 & 310:320		
29	3-12, 7-1(g)	Sewage – Disposed Per ODEQ Regulations		
30	3-13, 7-1(f)	Water – Supplied Per ODEQ Regulations		
31	9-1	License – Valid, Posted		

Re-inspection required (> 3 violations observed) Type – 51 Class A B C

Health Department Representative

Registration Number

Phone

Received By

Title

Oklahoma State Department of Health
 Consumer Protection Division

OSDH Form 555
 Revised 6/7/2004

Oklahoma State Department of Health

Protective Health Services, Consumer Protection

1000 NE 10th Street, Oklahoma City, OK 73117-1299

Telephone: (405) 271-5243 FAX: (405) 271-3458

PUBLIC BATHING INSPECTION REPORT

OSDH Permit # _____ Establishment # _____

Date: ____/____/____ Time: _____

Establishment Name _____ Address _____ City _____ ST. _____ Zip Code _____ County _____

Owner's Name (print) _____ Owner's Address _____ Name of Person in Responsible Charge _____

Pool/Spa Area: _____ gal. Filter Type: Sand _____ De _____ Cart _____ Circulation: _____ g.p.m. Disinfection Feeder: _____

	315	320	APPLICABLE CATEGORIES	Item	Viol	REMARKS
P O O L / S P A A R E A	7-2		Enclosure: Height, no gaps over 4". good repair: SC/SL gates		**1	
		3-2	Lifeguard(s), CPR, 1st Aid Personnel: Certifications: "No Guard"		**2	
	7-3,13	3-3,4,6	Signs: Bathing load/diving/rules/chemicals/spa		3	
		3-1,4	First Aid Kit Available: Emergency telephone numbers posted		4	
		3-1	Ring buoys, shepherd's crook, backboard; lifeline; telephone		**5	
	7-1,6	3-2	Decks, gutter, pool finish: Clean, good repair		6	
	7-4,5,14		Depth markers: Stair stripes (pools): Main drain contrasting color		**7	
	7-14	3-2	Recirculation inlets: Adjusted properly, open		8	
	7-14		Outlets: Anti-vortex plate or min. 144 in sq. grate		**9	
	7-14	3-2	Skimmers: Weirs and baskets installed: Clean and operating		10	
	7-4,5,11	3-2	Ladders, handrails, coping, etc. in good repair		11	
	7-4	3-2App.	Diving Board: Height, projection over water, good repair		**12	
C I R C U L A T E / D I S I N F E C T	7-14		Piping and valves labeled, operating instruction available		13	
	7-14		Main drain and skimmer(s) valved separately		14	
	7-14,15	3-2	Pump and filter: Approved, good repair, operating		**15	
	7-14	3-2	Pump strainer: 2 baskets in good condition, not clogged		16	
	7-15		Gauges operable: Filter inlet and outlet, strainer; sight glass		17	
		3-2	Flow rate and pool volume posted		18	
	7-14		Flow meter, flow rate OK: Req gpm Obs gpm		**19	
	7-16		Disinfectant/pH controls: Approved, operating: Gas CL OK		**20	
	7-11		Spa therapy piping independent of filter system		21	
	7-14,17		Thermometers: 3 required at heated facilities (1 handheld)		22	
5-1,2,7-6		No cross conn., pool makeup, hose bib: Backwash discharge OK		**23		
7-13	3-2App.	Chemicals: Original containers, labeled, stored safely		24		
B A T H	7-7	3-2	Floors, Walls, Ceilings, Furniture: Clean, good repair		25	
	7-7	3-2	Showers: Warm water, temperature control, good repair, soap		26	
	7-7	3-2	Toilets: Clean, good repair, supplies		27	
	7-7		Emergency exit marked and unlocked: Drinking fountain		28	
W A T E R Q U A L I T Y	7-17	3-2,9,10	Records kept: Required testing done; Inspection posted		29	
		3-7	Turbidity: Water clear, main drain visible		*30	
		3-7	Free available chlorine less than 1 ppm; bromine less than 2 ppm		*31	
		3-7	Combined chlorine greater than 0.2 ppm		32	
		3-7	pH between 7.2 and 7.8		*33	
		3-7	Total Alkalinity between 80 and 200 ppm		34	
		3-7	Calcium hardness between 50 and 500 ppm		35	
		3-7	Water balanced within 0.5 pH units		36	
		3-7	Other: Cyanuric acid 30-100 ppm:TDS, metals controlled at spa		37	
		7-11	3-7	Temperature of spa not over 105 degrees F		**38
O T H E R	7-19		Electrical: GFI's, bulbs protected, no exposed wiring		39	
	7-8,18	3-7	Lighting, ventilation, pool & air temperature comply		**40	
	63 OS	1-1015	Any condition, act or omission endangering health or safety		**41	

Copy Received by	Title	Health Dept. Representative	Title	Reg. #
Water Quality Tests				
Chlorine: Free _____ Comb. _____ Bromine(Total) _____ pH _____			Status	Action
Water Bal. Pt. _____ Total Alkalinity _____ Calcium Hardness _____			45 _____ Open to General Public	55 _____ None
Cyanuric Acid _____ Temp: Water _____ Degrees F _____			46 _____ Not Open To General Public	56 _____ Notice to Comply
Air _____ Degrees F Total Dissolved Solids _____ Copper _____			47 _____ Closed-Temporarily	57 _____ Closed on Request
Iron _____ Bact/Sample _____ Other _____			48 _____ Closed-Permanently	58 _____ Seek Judicial Relief
			49 _____ Unpermitted	59 _____ Other

Type of Class Facility: 82 _____ Pool 83 _____ Spa 84 _____ Wading Pool 85 _____ Other

**HAZARD ITEMS TO BE CORRECTED WITHIN 72 HOURS
*IMMINENT HAZARD CLOSURE REQUIRED